Independence Blue Cross and Highmark Blue Shield Outline of Medicare Supplement Coverage MedigapSecurity — Plans A, B, C, D, F, F High Deductible, G, G High Deductible, and N

Benefit Chart of Medicare Supplement Plans sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plans A, B, and D or G available.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants									
	A	B	C	D	F[1]	G[1]	K	L	M	N
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]
Blood (first three pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B deductible			✓		✓					
Medicare Part B excess charges					✓	✓				
Foreign travel emergency (up to plan limits)			✓	✓	✓	✓			✓	✓
Out-of-pocket limit in 2023[2]							$6,940[2]	$3,470[2]		

[1]Plans F and G also have a high deductible option, which requires first paying a plan deductible of $2,700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

Independence Blue Cross/Highmark Blue Shield
MedigapSecurity Premium Information

Independence Blue Cross and Highmark Blue Shield can only raise your premium if we raise the premium for all policies like yours in our service area. We will not change your premium or cancel your policy because of poor health. These monthly rates are subject to change with the approval of the Pennsylvania Insurance Department.

	Blue Cross®	Blue Shield®	Total
MedigapSecurity – Plan A	$47.90	$125.45	$173.35
MedigapSecurity – Plan B	$78.60	$125.45	$204.05
MedigapSecurity – Plan C	$94.50	$145.40	$239.90
MedigapSecurity – Plan D	$86.80	$126.65	$213.45
MedigapSecurity – Plan F	$94.60	$145.45	$240.05
MedigapSecurity – Plan F High Deductible	$53.70	$55.30	$109.00
MedigapSecurity – Plan G	$86.90	$126.70	$213.60
MedigapSecurity – Plan G High Deductible	$52.40	$39.55	$91.95
MedigapSecurity – Plan N	$87.00	$94.30	$181.30

PREMIUM INFORMATION

We, Independence Blue Cross and Highmark Blue Shield, can only raise your premium if we raise the premium for all policies like yours in the Commonwealth of Pennsylvania.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN YOUR POLICY

If you find that you are not satisfied with your policy, you may return it to Independence Blue Cross and Highmark Blue Shield, 1901 Market Street, Philadelphia, PA 19103-1520. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Independence Blue Cross and Highmark Blue Shield are not connected with Medicare. This *Outline of Coverage* does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

MedigapSecurity — Plan A

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 A PAYS**	**WITH PLAN A, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$0	$1,600 (Part A deductible)
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	$0	Up to $200.00 a day
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

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MedigapSecurity — Plan A *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN A PAYS**	**WITH PLAN A, 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 $226 of Medicare-approved amounts†	$0	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
MEDICARE (PARTS A & B)			
SERVICES	**MEDICARE PAYS**	**PLAN A PAYS**	**WITH PLAN A, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0

MedigapSecurity — Plan B

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 B PAYS**	**WITH PLAN B, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	$0	Up to $200.00 a day
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

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MedigapSecurity — Plan B *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN B PAYS**	**WITH PLAN B, 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 $226 of Medicare-approved amounts†	$0	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
MEDICARE (PARTS A & B)			
SERVICES	**MEDICARE PAYS**	**PLAN B PAYS**	**WITH PLAN B, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0

MedigapSecurity — Plan C

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 C PAYS**	**WITH PLAN C, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

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MedigapSecurity — Plan C *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN C PAYS**	**WITH PLAN C, 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 $226 of Medicare-approved amounts†	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
MEDICARE (PARTS A & B)			
SERVICES	**MEDICARE PAYS**	**PLAN C PAYS**	**WITH PLAN C, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$226 (Part B deductible)	$0
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**PLAN C PAYS**	**WITH PLAN C, 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

MedigapSecurity — Plan D

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 D PAYS**	**WITH PLAN D, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

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MedigapSecurity — Plan D *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN D PAYS**	**WITH PLAN D, 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 $226 of Medicare-approved amounts†	$0	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
MEDICARE (PARTS A & B)			
SERVICES	**MEDICARE PAYS**	**PLAN D PAYS**	**WITH PLAN D, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**PLAN D PAYS**	**WITH PLAN D, 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

MedigapSecurity — Plan F

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 F PAYS**	**WITH PLAN F, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

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MedigapSecurity — Plan F *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN F PAYS**	**WITH PLAN F, 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 $226 of Medicare-approved amounts†	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0
MEDICARE (PARTS A & B)			
SERVICES	**MEDICARE PAYS**	**PLAN F PAYS**	**WITH PLAN F, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$226 (Part B deductible)	$0
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**PLAN F PAYS**	**WITH PLAN F, 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

MedigapSecurity — Plan F HIGH DEDUCTIBLE

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 $2,700 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2,700. 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 $2,700 DEDUCTIBLE‡, PLAN F PAYS**	**IN ADDITION TO $2,700 DEDUCTIBLE‡, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$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.

(continued)

MedigapSecurity — Plan F HIGH DEDUCTIBLE *(continued)*

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), 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 $2,700 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2,700. 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 $2,700 DEDUCTIBLE‡, PLAN F PAYS**	**IN ADDITION TO $2,700 DEDUCTIBLE‡, YOU PAY**
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
MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	**MEDICARE PAYS**	**AFTER YOU PAY $2,700 DEDUCTIBLE‡, PLAN F PAYS**	**IN ADDITION TO $2,700 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 $226 of Medicare-approved amounts†	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

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MedigapSecurity — Plan F HIGH DEDUCTIBLE *(continued)*

MEDICARE (PARTS A & B)

† Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), 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 $2,700 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2,700. 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 $2,700 DEDUCTIBLE‡, PLAN F PAYS	IN ADDITION TO $2,700 DEDUCTIBLE‡, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$226 (Part B deductible)	$0
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**AFTER YOU PAY $2,700 DEDUCTIBLE‡, PLAN F PAYS**	**IN ADDITION TO $2,700 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

MedigapSecurity — PLAN G

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 G PAYS**	**WITH PLAN G, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

(continued)

MedigapSecurity — PLAN G *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN G PAYS**	**WITH PLAN G, 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 $226 of Medicare-approved amounts†	$0	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

MedigapSecurity — PLAN G *(continued)*

MEDICARE (PARTS A & B) † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN G PAYS**	**WITH PLAN G, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**PLAN G PAYS**	**WITH PLAN G, 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

MedigapSecurity — Plan G HIGH DEDUCTIBLE

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 G after one has paid a calendar year $2,700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,700. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.			
SERVICES	**MEDICARE PAYS**	**AFTER YOU PAY $2,700 DEDUCTIBLE‡, PLAN G PAYS**	**IN ADDITION TO $2,700 DEDUCTIBLE‡, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

(continued)

MedigapSecurity — Plan G HIGH DEDUCTIBLE *(continued)*

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

† Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

‡This high deductible plan pays the same benefits as Plan G after one has paid a calendar year $2,700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,700. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,700 DEDUCTIBLE‡, PLAN G PAYS	IN ADDITION TO $2,700 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 $226 of Medicare-approved amounts†	$0	$0	$226 (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 three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

MedigapSecurity — Plan G HIGH DEDUCTIBLE *(continued)*

MEDICARE (PARTS A & B)

† Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

‡This high deductible plan pays the same benefits as Plan G after one has paid a calendar year $2,700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,700. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,700 DEDUCTIBLE‡, PLAN G PAYS	IN ADDITION TO $2,700 DEDUCTIBLE‡, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**AFTER YOU PAY $2,700 DEDUCTIBLE‡, PLAN G PAYS**	**IN ADDITION TO $2,700 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

MedigapSecurity — Plan N

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD * A benefit period begins on the first day you receive services 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 N PAYS**	**WITH PLAN N, YOU PAY**
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $800 a day	$800 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 three 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 $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	Three pints	$0
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 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.

(continued)

MedigapSecurity — Plan N *(continued)*

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN N PAYS**	**WITH PLAN N, 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 $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	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.	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.
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
BLOOD			
First three pints	$0	All costs	$0
Next $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

MedigapSecurity — Plan N *(continued)*

MEDICARE (PARTS A & B) † Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
SERVICES	**MEDICARE PAYS**	**PLAN N PAYS**	**WITH PLAN N, YOU PAY**
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
• First $226 of Medicare-approved amounts†	$0	$0	$226 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	**MEDICARE PAYS**	**PLAN N PAYS**	**WITH PLAN N, 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

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