Notice of changes in Medicare and in Your Medicare Supplement Insurance — 2021

The following chart briefly describes the modifications in Medicare and in your Medicare Supplement coverage. Please pay careful attention to the exceptions listed for some coverages as they may apply to your policy. If you have a Medicare Select policy, Network Restrictions apply. Please refer to your policy for specific information.

		Medicare	Medicare benefits		Your coverage		
	Services	In 2020 Medicare pays per benefit period	Effective 1/1/2021 Medicare will pay	In 2020 your coverage paid*	Effective 1/1/2021 your coverage will pay*		
	Medicare Part A Services & Supplies Inpatient hospital services	All but \$1,408 for first 60 days/benefit period	All but \$1,484 for first 60 days/benefit period	\$1,408 for first 60 days/benefit period Standardized Plan A does coverage. This coverage is you elected earlier to elim	s not available if		
	Semi-Private Room & Board	All but \$352 a day for 61st - 90th day/benefit period	All but \$371 a day for 61st - 90th day/benefit period	\$352 a day for 61st - 90th day/benefit period	\$371 a day for 61st - 90th day/benefit period		
	Misc. Hospital Services & Supplies Such as drugs, x-rays, lab tests & operating room	All but \$704 a day for 91st - 150th day (if individual chooses to use 60 nonrenewable lifetime reserve days)	All but \$742 a day for 91st - 150th day (if individual chooses to use 60 nonrenewable lifetime reserve days)	\$704 a day for 91st - 150th day (lifetime reserve days) 100% of all Medicare Eligible Expenses when all 60 lifetime reserve days have been used (lifetime maximum of an additional 365 days)	\$742 a day for 91st - 150th day (lifetime reserve days) Same as 2020		
	Blood	Pays all costs except nonreplacement fees (blood deductible) for first 3 pints in each benefit period	Same as 2020	First three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B	Same as 2020		
	Skilled Nursing Facility Care	100% of costs for first 20 days (after a 3 day prior hospital confinement)/ benefit period	100% of costs for first 20 days (after a 3 day prior hospital confinement)/ benefit period	Days 1-20 No benefit. This is covered by Medicare	Same as 2020		
		All but \$176 for 21st - 100th day/benefit period	All but \$185.50 a day for 21st - 100th day/benefit period	21st - 100th day \$176 a day Plans A & B do not provic	21st - 100th day \$185.50 a day de this coverage.		
	CGFLP04117	Beyond 100 days - Nothing	Same as 2020	Beyond 100 days - Nothing	Same as 2020 112320		

	Medicar	e benefits	Your coverage		
Services	In 2020 Medicare paid per calendar year	Effective 1/1/2021 Medicare will pay	In 2020 your coverage paid*	Effective 1/1/2021 your coverage will pay*	
Medicare Part B Services & Supplies	80% of allowable charges (after \$198 deductible/calendar year)	80% of allowable charges (after \$203 deductible/calendar year)	20% of Medicare eligible expenses not paid in full by Medicare (after \$198 deductible/calendar year) Plans C, F, & J pay the Medicare Part B \$198 calendar year deductible	20% of Medicare-approved expenses or, in the case of hospital outpatient department services under a prospective payment system, applicable co-payments (after \$203 deductible/calendar year) Plans C, F, and J pay the Medicare Part B \$203 calendar year deductible	
Remainder of Medicare- Approved Amounts	Generally 80%	Same as 2020	Plan N pays balance of Medicare approved expenses, except up to \$20 co-payment for office visit, and up to \$50 co-payment for Emergency Room	Same as 2020	
Blood	80% of all costs except nonreplacement fees (blood deductible) for first 3 pints after \$198 deductible/calendar year	Same as 2020 (except for \$203 deductible/ calendar year)	First 3 pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part A, subject to Part B deductible/calendar year		
Medicare excess charges			Medicare-approved Part B charges billed, subject If your policy was issued your policy also pays tow	of the difference between the B charges and the actual Part to Medicare established limits. before 1992, and if elected, vard excess medical charges, limited by prevailing fee RA, 1990.	

*The High Deductible Plan F and High Deductible Plan G pay the same benefits as Plan F and Plan G, respectively, after you have paid a calendar year deductible. In 2021, benefits from the High Deductible Plans will not begin until out-of-pocket expenses exceed \$2,370. In 2020 this deductible amount was \$2,340. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible. Although the Part B Deductible is not covered by the High Deductible Plan G, the Medicare Part B deductible is included in the plan's calculation of out-of-pocket expenses.

You will be notified of any changes in your premium rate for this plan. Some plans provide coverages in addition to those shown above. This chart, summarizing the changes in your Medicare benefits and in the Medicare Supplement coverages, only briefly describes such benefits. For information on your Medicare benefits, contact your Social Security office or the Centers for Medicare and Medicaid Services (CMS).

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