SOUTH CAROLINA HEALTH INSURANCE POOL (SCHIP)
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE — COVER PAGE 1 OF 2:
STANDARDIZED MEDICARE SUPPLEMENT COVERAGE
BENEFIT PLANS A and C AVAILABLE

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. Plans E, H, I and J are no longer available for sale after June 1, 2010.

See Outline of Coverage sections for details about ALL plans

BASIC BENEFITS:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require you to pay a portion of Part B coinsurance or copayment.

Blood: first three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B 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 B Deductible		Part B Deductible	
				Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

The only Medicare supplement policies available through the South Carolina Health Insurance Pool (SCHIP) are Plans A and C.

The South Carolina Health Insurance Pool is administered by Blue Cross and Blue Shield of South Carolina. Blue Cross and Blue Shield of South Carolina provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Blue Cross and Blue Shield of South Carolina is an Independent Licensee of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

SOUTH CAROLINA HEALTH INSURANCE POOL (SCHIP)
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE — COVER PAGE 2:
BENEFIT PLANS A and C AVAILABLE

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit and up to $50 copayment for emergency room
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit $4,640; paid at 100% after limit reached	Out-of-pocket limit $2,320; paid at 100% after limit reached		

See Outline of Coverage for details and exceptions.

PREMIUM AND RENEWABILITY INFORMATION

Your policy will stay in effect as long as you pay your premium on time. Premium payments are paid monthly.

The South Carolina Health Insurance Pool (SCHIP) can only raise your premium if the premium for all policies like yours in this state is raised. If premiums change, you will be notified at least 31 days before the change.

Plan A	Plan C
Monthly Premium	Monthly Premium
$797.31	$1,014.25

The Administrator has arranged to receive all claims filed to the S.C. Medicare Administrator. (You would need to file all claims from any other state directly to us.)

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale after June 1, 2010.

Read Your Policy Very Carefully
This is only an outline describing your policy's most important features. The policy is part of your insurance contract. You must read the policy itself to understand all the rights and duties of both you and SCHIP.

Right To Return Policy
If you find that you are not satisfied with your policy, you can return it to SCHIP, Post Office Box 61173, Columbia, SC 29260. If you send the policy back to us within 30 days after you receive it, SCHIP will treat the policy as if it had never been issued and return all your premium payments minus any claims paid.

Notice

- This policy may not fully cover all of your medical costs.
- The Administrator 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 the *Medicare and You* Guide for more details.

Complete Answers Are Very Important
When you fill out the application for the new policy, be sure to answer truthfully and completely all questions. The Pool may cancel your policy and refuse to pay any claims if you leave out or falsify important information.

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

South Carolina Health Insurance Pool (SCHIP)
Medicare (Part A) — Hospital Services — Per Benefit Period

* A Benefit Period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but **$1,132**	**$0**	**$1,132** (Part A deductible)
61st through 90th day	All but **$283** a day	**$283** a day	**$0**
91st day and after:			
— While using 60 lifetime reserve days	All but **$566** a day	**$566** a day	**$0**
Once lifetime reserve days are used:			
— 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 three days, and entering a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$141.50** a day	**$0**	Up to **$141.50** a day
101st day and after	**$0**	**$0**	All costs
BLOOD			
First three pints	**$0**	Three pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and in-patient respite care	Medicare copayment/coinsurance	**$0**

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any differences between its billed charges and the amount Medicare would have paid.

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, Inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
— First $162 of Medicare-approved amounts*	**$0**	**$0**	**$162** (Part B deductible)
— Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**$0**	All costs
BLOOD			
First three pints	**$0**	All costs	**$0**
Next $162 of Medicare-approved amounts*	**$0**	**$0**	**$162** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
CLINICAL LABORATORY SERVICES Tests for diagnostic services	**100%**	**$0**	**$0**
	MEDICARE (PART A & B)		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable medical equipment:			
— First $162 of Medicare-approved amounts*	**$0**	**$0**	**$162** (Part B deductible)
— Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

South Carolina Health Insurance Pool (SCHIP)
Medicare (Part A) — Hospital Services — Per Benefit Period

* A Benefit Period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but **$1,132**	**$1,132** (Part A deductible)	**$0**
61st through 90th day	All but **$283** a day	**$283** a day	**$0**
91st day and after:			
— While using 60 lifetime reserve days	All but **$566** a day	**$566** a day	**$0**
Once lifetime reserve days are used:			
— 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 three days, and enter a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$141.50** a day	Up to **$141.50** a day	**$0**
101st day and after	**$0**	**$0**	All costs
BLOOD			
First three pints	**$0**	Three pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and in-patient respite care	Medicare copayment/coinsurance	**$0**

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any differences between its billed charges and the amount Medicare would have paid.

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN C PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
— First $162 of Medicare-approved amounts*	**$0**	**$162** (Part B deductible)	**$0**
— Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**$0**	All costs
BLOOD			
First three pints	**$0**	All costs	**$0**
Next $162 of Medicare-approved amounts*	**$0**	**$162** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
CLINICAL LABORATORY SERVICES Tests for diagnostic services	**100%**	**$0**	**$0**
MEDICARE (PART A & B)			
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
— Durable medical equipment:			
First $162 of Medicare-approved amounts*	**$0**	**$162** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
OTHER BENEFITS — Not Covered By Medicare			
FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services during the first 60 days of each trip outside the USA:			
— First $250 each calendar year	**$0**	**$0**	**$250**
— Remainder of charges	**$0**	**80%** to a lifetime maximum benefit of **$50,000**	**20%** and amounts over the **$50,000** lifetime maximum

South Carolina Health Insurance Pool (SCHIP)

Outline of Medicare Supplement Coverage
Standardized Medicare Supplement Coverage

Benefit Plans A and C

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