

STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan E	Plan F or Plan F Prime with \$2,000 Deductible	Plan G	Plan H	Plan I	Plan J or Plan J Prime with \$2,000 Deductible
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
	Part B Deductible				Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)	Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
		At-Home Recovery	At-Home Recovery	Preventive Care	At-Home Recovery	At-Home Recovery	At-Home Recovery	At-Home Recovery	At-Home Recovery
									Foreign Travel Emergency
									Preventive Care

Basic Benefits

- Part A Hospital Days
- 61-90 - \$267/day
- 91-150 - \$534/day (lifetime reserve days)
- Beyond 150 days - 100% for 365 days
- Parts A and B Blood Deductibles (1st three pints)
- Part B Coinsurance - 20% of Medicare approved charges

**Part A Deductible for 2009 is \$1,068
Part B Deductible for 2009 is \$135**

“A” - “L”

Insurance companies are not permitted to change the letter designations A-L or to substitute other names or titles. However, they may add names or titles to these letters. Please note Plans K & L are described on the following page.