

**SUMMARY OF MEDICARE SUPPLEMENT BENEFITS**

**All plans**  
Medicare Pays

**Plan A**  
Plan Pays | You Pay

**Plan E**  
Plan Pays | You Pay

**Plan F**  
Plan Pays | You Pay

**MEDICARE PART A—HOSPITAL SERVICES—PER BENEFIT PERIOD** \*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.

\*\*When your Part A hospital benefits are exhausted, KPS will pay whatever Medicare would have paid for an additional 365 days. During this time the hospital cannot bill you for the difference between its billed charges and the amount Medicare would pay.

<b>Hospitalization*</b> - Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days ( <b>Part A deductible=\$1,024</b> )	All but \$1,024	\$0	\$1,024	\$1,024	\$0	\$1,024	\$0
61st through 90th day	All but \$256 a day	\$256 a day	\$0	\$256 a day	\$0	\$256 a day	\$0
91st day and after while using 60 lifetime reserve days	All but \$512 a day	\$512 a day	\$0	\$512 a day	\$0	\$512 a day	\$0
91st day and after once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare	\$0**	100% of Medicare	\$0**	100% of Medicare	\$0**
91st day and after once lifetime reserve days are used: beyond the additional 365 days	\$0	Eligible Expenses	\$0	Eligible Expenses	All costs	Eligible Expenses	All costs
<b>Skilled Nursing Facility Care*</b> - 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	\$0	\$0	\$0	\$0
21st through 100th day	All but \$128 a day	\$0	Up to \$128 a day	Up to \$128 a day	\$0	Up to \$128 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs	\$0	All costs
<b>Blood</b>							
First 3 pints	\$0	3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0	\$0	\$0
<b>Hospice Care</b> - Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance	\$0	Balance	\$0	Balance

**MEDICARE PART B—MEDICAL SERVICES—PER CALENDAR YEAR**

\*\*\*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with a triple asterisk\*\*\*), your Part B deductible will have been met for the calendar year.

<b>Medical Expenses</b> - 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 \$135 of Medicare-approved amounts*** ( <b>Part B deductible=\$135</b> )	\$0	\$0	\$135	\$0	\$135	\$135	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs	\$0	All costs	100%	\$0
<b>Blood</b>							
First 3 pints	\$0	All costs	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*** ( <b>Part B deductible=\$135</b> )	\$0	\$0	\$135	\$0	\$135	\$135	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0	20%	\$0
<b>Clinical Laboratory Services</b> Tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0

**MEDICARE PARTS A & B**

<b>Home Health Care</b> - Medicare-approved services							
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0
Durable medical equipment: first \$135 of Medicare-approved amounts*** ( <b>Part B deductible=\$135</b> )	\$0	\$0	\$135	\$0	\$135	\$135	\$0
Durable medical equipment: remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0	20%	\$0

**OTHER BENEFITS—NOT COVERED BY MEDICARE**

<b>Foreign Travel</b> - Medically necessary emergency care services beginning during the first 60 days of each trip outside USA							
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250	\$0	\$250
Remainder of charges	\$0	\$0	All costs	80% to lifetime maximum of \$50,000	20% + amounts over \$50,000 lifetime max.	80% to lifetime maximum of \$50,000	20% + amounts over \$50,000 lifetime max.
<b>Preventive Medical Care Benefit</b> - Medicare benefits are subject to change. Please consult the latest <i>Guide to Health Insurance for People with Medicare</i> . Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.							
First \$120 each calendar year	\$0	\$0	\$120	\$120	\$0	\$0	\$120
Additional charges	\$0	\$0	All costs	\$0	All costs	\$0	All costs