



FORM # THP-39



Medicare Select

Benefit Plan Summaries

THP INSURANCE COMPANY
Outline of Medicare Select Coverage: Cover Page

The Health Plan offers Benefit Plans A, C, D and F

Medicare Supplement insurance can be sold in only ten standard plans plus two high deductible plans. This chart shows the benefits included in each plan. Every company must offer Plan A. Some plans may not be available in your area.

BASIC BENEFITS: Included in ALL plans.

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

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses), or in the case of hospital outpatient department services under a prospective payment system, applicable copayments.

Blood: First three pints of blood each year.

Plan A	Plan B	Plan C	Plan D	Plan F or Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits***
		Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing
		Co-Insurance	Co-Insurance	Co-Insurance	Co-Insurance	50%	75%	Co-Insurance	Co-Insurance
	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 Excess (100%)	Part B Excess (80%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
Part A Hospice Co-Insurance	Part A Hospice Co-Insurance	Part A Hospice Co-Insurance	Part A Hospice Co-Insurance	Part A Hospice Co-Insurance	Part A Hospice Co-Insurance	Part A Hospice 50%	Part A Hospice 75%	Part A Hospice Co-Insurance	Part A Hospice Co-Insurance
Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care	Preventive Care
							Out-of-Pocket Limit**		
							\$4,660	\$2,330	

*Plan F also offers a high-deductible plan. This means you must pay for Medicare-covered costs up to the deductible amount \$2,070 in 2012 before your Medicare Select plan pays anything.

**After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$140 in 2012), the Medicare Select plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.

***Plan N pays 100% of the Part B coinsurance except up to \$20 copayment for office visits and up to \$50 for emergency department visits.

THP INSURANCE COMPANY
Medicare Select Plans A, C, D and F
Medicare (Part A) Hospital Services - Per Benefit Period

*A Benefit Period begins on the 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 Under Plan A:	Plan C Pays:	You Pay Under Plan C:	Plan D Pays:	You Pay Under Plan D:	Plan F Pays:	You Pay Under Plan F:
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies									
First 60 Days	All but \$1,156	\$0	\$1,156 (Part A Deductible)	\$1,156 (Part A Deductible)	\$0	\$1,156 (Part A Deductible)	\$0	\$1,156 (Part A Deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0	\$289 a day	\$0	\$289 a day	\$0	\$289 a day	\$0
91 st day and after: • While using 60 lifetime reserve days • Once lifetime reserve days are used: Additional 365 days	All but \$578 a day \$0	\$578 a day 100% of Medicare Eligible Expenses	\$0 \$0***	\$578 a day 100% of Medicare Eligible Expenses	\$0 \$0***	\$578 a day 100% of Medicare Eligible Expenses	\$0 \$0***	\$578 a day 100% of Medicare Eligible Expenses	\$0 \$0
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs	\$0	All costs	\$0	All costs

***NOTICE: When your Medicare Part A hospital benefits are exhausted, THP Insurance Company 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 on any difference between its billed charges and the amount Medicare would have paid.

THP INSURANCE COMPANY
Medicare Select Plans A, C, D and F
Medicare (Part A) Hospital Services - Per Benefit Period

*A Benefit Period begins on the 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 Under Plan A:	Plan C Pays:	You Pay Under Plan C:	Plan D Pays:	You Pay Under Plan D:	Plan F Pays:	You Pay Under Plan F:
Skilled Nursing Facility Care*									
You must meet medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.									
First 20 Days	All approved amounts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	\$0	Up to \$144.50 a day	Up to \$144.50 a day	\$0	Up to \$144.50 a day	\$0	Up to \$144.50 a day	\$0
After 101 st day	\$0	\$0	All costs	\$0	All costs	\$0	All costs	\$0	All costs
Blood									
First 3 pints	\$0	3 pints	\$0	3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0	\$0	\$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	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0

THP INSURANCE COMPANY
Medicare Select Plans A, C, D and F
Parts A & B

*Once you have been billed \$140 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 Under Plan A:	Plan C Pays:	You Pay Under Plan C:	Plan D Pays:	You Pay Under Plan D:	Plan F Pays:	You Pay Under Plan F:
Home Health Care (Medicare-approved services)									
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment									
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B Deductible)	\$140 (Part B Deductible)	\$0	\$0	\$140 (Part B Deductible)	\$140 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0	20%	\$0	20%	\$0

THP INSURANCE COMPANY
Medicare Select Plans A, C, D and F
Other Benefits -- Not Covered by Medicare

SERVICES	Medicare Pays	Plan A Pays:	You Pay Under Plan A:	Plan C Pays:	You Pay Under Plan C:	Plan D Pays:	You Pay Under Plan D:	Plan F Pays:	You Pay Under Plan F:
Foreign Travel (not covered by Medicare) Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA									
First \$250 each calendar year	\$0	\$0	\$140 (Part B Deductible)	\$140 (Part B Deductible)	\$0	\$0	\$140 (Part B Deductible)	\$140 (Part B Deductible)	\$0
Remainder of charges	\$0	\$0	All costs	80% to a maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Outline of Medicare Select Coverage: Premium Information (Filed under separate cover)

THP Insurance Company can only raise your premium if we raise the premium for all policies like yours in Ohio.
 Premium Increases resulting from an increase in your age will take effect on the first of the month in which your age changes.
 Please Note: All premiums listed are monthly.

Individual Monthly Premiums

Attained Age	Plan A	Plan C	Plan D	Plan F
65-69	\$139.67	\$193.71	\$182.39	\$192.81
70-74	\$177.34	\$251.78	\$236.73	\$250.58
75-79	\$188.35	\$283.18	\$267.85	\$281.70
80+	\$193.12	\$314.45	\$298.53	\$312.95



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