

**LCB File No. R066-07**

**PROPOSED REGULATION OF THE DIVISION OF INSURANCE OF  
THE DEPARTMENT OF BUSINESS AND INDUSTRY**

**PROPOSED REGULATION CONCERNING  
MEDICARE SUPPLEMENT PLANS**

EXPLANATION – Matter in underline is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-10, 14-22, 24-28, 30-44 and 49, NRS 679B.130 and 687B.430; §§11-13 and 45-48, NRS 679B.130; §§23 and 29, 679B.130, 687B.120 and 687B.430.

A REGULATION relating to policies supplementary to Medicare; revising various provisions relating to such policies; and providing other matters properly relating thereto.

**Section 1.** NAC 687B.225 is hereby amended to read as follows:

687B.225 1. A policy of insurance or subscriber contract must not be advertised, solicited or issued for delivery in this State as a policy or certificate to supplement Medicare before July 16, 1992, if it fails to meet the standards established by this section. These are minimum standards and do not preclude the inclusion of other provisions or benefits that are not inconsistent with these standards.

2. A policy to supplement Medicare or a certificate issued for delivery in this State before July 16, 1992, must not:

(a) Deny a claim for losses incurred more than 6 months after the effective date of coverage for a preexisting condition.

(b) Define a preexisting condition more restrictively than as a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage.

(c) Indemnify against any loss resulting from sickness on a different basis than for a loss resulting from an accident.

3. A policy to supplement Medicare or a certificate must provide that benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

4. A “noncancellable,” “guaranteed renewable” or “noncancellable and guaranteed renewable” policy must not:

(a) Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premiums; or

(b) Be cancelled or denied renewal by the insurer solely on the grounds of deterioration of health.

5. Termination of a policy to supplement Medicare or of a certificate must be without prejudice to any continuous loss that commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits.

6. A policy to supplement Medicare that is subject to the minimum standards adopted pursuant to the Medicare Catastrophic Coverage Act of 1988 must provide at least the following benefits:

(a) Coverage of Medicare Part A eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period.

(b) Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount.

(c) Coverage of Medicare Part A eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days.

(d) Upon exhaustion of all Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 90 percent of all Medicare Part A eligible expenses for hospitalization that are not covered by Medicare, subject to a lifetime maximum benefit of an additional 365 days.

(e) Coverage under Medicare Part A for the reasonable cost of the first 3 pints of blood, or an equivalent quantity of packed red blood cells, as defined by federal regulations, unless replaced in accordance with federal regulations or already paid for pursuant to Part B. Plans K and L provide for 50 percent and 75 percent coverage of the cost, respectively.

(f) Coverage for the coinsurance amount, or, for services from a hospital outpatient department paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount that is equal to the Medicare Part B deductible ~~of \$124~~.

(g) Coverage under Medicare Part B for the reasonable cost of the first 3 pints of blood, or equivalent quantities of packed red blood cells, as defined by federal regulations, unless replaced in accordance with federal regulations or already paid for pursuant to Part A, subject to the Medicare deductible amount. Plans K and L provide for 50 percent and 75 percent coverage of the cost, respectively.

7. For the purposes of this section:

(a) “Medicare eligible expenses” means expenses for health care of the kind covered by Medicare, to the extent recognized as reasonable by Medicare. Payment of benefits by an insurer for such expenses may be conditioned upon the same or less restrictive conditions of payment, including determinations of medical necessity, as are applicable to Medicare claims.

(b) “Policy to supplement Medicare” means a group or individual policy of accident and sickness insurance, or a subscriber contract of one or more hospital and medical service associations or health maintenance organizations, that is advertised, marketed or designed primarily as a supplement to the reimbursement provided under Medicare for the hospital, medical or surgical expenses of one or more persons eligible for Medicare by reason of age.

**Sec. 2.** NAC 687B.226 is hereby amended to read as follows:

687B.226 1. A policy or certificate must not be advertised, solicited, originally delivered or issued for delivery, or renewed in this State as a policy or certificate to supplement Medicare on or after July 16, 1992, and before July 30, 1992, if it fails to meet or exceed the minimum standards established by this section. These standards do not preclude the inclusion of other provisions or benefits that are not inconsistent with these standards.

2. A policy to supplement Medicare or a certificate originally delivered or issued for delivery, or renewed, in this State on or after July 16, 1992, and before July 30, 1992, must not:

(a) Exclude or limit benefits for losses incurred more than 6 months after the effective date of coverage because of a preexisting condition.

(b) Define a preexisting condition more restrictively than as a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage.

(c) Indemnify against any loss resulting from sickness on a different basis than for a loss resulting from an accident.

3. A policy to supplement Medicare or a certificate must provide that benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

4. A “noncancellable,” “guaranteed renewable” or “noncancellable and guaranteed renewable” policy must not:

(a) Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premiums; or

(b) Be cancelled or denied renewal by the insurer solely on the grounds of deterioration of health.

5. Except as otherwise authorized by the Commissioner, an issuer shall not cancel or refuse to renew a policy to supplement Medicare or a certificate for any other reason than the nonpayment of premiums or for a material misrepresentation.

6. If a group policy to supplement Medicare or a certificate is terminated by the group policyholder and is not replaced as provided in subsection 8, the issuer shall offer to each certificate holder:

(a) An individual policy to supplement Medicare currently offered by the issuer that provides comparable benefits to those contained in the terminated policy; or

(b) An individual policy to supplement Medicare that provides only those benefits as are required by NAC 687B.290.

7. If a certificate holder is provided coverage under a group policy to supplement Medicare or a certificate and he terminates his membership in the group, the issuer shall:

(a) Offer the certificate holder an individual policy to supplement Medicare pursuant to subsection 6; or

(b) At the request of the group policyholder, continue coverage for the certificate holder under the group policy to supplement Medicare.

8. If a group policy to supplement Medicare or a certificate is replaced by another group policy to supplement Medicare or another certificate which is purchased by the same person, the issuer of the replacement policy or certificate shall offer coverage to all persons who are covered under the policy or certificate that is being replaced on the date it is terminated. The replacement policy or certificate may not provide for the exclusion of coverage for preexisting conditions that were covered under the policy or certificate that is being replaced.

9. Termination of a policy to supplement Medicare or of a certificate must be without prejudice to any continuous loss that commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

10. If a policy to supplement Medicare eliminates an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. 108-173, 117 Stat. 2066, December 8, 2003, the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this section.

11. A policy to supplement Medicare that is subject to the minimum standards must provide at least the following benefits:

(a) Coverage of Medicare Part A eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period.

(b) Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount.

(c) Coverage of Medicare Part A eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days.

(d) Upon exhaustion of all Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 90 percent of all Medicare Part A eligible expenses for hospitalization that are not covered by Medicare, subject to a lifetime maximum benefit of an additional 365 days.

(e) Coverage under Medicare Part A for the reasonable cost of the first 3 pints of blood, or an equivalent quantity of packed red blood cells, as defined by federal regulations, unless replaced in accordance with federal regulations or already paid for pursuant to Part B. Plans K and L provide for 50 percent and 75 percent of the cost, respectively.

(f) Coverage for the coinsurance amount, or, for services from a hospital outpatient department paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount that is equal to the Medicare Part B deductible ~~[of \$124]~~.

This coverage must include coverage for Medicare eligible expenses for drugs used by an outpatient for immune suppressive therapy.

(g) Coverage under Medicare Part B for the reasonable cost of the first 3 pints of blood, or equivalent quantities of packed red blood cells, as defined by federal regulations, unless replaced in accordance with federal regulations or already paid for pursuant to Part A, subject to the Medicare deductible amount. Plans K and L provide for 50 percent and 75 percent of the coverage of the cost, respectively.

**Sec. 3.** NAC 687B.250 is hereby amended to read as follows:

687B.250 1. Each issuer shall provide an outline of coverage to each applicant at the time the application is presented to the applicant and, except in the case of a direct response policy, shall obtain an acknowledgment from the applicant that he has received the outline.

2. If an outline of coverage is provided at the time of application and the policy to supplement Medicare or the certificate is issued on a basis that would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate must accompany the policy or certificate when it is delivered. The substitute outline must contain the following statement, in not less than 12-point type, immediately above the name of the company:  
NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued.

3. The outline of coverage provided to the applicant must consist of:

- (a) A cover page;
- (b) Information regarding premiums;
- (c) Disclosure pages; and
- (d) Charts displaying the features of each benefit plan offered by the issuer as set forth in subsection 7.



4. Standardized Benefit Plans A through L, inclusive, and High Deductible Benefit Plans F and J, must be shown on the cover page and the plans offered by the issuer must be prominently identified.

5. Information regarding premiums for benefit plans to supplement Medicare offered by the issuer must be shown on the cover page or immediately following the cover page and must be prominently displayed. The premium and mode must be stated for all plans that are offered to the applicant. All possible premiums must be illustrated.

6. An insured may contact the Commissioner of Insurance or the Nevada State Health Insurance Assistance Program (SHIP) of the Aging Services Division of the Department of Health and Human Services for help in understanding his health insurance.

7. The outline of coverage must be printed in not less than 12-point type, using the following language and format:

(COMPANY NAME)  
 Outline of Medicare Supplement Coverage - Cover Page:  
 Benefit Plan(s) \_\_\_ **[insert letter(s) of plan(s) being offered]**

This chart shows the benefits included in each of the Standard Medicare Supplement Plans. Every company must make available Plan "A."

See Outlines of Coverage sections for details about ALL plans.

BASIC BENEFITS for Plans A-J, inclusive:

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.

Blood: First three pints of blood each year.

A	B	C	D	E	F	High Deductible F*	G	H	I	J	High Deductible J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	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	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible	Part B Deductible				Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	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	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
				Preventive Care NOT covered by Medicare						Preventive Care NOT covered by Medicare	Preventive Care NOT covered by Medicare

\* The High Deductible Benefit Plans F and J offer benefits similar to the benefits offered by the Standardized Benefit Plans F and J except that the high deductible benefit plans require a higher deductible. The annual deductibles for the High Deductible Benefit Plans F and J are subject to change. For the current deductibles, please consult the most current version of the **Guide to Health Insurance for People with Medicare** which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductibles for the High Deductible Benefit Plans F and J may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plans F and J begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plans, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for prescription drugs, if applicable, and the deductible for emergency care received in a foreign country.

(COMPANY NAME)

Outline of Medicare Supplement Coverage-Cover Page 2

Basic Benefits for Plans K and L include similar services as plans A-J, inclusive, but cost-sharing for the basic benefits is at different levels.

	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	<del>[\$4,000]</del> Out of Pocket Annual Limit***	<del>[\$2,000]</del> Out of Pocket Annual Limit***

\*\* Plans K and L provide for different cost-sharing for items and services than Plans A-J, inclusive. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

\*\*\* The out-of-pocket annual limit will increase each year for inflation.  
See Outlines of Coverage for details and exceptions.

### **PREMIUM INFORMATION (Boldface type)**

We (insert issuer's name) can only raise your premium if we raise the premium for all policies like yours in this State. (If the premium is based on the increasing age of the insured, include information specifying when premiums will change.)

### **DISCLOSURES (Boldface type)**

Use this outline to compare benefits and premiums among policies.

### **READ YOUR POLICY VERY CAREFULLY (Boldface type)**

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

### **RIGHT TO RETURN POLICY (Boldface type)**

If you find that you are not satisfied with your policy, you may return it to (insert issuer's address). 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 (Boldface type)**

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

**NOTICE (Boldface type)**

This policy may not cover all of your medical costs.

(For agents)

Neither (insert company's name) nor its agents are connected with Medicare.

(For direct response)

(Insert company's name) is not 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 & You* for more details.

**COMPLETE ANSWERS ARE VERY IMPORTANT**

**(Boldface type)**

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. (If the policy or certificate is guaranteed issue, this paragraph need not appear.)

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

(Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, and the same uniform layout and format as shown in the charts set forth in this subsection. No more than four plans may be shown on one chart. An issuer may use additional designations for benefit plans on these charts as authorized by subsection 4 of NAC 687B.295.)

(Include an explanation of any innovative benefits on the cover page and in the chart, in the manner approved by the Commissioner.)

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays all costs that Medicare does not pay.

\*\*\*\* You pay all costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	**	\$0	**** (Part A Deductible)
61st thru 90th day	**	***	\$0
91st day and after:			
While using 60 lifetime reserve days	**	***	\$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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 \$0 \$0	\$0 **** All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN A

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	<del>[\$124]**</del> (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>[\$124]**</del> (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0	\$0	<del>\$124</del> ** (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

PLAN B

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays all costs that Medicare does not pay.

\*\*\*\* You pay all costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 \$0 \$0	\$0 **** All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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 coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN B

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

\* Once you have been billed ~~\$124~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN 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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	<del>\$124</del> ** (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>\$124</del> ** (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

\* Once you have been billed ~~\$124~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 <del>\$124</del> ** (Part B Deductible) \$0

PLAN C

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays all costs that Medicare does not pay.





SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0	<del>[\$124]**</del> (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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 United States:			
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

PLAN D

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays all costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	**	*** (Part A Deductible)	\$0
61st thru 90th day	**	***	\$0
91st day and after:			
While using 60 lifetime reserve days	**	***	\$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	**	***	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN D

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN 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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	<del>[\$124]**</del> (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>[\$124]**</del> (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 <del>[\$124]**</del> (Part B Deductible) \$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan: Benefit for each visit  Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)  Calendar year maximum	\$0  \$0  \$0	Actual charges to \$40 a visit Up to the number of Medicare-approved visits, not to exceed seven each week \$1,600	Balance

PLAN D

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

PLAN E

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays all costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the additional 365 days	** **  **  \$0  \$0	*** (Part A Deductible) ***  ***  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0  All costs

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN E

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	<del>[\$124]**</del> (Part B Deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>[\$124]**</del> (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 <del>[\$124]**</del> (Part B Deductible) \$0

PLAN E

OTHER BENEFITS - NOT COVERED BY MEDICARE

\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE*</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare: First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays all costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN F

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN 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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	<del>[\$124]**</del> (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs <del>[\$124]**</del> (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100% \$0 80%	\$0 <del>[\$124]**</del> (Part B Deductible) 20%	\$0 \$0 \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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 United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

HIGH DEDUCTIBLE BENEFIT 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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays the costs that Medicare does not pay after you pay the deductible.

\*\*\*\* The High Deductible Benefit Plan F offers benefits similar to the benefits offered by the Standardized Benefit Plan F except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan F is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan F may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan F begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS****	IN ADDITION TO THE DEDUCTIBLE YOU PAY****
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0



SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS****	IN ADDITION TO THE DEDUCTIBLE YOU PAY****
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

HIGH DEDUCTIBLE BENEFIT PLAN F

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

\* Once you have been billed **[\$124]** a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year. The **[\$124]** Part B Deductible will be applied toward the annual deductible for the calendar year set forth in NAC 687B.311.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

\*\*\* The High Deductible Benefit Plan F offers benefits similar to the benefits offered by the Standardized Benefit Plan F except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan F is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan F may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan F begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS***	IN ADDITION TO THE 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: <b>[\$124]</b> Medicare-approved amounts <i>equal to the Part B Deductible</i> * Remainder of Medicare-approved amounts	\$0 Generally 80%	<b>[\$124]**</b> (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints <b>[\$124]</b> Medicare-approved amounts <i>equal to the Part B Deductible</i> * Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs <b>[\$124]**</b> (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

HIGH DEDUCTIBLE BENEFIT PLAN F

MEDICARE (PARTS A & B)

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year. The ~~[\$124]~~ Part B Deductible will be applied toward the annual deductible for the calendar year set forth in NAC 687B.311.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

~~[\$124]~~\*\*\* The High Deductible Benefit Plan F offers benefits similar to the benefits offered by the Standardized Benefit Plan F except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan F is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan F may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan F begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS <del>[\$124]</del> ***	IN ADDITION TO THE DEDUCTIBLE YOU PAY <del>[\$124]</del> ***
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment:	100%	\$0	\$0
<del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0	<del>[\$124]</del> ** (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

\* The High Deductible Benefit Plan F offers benefits similar to the benefits offered by the Standardized Benefit Plan F except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan F is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan F may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan F begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS*	IN ADDITION TO THE DEDUCTIBLE YOU PAY*
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

PLAN G

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays the costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services equal to the Part B Deductible (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0  Generally 80%	\$0  Generally 20%	<del>\$124</del> ** (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	80%	20%
<b>BLOOD</b> First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>\$124</del> ** (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN G

PARTS A & B

\* Once you have been billed ~~\$124~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  <del>\$124</del> ** (Part B Deductible) \$0
<b>AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan: Benefit for each visit  Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)  Calendar year maximum	\$0  \$0  \$0	Actual charges to \$40 a visit Up to the number of Medicare-approved visits, not to exceed seven each week \$1,600	Balance

PLAN G

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

PLAN H

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays the costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN 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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	<del>\$124</del> ** (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>\$124</del> ** (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN H

PARTS A & B

\* Once you have been billed ~~\$124~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE - APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 <del>\$124</del> ** (Part B Deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

Note: A policy to supplement Medicare with benefits for outpatient prescription drugs in existence before January 1, 2006, must be renewed for current policyholders who do not enroll in Medicare Part D at the option of the policyholder.

SERVICES	MEDICARE PAYS	PLAN 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 United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% of a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

PLAN I

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays the costs that Medicare does not pay.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	<del>[\$124]**</del> (Part B Deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <del>[\$124]**</del> (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PLAN I

PARTS A & B

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0	\$0	<del>[\$124]**</del> (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan:			
Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	\$0	Up to the number of Medicare-approved visits, not to exceed seven each week	
Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

Note: A policy to supplement Medicare with benefits for outpatient prescription drugs in existence before January 1, 2006, must be renewed for current policyholders who do not enroll in Medicare Part D at the option of the policyholder.

SERVICES	MEDICARE PAYS	PLAN 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 United States:			
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

PLAN J

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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays the costs that Medicare does not pay.



SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the additional 365 days	** **  **  \$0  \$0	*** (Part A Deductible) ***  ***  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0  All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

PLAN J

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	<del>[\$124]**</del> (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs <del>[\$124]**</del> (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	100% \$0 80%	\$0 <del>[\$124]**</del> (Part B Deductible) 20%	\$0 \$0 \$0
AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan: Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)  Calendar year maximum	\$0 \$0 \$0	Actual charges to \$40 a visit Up to the number of Medicare-approved visits, not to exceed seven each week \$1,600	Balance

#### PLAN J

#### OTHER BENEFITS - NOT COVERED BY MEDICARE

\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

Note: A policy to supplement Medicare with benefits for outpatient prescription drugs in existence before January 1, 2006, must be renewed for current policyholders who do not enroll in Medicare Part D at the option of the policyholder.

SERVICES	MEDICARE PAYS	PLAN 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 United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE* Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare: First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

#### HIGH DEDUCTIBLE BENEFIT PLAN J

#### 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 consecutive days.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\* The plan pays the costs that Medicare does not pay after you pay the deductible.

\*\*\*\* The High Deductible Benefit Plan J offers benefits similar to the benefits offered by the Standardized Benefit Plan J except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan J is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan J may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan J begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for prescription drugs and the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS****	IN ADDITION TO THE DEDUCTIBLE YOU PAY****
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	** ** ** \$0 \$0	*** (Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21st thru 100th day 101st day and after	All approved amounts ** \$0	\$0 *** \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

#### HIGH DEDUCTIBLE BENEFIT PLAN J

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

\* Once you have been billed **[\$124] a portion** of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year. The **[\$124]** Part B Deductible will be applied toward the annual deductible for the calendar year set forth in NAC 687B.319.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

**\*\*\*** The High Deductible Benefit Plan J offers benefits similar to the benefits offered by the Standardized Benefit Plan J except that the high deductible benefit plan requires the insured to pay a higher deductible. The annual deductible for the High

Deductible Benefit Plan J is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan J may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan J begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for prescription drugs and the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS <sup>[**]**</sup>	IN ADDITION TO THE DEDUCTIBLE YOU PAY <sup>[**]**</sup>
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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 Generally 80%	<del>\$124</del> ** (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i> Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs <del>\$124</del> ** (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### HIGH DEDUCTIBLE BENEFIT PLAN J

#### MEDICARE (PARTS A & B)

\* Once you have been billed ~~\$124~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year. The ~~\$124~~ Part B Deductible will be applied toward the annual deductible for the calendar year set forth in NAC 687B.319.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

<sup>[\*\*]\*\*</sup> The High Deductible Benefit Plan J offers benefits similar to the benefits offered by the Standardized Benefit Plan J except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan J is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan J may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan J begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for prescription drugs and the deductible for emergency care received in a foreign country.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS <sup>***</sup>	IN ADDITION TO THE DEDUCTIBLE YOU PAY <sup>***</sup>
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible</i> * Remainder of Medicare-approved amounts	100%  \$0  80%	\$0  <del>[\$124]**</del> (Part B Deductible)  20%	\$0  \$0  \$0
<b>HOME HEALTH CARE</b> <b>AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan: Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)  Calendar year maximum	\$0 \$0  \$0	Actual charges to \$40 a visit Up to the number of Medicare-approved visits, not to exceed seven each week \$1,600	Balance

#### HIGH DEDUCTIBLE BENEFIT PLAN J

#### OTHER BENEFITS - NOT COVERED BY MEDICARE

\* The High Deductible Benefit Plan J offers benefits similar to the benefits offered by the Standardized Benefit Plan J except that the high deductible benefit plan requires the insured to pay a higher annual deductible. The annual deductible for the High Deductible Benefit Plan J is subject to change. For the current deductible, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240. The cover page of the outline of coverage which must be provided to an applicant by an issuer pursuant to this section must specify the current amount of the deductible. The annual deductible for the High Deductible Benefit Plan J may be adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect the change in the Consumer Price Index for All Urban Consumers published by the United States Department of Labor for the calendar year ending on July 31 of the immediately preceding year, and rounded to the nearest multiple of \$10. Benefits for the High Deductible Benefit Plan J begin after the insured has paid the annual deductible for expenses that would ordinarily be paid by the plan, including, without limitation, the Medicare Part A deductible and the Medicare Part B deductible. The annual deductible must be paid in addition to the premium and in addition to any other deductibles relating to a specific benefit, including, without limitation, the deductible for prescription drugs and the deductible for emergency care received in a foreign country.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

Note: A policy to supplement Medicare with benefits for outpatient prescription drugs in existence before January 1, 2006, must be renewed for current policyholders who do not enroll in Medicare Part D at the option of the policyholder.

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS*	IN ADDITION TO THE DEDUCTIBLE YOU PAY*
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE**</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

SERVICES	MEDICARE PAYS	AFTER YOU PAY THE DEDUCTIBLE PLAN PAYS*	IN ADDITION TO THE DEDUCTIBLE YOU PAY*
<b>PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE**</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare: First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

PLAN K

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\* You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of ~~[\$4,000]~~ \*\*\* each calendar year.

◆ The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. *However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.*

\*\* 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 consecutive days.

\*\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\*\* The plan pays the costs that Medicare does not pay after you pay the deductible.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	*** *** *** \$0 \$0	*** (50% of Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	*** (50% of Part A Deductible)◆ \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE**</b> 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 21st thru 100th day 101st day and after	All approved amounts *** \$0	\$0 *** \$0	\$0 ***◆ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	50% \$0	50%◆ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care	50% of coinsurance or copayments	50% of coinsurance or copayments◆

PLAN K

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services *equal to the Part B Deductible* (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* *Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the Guide to Health Insurance for People with Medicare which must be provided by an issuer to an applicant pursuant to NAC 687B.240.*

◆◆ This plan limits your annual out-of-pocket payments for Medicare-approved amounts to ~~[\$4,000]~~ \*\* per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

SERVICES	MEDICARE PAYS	PLAN 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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0	\$0	<del>[\$124]**</del> (Part B Deductible)◆
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Part B Excess Charges (Above Medicare-approved amounts)◆◆	\$0	\$0	All costs
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0 \$0	50% \$0	50%◆ <del>[\$124]**</del> (Part B Deductible)◆
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the ~~latest~~ *most current version of the Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY**
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible**</i>	\$0	\$0	<del>[\$124]**</del> (Part B Deductible)◆
Remainder of Medicare-approved amounts	80%	10%	10%◆

PLAN L

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\* You will pay one-fourth the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,000 each calendar year.

◆ The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

\*\* 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 consecutive days.

\*\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the most current version of the *Guide to Health Insurance for People with Medicare*, which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

\*\*\*\* The plan pays the costs that Medicare does not pay after you pay the deductible.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	*** *** *** \$0 \$0	*** (75% of Part A Deductible) *** *** 100% of Medicare Eligible Expenses \$0	*** (25% of Part A Deductible)◆ \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE**</b> 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 21st thru 100th day 101st day and after	All approved amounts *** \$0	\$0 *** \$0	\$0 ***◆ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	75% \$0	25%◆ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care	75% of coinsurance or copayments	25% of coinsurance or copayments◆

PLAN L

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

\* Once you have been billed ~~[\$124]~~ a portion of Medicare-approved amounts for covered services equal to the Part B Deductible (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* Medicare benefits are subject to change. For the current Medicare benefits, please consult the most current version of the *Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

◆◆ This plan limits your annual out-of-pocket payments for Medicare-approved amounts to ~~[\$2,000]~~\*\* per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**



SERVICES	MEDICARE PAYS	PLAN 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: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0	\$0	<del>[\$124]**</del> (Part B Deductible)◆
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
Part B Excess Charges (Above Medicare-approved amounts)◆◆	\$0	\$0	All costs
BLOOD First 3 pints <del>Next \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible*</i>	\$0 \$0	75% \$0	25%◆ <del>[\$124]**</del> (Part B Deductible)◆
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

\*\* Medicare benefits are subject to change. For the current Medicare benefits, *please* consult the ~~latest~~ *most current version of the Guide to Health Insurance for People with Medicare* which must be provided by an issuer to an applicant pursuant to NAC 687B.240.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY**
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: <del>First \$124 of</del> Medicare-approved amounts <i>equal to the Part B Deductible**</i>	\$0	\$0	<del>[\$124]**</del> (Part B Deductible)◆
Remainder of Medicare-approved amounts	80%	15%	5%◆

**Sec. 4.** 1. This section and all provisions of this regulation become effective upon passage and approval.