

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Outline of Medicare Supplement Coverage
Benefit Plans A, F, G, N and High Deductible Plan G

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available in your state. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants									Medicare first eligible before 2020 only		
	A	B	D	G	G ¹	K	L	M	N	C	F	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓ copays apply ³	✓	✓	
Blood (first three pints)	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓	✓		50%	75%	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓	✓		50%	75%	50%	✓	✓	✓	
Medicare Part B deductible										✓	✓	
Medicare Part B excess charges				✓							✓	
Foreign travel emergency (up to plan limits)			✓	✓				✓	✓	✓	✓	
Out-of-pocket limit in 2025 ²						\$7220 ²	\$3610 ²					

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

ACE PROPERTY & CASUALTY INSURANCE COMPANY**MICHIGAN Standard Plans MALE Rates - ANNUAL**

FOR USE IN ZIP CODES: 480, 482, 483, 485

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,806	2,113	1,840	723	1,373	65	2,076	2,428	2,116	831	1,580
66	1,806	2,113	1,840	723	1,373	66	2,076	2,428	2,116	831	1,580
67	1,806	2,113	1,840	723	1,373	67	2,076	2,428	2,116	831	1,580
68	1,806	2,176	1,840	723	1,388	68	2,076	2,501	2,116	831	1,597
69	1,815	2,240	1,851	727	1,415	69	2,088	2,577	2,128	836	1,627
70	1,834	2,308	1,868	733	1,444	70	2,108	2,654	2,148	844	1,660
71	1,885	2,377	1,923	756	1,489	71	2,169	2,735	2,212	869	1,711
72	1,952	2,460	1,991	781	1,539	72	2,246	2,830	2,290	899	1,769
73	2,021	2,547	2,061	810	1,593	73	2,323	2,928	2,369	932	1,832
74	2,092	2,634	2,133	837	1,649	74	2,407	3,031	2,453	963	1,896
75	2,177	2,740	2,219	870	1,715	75	2,502	3,151	2,551	1,001	1,974
76	2,262	2,849	2,309	907	1,785	76	2,603	3,277	2,654	1,042	2,050
77	2,355	2,963	2,400	942	1,856	77	2,708	3,407	2,761	1,083	2,134
78	2,448	3,081	2,496	980	1,929	78	2,814	3,543	2,871	1,128	2,218
79	2,546	3,206	2,595	1,018	2,005	79	2,927	3,684	2,985	1,171	2,305
80	2,648	3,333	2,700	1,061	2,087	80	3,046	3,833	3,104	1,218	2,400
81	2,768	3,483	2,820	1,108	2,180	81	3,182	4,005	3,243	1,273	2,509
82	2,891	3,639	2,949	1,158	2,279	82	3,325	4,186	3,389	1,330	2,620
83	3,022	3,803	3,080	1,209	2,381	83	3,475	4,373	3,543	1,390	2,740
84	3,158	3,974	3,218	1,263	2,488	84	3,631	4,570	3,701	1,453	2,861
85	3,300	4,151	3,364	1,319	2,601	85	3,795	4,773	3,869	1,517	2,992
86	3,447	4,338	3,515	1,379	2,718	86	3,966	4,990	4,041	1,586	3,125
87	3,602	4,535	3,673	1,443	2,839	87	4,144	5,215	4,223	1,658	3,266
88	3,765	4,738	3,836	1,506	2,967	88	4,331	5,448	4,414	1,733	3,412
89	3,934	4,951	4,011	1,574	3,100	89	4,523	5,693	4,613	1,810	3,565
90	4,110	5,173	4,191	1,645	3,239	90	4,729	5,950	4,819	1,892	3,726
91	4,296	5,405	4,379	1,720	3,385	91	4,941	6,218	5,036	1,978	3,892
92	4,488	5,649	4,577	1,796	3,538	92	5,161	6,496	5,263	2,066	4,067
93	4,691	5,903	4,782	1,877	3,695	93	5,393	6,789	5,498	2,159	4,250
94	4,901	6,170	4,997	1,962	3,862	94	5,636	7,096	5,746	2,256	4,442
95	5,124	6,449	5,221	2,049	4,036	95	5,891	7,414	6,004	2,356	4,642
96	5,352	6,738	5,455	2,141	4,218	96	6,155	7,750	6,276	2,463	4,848
97	5,592	7,041	5,702	2,238	4,406	97	6,432	8,097	6,557	2,576	5,067
98	5,846	7,358	5,959	2,339	4,605	98	6,721	8,462	6,853	2,690	5,296
99	6,108	7,690	6,228	2,444	4,812	99	7,024	8,843	7,163	2,810	5,535

Modal Factors: Semi Annual: 0.5000 Quarterly: 0.25000 Monthly: Divide by 12

ACE PROPERTY & CASUALTY INSURANCE COMPANY**MICHIGAN Standard Plans MALE Rates - ANNUAL**

FOR USE IN ZIP CODES: 481, 484, 486-489

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,698	1,986	1,730	680	1,291	65	1,952	2,283	1,989	781	1,485
66	1,698	1,986	1,730	680	1,291	66	1,952	2,283	1,989	781	1,485
67	1,698	1,986	1,730	680	1,291	67	1,952	2,283	1,989	781	1,485
68	1,698	2,046	1,730	680	1,305	68	1,952	2,352	1,989	781	1,501
69	1,706	2,106	1,740	683	1,331	69	1,963	2,423	2,000	786	1,530
70	1,724	2,170	1,756	689	1,358	70	1,982	2,495	2,019	793	1,560
71	1,773	2,235	1,808	710	1,400	71	2,039	2,571	2,080	817	1,609
72	1,835	2,313	1,872	734	1,447	72	2,112	2,661	2,153	845	1,663
73	1,900	2,394	1,938	761	1,497	73	2,184	2,753	2,227	876	1,722
74	1,967	2,476	2,006	787	1,551	74	2,263	2,849	2,306	906	1,783
75	2,047	2,576	2,086	818	1,612	75	2,353	2,963	2,398	941	1,856
76	2,127	2,678	2,170	853	1,678	76	2,447	3,081	2,495	980	1,927
77	2,214	2,786	2,256	886	1,745	77	2,546	3,203	2,596	1,018	2,006
78	2,301	2,897	2,347	922	1,814	78	2,646	3,331	2,699	1,060	2,086
79	2,394	3,014	2,440	958	1,885	79	2,752	3,464	2,806	1,101	2,167
80	2,490	3,134	2,538	997	1,962	80	2,864	3,604	2,918	1,145	2,256
81	2,602	3,275	2,651	1,042	2,050	81	2,991	3,766	3,049	1,197	2,359
82	2,718	3,422	2,772	1,088	2,142	82	3,126	3,935	3,186	1,250	2,464
83	2,842	3,575	2,896	1,137	2,239	83	3,267	4,111	3,331	1,307	2,576
84	2,969	3,736	3,025	1,187	2,339	84	3,414	4,297	3,480	1,366	2,690
85	3,102	3,903	3,162	1,240	2,445	85	3,568	4,488	3,637	1,426	2,813
86	3,241	4,079	3,305	1,296	2,555	86	3,728	4,691	3,800	1,491	2,938
87	3,387	4,263	3,453	1,357	2,669	87	3,896	4,903	3,971	1,559	3,070
88	3,540	4,454	3,607	1,416	2,790	88	4,072	5,123	4,149	1,630	3,207
89	3,699	4,655	3,771	1,480	2,915	89	4,252	5,352	4,337	1,701	3,352
90	3,864	4,863	3,941	1,547	3,046	90	4,446	5,594	4,531	1,779	3,503
91	4,039	5,081	4,117	1,617	3,183	91	4,645	5,846	4,735	1,859	3,660
92	4,220	5,311	4,303	1,689	3,326	92	4,852	6,108	4,948	1,942	3,824
93	4,411	5,550	4,496	1,764	3,474	93	5,071	6,383	5,169	2,030	3,996
94	4,608	5,801	4,698	1,845	3,631	94	5,299	6,671	5,402	2,121	4,176
95	4,817	6,063	4,909	1,926	3,794	95	5,538	6,971	5,645	2,215	4,364
96	5,032	6,335	5,129	2,013	3,966	96	5,787	7,286	5,901	2,315	4,558
97	5,258	6,620	5,361	2,104	4,143	97	6,047	7,613	6,165	2,422	4,764
98	5,496	6,918	5,602	2,199	4,329	98	6,319	7,956	6,443	2,529	4,979
99	5,743	7,230	5,855	2,298	4,524	99	6,604	8,313	6,734	2,642	5,204

Modal Factors: Semi Annual: 0.5000 Quarterly: 0.25000 Monthly: Divide by 12

ACE PROPERTY & CASUALTY INSURANCE COMPANY**MICHIGAN Standard Plans MALE Rates - ANNUAL**

FOR USE IN ZIP CODES: ALL EXCEPT 480-489

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,528	1,788	1,557	612	1,162	65	1,757	2,055	1,790	703	1,337
66	1,528	1,788	1,557	612	1,162	66	1,757	2,055	1,790	703	1,337
67	1,528	1,788	1,557	612	1,162	67	1,757	2,055	1,790	703	1,337
68	1,528	1,842	1,557	612	1,174	68	1,757	2,117	1,790	703	1,351
69	1,536	1,896	1,566	615	1,198	69	1,767	2,181	1,800	707	1,377
70	1,552	1,953	1,581	620	1,222	70	1,784	2,246	1,817	714	1,404
71	1,595	2,011	1,627	639	1,260	71	1,836	2,314	1,872	735	1,448
72	1,651	2,082	1,685	661	1,302	72	1,901	2,395	1,938	761	1,497
73	1,710	2,155	1,744	685	1,348	73	1,966	2,478	2,004	788	1,550
74	1,770	2,229	1,805	708	1,396	74	2,037	2,564	2,076	815	1,605
75	1,842	2,319	1,877	736	1,451	75	2,117	2,666	2,158	847	1,670
76	1,914	2,411	1,953	767	1,510	76	2,203	2,773	2,246	882	1,735
77	1,993	2,507	2,030	797	1,570	77	2,291	2,883	2,336	916	1,806
78	2,071	2,607	2,112	830	1,632	78	2,381	2,998	2,429	954	1,877
79	2,154	2,713	2,196	862	1,697	79	2,477	3,118	2,526	991	1,950
80	2,241	2,820	2,284	897	1,766	80	2,578	3,243	2,626	1,031	2,030
81	2,342	2,947	2,386	937	1,845	81	2,692	3,389	2,744	1,077	2,123
82	2,446	3,079	2,495	980	1,928	82	2,813	3,542	2,868	1,125	2,217
83	2,557	3,218	2,606	1,023	2,015	83	2,940	3,700	2,998	1,176	2,318
84	2,672	3,362	2,723	1,069	2,105	84	3,073	3,867	3,132	1,230	2,421
85	2,792	3,513	2,846	1,116	2,201	85	3,211	4,039	3,273	1,283	2,532
86	2,917	3,671	2,974	1,166	2,300	86	3,356	4,222	3,420	1,342	2,644
87	3,048	3,837	3,108	1,221	2,402	87	3,506	4,413	3,574	1,403	2,763
88	3,186	4,009	3,246	1,274	2,511	88	3,664	4,610	3,735	1,467	2,887
89	3,329	4,189	3,394	1,332	2,623	89	3,827	4,817	3,903	1,531	3,017
90	3,478	4,377	3,546	1,392	2,741	90	4,001	5,034	4,078	1,601	3,152
91	3,635	4,573	3,705	1,456	2,864	91	4,181	5,261	4,261	1,674	3,294
92	3,798	4,780	3,873	1,520	2,993	92	4,367	5,497	4,453	1,748	3,442
93	3,970	4,995	4,046	1,588	3,127	93	4,564	5,745	4,652	1,827	3,596
94	4,147	5,221	4,229	1,660	3,268	94	4,769	6,004	4,862	1,909	3,758
95	4,336	5,456	4,418	1,734	3,415	95	4,985	6,273	5,081	1,994	3,927
96	4,529	5,701	4,616	1,811	3,569	96	5,208	6,557	5,311	2,084	4,102
97	4,732	5,958	4,825	1,894	3,728	97	5,443	6,851	5,549	2,179	4,288
98	4,946	6,226	5,042	1,979	3,896	98	5,687	7,160	5,799	2,276	4,481
99	5,169	6,507	5,270	2,068	4,072	99	5,943	7,482	6,061	2,377	4,684

Modal Factors: Semi Annual: 0.5000 Quarterly: 0.25000 Monthly: Divide by 12

ACE PROPERTY & CASUALTY INSURANCE COMPANY**MICHIGAN Standard Plans FEMALE Rates - ANNUAL**

FOR USE IN ZIP CODES: 480, 482, 483, 485

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,604	1,877	1,636	641	1,221	65	1,846	2,159	1,881	739	1,404
66	1,604	1,877	1,636	641	1,221	66	1,846	2,159	1,881	739	1,404
67	1,604	1,877	1,636	641	1,221	67	1,846	2,159	1,881	739	1,404
68	1,604	1,934	1,636	641	1,234	68	1,846	2,224	1,881	739	1,419
69	1,613	1,992	1,644	645	1,258	69	1,856	2,291	1,892	744	1,446
70	1,629	2,052	1,660	652	1,284	70	1,875	2,360	1,910	750	1,476
71	1,677	2,113	1,709	672	1,322	71	1,928	2,430	1,967	773	1,520
72	1,737	2,186	1,770	695	1,369	72	1,997	2,515	2,035	799	1,573
73	1,796	2,263	1,832	719	1,417	73	2,066	2,602	2,106	827	1,628
74	1,860	2,342	1,896	745	1,467	74	2,139	2,694	2,180	857	1,685
75	1,934	2,435	1,971	774	1,524	75	2,225	2,800	2,267	890	1,753
76	2,011	2,533	2,051	806	1,585	76	2,313	2,913	2,359	926	1,823
77	2,092	2,633	2,133	837	1,649	77	2,407	3,028	2,453	962	1,896
78	2,177	2,739	2,219	871	1,715	78	2,502	3,150	2,552	1,003	1,973
79	2,262	2,849	2,307	905	1,783	79	2,603	3,276	2,653	1,041	2,049
80	2,354	2,963	2,398	942	1,856	80	2,707	3,407	2,760	1,083	2,133
81	2,460	3,096	2,508	984	1,937	81	2,829	3,560	2,884	1,131	2,229
82	2,570	3,234	2,621	1,029	2,025	82	2,955	3,722	3,013	1,184	2,329
83	2,685	3,379	2,738	1,075	2,116	83	3,089	3,886	3,148	1,237	2,435
84	2,806	3,533	2,862	1,124	2,212	84	3,228	4,062	3,290	1,292	2,543
85	2,932	3,691	2,990	1,174	2,312	85	3,374	4,244	3,439	1,350	2,659
86	3,065	3,857	3,124	1,226	2,415	86	3,525	4,435	3,593	1,410	2,777
87	3,203	4,029	3,265	1,283	2,524	87	3,682	4,635	3,755	1,474	2,903
88	3,347	4,212	3,411	1,339	2,637	88	3,848	4,844	3,923	1,540	3,033
89	3,496	4,401	3,566	1,400	2,756	89	4,021	5,061	4,100	1,609	3,168
90	3,654	4,598	3,725	1,463	2,879	90	4,203	5,288	4,284	1,681	3,312
91	3,818	4,805	3,893	1,528	3,009	91	4,393	5,525	4,476	1,757	3,459
92	3,990	5,021	4,067	1,597	3,143	92	4,588	5,775	4,679	1,837	3,617
93	4,169	5,248	4,252	1,669	3,285	93	4,795	6,035	4,888	1,919	3,778
94	4,356	5,484	4,442	1,744	3,434	94	5,010	6,307	5,109	2,005	3,948
95	4,554	5,731	4,641	1,821	3,588	95	5,237	6,592	5,338	2,095	4,126
96	4,758	5,990	4,850	1,904	3,748	96	5,472	6,889	5,577	2,188	4,310
97	4,971	6,259	5,068	1,990	3,917	97	5,717	7,198	5,829	2,288	4,504
98	5,196	6,541	5,297	2,079	4,094	98	5,974	7,523	6,093	2,392	4,707
99	5,429	6,834	5,536	2,172	4,278	99	6,245	7,860	6,366	2,498	4,919

Modal Factors: Semi Annual: 0.5000 Quarterly: 0.25000 Monthly: Divide by 12

ACE PROPERTY & CASUALTY INSURANCE COMPANY**MICHIGAN Standard Plans FEMALE Rates - ANNUAL**

FOR USE IN ZIP CODES: 481, 484, 486-489

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,508	1,764	1,538	603	1,148	65	1,735	2,030	1,769	694	1,320
66	1,508	1,764	1,538	603	1,148	66	1,735	2,030	1,769	694	1,320
67	1,508	1,764	1,538	603	1,148	67	1,735	2,030	1,769	694	1,320
68	1,508	1,818	1,538	603	1,160	68	1,735	2,091	1,769	694	1,334
69	1,517	1,873	1,546	607	1,182	69	1,745	2,154	1,779	699	1,359
70	1,532	1,929	1,561	613	1,207	70	1,763	2,218	1,795	705	1,387
71	1,577	1,986	1,606	631	1,243	71	1,812	2,284	1,849	726	1,429
72	1,633	2,055	1,664	654	1,287	72	1,877	2,364	1,914	751	1,479
73	1,689	2,127	1,722	676	1,332	73	1,942	2,447	1,980	777	1,531
74	1,749	2,202	1,783	701	1,379	74	2,011	2,533	2,050	806	1,584
75	1,819	2,289	1,853	728	1,433	75	2,092	2,632	2,131	836	1,648
76	1,891	2,382	1,929	757	1,490	76	2,174	2,738	2,218	871	1,714
77	1,967	2,475	2,006	787	1,551	77	2,263	2,847	2,306	904	1,783
78	2,047	2,575	2,086	819	1,612	78	2,353	2,962	2,400	943	1,855
79	2,127	2,678	2,169	851	1,677	79	2,447	3,080	2,494	979	1,926
80	2,213	2,786	2,255	886	1,745	80	2,545	3,203	2,595	1,018	2,005
81	2,313	2,910	2,358	925	1,821	81	2,659	3,347	2,712	1,064	2,095
82	2,416	3,040	2,464	967	1,904	82	2,778	3,499	2,833	1,113	2,189
83	2,525	3,177	2,575	1,011	1,989	83	2,904	3,654	2,960	1,163	2,289
84	2,638	3,322	2,690	1,056	2,079	84	3,035	3,819	3,093	1,215	2,391
85	2,757	3,470	2,811	1,103	2,173	85	3,172	3,990	3,233	1,269	2,499
86	2,881	3,626	2,937	1,153	2,271	86	3,314	4,170	3,378	1,326	2,611
87	3,011	3,788	3,069	1,206	2,373	87	3,462	4,358	3,530	1,386	2,729
88	3,147	3,960	3,207	1,259	2,480	88	3,617	4,554	3,689	1,448	2,852
89	3,287	4,137	3,353	1,316	2,591	89	3,781	4,758	3,855	1,512	2,979
90	3,435	4,323	3,502	1,375	2,707	90	3,952	4,972	4,027	1,580	3,114
91	3,590	4,518	3,660	1,437	2,829	91	4,130	5,195	4,209	1,652	3,252
92	3,751	4,721	3,823	1,501	2,955	92	4,314	5,429	4,399	1,727	3,400
93	3,919	4,934	3,997	1,569	3,089	93	4,508	5,674	4,595	1,804	3,552
94	4,095	5,156	4,176	1,640	3,228	94	4,710	5,929	4,803	1,885	3,711
95	4,281	5,388	4,364	1,712	3,373	95	4,923	6,197	5,018	1,969	3,880
96	4,473	5,631	4,560	1,790	3,524	96	5,144	6,477	5,244	2,057	4,053
97	4,674	5,884	4,765	1,871	3,683	97	5,375	6,767	5,480	2,151	4,234
98	4,885	6,150	4,980	1,955	3,849	98	5,617	7,073	5,728	2,249	4,426
99	5,104	6,426	5,204	2,042	4,022	99	5,872	7,389	5,985	2,349	4,625

Modal Factors: Semi Annual: 0.5000 Quarterly: 0.25000 Monthly: Divide by 12

ACE PROPERTY & CASUALTY INSURANCE COMPANY**MICHIGAN Standard Plans FEMALE Rates - ANNUAL**

FOR USE IN ZIP CODES: ALL EXCEPT 480-489

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,357	1,588	1,385	543	1,033	65	1,562	1,827	1,592	625	1,188
66	1,357	1,588	1,385	543	1,033	66	1,562	1,827	1,592	625	1,188
67	1,357	1,588	1,385	543	1,033	67	1,562	1,827	1,592	625	1,188
68	1,357	1,636	1,385	543	1,044	68	1,562	1,882	1,592	625	1,201
69	1,365	1,686	1,391	546	1,064	69	1,571	1,938	1,601	629	1,223
70	1,379	1,736	1,405	552	1,086	70	1,586	1,997	1,616	635	1,249
71	1,419	1,788	1,446	568	1,119	71	1,631	2,056	1,664	654	1,287
72	1,470	1,849	1,498	588	1,159	72	1,690	2,128	1,722	676	1,331
73	1,520	1,915	1,550	608	1,199	73	1,748	2,202	1,782	699	1,378
74	1,574	1,982	1,604	630	1,241	74	1,810	2,279	1,845	725	1,426
75	1,637	2,060	1,668	655	1,290	75	1,883	2,369	1,918	753	1,483
76	1,702	2,144	1,736	682	1,341	76	1,957	2,464	1,996	784	1,542
77	1,770	2,228	1,805	708	1,396	77	2,037	2,562	2,076	814	1,605
78	1,842	2,317	1,877	737	1,451	78	2,117	2,665	2,160	848	1,669
79	1,914	2,411	1,952	766	1,509	79	2,203	2,772	2,245	881	1,734
80	1,992	2,507	2,029	797	1,570	80	2,290	2,883	2,335	916	1,805
81	2,081	2,619	2,122	833	1,639	81	2,394	3,012	2,441	957	1,886
82	2,175	2,736	2,217	871	1,714	82	2,500	3,149	2,549	1,002	1,970
83	2,272	2,860	2,317	910	1,790	83	2,614	3,288	2,664	1,046	2,060
84	2,374	2,990	2,421	951	1,871	84	2,731	3,437	2,784	1,093	2,152
85	2,481	3,123	2,530	993	1,956	85	2,855	3,591	2,910	1,142	2,250
86	2,593	3,264	2,643	1,037	2,044	86	2,983	3,753	3,040	1,193	2,350
87	2,710	3,409	2,762	1,085	2,136	87	3,115	3,922	3,177	1,248	2,456
88	2,832	3,564	2,886	1,133	2,232	88	3,256	4,099	3,320	1,303	2,566
89	2,958	3,724	3,017	1,184	2,332	89	3,403	4,283	3,469	1,361	2,681
90	3,092	3,891	3,152	1,238	2,436	90	3,557	4,474	3,625	1,422	2,802
91	3,231	4,066	3,294	1,293	2,546	91	3,717	4,675	3,788	1,487	2,927
92	3,376	4,249	3,441	1,351	2,660	92	3,882	4,886	3,959	1,555	3,060
93	3,527	4,441	3,597	1,412	2,780	93	4,057	5,106	4,136	1,623	3,197
94	3,686	4,641	3,758	1,476	2,906	94	4,239	5,336	4,323	1,697	3,340
95	3,853	4,849	3,927	1,541	3,036	95	4,431	5,578	4,516	1,772	3,492
96	4,026	5,068	4,104	1,611	3,171	96	4,630	5,829	4,719	1,851	3,647
97	4,207	5,296	4,289	1,684	3,315	97	4,838	6,091	4,932	1,936	3,811
98	4,396	5,535	4,482	1,759	3,464	98	5,055	6,365	5,155	2,024	3,983
99	4,594	5,783	4,684	1,838	3,619	99	5,284	6,651	5,387	2,114	4,162

Modal Factors: Semi Annual: 0.5000 Quarterly: 0.25000 Monthly: Divide by 12

PREMIUM INFORMATION

ACE Property & Casualty Insurance Company may change your premium on any premium due date if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as attained age, sex, underwriting class, state of issue, and your most recent zip code of residence in the state of issue. Premiums are based on your attained age and will change on your policy anniversary date.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and ACE Property & Casualty Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: ACE Property & Casualty Insurance Company, Medicare Supplement Administration, P.O. Box 10858, Clearwater, Florida 33757-8858. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments, less any claims paid.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither ACE Property & Casualty Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. ACE Property & Casualty Insurance Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded. Please refer to your policy for details.

PLAN A

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$0 \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$1676 (Part A deductible) \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$209.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$209.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$257 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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$257 (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$257 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$257 (Part B deductible) \$0

PLAN F

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A deductible) \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$257 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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$257 (Part B deductible) Generally 20%	 \$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$257 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$257 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN F
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$257 (Part B deductible)	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN G

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A deductible) \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G
MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR

*Once you have been billed \$257 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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$257 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$257 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN G
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

HIGH DEDUCTIBLE PLAN G
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. **This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A deductible) \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$257 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.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$257 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$257 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$257 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

HIGH DEDUCTIBLE PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN N

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A deductible) \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$257 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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$257 (Part B deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$257 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN N
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000.	\$250 20% and amounts over the \$50,000 lifetime maximum.