Plan K | *Medicare Supplement Insurance Plans*

Medicare Plan K (Part A) – Hospital Services | Per Benefit Period

*You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $6,620 each calendar year. The amounts that count toward your annual limit are noted with '♦' 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.**

**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** Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,556	$778 (50% of Part A deductible)	$778 (50% of Part A deductible) ♦
Days 61-90	All but $389 per day	$389 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $778 per day	$778 per 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 having entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $194.50 per day	Up to $97.25 per day	Up to $97.25 per day ♦
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	50%	50% ♦
Additional Amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	50% of Medicare coinsurance/ copayment	50% of Medicare coinsurance/ copayment

***NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice 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.

Medicare Plan K (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $233 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. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

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 $233 of Medicare-Approved Amounts*	$0	$0	$233 (Part B deductible)*♦
Preventive Benefits for Medicare covered services	Generally 80%	Remainder of Medicare approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	$0	All costs (they do not count toward annual out-of-pocket limit of $6,620**
BLOOD			
First three pints	$0	50%	50% ♦
First $233 of Medicare-Approved Amounts*	$0	$0	$0after deductible ♦
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
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 $233 of Medicare-Approved Amounts*	$0	$0	$0 after Part B deductible
Remainder of Medicare-Approved Amounts	80%	20%	$0

**This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $6,620 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called Excess Charges). You will be responsible for paying the difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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