

Medicare Supplement Plan — Summary of Benefits

Church of the Brethren Insurance Services



MEDICARE	OPTION 1 Medicare Supplement Plan with UNITED AMERICAN PLAN F	OPTION 2 Medicare Supplement Plan with UNITED AMERICAN PLAN F WITH COPAY	
	Medicare Participating Providers	NO NETWORK — Retiree may choose their physician	NO NETWORK — Retiree may choose their physician
Coinsurance, Copay, Out-of-Pocket Amounts, and Lifetime Maximums			
Coinsurance or Copay Rate	80%	100%	\$20.00 per physician/specialist
Out-of-Pocket Maximum	No maximum, patient liable for 20% ongoing	None	Copay see Part B services
Lifetime Maximums	Unlimited	Unlimited	Unlimited

PART A SERVICES

Referral Requirement	None	None	None
Inpatient Hospital Days 1-60	100% Coverage BUT Part A deductible	100% Coverage of the 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	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	100% Coverage of the per day coinsurance
Once lifetime reserve days are used: Additional 365 days	\$0	100% Coverage for 365 days	100% Coverage for 365 days
Beyond the additional 365 days	\$0	\$0	\$0
Skilled Nursing Facility First 20 days	100% Coverage	\$0	\$0
Skilled Nursing Facility 21-100 days	All but per day coinsurance	100% Coverage of the per day coinsurance	100% Coverage of the per day coinsurance
Skilled Nursing Facility 101-365 days	\$0	\$0	\$0
Blood Deductible (First 3 Pints)	\$0	100% Coverage	100% Coverage

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

PART B SERVICES

Medicare Part B Deductible	Calendar year deductible	100% Coverage of calendar year deductible	100% Coverage of calendar year deductible
Remainder of Medicare-approved amounts	80% Coverage	100% Coverage after Medicare	100% Coverage after Medicare
Clinical Laboratory Services	100% Coverage	\$0	\$0
Home Health Care — Medicare-approved services	80% Coverage	100% Coverage after Medicare	100% Coverage after Medicare
Durable Medical Equipment (DME)	80% Coverage	100% Coverage after Medicare	100% Coverage after Medicare
Part B Excess Charges (above Medicare-approved amounts)	\$0	100% Coverage	100% Coverage
Routine Exam	100%	\$0	\$0

PHYSICIAN OFFICE VISIT CHARGES

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	100% Coverage after Medicare
Primary Care Physician	Medicare Approved Amounts	100% Coverage after Medicare	\$20.00 Copay
Specialist	Medicare Approved Amounts	100% Coverage after Medicare	\$20.00 Copay

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	Subject to \$250 deductible; payable at 80% to lifetime maximum of \$50,000
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