expenses under Medicare Part B, which coverage may be limited to a maximum benefit in any calendar year of not less than $5,000, but in no event in excess of the applicable out–of–pocket limit under Medicare.]

(II) TO THE EXTENT NOT COVERED BY MEDICARE, COVERAGE OF MEDICARE PART A ELIGIBLE EXPENSES FOR HOSPITALIZATION FROM THE 61ST DAY THROUGH THE 90TH DAY IN ANY MEDICARE BENEFIT PERIOD;

(III) TO THE EXTENT NOT COVERED BY MEDICARE, COVERAGE OF MEDICARE PART A ELIGIBLE EXPENSES INCURRED AS DAILY HOSPITAL CHARGES DURING USE OF MEDICARE'S LIFETIME HOSPITAL INPATIENT RESERVE DAYS;

(IV) UPON EXHAUSTION OF ALL MEDICARE HOSPITAL INPATIENT COVERAGE, INCLUDING THE LIFETIME RESERVE DAYS, COVERAGE OF 90 PERCENT OF ALL MEDICARE PART A ELIGIBLE EXPENSES FOR HOSPITALIZATION NOT COVERED BY MEDICARE SUBJECT TO A LIFETIME MAXIMUM BENEFIT OF AN ADDITIONAL 365 DAYS;

(V) COVERAGE FOR THE COINSURANCE AMOUNT OF MEDICARE ELIGIBLE EXPENSES UNDER MEDICARE PART B REGARDLESS OF HOSPITAL CONFINEMENT;

(VI) COVERAGE UNDER MEDICARE PART A FOR THE REASONABLE COST OF THE FIRST 3 PINTS OF BLOOD, OR EQUIVALENT QUANTITIES OF PACKED RED BLOOD CELLS, AS DEFINED UNDER FEDERAL REGULATIONS, IN ANY CALENDAR YEAR UNLESS REPLACED IN ACCORDANCE WITH FEDERAL REGULATIONS OR ALREADY PAID FOR UNDER MEDICARE PART B; AND

(VII) COVERAGE UNDER MEDICARE PART B FOR THE REASONABLE COST OF THE FIRST 3 PINTS OF BLOOD, OR EQUIVALENT QUANTITIES OF PACKED RED BLOOD CELLS, AS DEFINED UNDER FEDERAL REGULATIONS, IN ANY CALENDAR YEAR UNLESS REPLACED IN ACCORDANCE WITH FEDERAL REGULATIONS OR ALREADY PAID FOR UNDER PART A, SUBJECT TO THE MEDICARE PART B DEDUCTIBLE AMOUNT.

(3) In addition to the coverage set forth in paragraph (2) of this subsection, a Medicare supplement policy shall:

(i) Provide coverage of not more than $100 for an annual screening by low–dose mammography for the presence of occult breast cancer; AND

(ii) Provide, or offer as an option, coverage of the initial annual deductible for Medicare eligible expenses under Medicare Part B[; and

(iii) Effective January 1, 1990, provide coverage for copayment amounts of Medicare eligible expenses for covered home intravenous therapy drugs and