

STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	F Prime \$1,690 Deductible	Plan G	Plan H	Plan I	Plan J	J Prime \$1,690 Deductible
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible	Part B Deductible				Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
								Basic Drugs (\$1250 Limit)	Basic Drugs (\$1250 Limit)	Extended Drugs (\$3000 Limit)	Extended Drugs (\$3000 Limit)
				Preventive Care						Preventive Care	Preventive Care

“A” - “J”

Insurance companies are not permitted to change the letter designations A-J or to substitute other names or titles. However, they may add names or titles to these letters.

Part A Deductible for 2004 is \$876.
Part B Deductible for 2004 is \$100.

Basic Benefits

- Part A Hospital Days
61st-90th - \$219/day
91st-150th - \$438/day(lifetime reserve days)
Beyond 150 days - 100% for 365 days
- Parts A and B Blood Deductibles (1st three pints)
- Part B Coinsurance - 20% of Medicare approved charges

Prescription Drug Benefits offered:

“Basic” benefit requires a \$250 annual deductible, 50% coinsurance and a \$1,250 maximum annual benefit (Plans H and I).

“Extended” benefit requires a \$250 annual deductible, 50% coinsurance and a \$3,000 maximum annual benefit (Plans J and J-Prime).