

A	B	C	D	F	G	K	L	M	N
Basic Benefits, including 100% of Part B coinsurance	Basic Benefits, including 100% of Part B coinsurance	Basic Benefits, including 100% of Part B coinsurance	Basic Benefits, including 100% of Part B coinsurance	Basic Benefits, including 100% of Part B coinsurance*	Basic Benefits, including 100% of Part B coinsurance	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 Benefits, including 100% of Part B coinsurance	Basic Benefits, including 100% of Part B coinsurance except up to \$20 copayment for office visit & up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% 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	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible		Out-of-pocket limit for Plan K is \$4,620; paid at 100% after limit reached	Out-of-pocket limit for Plan L is \$2,310; paid at 100% after limit reached		
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency				Foreign Travel Emergency