

BEFORE THE STATE AUDITOR AND COMMISSIONER OF INSURANCE  
OF THE STATE OF MONTANA

In the matter of the amendment of	)	NOTICE OF AMENDMENT AND
ARM 6.6.504, 6.6.506, 6.6.507,	)	ADOPTION
6.6.507A, 6.6.507B, 6.6.507C,	)	
6.6.508, 6.6.508A, 6.6.509, and	)	
6.6.511, and the adoption of New Rule	)	
I (ARM 6.6.507D), New Rule II (ARM	)	
6.6.507E), New Rule III (ARM	)	
6.6.527), and New Rule IV (ARM	)	
6.6.511A), pertaining to Medicare	)	
Supplements	)	

TO: All Concerned Persons

1. On May 14, 2009, the State Auditor and Commissioner of Insurance published MAR Notice No. 6-184 regarding the public hearing on the proposed amendment and adoption of the above-stated rules at page 506 of the 2009 Montana Administrative Register, issue number 9.

2. On June 4, 2009, the State Auditor and Commissioner of Insurance held a public hearing to consider the proposed amendment and adoption of the above-stated rules.

3. The State Auditor and Commissioner of Insurance has amended ARM 6.6.506, 6.6.507C, 6.6.508, and 6.6.508A exactly as proposed, and has amended 6.6.504, 6.6.507, 6.6.507A, 6.6.507B, 6.6.509, and 6.6.511 as proposed, but with the following changes, stricken matter interlined, new matter underlined:

6.6.504 DEFINITIONS For purposes of this subchapter, the terms defined in 33-22-903, MCA, will have the same meaning in this subchapter unless clearly designated otherwise. The following definitions are in addition to those in 33-22-903, MCA.

(1) through (12) remain as proposed.

(13) "1990 standardized Medicare Supplement Benefit Plan," "1990 standardized benefit plan," or "1990 plan" means a group or individual policy of Medicare supplement insurance issued on or after July 16, 1993, and with an effective date for coverage prior to June 1, 2010, and includes Medicare supplement insurance policies and certificates renewed on or after that date which are not replaced by the issuer at the request of the insured.

(14) "2010 standardized Medicare Supplement Benefit Plan," "2010 standardized benefit plan," or "2010 plan" means a group or individual policy of Medicare supplement insurance issued with an effective date for coverage on or after June 1, 2010.

(15) remains as proposed.

6.6.507 MINIMUM BENEFIT STANDARDS FOR MEDICARE SUPPLEMENT BENEFIT PLAN POLICIES OR CERTIFICATES ISSUED OR DELIVERED WITH AN EFFECTIVE DATE FOR COVERAGE PRIOR TO JUNE 1, 2010 (1) The

following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state with an effective date for coverage prior to June 1, 2010. No policy or certificate may be advertised, solicited, delivered, or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit standards.

(a) through (5)(c)(ii)(C) remain as proposed.

6.6.507A STANDARD MEDICARE SUPPLEMENT BENEFIT PLANS FOR 1990 STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN POLICIES OR CERTIFICATES ISSUED FOR DELIVERY ON OR AFTER 1990 JULY 1993, AND WITH AN EFFECTIVE DATE FOR COVERAGE PRIOR TO JUNE 1, 2010

(1) through (7) remain as proposed.

6.6.507B OPEN ENROLLMENT (1) No issuer shall deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this state, nor discriminate in the pricing of such a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant where an application for a policy or certificate is submitted prior to or during the six-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B, ~~or if open enrollment was delayed due to employment past age 65~~. Each Medicare supplement policy or certificate currently available from an issuer must be made available to all applicants who qualify under this rule without regard to age.

(2) through (4) remain as proposed.

6.6.509 REQUIRED DISCLOSURE PROVISIONS (1) through (9)(b) remain as proposed.

(c) The following items must be included in the outline of coverage in the order prescribed below:

[COMPANY NAME]

Outline of Medicare Supplement Coverage-Cover Page: 1 of 2  
Benefit Plan(s)\_\_\_\_[insert letter(s) of plan(s) being offered]

These charts show the benefits included in each of the 1990 standardized Medicare supplement plans. Every company must make available Plan A. Some plans may not be available in your state. New 1990 standardized benefit plans may not be issued on or after June 1, 2010.

See Outline of Coverage sections for details about ALL plans

Basic Benefits for 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), copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		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 B Deductible		
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery	
				Preventive Care NOT covered by Medicare

F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits					
Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance					
Part A Deductible	Part A Deductible					
Part B Deductible					Part B Deductible	Part B Deductible
Part B Excess (100%)	Part B Excess (80%)			Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
Foreign Travel Emergency	Foreign Travel Emergency					
	At-Home Recovery			At-Home Recovery	At-Home Recovery	At-Home Recovery
					Preventive Care NOT covered by Medicare	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 \$~~2000~~~~1860~~ deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$~~2000~~~~1860~~. 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.

[COMPANY NAME]

Outline of Medicare Supplement Coverage - Cover Page 2

Basic Benefits for Plans K and L: include similar services as Plans A-J, but cost-sharing for the basic benefits is at different levels.

J	K**	L**
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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 Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	\$ <del>46204440</del> Out of Pocket Annual Limit***	\$ <del>23102070</del> Out of Pocket Annual Limit***

\*\*Plans K and L provide for different cost-sharing for items and services than Plan 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.

See Outlines of Coverage for details and exceptions.

**Benefit Chart of Medicare Supplement Plans Sold with an effective date for coverage on or After June 1, 2010.**

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

Plans E, H, I, and J are no longer available for sale. [This sentence shall not appear after June 1, 2011.]

**Basic Benefits:**

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.

Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.  
 Hospice: Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance		Basic, including 100% Part B coinsurance				
		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%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	50% Part A Deductible	50% Part A Deductible	50% Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$[46204440]; paid at 100% after limit reached	Out-of-pocket limit \$[23102070]; paid at 100% after limit reached		

\* Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [~~\$20004860~~] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed [~~\$20004860~~]. 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.

(10) and (11) remain as proposed.

6.6.511 SAMPLE FORMS OUTLINING COVERAGE (1) remains as proposed.

- (a) inpatient hospital deductible = \$1068992.00;
- (b) daily coinsurance amount for the 61st through 90th days of hospitalization in a benefit period = \$267248.00;
- (c) daily coinsurance amount for lifetime reserve days = \$534496.00;
- (d) daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = \$133.50124.00;
- (e) 50% of inpatient hospital deductible = \$534496.00;
- (f) 75% of inpatient hospital deductible = \$801744.00;
- (g) 25% of inpatient hospital deductible = \$267248.00;
- (h) 50% of daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = \$66.7562.00;
- (i) 75% of daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = \$100.1393.00; and
- (j) 25% of daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = \$33.3831.00.

(2) and (2)(a) remain as proposed.

(b) Plan A - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN A

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, --First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare ---approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare ---approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment  ---First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
---Remainder of Medicare approved amounts	80%	20%	\$0

(c) Plan B - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN B

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$[135434] (Part B deductible)  \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs

BLOOD First 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

(d) Plan C - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN C

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

PLAN C

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE, Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(e) Plan D - Medicare (Part A) - Hospital Services - Per Benefit Year remains as proposed.

PLAN D

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

\*Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
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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 \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts*	80%	20%	\$0
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			
---Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
---Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	
---Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(f) Plan E - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN E

MEDICARE (PART B) - MEDICAL SERVICES - PER BENEFIT PERIOD

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

PLAN E

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE, Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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
***PREVENTIVE MEDICARE CARE BENEFIT-NOT COVERED BY MEDICARE Some annual physical and preventive tests and services 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.

(g) PLAN F or HIGH DEDUCTIBLE PLAN F

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

\*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.

[\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[20004860] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[20004860]. 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 \$[20004860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[20004860] DEDUCTIBLE, **] YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511(1)(a)]	\$[6.6.511(1)(a)] (Part A deductible)	\$0
61st thru 90th day	All but [6.6.511(1)(b)] a day	\$[6.6.511(1)(b)] a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511(1)(c)] a day	\$[6.6.511(1)(c)] a day	\$0
Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	\$0 \$0	100% Medicare eligible expenses \$0	\$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[6.6.511(1)(d)] a day	Up to \$[6.6.511(1)(d)] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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

\*\*\*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.

PLAN F or HIGH DEDUCTIBLE PLAN F

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

\*Once you have been billed \$[135434] 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.

[\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[20004860] deductible. Benefits from the high deductible Plan F will begin until out-of-pocket expenses are \$[20004860]. 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 \$[20004860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[20004860] 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN F or HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[20004860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[20004860] DEDUCTIBLE, **] YOU PAY
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HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
---Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[20004860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[20004860] 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 USA 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

(h) Plan G - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN G

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

\*Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
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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 \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
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 ---Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
---Number of visits covered (Must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare-approved visits, not to exceed 7 each week	
---Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(i) Plan H - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN H

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

\*Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
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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 \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN H

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(j) Plan I - Medicare (Part A) - Hospital Services - Per Benefit Period remains as proposed.

PLAN I

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN I

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
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 ---Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
---Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare-approved visits, not to exceed 7 each week	
---Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(k) PLAN J or HIGH DEDUCTIBLE PLAN J

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

\*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.

[\*\*This high deductible plan pays the same benefits as plan J after one has paid a calendar year \$[2000+860] deductible. Benefits from the high deductible plan J will not begin until out-of-pocket expenses are \$[2000+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 \$[2000+860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[2000+860] DEDUCTIBLE, **] YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies  First 60 days  61st thru 90th day  91st day and after: While using 60 lifetime reserve days  Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	All but \$[6.6.511(1)(a)]  All but \$[6.6.511(1)(b)] a day  All but \$[6.6.511(1)(c)] a day  \$0 \$0	\$[6.6.511(1)(a)] (Part A deductible)  \$[6.6.511(1)(b)] a day  \$[6.6.511(1)(c)] a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days  21st thru 100th day  101st day and after	All approved amounts  All but \$[6.6.511(1)(d)] a day  \$0	\$0  Up to \$[6.6.511(1)(d)] a day  \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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

\*\*\*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.

PLAN J or HIGH DEDUCTIBLE PLAN J

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

\*Once you have been billed \$[135434] 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.

[\*\*This high deductible plan pays the same as plan J after one has paid a calendar year \$[20004860] deductible. Benefits from the high deductible plan J will not begin until out-of-pocket expenses are \$[20004860]. 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 \$[20004860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[20004860] 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (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 3 pints	\$0		\$0
Next \$[135434] of Medicare approved amounts*	\$0	All costs \$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	\$0	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN J or HIGH DEDUCTIBLE PLAN J

PARTS A & B

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[20004860] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[20004860] DEDUCTIBLE,**] YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
HOME HEALTH CARE 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			
Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (Must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	
Calendar year maximum	\$0	\$1,600	

**PLAN J or HIGH DEDUCTIBLE PLAN J  
OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[20004860] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[20004860] 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 USA			
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

<b>***PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services 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
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\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

(I) PLAN K

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[46204440] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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

\*\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies  First 60 days	All but \$[6.6.511(1)(a)]	\$[6.6.511(1)(a)] (50% of Part A deductible)	\$[6.6.511(1)(e)]♦ (50% of Part A deductible)
61st thru 90th day	All but [6.6.511(1)(b)] a day	\$[6.6.511(1)(b)] a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511(1)(c)] a day	\$[6.6.511(1)(c)] 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

<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days  21st thru 100th day  101st day and after	All approved amounts  All but \$[6.6.511(1)(d)] a day  \$0	\$0  Up to \$[6.6.511(1)(h)] a day  \$0	\$0  Up to \$[6.6.511(1)(h)]♦  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care	50% of coinsurance or copayments	50% of coinsurance or copayments♦

\*\*\*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.

PLAN K

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

\*\*\*\*Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES- IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,  First \$[135434] of Medicare approved amounts*  Preventive benefits for Medicare covered services  Remainder of Medicare approved amounts	\$0  Generally 75% or more of Medicare approved amounts  Generally 80%	\$0  Remainder of Medicare approved amounts  Generally 10%	\$[135434] (Part B deductible)****  All costs above Medicare approved amounts  Generally 10%♦

Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of [\$46204440])*
BLOOD First 3 pints	\$0	50%	50%♦
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)****♦
Remainder of Medicare approved amounts	Generally 80%	Generally 10%	Generally 10%
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[46204440] per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PLAN K

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts****	\$0	\$0	\$[135434] (Part B deductible)□
Remainder of Medicare approved amounts	80%	10%	10%□

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

(m)

PLAN L

\*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[23102070] each calendar year. The amounts that count toward your annual limit are noted with a diamond (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does not include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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

\*\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies  First 60 days  61st thru 90th day  91st day and after: While using 60 lifetime reserve days  Once lifetime reserve days are used: Additional 365 days  Beyond the additional 365 days	All but \$[6.6.511(1)(a)]  All but \$[6.6.511(1)(b)] a day  All but \$[6.6.511(1)(c)] a day  \$0  \$0	\$[6.6.511(1)(f)] (75% of Part A deductible)  \$[6.6.511(1)(b)] a day  \$[6.6.511(1)(c)] a day  100% of Medicare eligible expenses  \$0	\$[6.6.511(1)(g)] 25% of Part A deductible♦  \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days  21st thru 100th day  101st day and after	All approved amounts  All but \$[6.6.511(1)(d)] a day  \$0	\$0  Up to \$[6.6.511(1)(i)] a day  \$0	\$0  Up to \$[6.6.511(1)(j)] a day♦  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for outpatient drugs and inpatient respite care	75% of coinsurance or copayments	25% of coinsurance or copayments♦

\*\*\*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.

PLAN L

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

\*\*\*\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts****	\$0	\$0	\$[135434] (Part B deductible)****◆
Preventive benefits for Medicare covered services	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of [\$23102070])*
BLOOD First 3 pints	\$0	75%	25%◆
Next \$[135434] of Medicare approved amounts****	\$0	\$0	\$[135434] (Part B deductible)□
Remainder of Medicare approved amounts	Generally 80%	Generally 15%	Generally 5%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[23102070] per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PLAN L

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
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HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*****	\$0	\$0	\$[135434] (Part B deductible)♦
Remainder of Medicare approved amounts	80%	15%	5%♦

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

4. The State Auditor and Commissioner of Insurance has adopted New Rule III (ARM 6.6.527) exactly as proposed, and has adopted New Rule I (ARM 6.6.507D), New Rule II (ARM 6.6.507E), and New Rule IV (ARM 6.6.511A), exactly as proposed, but with the following changes, stricken matter interlined, new matter underlined:

NEW RULE I (ARM 6.6.507D) BENEFIT STANDARDS FOR 2010 STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN POLICIES OR CERTIFICATES ISSUED FOR DELIVERY WITH AN EFFECTIVE DATE FOR COVERAGE ON OR AFTER JUNE 1, 2010 (1) The following standards are

applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state with an effective date for coverage on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate with an effective date for coverage on or after June 1, 2010, unless it complies with these benefit standards. No issuer may offer any 1990 Standardized Medicare Supplement Benefit Plan for sale on or after June 1, 2010. Benefit standards applicable to Medicare supplement policies and certificates issued with an effective date for coverage before June 1, 2010, remain subject to the requirements of ARM 6.6.507 and other applicable rules and statutes contained in this subchapter and Title 33, chapter 22, part 9, MCA.

(a) through (3) remain as proposed.

(a) if such suspension occurs and if the policyholder or certificateholder loses entitlement to such medical assistance, such policy or certificate must be automatically reinstated effective as of the date of termination of such entitlement if the policyholder or certificateholder provides notice of loss of such entitlement within 90 days after the date of such loss and pays the premium attributable to the period, effective as of the date of the termination of entitlement;

(b) through (4)(b)(vi) remain as proposed.

NEW RULE II (ARM 6.6.507E) STANDARD MEDICARE SUPPLEMENT BENEFIT PLANS FOR 2010 STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN POLICIES OR CERTIFICATES ISSUED WITH AN EFFECTIVE DATE FOR COVERAGE FOR DELIVERY ON OR AFTER JUNE 1, 2010 (1) The

following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state with an effective date for coverage on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate unless it complies with these benefit plan standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued with an effective date for coverage before June 1, 2010, remain subject to the requirements of ARM 6.6.507A.

(2) through (7)(b) remain as proposed.

(i) the core benefit as established in ARM 6.6.507D(4)(a), plus 100% of the Medicare Part A deductible as established in ARM 6.6.507D(4)(b).

(c) and (c)(i) remain as proposed.

(ii) 100% of the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, and medically necessary emergency care in a foreign country as established in ARM 6.6.507D(4)(b).

(d) and (d)(i) remain as proposed.

(ii) 100% of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country, as established in ARM 6.6.507D(4)(b).

(e) standardized Medicare Supplement Benefit regular Plan F must include only the following:

(i) remains as proposed.

(ii) 100% of the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as established in ARM 6.6.507D(4)(b).

(f) through (7)(f)(i)(A) remain as proposed.

(B) 100% of the Medicare Part A deductible, skilled nursing facility care, the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in ARM 6.6.507D(4)(b);

(ii) The annual high deductible plan F deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement regular Plan F policy, and shall be in addition to any other specific benefit deductibles. The basis for the deductible shall be \$1500 and shall be adjusted annually from 1999 by the Secretary to reflect the change in the consumer price index for all urban consumers for the 12-month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.

(g) and (7)(g)(i) remain as proposed.

(ii) 100% of the Medicare Part A deductible, the skilled nursing facility care, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as established in ARM 6.6.507D(4)(b).

(8) The following descriptions detail the contents of two Medicare supplement plans ~~mandated~~ authorized by the MMA:

(a) through (11) remain as proposed.

NEW RULE IV (ARM 6.6.511A) SAMPLE FORMS OUTLINING

COVERAGE (1) The following amounts, as published in the Federal Register, for services furnished in the current calendar year under Medicare's hospital insurance program (Medicare Part A), must apply to the charts for Plans A, B, C, D, F, and High Deductible Plan F, G, K, L, M, and N, issued on or after June 1, 2010, in (2)(b) through (m). In each chart, the rule cited in brackets as ARM [6.6.511A(1)(a)], [6.6.511A(1)(b)], [6.6.511A(1)(c)], [6.6.511A(1)(d)], [6.6.511A(1)(e)], [6.6.511A(1)(f)], [6.6.511A(1)(g)], [6.6.511A(1)(h)], [6.6.511A(1)(i)], or [6.6.511A(1)(j)], represents the dollar amount specified in the cited rule subsection. The issuer must replace each bracket and rule cite with the correct dollar amount contained in the cited rule subsection when the issuer prints the charts:

- (a) inpatient hospital deductible = ~~\$9921068.00~~;
- (b) daily coinsurance amount for the 61st through 90th days of hospitalization in a benefit period = ~~\$248267.00~~;
- (c) daily coinsurance amount for lifetime reserve days = ~~\$496534.00~~;
- (d) daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = ~~\$124.00~~133.50;
- (e) 50% of inpatient hospital deductible = ~~\$496534.00~~;
- (f) 75% of inpatient hospital deductible = ~~\$744801.00~~;
- (g) 25% of inpatient hospital deductible = ~~\$248267.00~~;
- (h) 50% of daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = ~~\$62.00~~66.75;
- (i) 75% of daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = ~~\$93.00~~100.13; and
- (j) 25% of daily coinsurance amount for the 21st through 100th days of extended care services in a skilled nursing facility in a benefit period = ~~\$31.00~~33.38.

(2) through (a) remain as proposed.

(b) **PLAN A**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th day</p> <p>91st day and after: --While using 60 lifetime reserve days</p> <p>--Once lifetime reserve days are used: ---Additional 365 days</p> <p>---Beyond the additional 365 days</p>	<p>All but \$[6.6.511A(1)(a)]</p> <p>All but \$[6.6.511A(1)(b)] a day</p> <p>All but \$[6.6.511A(1)(c)] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$[6.6.511A(b)] a day</p> <p>\$[6.6.511A(1)(c)] a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$[6.6.511A(1)(a)] (Part A deductible)</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[6.6.511A(1)(d)] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[6.6.511A(1)(d)] a day</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness</p>	<p>All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*\*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.

**PLAN A**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, --First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare ---approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare ---approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment			
---First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
---Remainder of Medicare approved amounts	80%	20%	\$0

(c)

PLAN B

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

\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day  91st day and after: ---While using 60 lifetime reserve days  ---Once lifetime reserve days are used: ---Additional 365 days ---Beyond the additional 365 days	All but \$[6.6.511A(1)(a)]	\$[6.6.511A(1)(a)] (Part A deductible)	\$0
	All but \$[6.6.511A(1)(b)] a day	\$[6.6.511A(1)(b)] a day	\$0
	All but \$[6.6.511A(1)(c)] a day	\$[6.6.511A(1)(c)] a day	\$0
	\$0	100% of Medicare eligible expenses	\$0**
	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th day  101st day and after	All approved amounts	\$0	\$0
	All but \$[6.6.511A(1)(d)] a day	\$0	Up to \$[6.6.511A(1)(d)] a day
	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<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 out- patient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

\*\*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.

**PLAN B**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[135134] 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	PLAN PAYS	YOU PAY
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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 \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

(d)

PLAN C

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

\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a)]	\$[6.6.511A(1)(a)] (Part A deductible)	\$0
61st thru 90th day	All but \$[6.6.511A(1)(b)] a day	\$[6.6.511A(1)(b)] a day	\$0
91st day and after: ---While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)] a day	\$[6.6.511A(1)(c)] 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
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[6.6.511A(1)(d)] a day	Up to \$[6.6.511A(1)(d)] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<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 out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*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.

PLAN C

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

\*Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
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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 \$[135434] of Medicare approved amounts*	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies ---Durable medical equipment	100%	\$0	\$0
First \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE, Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(e) PLAN D

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT YEAR

\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a)]	\$[6.6.511A(1)(a)] (Part A deductible)	\$0
61st thru 90th day	All but \$[6.6.511A(1)(a)] a day	\$[6.6.511A(1)(b)] a day	\$0
91st day and after:			
---While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)] a day	\$[6.6.511A(1)(c)] 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
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[6.6.511A(1)(d)] a day	Up to \$[6.6.511A(1)(d)] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<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	\$0

\*\*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.

PLAN D

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts*	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(f) PLAN F or HIGH DEDUCTIBLE PLAN F

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

\*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.

[\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2000+860] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2000+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 \$[2000+860] DEDUCTIBLE, **] PLAN PAYS	[IN ADDITION TO \$[2000+860] DEDUCTIBLE, **] YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a)]	\$(6.6.511A(1)(a)) (Part A deductible)	\$0
61st thru 90th day	All but [6.6.511A(1)(b)] a day	\$(6.6.511A(1)(b)) a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)] a day	\$(6.6.511A(1)(c)) a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% Medicare eligible expenses	\$0***
Beyond the additional 365 days	\$0	\$0	All costs

<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[6.6.511A(1)(d)] a day	Up to \$[6.6.511A(1)(d)] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<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 coinsurance/ coinsurance	\$0

\*\*\*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.

PLAN F or HIGH DEDUCTIBLE PLAN F

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

\*Once you have been billed \$[135434] 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.

[\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[20004860] deductible. Benefits from the high deductible Plan F will begin until out-of-pocket expenses are \$[20004860]. 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 \$[20004860] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[20004860] DEDUCTIBLE,**] YOU PAY
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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 \$[135434] of Medicare approved amounts*	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$[135434] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN F or HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[20004860] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[20004860] DEDUCTIBLE,**] YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$135[434] (Part B deductible)	\$0
---Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[20004860] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[20004860] 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 USA 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

(g)

PLAN G

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

\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	**YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a)]	\$[6.6.511A(1)(a)] (Part A deductible)	\$0
61st thru 90th day	All but \$[6.6.511A(1)(b)] a day	\$[6.6.511A(1)(b)] a day	\$0
91st day and after: ---While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)] a day	\$[6.6.511A(1)(c)] a day	\$0
---Once lifetime reserve days are used: ---Additional 365 days	\$0	100% Medicare eligible expenses	\$0**
---Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[6.6.511A(1)(d)] a day	Up to \$[6.6.511A(1)(d)] a day	\$0
101st day and after	\$0	\$0	All costs

BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE 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	\$0

\*\*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.

PLAN G

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment, First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies	100%	\$0	\$0
---Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA 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

(h) PLAN K

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[46204440] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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

\*\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$[6.6.511A(1)(a)]	\$[6.6.511A(1)(a)] (50% of Part A deductible)	\$[6.6.511A(1)(e)]♦
	61st thru 90th day	All but [6.6.511A(1)(b)] a day	\$[6.6.511A(1)(b)] a day	\$0
	91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)] a day	\$[6.6.511A(1)(c)] 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
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	21st thru 100th day	All but \$[6.6.511A(1)(d)] a day	Up to \$[6.6.511A(1)(h)] a day	Up to \$[6.6.511A(1)(h)]♦
	101st day and after	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0	50%	50%♦	
	100%	\$0	\$0	
<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	50% of copayment/ coinsurance	50% of Medicare copayment/ coinsurance♦	

\*\*\*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.

PLAN K

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

\*\*\*\*Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES- IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,  First \$[135434] of Medicare approved amounts*  Preventive benefits for Medicare covered services  Remainder of Medicare approved amounts	\$0  Generally 75% or more of Medicare approved amounts  Generally 80%	\$0  Remainder of Medicare approved amounts  Generally 10%	\$[135434] (Part B deductible)****  All costs above Medicare approved amounts  Generally 10%◆
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of [\$46204440])*
<b>BLOOD</b> First 3 pints  Next \$[135434] of Medicare approved amounts*  Remainder of Medicare approved amounts	\$0  \$0  Generally 80%	50%  \$0  Generally 10%	50%◆  \$[135434] (Part B deductible)****◆  Generally 10%
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[46204440] per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PLAN K

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
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HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*****	\$0	\$0	\$[135434] (Part B deductible)♦
Remainder of Medicare approved amounts	80%	10%	10%♦

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

(i) PLAN L

\*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[23102070] each calendar year. The amounts that count toward your annual limit are noted with a diamond (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does not include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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

\*\*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION** Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a)]	\$[6.6.511A(1)(f)] (75% of Part A deductible)	\$[6.6.511A(1)(g)] 25% of Part A deductible♦
61st thru 90th day	All but \$[6.6.511A(1)(b)] a day	\$[6.6.511A(1)(b)] a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)] a day	\$[6.6.511A(1)(c)] 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

<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days  21st thru 100th day  101st day and after	All approved amounts  All but \$[6.6.511A(1)(d)] a day  \$0	\$0  Up to \$[6.6.511A(1)(i)] a day  \$0	\$0  Up to \$[6.6.511A(1)(i)] a day♦  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
<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	75% of copayment	25% of copayment/coinsurance♦

\*\*\*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.

PLAN L

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

\*\*\*\*Once you have been billed \$[135134] 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	PLAN PAYS	YOU PAY
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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 \$[135434] of Medicare approved amounts****	\$0	\$0	\$[135434] (Part B deductible)****◆
Preventive benefits for Medicare covered services	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of [\$23102070])*
BLOOD First 3 pints	\$0	75%	25%◆
Next \$[135434] of Medicare approved amounts****	\$0	\$0	\$[135434] (Part B deductible)◆
Remainder of Medicare approved amounts	Generally 80%	Generally 15%	Generally 5%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[23102070] per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PLAN L

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
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HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*****	\$0	\$0	\$[135434] (Part B deductible)♦
Remainder of Medicare approved amounts	80%	15%	5%♦

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

(j) PLAN M

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

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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a) 992]	\$[6.6.511A(1)(e) 496](50% of Part A deductible)	\$[6.6.511A(1)(e) 496](50% of Part A deductible)
61st through 90th day	All but \$[6.6.511A(1)(b)248] a day	\$[6.6.511A(1)(b) 248] a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)496] a day	\$[6.6.511A(1)(c) 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 3 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 \$[6.6.511A(1)(d)424] a day	Up to \$[6.6.511A(1)(d)424] a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drug and inpatient respite care	Medicare copayment/ Coinsurance	\$0

\*\*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.

PLAN M

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

\*Once you have been billed \$[135434] 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	PLAN 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, durable medical equipment  First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 3 pints	\$0	All costs	\$0
Next \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN M

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 USA			
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

(k)

PLAN N

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

\* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[6.6.511A(1)(a)992]	\$[6.6.511A(1)(a)992] (Part A deductible)	\$0
61st through 90th day	All but \$[6.6.511A(1)(b)248] a day	\$[6.6.511A(1)(b)248] a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$[6.6.511A(1)(c)496] a day	\$[6.6.511A(1)(c)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
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 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 \$[6.6.511A(1)(d)424] a day	Up to \$[6.6.511A(1)(d)424] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<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 drug and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*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.

PLAN N

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

\* Once you have been billed \$[135434] 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	PLAN PAYS	YOU PAY
<p>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</p> <p>First \$[135434] of Medicare approved amounts*</p> <p>Remainder of Medicare approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>	<p>\$[135434] (Part B deductible)</p> <p>Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs
<p>BLOOD</p> <p>First 3 pints</p> <p>Next \$[135434] of Medicare approved amounts*</p> <p>Remainder of Medicare approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$[135434] (Part B deductible)</p> <p>\$0</p>
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
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HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[135434] of Medicare approved amounts*	\$0	\$0	\$[135434] (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 USA			
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

4. No comments were heard at the hearing, however the following written comments were received and appear with the State Auditor's responses:

COMMENT NO. 1: One commenter stated that an effective date was not included for these rules and suggests that the effective date be the date upon which the rules are adopted.

RESPONSE NO. 1: A stated effective date is not necessary because these rules will automatically be effective the day after publication, unless otherwise specifically stated. In this case, these rules will be effective July 17, 2009, except New Rule III (ARM 6.6.527), relating to genetic nondiscrimination, which will be applied retroactively beginning July 1, 2009.

COMMENT NO. 2: One commenter requested that the department add the phrase "with an effective date for coverage" throughout the proposed rules when referencing the 1990 and 2010 Medicare supplement policies or certificates, so that carriers are not precluded from issuing or delivering the new policies before June 2010. This will ensure that consumers do not experience a break in coverage. The commenter states that this approach is consistent with the NAIC model regulation.

RESPONSE NO. 2: The department will make the suggested changes. However, it is noted that this language is not part of the NAIC model regulation, but rather appeared as "Optional Technical Clarifications" issued in a separate bulletin on April 1, 2009.

COMMENT NO. 3: One commenter states that the benefit standards for Medicare supplement policies or certificates contained in 6.6.507 apply to all pre-June 2010 policies, instead of having separate benefit standards sections for policies issued pre-1993, and policies issued between 1993 and June 2010. The NAIC model regulation is written with two separate sections for each of those time periods.

RESPONSE NO. 3: Although the NAIC model is written in with two separate sections for those time periods, the Montana rules did not adopt that approach in the past, and the department declines to make that change at this time. The Montana rule as written is at least as protective as the requirements of the Federal regulations. The department has not had any complaints or problems with the administration of this rule, even though it has never adopted separate rules for policies issued pre-1993.

COMMENT NO. 4: Two commenters state that the amendment to 6.6.507B that seeks to clarify the open enrollment rights for individuals working past age 65 "who voluntarily terminate enrollment in a group health plan" go beyond the language provided in the NAIC model regulation because the amendment adds the language: "or if open enrollment was delayed due to employment past age 65." The commenters suggest that this language is unnecessary, and will cause confusion because open enrollment is not triggered until a person turns 65, or older, and first enrolls in Part B.

RESPONSE NO. 4: Because of the possibility of confusion or ambiguity, the department will remove the language "or if open enrollment was delayed due to employment past age 65." The department considered adding this language because it has come to our attention that producers and insurers sometimes advise consumers to enroll in Part B, even when they are actively at work and enrolled as employee members of a group health plan.

COMMENT NO. 5: Both commenters make numerous suggestions regarding editing, typographical errors, or technical corrections.

RESPONSE NO. 5: Most of those suggested changes have been made. The following suggested changes have not been made:

a. A suggestion was made to bold and underline text in the introductory language for the (Medicare Part A) benefit charts to bring attention to the disclaimer. The Secretary of State's policy is that all text is printed in Arial 12 font, with no bold or italics unless a Latin name is used. Underlining indicates "new text," in a rule, and will not be used.

b. It was suggested that the Benefit Charts for Plans K through N be modified to incorporate additional rows shaded in gray so the appropriate rows for Medicare Part B and Medicare Part B excess coverage are included in the chart with the appropriate payment levels, and for proper alignment with the Summary Benefit

information for Plans A, B, C, D, E, F, and G. The department inserted two rows for alignment; however, shading will not be used because it does not photocopy well into the Register or ARM print copy.

COMMENT NO. 6: One commenter stated that the following language in New Rule II (ARM 6.6.507E)(8) ("Plans K and L are mandated by the MMA") should be changed from "mandated" to "authorized."

RESPONSE NO. 6: The department has made that change.

COMMENT NO. 7: One commenter states that the Medicare A and B deductibles and co-insurance rates are less than the current 2009 rates published by the Center for Medicare Medicaid Services.

RESPONSE NO. 7: The department agrees and has made those changes.

5. The State Auditor's Office intends to apply ARM 6.6.527 retroactively back to July 1, 2009.

/s/ Christina L. Goe  
Christina L. Goe  
Rule Reviewer

/s/ Robert W. Moon  
Robert W. Moon  
Deputy State Auditor

Certified to the Secretary of State July 6, 2009.