



VERMONT BLUE 65SM

ADDITIONAL COVERAGE FOR VERMONTERS WITH MEDICARE

2023 Medicare Supplement Plans

INDIVIDUAL BROCHURE

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BlueCross BlueShield
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

ADDITIONAL COVERAGE FOR VERMONTERS WITH MEDICARE

Three steps to
quality health
care:

STEP



1

MEDICARE PARTS A & B:

Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) are managed by the Federal Government and help cover specific services.

- Part A—Hospital insurance For more information on Part A, see page 3.
- Part B—Medical insurance For more information on Part B, see page 3.

STEP



2

NEXT, PROTECT YOURSELF AGAINST OUT-OF-POCKET COSTS WITH A MEDICARE SUPPLEMENT PLAN:

Generally, Medicare pays 80 percent of the Medicare-allowed amount—leaving you to pay the remaining 20 percent. A Medicare supplement insurance policy, or Medigap policy, is health coverage offered by insurance companies and provides assistance with costs not paid by Medicare, like co-insurance, co-payments and deductibles.

- Medicare supplement insurance For more information, see page 4.

STEP



3

FINALLY, COMPLETE YOUR COVERAGE WITH PRESCRIPTION DRUG COVERAGE:

Part D drug coverage is Medicare's prescription drug program and is offered through private insurance companies.

- Part D—Drug coverage For more information on Part D, see page 5

What is Medicare ?

MEDICARE IS THE FEDERAL
HEALTH INSURANCE
PROGRAM FOR:

- people 65 or older,
- people under 65 with certain disabilities, and
- people of any age with End-Stage Renal Disease (ESRD).

1

MEDICARE PARTS A & B

HOW DO YOU ENROLL?

For Medicare Parts A and B, call Social Security toll free at (800) 772-1213 (TTY: (800) 325-0778) or visit

ssa.gov/benefits/medicare.

You can also set up an appointment at your local Social Security office. You'll need to provide proof of age, such as a birth certificate.



PART A—HOSPITAL INSURANCE COVERS:

- Inpatient hospital care
- Care in a skilled nursing facility
- Hospice care
- Some home health care

For most individuals, Medicare Part A (hospital insurance) is free. If neither you nor your spouse has paid Medicare taxes for at least 10 years, you will need to pay a monthly premium. (You can find this amount in the "Your Medicare Costs" section at medicare.gov.)

If you are eligible for Medicare Part A (hospital insurance), with or without a cost, you can also enroll in Medicare Part B (medical insurance).



PART B—MEDICAL INSURANCE COVERS:

- Doctor and other health care providers' services
- Outpatient care (medical care or treatment that does not require an overnight stay in a hospital or medical facility)
- Durable medical equipment
- Home health care
- Some preventive services (such as flu shots and yearly wellness visits)

Part B, which you may decline, requires a monthly premium. The Part B premium can come right out of your Social Security check. Most people will pay the standard premium amount. If your modified adjusted gross income is above a certain amount, you may pay more.

Part B late enrollment penalty:

Timing for Part B enrollment varies based on individual circumstance. However, in most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty.

2

CHOOSE A MEDICARE SUPPLEMENT PLAN THAT WORKS BEST FOR YOU

The next component of the equation is Medicare Supplement insurance, also known as a Medigap plan.

Medicare Supplement plans provide assistance with costs not paid by Medicare, like co-insurance, co-payments and deductibles. You pay a monthly premium to the insurance company for this coverage (in addition to your Medicare Part B premium).

Medicare Supplement plans differ based on their coverage.

Vermont Blue 65 is our Medicare Supplement plan. We offer Plans A, C*, D, F* and G.

See pages 6 and 7 for a plan comparison chart.

WHEN YOU ARE ELIGIBLE

Vermont Blue 65 is our Medicare Supplemental plans for Vermonters who are not in their initial Medicare eligibility period. You may apply for Vermont Blue 65 coverage any time after enrolling for Medicare Part B coverage. Your coverage takes effect on the first day of the month after we receive your application.

Did you become eligible for Medicare prior to January 1, 2020?

If you answered yes and haven't enrolled in Medicare or purchased a Medicare Supplement plan yet, you have options.

When you are ready, you have several Medicare Supplement plans available – including C and F.



VERMONT BLUE 65SM OFFERS VERMONTERS:

- Affordable rates
- Personal attention from our local sales and service staff
- Special invitations to fun-filled activities and events throughout the state at bluecrossvt.org/events
- Coverage accepted throughout the U.S. and, with some plans, during foreign travel

For more details about our Medigap plans, see pages 6–7 of this brochure.

You may not cover dependents under your Vermont Blue 65 supplement plan. If you convert to Vermont Blue 65 coverage from two-person or family coverage with Blue Cross and Blue Shield of Vermont or The Vermont Health Plan, you need to maintain separate coverage for your dependents.

Call (800) 255-4550 or visit bluecrossvt.org/vtblue65 for more information.

Please note that to be eligible for Vermont Blue 65, you must be enrolled in both Parts A and B of Medicare.

All Medicare supplement plans are insured by Blue Cross and Blue Shield of Vermont.

Insured by the Blue Cross and Blue Shield of Vermont Medicare supplement plan series: Plan A (280.540), Plan C (280.550), Plan D (280.474), Plan F (280.391), Plan G (280.506).

3

PART D DRUG COVERAGE

The final component of the equation is Medicare prescription drug coverage (Part D). Medicare Part D plans are offered by private insurance companies approved by Medicare and are available to anyone who is entitled to Medicare Part A and/or enrolled in Part B.

Part D adds drug coverage to original Medicare and covers both brand-name and generic prescription drugs at network pharmacies in your area. (Note: Part D typically does not cover over-the-counter medications.)

You must enroll in Medicare Part D through a private insurance company and pay a monthly premium. Each plan can vary in costs (premiums, deductibles, co-payments and drugs covered). You will pay these costs in addition to your Medicare Part B premium.

You should consider joining a plan unless you will already have drug coverage that is at least as good as Medicare Part D prescription drug coverage.

Blue Cross and Blue Shield of Vermont, in a joint venture with three other New England Blue plans, contracts with the Federal Government to offer Medicare prescription drug coverage, called Blue MedicareRxSM (PDP).

See our separate brochure, Blue MedicareRx (PDP), for more information about our products. You can learn more about our plans and eligibility requirements at rxmedicareplans.com.

You may also call the Blue MedicareRx (PDP) team at (888) 496-4178, TTY: 711 (24 hours a day, 7 days a week).

→ HOW DO YOU ENROLL?

To get Medicare drug coverage, you must join a Medicare drug plan through a Prescription Drug Plan (PDP). Plans vary in cost and drugs covered. To compare plans go to www.medicare.gov.

You are eligible to enroll three months before, during, or three months after the month you turn 65 or your Medicare eligibility begins, or during the open enrollment period each year between October 15 to December 7.

It is important to investigate your options now. If you wait, you may have to pay more for your coverage later.

Part D late enrollment penalty:

Unless you are eligible for extra help with paying your Medicare costs, or had other creditable prescription drug coverage, you may owe a late enrollment penalty. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage, and is added to the cost of your monthly Part D premiums.

People with limited income and resources:

May qualify for extra help in paying their premiums and out-of-pocket costs. If you qualify for additional assistance for your Medicare Prescription Drug Plan costs, the amount you pay for your premium and your cost at the pharmacy will be less. The subsidies may apply if you are Medicare-eligible and your resources and annual income are less than the amount defined each year. You can contact the Social Security Administration or your local agency on aging to see if you qualify.

Blue Cross and Blue Shield of Vermont, in a joint venture with three other New England Blue plans, contracts with the Federal Government to provide Part D benefits.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare and Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in BlueMedicareRx (PDP) depends on contract renewal.

PLAN COMPARISON CHART

ALL STANDARD MEDICARE SUPPLEMENT PLANS

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A available. Some plans may not be available in Vermont. **We offer Plans A, C, D, F and G as highlighted below.**

| Monthly Costs | \$189.88 | | \$286.24 | \$268.38 |
|--|---|---|---|---|
| | A | B | C | D |
| <p>Did you become eligible for Medicare prior to January 1, 2020?</p> <p>If you answered yes, and haven't enrolled in Medicare or purchased a Medicare Supplement plan yet, you have options. When you are ready, you have several Medicare Supplement plan options—including C and F.</p> <p>If you are newly Medicare eligible on or after January 1, 2020—due to changes in federal law—you will no longer be able to enroll in Medicare Supplement Plan C or F, but you have other plan options.</p> <p>If you are already enrolled in Medicare Supplement Plans C or F, your plans will not be affected by these changes.</p> <p>Questions? We're here to help! Call us at (800) 255-4550, option 2 or email us at consumersupport@bcbsvt.com.</p> | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance |
| | | | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance |
| | | Part A Deductible | Part A Deductible | Part A Deductible |
| | | | Part B Deductible | |
| | | | | |
| | | | Foreign Travel Emergency | Foreign Travel Emergency |

Read your certificate very carefully

You must read the Certificate itself to understand all of the rights and duties of both you and your health plan.

NOTICE: This plan may not fully cover all of your medical costs.

This chart does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the government publication **Medicare and You** for more details.

*1. Plans F and G also have a high-deductible option which require 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.

Right to Return Policy

If you find that you are not satisfied with your plan, you may cancel it. If canceled within the first 30 days, we will treat the contract as if it had never been issued and return all of your payments.

BASIC BENEFITS

Hospitalization—Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.

Blood—First three pints of blood each year.

Hospice—Part A co-insurance.

Medical Expenses—Part B co-insurance (generally 20 percent of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require members to pay a portion of Part B co-insurance or co-payments.

| | \$286.77 | | \$268.91 | | | | |
|--|--|--|--|---|---|--|---|
| | F | F*1 | G | K | L | M | N |
| | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance | Basic Benefits, including 100% Part A Co-insurance Part B Co-insurance | Hospital and preventive care paid at 100%; other basic benefits paid at 50% | Hospital and preventive care paid at 100%; other basic benefits paid at 75% | Basic benefits, including 100% Part A Co-insurance Part B Co-insurance | \$20 co-payment ² for office visits, \$50 co-payment ² for ER; other basic benefits, including 100% Part A Co-insurance Part B Co-insurance |
| | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | 50% Skilled Nursing Facility Co-insurance | 75% Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance |
| | Part A Deductible | Part A Deductible | Part A Deductible | 50% Part A Deductible | 75% Part A Deductible | 50% Part A Deductible | Part A Deductible |
| | Part B Deductible | Part B Deductible | | | | | |
| | 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 |
| ^{2.} These cost-share amounts are set by the federal government. For the most up-to-date rates, please visit medicare.gov and from the "Basics" drop-down menu, select "Medicare costs." | | | | Out-of-pocket limit ² \$6,940; paid at 100% after limit reached | Out-of-pocket limit ² \$3,740; paid at 100% after limit reached | | |

² These cost-share amounts are set by the federal government. For the most up-to-date rates, please visit [medicare.gov](https://www.medicare.gov) and from the "Basics" drop-down menu, select "Medicare costs."

Blue Cross and Blue Shield of Vermont is not connected with or endorsed by the U.S. government or the Federal Medicare Program.

Blue Cross and Blue Shield of Vermont is an independent licensee of the Blue Cross and Blue Shield Association.

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The purpose of this material is a solicitation of insurance. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, contact your agent or the company.



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

P.O. Box 186 | Montpelier, VT 05601-0186

Phone: (800) 255-4550

Email: consumersupport@bcbsvt.com

bluecrossvt.org/vtblue65



bluecrossvt.org

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VERMONT BLUE 65SM OUTLINE OF COVERAGE

for Plans A, D, G,
and Plans C and F for applicants first
eligible for Medicare before 2020

If you have questions about our Plans,
call our customer service department
toll free at (800) 625-6406.



BlueCross BlueShield
of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Premium Information

Use this Outline to compare benefits and rates among certificates. If you have already enrolled, use this Outline to understand your coverage.

This Outline shows benefits and rates of coverage sold for effective dates on or after January 1, 2023

Direct Enroll Monthly Rate

| | |
|--------------------------|----------|
| Plan A Individual/Group: | \$189.88 |
| Plan D Individual: | \$268.38 |
| Plan D Group: | \$147.81 |
| Plan G Individual: | \$268.91 |
| Plan G Group: | \$148.09 |
| Plan C Individual**: | \$286.24 |
| Plan C Group**: | \$165.31 |
| Plan F Individual**: | \$286.77 |
| Plan F Group**: | \$165.59 |

**** Note:** Plan C and F are only available to applicants who were first eligible for Medicare before 2020.

Disclosures

Premium Information

We, Blue Cross and Blue Shield of Vermont, can only raise your premium if we raise the premium for all policies like yours in this State.

Read Your Certificate Very Carefully

This is only an Outline, describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all the rights and duties of both you and Blue Cross and Blue Shield of Vermont.

Right to Return Certificate

If you find that you are not satisfied with your certificate, you may return it to Blue Cross and Blue Shield of Vermont, P.O. Box 186, Montpelier, VT 05601-0186 or call (800) 255-4550. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

Certificate Replacement

If you are replacing other health insurance policy, do **not** cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

- This certificate may not fully cover all of your medical costs.
- 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.
- Blue Cross and Blue Shield of Vermont is not connected with Medicare.

Complete Answers Are Very Important

When you fill out the application for the new coverage, be sure to answer truthfully and completely all questions about your medical and health history.

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

Outline of Coverage

Benefit Chart of Medicare Supplement Plans Sold

(for effective dates on or after January 1, 2023)

This chart shows the benefits included in each of the standard Medicare supplement plans. Blue Cross and Blue Shield of Vermont offers Plans A, D and G as well as Plans C and F for applicants first eligible for Medicare before 2020.

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

| Benefits | Plans Available to All Applicants | | | | | | | | Medicare first eligible before 2020 only | |
|---|-----------------------------------|---|-----|----------------|----------------------|----------------------|-----|---------------------------------|--|----------------|
| | A | B | D | G ¹ | K | L | M | N | C | F ¹ |
| Medicare Part A co-insurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B co-insurance or co-payment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ co-pays apply ³ | ✓ | ✓ |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care co-insurance or co-payment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility co-insurance | | | ✓ | ✓ | 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) | | | 80% | 80% | | | 80% | 80% | 80% | 80% |
| Out-of-pocket limit in 2023 ² | | | | | \$6,940 ² | \$3,470 ² | | | | |

¹Plans F and G also have a high deductible option which require 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.

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

³Plan N pays 100% of the Part B co-insurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

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 \$1,600 | \$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 a day | \$0 | Up to \$200 a day |
| – 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three 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 co-payment/co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** 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 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.

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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and 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 PAYS | 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 |

* Once you have been billed \$226 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 D

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 \$1,600 | \$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 a day | Up to \$200 a day | \$0 |
| – 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| HOSPICE CARE | All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness. | | | |

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** 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 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.

PLAN D

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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and 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 PAYS | 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 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 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 |

* Once you have been billed \$226 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 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 a day | Up to \$200 a day | \$0 |
| – 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three 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 co-payment/co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** 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 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.

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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment | | | |
| First \$226 of Medicare-approved amounts* | \$0 | \$0 | \$226 (Unless Part B deductible has been met) |
| 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 (Unless Part B deductible has been met) |
| 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 PAYS | 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 (Unless Part B deductible has been met) |
| – 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 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 |

* Once you have been billed \$226 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 covers Part B excess charges, or the difference when the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state.

PLAN C

for applicants first eligible for Medicare before 2020

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 \$1,600 | \$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 a day | Up to \$200 a day | \$0 |
| – 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three 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 co-payment/co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** 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 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.

PLAN C

for applicants first eligible for Medicare before 2020

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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and 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 PAYS | YOU PAY |
|--|---------------|---------------------------|---------|
| HOME HEALTH CARE | | | |
| Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment: | \$0 | \$226 (Part B deductible) | \$0 |
| – First \$226 of Medicare-approved amounts* | | | |
| – 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 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 |

* Once you have been billed \$226 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 F

for applicants first eligible for Medicare before 2020

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 \$1,600 | \$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 a day | Up to \$200 a day | \$0 |
| – 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three 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 co-payment/ co-insurance for outpatient drugs and inpatient respite care | Medicare co-payment/ co-insurance | \$0 |

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** 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 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.

PLAN F

for applicants first eligible for Medicare before 2020

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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and 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 | All costs | \$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 PAYS | YOU PAY |
|--|---------------|---------------------------|---------|
| HOME HEALTH CARE | | | |
| Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment: | \$0 | \$226 (Part B deductible) | \$0 |
| – First \$226 of Medicare-approved amounts* | | | |
| – 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 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 |

* Once you have been billed \$226 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 F covers Part B excess charges, or the difference when the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state.



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