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 2024[2]						$7060[2]	$3530[2]					

[1]Plans F and G also have a high deductible option which requires first paying a plan deductible of $2800 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.

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

[3]Plan 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

ALABAMA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 350-352

	Preferred				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,550	1,814	1,565	627	1,173
66	1,550	1,814	1,565	627	1,173
67	1,550	1,814	1,565	627	1,173
68	1,550	1,864	1,565	627	1,179
69	1,558	1,919	1,573	629	1,195
70	1,579	1,977	1,594	638	1,217
71	1,625	2,037	1,642	657	1,254
72	1,682	2,107	1,699	680	1,297
73	1,741	2,182	1,758	704	1,342
74	1,802	2,256	1,819	728	1,389
75	1,875	2,347	1,893	757	1,444
76	1,949	2,441	1,969	788	1,502
77	2,026	2,539	2,047	819	1,563
78	2,108	2,640	2,129	852	1,625
79	2,192	2,746	2,214	886	1,691
80	2,279	2,855	2,303	921	1,757
81	2,382	2,984	2,406	963	1,837
82	2,490	3,118	2,514	1,005	1,919
83	2,601	3,258	2,628	1,051	2,006
84	2,717	3,404	2,745	1,098	2,096
85	2,841	3,557	2,869	1,148	2,191
86	2,968	3,718	2,998	1,199	2,290
87	3,102	3,885	3,133	1,254	2,393
88	3,241	4,060	3,274	1,309	2,500
89	3,387	4,242	3,421	1,369	2,613
90	3,539	4,433	3,575	1,431	2,731
91	3,698	4,633	3,735	1,495	2,852
92	3,865	4,842	3,904	1,562	2,982
93	4,039	5,060	4,079	1,632	3,117
94	4,221	5,288	4,263	1,705	3,257
95	4,411	5,526	4,455	1,783	3,404
96	4,609	5,774	4,655	1,862	3,557
97	4,816	6,035	4,865	1,946	3,717
98	5,034	6,307	5,084	2,033	3,885
99	5,260	6,590	5,313	2,125	4,060

	Standard				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,783	2,086	1,800	721	1,349
66	1,783	2,086	1,800	721	1,349
67	1,783	2,086	1,800	721	1,349
68	1,783	2,142	1,800	721	1,356
69	1,792	2,207	1,810	725	1,375
70	1,816	2,274	1,833	734	1,400
71	1,870	2,341	1,888	756	1,441
72	1,935	2,423	1,954	782	1,493
73	2,002	2,508	2,022	808	1,544
74	2,072	2,596	2,093	837	1,597
75	2,155	2,700	2,176	871	1,662
76	2,241	2,807	2,264	906	1,727
77	2,330	2,920	2,354	942	1,796
78	2,424	3,036	2,448	980	1,870
79	2,521	3,158	2,546	1,019	1,944
80	2,622	3,284	2,648	1,059	2,021
81	2,739	3,432	2,767	1,107	2,113
82	2,862	3,586	2,891	1,157	2,207
83	2,991	3,747	3,021	1,209	2,307
84	3,126	3,915	3,157	1,263	2,410
85	3,266	4,092	3,299	1,319	2,519
86	3,414	4,276	3,448	1,380	2,634
87	3,566	4,469	3,603	1,441	2,751
88	3,727	4,669	3,765	1,507	2,875
89	3,895	4,878	3,934	1,573	3,006
90	4,070	5,099	4,111	1,646	3,140
91	4,254	5,329	4,295	1,718	3,282
92	4,445	5,569	4,490	1,796	3,428
93	4,645	5,819	4,691	1,877	3,583
94	4,854	6,081	4,902	1,961	3,746
95	5,073	6,355	5,123	2,049	3,915
96	5,300	6,640	5,353	2,141	4,089
97	5,538	6,939	5,595	2,238	4,275
98	5,788	7,252	5,847	2,338	4,467
99	6,049	7,579	6,110	2,444	4,668

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

Household Discount Factor .93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ALABAMA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 350-352

	Preferred						Standard					
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N	Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,429	1,672	1,443	578	1,081	65	1,643	1,923	1,659	665	1,243
66	1,429	1,672	1,443	578	1,081	66	1,643	1,923	1,659	665	1,243
67	1,429	1,672	1,443	578	1,081	67	1,643	1,923	1,659	665	1,243
68	1,429	1,718	1,443	578	1,087	68	1,643	1,975	1,659	665	1,250
69	1,436	1,769	1,450	580	1,101	69	1,651	2,034	1,668	668	1,268
70	1,455	1,822	1,469	588	1,121	70	1,674	2,096	1,690	676	1,290
71	1,498	1,877	1,514	605	1,155	71	1,724	2,158	1,741	696	1,328
72	1,551	1,942	1,566	626	1,196	72	1,784	2,233	1,801	721	1,376
73	1,605	2,011	1,621	649	1,237	73	1,845	2,312	1,863	745	1,424
74	1,661	2,080	1,677	671	1,280	74	1,910	2,392	1,929	772	1,472
75	1,728	2,163	1,745	697	1,331	75	1,986	2,489	2,006	802	1,532
76	1,797	2,250	1,815	726	1,384	76	2,066	2,587	2,087	835	1,592
77	1,868	2,340	1,887	755	1,441	77	2,148	2,691	2,170	868	1,656
78	1,943	2,434	1,962	785	1,498	78	2,234	2,798	2,257	903	1,724
79	2,020	2,531	2,041	816	1,558	79	2,324	2,911	2,347	939	1,791
80	2,101	2,632	2,123	849	1,620	80	2,417	3,027	2,441	976	1,862
81	2,195	2,751	2,218	887	1,693	81	2,525	3,163	2,550	1,021	1,947
82	2,295	2,874	2,317	926	1,769	82	2,638	3,305	2,665	1,066	2,034
83	2,398	3,003	2,422	969	1,849	83	2,757	3,453	2,785	1,114	2,126
84	2,505	3,138	2,530	1,012	1,932	84	2,881	3,608	2,910	1,164	2,222
85	2,618	3,279	2,645	1,058	2,019	85	3,010	3,771	3,041	1,216	2,321
86	2,736	3,427	2,763	1,106	2,110	86	3,147	3,941	3,178	1,272	2,427
87	2,859	3,581	2,887	1,155	2,206	87	3,287	4,119	3,321	1,328	2,536
88	2,987	3,742	3,018	1,206	2,304	88	3,435	4,304	3,470	1,389	2,650
89	3,122	3,910	3,154	1,261	2,408	89	3,590	4,497	3,626	1,450	2,771
90	3,262	4,086	3,296	1,319	2,518	90	3,751	4,700	3,790	1,517	2,894
91	3,409	4,271	3,443	1,378	2,629	91	3,921	4,912	3,959	1,584	3,025
92	3,563	4,463	3,599	1,439	2,749	92	4,097	5,134	4,138	1,656	3,160
93	3,723	4,664	3,760	1,504	2,873	93	4,281	5,364	4,324	1,730	3,303
94	3,890	4,874	3,929	1,572	3,002	94	4,474	5,605	4,519	1,807	3,452
95	4,066	5,093	4,106	1,643	3,138	95	4,676	5,858	4,722	1,889	3,608
96	4,248	5,322	4,291	1,716	3,279	96	4,886	6,120	4,934	1,974	3,769
97	4,439	5,563	4,484	1,794	3,426	97	5,105	6,396	5,157	2,063	3,940
98	4,640	5,813	4,686	1,874	3,581	98	5,335	6,684	5,389	2,155	4,117
99	4,848	6,074	4,897	1,959	3,742	99	5,576	6,985	5,632	2,253	4,303

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

Household Discount Factor .93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ALABAMA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 350-352

	Preferred						Standard					
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N	Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,378	1,612	1,393	557	1,043	65	1,585	1,854	1,601	641	1,199
66	1,378	1,612	1,393	557	1,043	66	1,585	1,854	1,601	641	1,199
67	1,378	1,612	1,393	557	1,043	67	1,585	1,854	1,601	641	1,199
68	1,378	1,656	1,393	557	1,049	68	1,585	1,904	1,601	641	1,206
69	1,385	1,705	1,398	559	1,061	69	1,593	1,962	1,609	644	1,221
70	1,403	1,757	1,417	567	1,082	70	1,613	2,021	1,630	652	1,244
71	1,446	1,810	1,459	583	1,113	71	1,662	2,082	1,678	672	1,281
72	1,495	1,872	1,510	605	1,153	72	1,720	2,154	1,737	695	1,325
73	1,548	1,939	1,563	626	1,194	73	1,779	2,229	1,797	719	1,372
74	1,602	2,007	1,618	647	1,235	74	1,841	2,307	1,860	744	1,420
75	1,665	2,087	1,682	673	1,283	75	1,916	2,400	1,934	774	1,477
76	1,732	2,170	1,750	700	1,335	76	1,992	2,496	2,013	805	1,536
77	1,801	2,256	1,819	728	1,388	77	2,071	2,596	2,093	837	1,597
78	1,873	2,347	1,893	757	1,444	78	2,155	2,699	2,176	871	1,662
79	1,948	2,441	1,968	788	1,502	79	2,241	2,807	2,263	905	1,727
80	2,026	2,538	2,047	819	1,562	80	2,330	2,920	2,353	942	1,796
81	2,117	2,652	2,139	856	1,632	81	2,435	3,050	2,460	984	1,878
82	2,213	2,772	2,234	894	1,707	82	2,545	3,188	2,570	1,028	1,962
83	2,312	2,896	2,335	934	1,783	83	2,659	3,330	2,685	1,074	2,050
84	2,416	3,026	2,440	976	1,864	84	2,778	3,480	2,806	1,122	2,144
85	2,525	3,163	2,550	1,020	1,947	85	2,904	3,637	2,933	1,173	2,239
86	2,638	3,304	2,665	1,066	2,036	86	3,034	3,801	3,065	1,226	2,340
87	2,757	3,453	2,785	1,114	2,126	87	3,171	3,972	3,203	1,281	2,446
88	2,881	3,609	2,911	1,164	2,223	88	3,313	4,149	3,347	1,339	2,556
89	3,011	3,771	3,041	1,217	2,323	89	3,462	4,337	3,497	1,398	2,671
90	3,146	3,941	3,177	1,271	2,427	90	3,618	4,532	3,655	1,462	2,791
91	3,288	4,118	3,320	1,328	2,536	91	3,781	4,737	3,819	1,527	2,916
92	3,435	4,304	3,470	1,388	2,651	92	3,950	4,950	3,991	1,596	3,048
93	3,590	4,498	3,626	1,450	2,770	93	4,130	5,173	4,170	1,668	3,184
94	3,751	4,700	3,789	1,516	2,896	94	4,314	5,405	4,359	1,743	3,329
95	3,920	4,912	3,961	1,585	3,025	95	4,509	5,649	4,554	1,822	3,479
96	4,096	5,132	4,138	1,655	3,161	96	4,712	5,902	4,759	1,903	3,635
97	4,281	5,364	4,325	1,730	3,303	97	4,923	6,169	4,973	1,990	3,800
98	4,475	5,605	4,520	1,808	3,452	98	5,145	6,446	5,197	2,079	3,971
99	4,675	5,857	4,722	1,889	3,609	99	5,376	6,737	5,430	2,172	4,149

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

Household Discount Factor .93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ALABAMA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 350-352

	Preferred						Standard					
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N	Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,270	1,486	1,284	513	961	65	1,461	1,709	1,476	590	1,106
66	1,270	1,486	1,284	513	961	66	1,461	1,709	1,476	590	1,106
67	1,270	1,486	1,284	513	961	67	1,461	1,709	1,476	590	1,106
68	1,270	1,526	1,284	513	967	68	1,461	1,755	1,476	590	1,112
69	1,276	1,572	1,289	515	978	69	1,468	1,808	1,483	594	1,126
70	1,293	1,620	1,306	523	997	70	1,487	1,862	1,502	601	1,147
71	1,332	1,668	1,345	537	1,026	71	1,532	1,919	1,547	619	1,181
72	1,378	1,726	1,392	558	1,063	72	1,586	1,985	1,601	640	1,221
73	1,427	1,787	1,441	577	1,100	73	1,640	2,054	1,657	663	1,265
74	1,477	1,850	1,491	597	1,138	74	1,697	2,126	1,714	686	1,309
75	1,535	1,924	1,551	620	1,183	75	1,766	2,212	1,783	713	1,361
76	1,596	2,000	1,613	646	1,231	76	1,836	2,300	1,855	742	1,416
77	1,660	2,080	1,677	671	1,279	77	1,909	2,392	1,929	772	1,472
78	1,727	2,163	1,745	697	1,331	78	1,986	2,488	2,006	802	1,532
79	1,796	2,250	1,814	726	1,384	79	2,066	2,587	2,086	834	1,592
80	1,868	2,339	1,887	755	1,439	80	2,148	2,691	2,169	868	1,656
81	1,951	2,444	1,972	789	1,504	81	2,244	2,811	2,267	907	1,731
82	2,039	2,555	2,060	824	1,573	82	2,346	2,938	2,369	948	1,808
83	2,131	2,669	2,152	861	1,643	83	2,451	3,070	2,475	990	1,890
84	2,227	2,789	2,249	900	1,718	84	2,561	3,208	2,586	1,035	1,976
85	2,328	2,915	2,350	940	1,795	85	2,677	3,353	2,703	1,081	2,064
86	2,432	3,045	2,456	983	1,876	86	2,796	3,503	2,825	1,130	2,157
87	2,541	3,183	2,567	1,027	1,960	87	2,922	3,661	2,952	1,181	2,255
88	2,655	3,326	2,683	1,073	2,049	88	3,054	3,824	3,085	1,234	2,356
89	2,775	3,476	2,803	1,121	2,141	89	3,191	3,997	3,223	1,289	2,462
90	2,900	3,633	2,929	1,171	2,237	90	3,335	4,177	3,369	1,347	2,573
91	3,031	3,796	3,060	1,224	2,337	91	3,485	4,366	3,520	1,408	2,688
92	3,166	3,968	3,198	1,279	2,443	92	3,641	4,562	3,678	1,471	2,809
93	3,309	4,146	3,342	1,337	2,554	93	3,806	4,768	3,844	1,537	2,935
94	3,458	4,332	3,493	1,397	2,669	94	3,976	4,982	4,017	1,607	3,069
95	3,614	4,527	3,651	1,461	2,788	95	4,156	5,207	4,198	1,679	3,207
96	3,776	4,731	3,814	1,525	2,914	96	4,343	5,440	4,386	1,754	3,351
97	3,946	4,944	3,987	1,594	3,044	97	4,538	5,686	4,583	1,834	3,502
98	4,124	5,166	4,166	1,666	3,182	98	4,742	5,941	4,790	1,916	3,660
99	4,309	5,399	4,352	1,742	3,326	99	4,956	6,209	5,005	2,002	3,824

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

Household Discount Factor .93

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	All but $1632	$0	$1632 (Part A deductible)
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$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 thru 100th day	All but $204 a day	$0	Up to $204 a day
101st 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'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 $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 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 $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	$0 Generally 80%	$0 Generally 20%	$240 (Part B deductible) $0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD First 3 pints Next $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	$0 $0 80%	All costs $0 20%	$0 $240 (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 $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% $0 80%	$0 $0 20%	$0 $240 (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	All but $1632	$1632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$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 thru 100th day	All but $204 a day	Up to $204 a day	$0
101st 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'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 $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 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 $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 $0 Generally 80%	 $240 (Part B deductible) Generally 20%	 $0 $0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD First 3 pints Next $240 of Medicare Approved amounts* Remainder of Medicare Approved amounts	 $0 $0 80%	 All costs $240 (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 $240 of Medicare Approved Amounts*	$0	$240 (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	All but $1632	$1632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$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 thru 100th day	All but $204 a day	Up to $204 a day	$0
101st 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'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 $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 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 $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 $0 Generally 80%	 $0 Generally 20%	 $240 (Unless Part B deductible has been met) $0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD First 3 pints Next $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 $0 $0 80%	 All costs $0 20%	 $0 $240 (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	100%	$0	$0
Durable medical equipment - First $240 of Medicare Approved Amounts*	$0	$0	$240 (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 $2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2800. 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 $2800 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO $2800 DEDUCTIBLE ** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1632	$1632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$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 thru 100th day	All but $204 a day	Up to $204 a day	$0
101st 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'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 $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.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2800. 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 $2800 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO $2800 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 $240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	$0 Generally 80%	$0 Generally 20%	$240 (Unless Part B deductible has been met) $0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD First 3 pints Next $240 of Medicare Approved amounts* Remainder of Medicare Approved amounts	$0 $0 80%	All costs $0 20%	$0 $240 (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 $2800 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO $2800 DEDUCTIBLE ** 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	$0	$240 (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 $2800 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO $2800 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	All but $1632	$1632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $816 a day	$816 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$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 thru 100th day	All but $204 a day	Up to $204 a day	$0
101st 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'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 $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 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 $240 of Medicare Approved Amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	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.	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	$0	All costs	$0
Next $240 of Medicare Approved Amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$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 - First $240 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	100% $0 80%	$0 $0 20%	$0 $240 (Part B deductible) $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.