NEA Group Medicare Supplement: PLAN OPTION MG8††

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 MG8†† PAYS	YOU PAY
HOSPITALIZATION *			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but $1,632	$1,632 (Part A Deductible) Rider UGRBMCAR	$0†
61st through 90th day:	All but $408 per day	$408 per day	$0†
91st day thru 150th day: (Lifetime reserve)	All but $816 per day	$816 per day	$0†
Additional 365 days (151st to 515th day):	$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 3 days and entered 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 $204 per day	$204 per day	$0†
101st day thru 120th day	$0	$0	All costs
121st day and after:	$0	$0	All costs
BLOOD			
First 3 pints:	$0	3 pints	$0†
Additional amounts:	100%	$0	$0†
HOSPICE CARE			
You must meet Medicare requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	100% of Medicare copayment/coinsurance	$0†

† "0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

NEA Group Medicare Supplement: PLAN OPTION MG8†† CONTINUED

Medicare Part B – Medical Services Per Calendar Year*

*Once you have been billed $240 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 MG8†† PAYS	YOU PAY
MEDICAL EXPENSES *			
In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First $240 of Medicare-approved amounts* (the Part B Deductible):	$0	$240 (Part B Deductible††) Rider UGRBRMCBR	$0†
Remainder of Medicare-approved amounts:	Generally 80%	Generally 20%	$0†
PART B EXCESS CHARGES			
Above Medicare-approved amounts:	$0	100% Rider UGRBRMN2R	$0†
BLOOD *			
First 3 pints:	$0	All costs	$0†
Next $240 of Medicare-approved amounts*:	$0	$240 (Part B Deductible††)** Rider UGRBRMCBR	$0†
Remainder of Medicare-approved amounts:	80%	20%	$0†
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services:	100%	$0	$0†

Medicare Parts A & B

SERVICES	MEDICARE PAYS	PLAN MG8†† PAYS	YOU PAY
HOME HEALTH CARE *			
Medicare-approved services: Medically necessary skilled care services and medical supplies:	100%	$0	$0†
Durable medical equipment: First $240 of Medicare-approved amounts*:	$0	$240 (Part B Deductible††)** Rider UGRBRMCBR	$0†
Remainder of Medicare-approved amounts:	80%	20%	$0†

† "0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

OTHER BENEFITS – NOT COVERED BY MEDICARE			
IMMUNIZATIONS - Not covered under Medicare Part D:	$0	100%	$0
PREVENTIVE MEDICAL CARE - Not covered under Medicare:	$0	$0	All costs
FOREIGN TRAVEL - Emergency:	$0	80%	20%
FOREIGN TRAVEL - Hospital and medical expenses and supplies:	$0	$0	All costs

Plan Option MG8†† Certificateholders also receive access to Pharmaceutical, Dental, Chiropractic, Hearing and Vision discounts – see "EXTRA FEATURES" for details.

†† Only applicants who are first eligible for Medicare before January 1, 2020 may purchase MG8.

The following rider is also available with The Basic Plan: Preventive Medical Care Benefit Rider - UGRBRPCR. NEA® has other options available to you. Please call 1-844-213-1556 for more information and how to enroll. ∆ Extended Basic Plan: $1,000 annual out-of-pocket maximum. Additional state mandated benefits.