

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	PLAN K ¹	PLAN L ²	PLAN M	PLAN N
Part A Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A Blood Benefit	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part B Coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ ³
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Skilled Nursing Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part B Deductible			✓		✓					
Part B Excess					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Example Idaho Rates⁴	\$98	\$130	\$190	\$145	\$151	\$121	\$55	\$108	\$159	\$101

¹ Out-of-Pocket maximum for Plan K of \$5,560 per year. This amount does not include "Excess Charges" and will increase each year for inflation.

² Out-of-Pocket maximum for Plan L of \$2,780 per year. This amount does not include "Excess Charges" and will increase each year for inflation.

³ Part B coinsurance paid in full except: 1) up to a \$20 copay for an office visit, and 2) up to a \$50 copay for an emergency room visit.

⁴ Rates shown are for 65 year old female with no tobacco usage. Rates may vary based on tobacco use, age, gender, and modal pay.