

TITLE 50: INSURANCE
PART 2008 MINIMUM STANDARDS FOR INDIVIDUAL AND GROUP MEDICARE SUPPLEMENT
INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE

Section 2008.APPENDIX H Plan F or High Deductible Plan F**

MEDICARE (PART A) – Hospital Services – Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

* 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 F after one has paid a calendar year [\$_____] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are [\$_____]. 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 [\$_____] DEDUCTIBLE**] PLAN PAYS	[IN ADDITION TO [\$_____] DEDUCTIBLE**] YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but [\$_____]	[\$_____] (Part A Deductible)	\$0
61st thru 90th day	All but [\$_____] a day	[\$_____] a day	\$0
91st day and after;	All but [\$_____] a day	[\$_____] a day	\$0
- While using 60 lifetime reserve days	All but [\$_____] a day	[\$_____] 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 [\$_____] a day	Up to [\$_____] 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and in-patient respite care	\$0	Balance

*** **NOTICE:** 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 F or High Deductible Plan F Continued)

MEDICARE (PART B) – Medical Services – Per Calendar Year

*Once you have been billed \$[100] 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 F after one has paid a calendar year [\$____] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [\$____]. 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 [\$____] DEDUCTIBLE**] PLAN PAYS	[IN ADDITION TO [\$____] 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 \$[100] of Medicare Approved Amounts*	\$0	\$[100] (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	\$0	All costs	\$0
Next \$[100] of Medicare Approved Amounts*	\$0	\$(100) (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	[AFTER YOU PAY [\$____] DEDUCTIBLE**] PLAN PAYS	[IN ADDITION TO [\$____] DEDUCTIBLE**] YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$[100] of Medicare Approved Amounts*	\$0	\$(100) (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – Not Covered By Medicare

SERVICES	MEDICARE PAYS	[AFTER YOU PAY THE [\$____] DEDUCTIBLE**] PLAN PAYS	[IN ADDITION TO THE [\$____] 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

(Source: Amended at 29 Ill. Reg. 14188, effective September 8, 2005)