JUNE 2010 MEDICARE SUPPLEMENT

A Medicare Supplement policy is an individual supplemental health insurance plan that provides benefits for all or part of the deductible and coinsurance amounts not covered by Medicare. The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) permits issuance of a Medicare Supplement policy to individuals who have other health insurance plans such as Long-Term care, specified disease or hospital indemnity policies. However, it is unlawful to sell a Medicare Supplement policy to an individual who already has a Medicare Supplement policy – unless the new policy will replace the existing policy.

Benefit Chart of Medicare Supplement Plans Effective on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. Plans E, H, I & J are no longer available for sale. See your state's Outline of Coverage for details about ALL Plans

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or co-payments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

Α	В	С	D	F*	G	K	L	M	Ν
Basic Benefits,									
Including									
100% Part B									
Coinsurance									
		Skilled	Skilled	Skilled	Skilled	50% Skilled	75% Skilled	Skilled	Skilled
		Nursing							
		Facility Co-	Facility						
		Insurance	Co-Insurance						
	Part A	50% Part A	75% Part A	50% Part A	Part A				
	Deductible								
		Part B		Part B					
		Deductible		Deductible					
				Part B Excess	Part B Excess				
				(100%)	(100%)				
		Foreign Travel	Foreign Travel	Foreign Travel	Foreign Travel			Foreign Travel	Foreign Travel
		Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
						Out-of-pocket	Out-of-pocket		
						limit \$4,620;	limit \$2,310;		
						Paid at 100%	Paid at 100%		
						after reached	after reached		

^{*} Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plans F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.