



Blue Cross and Blue Shield – Georgia
 Blue Cross and Blue Shield of Georgia Membership
 & Billing MailStop: G30410, 2357 Warm Springs
 Road, Columbus, GA 31904
 Toll Free Telephone Number: 1-888-211-9817

2009 OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE BENEFIT PLANS STANDARD A, C, E, F, AND J AND HIGH DEDUCTIBLE PLAN F (SMARTCHOICE AND SMARTCHOICE PREFERREDSM)

Medicare supplement insurance can be sold in 12 standard plans plus two high deductible plans. This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make available Plan “A.” Some plans may not be available in your state. You have the option to purchase a Blue Cross and Blue Shield of Georgia Medicare Supplement plan shown in gray.

See Outlines of Coverage sections for details about ALL plans.

- Basic Benefits: Included in Plans A-J.**
- **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 copayments for hospital outpatient services.
 - **Blood:** First three pints of blood each year.

Plan A	Plan B	Plan C	Plan D	Plan E	Plan F/F*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility 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 NOT covered by Medicare	

* 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 benefits as Plans F and J after one has paid a calendar year \$2,000 deductible. Benefits from High Deductible Plans F and J 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. Blue Cross and Blue Shield of Georgia does not offer a high deductible option for Standard Medicare Supplement Plan J.

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 Part B preventive services
Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility 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 NOT Covered by Medicare	\$4,620 Out-of-Pocket Limit***	\$2,310 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 benefits as Plans F and J after one has paid a calendar year \$2,000 deductible. Benefits from High Deductible Plans F and J 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. Blue Cross and Blue Shield of Georgia does not offer a high deductible option for Standard Medicare Supplement Plan J.

** Plans K and L provide for different cost sharing for items and services 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 each year for inflation.



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**MONTHLY RATES – BLUE CROSS AND BLUE SHIELD
 STANDARD PLANS A, C, E, F, AND J AND HIGH DEDUCTIBLE
 PLAN F (SMARTCHOICE AND SMARTCHOICE PREFERRED)
 Effective February 1, 2009**

Issue Age	Plan A		Plan C		Plan E		Plan F		Plan J	
	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2
65-69	\$ 140	\$ 136	\$ 167	\$ 162	\$ 144	\$ 139	\$ 166	\$ 161	\$ 184	\$ 178
70-74	150	146	179	174	156	152	180	174	199	193
75-79	177	172	213	207	183	178	212	205	234	227
80+	193	188	232	225	200	194	231	223	255	247

Issue Age	SmartChoice		SmartChoice Preferred	
	Area 1	Area 2	Area 1	Area 2
65-69	\$ 46	\$ 45	\$ 74	\$ 72
70-74	50	48	80	77
75-79	58	57	94	91
80+	64	62	102	99

Area 1: Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale Counties.

Area 2: Remaining Georgia counties excluding those listed in Area 1.

Rates are subject to change February 1, 2010.



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MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

Outline of Coverage for Policy Form Series

**Standard Plan A, Standard Plan C,
Standard Plan E, Standard Plan F,
High Deductible Plan F (SmartChoice
SmartChoice Preferred), Standard Plan J**

Retain This Outline For Your Records

Premium Information

Blue Cross and Blue Shield of Georgia 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.

Disclosures

Use this outline to compare benefits and premiums among policies.

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.

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 Blue Cross and Blue Shield of Georgia.

Right To Return Policy

If you find that you are not satisfied with your policy, you may return it to us at our MailStop G30410, 2357 Warm Springs Road, Columbus, GA 31904. 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, minus any amount paid in claims.

Notice

This policy may not fully cover all of your medical costs. Neither Blue Cross and Blue Shield of Georgia 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 the "Medicare & You" handbook 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. Blue Cross and Blue Shield of Georgia 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.

Guaranteed Acceptance and Renewal

Your acceptance into our Medicare Supplemental plans is guaranteed if you apply for coverage during your Open Enrollment Period. This period lasts for six months and begins on the first day of the month in which you are **both** age 65 **and** enrolled in Medicare Part B. During this period, we will waive any medical underwriting requirements. Certain circumstances may provide further opportunity for guaranteed acceptance. For details, consult the "Guide to Health Insurance for People with Medicare."

Our Medicare Supplemental plans are guaranteed renewable.

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
A
Services**

Services	Medicare Pays	Standard Plan A Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days	All but \$1,068	\$0	\$1,068 (Part A deductible)
61st through 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: · While using 60 lifetime reserve days · Once lifetime reserve days are used – Additional 365 days	All but \$534 a day \$0	\$534 a day 100% of Medicare-eligible expenses	\$0 \$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 \$133.50 a day	\$0	Up to \$133.50 a day
101st day and after	\$0	\$0	All costs

* A benefit period begins on the first day you receive service 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.

** 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.

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
 A
 Services**

Services	Medicare Pays	Standard Plan A Pays	You Pay
Blood First three pints Additional amounts	\$0 100%	Three pints \$0	\$0 \$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive those services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

STANDARD PLAN A
PARTS A & B

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

Parts
A+B
 Services

Services	Medicare Pays	Standard Plan A Pays	You Pay
Home Health Care			
Medicare-Approved Services			
· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
· Durable medical equipment			
First \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$135 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.

STANDARD PLAN C

MEDICARE (PART A) HOSPITAL SERVICES – PER BENEFIT PERIOD

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

	Services	Medicare Pays	Standard Plan C Pays	You Pay
Part A Services	Hospitalization*			
	Semi-private room and board, general nursing and miscellaneous services and supplies:			
	First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
	61st through 90th day	All but \$267 a day	\$267 a day	\$0
	91st day and after:			
	<ul style="list-style-type: none"> · While using 60 lifetime reserve days 	All but \$534 a day	\$534 a day	\$0
	<ul style="list-style-type: none"> · Once lifetime reserve days are used 			
	<ul style="list-style-type: none"> – Additional 365 days 	\$0	100% of Medicare-eligible expenses	\$0**
	<ul style="list-style-type: none"> – 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 \$133.50 a day	Up to \$133.50 a day	\$0	
101st day and after	\$0	\$0	All costs	

* A benefit period begins on the first day you receive service 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.

** 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.

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
 A
 Services**

Services	Medicare Pays	Standard Plan C Pays	You Pay
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 C
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

**STANDARD PLAN C
PARTS A & B – AND OTHER BENEFITS NOT COVERED BY MEDICARE**

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

	Services	Medicare Pays	Standard Plan C Pays	You Pay
Parts A+B Services	Home Health Care Medicare-Approved Services			
	· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	· Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
	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

* Once you have been billed \$135 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.

STANDARD PLAN E

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
A
Services**

Services	Medicare Pays	Standard Plan E Pays	You Pay
Hospitalization*			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st through 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
· While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs

* A benefit period begins on the first day you receive service 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.

** 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.

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
 A
 Services**

Services	Medicare Pays	Standard Plan E Pays	You Pay
Blood First three pints Additional amounts	\$0 100%	Three pints \$0	\$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 E
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
B
Services**

Services	Medicare Pays	Standard Plan E 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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

**STANDARD PLAN E
PARTS A & B**

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

Parts
A+B
Services

Services	Medicare Pays	Standard Plan E Pays	You Pay
Home Health Care Medicare-Approved Services			
· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
· Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$135 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.

STANDARD PLAN E

OTHER BENEFITS NOT COVERED BY MEDICARE

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

	Services	Medicare Pays	Standard Plan E Pays	You Pay
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 Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
	Preventive Medical Care Benefit** – Not Covered by Medicare Some annual physical and preventive tests & services (such as, digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education), administered or ordered by your doctor when not covered by Medicare. First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

** Medicare benefits are subject to change. Please consult the latest “Guide to Health Insurance for People with Medicare.”

STANDARD PLAN F

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
A
Services**

Services	Medicare Pays	Standard Plan F Pays	You Pay
Hospitalization*			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st through 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
· While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs

* A benefit period begins on the first day you receive service 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.

** 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.

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
 A
 Services**

Services	Medicare Pays	Standard Plan F Pays	You Pay
Blood First three pints Additional amounts	\$0 100%	Three pints \$0	\$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 F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

STANDARD PLAN F

PARTS A & B – AND OTHER BENEFITS NOT COVERED BY MEDICARE

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

	Services	Medicare Pays	Standard Plan F Pays	You Pay
Parts A+B Services	Home Health Care Medicare-Approved Services			
	· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	· Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
	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

* Once you have been billed \$135 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.

High Deductible Plan F (SmartChoice)

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

The High Deductible Plan pays the same benefits as Plan 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 are \$2,000. 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 Services

Services	Medicare Pays	After You Pay \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Hospitalization*			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st through 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
· While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs

* A benefit period begins on the first day you receive service 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.

** 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.

High Deductible Plan F (SmartChoice)

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

The High Deductible Plan pays the same benefits as Plan 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 are \$2,000. 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
Services

Services	Medicare Pays	After You Pay \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Blood First three pints Additional amounts	\$0 100%	Three pints \$0	\$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

High Deductible Plan F (SmartChoice)
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

The High Deductible Plan pays the same benefits as Plan 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 are \$2,000. 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 \$2,000 Deductible, Plan Pays	In Addition To \$2,000 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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

High Deductible Plan F (SmartChoice)

PARTS A & B

The High Deductible Plan pays the same benefits as Plan 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 are \$2,000. 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.

Parts
A+B
Services

Services	Medicare Pays	After You Pay \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Home Health Care Medicare-Approved Services			
· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
· Durable medical equipment			
First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$135 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.

High Deductible Plan F (SmartChoice)
OTHER BENEFITS – NOT COVERED BY MEDICARE

The High Deductible Plan pays the same benefits as Plan 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 are \$2,000. 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 \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
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		
	\$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

High Deductible Plan F (SmartChoice PreferredSM)
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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
Services**

Services	Medicare Pays	After You Pay \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Hospitalization*			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st through 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
· While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs

* A benefit period begins on the first day you receive service 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.

** 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.

High Deductible Plan F (SmartChoice PreferredSM)
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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
Services

Services	Medicare Pays	After You Pay \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Blood First three pints Additional amounts	\$0 100%	Three pints \$0	\$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

**High Deductible Plan F (SmartChoice PreferredSM)
 MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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 \$2,000 Deductible, Plan Pays	In Addition To \$2,000 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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

High Deductible Plan F (SmartChoice PreferredSM)

PARTS A & B

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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.

Parts
A+B
Services

Services	Medicare Pays	After You Pay \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Home Health Care			
Medicare-Approved Services			
· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
· Durable medical equipment			
First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$135 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.

High Deductible Plan F (SmartChoice PreferredSM)

OTHER BENEFITS – NOT COVERED BY MEDICARE

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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 \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
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		
	\$0	\$0	\$250
	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

High Deductible Plan F (SmartChoice PreferredSM)

OTHER BENEFITS – NOT COVERED BY MEDICARE

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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 \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Other Benefits Not Covered By Medicare			
Vision Care – Not Covered by Medicare			
These benefits are not subject to the \$2,000 annual deductible.			
Annual Eye Exam	\$0	Plan pays remainder of eye exam.	\$20 copay ^{††††}
Glass lenses	\$0	100% for 1 pair of standard eyeglass lenses or see "Contacts" below	\$20 copay ^{††††} for eye exam and extra charges for cosmetic lenses [†]
Frames	\$0	Up to \$131 per 12-month period or see "Contacts" below	\$20 copay ^{††††} for eye exam and remainder of frames costs ^{††}
Contacts	\$0	Up to \$131 for one pair per 12-month period	\$20 copay ^{††††} for eye exam and remainder of contact lenses costs ^{††}

[†] There may be additional charge if you elect cosmetic lens option, such as progressive multifocal lenses, lens coating and lens tinting.

^{††} Copay applies to specific procedural codes and charges for physician office visit only.

^{††††} Benefits are not subject to \$2,000 annual deductible.

High Deductible Plan F (SmartChoice PreferredSM)

OTHER BENEFITS – NOT COVERED BY MEDICARE

The High Deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible (plus additional benefits for vision care, physician office visits and chiropractic services). Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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 \$2,000 Deductible, Plan Pays	In Addition To \$2,000 Deductible, You Pay
Other Benefits Not Covered By Medicare	Physician Office Visits These benefits are not subject to the \$2,000 annual deductible. Copay applies to specific procedural codes and charges for the physician office visit only. Services not considered part of the "office visit" include, but are not limited, to X-rays, laboratory work, surgery. Benefit: Unlimited physician office visits, when using a Participating Provider.	Generally 80%	Generally 20%	\$10 copay ^{†††} when using a Participating Provider ^{††}
	Chiropractic Services These benefits are not subject to the \$2,000 annual deductible. Manual manipulation of spine to correct subluxation	Generally 80%	Generally 20%	\$10 copay ^{†††} when using a Participating Provider ^{††}

^{††} Copay applies to specific procedural codes and charges for physician office visit only.

^{†††} Provided such treatment is legal in the state where performed. Chiropractic Maintenance Therapy is not covered by this policy.

^{††††} Benefits are not subject to \$2,000 annual deductible.

STANDARD PLAN J

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
A
Services**

Services	Medicare Pays	Standard Plan J Pays	You Pay
Hospitalization*			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st through 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
· While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs

* A benefit period begins on the first day you receive service 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.

** 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.

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
 A
 Services**

Services	Medicare Pays	Standard Plan J Pays	You Pay
Blood First three pints Additional amounts	\$0 100%	Three pints \$0	\$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 J

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

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

**Part
B
Services**

Services	Medicare Pays	Standard Plan J 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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed \$135 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.

STANDARD PLAN J

PARTS A & B – AND OTHER BENEFITS NOT COVERED BY MEDICARE

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

	Services	Medicare Pays	Standard Plan J Pays	You Pay
Parts A+B Services	Home Health Care Medicare-Approved Services			
	· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	· Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
	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

* Once you have been billed \$135 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.

STANDARD PLAN J

OTHER BENEFITS NOT COVERED BY MEDICARE

Medicare deductibles and co-insurance amounts are effective as of January 1, 2009. Medicare may change these amounts annually. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the “Medicare & You” handbook for more details.

Services	Medicare Pays	Standard Plan J Pays	You Pay
Other Benefits Not Covered By Medicare	At-Home Recovery Services – Not Covered by Medicare		
	Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan		
<ul style="list-style-type: none"> · Benefit for each visit 	\$0	Actual charges up to \$40 a visit	Balance
<ul style="list-style-type: none"> · Number of visits covered (must be received within eight weeks of last Medicare-approved visit) 	\$0	Up to the number of Medicare-approved visits, not to exceed seven each week	Any visits exceeding seven per week
<ul style="list-style-type: none"> · Calendar year maximum 	\$0	\$1,600	Any amount over \$1,600 per year
<hr/>			
Preventive Medical Care Benefit* – Not Covered by Medicare			
Some annual physical and preventive tests & services (such as, digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diptheria booster and education), administered or ordered by your doctor when not covered by Medicare.			
First \$120 each calendar year	\$0	\$120	\$0
Additional charges	\$0	\$0	All costs

* Medicare benefits are subject to change. Please consult the latest “Guide to Health Insurance for People with Medicare.”



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