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]					

[1]Plans 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.

[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.

Effective 8-1-2024

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Policy Fee $25

ARIZONA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 850, 851, 852, 85301-85320, 85322-85324, 85326-85327, 85329-85332, 85335, 85337-85340, 85342-85343, 85345, 85351, 85355, 85358, 85361-85363, 85372-85399

	Preferred				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,742	2,079	1,825	691	1,289
66	1,742	2,079	1,825	691	1,289
67	1,742	2,079	1,825	691	1,289
68	1,742	2,079	1,825	691	1,328
69	1,779	2,123	1,864	706	1,355
70	1,819	2,170	1,905	720	1,388
71	1,857	2,217	1,945	737	1,415
72	1,906	2,274	1,997	756	1,451
73	1,956	2,334	2,049	776	1,490
74	2,008	2,395	2,103	795	1,529
75	2,060	2,457	2,158	816	1,569
76	2,114	2,520	2,215	837	1,609
77	2,178	2,599	2,280	863	1,659
78	2,243	2,679	2,352	890	1,711
79	2,314	2,759	2,423	917	1,762
80	2,384	2,845	2,498	946	1,817
81	2,456	2,933	2,574	974	1,871
82	2,531	3,019	2,651	1,003	1,928
83	2,620	3,126	2,745	1,038	1,996
84	2,711	3,236	2,841	1,075	2,066
85	2,807	3,351	2,941	1,112	2,140
86	2,906	3,470	3,044	1,152	2,215
87	3,008	3,590	3,151	1,192	2,292
88	3,114	3,715	3,260	1,235	2,373
89	3,221	3,846	3,374	1,278	2,458
90	3,334	3,979	3,493	1,322	2,544
91	3,450	4,121	3,615	1,370	2,633
92	3,570	4,264	3,739	1,415	2,725
93	3,696	4,412	3,872	1,465	2,819
94	3,826	4,566	4,006	1,517	2,919
95	3,958	4,726	4,145	1,569	3,019
96	4,094	4,892	4,288	1,623	3,125
97	4,242	5,066	4,443	1,681	3,237
98	4,411	5,270	4,620	1,748	3,365
99	4,588	5,479	4,807	1,818	3,502

	Standard				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	2,003	2,392	2,098	794	1,483
66	2,003	2,392	2,098	794	1,483
67	2,003	2,392	2,098	794	1,483
68	2,003	2,392	2,098	794	1,526
69	2,045	2,442	2,144	812	1,560
70	2,092	2,496	2,191	829	1,594
71	2,135	2,549	2,238	847	1,628
72	2,192	2,614	2,296	871	1,670
73	2,249	2,685	2,356	891	1,715
74	2,309	2,755	2,419	915	1,757
75	2,370	2,827	2,482	938	1,803
76	2,432	2,898	2,545	964	1,850
77	2,503	2,990	2,623	991	1,908
78	2,582	3,081	2,704	1,024	1,967
79	2,661	3,173	2,787	1,055	2,026
80	2,743	3,271	2,872	1,087	2,091
81	2,825	3,373	2,960	1,121	2,152
82	2,911	3,472	3,049	1,154	2,218
83	3,013	3,594	3,155	1,194	2,294
84	3,117	3,723	3,267	1,237	2,376
85	3,230	3,853	3,382	1,280	2,461
86	3,341	3,988	3,499	1,325	2,547
87	3,458	4,128	3,622	1,371	2,637
88	3,579	4,272	3,750	1,420	2,729
89	3,704	4,422	3,881	1,470	2,827
90	3,836	4,576	4,017	1,520	2,925
91	3,969	4,740	4,157	1,574	3,027
92	4,105	4,902	4,301	1,628	3,135
93	4,251	5,073	4,451	1,684	3,242
94	4,400	5,252	4,607	1,743	3,357
95	4,551	5,437	4,768	1,803	3,471
96	4,708	5,627	4,933	1,866	3,593
97	4,876	5,828	5,110	1,934	3,722
98	5,071	6,061	5,313	2,010	3,871
99	5,277	6,301	5,526	2,092	4,027

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ARIZONA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 850, 851, 852, 85301-85320, 85322-85324, 85326-85327, 85329-85332, 85335, 85337-85340, 85342-85343, 85345, 85351, 85355, 85358, 85361-85363, 85372-85399

	Preferred				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,652	1,972	1,731	655	1,222
66	1,652	1,972	1,731	655	1,222
67	1,652	1,972	1,731	655	1,222
68	1,652	1,972	1,731	655	1,260
69	1,687	2,014	1,768	670	1,285
70	1,725	2,059	1,807	683	1,316
71	1,761	2,103	1,845	699	1,342
72	1,807	2,157	1,894	717	1,376
73	1,855	2,214	1,943	736	1,414
74	1,904	2,272	1,994	754	1,450
75	1,954	2,331	2,047	774	1,488
76	2,005	2,390	2,100	794	1,526
77	2,065	2,465	2,163	818	1,574
78	2,128	2,541	2,230	844	1,622
79	2,195	2,617	2,298	870	1,671
80	2,261	2,698	2,369	897	1,724
81	2,330	2,782	2,441	924	1,774
82	2,400	2,863	2,514	952	1,829
83	2,485	2,965	2,604	985	1,893
84	2,571	3,069	2,695	1,020	1,959
85	2,663	3,178	2,790	1,055	2,029
86	2,756	3,291	2,887	1,092	2,101
87	2,853	3,405	2,988	1,130	2,174
88	2,953	3,523	3,092	1,172	2,251
89	3,055	3,648	3,200	1,212	2,331
90	3,162	3,774	3,313	1,253	2,413
91	3,272	3,908	3,428	1,299	2,498
92	3,386	4,044	3,546	1,342	2,584
93	3,505	4,185	3,672	1,390	2,673
94	3,628	4,330	3,800	1,438	2,768
95	3,754	4,483	3,931	1,488	2,863
96	3,883	4,640	4,067	1,540	2,964
97	4,023	4,805	4,214	1,594	3,070
98	4,183	4,998	4,382	1,657	3,192
99	4,352	5,196	4,559	1,725	3,321

	Standard				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,900	2,269	1,990	753	1,406
66	1,900	2,269	1,990	753	1,406
67	1,900	2,269	1,990	753	1,406
68	1,900	2,269	1,990	753	1,448
69	1,940	2,316	2,034	770	1,480
70	1,984	2,367	2,079	786	1,512
71	2,025	2,418	2,122	803	1,544
72	2,079	2,480	2,178	826	1,584
73	2,133	2,546	2,235	845	1,626
74	2,190	2,613	2,295	868	1,667
75	2,248	2,681	2,354	890	1,710
76	2,307	2,749	2,414	915	1,755
77	2,374	2,835	2,488	940	1,809
78	2,449	2,922	2,565	971	1,865
79	2,524	3,009	2,643	1,000	1,922
80	2,601	3,102	2,724	1,031	1,983
81	2,679	3,199	2,807	1,063	2,041
82	2,760	3,293	2,892	1,094	2,104
83	2,857	3,409	2,993	1,133	2,176
84	2,956	3,531	3,099	1,173	2,254
85	3,064	3,654	3,208	1,214	2,334
86	3,169	3,783	3,318	1,257	2,416
87	3,280	3,916	3,435	1,300	2,501
88	3,395	4,052	3,556	1,346	2,589
89	3,514	4,194	3,681	1,394	2,682
90	3,638	4,340	3,810	1,442	2,775
91	3,764	4,495	3,943	1,493	2,871
92	3,894	4,650	4,079	1,544	2,973
93	4,032	4,812	4,221	1,598	3,075
94	4,173	4,981	4,370	1,653	3,184
95	4,316	5,157	4,522	1,710	3,292
96	4,466	5,337	4,679	1,770	3,408
97	4,625	5,527	4,846	1,834	3,530
98	4,810	5,748	5,040	1,907	3,671
99	5,005	5,976	5,242	1,984	3,819

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ARIZONA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 850, 851, 852, 85301-85320, 85322-85324, 85326-85327, 85329-85332, 85335, 85337-85340, 85342-85343, 85345, 85351, 85355, 85358, 85361-85363, 85372-85399

	Preferred				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,549	1,848	1,623	614	1,145
66	1,549	1,848	1,623	614	1,145
67	1,549	1,848	1,623	614	1,145
68	1,549	1,848	1,623	614	1,180
69	1,581	1,888	1,657	628	1,205
70	1,617	1,929	1,693	641	1,233
71	1,651	1,970	1,730	655	1,257
72	1,693	2,020	1,775	672	1,290
73	1,738	2,074	1,821	689	1,325
74	1,784	2,129	1,869	707	1,359
75	1,830	2,184	1,917	726	1,393
76	1,880	2,239	1,968	744	1,431
77	1,934	2,311	2,027	767	1,475
78	1,994	2,382	2,090	791	1,521
79	2,057	2,453	2,155	815	1,566
80	2,120	2,529	2,219	840	1,616
81	2,184	2,607	2,287	866	1,663
82	2,250	2,685	2,357	891	1,715
83	2,329	2,778	2,439	924	1,774
84	2,410	2,877	2,524	955	1,837
85	2,496	2,978	2,614	988	1,902
86	2,583	3,083	2,705	1,024	1,969
87	2,673	3,192	2,801	1,060	2,038
88	2,766	3,303	2,899	1,097	2,109
89	2,863	3,418	3,000	1,136	2,186
90	2,963	3,536	3,105	1,176	2,261
91	3,067	3,663	3,213	1,217	2,340
92	3,174	3,790	3,325	1,257	2,422
93	3,285	3,922	3,441	1,302	2,505
94	3,400	4,060	3,561	1,348	2,595
95	3,518	4,202	3,684	1,393	2,683
96	3,639	4,348	3,813	1,443	2,777
97	3,770	4,504	3,949	1,494	2,877
98	3,921	4,684	4,107	1,554	2,993
99	4,079	4,871	4,272	1,617	3,113

	Standard				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,781	2,125	1,866	706	1,317
66	1,781	2,125	1,866	706	1,317
67	1,781	2,125	1,866	706	1,317
68	1,781	2,125	1,866	706	1,356
69	1,819	2,172	1,906	721	1,387
70	1,860	2,218	1,948	737	1,417
71	1,898	2,266	1,989	753	1,447
72	1,948	2,324	2,041	774	1,485
73	1,999	2,385	2,095	792	1,524
74	2,052	2,448	2,150	814	1,562
75	2,105	2,513	2,205	835	1,603
76	2,161	2,576	2,263	856	1,644
77	2,225	2,656	2,331	882	1,696
78	2,294	2,739	2,403	910	1,749
79	2,365	2,820	2,478	937	1,801
80	2,437	2,908	2,553	967	1,858
81	2,512	2,998	2,630	996	1,912
82	2,588	3,087	2,710	1,026	1,972
83	2,677	3,195	2,805	1,062	2,041
84	2,771	3,309	2,904	1,099	2,113
85	2,871	3,426	3,007	1,137	2,188
86	2,969	3,545	3,112	1,178	2,264
87	3,074	3,670	3,220	1,218	2,345
88	3,181	3,799	3,334	1,262	2,425
89	3,294	3,930	3,449	1,306	2,512
90	3,409	4,066	3,570	1,351	2,601
91	3,528	4,212	3,695	1,399	2,691
92	3,649	4,359	3,822	1,447	2,786
93	3,779	4,509	3,957	1,497	2,882
94	3,910	4,667	4,095	1,549	2,983
95	4,044	4,832	4,238	1,603	3,085
96	4,185	5,001	4,385	1,658	3,193
97	4,335	5,180	4,542	1,718	3,309
98	4,508	5,387	4,724	1,788	3,442
99	4,691	5,601	4,914	1,859	3,579

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ARIZONA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 850, 851, 852, 85301-85320, 85322-85324, 85326-85327, 85329-85332, 85335, 85337-85340, 85342-85343, 85345, 85351, 85355, 85358, 85361-85363, 85372-85399

	Preferred				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,469	1,753	1,539	583	1,086
66	1,469	1,753	1,539	583	1,086
67	1,469	1,753	1,539	583	1,086
68	1,469	1,753	1,539	583	1,119
69	1,500	1,791	1,572	595	1,143
70	1,533	1,829	1,606	608	1,170
71	1,566	1,869	1,641	621	1,192
72	1,606	1,916	1,683	638	1,223
73	1,648	1,967	1,727	653	1,257
74	1,693	2,019	1,773	671	1,289
75	1,736	2,071	1,819	688	1,322
76	1,783	2,124	1,867	706	1,357
77	1,835	2,191	1,922	727	1,399
78	1,892	2,259	1,982	750	1,443
79	1,951	2,326	2,044	773	1,485
80	2,011	2,398	2,105	797	1,532
81	2,072	2,472	2,169	822	1,577
82	2,134	2,546	2,236	845	1,626
83	2,209	2,635	2,313	876	1,682
84	2,285	2,728	2,394	906	1,742
85	2,368	2,825	2,479	937	1,804
86	2,450	2,924	2,566	971	1,867
87	2,535	3,027	2,656	1,005	1,933
88	2,624	3,132	2,749	1,041	2,001
89	2,715	3,242	2,845	1,078	2,073
90	2,810	3,354	2,945	1,115	2,144
91	2,909	3,474	3,047	1,154	2,220
92	3,010	3,594	3,153	1,192	2,297
93	3,115	3,720	3,264	1,235	2,376
94	3,225	3,850	3,377	1,278	2,461
95	3,337	3,985	3,494	1,322	2,545
96	3,451	4,124	3,616	1,368	2,634
97	3,576	4,271	3,745	1,417	2,729
98	3,719	4,443	3,895	1,474	2,839
99	3,868	4,620	4,052	1,533	2,952

	Standard				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,689	2,016	1,769	670	1,249
66	1,689	2,016	1,769	670	1,249
67	1,689	2,016	1,769	670	1,249
68	1,689	2,016	1,769	670	1,287
69	1,725	2,060	1,808	684	1,315
70	1,764	2,104	1,848	699	1,344
71	1,800	2,150	1,886	714	1,372
72	1,847	2,204	1,935	734	1,408
73	1,896	2,262	1,987	751	1,446
74	1,946	2,322	2,039	772	1,482
75	1,997	2,383	2,092	792	1,520
76	2,050	2,443	2,146	812	1,559
77	2,111	2,519	2,211	837	1,609
78	2,176	2,598	2,279	863	1,659
79	2,243	2,675	2,350	889	1,708
80	2,312	2,758	2,421	918	1,762
81	2,382	2,843	2,495	944	1,814
82	2,455	2,928	2,570	973	1,870
83	2,539	3,031	2,661	1,008	1,935
84	2,628	3,139	2,755	1,043	2,004
85	2,723	3,249	2,852	1,079	2,075
86	2,816	3,363	2,951	1,117	2,147
87	2,915	3,481	3,054	1,155	2,224
88	3,017	3,603	3,162	1,197	2,300
89	3,124	3,727	3,271	1,239	2,383
90	3,233	3,857	3,386	1,281	2,467
91	3,346	3,995	3,505	1,327	2,552
92	3,461	4,134	3,625	1,372	2,642
93	3,584	4,277	3,753	1,420	2,733
94	3,708	4,427	3,884	1,469	2,829
95	3,836	4,583	4,019	1,520	2,926
96	3,970	4,743	4,159	1,573	3,029
97	4,112	4,913	4,308	1,630	3,138
98	4,276	5,109	4,480	1,696	3,264
99	4,449	5,312	4,661	1,763	3,395

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

Household Discount Factor 0.93

PREMIUM INFORMATION

We, ACE Property & Casualty Insurance Company, can only raise your premium if we raise the premium for all policies like yours in the same state where your policy was issued.

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.

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 $1676	$0	$1676 (Part A deductible)
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	$0	Up to $209.50 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 $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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 $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	100%	$0	$0
Durable medical equipment - 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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			

****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	100%	$0	$0
Durable medical equipment - First $257 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	$0 80%	$0 20%	$257 (Unless Part B deductible has been met) $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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 $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	100%	$0	$0
Durable medical equipment - 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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 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 $209.50 a day	Up to $209.50 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 $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*	$0	$0	$257 (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 $257 of Medicare Approved Amounts*	$0	$0	$257 (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 $257 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	100% $0 80%	$0 $0 20%	$0 $257 (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.