

Medicare Supplement Plan Summary of Basic and Major Medical Benefits 11/1/07

<p>Annual Deductible (Major Medical) <i>Annual means a calendar year</i></p> <p>Individual \$250 Family \$500</p>	
<p>Annual Out-of- Pocket Maximum (Major Medical)</p> <p>Individual \$1,250 Family \$2,500</p>	
<p>Benefit Maximums</p> <p>Basic Services — Limit on Days Major Medical — Dollar Limit</p>	<p><u>Basic:</u> Inpatient Hospital up to 120 days and/ or Skilled Nursing Facility Days up to 100 days each benefit interval. A benefit interval is a 90 consecutive day period when you are not in a Hospital or Skilled Nursing Facility. Mental Health & Chemical Dependency Benefits are limited to 45 days per year.</p> <p><u>Major Medical:</u> \$100,000 lifetime maximum for each covered member</p>
<p>Basic Services <i>What the plan covers:</i></p> <ul style="list-style-type: none"> • Skilled Nursing Facility • Hospitalization • Inpatient Physician Services • Inpatient Mental Health & Chemical Dependency • Inpatient Surgical Services • Inpatient Physical & Speech Therapy • Well Child Care 	<p>100% of eligible expenses not covered by Medicare for the first 120 days of hospitalization, first 100 days in a Skilled Nursing Facility and up to 45 days in a Mental Health or Chemical Dependency Treatment Facility.</p> <p><u>After</u> the day limit is exceeded, the Plan pays benefits under Major Medical. Mental Health & Chemical Dependency benefits are limited to 45 days per year and not continued under Major Medical.</p> <p>Well Child Care: 100% up to \$100 maximum benefit for each member, per calendar year</p>
<p>Major Medical Services <i>What the plan covers:</i></p> <ul style="list-style-type: none"> • Doctor's office visit • Physician Services • Inpatient/ outpatient Hospital Services • Inpatient Mental Health & Chemical Dependency • Skilled Nursing Facility (after 100 days) • Hospitalization (after 120 days) • Surgical Services • Physical & Speech Therapy • Durable Medical Equipment • Diagnostic Tests 	<p>The Major Medical portion of the plan pays 80% of the eligible charges not paid by Medicare after you meet the deductible, up to the out-of-pocket maximum.</p> <p><u>After the out-of-pocket maximum is reached, then</u> 100% of the eligible charges not paid by Medicare up to the Lifetime Maximum Benefit - \$100,000</p>

This document is provided for reference purposes only and is strictly intended to represent the Medicare Supplement Plan benefits as described in the Summary Plan Description and the Plan Documents.