

MEDICARE SUPPLEMENT PLAN F

SCHEDULE OF BENEFITS**

Medicare Part A – Hospital Services – Per Calendar Year

COVERED SERVICES	MEDICARE PAYS	CONFERENCE PLAN PAYS	RETIREE PAYS
<p>Inpatient Hospital Services Semi-Private room and board, general nursing and miscellaneous services and supplies:</p> <ul style="list-style-type: none"> • First 60 days • 61st thru 90th day • 91st day and after: <ul style="list-style-type: none"> - While using 60 lifetime reserve days Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days <p>Beyond the additional 365 days</p>	<p>All but \$1,156</p> <p>All but \$289/Day</p> <p>All but \$578/Day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,156 Part A Deductible</p> <p>\$289/Day</p> <p>\$578/Day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>Skilled Nursing Facility Care** Medicare requirements must be met, including having been in a hospital for at least 3 days and enter a Medicare-approved facility within 30 days after leaving the hospital</p> <ul style="list-style-type: none"> • First 20 days • 21st thru 100th day • 101st day and after 	<p>All Approved Amounts</p> <p>All but \$144.50/Day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50/Day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>Blood</p> <ul style="list-style-type: none"> • First 3 pints • Additional amounts 	<p>\$0</p> <p>100%</p>	<p>3 Pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice Care Available as long as the attending physician certifies the covered person is terminally ill and elects to receive these services.</p>	<p>All, but limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>
<p>**Benefit period begins on the first day services are rendered as an inpatient in a hospital and ends after the covered person has been out of the hospital and has not received skilled care in any other facility for 60 consecutive days.</p>			

****The specific amounts noted in this Schedule of Benefits are informational and based on Medicare deductibles and co-payments for the year 2012. The amounts may change as Medicare deductibles and co-payments change. These changes do not constitute plan amendments.**

Medicare Part B – Medical Services – Per Calendar Year

COVERED SERVICES	MEDICARE PAYS	PLAN PAYS	RETIREE PAYS
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, durable medical equipment –			
First \$140 of Medicare Approved Amounts (Part B Deductible)**	\$0	\$140	\$0
Remainder of Medicare Approved Amount	Generally 80%	Generally 20%	\$0
Part B excess Charges (up to the allowed percentage above Medicare-Approved amounts)	\$0	100%	\$0
Blood			
First 3 Pints	\$0	All Costs	\$0
Next \$140 of Medicare Approved Amounts**	\$0	\$140	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
Clinical Laboratory Services – Blood Tests for Diagnostic Services	100%	\$0	\$0
**Once the covered person has been billed \$140 of Medicare Approved Amounts for covered services (those noted with an asterisk), your Part B Medicare Deductible will have been met for the calendar year.			

Medicare Parts A & B

COVERED SERVICES	MEDICARE PAYS	PLAN PAYS	RETIREE PAYS
Home Health Care			
Medicare Approved services Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
- First \$140 of Medicare Approved Amounts**	\$0	\$140	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0
**Once the covered person has been billed \$140 of Medicare Approved Amounts for covered services (those noted with an asterisk), your Part B Deductible will have been met for the calendar year.			

**Medicare Part B – Medical Services – Per Calendar Year
Additional Benefits**

COVERED SERVICES	MEDICARE PAYS	PLAN PAYS	RETIREE PAYS
Foreign Travel Not Covered by Medicare Medically necessary emergency care services during the first 60 days of each trip outside the United States of America.			
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