2017 Outline of Coverage

Individual Medicare Supplement plan

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Health Net

M51102 (CA 7/17)

Health Net®
LIFE INSURANCE COMPANY

Health Net Life

Outline of Individual Medicare Supplement Plan Coverage

Benefit plans A, C, F, High Deductible Plan F, G, K, L, and M are offered by Health Net Life Insurance Company (HNL)

Medicare supplement insurance can be sold in only standard plans. This chart shows the benefits included in each plan that can be sold on or after June 1, 2010. Every insurance company must offer Plan A. Some plans may not be available.

The basic benefits included in all plans are:

Hospitalization: Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical expenses: Medicare Part B coinsurance (usually 20 percent of the Medicare-approved amount) or copayments for hospital outpatient services. Plans K, L and N require members 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/High Deductible Plan F**
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B 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 B deductible		Part B deductible
				Part B excess (100%)
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency

G	*K*	*L*	*M*	*N*
Basic, including 100% Part B coinsurance	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
Skilled nursing facility coinsurance	50% Skilled nursing facility coinsurance	75% Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
Part B excess (100%)				
Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
	Out-of-pocket limit $5,120; paid at 100% after limit reached	Out-of-pocket limit $2,560; 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 $2,200 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed $2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by this policy. These expenses include Medicare deductibles for Parts A and B, but do not include the plan's separate foreign travel emergency deductible.

Premium information

We, Health Net Life Insurance Company (HNL), can only raise your premium if we raise the premium for all policies like yours in California. Premiums in this *Outline of Coverage* will increase periodically due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the Medicare Supplement Plan Policy will be the renewal premium in effect for your attained age. You will receive written notification of any changes in payment fees at least 30 days prior to the effective date of the new rate. Your premium will also be adjusted when you move to a county in a different rating region as set out in this *Outline of Coverage*. The adjustment will be effective on the first of the month following your change of address.

HNL provides an initial 6-month rate guarantee to members enrolling for the first time into an HNL Medicare Supplement plan. During your 6-month rate guarantee period, your premium will not increase even if HNL has a rate increase or you have a birthday which moves you into the next higher age rate bracket. If, during your 6-month rate guarantee period, you choose to enroll in a different HNL Medicare Supplement plan, your 6-month rate guarantee period will end, and you will be charged the premium for the new plan selected.

HNL offers various payment options: monthly billing and Automatic Bank Draft (ABD)

The term of your health plan is month-to-month, commencing on the date set forth in the Notice of Acceptance. Your coverage will remain in effect for each month for which premiums are received on or before the date it is due, or within the grace period.

This plan is subject to Guaranteed Renewabilty.

New to Part B discount

Members who apply within six months of their Part B effective date qualify for $15 off their monthly premium for the first 12 months. This applies to any policies with an effective date of July 1, 2017, or after.

Note: Any qualifying individual will forfeit their discount if cancelled due to non-payment during the first 12 months of enrollment.

Use this outline to compare benefits and premiums among policies:

Rates effective July 1, 2017

Region 1 counties

Alameda, Contra Costa, Shasta

Age range	*Nonsmoking*							
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$106	$152	$152	$64	$140	$81	$109	$128
67–68	$118	$168	$168	$71	$155	$89	$121	$141
69–70	$128	$183	$183	$77	$168	$97	$132	$154
71–72	$138	$197	$197	$83	$181	$104	$142	$165
73–74	$148	$212	$212	$89	$195	$112	$153	$178
75–76	$159	$227	$227	$95	$209	$120	$163	$191
77–78	$169	$241	$241	$101	$222	$128	$174	$202
79–80	$178	$254	$254	$107	$234	$135	$183	$213
81–84	$193	$275	$275	$116	$253	$146	$198	$231
85+	$215	$307	$307	$129	$282	$163	$221	$258
Disabled under 65	$215	$307	$307	$129	$282	$163	$221	$258

Age range	*Smoking*[1]							
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$124	$177	$177	$74	$163	$94	$127	$149
67–68	$137	$195	$195	$82	$179	$103	$140	$164
69–70	$149	$213	$213	$89	$196	$113	$153	$179
71–72	$160	$229	$229	$96	$211	$121	$165	$192
73–74	$173	$247	$247	$104	$227	$131	$178	$207
75–76	$185	$264	$264	$111	$243	$140	$190	$222
77–78	$197	$282	$282	$118	$259	$149	$203	$237
79–80	$208	$297	$297	$125	$273	$157	$214	$249
81–84	$224	$320	$320	$134	$294	$170	$230	$269
85+	$251	$358	$358	$150	$329	$190	$258	$301
Disabled under 65	$251	$358	$358	$150	$329	$190	$258	$301

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 2 counties

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yuba

Age range	*Nonsmoking*							
	Plan A	Plan C	Plan F	High Deductible Plan F	Plan G	Plan K	Plan L	Plan M
65–66	$99	$142	$142	$60	$131	$75	$102	$119
67–68	$110	$157	$157	$66	$144	$83	$113	$132
69–70	$120	$171	$171	$72	$157	$91	$123	$144
71–72	$129	$184	$184	$77	$169	$98	$132	$155
73–74	$139	$199	$199	$84	$183	$105	$143	$167
75–76	$148	$212	$212	$89	$195	$112	$153	$178
77–78	$158	$226	$226	$95	$208	$120	$163	$190
79–80	$167	$238	$238	$100	$219	$126	$171	$200
81–84	$180	$257	$257	$108	$236	$136	$185	$216
85+	$202	$288	$288	$121	$265	$153	$207	$242
Disabled under 65	$202	$288	$288	$121	$265	$153	$207	$242

Age range	*Smoking*[1]							
	Plan A	Plan C	Plan F	High Deductible Plan F	Plan G	Plan K	Plan L	Plan M
65–66	$116	$166	$166	$70	$153	$88	$120	$139
67–68	$128	$183	$183	$77	$168	$97	$132	$154
69–70	$139	$199	$199	$84	$183	$105	$143	$167
71–72	$151	$215	$215	$90	$198	$114	$155	$181
73–74	$162	$232	$232	$97	$213	$123	$167	$195
75–76	$174	$248	$248	$104	$228	$131	$179	$208
77–78	$185	$264	$264	$111	$243	$140	$190	$222
79–80	$195	$278	$278	$117	$256	$147	$200	$234
81–84	$210	$300	$300	$126	$276	$159	$216	$252
85+	$235	$336	$336	$141	$309	$178	$242	$282
Disabled under 65	$235	$336	$336	$141	$309	$178	$242	$282

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 3 counties

Los Angeles, Orange

Age range	*Nonsmoking*							
	Plan A	Plan C	Plan F	High Deductible Plan F	Plan G	Plan K	Plan L	Plan M
65–66	$120	$171	$171	$72	$157	$91	$123	$144
67–68	$132	$189	$189	$79	$174	$100	$136	$159
69–70	$144	$206	$206	$87	$190	$109	$148	$173
71–72	$155	$222	$222	$93	$204	$118	$160	$186
73–74	$168	$240	$240	$101	$221	$127	$173	$202
75–76	$179	$256	$256	$108	$236	$136	$184	$215
77–78	$191	$273	$273	$115	$251	$145	$197	$229
79–80	$202	$288	$288	$121	$265	$153	$207	$242
81–84	$217	$310	$310	$130	$285	$164	$223	$260
85+	$243	$347	$347	$146	$319	$184	$250	$291
Disabled under 65	$243	$347	$347	$146	$319	$184	$250	$291

Age range	*Smoking*[1]							
	Plan A	Plan C	Plan F	High Deductible Plan F	Plan G	Plan K	Plan L	Plan M
65–66	$140	$200	$200	$84	$184	$106	$144	$168
67–68	$155	$221	$221	$93	$203	$117	$159	$186
69–70	$169	$241	$241	$101	$222	$128	$174	$202
71–72	$181	$259	$259	$109	$238	$137	$186	$218
73–74	$196	$280	$280	$118	$258	$148	$202	$235
75–76	$209	$299	$299	$126	$275	$158	$215	$251
77–78	$223	$318	$318	$134	$293	$169	$229	$267
79–80	$235	$335	$335	$141	$308	$178	$241	$281
81–84	$253	$362	$362	$152	$333	$192	$261	$304
85+	$284	$405	$405	$170	$373	$215	$292	$340
Disabled under 65	$284	$405	$405	$170	$373	$215	$292	$340

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 4 counties

Kern, Napa, Riverside, San Bernardino, Ventura

Age range	*Nonsmoking*							
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$114	$163	$163	$68	$150	$86	$117	$137
67–68	$126	$180	$180	$76	$166	$95	$130	$151
69–70	$137	$196	$196	$82	$180	$104	$141	$165
71–72	$148	$211	$211	$89	$194	$112	$152	$177
73–74	$160	$228	$228	$96	$210	$121	$164	$192
75–76	$170	$243	$243	$102	$224	$129	$175	$204
77–78	$181	$259	$259	$109	$238	$137	$186	$218
79–80	$191	$273	$273	$115	$251	$145	$197	$229
81–84	$207	$295	$295	$124	$271	$156	$212	$248
85+	$231	$330	$330	$139	$304	$175	$238	$277
Disabled under 65	$231	$330	$330	$139	$304	$175	$238	$277

Age range	*Smoking*[1]							
	Plan A	**Plan C**	**Plan F**	**High Deductible Plan F**	**Plan G**	**Plan K**	**Plan L**	**Plan M**
65–66	$133	$190	$190	$80	$175	$101	$137	$160
67–68	$147	$210	$210	$88	$193	$111	$151	$176
69–70	$160	$229	$229	$96	$211	$121	$165	$192
71–72	$172	$246	$246	$103	$226	$130	$177	$207
73–74	$186	$266	$266	$112	$245	$141	$192	$223
75–76	$199	$284	$284	$119	$261	$151	$204	$239
77–78	$211	$302	$302	$127	$278	$160	$217	$254
79–80	$223	$319	$319	$134	$293	$169	$230	$268
81–84	$241	$344	$344	$144	$316	$182	$248	$289
85+	$270	$385	$385	$162	$354	$204	$277	$323
Disabled under 65	$270	$385	$385	$162	$354	$204	$277	$323

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Region 5 counties

El Dorado, Fresno, Imperial, Placer, Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Tulare, Yolo

Age range	*Nonsmoking*							
	Plan A	Plan C	Plan F	High Deductible Plan F	Plan G	Plan K	Plan L	Plan M
65–66	$95	$136	$136	$57	$125	$72	$98	$114
67–68	$105	$150	$150	$63	$138	$80	$108	$126
69–70	$114	$163	$163	$68	$150	$86	$117	$137
71–72	$123	$176	$176	$74	$162	$93	$127	$148
73–74	$133	$190	$190	$80	$175	$101	$137	$160
75–76	$141	$202	$202	$85	$186	$107	$145	$170
77–78	$151	$216	$216	$91	$199	$114	$156	$181
79–80	$159	$227	$227	$95	$209	$120	$163	$191
81–84	$172	$245	$245	$103	$225	$130	$176	$206
85+	$193	$275	$275	$116	$253	$146	$198	$231
Disabled under 65	$193	$275	$275	$116	$253	$146	$198	$231

Age range	*Smoking*[1]							
	Plan A	Plan C	Plan F	High Deductible Plan F	Plan G	Plan K	Plan L	Plan M
65–66	$111	$158	$158	$66	$145	$84	$114	$133
67–68	$123	$175	$175	$74	$161	$93	$126	$147
69–70	$133	$190	$190	$80	$175	$101	$137	$160
71–72	$144	$205	$205	$86	$189	$109	$148	$172
73–74	$155	$221	$221	$93	$203	$117	$159	$186
75–76	$165	$236	$236	$99	$217	$125	$170	$198
77–78	$176	$252	$252	$106	$232	$134	$181	$212
79–80	$186	$265	$265	$111	$244	$140	$191	$223
81–84	$200	$286	$286	$120	$263	$152	$206	$240
85+	$224	$320	$320	$134	$294	$170	$230	$269
Disabled under 65	$224	$320	$320	$134	$294	$170	$230	$269

[1]A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

Read your Medicare Supplement Plan Policy very carefully

This is only an outline describing your Medicare Supplement Plan Policy's most important features. The Policy is your contract. You must read the Policy itself to understand all of the rights and duties of both you and HNL.

Thirty-day right to return the Medicare Supplement Plan Policy

If you find you are not satisfied with your Medicare Supplement Plan Policy, you may return it to HNL Medicare Supplement Plan at:

PO Box 10420
Van Nuys, CA 91499-6208
Attn: Membership Accounting

If you send the Medicare Supplement Plan Policy back to us within 30 days after you receive it, we will treat the Contract as if it had never been issued and return all of your payments, less any payments made on claims.

Medicare Supplement Plan Policy replacement

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

Disclosures

This Policy may not fully cover all your medical costs. Neither HNL nor any of its agents are connected with Medicare. This *Outline of Coverage* does not give all the details of Medicare coverage. Contact your local Social Security office or consult the *Medicare Handbook* for more details. For additional information concerning Policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for a referral to your local HICAP office. HICAP is a service provided free of charge by the State of California.

Complete answers are very important

You do not need to answer questions about your medical and health history if you are applying for coverage during an open enrollment or guaranteed issue period.

When you fill out the application for an HNL Medicare Supplement plan, be sure to truthfully and completely answer all questions about your medical and health history. HNL may have the right to cancel your Medicare Supplement Plan Policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

An example showing a doctor's charges

The following are examples of how the plans pay benefits for Part B charges, assuming a doctor bill of $2,000 and the annual Medicare Part B deductible of $183 has been met.

Plan: A, C, K, L, and M

	Doctor accepts assignment	*Doctor does not accept assignment*
Charges approved for payment by Medicare	$1,850	$1,850
Medicare pays 80% of approved charges	$1,480	$1,480
This policy pays	$370	$370
You pay coinsurance	**$0**	**$150**

If your doctor accepts assignment of Medicare benefits, the difference between your doctor's charge, ($2,000) and the Part B charges approved for payment by Medicare ($1,850), is absorbed by your doctor and you pay no coinsurance. If your doctor does not accept assignment of Medicare benefits, you pay the Part B excess charges.

Plan: F and G

	Doctor accepts assignment	*Doctor does not accept assignment*
Charges approved for payment by Medicare	$1,850	$1,850
Medicare pays 80% of approved charges	$1,480	$1,480
This policy pays	$370	$520
You pay coinsurance	**$0**	**$0**

Unlike plans A, C, K, L, and M, plans F and G pay Part B excess charges. Part B excess charges are the difference between doctor charges and the charges approved for payment by Medicare. If you enroll in plans F or G, you pay no Part B coinsurance.

Plan A *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,316	$0	$1,316 (Part A deductible)
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 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 $164.50 a day	$0	Up to $164.50 a day
101st day and after	$0	$0	All costs

*A benefit period begins on the first day you receive service(s) 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.

**__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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 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

Plan A *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

*Once you have been billed $183 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.

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Plan C *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,316	$1,316 (Part A deductible)	$0
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 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 $164.50 a day	Up to $164.50 a day	$0
101st day and after	$0	$0	All costs

*A benefit period begins on the first day you receive service(s) 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.

**__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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 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

Plan C *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$183 (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 $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$183 (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 U.S.			
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

*Once you have been billed $183 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.

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Plan F *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,316	$1,316 (Part A deductible)	$0
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 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 $164.50 a day	Up to $164.50 a day	$0
101st day and after	$0	$0	All costs

*A benefit period begins on the first day you receive service(s) 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.

**__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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 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

Plan F *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$183 (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 $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$183 (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 U.S.			
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

*Once you have been billed $183 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.

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High Deductible Plan F

Medicare (Part A)

Hospital services – per benefit period

This high deductible plan pays the same benefits as Plan F after one has paid a $2,200 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed $2,200. 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 $2,200 deductible, plan pays*	*In addition to $2,200 deductible, you pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,31 6	$1,316 (Part A deductible)	$0
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 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

*A benefit period begins on the first day you receive service(s) 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.

****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.

Services	*Medicare pays*	*After you pay $2,200 deductible, plan pays*	*In addition to $2,200 deductible, you pay*
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 $164.50 a day	Up to $164.50 a day	$0
101st day and after	$0	$0	All costs
Blood First 3 pints	$0	3 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

*A benefit period begins on the first day you receive service(s) 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.

High Deductible Plan F

Medicare (Part B)

Medical services – per calendar year

This high deductible plan pays the same benefits as Plan F after one has paid a $2,200 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed $2,200. 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 $2,200 deductible, plan pays*	*In addition to $2,200 deductible, you pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$183 (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 $183 of Medicare-approved amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

*Once you have been billed $183 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.

Parts A and B

Services	*Medicare pays*	*After you pay $2,200 deductible, plan pays*	*In addition to $2,200 deductible, you pay*
Clinical laboratory services Tests for diagnostic services	100%	$0	$0
Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$183 (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 U.S.			
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

*Once you have been billed $183 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.

Plan G *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization* Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but $1,316	$1,316 (Part A deductible)	$0
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 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 $164.50 a day	Up to $164.50 a day	$0
101st day and after	$0	$0	All costs

*A benefit period begins on the first day you receive service(s) 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.

**__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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 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

Plan G *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 U.S.			
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

*Once you have been billed $183 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.

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Plan K *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*[1]
Hospitalization[2] Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but $1,316	$658 (50% of Part A deductible)	$658 (50% of Part A deductible)◆
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 a day	$0
Once lifetime reserve days are used:			
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0[3]
• Beyond the additional 365 days	$0	$0	All costs

[1]You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $5,120 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in these charts. 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**

[2]A benefit period begins on the first day you receive service(s) 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.

[3]**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.

Services	*Medicare pays*	*Plan pays*	*You pay*[1]
Skilled nursing facility care[2] 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 $164.50 a day	Up to $82.50 a day	Up to $82.50 a day◆
101st day and after	$0	$0	All costs
Blood First 3 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 copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/ coinsurance	50% of Medicare copayment/ coinsurance◆

[2]A benefit period begins on the first day you receive service(s) 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.

Plan K *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay***
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 10%	Generally 10%◆
Part B Excess Charges (above Medicare-approved amounts)	$0	$0	All costs (and they do not count toward out-of-pocket limit of $5,120)**
Blood			
First 3 pints	$0	50%	50%◆
Next $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)◆
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Clinical laboratory services			
Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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 plan limits your annual out-of-pocket payments for Medicare-approved amounts to $5,120 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay***
Home health care – Medicare-approved services			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)◆
Remainder of Medicare-approved amounts	80%	10%	10%◆

*Once you have been billed $183 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.

Plan L *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*[1]
Hospitalization[2] Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but $1,316	$987 (75% of Part A deductible)	$329 (25% of Part A deductible)◆
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 a day	$0
Once lifetime reserve days are used:			
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0[3]
• Beyond the additional 365 days	$0	$0	All costs

[1]You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $2,560 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in these charts. 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**

[2]A benefit period begins on the first day you receive service(s) 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.

[3]**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.

Services	*Medicare pays*	*Plan pays*	*You pay*[1]
Skilled nursing facility care[2] 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 $164.50 a day	Up to $123.38 a day	Up to $41.12 a day◆
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	75%	25%◆
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	75% of Medicare copayment/ coinsurance	25% of Medicare copayment/ coinsurance◆

[2]A benefit period begins on the first day you receive service(s) 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.

Plan L *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay***
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 out-of-pocket limit of $2,560)**
Blood			
First 3 pints	$0	75%	25%◆
Next $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)◆
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Clinical laboratory services			
Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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 plan limits your annual out-of-pocket payments for Medicare-approved amounts to $2,560 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay***
Home health care – Medicare-approved services			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)◆
Remainder of Medicare-approved amounts	80%	15%	5%◆

*Once you have been billed $183 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.

Plan M *Medicare (Part A)*

Hospital services – per benefit period

Services	*Medicare pays*	*Plan pays*	*You pay*
Hospitalization[1] Semiprivate room and board, general nursing and miscellaneous service and supplies			
First 60 days	All but $1,316	$658 (50% of Part A deductible)	$658 (50% of Part A deductible)
61st through 90th day	All but $329 a day	$329 a day	$0
91st day and after:			
• While using 60 lifetime reserve days	All but $658 a day	$658 a day	$0
• Once lifetime reserve days are used:			
– Additional 365 days	$0	100% of Medicare-eligible expenses	$0[2]
– Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[1] 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 $164.50 a day	Up to $164.50 a day	$0
101st day and after	$0	$0	All costs

[1]A benefit period begins on the first day you receive service(s) 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.

[2]**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.

Services	*Medicare pays*	*Plan pays*	*You pay*
Blood			
First 3 pints	$0	3 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

Plan M *Medicare (Part B)*

Medical services – per calendar year

Services	*Medicare pays*	*Plan pays*	*You pay*
Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 $183 of Medicare-approved amounts*	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

*Once you have been billed $183 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.

Parts A and B

Services	*Medicare pays*	*Plan pays*	*You pay*
Home health care – Medicare-approved services Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	$0	$0
First $183 of Medicare-approved amounts*	$0	$0	$183 (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 U.S.			
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

*Once you have been billed $183 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.

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Eligibility provisions

You are eligible for enrollment in one of HNL's Medicare Supplement plans if you are 65 or older and entitled to Medicare on the basis of Social Security disability benefits and do not have end-stage renal disease (ESRD), are enrolled in Medicare Parts A and B, and you reside within the State of California. Your continued eligibility to participate in this health plan depends on your continued Medicare enrollment. You may be eligible for guaranteed issuance of a Medicare Supplement Plan Policy with HNL. Please call Health Net Life Medicare Inside Sales for more details at **1-800-944-7287**.

If you are 64 or younger

You may be able to enroll in one of HNL's Medicare Supplement plans, under the following conditions:

- You are a resident of California.
- You are enrolled in Medicare Parts A and B at the time you apply.
- You qualify for guaranteed acceptance in an HNL plan according to HNL's guidelines.
- You do not have end-stage renal disease.

Claims reimbursement

HNL Medicare Supplement plans feature electronic claims processing, a claims payment process between HNL and Medicare. Medicare-certified and Medicare-accepting providers bill Medicare for services provided and, upon processing, Medicare then sends claims electronically to HNL for secondary payment. Electronic claims processing is provided with your membership in an HNL Medicare Supplement plan. There is no registration necessary.

For claims for services covered by your HNL Medicare Supplement plan, but not by Medicare, such as foreign travel emergency care, you or your medical provider should submit the claims directly to HNL at:

Health Net Claims
PO Box 14702
Lexington, KY 40512

You may request an HNL claim form by contacting the Member Services number provided on your HNL member identification card.

How to apply

You may apply by completing the application and returning it in the enclosed envelope. You may enroll in your choice of plans A, C, F, High Deductible Plan F, G, K, L, and M. You may be eligible for guaranteed issuance of a Medicare Supplement Plan Policy with HNL. Please call Health Net Life Medicare Inside Sales for more details at **1-800-944-7287**.

Termination provisions

You can terminate your enrollment in this health plan by giving written notice to HNL that you wish to disenroll at least 30 days prior to the month in which you wish to end your enrollment.

HNL can terminate your coverage:

- If your premium is not paid within the allowed grace period, your coverage will be canceled on the last day of the month for which the premium was last received and accepted by HNL.
- If you make a false statement as to your health status – or obtain or attempt to obtain Covered Services by means of false, misleading or fraudulent information, acts or omissions – HNL may terminate your coverage upon 30 days' notice, except that no such termination shall be allowed after the expiration of two years from your initial effective date of coverage under this Policy.

If your coverage is terminated by HNL and you have reason to believe that the termination was based upon your health status or requirements for health care services, you may request a review of the termination by the Commissioner of the California Department of Insurance. Information relative to this procedure is available by contacting the Member Services Department.

In the event of cancellation by either HNL (except in the case of fraud or deception in the use of services of this health plan or knowingly permitting such fraud or deception by another) or yourself, HNL shall, within 30 days, return to you the prorated portion of the money paid to HNL which corresponds to any unexpired period for which payment had been received. The amounts shall be adjusted to reflect amounts due on claims, if any.

Grace period

A grace period of 45 days is allowed after each premium due date. When payment is not received within the first two weeks of the month for which it is due, a final bill showing the amount owed will be sent to you. If payment is not received within 30 calendar days after the final bill is sent, your coverage will be terminated on the last day of the month for which premiums were last received and accepted by HNL.

Health Net Life Medicare Inside Sales

Once you have had a chance to review the information presented here, please feel free to call Health Net Life Medicare Inside Sales at **1-800-944-7287**. We'll be glad to talk to you about this plan and all the benefits it offers you.

Grievance and arbitration

If you have a grievance against HNL, or are ever dissatisfied with our services, and our HNL Medicare Supplement Plan Member Services Department is not able to solve the problem, there is a procedure for appealing the issue. You may write a letter explaining the problem to:

HNL Medicare Supplement Plan
Appeals and Grievances Department
PO Box 10344
Van Nuys, CA 91410-0344

HNL uses neutral, binding arbitration to settle disputes, which arise out of or relate to coverage under the Policy. When you enroll in an HNL Medicare Supplement Plan, you agree to submit any disputes to arbitration, in lieu of a jury or court trial.

This binding arbitration provision does not apply to claims, disputes or controversies relating to alleged professional negligence (medical malpractice) and applies only to matters arising under this Policy.

Medicare has specific appeals procedures for the portion of the bill they pay. If you feel a decision made on a claim is incorrect, any Social Security office can help you request a review.

Department of Insurance

If the covered person is unable to resolve a dispute with HNL, the covered person may wish to contact:

California Department of Insurance
300 South Spring St.
Los Angeles, CA 90013
1-800-927-HELP

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For more information, please contact Health Net Life Insurance Company (Health Net Life)

Health Net Life
Medicare Supplement Plan
PO Box 10420
Van Nuys, CA 91499-6208

Health Net Life Medicare Inside Sales
1-800-944-7287

Health Net Life Member Services
1-800-926-4178

Para los que hablan español
1-800-926-4178

Assistance for the hearing and speech impaired
TTY users call 711.

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