
I. MEDICARE

Certain terms used in this Section are defined throughout and/or in the **Glossary of Terms**.

Any benefits covered under both this Plan and Medicare will be covered according to Medicare Secondary Payor legislation, regulations, and Centers for Medicare & Medicaid Services guidelines, subject to federal court decisions. Federal law controls whenever there is a conflict among state law, Booklet terms, and federal law. Except when federal law requires Us to be the primary payor, the benefits under this Plan for Members age 65 and older, or Members otherwise eligible for Medicare, do not duplicate any benefit for which Members are entitled under Medicare, including Parts B and/or D. Where Medicare is the responsible payor, all sums payable by Medicare for services provided to you shall be reimbursed by or on your behalf to Us, to the extent we have made payment for such services. For the purposes of the calculation of benefits, if you have not enrolled in Medicare Part B, We will calculate benefits as if you had enrolled.

Members eligible for enrollment in Medicare are strongly encouraged to enroll in both Medicare Part A and Medicare Part B. Failure to enroll in Medicare Part A and B will result in out-of-pocket expenses for services that Medicare might have covered, because We will pay that Member's claims as if the Member is enrolled in Medicare.

End of Section VIII

Benefits listed in this document are only available as long as the Policy and your coverage are in effect. The document must be read together with the Schedule of Benefits and other Policy documents to ensure accurate information regarding coverage, obligations and responsibilities under the Policy. If you are unsure if a service is covered, please call Our Customer Care Center prior to having the service performed. Our Customer Care Center will attempt to assist you. However, no information provided by Our Customer Care Center shall change your coverage, obligations and responsibilities under the Policy.