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)			80%	80%				80%	80%	80%	80%	
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.

ACE PROPERTY & CASUALTY INSURANCE COMPANY

NEW MEXICO Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 871

	Preferred				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,543	1,822	1,572	624	1,192
66	1,543	1,822	1,572	624	1,192
67	1,543	1,822	1,572	624	1,192
68	1,543	1,873	1,572	624	1,197
69	1,551	1,928	1,581	626	1,213
70	1,572	1,986	1,601	635	1,236
71	1,618	2,046	1,650	654	1,273
72	1,675	2,117	1,707	677	1,318
73	1,733	2,192	1,767	701	1,363
74	1,794	2,267	1,828	725	1,412
75	1,866	2,358	1,902	753	1,468
76	1,940	2,453	1,978	784	1,526
77	2,017	2,551	2,057	815	1,588
78	2,098	2,653	2,139	848	1,651
79	2,182	2,759	2,224	881	1,717
80	2,269	2,869	2,314	917	1,785
81	2,371	2,998	2,417	958	1,866
82	2,478	3,132	2,526	1,001	1,950
83	2,590	3,273	2,640	1,046	2,038
84	2,705	3,420	2,758	1,093	2,129
85	2,828	3,574	2,883	1,143	2,225
86	2,955	3,735	3,012	1,194	2,326
87	3,088	3,903	3,147	1,248	2,430
88	3,226	4,079	3,289	1,303	2,539
89	3,371	4,262	3,437	1,362	2,654
90	3,523	4,454	3,592	1,424	2,774
91	3,682	4,655	3,753	1,488	2,897
92	3,848	4,864	3,923	1,555	3,029
93	4,021	5,084	4,098	1,624	3,165
94	4,201	5,313	4,283	1,698	3,308
95	4,391	5,552	4,476	1,774	3,457
96	4,588	5,801	4,677	1,853	3,613
97	4,794	6,064	4,887	1,937	3,776
98	5,011	6,336	5,108	2,024	3,946
99	5,236	6,620	5,338	2,116	4,124

	Standard				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,774	2,096	1,808	718	1,370
66	1,774	2,096	1,808	718	1,370
67	1,774	2,096	1,808	718	1,370
68	1,774	2,153	1,808	718	1,377
69	1,784	2,217	1,819	721	1,397
70	1,808	2,284	1,842	730	1,422
71	1,861	2,352	1,897	752	1,464
72	1,927	2,434	1,963	778	1,516
73	1,993	2,520	2,031	805	1,568
74	2,063	2,608	2,103	833	1,622
75	2,145	2,713	2,186	867	1,687
76	2,231	2,820	2,275	902	1,755
77	2,319	2,934	2,365	938	1,825
78	2,413	3,050	2,460	975	1,899
79	2,509	3,173	2,558	1,014	1,974
80	2,610	3,300	2,661	1,054	2,053
81	2,727	3,448	2,780	1,102	2,145
82	2,849	3,603	2,905	1,152	2,242
83	2,978	3,764	3,035	1,203	2,343
84	3,112	3,933	3,172	1,257	2,449
85	3,251	4,111	3,315	1,313	2,559
86	3,399	4,296	3,464	1,374	2,675
87	3,550	4,490	3,620	1,434	2,794
88	3,710	4,691	3,783	1,500	2,920
89	3,877	4,901	3,953	1,566	3,053
90	4,051	5,123	4,131	1,638	3,189
91	4,235	5,354	4,315	1,710	3,334
92	4,425	5,596	4,511	1,788	3,482
93	4,624	5,846	4,713	1,868	3,640
94	4,832	6,110	4,925	1,952	3,804
95	5,050	6,385	5,147	2,040	3,976
96	5,276	6,671	5,378	2,132	4,154
97	5,513	6,972	5,621	2,228	4,342
98	5,762	7,286	5,874	2,327	4,537
99	6,022	7,614	6,139	2,433	4,742

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

NEW MEXICO Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 871

	Preferred				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,398	1,650	1,424	565	1,079
66	1,398	1,650	1,424	565	1,079
67	1,398	1,650	1,424	565	1,079
68	1,398	1,696	1,424	565	1,084
69	1,405	1,746	1,431	567	1,099
70	1,424	1,799	1,450	575	1,120
71	1,465	1,853	1,494	592	1,153
72	1,517	1,917	1,546	613	1,193
73	1,570	1,985	1,600	635	1,235
74	1,625	2,053	1,655	656	1,278
75	1,690	2,136	1,722	682	1,329
76	1,757	2,222	1,791	710	1,382
77	1,827	2,310	1,863	738	1,438
78	1,900	2,403	1,937	768	1,495
79	1,976	2,499	2,014	798	1,555
80	2,055	2,598	2,096	830	1,616
81	2,147	2,715	2,189	868	1,690
82	2,245	2,837	2,287	906	1,766
83	2,345	2,964	2,391	948	1,846
84	2,450	3,097	2,498	990	1,928
85	2,561	3,237	2,611	1,035	2,016
86	2,676	3,383	2,728	1,081	2,107
87	2,796	3,535	2,850	1,130	2,201
88	2,922	3,694	2,979	1,180	2,300
89	3,053	3,860	3,113	1,234	2,403
90	3,190	4,034	3,253	1,290	2,512
91	3,334	4,216	3,399	1,348	2,624
92	3,485	4,405	3,553	1,408	2,743
93	3,641	4,604	3,712	1,471	2,867
94	3,805	4,811	3,879	1,538	2,996
95	3,977	5,028	4,054	1,607	3,131
96	4,155	5,254	4,236	1,679	3,272
97	4,342	5,492	4,426	1,754	3,419
98	4,538	5,738	4,626	1,833	3,574
99	4,742	5,996	4,834	1,916	3,735

	Standard				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,607	1,898	1,638	650	1,241
66	1,607	1,898	1,638	650	1,241
67	1,607	1,898	1,638	650	1,241
68	1,607	1,949	1,638	650	1,247
69	1,615	2,008	1,647	653	1,265
70	1,637	2,069	1,668	661	1,288
71	1,686	2,130	1,718	681	1,326
72	1,745	2,205	1,778	705	1,373
73	1,805	2,282	1,840	729	1,420
74	1,868	2,362	1,904	755	1,469
75	1,943	2,457	1,980	785	1,528
76	2,021	2,554	2,060	817	1,589
77	2,101	2,657	2,142	849	1,653
78	2,186	2,762	2,228	883	1,720
79	2,273	2,873	2,317	919	1,787
80	2,364	2,989	2,410	955	1,859
81	2,470	3,122	2,518	998	1,943
82	2,581	3,263	2,631	1,043	2,030
83	2,697	3,409	2,749	1,090	2,122
84	2,818	3,562	2,872	1,138	2,218
85	2,945	3,723	3,002	1,189	2,317
86	3,078	3,891	3,137	1,244	2,423
87	3,215	4,066	3,278	1,299	2,531
88	3,360	4,248	3,426	1,358	2,645
89	3,512	4,439	3,580	1,418	2,765
90	3,669	4,640	3,741	1,484	2,889
91	3,835	4,849	3,908	1,549	3,019
92	4,007	5,068	4,085	1,619	3,154
93	4,188	5,295	4,268	1,692	3,297
94	4,376	5,533	4,461	1,768	3,445
95	4,573	5,782	4,662	1,848	3,601
96	4,779	6,042	4,871	1,931	3,763
97	4,993	6,314	5,091	2,018	3,933
98	5,218	6,599	5,320	2,108	4,109
99	5,454	6,896	5,560	2,203	4,294

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

NEW MEXICO Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 871

	Preferred				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,371	1,620	1,399	554	1,059
66	1,371	1,620	1,399	554	1,059
67	1,371	1,620	1,399	554	1,059
68	1,371	1,664	1,399	554	1,066
69	1,378	1,713	1,405	556	1,078
70	1,397	1,765	1,423	564	1,099
71	1,439	1,819	1,466	580	1,131
72	1,488	1,881	1,517	602	1,171
73	1,541	1,948	1,570	623	1,212
74	1,595	2,016	1,626	645	1,255
75	1,658	2,097	1,690	670	1,304
76	1,724	2,180	1,759	697	1,357
77	1,793	2,267	1,828	725	1,410
78	1,865	2,358	1,902	753	1,468
79	1,939	2,453	1,977	784	1,526
80	2,017	2,550	2,057	815	1,587
81	2,108	2,664	2,149	852	1,658
82	2,203	2,785	2,245	890	1,733
83	2,301	2,909	2,345	930	1,811
84	2,405	3,040	2,452	972	1,893
85	2,514	3,177	2,562	1,015	1,978
86	2,626	3,319	2,677	1,061	2,068
87	2,744	3,470	2,798	1,109	2,160
88	2,868	3,626	2,924	1,159	2,258
89	2,997	3,789	3,055	1,211	2,359
90	3,132	3,960	3,192	1,265	2,465
91	3,273	4,137	3,336	1,322	2,576
92	3,420	4,325	3,486	1,382	2,693
93	3,574	4,519	3,643	1,444	2,814
94	3,734	4,722	3,807	1,509	2,941
95	3,903	4,935	3,979	1,578	3,073
96	4,078	5,157	4,157	1,647	3,211
97	4,262	5,389	4,345	1,722	3,355
98	4,454	5,631	4,541	1,800	3,507
99	4,654	5,884	4,744	1,881	3,666

	Standard				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,578	1,863	1,608	638	1,218
66	1,578	1,863	1,608	638	1,218
67	1,578	1,863	1,608	638	1,218
68	1,578	1,913	1,608	638	1,225
69	1,586	1,971	1,616	641	1,241
70	1,606	2,030	1,637	649	1,264
71	1,654	2,091	1,686	669	1,302
72	1,713	2,164	1,745	691	1,346
73	1,771	2,239	1,806	716	1,393
74	1,833	2,318	1,868	741	1,442
75	1,907	2,411	1,943	770	1,500
76	1,983	2,507	2,022	801	1,560
77	2,062	2,608	2,103	833	1,622
78	2,145	2,712	2,186	867	1,687
79	2,231	2,820	2,274	901	1,755
80	2,319	2,934	2,364	938	1,825
81	2,424	3,064	2,471	980	1,907
82	2,533	3,203	2,582	1,023	1,993
83	2,647	3,346	2,698	1,069	2,082
84	2,766	3,496	2,819	1,117	2,177
85	2,891	3,655	2,946	1,168	2,275
86	3,020	3,819	3,079	1,220	2,378
87	3,156	3,991	3,218	1,275	2,484
88	3,298	4,169	3,362	1,333	2,596
89	3,446	4,357	3,514	1,392	2,713
90	3,602	4,553	3,672	1,455	2,836
91	3,764	4,759	3,837	1,520	2,963
92	3,932	4,973	4,009	1,589	3,096
93	4,111	5,197	4,189	1,660	3,235
94	4,294	5,430	4,379	1,736	3,382
95	4,489	5,675	4,575	1,813	3,534
96	4,690	5,930	4,781	1,895	3,693
97	4,901	6,198	4,996	1,981	3,859
98	5,122	6,476	5,221	2,070	4,033
99	5,352	6,768	5,456	2,163	4,215

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

NEW MEXICO Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 871

	Preferred				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,242	1,467	1,267	502	959
66	1,242	1,467	1,267	502	959
67	1,242	1,467	1,267	502	959
68	1,242	1,507	1,267	502	965
69	1,248	1,552	1,272	504	977
70	1,265	1,599	1,289	511	995
71	1,303	1,647	1,328	526	1,024
72	1,348	1,704	1,374	545	1,061
73	1,396	1,764	1,422	564	1,098
74	1,444	1,826	1,472	584	1,136
75	1,501	1,899	1,531	607	1,181
76	1,561	1,975	1,593	631	1,229
77	1,624	2,053	1,655	656	1,277
78	1,689	2,136	1,722	682	1,329
79	1,756	2,222	1,790	710	1,382
80	1,827	2,309	1,863	738	1,437
81	1,909	2,413	1,946	771	1,501
82	1,995	2,522	2,033	806	1,570
83	2,084	2,635	2,124	842	1,640
84	2,178	2,753	2,220	880	1,715
85	2,277	2,878	2,320	920	1,792
86	2,378	3,006	2,425	961	1,872
87	2,485	3,142	2,534	1,005	1,956
88	2,597	3,284	2,648	1,049	2,045
89	2,714	3,431	2,767	1,097	2,137
90	2,837	3,586	2,891	1,146	2,232
91	2,964	3,747	3,021	1,198	2,333
92	3,097	3,917	3,157	1,251	2,439
93	3,237	4,092	3,299	1,307	2,548
94	3,382	4,277	3,448	1,367	2,664
95	3,534	4,469	3,604	1,429	2,783
96	3,693	4,670	3,765	1,492	2,908
97	3,860	4,880	3,936	1,559	3,039
98	4,034	5,100	4,112	1,630	3,176
99	4,215	5,329	4,297	1,703	3,320

	Standard				
Attained Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
65	1,429	1,687	1,457	577	1,103
66	1,429	1,687	1,457	577	1,103
67	1,429	1,687	1,457	577	1,103
68	1,429	1,733	1,457	577	1,109
69	1,436	1,785	1,464	581	1,124
70	1,455	1,839	1,483	588	1,145
71	1,498	1,894	1,527	605	1,179
72	1,551	1,960	1,580	626	1,219
73	1,604	2,028	1,636	648	1,262
74	1,660	2,099	1,692	671	1,306
75	1,727	2,184	1,760	698	1,358
76	1,796	2,271	1,831	726	1,413
77	1,867	2,362	1,904	755	1,469
78	1,943	2,456	1,980	785	1,528
79	2,021	2,554	2,059	816	1,589
80	2,101	2,657	2,141	849	1,653
81	2,195	2,775	2,238	888	1,727
82	2,294	2,901	2,339	927	1,805
83	2,397	3,030	2,443	968	1,886
84	2,505	3,166	2,553	1,012	1,972
85	2,618	3,310	2,668	1,058	2,060
86	2,735	3,458	2,789	1,105	2,153
87	2,858	3,614	2,914	1,155	2,250
88	2,987	3,775	3,045	1,207	2,351
89	3,121	3,946	3,182	1,261	2,457
90	3,262	4,124	3,325	1,318	2,568
91	3,409	4,310	3,475	1,377	2,683
92	3,561	4,504	3,631	1,439	2,804
93	3,723	4,707	3,794	1,503	2,930
94	3,889	4,918	3,966	1,572	3,063
95	4,065	5,140	4,144	1,642	3,201
96	4,248	5,370	4,330	1,716	3,345
97	4,439	5,613	4,525	1,794	3,495
98	4,639	5,865	4,729	1,875	3,653
99	4,847	6,130	4,941	1,959	3,817

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

Household Discount Factor 0.93

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. You will be given at least sixty (60) days advance written notice if a new table of rates is applicable to the Policy.

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.

NOTICE: If you are in an open enrollment period or otherwise qualify for a guaranteed issue policy, the above paragraph does not apply to you. The Company shall not discriminate in the pricing of this Medicare Supplement policy because of health status, claims experience, receipt of health care or medical condition.

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.