

Medigap Benefits	A	B	C	D	E	F*	G	H	I	J*	K	L
Medicare Part A Coinsurance and Medigap Coverage for Hospital Benefits	X	X	X	X	X	X	X	X	X	X	X	X
Medicare Part B Coinsurance or Copayment	X	X	X	X	X	X	X	X	X	X	50%	75%
Blood (First 3 pints)	X	X	X	X	X	X	X	X	X	X	50%	75%
Hospice Care Coinsurance or Copayment											50%	75%
Skilled Nursing Facility Care Coinsurance			X	X	X	X	X	X	X	X	50%	75%
Medicare Part A Deductible		X	X	X	X	X	X	X	X	X	50%	75%
Medicare Part B Deductible			X			X				X		
Medicare Part B Excess Charges						X	80%		X	X		
Foreign Travel Emergency (Up to plan limits)**			X	X	X	X	X	X	X	X		
At-Home Recovery (Up to plan limits)				X			X		X	X		
Preventive Care Coinsurance (Included in the Part B coinsurance)	X	X	X	X	X	X	X	X	X	X	X	X
Preventive Care not Covered by Medicare (up to \$120)					X					X		
2008 out of pocket limit											\$4,440***	\$2,220***