

## Summary of High Option Benefits

### Medicare Supplement Part A Benefits - High Option    Monthly Premium \$181.52

| <u>Benefit</u>  | <u>Amount Payable</u>  |
|---|--|
| Hospital Confinement<br>Day of Confinement            |  |
| 1 <sup>st</sup> to 60 <sup>th</sup> day               | Medicare Part A Deductible   |
| 61 <sup>st</sup> to 90 <sup>th</sup> day              | Daily Coinsurance Charge (25% of Part A Deductible per day)                  |
| Lifetime Reserve Period                               | Daily Coinsurance Charge (50% of Part A Deductible per day)                  |
| After Lifetime Reserve Period                         | 100% of Hospital Expenses for an additional 365 days per person per Lifetime |
| Skilled Nursing Facility<br><u>Day of Confinement</u> |  |
| 1 <sup>st</sup> to 20 <sup>th</sup> Day               | Nothing  |
| 21 <sup>st</sup> to 100 <sup>th</sup> Day             | Daily Coinsurance Charge (12 ½ % of Part A Deductible per day)               |
| 101 <sup>st</sup> to 365 <sup>th</sup> Day            | Room and Board Charges up to \$75 a day                                      |

### Medicare Supplement Part B Benefits – High Option

| <u>Benefit</u>  | <u>Amount Payable</u>  |
|---|--|
| Medical Care  | 20% of Medicare Eligible Expenses  |
| Expenses That Are More<br>Than Medicare Considers<br>Reasonable | The difference between the Usual and Customary Charge and the Medicare Eligible Expense after the Out-Of-Pocket Expense Amount |

Out-Of-Pocket Expense Amount - \$500.00

**Additional Medicare Supplement Benefits – High Option – See Back of Form**

## **Additional Medicare Supplement Benefits – High Option**

| <u>Benefit</u>                   | <u>Amount Payable</u>  |
|----------------------------------|--|
| Hospice Care                     | Medicare Coinsurance Charges for prescription drugs and in-patient respite care  |
| Medicare Part B Deductible       | Medicare Part B Deductible   |
| Blood Deductible                 | First 3 pints of blood under Medicare Part A and Medicare Part B   |
| Foreign Medical Treatment        | 100% of Foreign Medical Treatment expenses up to 90 days; first expense must be Incurred within first 180 days of Covered Person's Traveling Outside the United States per Calendar Year |
| In-Hospital Private Duty Nursing | Maximum Benefit Amount: Costs up to \$30 per 8-hour shift<br>Maximum Number of Shifts: 60 Shifts per Calendar Year   |