UNICARE®

UniCare Life & Health Insurance Company – Indiana

Administrative Office: P.O. Box 9063, Oxnard, CA 93031-9063 • Toll Free Telephone Number: 1-800-508-9355

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE BENEFIT PLANS A, B, C, D, F and PrimeChoice℠ Plan

Medicare supplement insurance can be sold in 12 standard plans plus two high deductible plans. This chart shows the benefits included in each plan. Every company must make available Plan "A." Some plans may not be available in your state. Benefit information for the PrimeChoice℠ plan begin on Page 8.

Basic Benefits: Included in All Plans.

- **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, in the case of hospital outpatient department services paid under a prospective payment system, applicable copayments.
- **Blood**: First three pints of blood each year.

Plan A	B	C	D	E	F/F*
Basic Benefits	**Basic Benefits**	**Basic Benefits**	**Basic Benefits**	Basic Benefits	**Basic Benefits**
		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 B Deductible			**Part B Deductible**
					Part B Excess (100%)
		Foreign Travel Emergency	**Foreign Travel Emergency**	Foreign Travel **Emergency**	**Foreign Travel Emergency**
			At-home Recovery		
				Preventive Care	

* Plans F and J also have an option called a High Deductible Plan F and a High Deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year $1,860 deductible. Benefits from High Deductible Plans F and J will not begin until out-of-pocket expenses are $1,860. 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, in Plans F and J, the plan's separate foreign travel emergency deductible.

UC10651IN Rev. 9/01

Plan G	Plan H	Plan I	Plan J*	Plan K**	Plan L**
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end 50% hospice cost sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B coinsurance, except 100% coinsurance for Part B preventive services	100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end 75% hospice cost sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B coinsurance, except 100% coinsurance for for Part B preventive services
Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	50% Skilled Nursing Coinsurance	75% Skilled Nursing Coinsurance
Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible
			Part B Deductible		
Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)		
Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		
At-home Recovery		At-home Recovery	At-home Recovery		
			Preventive Care	$4,140 Out-of-Pocket Limit***	$2,070 Out-of-Pocket Limit***

* Plans F and J also have an option called a High Deductible Plan F and a High Deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year $1,860 deductible. Benefits from High Deductible Plans F and J will not begin until out-of-pocket expenses are $1,860. 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, in Plans F and J, the plan's separate foreign travel emergency deductible.

** Plans K and L provide for different cost sharing for items and services other than Plans A-J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

*** The out-of-pocket annual limit will increase for each year for inflation.

UniCare Life & Health Insurance Company
Administrative Office: P.O. Box 9063, Oxnard, CA 93031-9063
Toll-Free Telephone Number: 1-800-508-9355

UNICARE®

MEDICARE SUPPLEMENT COVERAGE

Outline of Coverage for Policy Form Series

INA1001 - Standard Plan A
INA2002 - Standard Plan B
INA3003 - Standard Plan C
INA5005 - Standard Plan D
INA4004 - Standard Plan F
IN4004H2 - PrimeChoice℠ Plan

Retain This Outline For Your Records

Premium Information

Your premium rate increases based upon your Attained Age. We will recalculate your age for each billing and your premium rate will be automatically increased based upon your Attained Age. UniCare can increase your premium if we raise our table of premium rates for all policies like yours in this state. This policy does not contain provisions providing for a refund of premium upon surrender or cancellation of the policy. If termination of this coverage results from the death of the insured, the insured's estate is entitled to a refund of the unused premium.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and UniCare.

Right To Return Policy

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: P.O. Box 9063, Oxnard, CA 93031-9063. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Questions Regarding Your Policy Or Coverage Should Be Directed To:

UniCare Life & Health Insurance Company
P.O. Box 9063, Oxnard, CA 93031-9063.

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or e-mail:

State of Indiana Department of Insurance
Customer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Customer Hotline: (800) 622-4461;
(317) 232-2395

Complaints can be filed electronically at www.in.gov/idol.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. Neither UniCare nor its associates are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare and You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. UniCare may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Disclosures

Use this outline to compare benefits and premiums among policies.

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

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Part A Services

Services	Medicare Pays	Standard Plan A Pays	You Pay
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous hospital services and supplies:			
First 60 days	All but $992	$0	$992 (Part A Deductible)
61st through 90th day	All but $248 a day	$248 a day	$0[1]
91st day and after:			
• While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0[1]
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare-eligible expenses	$0[1,2]
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0[1]
21st through 100th day	All but $124 a day	$0	Up to $124 a day
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	three pints	$0[1]
Additional amounts	100%	$0	$0[1]
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 respite care	$0	Balance

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

[2] NOTICE: When your Medicare Plan A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

STANDARD PLAN A
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Part B Services

Services	Medicare Pays	Standard Plan A 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 and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amount	generally 80%	generally 20%	$0[1]
Part B Excess Charges (Above Medicare-approved amounts)	$0	$0	All Costs
Blood			
First three pints	$0	All costs	$0[1]
Next $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0[1]
Clinical Laboratory Services — Blood Tests for Diagnostic Services	100%	$0	$0[1]

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN A
PARTS A & B

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Part A+B Services

Services	Medicare Pays	Standard Plan A Pays	You Pay
Home Healthcare Medicare-approved Services			
• Medically-necessary skilled care services and medical supplies	100%	$0	$0[1]
• Durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0[1]

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN B
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Part A Services

Services	Medicare Pays	Standard Plan B Pays	You Pay
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous hospital services and supplies:			
First 60 days	All but $992	$992 (Part A Deductible)	$0[1]
61st through 90th day	All but $248 a day	$248 a day	$0[1]
91st day and after:			
• While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0[1]
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare-eligible expenses	$0[1,2]
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0[1]
21st through 100th day	All but $124 a day	$0	Up to $124 a day
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	three pints	$0[1]
Additional amounts	100%	$0	$0[1]
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 respite care	$0	Balance

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

[2] NOTICE: When your Medicare Plan A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

STANDARD PLAN B
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Part B Services

Services	Medicare Pays	Standard Plan B 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 and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amount	generally 80%	generally 20%	$0[1]
Part B Excess Charges (Above Medicare-approved amounts)	$0	$0	All costs
Blood			
First three pints	$0	All costs	$0[1]
Next $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0[1]
Clinical Laboratory Services — Blood Tests for Diagnostic Services	100%	$0	$0[1]

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN B
PARTS A & B

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Part A+B Services

Services	Medicare Pays	Standard Plan B Pays	You Pay
Home Healthcare Medicare-approved Services			
• Medically-necessary skilled care services and medical supplies	100%	$0	$0[1]
• Durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0[1]

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN C
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Part A Services

Services	Medicare Pays	Standard Plan C Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous hospital services and supplies:			
First 60 days	All but $992	$992 (Part A Deductible)	$0[1]
61st through 90th day	All but $248 a day	$248 a day	$0[1]
91st day and after: • While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0[1]
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare-eligible expenses	$0[1,2]
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0[1]
21st through 100th day	All but $124 a day	Up to $124 a day	$0[1]
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	three pints	$0[1]
Additional amounts	100%	$0	$0[1]
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 respite care	$0	Balance

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

[2] NOTICE: When your Medicare Plan A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

STANDARD PLAN C
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Part B Services

Services	Medicare Pays	Standard Plan C 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 and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$131 (Part B Deductible)	$0[1]
Remainder of Medicare-approved amount	generally 80%	generally 20%	$0[1]
Part B Excess Charges (Above Medicare-approved amounts)	$0	$0	All Costs
Blood			
First three pints	$0	All costs	$0[1]
Next $131 of Medicare-approved amounts*	$0	$131 (Part B Deductible)	$0[1]
Remainder of Medicare-approved amounts	80%	20%	$0[1]
Clinical Laboratory Services — Blood Tests for Diagnostic Services	100%	$0	$0[1]

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN C
PARTS A & B

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

	Services	Medicare Pays	Standard Plan C Pays	You Pay
Part A+B Services	**Home Healthcare Medicare-approved Services**			
	• Medically-necessary skilled care services and medical supplies	100%	$0	$0[1]
	• Durable medical equipment			
	First $131 of Medicare-approved amounts*	$0	$131 (Part B Deductible)	$0[1]
	Remainder of Medicare-approved amounts	80%	20%	$0[1]
Other Benefits Not covered by Medicare	**Foreign Travel — Not Covered by Medicare** Medically-necessary emergency care services beginning during the first 60 days of each trip outside the United States			
	First $250 each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN D
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

Part A Services

Services	Medicare Pays	Standard Plan D Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous hospital services and supplies:			
First 60 days	All but $992	$992 (Part A Deductible)	$0**
61st through 90th day	All but $248 a day	$248 a day	$0**
91st day and after: • While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0**
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0**
21st through 100th day	All but $124 a day	Up to $124 a day	$0**
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	three 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 respite care	$0	Balance

STANDARD PLAN D
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

Part B Services

Services	Medicare Pays	Standard Plan D 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 and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amount	generally 80%	generally 20%	$0**
Part B Excess Charges (Above Medicare-approved amounts)	$0	$0	All Costs
Blood			
First three pints	$0	All costs	$0**
Next $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	$0**
Clinical Laboratory Services — Blood Tests for Diagnostic Services	100%	$0	$0**

STANDARD PLAN D
PARTS A & B

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

	Services	Medicare Pays	Standard Plan D Pays	You Pay
Part A+B Services	**Home Healthcare Medicare-approved Services**			
	• Medically-necessary skilled care services and medical supplies	100%	$0	$0**
	• Durable medical equipment			
	First $131 of Medicare-approved amounts*	$0	$0	$131 (Part B Deductible)
	Remainder of Medicare-approved amounts	80%	20%	$0**
Other Benefits **Not covered by Medicare**	**Foreign Travel — Not Covered by Medicare** Medically-necessary emergency care services beginning during the first 60 days of each trip outside the United States			
	First $250 each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
	At-home Recovery — Not Covered by Medicare Includes short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from illness, injury or surgery			
	Benefit for each visit	$0	Actual charges up to $40 per visit	Any charges above $40 per visit
	Number of visits covered (must be received within eight weeks of last Medicare-approved visits)	$0	Up to the number of Medicare-approved visits, not to exceed seven each week	Any visits exceeding seven per week
	Calendar year maximum	$0	$1,600	Any amount over $1,600 per year

STANDARD PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Part A Services

Services	Medicare Pays	Standard Plan F Pays	You Pay
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous hospital services and supplies:			
First 60 days	All but $992	$992 (Part A Deductible)	$0[1]
61st through 90th day	All but $248 a day	$248 a day	$0[1]
91st day and after:			
• While using 60 lifetime reserve days	All but $496 a day	$496 a day	$0[1]
• Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare-eligible expenses	$0[1,2]
— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0[1]
21st through 100th day	All but $124 a day	Up to $124 a day	$0[1]
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	three pints	$0[1]
Additional amounts	100%	$0	$0[1]
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 respite care	$0	Balance

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

[2] NOTICE: When your Medicare Plan A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

STANDARD PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Part B Services

Services	Medicare Pays	Standard Plan F 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 and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $131 of Medicare-approved amounts*	$0	$131 (Part B Deductible)	$0[1]
Remainder of Medicare-approved amount	generally 80%	generally 20%	$0[1]
Part B Excess Charges (Above Medicare-approved amounts)	$0	100%	$0[1]
Blood			
First three pints	$0	All costs	$0[1]
Next $131 of Medicare-approved amounts*	$0	$131 (Part B Deductible)	$0[1]
Remainder of Medicare-approved amounts	80%	20%	$0[1]
Clinical Laboratory Services — Blood Tests for Diagnostic Services	100%	$0	$0[1]

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

STANDARD PLAN F
PARTS A & B

*Once you have been billed $131 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

	Services	Medicare Pays	Standard Plan F Pays	You Pay
Part A+B Services	**Home Healthcare Medicare-approved Services**			
	• Medically-necessary skilled care services and medical supplies	100%	$0	$0[1]
	• Durable medical equipment			
	First $131 of Medicare-approved amounts*	$0	$131 (Part B Deductible)	$0[1]
	Remainder of Medicare-approved amounts	80%	20%	$0[1]
Other Benefits Not covered by Medicare	**Foreign Travel — Not Covered by Medicare** Medically-necessary emergency care services beginning during the first 60 days of each trip outside the United States			
	First $250 each calendar year	$0	$0	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[1] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

Part A Services

PrimeChoice℠ Plan
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year $1,860 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

	Services	Medicare Pays	After You Pay $1,860 Deductible,* Plan Pays	In Addition To $1,860 Deductible,* You Pay
Hospitalization[1]	Semiprivate room and board, general nursing and miscellaneous hospital services and supplies:			
	First 60 days	All but $992	$992 (Part A Deductible)	$0 for covered expenses
	61st through 90th day	All but $248 a day	$248 a day	$0 for covered expenses
	91st day and after: • While using 60 lifetime reserve days • Once lifetime reserve days are used:	All but $496 a day	$496 a day	$0 for covered expenses
	— Additional 365 days	$0	100% of Medicare-eligible expenses	$0 for covered expenses[2]
	— Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care[1]	You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
	First 20 days	All approved amounts	$0	$0 for covered expenses
	21st through 100th day	All but $124 a day	Up to $124 a day	$0 for covered expenses
	101st day and after	$0	$0	All costs
Blood	First three pints	$0	three pints	$0 for covered expenses
	Additional amounts	100%	$0	$0 for covered expenses
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 respite care	$0	Balance

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PrimeChoice Plan
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year $1,860 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Part B Services

Services	Medicare Pays	After You Pay $1,860 Deductible,* Plan Pays	In Addition To $1,860 Deductible,*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 and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $131 of Medicare-approved amounts[1]	$0	$131 (Part B Deductible)	$0[2]
Remainder of Medicare-approved amount	Generally 80%	Generally 20%	$0[2]
Part B Excess Charges (Above Medicare-approved amounts)	$0	100%	$0[2]
Blood			
First three pints	$0	All costs	$0[2]
Next $131 of Medicare-approved amounts[1]	$0	$131 (Part B Deductible)	$0[2]
Remainder of Medicare-approved amounts	80%	20%	$0[2]
Clinical Laboratory Services — Blood Tests for Diagnostic Services	100%	$0	$0[2]

[1] If Medicare Part B deductible has not already been met as part of the annual plan deductible, you pay the $131 annual Medicare Part B deductible.

[2] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

PrimeChoice Plan
PARTS A & B

* This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year $1,860 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Part A+B Services

Services	Medicare Pays	After You Pay $1,860 Deductible,* Plan Pays	In Addition To $1,860 Deductible,*You Pay
Home Healthcare Medicare-approved Services			
• Medically-necessary skilled care services and medical supplies	100%	$0	$0[2]
• Durable medical equipment			
First $131 of Medicare-approved amounts[1]	$0	$131 (Part B Deductible)	$0[2]
Remainder of Medicare-approved amounts	80%	20%	$0[2]

[1] If Medicare Part B deductible has not already been met as part of the annual plan deductible, you pay the $131 annual Medicare Part B deductible.

[2] $0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

PrimeChoice Plan
OTHER BENEFITS — NOT COVERED BY MEDICARE

All benefits, except the foreign travel emergency deductible (a separate $250 deductible), are subject to an annual $1,860 deductible. This means that you pay applicable deductible and copayment amounts for Medicare covered services until you have reached the policy $1,860 deductible.

Expenses that would not satisfy the $1,860 annual plan deductible include:
- Services not covered by Medicare
- Foreign Travel Emergency $250 deductible

Services	Medicare Pays	After You Pay $1,860 Deductible,* Plan Pays	In Addition To $1,860 Deductible,* You Pay
Foreign Travel – Not Covered By Medicare			
Medically-necessary emergency care services beginning during the first 60 days of each trip outside the United Staes			
First $250 each calendar year	$0	$0	$250 (separate from the annual $1,860 plan deductible)
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

* This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year $1,860 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

22IN 1/07