Notice of Intent

Insurance

Medicare Supplemental Insurance Minimum Standards (LAC 37:XIII.Chapter 5)

The Department of Insurance, pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950, et seq., hereby gives notice of its intent to amend Regulation 78-Policy Form Filing Requirements.

The proposed regulation is being amended to be in uniform with the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"), which was signed into law on April 16, 2015. Section 401 of MACRA prohibits the sale of Medigap policies that cover Part B deductibles to "newly eligible" Medicare beneficiaries defined as those individuals who: (a) have attained age 65 on or after January 1, 2020; or (b) first become eligible for Medicare due to age, disability or end-stage renal disease, on or after January 1, 2020.

Title 37
INSURANCE
Part XIII. Regulations
Chapter 5. Regulation 33-- Medicare Supplement Insurance Minimum Standards

§501. Purpose

A.-A.4. ***

5. to incorporated Medigap policies that cover Part B deductibles to "newly eligible" Medicare beneficiaries defined as those individuals who:

a. have attained age 65 on or after January 1, 2020; or

b. first become eligible for Medicare due to age, disability or end-stage renal disease, on or after January 1, 2020.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1101 (June 1999), repromulgated LR 25:1481 (August 1999), LR 29:2434 (November 2003), LR 31:31:2902 (November 2005), amended LR.

§502. Applicability and Scope

A.-B ***

C. Updating Regulation 33 to comply with Medicare Access and CHIP Reauthorization Act.

AUTHORITY NOTE: Promulgated in accordance with R.S.22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1101 (June 1999), repromulgated LR 25:1481 (August 1999), LR 29:2434 (November 2003), LR 31:31:2902 (November 2005), amended LR.

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§510. Minimum Benefit Standards for Pre-Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery Prior to July 20, 1992

A.-A2e ***

f. coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductibles ($183) ~~($110)~~;

g. ***

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:1111 (re-designated from LSA-R.S. 22:224 pursuant to Acts 2008, No. 415, effective January 1, 2009) and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1103 (June 1999), repromulgated LR 25:1483 (August 1999), amended LR 29:2437 (November 2003), LR 31:2905 (November 2005), LR 35:1115 (June 2009), amended LR.

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§521. Standard Medicare Supplement Benefit Plans for 2010 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery with an Effective Date for Coverage on or After June 1, 2010

A.-A.5.f.ii ***

g. Standardized Medicare supplement benefit Plan G shall include only the following: The basic (core) benefit as defined in §516.A.2 of this regulation, plus 100 percent of the Medicare Part A deductible, skilled nursing facility care, 100 percent of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in §516.A.3.a, c, e, and f, respectively. Effective January 1, 2020, the standardized benefit plans described in §522.A.1.d. of this regulation (Redesignated Plan G High Deductible) may be offered to any individual who was eligible for Medicare prior to January 1, 2020.

h.-6 ***

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:1111 (re-designated from LSA-R.S. 22:224 pursuant to Acts 2008, No. 415, effective January 1, 2009) and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR:35:1118 (June 2009), amended LR.

§522. Standard Medicare Supplement Benefit Plans for 2020 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery to Individuals Newly Eligible for Medicare on or After January 1, 2020.

A. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for Medicare on or after January 1, 2020. No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020. All policies must comply with the following benefit standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued to individuals eligible for Medicare before January 1, 2020, remain subject to the requirements of Regulation 33.

1. Benefit Requirements. The standards and requirements of Section 521 shall apply to all Medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020, with the following exceptions:

a. Standardized Medicare supplement benefit Plan C is redesignated as Plan D and shall provide the benefits contained in §521.A.5.c of this regulation but shall not provide coverage for 100% or any portion of the Medicare Part B deductible.

b. Standardized Medicare supplement benefit Plan F is redesignated as Plan G and shall provide the benefits contained in §521.A.5.e. of this regulation but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.

c. Standardized Medicare supplement benefit plans C, F, and F with High Deductible may not be offered to individuals newly eligible for Medicare on or after January 1, 2020.

d. Standardized Medicare supplement benefit Plan F With High Deductible is redesignated as Plan G With High Deductible and shall provide the benefits contained in §521.A.5.f of this regulation but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible; provided further that, the Medicare Part B deductible paid by the beneficiary shall be considered an out-of-pocket expense in meeting the annual high deductible.

e. The reference to Plans C or F contained in §521.A.1.b. is deemed a reference to Plans D or G for purposes of this section.

2. Applicability to Certain Individuals. This §522, applies to only individuals that are newly eligible for Medicare on or after January 1, 2020:

a. by reason of attaining age 65 on or after January 1, 2020; or

b. by reason of entitlement to benefits under part A pursuant to Section 226(b) or 226A of the Social Security Act, or who is deemed to be eligible for benefits under Section 226(a) of the Social Security Act on or after January 1, 2020.

3. Guaranteed Issue for Eligible Persons. For purposes of §535.E., in the case of any individual newly eligible for Medicare on or after January 1, 2020, any reference to a Medicare supplement policy C or F (including F With High Deductible) shall be deemed to be a reference to Medicare supplement policy D or G (including G With High Deductible), respectively, that meet the requirements of this Section 522 A.1.

4. Applicability to Waivered States. In the case of a State described in Section 1882(p)(6) of the Social Security Act ("waivered" alternative simplification states) MACRA prohibits the coverage of the Medicare Part B deductible for any Medicare supplement policy sold or issued to an individual that is newly eligible for Medicare on or after January 1, 2020.

5. Offer of Redesignated Plans to Individuals Other Than Newly Eligible. On or after January 1, 2020, the standardized benefit plans described in Subparagraph A.1.d, above may be offered to any individual who was eligible for Medicare prior to January 1, 2020, in addition to the standardized plans described in §521.A.5. of this regulation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:1111 (re-designated from LSA-R.S. 22:224 pursuant to Acts 2008, No. 415 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR:

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§535. Guaranteed Issue for Eligible Persons

A.-B ***

1. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide some or all such supplemental health benefits to the individual; or the individual is enrolled under an employee welfare benefit plan that is primary or secondary to Medicare and the plan terminates or the plan ceases to provide some or all health benefits to the individual or the individual leaves the plan.

B2.-F ***

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:1111 (re-designated from LSA-R.S. 22:224 pursuant to Acts 2008, No. 415, effective January 1, 2009) and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1110 (June 1999), repromulgated LR 25:1490 (August 1999), amended LR 29:2444 (November 2003), LR 31:2912 (November 2005), LR:35:1120 (June 2009), amended LR.

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§560. Required Disclosure Provisions

A.-D3b ***

4. the following items shall be included in the outline of coverage in the order prescribed below:

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010

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 Louisiana.

Basic Benefits:

- 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. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.
- Blood – First three pints of blood each year.
- Hospice – Part A coinsurance

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance *		Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit $~~[4620]~~ [5240]; paid at 100% after limit reached	Out-of-pocket limit $~~[2310]~~; [2620]; paid at 100% after limit reached		

* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $~~[2000]~~; [2240] deductible. Benefits from high deductible plan F will not begin until out-of-pocket

expenses exceed $~~[2000]~~ [2240]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

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NOTICE [Boldface Type]

This policy may not fully cover all of your medical costs.

[for agents:]
Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]
[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult ~~The Medicare Handbook~~ *Medicare and You* for more details.

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Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

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 coinsurance 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)			✔	✔			✔	✔	✔	✔
Out-of-pocket limit in [2018][2]					**[$5,240][2]**	**[$2,620][2]**				

[1] PLANS F AND G ALSO HAVE A HIGH DEDUCTIBLE OPTION WHICH REQUIRE FIRST PAYING A PLAN DEDUCTIBLE OF [$2240] 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.

[2] PLANS K AND L PAY 100% OF COVERED SERVICES FOR THE REST OF THE CALENDAR YEAR ONCE YOU MEET THE OUT-OF-POCKET YEARLY LIMIT.

[3] PLAN N PAYS 100% OF THE PART B COINSURANCE, 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

*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.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$0	$[1340]~~[1068]~~ (Part A deductible)
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$[670] ~~[534]~~ a day	$0
--Once lifetime reserve days are used:			
--Additional 365 days	$0		$0**
--Beyond the additional 365 days	$0	100% of Medicare Eligible Expenses $0	All Costs
Skilled Nursing Facility Care* You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	$0	Up to $[167.50] ~~[133.50]~~ a day
101st day and after	$0	$0	All costs

Blood First 3 pints Additional amounts	 $0 100%	 3 pints $0	 $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 out-patient drugs and inpatient respite Care	Medicare copayment/ Coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A

Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment,			
First $[183] ~~[135]~~ of Medicare Approved Amounts*	$0	$0	$[183] ~~[135]~~(Part B Deductible)
Remainder of Medicare Approved Amounts	Generally, 80%	Generally, 20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All Costs
Blood			
First 3 pints	$0	All Costs	$0
Next $[183] ~~[135]~~ of Medicare Approved Amounts*	$0	$0	$[183]~~[135]~~(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services—Tests for Diagnostic Services	100%	$0	$0

Plan A
Parts A and B

Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $ [183] ~~[135]~~ of Medicare Approved Amounts*	$0	$0	$ [183] ~~[135]~~(Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

Plan B
Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1340] ~~[1068]~~(Part A Deductible)	$0
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$[670] ~~[534]~~ a day	$0
--Once lifetime reserve days are used:			
--Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
--Beyond the additional 365 days	$0	$0	All Costs

Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day $0	$0	Up to $ [167.50] ~~[133.50]~~ a day
101st day and after		$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare Copayment /coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan B

Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally, 80%	Generally, 20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All Costs
Blood			
First 3 pints	$0	All Costs	$0
Next $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
Clinical Laboratory Services-- Tests for Diagnostic Services	100%	$0	$0

Plan B
Parts A & B

Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

Plan C

Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1340] ~~[1068]~~(Part A Deductible)	$0
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:	All but $[670] ~~[534]~~ a day		$0
--While using 60 lifetime reserve days		$ [670] ~~[534]~~ a day	
--Once lifetime reserve days are used:			
Additional 365 days	$0		$0**
Beyond the additional 365 days	$0	100% of Medicare Eligible Expenses $0	All Costs

Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day $0	Up to $[167.50] ~~[133.50]~~ a day	$0
101st day and after		$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite Care	Medicare co-payment/ coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan C

Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment,			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$[183] ~~[135]~~ (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	Generally, 80%	Generally, 20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All Costs
Blood			
First 3 pints	$0	All Costs	$0
Next $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$[183] ~~[135]~~ (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
Clinical Laboratory Services— Tests for Diagnostic Services	100%	$0	$0

Plan C
Parts A and B

Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$[183] ~~[135]~~ (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0

Plan C
Other Benefits—Not Covered by Medicare

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

Plan D
Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1340] ~~[1068]~~(Part A Deductible)	$0
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$[670] ~~[534]~~ a day	$0
--Once lifetime reserve days are used:			
---Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
---Beyond the additional 365 days	$0	$0	All Costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	Up to $[167.50] ~~[133.50]~~ a day	$0

101st day and after	$0	$0	All costs
Blood First 3 pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0

Services	Medicare Pays	Plan Pays	You Pay
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan D

Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment, First $[183] ~~[135]~~ of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	 $0 Generally, 80%	 $0 Generally, 20%	 $[183] ~~[135]~~ (Part B Deductible) $0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All Costs

Blood First 3 pints	$0	All Costs	$0
Next $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
Clinical Laboratory Services— Tests For Diagnostic Services	100%	$0	$0

Plan D (continued)
Parts A and B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

Plan D

Other Benefits—Not Covered by Medicare

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

Plan F or High Deductible Plan F
Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

[**This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year [$2240] ~~[$2000]~~ deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [$2240] ~~[$2000]~~. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.]

Services	**Medicare Pays**	**[After You Pay [$2240] ~~[$2000]~~ Deductible,** Plan Pays]**	**[In Addition to [$2240] ~~[$2000]~~ Deductible,** You Pay]**
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1340] ~~[1068]~~(Part A Deductible)	$0
61st thru 90th day	All but $[335] ~~[267]~~a day	$[335] ~~[267]~~a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~a day		$0
--Once lifetime reserve days are used:		$[670] ~~[534]~~ a day	
Additional 365 days	$0		$0
Beyond the additional 365 days	$0	100% of Medicare Eligible Expenses $0	All Costs

Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	Up to $[167.50] ~~[133.50]~~ a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

***NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

Plan F or High Deductible Plan F (Continued)
Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

[**This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year [$2240] ~~[$2000]~~ deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [$2240] ~~[$2000]~~. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.]

Services	Medicare Pays	[After You Pay $2240 ~~$2000~~ Deductible,** Plan Pays]	[In Addition to $2240 ~~$2000~~ 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, durable medical equipment,			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$[183] ~~[135]~~ (Part B Deductible)	$0
Remainder of Medicare Approved Amounts	Generally, 80%	Generally, 20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	100%	$0
Blood First 3 pints Next $[183] ~~[135]~~ of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	 $0 $0 80%	 All Costs $[183] ~~[135]~~ (Part B Deductible) 20%	 $0 $0 $0
Clinical Laboratory Services— Tests For Diagnostic Services	100%	$0	$0

Plan F or High Deductible Plan F
Parts A & B

Services	Medicare Pays	After You Pay $2240 ~~$2000~~ Deductible,** Plan Pays	In Addition to $2240 ~~$2000~~ Deductible,** You Pay
Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$[183] ~~[135]~~ (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0

Plan F or High Deductible Plan F (Continued)
Other Benefits—Not Covered by Medicare

Services	Medicare Pays	After You Pay $2240 ~~$2000~~ Deductible,** Plan Pays	In Addition to $2240 ~~$2000~~ 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

Plan G or High Deductible Plan G
Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

[**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [$2240] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [$2240]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.]

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1340] ~~[1068]~~ (Part A Deductible)	$0
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$ [670] ~~[534]~~ a day	$0
--Once lifetime reserve days are used:	$0		
Additional 365 days	$0		$0
Beyond the additional 365 days		100% of Medicare Eligible Expenses	All Costs
		$0	
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	Up to $[167.50] ~~[133.50]~~ a day	$0
101st day and after	$0	$0	All costs

Services	Medicare Pays	Plan Pays	You Pay
Blood First 3 pints Additional amounts	 $0 100%	 3 pints $0	 $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 out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G or High Deductible Plan G
Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

[**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [$2240] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [$2240]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.]

Services	Medicare Pays	After you Pay $[2240] Deductibles, ** Plan Pays	In Addition to $[2240] 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, durable medical equipment,			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (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 3 pints	$0	All Costs	$0
Next $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	$0
Clinical Laboratory Services ~~Blood~~ Tests For Diagnostic Services	100%	$0	$0

Plan G or High Deductible Plan G
Parts A and B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	$0

Other Benefits—Not Covered by Medicare

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

Plan K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $ [5240] ~~[4620]~~ each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Medicare (Part A)—Hospital Services—Per Benefit Period

**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.

Services	Medicare Pays	Plan Pays	You Pay*
Hospitalization** Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[670] ~~[534]~~(50% of Part A deductible)	$ [670] ~~[534]~~(50% of Part A deductible)♦
61st thru 90th day	All but $[335] ~~[267]~~ a day		$0
91st day and after:		$ [335] ~~[267]~~ a day	
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day		$0
--Once lifetime reserve days are used:		$ [670] ~~[534]~~ a day	
--Additional 365 days	$0		$0***
--Beyond the additional 365 days	$0	100% of Medicare eligible expenses	All costs
		$0	

Services	Medicare Pays	Plan Pays	You Pay*
Skilled Nursing Facility Care** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	Up to $[83.75] ~~[66.75]~~ a day (50% of Part A Coinsurance)	Up to $[83.75] ~~[66.75]~~ a day (50% of Part A Coinsurance) ♦
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	50%	50%♦
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of co-payment/coinsurance	50% of Medicare co-payment/coinsurance ♦

***NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan K

Medicare (Part B)—Medical Services—Per Calendar Year

****Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment,			
First $[183] ~~[135]~~ of Medicare Approved Amounts****	$0	$0	$[183] ~~[135]~~ (Part B deductible)**** ♦
Preventive Benefits for Medicare covered services	Generally 80% ~~75%~~ or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $[5240] ~~[4620]~~)*
Blood			
First 3 pints	$0	50%	50%♦
Next $[183] ~~[135]~~ of Medicare Approved Amounts****	$0	$0	$[183] ~~[135]~~ (Part B deductible)**** ♦
Remainder of Medicare Approved Amounts	Generally 80%	Generally 10%	Generally 10% ♦
Clinical Laboratory Services— Tests For Diagnostic Services	100%	$0	$0

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $ [5240] ~~[4620]~~ per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan K
Parts A and B

Services	Medicare Pays	Plan Pays	You Pay*
Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment			
First $[183] ~~[135]~~ of Medicare Approved Amounts*****	$0	$0	$[183] ~~[135]~~ (Part B deductible) ♦
Remainder of Medicare Approved Amounts	80%	10%	10%♦

*****Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Plan L

*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $[2620] ~~[2310]~~ each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Medicare (Part A)—Hospital Services—Per Benefit Period

**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.

Services	Medicare Pays	Plan Pays	You Pay*
Hospitalization** Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1005] ~~[808.50]~~ (75% of of Part A deductible)	$[335] ~~[267]~~ (25% of Part A deductible)♦
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$[670] ~~[534]~~ a day	$0
--Once lifetime reserve days are used:			
--Additional 365 days	$0	100% of Medicare eligible expenses	$0***
--Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			

First 20 days 21st thru 100th day 101st day and after	All approved amounts All but $[167.50] ~~[133.50]~~ a day $0	$0 Up to $[125.63] ~~[100.13]~~ a day (75% of Part A Coinsurance) $0	$0 Up to $[41.8] ~~[33.38]~~ a day (25% of Part A Coinsurance) ♦ All costs
Blood First 3 pints Additional amounts	 $0 100%	 75% $0	 25%♦ $0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of co-payment/coinsurance	25% of co-payment/coinsurance♦

***NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan L

Medicare (Part B)—Medical Services—Per Calendar Year

****Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment,			
First $[183] ~~[135]~~ of Medicare Approved Amounts****	$0	$0	$[183] ~~[135]~~ (Part B deductible)**** ♦
Preventive Benefits for Medicare covered services	Generally 80% ~~75%~~ or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare Approved Amounts	Generally 80%	Generally 15%	Generally 5% ♦
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $[2620] ~~[2310]~~)*
Blood			
First 3 pints	$0	75%	25%♦
Next $[183] ~~[135]~~ of Medicare Approved Amounts****	$0	$0	$[183] ~~[135]~~ (Part B deductible) ♦
Remainder of Medicare Approved Amounts	Generally 80%	Generally 15%	Generally 5%♦
Clinical Laboratory Services—Tests For Diagnostic Services	100%	$0	$0

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $[2620] ~~[2310]~~ per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan L
Parts A and B

Services	Medicare Pays	Plan Pays	You Pay*
Home Health Care Medicare Approved Services			
--Medically necessary skilled care services and medical supplies	100%	$0	$0
--Durable medical equipment First $[183] ~~[135]~~ of Medicare Approved Amounts*****	$0	$0	$[183] ~~[135]~~ (Part B deductible) ♦
Remainder of Medicare Approved Amounts	80%	15%	5% ♦

*****Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare.*

Plan M
Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[670] ~~[534]~~ (50% of Part A deductible)	$[670] ~~[534]~~ (50% of Part A deductible)
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$[670] ~~[534]~~ a day	$0
Once lifetime reserve days are used:			
--Additional 365 days	$0		$0**
--Beyond the additional 365 days	$0	100% of Medicare Eligible Expenses	All Costs
		$0	
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	Up to $[167.50] ~~[133.50]~~ a day	$0
101st day and after	$0	$0	All costs

Services	Medicare Pays	Plan Pays	You Pay
Blood First 3 pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0
Hospice care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan M
Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment First $[183] ~~[135]~~ of Medicare-Approved Amounts* Remainder of Medicare Approved Amounts	 $0 Generally 80%	 $0 Generally 20%	 $[183] ~~[135]~~ (Part B deductible) $0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	$0	All Costs

Blood **First 3 pints** **Next $[183] [135] of Medicare-Approved Amounts*** **Remainder of Medicare-Approved Amounts**	$0 $0 80%	All Costs $0 20%	$0 $ [183] ~~[135]~~ (Part B deductible) $0
Clinical Laboratory Services—Tests For Diagnostic Services	100%	$0	$0

Parts A and B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care Medicare Approved Services Medically necessary skilled care services and medical supplies --Durable medical equipment ---First $[183] ~~[135]~~ of Medicare-Approved Amounts* ---Remainder of Medicare Approved Amounts	 100% $0 80%	 $0 $0 20%	 $0 $[183] ~~[135]~~ (Part B deductible) $0

Other Benefits—Not Covered by Medicare

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 Remainder of Charges	 $0 $0	 $0 80% to a lifetime maximum benefit of $50,000	 $250 20% and amounts over the $50,000 lifetime maximum

Plan N
Medicare (Part A)—Hospital Services—Per Benefit Period

*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.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1340] ~~[1068]~~	$[1340] ~~[1068]~~ (Part A deductible)	$0
61st thru 90th day	All but $[335] ~~[267]~~ a day	$[335] ~~[267]~~ a day	$0
91st day and after:			
--While using 60 lifetime reserve days	All but $[670] ~~[534]~~ a day	$[670] ~~[534]~~ a day	$0
Once lifetime reserve days are used:			
--Additional 365 days	$0		$0**
--Beyond the additional 365 days	$0	100% of Medicare Eligible Expenses $0	All Costs

Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[167.50] ~~[133.50]~~ a day	Up to $ [167.50] ~~[133.50]~~ a day	$0
101st day and after	$0	$0	All costs
Blood First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

**NOTE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan N (continued)
Medicare (Part B)—Medical Services—Per Calendar Year

*Once you have been billed $[183] ~~[135]~~ 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.

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, durable medical equipment			
First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare Approved Amounts)	$0	$0	All Costs

Blood First 3 pints	$0	All Costs	$0
Next $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
Clinical Laboratory Services—Tests for Diagnostic Services	100%	$0	$0

Parts A and B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
-First $[183] ~~[135]~~ of Medicare-Approved Amounts*	$0	$0	$[183] ~~[135]~~ (Part B deductible)
-Remainder of Medicare-Approved Amounts	80%	20%	$0

Plan N (continued)
Other Benefits—Not Covered by Medicare

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

E. ***

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:1111 (re-designated from LSA-R.S. 22:224 pursuant to Acts 2008, No. 415, effective, January 1, 2009) and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1114 (June 1999), repromulgated LR 25:1495 (August 1999), amended LR 29:2449 (November 2003), LR 31:2918 (November 2005), LR 35:1121 (June 2009), LR 35:1121 (June 2009), amended LR.

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§596. Appendix A—Calculation Forms

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR _____

Type[1] _____ SMSBP[2] _____

For the State of____ Company Name ___

NAIC Group Code_____ NAIC Company Code ____

Address _____ Person Completing Exhibit _____

Title _____ Telephone Number _____

LINE		(a) Earned Premium[3]	(b) Incurred Claims[4]
1.	Current Year's Experience		
	a. Total (all policy years)		
	b. Current year's issues[5]		
	c. Net (for reporting purposes = 1a-1b		
2.	Past Year's Experience (all policy years)		
3.	Total Experience (Net Current Year + Past Year)		
4.	Refunds Last Year (Excluding Interest)		
5.	Previous Since Inception (Excluding Interest)		
6.	Refunds Since Inception (Excluding Interest)		
7.	Benchmark Ratio Since Inception (wee worksheet for Ratio 1)		
8.	Experienced Ratio Since Inception (Ratio 2) Total Actual Incurred Claims (line 3, col. b) / Total Earned Prem. (line 3, col. a)-Refunds Since Inception (line 6)		
9.	Life Years Exposed Since Inception If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.		
10.	Tolerance Permitted (obtained from credibility table)		

Medicare Supplement Credibility Table

Life Years Exposed	
Since Inception	Tolerance
10,000+	0.0%
5,000 – 9,999	5.0%
2,500 – 4,999	7.5%
1,000 – 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

1. Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
2. "SMSBP" = Standardized Medicare Supplement Benefit Plan—Use "P" for pre-standardized plans.
3. Includes Modal Loadings and Fees Charged
4. Excludes Active Life Reserves
5. This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratio"

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR

Type[1]_____SMSBP[2] _____

For the State of_____Company Name _____

NAIC Group Code_____NAIC Company Code ____

Address _____

Person Completing Exhibit_____ Title

_____Telephone Number _____

11.	Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	

If Ratio 3 is more than Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12.	Adjusted Incurred Claims (Total Earned Premiums (Line 3, col. a) - Refund Since Inception (line 6)] x Ratio 3 (line 11)	
13.	Refund = Total Earned Premiums (line 3, col. a) - Refunds Since Inception (line 6) - [Adjusted Incurred Claims (line 12) / Benchmark Ratio (Ratio 1)]	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to refunded or credited, a

description of the refund or credit against premiums to be used must be attached to this form.

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature

Name—Please Type

Title

Date

REPORTING FORM FOR THE CALCULATION OF BENCHMARK
RATIO SINCE INCEPTION FOR GROUP POLICIES
FOR CALENDAR YEAR _____

Type[1] _____ SMSBP[2] _____
For the State of____ Company Name ___
NAIC Group Code_____ NAIC Company Code ____
Address _____ Person Completing Exhibit _____
Title _____ Telephone Number _____

(a)[3] Year	(b)[4] Earned Premium	(c) Factor	(d) (b)x(c)	(e) Cumulative Loss Ratio	(f) (d)x(e)	(g) Factor	(h) (b)x(g)	(i) Cumulative Loss Ratio	(j) (h)x(i)	(o)[5] Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.80
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15+[6]		4.175		0.567		8.684		0.838		0.89
Total:			(k):		(l):		(m):		(n):	

Benchmark Ratio Since Inception: (l + n)/(k + m): _____

[1]Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
[2]"SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans
[3]Year 1 is the current calendar year - 1. Year 2 is the current calendar year - 2 (etc.) (Example: If the current year is 1991, then: Year 1 is 1990; Year 2 is 1989, etc.)
[4]For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
[5]These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.
[6]To include the earned premium for all years prior to as well as the 15th year prior to the current year.

REPORTING FORM FOR THE CALCULATION OF BENCHMARK
RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR _____

Type[1] _____ SMSBP[2] _____
For the State of____ Company Name ___
NAIC Group Code_____ NAIC Company Code ____
Address _____ Person Completing Exhibit _____
Title _____ Telephone Number _____

(a)[3] Year	(b)[4] Earned Premium	(c) Factor	(d) (b)x(c)	(e) Cumulative Loss Ratio	(f) (d)x(e)	(g) Factor	(h) (b)x(g)	(i) Cumulative Loss Ratio	(j) (h)x(i)	(o)[5] Policy Year Loss Ratio
1		2.770		0.442		0.000		0.000		0.40
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15+[6]		4.175		0.493		8.684		0.725		0.77
Total:			(k):		(l):		(m):		(n):	

Benchmark Ratio Since Inception: (l + n)/(k + m): _____

[1]Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
[2]"SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans
[3]Year 1 is the current calendar year - 1. Year 2 is the current calendar year - 2 (etc.) (Example: If the current year is 1991, then: Year 1 is 1990; Year 2 is 1989, etc.)
[4]For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
[5]These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.
[6]To include the earned premium for all years prior to as well as the 15th year prior to the current year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:224 and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1132 (June 1999), repromulgated LR 25:1513 (August 1999), LR 29:2478 (November 2003), amended LR 31:2941 (November 2005), amended LR.

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§599. Effective Date

A. This regulation shall become effective upon final publication in the *Louisiana Register*.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:1111 (re-designated from LSA-R.S. 22:224 pursuant to Acts 2008, No. 415, effective January 1, 2009) and 42 U.S.C. 1395 et seq.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 25:1142 (June 1999), repromulgated LR 25:1522 (August 1999), amended LR 29:2497 (November 2003), LR 31:2948 (November 2005), LR 35:1136 (June 2009), amended LR.

James J. Donelon
Commissioner

Public Comments

Interested persons may submit written comments on the amended promulgation of Regulation 33. Such comments must be received no later than October 20, 2018 by close of business, 4:30 p.m., and addressed to Claire Lemoine, Louisiana Department of Insurance, P.O. Box 94214, Baton Rouge, LA 70804-9214 or faxed to (225) 342-1632.

James J. Donelon
Commissioner of Insurance