

**Medicare Supplement Excellus Copay Plan C**  
Effective: 01/01/2014

<b>Plan Feature Highlights</b>	<b>Medicare Supplement Excellus Copay Plan</b>
<b>Type of Care/Plan Benefits</b>	
<b>Annual deductible</b>	None
<b>MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD</b>	
<b>Hospitalization days 1-60</b>	Health Plan pays Part A deductible. Remainder of costs covered by Original Medicare.
<b>Hospitalization days 61-90, and 365 lifetime reserve days</b>	Covered In full.
<b>Hospitalization beyond 365 lifetime reserve days</b>	No coverage. Member is responsible for 100% of the costs.
<b>Skilled nursing facility days 1-20</b>	Covered in full by Original Medicare.
<b>Skilled nursing facility days 21-100</b>	Health Plan responsible for copayment per day. Remainder of costs covered by Original Medicare.
<b>Skilled nursing facility days 101+</b>	No coverage. Member is responsible for 100% of the costs.
<b>Blood</b>	Covered in full by Original Medicare.
<b>Hospice care</b>	Original Medicare pays for all but very limited copayment/coinsurance for outpatient drugs and inpatient respite care. Health Plan is responsible for the remainder of costs.
<b>MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR</b>	
<b>Medical expenses</b>	Health Plan pays Part B deductible. Covered in full for Part B services. Original Medicare pays 80% of the costs. Health plan pays 20% of the costs.
<b>Part B excess charges</b>	Member is responsible for 100% of the costs.
<b>Blood</b>	Health Plan pays Part B deductible. Covered in full (Health plan pays 1st 3 pints. Original Medicare pays for any additional pints.)
<b>Clinical laboratory services</b>	Covered in full by Original Medicare.
<b>Other Services</b>	
<b>Home health care</b>	Covered in full by Original Medicare.
<b>Durable medical equipment</b>	Health Plan pays Part B deductible. Covered in full for Part B services. Original Medicare pays 80% of the costs. Health plan pays 20% of the costs.

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. This plan supplements Original Medicare and only applies to items and services covered by Original Medicare.

Plan Feature Highlights	Medicare Supplement Excellus Copay Plan
Type of Care/Plan Benefits	
Foreign travel	To be used for emergency care within the 1st 60 days outside the United States. Subject to \$250 deductible after which member pays 20% coinsurance (health plan pays 80% coinsurance). There is a \$50,000 lifetime maximum.
Prescription drugs	
Prescription drug coverage	Not Covered

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**Medicare Supplement Excellus Copay Plan C**

Quote Effective: 01/01/2014	Rating Region: Utica
Plan Cycle: Calendar year	Rate Type: Small Group
<b>Plan Feature Highlights Medicare Supplement Excellus Copay Plan</b>	
<b>Type of Care/Plan Benefits</b>	
<b>Medicare Part A Hospital services</b>	Health Plan pays Part A deductible. Remainder of costs covered by Original Medicare.
<b>Skilled nursing facility care</b>	<ul style="list-style-type: none"> <li>Days 1-20: Covered in full by Original Medicare.</li> <li>Days 21-100: Health Plan responsible for copayment per day. Remainder of costs covered by Original Medicare.</li> <li>Days 101+: No coverage. Member is responsible for all costs.</li> </ul>
<b>Hospice</b>	Original Medicare pays for all but very limited copayment/coinsurance for outpatient drugs and inpatient respite care. Health Plan is responsible for the remainder of costs.
<b>Medicare Part B Medical services</b>	Health Plan pays Part B deductible. Covered in full for Part B services. Original Medicare pays 80% of the costs. Health plan pays 20% of the costs.
<b>Medicare Part B Excess charges</b>	Member is responsible for 100% of the costs.
<b>Other Services Foreign travel - not covered by Original Medicare</b>	To be used for emergency care within the 1st 60 days outside the United States. Subject to \$250 deductible after which member pays 20% coinsurance (health plan pays 80% coinsurance). There is a \$50,000 lifetime maximum.

<b>Proposed Rate</b>	
1 Tier	\$187.65

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Group Representative)

Quote Effective Date: 01/01/2014

This plan supplements Original Medicare and only applies to items and services covered by Original Medicare. This is only an outline describing the plan's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company. This policy may not fully cover all medical costs. 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. Your premium can increase only if we raise the premium for all similar policies in New York State.