MEDIGAP TEN STANDARD MEDICARE SUPPLEMENTAL PLANS

CORE BENEFITS	A	B	C	D	E	F	G	H	I	J
Hospital coinsurance: Days 61 to 91	●	●	●	●	●	●	●	●	●	●
Hospital coinsurance: Days 91 to 150	●	●	●	●	●	●	●	●	●	●
Hospital Payment in full: 365 additional days	●	●	●	●	●	●	●	●	●	●
Part A and Part B blood deductible: First three pints of blood	●	●	●	●	●	●	●	●	●	●
Part B 20% coinsurance: Physician and other services	●	●	●	●	●	●	●	●	●	●

ADDITIONAL BENEFITS	A	B	C	D	E	F	G	H	I	J
Skilled Nursing Facility coinsurance: Days 21 to 100 - $109.50 in 2004			●	●	●	●	●	●	●	●
Part A Hospital Deductible : $876 in 2004		●	●	●	●	●	●	●	●	●
Part B Annual Deductible : $100 in 2004			●			●				●
Part B Excess Charges: Coverage for up to 115% percent of Medicare's approved charge (Medigap policy will either pay 80% or 100% of excess charge)						**100%**	**80%**		**100%**	**100%**
Foreign Travel Emergency: $250 deductible, 80% of the cost of emergency care during the first two months of the trip, $50,000 lifetime limit			●	●	●	●	●	●	●	●
At-Home Recovery: Maximum benefit of $1,600 annually				●			●		●	●
Prescription Drugs - <u>Basic Benefit</u>: $250 annual deductible 50% of prescription drug costs Maximum benefit of **$1,250 annually**								●	●	
Prescription Drugs - <u>Extended Benefit</u>: $250 annual deductible 50% of prescription drug costs Maximum benefit of **$3,000 annually**										●
Preventive Medical Care: $120 maximum annually for preventive services ordered by doctor					●					●