

## MEDICARE SUPPLEMENT INSURANCE

**The Wisconsin Insurance Commissioner has set standards for Medicare Supplement Insurance. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the “Wisconsin Guide To Health Insurance For People With Medicare,” given to you when you applied for this policy. Do not buy this policy if you did not get the guide.**

### PREMIUM INFORMATION

ACE Property & Casualty Insurance Company can only raise your premium if we raise the premium for all policies like yours in this state. We may change your premium if a new table of rates is applicable to the policy. The change in table of rates will apply to all covered persons in the same class. Class is defined as attained age, gender, underwriting class, state and zip code of residence.

Premiums are based on your attained age and will change on your policy anniversary date.

### DISCLOSURES

Use this outline to compare benefits and premiums among policies.

### READ YOUR POLICY VERY CAREFULLY

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

### RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: ACE Property & Casualty Insurance Company, Medicare Supplement Administration, P.O. Box 10858 Clearwater, Florida 33757-8858 or to the agent through whom it was purchased. 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.

## WISCONSIN Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 530-534

Attained Age	Preferred							Attained Age	Standard						
	Base Plan	Base Plan w/Coins	Part A	Addl Home	Part B Ded	Part B Excess	Foreign Travel		Base Plan	Base Plan w/Coins	Part A Ded	Addl Home	Part B Ded	Part B Excess	Foreign Travel
Under 65	6,721.26	4,702.92	1,170.83	44.09	240.00	63.69	34.29	Under 65	7,725.53	5,408.36	1,347.19	48.99	240.00	73.48	39.19
65	1,680.32	1,175.73	292.71	11.03	240.00	15.92	8.58	65	1,931.39	1,352.10	336.80	12.25	240.00	18.37	9.80
66	1,680.32	1,175.73	292.71	11.03	240.00	15.92	8.58	66	1,931.39	1,352.10	336.80	12.25	240.00	18.37	9.80
67	1,680.32	1,175.73	292.71	11.03	240.00	15.92	8.58	67	1,931.39	1,352.10	336.80	12.25	240.00	18.37	9.80
68	1,680.32	1,175.73	292.71	11.03	240.00	15.92	8.58	68	1,931.39	1,352.10	336.80	12.25	240.00	18.37	9.80
69	1,688.89	1,181.85	304.96	11.03	240.00	15.92	8.58	69	1,941.18	1,359.44	351.50	12.25	240.00	18.37	9.80
70	1,713.39	1,199.01	315.98	12.25	240.00	17.15	8.58	70	1,970.58	1,379.03	363.74	15.92	240.00	19.59	9.80
71	1,763.60	1,234.52	331.89	12.25	240.00	17.15	9.80	71	2,029.36	1,419.45	380.88	15.92	240.00	19.59	11.03
72	1,824.83	1,278.61	345.37	13.47	240.00	18.37	9.80	72	2,099.17	1,469.66	398.03	17.15	240.00	20.82	11.03
73	1,888.52	1,322.70	361.29	13.47	240.00	19.59	9.80	73	2,171.43	1,519.87	416.40	17.15	240.00	22.04	11.03
74	1,955.88	1,369.23	377.21	13.47	240.00	19.59	11.03	74	2,249.81	1,574.99	433.56	17.15	240.00	22.04	11.03
75	2,034.26	1,424.35	394.36	15.92	240.00	20.82	11.03	75	2,339.22	1,637.45	451.93	18.37	240.00	23.27	11.03
76	2,115.09	1,479.46	412.73	15.92	240.00	20.82	11.03	76	2,431.07	1,701.14	472.74	18.37	240.00	23.27	11.03
77	2,199.59	1,540.70	429.87	17.15	240.00	22.04	11.03	77	2,530.27	1,770.94	496.01	19.59	240.00	26.95	12.25
78	2,286.55	1,601.93	449.47	17.15	240.00	23.27	11.03	78	2,629.48	1,841.98	518.05	19.59	240.00	28.17	12.25
79	2,378.41	1,665.62	470.30	18.37	240.00	23.27	11.03	79	2,734.80	1,915.47	541.33	20.82	240.00	28.17	12.25
80	2,472.71	1,731.76	491.11	18.37	240.00	24.49	12.25	80	2,845.02	1,991.39	565.82	20.82	240.00	29.40	15.92
81	2,584.16	1,807.68	513.16	19.59	240.00	26.95	12.25	81	2,971.17	2,079.57	591.54	22.04	240.00	30.62	15.92
82	2,700.51	1,889.74	537.66	20.82	240.00	28.17	12.25	82	3,105.89	2,175.10	617.26	23.27	240.00	31.84	15.92
83	2,821.76	1,974.25	562.15	20.82	240.00	29.40	13.47	83	3,244.29	2,271.86	646.65	23.27	240.00	31.84	17.15
84	2,947.90	2,063.65	586.65	22.04	240.00	29.40	13.47	84	3,390.02	2,373.51	676.05	26.95	240.00	31.84	17.15
85	3,080.17	2,156.73	613.58	23.27	240.00	30.62	15.92	85	3,543.11	2,480.06	705.43	28.17	240.00	33.07	18.37
86	3,219.79	2,252.26	639.31	23.27	240.00	31.84	15.92	86	3,701.11	2,590.28	737.28	28.17	240.00	36.74	18.37
87	3,364.31	2,355.13	668.69	24.49	240.00	31.84	17.15	87	3,868.89	2,707.85	769.12	29.40	240.00	37.96	19.59
88	3,514.95	2,460.47	699.31	26.95	240.00	33.07	17.15	88	4,041.58	2,829.10	803.41	30.62	240.00	39.19	19.59
89	3,672.94	2,571.91	729.93	28.17	240.00	34.29	18.37	89	4,224.06	2,957.70	840.15	31.84	240.00	40.41	20.82
90	3,838.28	2,687.04	763.00	28.17	240.00	36.74	18.37	90	4,413.90	3,089.97	876.90	31.84	240.00	41.64	20.82
91	4,010.96	2,807.06	796.07	29.40	240.00	39.19	19.59	91	4,611.07	3,228.36	916.09	31.84	240.00	45.32	22.04
92	4,190.99	2,933.20	831.59	30.62	240.00	40.41	19.59	92	4,818.05	3,374.10	957.73	33.07	240.00	47.77	22.04
93	4,379.59	3,065.47	869.55	31.84	240.00	41.64	20.82	93	5,036.05	3,524.74	1,000.60	36.74	240.00	48.99	23.27
94	4,576.78	3,202.64	908.74	31.84	240.00	42.87	22.04	94	5,263.84	3,683.96	1,045.92	37.96	240.00	50.21	26.95
95	4,782.53	3,348.39	949.16	33.07	240.00	45.32	22.04	95	5,498.99	3,849.29	1,091.22	39.19	240.00	52.66	26.95
96	4,996.86	3,497.80	992.02	34.29	240.00	47.77	23.27	96	5,746.39	4,021.98	1,140.21	40.41	240.00	53.89	28.17
97	5,222.21	3,655.79	1,036.11	36.74	240.00	48.99	24.49	97	6,004.80	4,204.46	1,191.65	41.64	240.00	55.11	29.40
98	5,456.13	3,819.91	1,083.88	37.96	240.00	51.44	24.49	98	6,275.47	4,393.07	1,246.76	42.87	240.00	58.78	29.40
99	5,701.07	3,991.37	1,131.65	39.19	240.00	52.66	26.95	99	6,557.16	4,589.03	1,301.88	45.32	240.00	60.02	30.62

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

## WISCONSIN Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 530-534

Attained Age	Preferred							Attained Age	Standard						
	Base Plan	Base Plan w/Coins Ded Rider	Part A Ded Rider	Addl Home Health	Part B Ded Rider	Part B Excess Rider	Foreign Travel Rider		Base Plan	Base Plan w/Coins Ded Rider	Part A Ded Rider	Addl Home Health Care	Part B Ded Rider	Part B Excess Rider	Foreign Travel Rider
Under 65	5,787.75	4,049.74	1,008.21	37.96	240.00	54.84	29.53	Under 65	6,652.54	4,657.20	1,160.08	42.18	240.00	63.28	33.75
65	1,446.94	1,012.44	252.06	9.50	240.00	13.71	7.38	65	1,663.14	1,164.30	290.02	10.55	240.00	15.82	8.44
66	1,446.94	1,012.44	252.06	9.50	240.00	13.71	7.38	66	1,663.14	1,164.30	290.02	10.55	240.00	15.82	8.44
67	1,446.94	1,012.44	252.06	9.50	240.00	13.71	7.38	67	1,663.14	1,164.30	290.02	10.55	240.00	15.82	8.44
68	1,446.94	1,012.44	252.06	9.50	240.00	13.71	7.38	68	1,663.14	1,164.30	290.02	10.55	240.00	15.82	8.44
69	1,454.32	1,017.71	262.60	9.50	240.00	13.71	7.38	69	1,671.57	1,170.63	302.68	10.55	240.00	15.82	8.44
70	1,475.42	1,032.48	272.09	10.55	240.00	14.77	7.38	70	1,696.89	1,187.50	313.22	13.71	240.00	16.87	8.44
71	1,518.65	1,063.06	285.80	10.55	240.00	14.77	8.44	71	1,747.51	1,222.31	327.98	13.71	240.00	16.87	9.50
72	1,571.38	1,101.03	297.40	11.60	240.00	15.82	8.44	72	1,807.62	1,265.54	342.75	14.77	240.00	17.93	9.50
73	1,626.23	1,138.99	311.11	11.60	240.00	16.87	8.44	73	1,869.84	1,308.78	358.57	14.77	240.00	18.98	9.50
74	1,684.23	1,179.06	324.82	11.60	240.00	16.87	9.50	74	1,937.34	1,356.24	373.34	14.77	240.00	18.98	9.50
75	1,751.72	1,226.52	339.59	13.71	240.00	17.93	9.50	75	2,014.32	1,410.03	389.16	15.82	240.00	20.04	9.50
76	1,821.33	1,273.98	355.41	13.71	240.00	17.93	9.50	76	2,093.42	1,464.87	407.08	15.82	240.00	20.04	9.50
77	1,894.09	1,326.71	370.17	14.77	240.00	18.98	9.50	77	2,178.84	1,524.98	427.12	16.87	240.00	23.20	10.55
78	1,968.98	1,379.44	387.05	14.77	240.00	20.04	9.50	78	2,264.27	1,586.15	446.10	16.87	240.00	24.25	10.55
79	2,048.07	1,434.28	404.98	15.82	240.00	20.04	9.50	79	2,354.96	1,649.43	466.14	17.93	240.00	24.25	10.55
80	2,129.28	1,491.24	422.90	15.82	240.00	21.09	10.55	80	2,449.88	1,714.81	487.24	17.93	240.00	25.31	13.71
81	2,225.25	1,556.62	441.89	16.87	240.00	23.20	10.55	81	2,558.50	1,790.74	509.38	18.98	240.00	26.37	13.71
82	2,325.44	1,627.28	462.98	17.93	240.00	24.25	10.55	82	2,674.51	1,873.00	531.53	20.04	240.00	27.42	13.71
83	2,429.85	1,700.05	484.07	17.93	240.00	25.31	11.60	83	2,793.69	1,956.32	556.84	20.04	240.00	27.42	14.77
84	2,538.47	1,777.03	505.17	18.98	240.00	25.31	11.60	84	2,919.19	2,043.85	582.15	23.20	240.00	27.42	14.77
85	2,652.37	1,857.18	528.36	20.04	240.00	26.37	13.71	85	3,051.01	2,135.61	607.46	24.25	240.00	28.48	15.82
86	2,772.60	1,939.45	550.51	20.04	240.00	27.42	13.71	86	3,187.06	2,230.52	634.88	24.25	240.00	31.64	15.82
87	2,897.04	2,028.03	575.82	21.09	240.00	27.42	14.77	87	3,331.55	2,331.76	662.30	25.31	240.00	32.69	16.87
88	3,026.76	2,118.74	602.18	23.20	240.00	28.48	14.77	88	3,480.25	2,436.17	691.83	26.37	240.00	33.75	16.87
89	3,162.81	2,214.70	628.55	24.25	240.00	29.53	15.82	89	3,637.39	2,546.91	723.47	27.42	240.00	34.80	17.93
90	3,305.18	2,313.84	657.03	24.25	240.00	31.64	15.82	90	3,800.85	2,660.80	755.10	27.42	240.00	35.86	17.93
91	3,453.88	2,417.19	685.50	25.31	240.00	33.75	16.87	91	3,970.64	2,779.97	788.85	27.42	240.00	39.02	18.98
92	3,608.91	2,525.81	716.09	26.37	240.00	34.80	16.87	92	4,148.88	2,905.48	824.71	28.48	240.00	41.13	18.98
93	3,771.32	2,639.71	748.78	27.42	240.00	35.86	17.93	93	4,336.60	3,035.19	861.63	31.64	240.00	42.18	20.04
94	3,941.12	2,757.83	782.53	27.42	240.00	36.91	18.98	94	4,532.75	3,172.30	900.65	32.69	240.00	43.24	23.20
95	4,118.29	2,883.33	817.33	28.48	240.00	39.02	18.98	95	4,735.24	3,314.67	939.66	33.75	240.00	45.35	23.20
96	4,302.85	3,011.99	854.24	29.53	240.00	41.13	20.04	96	4,948.28	3,463.38	981.85	34.80	240.00	46.41	24.25
97	4,496.90	3,148.04	892.20	31.64	240.00	42.18	21.09	97	5,170.80	3,620.51	1,026.14	35.86	240.00	47.46	25.31
98	4,698.33	3,289.36	933.34	32.69	240.00	44.30	21.09	98	5,403.88	3,782.92	1,073.60	36.91	240.00	50.62	25.31
99	4,909.26	3,437.01	974.47	33.75	240.00	45.35	23.20	99	5,646.44	3,951.66	1,121.06	39.02	240.00	51.68	26.37

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

## WISCONSIN Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 530-534

Attained Age	Preferred							Attained Age	Standard						
	Base Plan	Base Plan w/Coins	Part A	Addl Home	Part B Ded	Part B Excess	Foreign Travel		Base Plan	Base Plan w/Coins	Part A Ded	Addl Home	Part B Ded	Part B Excess	Foreign Travel
Under 65	5,976.63	4,183.64	1,043.46	44.09	240.00	53.89	29.40	Under 65	6,868.23	4,805.81	1,200.23	44.09	240.00	63.69	34.29
65	1,494.16	1,045.92	260.86	11.03	240.00	13.47	7.34	65	1,717.06	1,201.45	300.06	11.03	240.00	15.92	8.58
66	1,494.16	1,045.92	260.86	11.03	240.00	13.47	7.34	66	1,717.06	1,201.45	300.06	11.03	240.00	15.92	8.58
67	1,494.16	1,045.92	260.86	11.03	240.00	13.47	7.34	67	1,717.06	1,201.45	300.06	11.03	240.00	15.92	8.58
68	1,494.16	1,045.92	260.86	11.03	240.00	13.47	7.34	68	1,717.06	1,201.45	300.06	11.03	240.00	15.92	8.58
69	1,500.28	1,050.81	270.66	11.03	240.00	13.47	7.34	69	1,725.63	1,208.80	312.30	11.03	240.00	15.92	8.58
70	1,522.32	1,066.73	281.69	11.03	240.00	14.70	7.34	70	1,751.35	1,225.94	323.33	13.47	240.00	17.15	8.58
71	1,567.64	1,097.34	293.93	11.03	240.00	14.70	8.58	71	1,802.79	1,261.46	338.02	13.47	240.00	17.15	9.80
72	1,622.75	1,135.32	307.40	12.25	240.00	15.92	8.58	72	1,865.25	1,305.55	353.95	14.70	240.00	18.37	9.80
73	1,679.09	1,174.51	320.88	12.25	240.00	17.15	8.58	73	1,930.15	1,350.86	369.87	14.70	240.00	19.59	9.80
74	1,737.88	1,217.38	334.35	12.25	240.00	17.15	9.80	74	1,998.75	1,399.85	384.57	14.70	240.00	19.59	11.03
75	1,807.68	1,265.13	350.27	13.47	240.00	18.37	9.80	75	2,079.57	1,454.97	401.71	15.92	240.00	20.82	11.03
76	1,879.95	1,315.35	366.20	13.47	240.00	18.37	9.80	76	2,161.63	1,512.53	420.08	15.92	240.00	20.82	11.03
77	1,954.65	1,369.23	382.11	14.70	240.00	19.59	11.03	77	2,248.58	1,573.77	440.90	17.15	240.00	23.27	11.03
78	2,033.04	1,423.13	399.25	14.70	240.00	20.82	11.03	78	2,337.99	1,636.22	460.49	17.15	240.00	24.49	11.03
79	2,113.86	1,479.46	418.86	15.92	240.00	20.82	11.03	79	2,431.07	1,702.36	481.31	18.37	240.00	24.49	11.03
80	2,198.37	1,539.48	437.23	15.92	240.00	22.04	11.03	80	2,529.05	1,769.72	503.36	18.37	240.00	25.71	13.47
81	2,296.35	1,606.83	456.82	17.15	240.00	23.27	11.03	81	2,640.49	1,848.11	525.41	19.59	240.00	26.95	13.47
82	2,400.45	1,680.32	477.64	18.37	240.00	24.49	11.03	82	2,760.52	1,932.61	549.90	20.82	240.00	28.17	13.47
83	2,508.22	1,756.25	499.68	18.37	240.00	25.71	12.25	83	2,884.22	2,018.34	574.40	20.82	240.00	29.40	14.70
84	2,619.68	1,834.63	521.73	19.59	240.00	25.71	12.25	84	3,012.81	2,108.97	600.11	23.27	240.00	29.40	14.70
85	2,738.47	1,916.69	545.00	20.82	240.00	26.95	13.47	85	3,148.75	2,204.50	627.06	24.49	240.00	30.62	15.92
86	2,860.94	2,002.42	569.49	20.82	240.00	28.17	13.47	86	3,289.59	2,302.47	655.23	24.49	240.00	31.84	15.92
87	2,989.54	2,093.05	593.99	22.04	240.00	29.40	14.70	87	3,437.79	2,406.57	683.39	25.71	240.00	33.07	17.15
88	3,124.26	2,187.35	620.94	23.27	240.00	30.62	14.70	88	3,592.10	2,514.35	714.01	26.95	240.00	34.29	17.15
89	3,265.10	2,285.32	649.10	24.49	240.00	31.84	15.92	89	3,754.99	2,628.24	745.86	28.17	240.00	35.52	18.37
90	3,412.07	2,388.20	678.50	24.49	240.00	31.84	15.92	90	3,924.01	2,747.04	780.15	28.17	240.00	36.74	18.37
91	3,565.16	2,494.76	707.89	25.71	240.00	34.29	17.15	91	4,099.14	2,869.52	814.44	29.40	240.00	40.41	19.59
92	3,724.37	2,607.43	739.74	26.95	240.00	35.52	17.15	92	4,282.85	2,999.34	851.18	30.62	240.00	41.64	19.59
93	3,892.16	2,725.00	772.79	28.17	240.00	36.74	18.37	93	4,476.35	3,134.06	889.14	31.84	240.00	42.87	20.82
94	4,067.29	2,847.47	808.32	29.40	240.00	37.96	19.59	94	4,678.43	3,274.91	929.57	33.07	240.00	44.09	23.27
95	4,251.00	2,976.07	843.84	30.62	240.00	40.41	19.59	95	4,887.85	3,421.87	969.98	34.29	240.00	46.54	23.27
96	4,442.06	3,109.57	881.80	31.84	240.00	41.64	20.82	96	5,108.30	3,574.96	1,014.07	35.52	240.00	47.77	24.49
97	4,641.69	3,249.18	920.99	31.84	240.00	42.87	22.04	97	5,337.33	3,737.85	1,059.38	36.74	240.00	50.21	25.71
98	4,849.89	3,394.93	962.63	33.07	240.00	45.32	22.04	98	5,577.38	3,905.64	1,108.37	37.96	240.00	52.66	25.71
99	5,067.89	3,546.78	1,005.49	34.29	240.00	46.54	23.27	99	5,828.45	4,079.54	1,156.14	40.41	240.00	53.89	26.95

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

## WISCONSIN Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 530-534

Attained Age	Preferred							Attained Age	Standard						
	Base Plan	Base Plan w/Coins Ded Rider	Part A Ded Rider	Addl Home Health	Part B Ded Rider	Part B Excess Rider	Foreign Travel Rider		Base Plan	Base Plan w/Coins Ded Rider	Part A Ded Rider	Addl Home Health Care	Part B Ded Rider	Part B Excess Rider	Foreign Travel Rider
Under 65	5,146.55	3,602.58	898.54	37.96	240.00	46.41	25.31	Under 65	5,914.31	4,138.33	1,033.53	37.96	240.00	54.84	29.53
65	1,286.64	900.65	224.63	9.50	240.00	11.60	6.32	65	1,478.58	1,034.58	258.38	9.50	240.00	13.71	7.38
66	1,286.64	900.65	224.63	9.50	240.00	11.60	6.32	66	1,478.58	1,034.58	258.38	9.50	240.00	13.71	7.38
67	1,286.64	900.65	224.63	9.50	240.00	11.60	6.32	67	1,478.58	1,034.58	258.38	9.50	240.00	13.71	7.38
68	1,286.64	900.65	224.63	9.50	240.00	11.60	6.32	68	1,478.58	1,034.58	258.38	9.50	240.00	13.71	7.38
69	1,291.91	904.86	233.07	9.50	240.00	11.60	6.32	69	1,485.96	1,040.91	268.93	9.50	240.00	13.71	7.38
70	1,310.89	918.57	242.56	9.50	240.00	12.66	6.32	70	1,508.11	1,055.67	278.42	11.60	240.00	14.77	7.38
71	1,349.91	944.94	253.11	9.50	240.00	12.66	7.38	71	1,552.40	1,086.26	291.07	11.60	240.00	14.77	8.44
72	1,397.37	977.63	264.71	10.55	240.00	13.71	7.38	72	1,606.18	1,124.22	304.79	12.66	240.00	15.82	8.44
73	1,445.88	1,011.38	276.31	10.55	240.00	14.77	7.38	73	1,662.08	1,163.24	318.50	12.66	240.00	16.87	8.44
74	1,496.51	1,048.30	287.91	10.55	240.00	14.77	8.44	74	1,721.14	1,205.43	331.15	12.66	240.00	16.87	9.50
75	1,556.62	1,089.42	301.62	11.60	240.00	15.82	8.44	75	1,790.74	1,252.89	345.91	13.71	240.00	17.93	9.50
76	1,618.84	1,132.67	315.34	11.60	240.00	15.82	8.44	76	1,861.40	1,302.46	361.73	13.71	240.00	17.93	9.50
77	1,683.17	1,179.06	329.04	12.66	240.00	16.87	9.50	77	1,936.28	1,355.19	379.66	14.77	240.00	20.04	9.50
78	1,750.67	1,225.47	343.80	12.66	240.00	17.93	9.50	78	2,013.27	1,408.97	396.53	14.77	240.00	21.09	9.50
79	1,820.27	1,273.98	360.68	13.71	240.00	17.93	9.50	79	2,093.42	1,465.92	414.46	15.82	240.00	21.09	9.50
80	1,893.04	1,325.66	376.50	13.71	240.00	18.98	9.50	80	2,177.79	1,523.93	433.45	15.82	240.00	22.14	11.60
81	1,977.41	1,383.66	393.37	14.77	240.00	20.04	9.50	81	2,273.76	1,591.43	452.44	16.87	240.00	23.20	11.60
82	2,067.06	1,446.94	411.30	15.82	240.00	21.09	9.50	82	2,377.12	1,664.19	473.53	17.93	240.00	24.25	11.60
83	2,159.86	1,512.33	430.28	15.82	240.00	22.14	10.55	83	2,483.63	1,738.01	494.62	17.93	240.00	25.31	12.66
84	2,255.84	1,579.82	449.26	16.87	240.00	22.14	10.55	84	2,594.37	1,816.06	516.76	20.04	240.00	25.31	12.66
85	2,358.13	1,650.48	469.31	17.93	240.00	23.20	11.60	85	2,711.42	1,898.32	539.97	21.09	240.00	26.37	13.71
86	2,463.59	1,724.30	490.40	17.93	240.00	24.25	11.60	86	2,832.71	1,982.69	564.22	21.09	240.00	27.42	13.71
87	2,574.32	1,802.35	511.49	18.98	240.00	25.31	12.66	87	2,960.32	2,072.33	588.48	22.14	240.00	28.48	14.77
88	2,690.33	1,883.55	534.69	20.04	240.00	26.37	12.66	88	3,093.20	2,165.13	614.84	23.20	240.00	29.53	14.77
89	2,811.61	1,967.92	558.95	21.09	240.00	27.42	13.71	89	3,233.46	2,263.21	642.27	24.25	240.00	30.59	15.82
90	2,938.17	2,056.51	584.26	21.09	240.00	27.42	13.71	90	3,379.01	2,365.51	671.79	24.25	240.00	31.64	15.82
91	3,070.00	2,148.26	609.57	22.14	240.00	29.53	14.77	91	3,529.82	2,470.97	701.32	25.31	240.00	34.80	16.87
92	3,207.10	2,245.29	636.99	23.20	240.00	30.59	14.77	92	3,688.01	2,582.77	732.96	26.37	240.00	35.86	16.87
93	3,351.58	2,346.53	665.46	24.25	240.00	31.64	15.82	93	3,854.64	2,698.78	765.65	27.42	240.00	36.91	17.93
94	3,502.39	2,451.99	696.05	25.31	240.00	32.69	16.87	94	4,028.65	2,820.06	800.46	28.48	240.00	37.96	20.04
95	3,660.58	2,562.73	726.64	26.37	240.00	34.80	16.87	95	4,208.98	2,946.61	835.26	29.53	240.00	40.07	20.04
96	3,825.11	2,677.68	759.33	27.42	240.00	35.86	17.93	96	4,398.82	3,078.44	873.22	30.59	240.00	41.13	21.09
97	3,997.01	2,797.91	793.08	27.42	240.00	36.91	18.98	97	4,596.03	3,218.70	912.25	31.64	240.00	43.24	22.14
98	4,176.30	2,923.41	828.93	28.48	240.00	39.02	18.98	98	4,802.74	3,363.19	954.43	32.69	240.00	45.35	22.14
99	4,364.02	3,054.18	865.84	29.53	240.00	40.07	20.04	99	5,018.94	3,512.94	995.57	34.80	240.00	46.41	23.20

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

### **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 NOT 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.

**IN ADDITION TO THIS OUTLINE OF COVERAGE, ACE PROPERTY & CASUALTY INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES, WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.**

### **CLAIMS METHODOLOGY**

For expenses covered by Medicare we pay the Medicare-approved amounts. For expenses not covered by Medicare, we limit covered expenses to the Usual, Customary, and Reasonable Charges (UCR) for services and settle claims based on a specific methodology in which the eligible amount of a claim may be less than the provider's billed charge.

## MEDICARE SUPPLEMENT PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD

A benefit period begins on the first day you receive services 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	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>HOSPITALIZATION</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1676	\$0 or  <input type="checkbox"/> Optional Part A Deductible Rider*	\$1676  \$0
	61 <sup>st</sup> to 90 <sup>th</sup> days	All but \$419 per day	\$419 a day	\$0
	91 <sup>st</sup> to 150 <sup>th</sup> days	All but \$838 per day	\$838 per day	\$0
	Beyond 150 days	\$0	100% of Medicare eligible expenses**	\$0
<b>SKILLED NURSING FACILITY CARE</b> 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
	21 <sup>ST</sup> through 100 <sup>th</sup> day	All but \$209.50 a day	Up to \$209.50 a day	\$0
	101 <sup>st</sup> day and after	\$0	\$0	All Costs
<b>INPATIENT PSYCHIATRIC CARE</b> Inpatient psychiatric care at a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	All charges not covered by Medicare or the policy
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services		All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care	Medicare coinsurance or copayments	\$0

\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

## MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

\*Once you have been billed \$257 of Medicare approved amounts for covered services (which are noted with asterisk), your Medicare Part B deductible will have been met for the calendar year.

SERVICES	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> Eligible expenses for physician's services, inpatient and outpatient medical 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 or <input type="checkbox"/> Optional Part B Deductible Rider** or  <input type="checkbox"/> Optional Part B Copayment or Coinsurance***   Generally 20%   <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider**	\$257 or \$0 or   Up to \$20 per office visit and up to \$50 per emergency room visit   Expenses not paid by Medicare or the policy
<b>BLOOD</b>	First 3 pints  Next \$257 of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  \$0  80%	All Costs  \$0 or <input type="checkbox"/> Optional Part B Deductible Rider**  20%	\$0  \$257 \$0  \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services		100%	\$0	\$0
<b>HOME HEALTH CARE</b>		100% of charges for visits considered medically necessary by Medicare	40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider**	Expenses not paid by Medicare or the policy
<b>PREVENTIVE HEALTH CARE NOT COVERED BY MEDICARE</b> – Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$120 each calendar year  Additional charges	\$0  \$0	\$120  \$0	\$0  All Costs

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

\*\*\*This optional rider may reduce your premium when you pay copayments for medical and emergency room visits.



## **LIMITATIONS AND EXCLUSIONS**

The policy will not pay benefits for:

1. Nursing home care costs beyond what is covered by Medicare and the 30 days of skilled nursing care covered under the policy.
2. Home Health Care above the 40 visits covered under the policy unless the Additional Home Health Care Rider has been purchased.
3. Physician charges above Medicare's approved charge.
4. Outpatient prescription drugs.
5. Most care received outside the United States of America.
6. Dental care, dentures, cosmetic surgery, routine foot care, examinations for the cost of eyeglasses or hearing aids, unless eligible under Medicare.
7. Charges which exceed the Usual, Customary, and Reasonable (UCR) limitations, as they apply to Wisconsin mandated benefits.
8. Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.
9. Medicare Part B covered expenses if the insured is not enrolled in Medicare Part B.

## **ADDITIONAL BENEFITS**

### **KIDNEY DISEASE BENEFITS**

We will pay the expense incurred up to a maximum of \$30,000 during any one calendar year for the necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, non-prescription insulin, transplantation, and donor-related services as stated in the policy.

### **CHIROPRACTIC BENEFITS**

When Medicare Part B does not pay for medically necessary services received from a chiropractor, we will provide payment in full for all usual and customary charges for chiropractic services. Benefits are not payable for any charges paid by Medicare.

### **DIABETES BENEFITS**

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, while the policy is in force for: (a) the installation or purchase of an insulin infusion pump; (b) other non-prescription equipment or supplies for treatment of diabetes; and (c) a diabetes self-management education program. Benefits for an insulin infusion pump are limited to the purchase of one pump each year. Outpatient prescription medicines, insulin and medical supplies associated with the injection of insulin are **not** covered.

### **BREAST RECONSTRUCTION BENEFITS**

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, in the manner recommended by the attending physician or oncologist to be appropriate for reconstruction of the affected tissue incident to a mastectomy.

### **HOSPITAL OR AMBULATORY DENTAL BENEFITS**

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care if either of the following applies: (a) you have a chronic health condition; or (b) you have a medical condition that requires hospitalization or general anesthesia for dental care.

## **WE WILL NOT DUPLICATE PAYMENTS MADE BY MEDICARE.**

## **REVIEW AND APPEAL PROCEDURE OF DENIED CLAIMS**

1. You, or your representative, may submit a written request, which may be in any form, and which may include supporting material, for review by us of the denial of any benefits under the policy.
2. Within thirty (30) days after receiving the request, we will notify the person submitting the request, with the results of the review.

**GRIEVANCE** means any dissatisfaction with our provision of services or claims practices, expressed in writing to us, by you or on your behalf.

## MEDICARE SUPPLEMENT PREMIUM INFORMATION

### ANNUAL PREMIUM

☐ BASIC MEDICARE SUPPLEMENT POLICY

\$ \_\_\_\_\_

OR

☐ BASIC MEDICARE SUPPLEMENT POLICY WITH THE  
MEDICARE PART B COPAYMENT OR COINSURANCE RIDER

\$ \_\_\_\_\_

### OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

(Each of these riders may be purchased separately.)

**NOTE: If the Basic Medicare Supplement Policy with the Medicare Part B Copayment and Coinsurance Rider is selected, the Medicare Part B Deductible Rider is NOT available.**

☐ MEDICARE PART A DEDUCTIBLE RIDER

\$ \_\_\_\_\_

☐ MEDICARE PART B DEDUCTIBLE RIDER

\$ \_\_\_\_\_

This rider is not available for those newly eligible for Medicare on or after January 1, 2020.

☐ MEDICARE PART B EXCESS CHARGE RIDER

Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law,

\$ \_\_\_\_\_

☐ ADDITIONAL HOME HEALTH CARE RIDER

A total of three hundred and sixty-five (365) Home Health Care visit per twelve (12) month consecutive period. The 365 visits include all visits paid under the Basic Medicare Supplement Coverage (up to forty (40) visits).

\$ \_\_\_\_\_

☐ FOREIGN TRAVEL EMERGENCY RIDER

After a two hundred fifty dollar (\$250) deductible is met, coverage for eighty percent (80%) of billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began at least during the first sixty (60) consecutive days of each trip outside the United States. This benefit has a maximum lifetime limit of fifty thousand dollars (\$50,000).

\$ \_\_\_\_\_

**TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL RIDERS** \$ \_\_\_\_\_

**POLICY FEE** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

The soliciting agent will enter the appropriate premium amounts and the total at the time this outline is given to the applicant.