

Medicare Supplement Plan — Summary of Benefits

Church of the Brethren Insurance Services



	MEDICARE	Medicare Supplement Plan with THE HARTFORD
	Medicare Participating Providers	NO NETWORK — Retiree may choose their physician
	Coinsurance, Out-of-Pocket Amounts, and Lifetime Maximums	
Coinsurance Rate	80%	100%
Out-of-Pocket Maximum	No maximum, patient liable for 20% ongoing	None
Lifetime Maximums	Unlimited	Unlimited

PART A SERVICES

Referral Requirement	None	None
Inpatient Hospital Days 1-60	100% Coverage BUT Part A deductible	100% Coverage of the Part A deductible
Inpatient Hospital Days 61-90	100% Coverage BUT per day coinsurance	100% Coverage of the per day coinsurance
Inpatient Hospital Days 91 and after, while using 60 lifetime reserve days	100% Coverage BUT per day coinsurance	100% Coverage of the per day coinsurance
Once lifetime reserve days are used: Additional 365 days	\$0	100% Coverage for 365 days
Beyond the additional 365 days	\$0	\$0
Skilled Nursing Facility First 20 days	100% Coverage	\$0
Skilled Nursing Facility 21-100 days	All but per day coinsurance	100% coverage of the per day coinsurance
Skilled Nursing Facility 101-365 days	\$0	\$0

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Blood Deductible (First 3 Pints)	\$0	100% Coverage
Blood Deductible Additional Amounts	100% Coverage	\$0
Hospice Care	100% Coverage for all but very limited copayment for outpatient drugs and inpatient respite care	100% Coverage after Medicare Unlimited care

PART B SERVICES

Medicare Part B Deductible	Calendar year deductible	100% Coverage of calendar year deductible
Remainder of Medicare-approved amounts	80% Coverage	100% Coverage after Medicare
Clinical Laboratory Services	100% Coverage	\$0
Home Health Care — Medicare-approved services	80% Coverage	100% Coverage after Medicare
Durable Medical Equipment (DME)	80% Coverage	100% Coverage after Medicare
Part B Excess Charges (above Medicare-approved amounts)	\$0	100% Coverage
Routine Exam	100%	\$0
Adult Preventive Services (including mammograms, Pap smears, prostate cancer screenings, and colorectal cancer screenings)	Generally Medicare pays 100% but a few service(s) may be payable at 80%	100% coverage after Medicare

FOREIGN TRAVEL EMERGENCY

Emergency Care in a Foreign Country (services that would have been covered by Medicare if they had been provided in the U.S.)	\$0	Subject to \$250 deductible; payable at 80% to lifetime maximum of \$50,000
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