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 8-1-24

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Policy Fee $25

MISSOURI Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 630-633, 640-641

	Preferred				
				HD	
Issue Age	Plan A	Plan F	Plan G	Plan G	Plan N
Under 65	2,309	4,490	2,829	934	2,118
65	2,309	3,461	2,484	934	1,795
66	2,309	3,461	2,484	934	1,795
67	2,309	3,461	2,484	934	1,795
68	2,355	3,530	2,534	953	1,848
69	2,401	3,600	2,583	971	1,903
70	2,452	3,674	2,636	990	1,960
71	2,500	3,748	2,688	1,011	2,019
72	2,561	3,842	2,756	1,037	2,080
73	2,626	3,937	2,825	1,061	2,142
74	2,693	4,035	2,895	1,089	2,206
75	2,759	4,137	2,968	1,116	2,273
76	2,829	4,239	3,042	1,144	2,342
77	2,912	4,368	3,134	1,179	2,411
78	3,002	4,499	3,228	1,214	2,483
79	3,091	4,634	3,324	1,251	2,557
80	3,183	4,772	3,424	1,288	2,635
81	3,279	4,917	3,526	1,327	2,714
82	3,377	5,063	3,634	1,366	2,795
83	3,495	5,241	3,761	1,414	2,893
84	3,617	5,423	3,892	1,464	2,994
85	3,744	5,614	4,028	1,515	3,100
86	3,875	5,810	4,169	1,568	3,208
87	4,012	6,013	4,314	1,624	3,319
88	4,152	6,222	4,466	1,681	3,436
89	4,296	6,440	4,622	1,739	3,558
90	4,447	6,667	4,783	1,799	3,682
91	4,603	6,900	4,951	1,862	3,812
92	4,764	7,142	5,124	1,928	3,945
93	4,930	7,391	5,302	1,995	4,082
94	5,104	7,651	5,488	2,065	4,226
95	5,281	7,918	5,680	2,137	4,374
96	5,467	8,196	5,880	2,212	4,527
97	5,658	8,480	6,086	2,289	4,685
98	5,855	8,778	6,298	2,368	4,848
99	6,061	9,085	6,519	2,452	5,018

	Standard				
				HD	
Issue Age	Plan A	Plan F	Plan G	Plan G	Plan N
Under 65	2,657	5,163	3,253	1,076	2,433
65	2,657	3,980	2,857	1,076	2,062
66	2,657	3,980	2,857	1,076	2,062
67	2,657	3,980	2,857	1,076	2,062
68	2,709	4,060	2,915	1,095	2,125
69	2,763	4,141	2,971	1,116	2,190
70	2,819	4,226	3,030	1,139	2,254
71	2,875	4,310	3,091	1,163	2,321
72	2,946	4,419	3,168	1,191	2,391
73	3,020	4,528	3,249	1,221	2,464
74	3,096	4,641	3,330	1,252	2,538
75	3,173	4,758	3,414	1,284	2,614
76	3,254	4,876	3,500	1,317	2,693
77	3,350	5,023	3,605	1,354	2,772
78	3,453	5,174	3,712	1,396	2,856
79	3,555	5,328	3,823	1,440	2,942
80	3,661	5,488	3,937	1,481	3,029
81	3,771	5,654	4,057	1,525	3,119
82	3,884	5,824	4,177	1,571	3,214
83	4,020	6,026	4,325	1,626	3,327
84	4,161	6,236	4,477	1,685	3,443
85	4,307	6,454	4,633	1,743	3,564
86	4,457	6,682	4,794	1,803	3,687
87	4,614	6,915	4,962	1,866	3,817
88	4,776	7,157	5,136	1,932	3,953
89	4,939	7,406	5,314	1,998	4,090
90	5,114	7,667	5,501	2,070	4,234
91	5,294	7,935	5,694	2,142	4,382
92	5,479	8,212	5,894	2,216	4,536
93	5,670	8,499	6,098	2,294	4,695
94	5,870	8,799	6,312	2,374	4,860
95	6,073	9,107	6,534	2,456	5,030
96	6,287	9,424	6,761	2,544	5,207
97	6,506	9,752	6,998	2,633	5,387
98	6,734	10,095	7,242	2,724	5,577
99	6,971	10,448	7,498	2,819	5,772

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

Effective 8-1-24

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Policy Fee $25

MISSOURI Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 630-633, 640-641

	Preferred				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	2,079	4,041	2,546	841	1,906
65	2,079	3,115	2,236	841	1,615
66	2,079	3,115	2,236	841	1,615
67	2,079	3,115	2,236	841	1,615
68	2,119	3,177	2,280	857	1,663
69	2,161	3,240	2,325	874	1,712
70	2,207	3,306	2,372	891	1,764
71	2,250	3,373	2,419	910	1,817
72	2,305	3,458	2,480	933	1,872
73	2,363	3,543	2,542	955	1,928
74	2,424	3,632	2,606	980	1,985
75	2,483	3,724	2,672	1,004	2,046
76	2,546	3,815	2,737	1,030	2,108
77	2,621	3,931	2,821	1,061	2,170
78	2,701	4,049	2,905	1,093	2,235
79	2,782	4,171	2,992	1,126	2,301
80	2,865	4,295	3,081	1,159	2,371
81	2,951	4,425	3,173	1,194	2,442
82	3,040	4,557	3,270	1,229	2,516
83	3,146	4,717	3,384	1,273	2,603
84	3,255	4,881	3,502	1,318	2,694
85	3,370	5,052	3,625	1,364	2,790
86	3,488	5,229	3,752	1,411	2,887
87	3,611	5,411	3,882	1,461	2,987
88	3,737	5,600	4,019	1,513	3,092
89	3,867	5,796	4,159	1,565	3,202
90	4,002	6,000	4,305	1,619	3,314
91	4,143	6,210	4,456	1,676	3,430
92	4,288	6,427	4,612	1,736	3,551
93	4,437	6,652	4,772	1,795	3,674
94	4,593	6,886	4,939	1,858	3,804
95	4,753	7,127	5,112	1,923	3,937
96	4,920	7,376	5,292	1,991	4,074
97	5,093	7,632	5,477	2,060	4,217
98	5,270	7,900	5,668	2,131	4,364
99	5,455	8,176	5,867	2,207	4,516

	Standard				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	2,391	4,647	2,928	968	2,189
65	2,391	3,582	2,571	968	1,856
66	2,391	3,582	2,571	968	1,856
67	2,391	3,582	2,571	968	1,856
68	2,438	3,654	2,623	986	1,913
69	2,487	3,727	2,674	1,004	1,971
70	2,537	3,803	2,727	1,025	2,028
71	2,587	3,879	2,782	1,046	2,089
72	2,651	3,977	2,852	1,072	2,152
73	2,718	4,075	2,924	1,099	2,217
74	2,787	4,177	2,997	1,127	2,284
75	2,855	4,282	3,073	1,156	2,353
76	2,929	4,388	3,150	1,185	2,424
77	3,015	4,521	3,244	1,219	2,495
78	3,107	4,656	3,341	1,256	2,571
79	3,199	4,795	3,440	1,296	2,648
80	3,295	4,939	3,543	1,333	2,726
81	3,394	5,088	3,651	1,373	2,808
82	3,496	5,241	3,760	1,414	2,893
83	3,618	5,424	3,892	1,464	2,994
84	3,745	5,613	4,029	1,516	3,099
85	3,876	5,809	4,169	1,569	3,208
86	4,011	6,014	4,315	1,622	3,318
87	4,152	6,224	4,466	1,680	3,435
88	4,298	6,441	4,623	1,739	3,558
89	4,445	6,666	4,783	1,799	3,681
90	4,603	6,901	4,951	1,863	3,811
91	4,765	7,142	5,124	1,928	3,944
92	4,932	7,391	5,305	1,995	4,082
93	5,103	7,649	5,488	2,065	4,226
94	5,283	7,919	5,681	2,137	4,374
95	5,466	8,196	5,881	2,210	4,527
96	5,658	8,482	6,085	2,290	4,687
97	5,855	8,777	6,298	2,370	4,849
98	6,061	9,085	6,518	2,452	5,019
99	6,274	9,403	6,748	2,537	5,195

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

Effective 8-1-24

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Policy Fee $25

MISSOURI Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 630-633, 640-641

	Preferred				
				HD	
Issue Age	Plan A	Plan F	Plan G	Plan G	Plan N
Under 65	2,053	3,991	2,514	831	1,881
65	2,053	3,076	2,208	831	1,594
66	2,053	3,076	2,208	831	1,594
67	2,053	3,076	2,208	831	1,594
68	2,094	3,138	2,252	846	1,643
69	2,136	3,202	2,296	863	1,693
70	2,179	3,265	2,342	881	1,743
71	2,221	3,331	2,390	898	1,795
72	2,277	3,416	2,450	921	1,848
73	2,334	3,500	2,510	943	1,904
74	2,394	3,587	2,574	968	1,961
75	2,452	3,678	2,639	991	2,020
76	2,514	3,769	2,705	1,017	2,081
77	2,589	3,882	2,785	1,047	2,144
78	2,667	3,999	2,869	1,080	2,207
79	2,748	4,118	2,955	1,112	2,273
80	2,829	4,242	3,043	1,144	2,342
81	2,915	4,370	3,135	1,179	2,412
82	3,003	4,500	3,229	1,214	2,484
83	3,108	4,658	3,342	1,257	2,571
84	3,215	4,820	3,460	1,301	2,661
85	3,328	4,989	3,580	1,347	2,755
86	3,445	5,164	3,705	1,393	2,851
87	3,565	5,345	3,835	1,442	2,951
88	3,691	5,531	3,969	1,493	3,055
89	3,818	5,726	4,108	1,545	3,161
90	3,953	5,926	4,252	1,599	3,272
91	4,091	6,133	4,401	1,655	3,388
92	4,234	6,348	4,554	1,713	3,507
93	4,382	6,570	4,713	1,773	3,629
94	4,536	6,801	4,878	1,835	3,757
95	4,694	7,038	5,049	1,899	3,888
96	4,859	7,285	5,226	1,966	4,024
97	5,030	7,539	5,410	2,035	4,165
98	5,205	7,803	5,599	2,105	4,310
99	5,387	8,076	5,795	2,179	4,461

	Standard				
				HD	
Issue Age	Plan A	Plan F	Plan G	Plan G	Plan N
Under 65	2,361	4,589	2,891	955	2,164
65	2,361	3,537	2,539	955	1,834
66	2,361	3,537	2,539	955	1,834
67	2,361	3,537	2,539	955	1,834
68	2,408	3,609	2,590	975	1,890
69	2,456	3,682	2,641	991	1,947
70	2,505	3,755	2,694	1,013	2,004
71	2,554	3,831	2,748	1,034	2,063
72	2,618	3,927	2,817	1,059	2,125
73	2,684	4,024	2,887	1,086	2,190
74	2,753	4,125	2,960	1,113	2,255
75	2,820	4,228	3,035	1,140	2,324
76	2,893	4,333	3,111	1,170	2,394
77	2,977	4,464	3,203	1,204	2,464
78	3,068	4,600	3,300	1,240	2,539
79	3,160	4,736	3,398	1,279	2,614
80	3,254	4,878	3,500	1,317	2,693
81	3,353	5,026	3,606	1,356	2,773
82	3,453	5,176	3,714	1,396	2,856
83	3,573	5,356	3,845	1,445	2,957
84	3,699	5,543	3,979	1,497	3,060
85	3,827	5,737	4,118	1,549	3,167
86	3,962	5,940	4,261	1,602	3,278
87	4,101	6,147	4,410	1,659	3,393
88	4,244	6,362	4,565	1,717	3,513
89	4,391	6,584	4,724	1,777	3,635
90	4,545	6,814	4,889	1,840	3,765
91	4,706	7,053	5,062	1,904	3,896
92	4,870	7,300	5,238	1,970	4,032
93	5,039	7,556	5,419	2,039	4,173
94	5,218	7,820	5,611	2,110	4,321
95	5,398	8,095	5,807	2,184	4,472
96	5,587	8,377	6,010	2,260	4,628
97	5,784	8,669	6,220	2,341	4,789
98	5,986	8,973	6,438	2,421	4,957
99	6,196	9,286	6,664	2,505	5,131

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

MISSOURI Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 630-633, 640-641

	Preferred				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	1,848	3,591	2,263	748	1,693
65	1,848	2,768	1,987	748	1,435
66	1,848	2,768	1,987	748	1,435
67	1,848	2,768	1,987	748	1,435
68	1,885	2,824	2,027	762	1,479
69	1,922	2,881	2,067	777	1,523
70	1,961	2,939	2,108	793	1,569
71	1,999	2,998	2,151	808	1,615
72	2,049	3,074	2,205	829	1,663
73	2,101	3,150	2,259	849	1,713
74	2,154	3,228	2,316	871	1,765
75	2,207	3,310	2,375	892	1,818
76	2,263	3,392	2,434	916	1,873
77	2,330	3,494	2,506	942	1,929
78	2,400	3,599	2,582	972	1,986
79	2,473	3,706	2,659	1,001	2,046
80	2,546	3,818	2,739	1,030	2,108
81	2,623	3,933	2,822	1,061	2,171
82	2,703	4,050	2,906	1,093	2,236
83	2,797	4,192	3,008	1,131	2,314
84	2,894	4,338	3,114	1,171	2,395
85	2,995	4,490	3,222	1,212	2,480
86	3,100	4,648	3,335	1,254	2,566
87	3,209	4,810	3,452	1,298	2,656
88	3,322	4,978	3,572	1,344	2,749
89	3,436	5,153	3,697	1,390	2,845
90	3,558	5,333	3,827	1,439	2,945
91	3,682	5,519	3,961	1,489	3,049
92	3,811	5,713	4,099	1,542	3,156
93	3,944	5,913	4,241	1,596	3,266
94	4,082	6,121	4,390	1,652	3,381
95	4,225	6,334	4,544	1,709	3,499
96	4,373	6,557	4,703	1,769	3,622
97	4,527	6,785	4,869	1,831	3,749
98	4,684	7,022	5,039	1,894	3,879
99	4,849	7,268	5,215	1,961	4,015

	Standard				
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	2,125	4,130	2,602	860	1,947
65	2,125	3,183	2,285	860	1,650
66	2,125	3,183	2,285	860	1,650
67	2,125	3,183	2,285	860	1,650
68	2,167	3,248	2,331	877	1,701
69	2,210	3,314	2,377	892	1,752
70	2,255	3,379	2,424	912	1,803
71	2,299	3,448	2,473	931	1,857
72	2,356	3,535	2,535	953	1,913
73	2,416	3,622	2,598	977	1,971
74	2,477	3,712	2,664	1,002	2,030
75	2,538	3,805	2,731	1,026	2,091
76	2,603	3,900	2,799	1,053	2,154
77	2,679	4,018	2,883	1,084	2,217
78	2,761	4,140	2,970	1,116	2,285
79	2,844	4,263	3,058	1,151	2,353
80	2,929	4,390	3,150	1,185	2,424
81	3,017	4,523	3,245	1,220	2,496
82	3,107	4,659	3,342	1,256	2,571
83	3,216	4,820	3,460	1,301	2,662
84	3,329	4,989	3,581	1,347	2,754
85	3,444	5,163	3,706	1,394	2,851
86	3,566	5,346	3,835	1,442	2,950
87	3,690	5,532	3,969	1,493	3,054
88	3,820	5,726	4,109	1,545	3,162
89	3,952	5,926	4,251	1,599	3,272
90	4,091	6,133	4,400	1,656	3,388
91	4,235	6,348	4,556	1,713	3,506
92	4,383	6,570	4,715	1,773	3,629
93	4,535	6,800	4,877	1,835	3,756
94	4,696	7,038	5,050	1,899	3,889
95	4,858	7,286	5,226	1,965	4,025
96	5,028	7,539	5,409	2,034	4,165
97	5,206	7,802	5,598	2,107	4,310
98	5,388	8,075	5,794	2,179	4,461
99	5,577	8,357	5,998	2,255	4,618

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 issue 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 issue age.

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 $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 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	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 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*	$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	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.