

[Insurance Company]

[Address]

[City, State Zip Code]

[phone-optional]

NOTICE OF BENEFIT MODIFICATIONS AND PREMIUM ADJUSTMENTS

Medicare Supplement Policy - Plan F

The following charts briefly describe the modifications in Medicare and in your Medicare supplement coverage. This includes a brief description of the revisions to Medicare Parts A & B as well as descriptions of supplemental benefits with subsequent changes, including dollar amounts, provided by the Medicare supplement coverage.

Please read this information carefully.

*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.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD				
SERVICES	Medicare Benefit		Your Medicare Supplement Coverage	
	In [2010] Medicare Pays	Effective [January 1, 2011] Medicare Pays	In [2010] Your Coverage Pays	Effective [January 1, 2011] Your Coverage Pays
HOSPITALIZATION* — Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but [\$1,068.00]	All but [\$1,068.00]	[\$1,068.00] (Part A Deductible)	[\$1,068.00] (Part A Deductible)
61st through 90th day	All but [\$267.00] a day	All but [\$267.00] a day	[\$267.00] a day	[\$267.00] a day
91st day and after: • While using 60 lifetime reserve days	All but [\$534.00] a day	All but [\$534.00] a day	[\$534.00] a day	[\$534.00] a day
• Once lifetime reserve days are used: • Additional 365 days	\$0	\$0	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses
• Beyond the additional 365 days	\$0	\$0	\$0	\$0
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	All approved amounts	\$0	\$0
21st through 100th day	All but [\$133.50] a day	All but [\$133.50] a day	Up to [\$133.50] a day	Up to \$[133.50] a day
101st day and after	\$0	\$0	\$0	\$0
BLOOD — First 3 pints	\$0	\$0	3 pints	3 pints
Additional amounts	100%	100%	\$0	\$0
HOSPICE CARE — You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	Medicare copayment/ coinsurance

*Once you have been billed [\$135.00] of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	Medicare Benefit		Your Medicare Supplement Coverage	
	In [2010] Medicare Pays	Effective [January 1, 2011] Medicare Pays	In [2010] Your Plan Pays	Effective [January 1, 2011] Your Plan Pays
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 [\$135.00] of Medicare Approved Amounts*	\$0	\$0	[\$135](Part B deductible)	[\$135](Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 80%	Generally 20%	Generally 20%
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	100%	100%
BLOOD — First 3 pints	\$0	\$0	All costs	All costs
Next [\$135.00] of Medicare Approved Amounts*	\$0	\$0	[\$135](Part B deductible)	[\$135](Part B deductible)
Remainder of Medicare Approved Amounts	80%	80%	20%	20%
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	100%	\$0	\$0

PARTS A and B

SERVICES	Medicare Benefit		Your Medicare Supplement Coverage	
	In [2010] Medicare Pays	Effective [January 1, 2011] Medicare Pays	In [2010] Your Plan Pays	Effective [January 1, 2011] Your Plan Pays
HOME HEALTH CARE — MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	100%	\$0	\$0
Durable medical equipment • First [\$135.00] of Medicare Approved Amounts*	\$0	\$0	[\$135](Part B deductible)	[\$135](Part B deductible)
• Remainder of Medicare Approved Amounts	80%	80%	20%	20%

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	Medicare Benefit		Your Medicare Supplement Coverage	
	In [2010] Medicare Pays	Effective [January 1, 2011] Medicare Pays	In [2010] Your Plan Pays	Effective [January 1, 2011] Your Plan Pays
FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250.00 each calendar year	\$0	\$0	\$0	\$0
Remainder of charges	\$0	\$0	80% to a lifetime Maximum Benefit of \$50,000.00	80% to a lifetime Maximum Benefit of \$50,000.00

PREMIUM INFORMATION

Benefits provided by Your policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We will only change Your premium if We change it for all policies like Yours in Your state of issue on a Class basis. We will give You at least 30 days notice if this happens. Your new premiums will be based on Your then current age.

SPECIMEN

This chart summarizing the changes in your Medicare benefits and in your Medicare supplement insurance provided by XXX Insurance Company only briefly describes such benefits. For information on your Medicare benefits contact your social security office or the Centers for Medicare and Medicaid services. For information on your Medicare supplement policy contact:

[Insurance Company]
[Address]
[City, State Zip Code]
[phone]