ORIGINAL MEDICARE
WITH STAND ALONE DRUG PLAN

MEDICARE SUPPLEMENT (PLAN G)

Carrier: _____

Monthly Premium: $ _____

Policy Fee: $ _____

Effective Date: _____

Medicare Part A Premium: $ _____

Medicare Part B Premium: $ _____

Highlights (Part A-Hospital & Part B-Medical)

- No Network - access to any Medicare provider
- 100% Coverage for all Medicare approved charges (Parts A & B) after Part B deductible
- $257 annual calendar year Part B Deductible

Does Not Cover:

- **Routine Dental** - Cleanings, exams, fluoride treatments, x-rays, and major services
- **Routine Vision** - Vision exams, eye glasses, and contact lenses
- **Routine Hearing** - Hearing exams and hearing aids
- **Over the Counter Benefits** - Vitamins, minerals, supplements, etc.

Prescription Drug Plan (Part D):

Carrier: _____

Monthly Premium: $_____

Drug Copays: $_____

Pharmacy: _____

Effective Date: _____

Dental, Vision, and Hearing:

Carrier: _____

Monthly Premium: $ _____

Policy Fee: $ _____

Benefit Amount: $ _____

Effective Date: _____