

MEDICARE SUPPLEMENT PLAN - \$496 PER PERSON PER MONTH

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

| Benefit | Medicare Part A Pays | Plan Pays | You Pay |
|---|--|--|--|
| Hospitalization | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$ 952 | \$ 952 (part A deductible) | \$ 0 |
| 61 st through 90 th day | All but \$ 238 a day | \$ 238 a day | \$ 0 |
| 91 st day and after: While using 60 lifetime reserve days | All but \$ 476 a day | \$ 476 a day | \$ 0 |
| After 60 lifetime reserve days | \$ 0 | Per Major Medical Schedule of Benefits | Per Major Medical Schedule of Benefits |
| Skilled Nursing Facility Care | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital | | | |
| First 20 days | All approved amounts | \$ 0 | \$ 0 |
| 21 st through 100 th day | All but \$ 119 a day | \$ 119 a day | \$ 0 |
| 101 st day and after | \$ 0 | Per Major Medical Schedule of Benefits | Per Major Medical Schedule of Benefits |
| Blood | | | |
| First 3 Pints | \$ 0 | 3 pints | \$ 0 |
| Additional amounts | 100% | \$ 0 | \$ 0 |
| Hospice Care | | | |
| Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient care | 100% | \$ 0 |

MEDICARE PART B – MEDICAL SERVICES – PER CALENDAR YEAR

| Benefit | Medicare Part B Pays | Plan Pays | You Pay |
|---|----------------------|---|---|
| Medical Expenses | | | |
| In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | | | |
| First \$110 of Medicare approved amount | \$ 0 | \$ 110 | \$ 0 |
| Remainder of Med. Approved amts | 80% | 20% | \$ 0 |
| Part B excess charges (over approved amts) | \$ 0 | \$ 0 | All costs |
| Ambulance Services | 80% | 20% | \$ 0 |
| Blood | | | |
| First 3 Pints | \$ 0 | 3 pints | \$ 0 |
| Additional amounts | 80% | 20% | \$ 0 |
| Clinical Laboratory Services | | | |
| Blood tests for diagnostic services | 100% | \$ 0 | \$ 0 |
| Home Health Care | | | |
| Medicare Approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$ 0 | \$ 0 |
| Durable Medical Equipment | | | |
| Medicare approved amounts | 80% | 20% | \$ 0 |
| Foreign Travel | \$ 0 | Per Major Medical Schedule of Benefits After \$500 deductible | Per Major Medical Schedule of Benefits After \$500 deductible |
| Major Medical Benefits | \$ 0 | Per Major Medical Schedule of Benefits After \$500 deductible | Per Major Medical Schedule of Benefits After \$500 deductible |
| Vision Benefits | \$ 0 | Per Schedule of Benefits | Per Schedule of Benefits |

Drug Benefits

2007

DEDUCTIBLE -- \$ 50.00 Individual/\$ 100.00 Family

| <u>Benefit</u> | <u>Plan Pays</u> | <u>You Pay</u> |
|--|---------------------------|---|
| Pharmacy Option | | |
| Co-payment per Prescription (34 days supply) | | |
| Generic drugs | All but \$ 10 | \$ 10 |
| Formulary brand drugs | All but co-payment amount | \$ 20 minimum or 20% up to co-payment of \$ 60 |
| Non-formulary brand drugs | All but co-payment amount | \$ 35 minimum or 50% up to co-payment of \$ 105 |
| Pharmacy Option (3rd and subsequent refills) | | |
| Co-Payment per Prescription (34 days supply) | | |
| Generic drugs | All but \$ 20 | \$ 20 |
| Formulary brand drugs | All but co-payment amount | \$ 50 minimum or 20% up to co-payment of \$ 125 |
| Non-formulary brand drugs | All but co-payment amount | \$ 90 minimum or 50% up to co-payment of \$ 250 |
| Mail Order Prescription Drug Option | | |
| Co-Payment per Prescription (90 days supply) | | |
| Generic drugs | All but \$ 20 | \$ 20 |
| Formulary brand drugs | All but co-payment amount | \$ 50 minimum or 20% up to co-payment of \$ 125 |
| Non-formulary brand drugs | All but co-payment amount | \$ 90 minimum or 50% up to co-payment of \$ 250 |