



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



VERMONT BLUE 65SM

2027 MEDICARE SUPPLEMENT INSURANCE PLANS FOR GROUPS

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ORIGINAL MEDICARE

PEACE OF MIND WITH MEDICARE COVERAGE

Original Medicare, known as Medicare Part A and Part B, helps cover many medical expenses, but it doesn't cover everything. That's why many people choose additional coverage to help fill the gaps left by their Original Medicare. We, as your local partner, can walk you through your options and guide you to the plan that fits you best.

WHAT IS ORIGINAL MEDICARE?

Medicare is the federal health insurance program for those aged 65 and older, under 65 with certain health conditions or disabilities, or with End-Stage Renal Disease (ESRD). There are two different parts of Original Medicare: **Medicare Part A**, known as hospital insurance, and **Medicare Part B**, known as medical insurance.

- If an individual is receiving Social Security retirement income before turning 65, they'll automatically be enrolled in Medicare Part A & Part B.
- For many, the monthly premium for Medicare Part A is \$0. If the individual or their spouse paid Medicare taxes long enough while working, generally at least 10 years (40 quarters), they qualify for premium-free Part A coverage. If they don't qualify for premium-free Part A, they'll need to pay a monthly premium, which can be found in the "Medicare Costs" section at [Medicare.gov](https://www.medicare.gov).
- If an individual is eligible for Medicare Part A, with or without a cost, they can also enroll in Medicare Part B. A monthly premium is required for Medicare Part B. Most will pay the standard premium amount, but if their modified gross income is above a certain amount, they may pay more. The Medicare Part B premium can be deducted directly out of their Social Security benefit payment.
- Timing for Medicare Part B enrollment varies based on individual circumstances. However, in most cases, if an enrollee doesn't sign up for Medicare Part B when first eligible, they'll pay a late enrollment penalty.

Individuals can enroll into Medicare Part A and Part B by contacting Social Security at [SSA.gov/Medicare](https://www.ssa.gov/Medicare) or **(800) 772-1213 (TTY: 1-800-325-0778)**. An appointment can also be made at a local Social Security office.

MEDICARE PART A - Hospital Insurance

In general, Part A helps cover costs for:

- Inpatient hospital care
- Care in skilled nursing facilities (SNF) and critical access hospitals
- Hospice care
- Home healthcare

Individuals are still responsible for:

- Part A and Part B deductibles
- About 20% of medical costs after meeting the deductible
- Prescription drug costs (not included in Original Medicare)

MEDICARE PART B - Medical Insurance

Part B helps cover these costs:

- Physician services
- Hospital outpatient services (medical care or treatment that does not require an overnight stay in a hospital or medical facility)
- Laboratory & diagnostic services
- Durable medical equipment (DME)
- Home health services
- Ambulance services
- Preventive services

For more information on Original Medicare benefits, visit [Medicare.gov](https://www.medicare.gov) or call **(800) 633-4227**.

MEDICARE SUPPLEMENT PLAN BASICS

Medicare Supplement insurance plans, also known as Medigap plans, help cover the out-of-pocket costs that Original Medicare does not, such as deductibles, coinsurance, and copayments. While benefits are standardized, these plans offer added financial protection and greater peace of mind. Medicare Supplement plans can be a smart option for Vermonters who value the freedom to see any provider that accepts Medicare, whether locally or throughout the U.S.

Our Vermont Blue 65SM plans are for those who are already enrolled in Medicare and looking for a Medicare Supplement plan to provide additional coverage.

ADDING A MEDICARE SUPPLEMENT PLAN WITH VERMONT BLUE 65

We offer the following group Medicare Supplement plans through Vermont Blue 65. Each plan has a monthly premium, which is paid in addition to the amount paid to Social Security.

- Plan A
- Plan C*
- Plan D
- Plan F*
- Plan G
- High Deductible Plan G
- Plan N

*Individuals eligible for Medicare before January 1, 2020 may purchase Plan C or Plan F.

Benefits Include:

- Access to any provider or healthcare facility in the U.S. that accepts Medicare.
- No referrals to see a specialist or other providers
- Coverage that travels with them across the U.S.
- Peace of mind with additional coverage for out-of-pocket costs for healthcare needs that are left unpaid by Original Medicare.

WE'RE HERE TO HELP

If you have any questions, please contact us
Monday — Friday, 8 a.m. to 4:30 p.m.



Phone: **(800) 255-4550 (TTY/TDD: 711)**, option 4



Email: consumersupport@bcbsvt.com

MEDICARE SECONDARY PAYER RULES — IMPORTANT INFORMATION FOR EMPLOYERS

If an employee joins Medicare and has other health insurance (such as a group health plan), each type of coverage is referred to as a “payer.” When an employee has multiple health plans, a determination must be made on who is the primary or secondary payer. If the group health plan is the secondary payer to Medicare, an employee may need to sign up for Medicare Part B before the employer will pay. This order of payment is often referred to as coordination of benefits.

If your organization has fewer than 20 employees on payroll, Medicare is considered the primary payer. If you have more than 20 employees, Medicare is considered the secondary payer. Employees may be able to delay their Medicare Part B enrollment if they work for an organization with more than 20 employees. An employee can visit [Medicare.gov](https://www.medicare.gov) or contact Medicare directly to best determine their individual situation. This rule only applies for those aged 65+. If someone is under 65, the number changes from 20 to 100.

PLANS & PREMIUMS

BENEFIT CHART OF OUR MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JANUARY 1, 2027

All Medicare Supplement plans are standardized, and each insurance carrier must make Plan A available.

With Vermont Blue 65, we offer the following Medicare Supplement plans: A, C*, D, F*, G, High Deductible G, and N.

To be eligible for a Medicare Supplement policy, an individual must be enrolled in Original Medicare (Part A and Part B).

A ✓ means 100% of the benefit is paid by the plan.

	Plan A	Plan D	Plan G
2027 Monthly Premiums			
All Individuals	\$298.68	\$235.80	\$236.23
Benefits			
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓
Blood (first three pints)	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓
Skilled nursing facility coinsurance		✓	✓
Medicare Part A deductible		✓	✓
Medicare Part B deductible			
Medicare Part B excess charges			✓
Foreign travel emergency (up to plan limits)		80%	80%

Instruct employees to read their Certificate of Coverage very carefully.

They must read the Certificate of Coverage itself to understand all the rights and duties of both them and their health plan. **Notice:** This plan may not fully cover all their medical costs.

This chart does not give all the details of Medicare coverage. Employees should contact their local Social Security office or review the government publication **“Medicare & You”** for more details.

Right to Return Policy

If employees are not satisfied with their plan, they 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 payments to the employer.

Medicare Basic Benefits include:

- **Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- **Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
- **Blood** – First three pints of blood each year
- **Hospice** – Part A coinsurance

High Deductible Plan G	Plan N	Plan C ¹	Plan F ¹
\$133.67	\$218.50	\$261.50	\$261.92
✓*	✓	✓	✓
✓*	✓ Copayments apply ²	✓	✓
✓*	✓	✓	✓
✓*	✓	✓	✓
✓*	✓	✓	✓
✓*	✓	✓	✓
		✓	✓
✓*			✓
80%*	80%	80%	80%

1 Individuals eligible for Medicare before January 1, 2020 may purchase Plan C or Plan F.

2 Plan N pays 100% of the Medicare Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission after paying the Medicare Part B deductible for the calendar year.

* High Deductible Plan G requires first paying the plan deductible of \$3,050 before the plan begins to pay. Once the plan's 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 Plan G counts your payment of the Medicare Part B deductible toward meeting the plan deductible.

This material is a solicitation of insurance. Blue Cross and Blue Shield of Vermont is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Vermont is not connected with or endorsed by the U.S. government or the federal Medicare program. 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 (280.54), Plan C (280.517), Plan D (280.518), Plan F (280.519), Plan G (280.520), Plan High Deductible G (280.615), Plan N (280.594).

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

A Medicare Supplement plan does not include prescription drug coverage, but is available to purchase separately. A Medicare Prescription Drug Plan (Part D) helps cover the cost of prescription drugs — generic and brand-name — and is a perfect complement to a Medicare Supplement plan.

Individuals can purchase a Medicare prescription drug plan through a private insurance company. Part D plans can vary in drug coverage and costs, such as monthly premiums, deductibles, and copayments.

OUR MEDICARE PART D OPTIONS

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. We have two plans available to choose from, which provide drug coverage to supplement Original Medicare. To learn more about Blue MedicareRx plans, Medicare Part D, eligibility rules, and enrollment options, visit [RxMedicarePlans.com](https://www.RxMedicarePlans.com). Individuals may also call the Blue MedicareRx team at **(888) 496-4178 (TTY: 711)**, 24 hours a day, 7 days a week.

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 MedicareRx (PDP). Blue MedicareRx is a Prescription Drug Plan with a Medicare contract. Blue MedicareRx Value Plus (PDP) and Blue MedicareRx Premier (PDP) are two Medicare Prescription Drug Plans available to service residents of Connecticut, Massachusetts, Rhode Island, and Vermont. Coverage is available to residents of the service area.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and 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 Blue MedicareRx (PDP) depends on contract renewal.

GET FINANCIAL HELP WITH YOUR PRESCRIPTION DRUG COSTS

People with limited income and resources may qualify for financial help to pay for their Medicare Part D prescription drug coverage premiums and out-of-pocket costs, such as deductibles, coinsurance, and copayments.

Financial help may be available from:

- Vermont Association of Area Agencies on Aging's Vermont Senior Helpline, **(800) 642-5119**
- Prescription Assistance, Department of Vermont Health Access at dvha.vermont.gov/members/prescription-assistance
- The Social Security Administration

AVOIDING PART D LATE ENROLLMENT PENALTY

The Part D late enrollment penalty applies if an individual enrolls in a Part D plan after their Medicare Initial Enrollment Period (IEP) ends. This lifetime penalty increases their monthly Part D premium. This additional cost and penalty can be avoided if the individual has creditable drug coverage (coverage similar in value to Part D) or qualifies for Medicare's Extra Help program. While Part D is optional, it's recommended that individuals enroll when first eligible.

If an individual does experience a late enrollment penalty, CMS determines this amount and communicates that to them and their Part D plan. To learn more about the Medicare Part D late enrollment penalty, visit [Medicare.gov](https://www.Medicare.gov).

HOW TO ENROLL IN ADDITIONAL MEDICARE COVERAGE

Having complete Medicare coverage means enrolling in a Medicare Supplement plan and a Medicare Prescription Drug Plan (Part D). We understand this process can be complicated and are here to help you and your employees navigate available choices to determine what plan fits best.

1 KNOWING WHEN TO ENROLL

- **Initial Enrollment Period (IEP)**
 - Individuals are eligible to enroll three months before they turn 65, during their birthday month, or three months after the month they turn 65.
 - Please note, if an individual's birthday falls on the first of the month, their Medicare IEP begins a month earlier. For instance, if their birthday is July 1, their Medicare IEP begins March 1.
 - IEP is for those enrolling in Original Medicare and Medicare Part D. The Medigap Open Enrollment Period is for enrolling in Medicare Supplement plans. **However, someone can join a Medicare Supplement plan through a group anytime if enrolled in Medicare.**
- **Annual Enrollment Period (AEP)**
 - This enrollment period allows individuals to make changes to their Medicare Part D prescription drug plan. This enrollment period occurs yearly from **October 15** through **December 7**.
- **Special Enrollment Period (SEP)**
 - If an individual has a life event such as losing other group health coverage from a spouse or becoming a new hire, they may qualify to sign up for a Medicare Supplement plan outside of the time periods mentioned above.

2 HOW TO ENROLL

We offer a few convenient ways for you to enroll your employees in our group Vermont Blue 65 Medicare Supplement plans. **Submit by email, fax, or mail after the employee completes the application.**

Completed applications can be emailed to consumersupport@bcbsvt.com or faxed to **(802) 371-3329**.

To submit by mail, simply follow the steps below.

- Enclose your employee's signed application.
- Mail the items above in an envelope to us at:
Blue Cross and Blue Shield of Vermont
P. O. Box 186
Montpelier, VT 05601-0186

An individual can apply in one of our Blue MedicareRx Prescription Drug Plans by visiting RxMedicarePlans.com or calling **(888) 496-4178 (TTY: 711)**. *Please note, group prescription drug plans are not available.*

CONTACT US

If you have questions or want us to come to your workplace to host an educational session, please contact us. We're available Monday – Friday, 8 a.m. to 4:30 p.m.



Phone: **(800) 255-4550 (TTY/TDD: 711)**, option 4



Email: consumersupport@bcbsvt.com

IMPORTANT RESOURCES

Medicare

Visit: Medicare.gov

Call: **(800) 633-4227** | TTY Users: **(877) 486-2048**

Social Security Administration (SSA)

Visit: SSA.gov

Call: **(800) 772-1213** | TTY Users: **(800) 325-0778**

Vermont Association of Area Agencies on Aging

Visit: Vermont4a.org to find a local agency.

Call: **(800) 642-5119**

Disclaimers

General Exclusions

A Medicare Supplement plan provides coverage designed to coordinate with your federal Medicare coverage. To fully understand a Medicare Supplement plan, you should read it alongside the Medicare Handbook, Medicare and You. We will provide Benefits as if you are enrolled in both Part A and Part B of Original Medicare and as if Medicare has paid its portion. You can find the Medicare and You handbook by visiting [Medicare.gov/Medicare-and-you](https://www.medicare.gov/Medicare-and-you). Once you enroll, you will receive a Certificate of Coverage. Please read both carefully as they govern your specific benefits.

How We Protect Your Privacy

The law requires us to maintain the privacy of your health information by using or disclosing it only with your authorization or as otherwise allowed by law. You may find information about our privacy practices at bluecrossvt.org/privacypolicies.

NOTICE: Discrimination is Against the Law

BlueCross® and BlueShield® of Vermont (Blue Cross VT) and its affiliate The Vermont Health Plan (TVHP) comply with applicable federal and state civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-status.

Blue Cross VT provides free aids and services to people with disabilities to communicate effectively with us. We provide, for example, qualified sign language interpreters and written information in other formats (e.g., large print, audio or accessible electronic format).

Blue Cross VT provides free language services to people who speak or sign languages other than English. We provide, for example, qualified interpreters and information written in other languages.

If you need these services, contact the Civil Rights Coordinator at civilrightscordinator@bcbsvt.com.

If you believe that Blue Cross VT has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, gender identity or sex, ethnicity, sexual orientation, or HIV-Status, you can file a grievance with: Civil Rights Coordinator, P.O. Box 186, Montpelier, VT 05601-0186, call (800) 247-2583 (TTY/TDD: 711), fax (802) 229-0511, or email civilrightscordinator@bcbsvt.com. You can file a grievance in person, by mail, via fax, or by email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically or through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F,
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>

For free language-assistance service, call (800) 247-2583 (TTY/TDD: 711).

ARABIC
العربية

للحصول على خدمة المساعدة اللغوية المجانية، اتصل على الرقم (800) 247-2583 (TTY/TDD: 711).
lilhusul ealaa khadmat almusaeadat
allughawiat almajaaniat, atasal (800)
247-2583 (TTY/TDD: 711).

BOSNIAN
BOSANSKI

Za besplatnu uslugu jezičke pomoći nazovite
(800) 247-2583 (TTY/TDD: 711).

BURMESE
မြန်မာဘာသာ

အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုအတွက်
(800) 247-2583 (TTY/TDD: 711) သို့ ဖုန်းခေါ်ပါ။

DARI
دری

د وړيا ژبنی مرستی خدماتو لپاره، له
(800) 247-2583 (TTY/TDD: 711)
شمیرې سره اړیکه ونیسئ

FRENCH
FRANÇAIS

Pour des services d'assistance
linguistique gratuits, appelez le
(800) 247-2583 (TTY/ TDD: 711).

KIRUNDI
IKIRUNDI

Niba ukeneye ubwunganizi mu
ndimi ku buntu, hamagara kuri
(800) 247-2583 (TTY/TDD: 711).

NEPALI
नेपाली

निःशुल्क भाषा-सहायता सेवाहरूको लागि,
कल गर्नुहोस्, (800) 247-2583 (TTY/TDD:
711). Niḥśulka bhāṣā-sahāyatā sēvāharūkō lāgi,
kala garnuhōs (800) 247-2583 (TTY/TDD: 711).

PASHTO
پښتو

برای خدمات رایگان کمک زبانی، با شماره
(800) 247-2583 (TTY/TDD: 711)
بگیرید

SIMPLIFIED
CHINESE
简体中文

如需免费语言协助服务，请拨打
(800) 247-2583 (TTY/TDD: 711)。

SOMALI
SOOMAALI

Si aad u hesho adeeg caawimo
luuqadeed ah oo bilaash ah, wac
(800) 247-2583 (TTY/TDD: 711).

SPANISH
ESPAÑOL

Para servicios gratuitos de
asistencia lingüística, llame al
(800) 247-2583 (TTY/TDD: 711).

SWAHILI
KISWAHILI

Kwa huduma ya usaidizi wa lugha bila malipo,
piga simu kwa (800) 247-2583 (TTY/TDD: 711).

THAI
ไทย

สำหรับบริการช่วยเหลือด้านภาษาฟรี โทร,
(800) 247-2583 (TTY/TDD: 711). Sǎhṛab
brikār ch̥wy̌hēlūx dân phās'ā frī thor
(800) 247-2583 (TTY/TDD: 711).

UKRAINIAN
УКРАЇНСЬКА
МОВА

Щоб отримати безкоштовні мовні
послуги, телефонуйте (800) 247-2583
(TTY/TDD: 711). Shchob otrymaty
bezkoshtovni movni posluhy, telefonuyte
(800) 247-2583 (TTY/TDD: 711)

VIETNAMESE
TIẾNG VIỆT

Đối với các dịch vụ hỗ trợ ngôn
ngữ miễn phí, hãy gọi
(800) 247-2583 (TTY/TDD: 711).

VERMONT BLUE 65SM OUTLINE OF COVERAGE

for Plans A, D, G, High Deductible G, and N
and Plans C and F for applicants first eligible
for Medicare before January 1, 2020

If you have questions about our Medicare
Supplement plans, call our team at
(800) 255-4550 (TTY/TDD: 711).



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, 2027

Direct Enroll Monthly Rate

Plan A Group:	\$298.68
Plan D Group:	\$235.80
Plan G Group:	\$236.23
High Deductible Plan G Group:	\$133.67
Plan N Group:	\$218.50
Plan C Group**:	\$261.50
Plan F Group**:	\$261.92

**** Note:** Plan C and Plan F are only available to applicants who were first eligible for Medicare before January 1, 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 (TTY/TDD: 711). 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, 2027)

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, G, HD G, and N as well as Plans C and F for applicants first eligible for Medicare before January 1, 2020.

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

Benefits	Plans Available to All Applicants								Medicare first eligible before January 1, 2020 only	
	A	B	D	G ¹	K	L	M	N ³	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 coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in 2027 ²					\$8,360 ²	\$4,180 ²				

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$3,050 (2027) 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 Medicare Part B coinsurance after you meet your Medicare Part B deductible. After you pay your full Medicare Part B deductible, you may pay up to a \$20 copayment for each office visit and up to a \$50 copayment for an emergency room visit if it does not result in an inpatient admission.

PLAN A

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,736	\$0	\$1,736 (Part A deductible)
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	\$0	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

PLAN D

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
– First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$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 D

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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

PLAN G

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
SEMIPRIVATE ROOM AND BOARD, GENERAL NURSING AND MISCELLANEOUS SERVICES AND SUPPLIES			
– First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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:			\$283 (Unless Part B deductible has been met)
– First \$283 of Medicare-approved amounts*	\$0	\$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 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 \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare 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.

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$3,050 DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$3,050 DEDUCTIBLE**, YOU PAY
HOSPITALIZATION*			
SEMIPRIVATE ROOM AND BOARD, GENERAL NURSING AND MISCELLANEOUS SERVICES AND SUPPLIES			
– First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$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.

** Before High Deductible Plan G pays the same benefits as Plan G, you must pay your annual \$3,050 deductible. The expenses you pay for the Medicare Part A deductible, and Medicare Part B deductible and coinsurance count toward the \$3,050 deductible until it is met. For example, if your Medicare Part B deductible is met but the annual deductible is not, you continue paying the Medicare Part B coinsurance until you meet the \$3,050 deductible. After the \$3,050 deductible is met, this plan pays 100% of the member cost share for all Medicare covered services for the rest of the year. Please note the deductible for Foreign Travel is separate and does not count toward the annual deductible.

*** 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.

HIGH DEDUCTIBLE PLAN G

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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$3,050 DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$3,050 DEDUCTIBLE**, YOU PAY
MEDICAL EXPENSES			
in or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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

* Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

** Before High Deductible Plan G pays the same benefits as Plan G, you must pay your annual \$3,050 deductible. The expenses you pay for the Medicare Part A deductible, and Medicare Part B deductible and coinsurance count toward the \$3,050 deductible until it is met. For example, if your Medicare Part B deductible is met but the annual deductible is not, you continue paying the Medicare Part B coinsurance until you meet the \$3,050 deductible. After the \$3,050 deductible is met, this plan pays 100% of the member cost share for all Medicare covered services for the rest of the year. Please note the deductible for Foreign Travel is separate and does not count toward the annual deductible.

*** 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.

HIGH DEDUCTIBLE PLAN G

MEDICARE (PARTS A & B)—MEDICAL SERVICES—PER CALENDAR YEAR

MEDICARE PARTS A & B

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$3,050 DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$3,050 DEDUCTIBLE**, YOU PAY
HOME HEALTH CARE Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: – First \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (Unless Part B deductible has been met)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$3,050 DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$3,050 DEDUCTIBLE**, YOU PAY
FOREIGN TRAVEL (Not Covered By Medicare)			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

* Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

** Before High Deductible Plan G pays the same benefits as Plan G, you must pay your annual \$3,050 deductible. The expenses you pay for the Medicare Part A deductible, and Medicare Part B deductible and coinsurance count toward the \$3,050 deductible until it is met. For example, if your Medicare Part B deductible is met but the annual deductible is not, you continue paying the Medicare Part B coinsurance until you meet the \$3,050 deductible. After the \$3,050 deductible is met, this plan pays 100% of the member cost share for all Medicare covered services for the rest of the year. Please note the deductible for Foreign Travel is separate and does not count toward the annual deductible.

PLAN N

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
SEMIPRIVATE ROOM AND BOARD, GENERAL NURSING AND MISCELLANEOUS SERVICES AND SUPPLIES			
– First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$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 N

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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	**
PART B EXCESS CHARGES (above Medicare-approved amounts)**	\$0	\$0	All costs
BLOOD			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

** After you pay your full Medicare Part B deductible, you may pay up to a \$20 copayment for each office visit and up to a \$50 copayment for an emergency room visit if it does not result in an inpatient admission.

PLAN C

for applicants first eligible for Medicare before January 1, 2020

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
– First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$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 January 1, 2020

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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

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 \$283 of Medicare-approved amounts*	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$283 (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: – First \$283 of Medicare-approved amounts*	\$0	\$283 (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 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 \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

PLAN F

for applicants first eligible for Medicare before January 1, 2020

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
– First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
– 61st through 90th day	All but \$434 a day	\$434 a day	\$0
– 91st day and after, while using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$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 January 1, 2020

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

The Medicare Part A and Part B benefit amounts shown on this page are 2026 amounts and subject to change January 1, 2027.

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 \$283 of Medicare-approved amounts*	\$0	\$283 (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 \$283 of Medicare-approved amounts*	\$0	\$283 (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	\$283 (Part B deductible)	\$0
– First \$283 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 \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare 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.

VERMONT BLUE 65SM OUTLINE OF COVERAGE

for Plans A, D, G, High Deductible G, and N
and Plans C and F for applicants first eligible
for Medicare before January 1, 2020

If you have questions about our Medicare
Supplement plans, call our team at
(800) 255-4550 (TTY/TDD: 711).



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