

Outline of Medicare Supplement Coverage
By Reason of Age – Cover Page:
Benefit Plans A, F, High Deductible F and N



This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state.

Basic Benefits included in all plans:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require members to pay a portion of Part B coinsurance or co-payments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance

Plans offered by LifeWise Health Plan of Oregon (LifeWise) are highlighted below.

Plan A	Plan B	Plan C	Plan D	Plan F & Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Basic benefits, including 100% Part B coinsurance	Hospitalization & preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization & preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits, including 100% Part B coinsurance	Basic including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out of pocket limit \$4,620 paid at 100% after limit reached	Out of pocket limit \$2,310 paid at 100% after limit reached		

*Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as plan F after one has paid a calendar year \$2,000 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

PREMIUMS AND PAYMENT INFORMATION

(Rates effective January 1, 2012)

PREMIUM INFORMATION

We (LifeWise) can only change your premiums if we change the premium for all policies like yours in this state. Changes to the premium rates will be made to all policies like yours as follows:

- As of January 1 each year; or
- When approved and allowed by the Oregon Insurance Division.

If you initially purchased your policy on a date other than January 1, your premium rate will change during the first 12-months as of the January 1 following your initial effective date of coverage.

In each year, we base your premium on your age on January 1. For instance, if you are already 70 on January 1, 2012, we will charge you the rate for subscribers who are age 70-74. If, on January 1, 2012, you have not turned 70 yet, we will charge you the rate for subscribers who are age 65-69.

We will provide written notice of any rate changes no later than 30 days prior to the date of the change. Your payment of the premium constitutes acceptance of the change.

PAYMENT MODE OPTIONS

Monthly payment by Automatic Funds Transfer (AFT). Rates shown reflect a \$5 monthly discount for AFT payments compared to the Paper Bill Option.

OR

If you prefer us to bill you, LifeWise will send you a paper bill in the mail each month.

AFT Payment Option Monthly Premiums Per Person

Age on 1/1/2012	Plan A	Plan F	Plan F*	Plan N
Age 65-69	\$140	\$185	\$70	\$138
Age 70-74	\$179	\$236	\$89	\$175
Age 75+	\$210	\$278	\$105	\$208

*High Deductible Plan F

Paper Bill Option Monthly Premiums Per Person

Age on 1/1/2012	Plan A	Plan F	Plan F*	Plan N
Age 65-69	\$145	\$190	\$75	\$143
Age 70-74	\$184	\$241	\$94	\$180
Age 75+	\$215	\$283	\$110	\$213

*High Deductible Plan F

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to P.O. Box 7709, Bend, OR 97708. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do *NOT* cancel your existing policy until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither LifeWise nor its producers are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.



**PLAN A:
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

* 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.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,132	\$0	\$1,132 (Part A Deductible)
61st through 90th day	All but \$283 a day	\$283 a day	\$0
91st day and after: (while using 60 lifetime reserve days)	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve days are used:	\$0	100% of Medicare eligible expenses	\$0**
• Additional 365 days	\$0	\$0	All costs
• 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 through 100th day	All but \$141.50 a day	\$0	Up to \$141.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	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	Medicare copayment / coinsurance	\$0

**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 plan's Basic 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.

**A PLAN A (continued):
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

*Once you have been billed \$162 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.

SERVICES	MEDICARE PAYS	PLAN A PAYS	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 \$162 of Medicare approved amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare approved amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare approved amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOME HEALTH CARE - Medicare approved services			
Medically Necessary Skilled Care Services and Medical Supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$162 of Medicare approved amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

**F PLAN F:
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

*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.

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,132	\$1,132 (Part A Deductible)	\$0
61st through 90th day	All but \$283 a day	\$283 a day	\$0
91st day and after: (while using 60 lifetime reserve days)	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve days are used:	\$0	100% of Medicare eligible expenses	\$0***
• Additional 365 days	\$0	\$0	All costs
• 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 through 100th day	All but \$141.50 a day	Up to \$141.50 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			
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	Medicare copayment / coinsurance	\$0

***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 plan's Basic 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.

**F PLAN F (continued):
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

* Once you have been billed \$162 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.

SERVICES	MEDICARE PAYS	PLAN F PAYS	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 \$162 of Medicare approved amounts*	\$0	\$162 (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 \$162 of Medicare approved amounts*	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

MEDICARE (PARTS A & B)

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
HOME HEALTH CARE - Medicare approved services			
Medically Necessary Skilled Care Services and Medical Supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$162 of Medicare approved amounts*	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0



**PLAN F (continued):
OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN F PAYS	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

F

**HIGH DEDUCTIBLE PLAN F:
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

*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 \$2,000 deductible. Benefits from the High Deductible Plan F will not begin until out of pocket expenses are \$2,000. 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 policy's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,000 DEDUCTIBLE**, PLAN F PAYS	IN ADDITION TO \$2,000 DEDUCTIBLE**, YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,132	\$1,132 (Part A Deductible)	\$0
61st through 90th day	All but \$283 a day	\$283 a day	\$0
91st day and after: (while using 60 lifetime reserve days)	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve days are used:	\$0	100% of Medicare eligible expenses	\$0***
• Additional 365 days	\$0	\$0	All costs
• 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 through 100th day	All but \$141.50 a day	Up to \$141.50 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			
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	Medicare copayment / coinsurance	\$0

***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 plan's Basic 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.

**F HIGH DEDUCTIBLE PLAN F (continued):
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

*Once you have been billed \$162 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 \$2,000 deductible. Benefits from the High Deductible Plan F will not begin until out of pocket expenses are \$2,000. 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 policy's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,000 DEDUCTIBLE**, PLAN F PAYS	IN ADDITION TO \$2,000 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 \$162 of Medicare approved amounts*	\$0	\$162 (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 \$162 of Medicare approved amounts*	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

F

**HIGH DEDUCTIBLE PLAN F (continued):
MEDICARE (PARTS A & B)**

*Once you have been billed \$162 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.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,000 DEDUCTIBLE**, PLAN F PAYS	IN ADDITION TO \$2,000 DEDUCTIBLE**, YOU PAY
HOME HEALTH CARE - Medicare approved services			
Medically Necessary Skilled Care Services and Medical Supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$162 of Medicare approved amounts*	\$0	\$162 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

**HIGH DEDUCTIBLE PLAN F (continued):
OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,000 DEDUCTIBLE**, PLAN F PAYS	IN ADDITION TO \$2,000 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

**N PLAN N:
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

* 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.

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,132	\$1,132 (Part A Deductible)	\$0
61st through 90th day	All but \$283 a day	\$283 a day	\$0
91st day and after: (while using 60 lifetime reserve days)	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve days are used:	\$0	100% of Medicare eligible expenses	\$0**
• Additional 365 days	\$0	\$0	All costs
• 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 through 100th day	All but \$141.50 a day	Up to \$141.50 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			
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	Medicare copayment / coinsurance	\$0

**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 plan's Basic 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.

**N PLAN N (continued):
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

*Once you have been billed \$162 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.

SERVICES	MEDICARE PAYS	PLAN N PAYS	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 \$162 of Medicare approved amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense
Part B Excess Charges (above Medicare approved amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare approved amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

N

**PLAN N (continued):
MEDICARE (PARTS A & B)**

*Once you have been billed \$162 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.

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
HOME HEALTH CARE - Medicare approved services			
Medically Necessary Skilled Care Services and Medical Supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$162 of Medicare approved amounts*	\$0	\$0	\$162 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

**PLAN N (continued):
OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN N PAYS	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