

**Medicare Supplement: Plan N Details****Part A**

| <b>Services</b>   | <b>Medicare Pays</b>   | <b>This Plan Pays</b>            | <b>You Pay</b>   |
|---|--|----------------------------------|------------------|
| <b>Hospitalization</b>  |  |                                  |                  |
| First 60 Days   | All But \$1288   | \$1288 (Part A Deductible)       | <b>\$0</b>       |
| 61st Through 90th Day   | All But \$322 a Day  | \$322 a Day                      | <b>\$0</b>       |
| 91st Day and After (60 Reserve Days)  | All But \$644 a Day  | \$644 a Day                      | <b>\$0</b>       |
| After Reserve (Additional 365 Days)   | \$0  | 100% of Eligible Expenses        | <b>\$0</b>       |
| Beyond the Additional 365 Days  | \$0  | \$0                              | <b>All Costs</b> |
| <b>Skilled Nursing Facility Care</b>  |  |                                  |                  |
| First 20 Days   | All Approved Amounts   | \$0                              | <b>\$0</b>       |
| 21st Through 100th Day  | All But \$161 a Day  | Up to \$161 a Day                | <b>\$0</b>       |
| 101st Day and After   | \$0  | \$0                              | <b>All Costs</b> |
| <b>Blood</b>  |  |                                  |                  |
| First Three Pints   | \$0  | 100%                             | <b>\$0</b>       |
| Additional Amounts  | 100%   | \$0                              | <b>\$0</b>       |
| <b>Hospice Care</b>   |  |                                  |                  |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care | Medicare copayment / coinsurance | <b>\$0</b>       |

| <b>Part B</b>   |                      |                            |   |
|---|----------------------|----------------------------|---|
| <b>Services</b>   | <b>Medicare Pays</b> | <b>This Plan Pays</b>      | <b>You Pay</b>  |
| <b>Medical Expenses</b>                                   |                      |                            |   |
| 1st \$166 of Approved Amounts                             | \$0                  | \$0                        | <b>\$166 (Part B Deductible)</b>  |
| Remainder of Approved Amounts                             | Generally 80%        | Balance, Other than Copays | <b>Up to \$20/\$50 Copays, Emergency visit copay waived if admitted</b> |
| Part B Excess Charge                                      | \$0                  | \$0                        | <b>All Costs</b>  |
| <b>Blood</b>  |                      |                            |   |
| First Three Pints   | \$0                  | 100%                       | <b>\$0</b>  |
| Next \$147 of Approved Amounts                            | \$0                  | \$0                        | <b>\$166 (Plan B Deductible)</b>  |
| Remainder of Approved Amounts                             | Generally 80%        | Generally 20%              | <b>\$0</b>  |
| <b>Clinical Laboratory Services</b>                       |                      |                            |   |
| Tests for Diagnostic Services                             | 100%                 | \$0                        | <b>\$0</b>  |
| <b>Foreign Travel</b>                                     |                      |                            |   |
| 1st \$250 each calendar year                              | \$0                  | \$0                        | <b>\$250</b>  |
| Remainder of Charges up to a lifetime maximum of \$50,000 | \$0                  | 80%                        | <b>20%</b>  |