

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

BENEFIT PLANS A, B, 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. Every company must make Plans A, B and D or G available. Some plans may not be available in your state. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans available to all applicants									Medicare first eligible before 2020 only		
	A	B	D	G	G ¹	K	L	M	N	C	F	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	copays apply ³	✓	✓	
Blood (first three pints)	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓	✓		50%	75%	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓	✓		50%	75%	50%	✓	✓	✓	
Medicare Part B deductible										✓	✓	
Medicare Part B excess charges				✓							✓	
Foreign travel emergency (up to plan limits)			✓	✓				✓	✓	✓	✓	
Out-of-pocket limit in 2024 ²						\$7060 ²	\$3530 ²					

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

³Plan 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.

PENNSYLVANIA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 189-194

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	Plan G	Plan N
Under 65	1,952	1,982	2,295	1,989	780	1,555	Under 65	2,168	2,200	2,550	2,210	869	1,727
65	1,952	1,982	2,295	1,989	780	1,555	65	2,168	2,200	2,550	2,210	869	1,727
66	1,952	1,982	2,295	1,989	780	1,555	66	2,168	2,200	2,550	2,210	869	1,727
67	1,952	1,982	2,295	1,989	780	1,555	67	2,168	2,200	2,550	2,210	869	1,727
68	1,952	1,982	2,364	1,989	780	1,555	68	2,168	2,200	2,627	2,210	869	1,727
69	1,952	1,982	2,435	1,989	780	1,601	69	2,168	2,200	2,706	2,210	869	1,778
70	2,011	2,042	2,507	2,058	804	1,649	70	2,234	2,267	2,786	2,287	895	1,831
71	2,071	2,102	2,584	2,129	829	1,700	71	2,301	2,336	2,871	2,368	919	1,887
72	2,134	2,166	2,673	2,205	854	1,759	72	2,369	2,405	2,970	2,450	946	1,952
73	2,207	2,241	2,766	2,281	882	1,820	73	2,453	2,489	3,074	2,536	981	2,021
74	2,284	2,319	2,864	2,362	914	1,884	74	2,538	2,575	3,182	2,626	1,015	2,092
75	2,365	2,400	2,963	2,444	945	1,950	75	2,628	2,667	3,293	2,718	1,050	2,164
76	2,447	2,483	3,067	2,529	979	2,018	76	2,718	2,758	3,409	2,812	1,087	2,241
77	2,534	2,571	3,190	2,631	1,013	2,099	77	2,814	2,855	3,545	2,924	1,127	2,329
78	2,634	2,673	3,318	2,737	1,053	2,182	78	2,927	2,971	3,686	3,041	1,172	2,423
79	2,740	2,780	3,449	2,846	1,094	2,270	79	3,045	3,091	3,832	3,163	1,216	2,521
80	2,850	2,893	3,589	2,960	1,140	2,359	80	3,166	3,214	3,988	3,290	1,266	2,620
81	2,963	3,007	3,731	3,078	1,185	2,454	81	3,293	3,342	4,146	3,421	1,315	2,724
82	3,083	3,129	3,881	3,201	1,232	2,554	82	3,424	3,476	4,313	3,558	1,370	2,835
83	3,207	3,255	4,036	3,329	1,281	2,655	83	3,562	3,615	4,485	3,700	1,423	2,947
84	3,335	3,385	4,198	3,462	1,333	2,762	84	3,707	3,763	4,664	3,848	1,479	3,066
85	3,470	3,522	4,365	3,601	1,385	2,872	85	3,856	3,915	4,851	4,002	1,539	3,189
86	3,609	3,664	4,540	3,745	1,441	2,988	86	4,009	4,069	5,046	4,163	1,601	3,317
87	3,752	3,807	4,722	3,895	1,500	3,108	87	4,168	4,231	5,247	4,329	1,666	3,449
88	3,903	3,962	4,911	4,050	1,558	3,232	88	4,337	4,402	5,457	4,503	1,732	3,589
89	4,058	4,119	5,106	4,213	1,621	3,363	89	4,510	4,578	5,673	4,682	1,800	3,733
90	4,220	4,283	5,311	4,381	1,687	3,498	90	4,688	4,758	5,903	4,869	1,872	3,884
91	4,388	4,454	5,524	4,556	1,754	3,639	91	4,878	4,951	6,139	5,064	1,948	4,039
92	4,564	4,632	5,744	4,738	1,823	3,784	92	5,073	5,149	6,384	5,266	2,027	4,199
93	4,747	4,818	5,974	4,928	1,896	3,934	93	5,275	5,354	6,639	5,477	2,106	4,366
94	4,938	5,011	6,214	5,126	1,973	4,092	94	5,487	5,569	6,905	5,697	2,192	4,543
95	5,134	5,211	6,462	5,331	2,050	4,255	95	5,705	5,790	7,181	5,924	2,278	4,724
96	5,339	5,418	6,723	5,544	2,132	4,425	96	5,933	6,022	7,471	6,161	2,371	4,911
97	5,553	5,637	6,990	5,765	2,218	4,603	97	6,169	6,261	7,769	6,408	2,465	5,109
98	5,775	5,861	7,269	5,995	2,305	4,787	98	6,416	6,512	8,079	6,664	2,563	5,315
99	6,006	6,097	7,560	6,235	2,398	4,978	99	6,673	6,773	8,402	6,930	2,665	5,527

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

PENNSYLVANIA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 150-154, 156

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	Plan G	Plan N
Under 65	1,778	1,804	2,090	1,811	710	1,416	Under 65	1,974	2,003	2,322	2,012	791	1,572
65	1,778	1,804	2,090	1,811	710	1,416	65	1,974	2,003	2,322	2,012	791	1,572
66	1,778	1,804	2,090	1,811	710	1,416	66	1,974	2,003	2,322	2,012	791	1,572
67	1,778	1,804	2,090	1,811	710	1,416	67	1,974	2,003	2,322	2,012	791	1,572
68	1,778	1,804	2,152	1,811	710	1,416	68	1,974	2,003	2,392	2,012	791	1,572
69	1,778	1,804	2,217	1,811	710	1,458	69	1,974	2,003	2,464	2,012	791	1,619
70	1,831	1,859	2,283	1,874	732	1,501	70	2,034	2,064	2,536	2,082	814	1,667
71	1,885	1,913	2,352	1,939	755	1,548	71	2,095	2,127	2,614	2,156	837	1,718
72	1,943	1,972	2,434	2,007	777	1,601	72	2,157	2,190	2,704	2,231	862	1,778
73	2,010	2,040	2,519	2,077	803	1,657	73	2,233	2,266	2,799	2,309	893	1,840
74	2,080	2,111	2,607	2,151	832	1,715	74	2,310	2,345	2,897	2,390	924	1,904
75	2,153	2,185	2,697	2,225	860	1,775	75	2,393	2,428	2,998	2,474	956	1,970
76	2,228	2,261	2,793	2,303	892	1,837	76	2,474	2,511	3,103	2,560	990	2,040
77	2,307	2,341	2,904	2,395	923	1,911	77	2,562	2,600	3,228	2,662	1,026	2,120
78	2,398	2,434	3,021	2,492	959	1,987	78	2,664	2,705	3,356	2,769	1,067	2,206
79	2,494	2,531	3,140	2,591	996	2,067	79	2,772	2,814	3,489	2,880	1,107	2,295
80	2,595	2,634	3,267	2,695	1,038	2,148	80	2,883	2,926	3,631	2,996	1,153	2,385
81	2,697	2,738	3,397	2,803	1,079	2,234	81	2,998	3,043	3,775	3,115	1,197	2,481
82	2,807	2,848	3,534	2,914	1,122	2,326	82	3,117	3,164	3,927	3,239	1,247	2,581
83	2,920	2,964	3,674	3,031	1,166	2,417	83	3,243	3,291	4,083	3,369	1,296	2,684
84	3,036	3,082	3,822	3,152	1,214	2,515	84	3,375	3,426	4,247	3,503	1,347	2,791
85	3,159	3,206	3,974	3,279	1,261	2,615	85	3,511	3,564	4,417	3,644	1,401	2,903
86	3,286	3,336	4,134	3,409	1,312	2,720	86	3,650	3,705	4,594	3,790	1,457	3,020
87	3,416	3,466	4,299	3,546	1,365	2,829	87	3,795	3,852	4,777	3,941	1,517	3,140
88	3,554	3,607	4,471	3,687	1,419	2,942	88	3,949	4,008	4,969	4,099	1,577	3,267
89	3,695	3,751	4,649	3,836	1,476	3,062	89	4,106	4,168	5,165	4,263	1,639	3,399
90	3,842	3,899	4,835	3,989	1,536	3,185	90	4,268	4,332	5,375	4,433	1,705	3,536
91	3,995	4,055	5,030	4,148	1,597	3,313	91	4,441	4,508	5,589	4,611	1,773	3,677
92	4,155	4,217	5,230	4,314	1,660	3,445	92	4,618	4,688	5,812	4,795	1,845	3,823
93	4,322	4,386	5,439	4,486	1,726	3,582	93	4,802	4,875	6,045	4,986	1,917	3,975
94	4,495	4,563	5,658	4,667	1,797	3,725	94	4,995	5,070	6,287	5,187	1,996	4,136
95	4,674	4,744	5,883	4,853	1,866	3,874	95	5,194	5,272	6,538	5,394	2,074	4,301
96	4,861	4,933	6,121	5,047	1,941	4,028	96	5,401	5,482	6,802	5,609	2,159	4,471
97	5,056	5,132	6,364	5,249	2,019	4,191	97	5,617	5,701	7,074	5,834	2,244	4,651
98	5,258	5,337	6,618	5,458	2,099	4,358	98	5,842	5,929	7,355	6,067	2,334	4,839
99	5,469	5,551	6,883	5,677	2,183	4,532	99	6,075	6,166	7,650	6,310	2,426	5,032

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

PENNSYLVANIA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 150-154, 156, 189-194

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	Plan G	Plan N
Under 65	1,544	1,568	1,816	1,573	617	1,230	Under 65	1,715	1,741	2,017	1,748	687	1,366
65	1,544	1,568	1,816	1,573	617	1,230	65	1,715	1,741	2,017	1,748	687	1,366
66	1,544	1,568	1,816	1,573	617	1,230	66	1,715	1,741	2,017	1,748	687	1,366
67	1,544	1,568	1,816	1,573	617	1,230	67	1,715	1,741	2,017	1,748	687	1,366
68	1,544	1,568	1,870	1,573	617	1,230	68	1,715	1,741	2,078	1,748	687	1,366
69	1,544	1,568	1,926	1,573	617	1,267	69	1,715	1,741	2,141	1,748	687	1,407
70	1,591	1,615	1,983	1,628	636	1,304	70	1,767	1,794	2,204	1,809	708	1,449
71	1,638	1,662	2,044	1,684	656	1,345	71	1,820	1,848	2,271	1,873	727	1,493
72	1,688	1,713	2,114	1,744	675	1,391	72	1,874	1,903	2,349	1,938	749	1,544
73	1,746	1,773	2,188	1,805	698	1,440	73	1,940	1,969	2,432	2,006	776	1,598
74	1,807	1,834	2,265	1,869	723	1,490	74	2,007	2,037	2,517	2,077	803	1,655
75	1,871	1,898	2,344	1,934	748	1,542	75	2,079	2,110	2,605	2,150	831	1,712
76	1,936	1,964	2,426	2,001	775	1,596	76	2,150	2,182	2,696	2,225	860	1,773
77	2,004	2,034	2,523	2,081	802	1,660	77	2,226	2,259	2,805	2,313	891	1,842
78	2,084	2,114	2,625	2,165	833	1,726	78	2,315	2,350	2,916	2,405	927	1,917
79	2,167	2,199	2,728	2,251	865	1,796	79	2,409	2,445	3,032	2,502	962	1,994
80	2,254	2,289	2,839	2,341	902	1,866	80	2,505	2,542	3,155	2,603	1,001	2,073
81	2,344	2,379	2,951	2,435	938	1,941	81	2,605	2,644	3,280	2,706	1,040	2,155
82	2,439	2,475	3,070	2,532	974	2,021	82	2,709	2,749	3,412	2,814	1,084	2,242
83	2,537	2,575	3,193	2,634	1,013	2,100	83	2,818	2,860	3,548	2,927	1,126	2,332
84	2,638	2,678	3,320	2,738	1,054	2,185	84	2,932	2,976	3,690	3,044	1,170	2,425
85	2,745	2,786	3,453	2,849	1,095	2,272	85	3,050	3,097	3,837	3,166	1,218	2,522
86	2,855	2,898	3,592	2,962	1,140	2,364	86	3,172	3,219	3,992	3,293	1,266	2,624
87	2,968	3,012	3,735	3,081	1,186	2,458	87	3,297	3,347	4,151	3,424	1,318	2,728
88	3,088	3,134	3,885	3,204	1,233	2,556	88	3,431	3,482	4,317	3,562	1,370	2,839
89	3,210	3,259	4,039	3,333	1,282	2,660	89	3,567	3,621	4,488	3,704	1,424	2,953
90	3,338	3,388	4,201	3,466	1,334	2,767	90	3,708	3,764	4,670	3,852	1,481	3,072
91	3,471	3,523	4,370	3,604	1,387	2,878	91	3,858	3,917	4,856	4,006	1,541	3,195
92	3,610	3,664	4,544	3,748	1,442	2,993	92	4,013	4,073	5,050	4,166	1,603	3,322
93	3,755	3,811	4,726	3,898	1,500	3,112	93	4,173	4,235	5,252	4,332	1,666	3,454
94	3,906	3,964	4,916	4,055	1,561	3,237	94	4,340	4,405	5,462	4,507	1,734	3,594
95	4,061	4,122	5,112	4,217	1,622	3,366	95	4,513	4,580	5,681	4,686	1,802	3,737
96	4,223	4,286	5,318	4,385	1,686	3,500	96	4,693	4,763	5,910	4,874	1,875	3,885
97	4,393	4,459	5,530	4,561	1,754	3,641	97	4,880	4,953	6,146	5,069	1,950	4,041
98	4,568	4,637	5,750	4,743	1,824	3,787	98	5,075	5,152	6,391	5,272	2,028	4,205
99	4,751	4,823	5,981	4,932	1,897	3,938	99	5,278	5,358	6,646	5,482	2,108	4,372

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

PENNSYLVANIA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 189-194

	Preferred							Standard					
	HD							HD					
Attained Age	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N	Attained Age	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N
Under 65	1,743	1,770	2,049	1,777	697	1,388	Under 65	1,937	1,966	2,277	1,972	774	1,541
65	1,743	1,770	2,049	1,777	697	1,388	65	1,937	1,966	2,277	1,972	774	1,541
66	1,743	1,770	2,049	1,777	697	1,388	66	1,937	1,966	2,277	1,972	774	1,541
67	1,743	1,770	2,049	1,777	697	1,388	67	1,937	1,966	2,277	1,972	774	1,541
68	1,743	1,770	2,110	1,777	697	1,388	68	1,937	1,966	2,345	1,972	774	1,541
69	1,743	1,770	2,174	1,777	697	1,428	69	1,937	1,966	2,417	1,972	774	1,587
70	1,795	1,821	2,238	1,838	717	1,472	70	1,994	2,024	2,489	2,042	798	1,635
71	1,849	1,877	2,306	1,902	739	1,516	71	2,054	2,085	2,564	2,113	821	1,685
72	1,904	1,932	2,386	1,969	761	1,569	72	2,115	2,148	2,652	2,187	847	1,743
73	1,971	2,000	2,469	2,039	788	1,624	73	2,189	2,223	2,745	2,263	875	1,805
74	2,040	2,071	2,556	2,110	815	1,682	74	2,266	2,299	2,842	2,343	905	1,869
75	2,111	2,143	2,645	2,184	844	1,739	75	2,345	2,380	2,940	2,425	938	1,933
76	2,185	2,219	2,738	2,260	874	1,801	76	2,428	2,464	3,045	2,510	970	2,001
77	2,262	2,295	2,849	2,350	904	1,873	77	2,513	2,550	3,166	2,610	1,005	2,081
78	2,352	2,387	2,961	2,444	941	1,948	78	2,613	2,652	3,292	2,713	1,046	2,164
79	2,446	2,482	3,080	2,542	978	2,026	79	2,718	2,758	3,423	2,822	1,086	2,251
80	2,543	2,581	3,204	2,644	1,017	2,106	80	2,826	2,868	3,561	2,935	1,129	2,340
81	2,645	2,684	3,331	2,750	1,058	2,189	81	2,939	2,984	3,703	3,053	1,175	2,433
82	2,752	2,794	3,464	2,860	1,101	2,279	82	3,058	3,104	3,852	3,175	1,224	2,532
83	2,862	2,906	3,602	2,974	1,144	2,369	83	3,180	3,228	4,005	3,301	1,271	2,633
84	2,978	3,023	3,747	3,092	1,190	2,464	84	3,308	3,359	4,165	3,434	1,321	2,738
85	3,098	3,144	3,898	3,216	1,236	2,563	85	3,442	3,494	4,333	3,572	1,374	2,847
86	3,222	3,271	4,054	3,345	1,287	2,666	86	3,579	3,633	4,507	3,714	1,429	2,961
87	3,350	3,400	4,214	3,478	1,338	2,773	87	3,722	3,778	4,685	3,863	1,487	3,081
88	3,485	3,538	4,384	3,618	1,392	2,883	88	3,871	3,930	4,873	4,018	1,546	3,204
89	3,623	3,678	4,558	3,763	1,446	3,000	89	4,028	4,087	5,067	4,178	1,607	3,333
90	3,768	3,825	4,742	3,913	1,505	3,122	90	4,186	4,249	5,272	4,345	1,672	3,469
91	3,919	3,977	4,932	4,069	1,565	3,247	91	4,355	4,420	5,482	4,519	1,739	3,607
92	4,076	4,138	5,128	4,232	1,628	3,375	92	4,529	4,597	5,701	4,699	1,810	3,750
93	4,238	4,302	5,335	4,402	1,692	3,510	93	4,709	4,780	5,930	4,887	1,881	3,899
94	4,408	4,473	5,548	4,578	1,760	3,651	94	4,899	4,972	6,167	5,084	1,957	4,057
95	4,584	4,652	5,770	4,762	1,831	3,798	95	5,094	5,170	6,413	5,287	2,034	4,218
96	4,768	4,839	6,002	4,951	1,904	3,948	96	5,297	5,377	6,673	5,498	2,116	4,387
97	4,957	5,031	6,241	5,149	1,980	4,107	97	5,509	5,591	6,937	5,718	2,200	4,564
98	5,155	5,232	6,490	5,356	2,060	4,271	98	5,729	5,815	7,215	5,946	2,289	4,747
99	5,363	5,443	6,749	5,570	2,141	4,441	99	5,958	6,047	7,503	6,185	2,379	4,936

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

PENNSYLVANIA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 150-154, 156

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	Plan G	Plan N
Under 65	1,587	1,611	1,865	1,618	634	1,264	Under 65	1,764	1,790	2,073	1,795	705	1,403
65	1,587	1,611	1,865	1,618	634	1,264	65	1,764	1,790	2,073	1,795	705	1,403
66	1,587	1,611	1,865	1,618	634	1,264	66	1,764	1,790	2,073	1,795	705	1,403
67	1,587	1,611	1,865	1,618	634	1,264	67	1,764	1,790	2,073	1,795	705	1,403
68	1,587	1,611	1,921	1,618	634	1,264	68	1,764	1,790	2,135	1,795	705	1,403
69	1,587	1,611	1,979	1,618	634	1,301	69	1,764	1,790	2,200	1,795	705	1,445
70	1,634	1,658	2,038	1,674	653	1,340	70	1,816	1,842	2,266	1,859	726	1,488
71	1,684	1,709	2,100	1,732	673	1,380	71	1,870	1,898	2,335	1,924	747	1,534
72	1,733	1,759	2,172	1,793	693	1,429	72	1,926	1,955	2,415	1,991	771	1,587
73	1,794	1,821	2,248	1,856	717	1,478	73	1,993	2,024	2,500	2,061	797	1,643
74	1,858	1,885	2,327	1,921	742	1,531	74	2,063	2,094	2,587	2,133	824	1,701
75	1,922	1,951	2,408	1,988	768	1,583	75	2,135	2,167	2,677	2,208	854	1,760
76	1,989	2,020	2,493	2,058	796	1,639	76	2,210	2,243	2,772	2,285	883	1,822
77	2,059	2,090	2,593	2,139	823	1,705	77	2,288	2,322	2,883	2,376	915	1,894
78	2,142	2,173	2,696	2,225	857	1,774	78	2,379	2,415	2,997	2,470	952	1,970
79	2,227	2,260	2,804	2,314	890	1,845	79	2,474	2,511	3,116	2,569	989	2,049
80	2,316	2,350	2,917	2,407	926	1,917	80	2,573	2,611	3,242	2,672	1,028	2,130
81	2,408	2,444	3,032	2,503	964	1,993	81	2,676	2,717	3,371	2,780	1,069	2,215
82	2,506	2,544	3,154	2,604	1,002	2,074	82	2,784	2,826	3,507	2,890	1,114	2,305
83	2,606	2,645	3,280	2,708	1,042	2,157	83	2,895	2,939	3,647	3,006	1,158	2,397
84	2,711	2,752	3,412	2,815	1,083	2,243	84	3,012	3,058	3,792	3,126	1,202	2,493
85	2,821	2,862	3,549	2,928	1,125	2,333	85	3,134	3,181	3,945	3,252	1,251	2,592
86	2,933	2,978	3,691	3,045	1,171	2,427	86	3,258	3,308	4,103	3,381	1,301	2,696
87	3,050	3,096	3,837	3,167	1,219	2,525	87	3,389	3,440	4,266	3,517	1,354	2,805
88	3,173	3,221	3,992	3,294	1,267	2,625	88	3,525	3,578	4,437	3,658	1,408	2,917
89	3,299	3,348	4,150	3,426	1,317	2,732	89	3,667	3,721	4,613	3,804	1,464	3,035
90	3,431	3,483	4,318	3,563	1,370	2,842	90	3,811	3,869	4,800	3,956	1,522	3,158
91	3,568	3,621	4,490	3,705	1,425	2,956	91	3,965	4,025	4,991	4,115	1,583	3,284
92	3,711	3,767	4,669	3,853	1,482	3,073	92	4,124	4,186	5,191	4,278	1,648	3,414
93	3,858	3,917	4,857	4,008	1,541	3,196	93	4,287	4,352	5,399	4,450	1,712	3,550
94	4,013	4,073	5,051	4,168	1,603	3,324	94	4,460	4,527	5,614	4,629	1,782	3,693
95	4,173	4,235	5,253	4,335	1,667	3,457	95	4,637	4,707	5,839	4,814	1,851	3,841
96	4,341	4,405	5,465	4,508	1,733	3,595	96	4,823	4,895	6,075	5,005	1,926	3,994
97	4,513	4,580	5,682	4,688	1,803	3,739	97	5,016	5,090	6,316	5,206	2,003	4,155
98	4,693	4,763	5,909	4,876	1,875	3,889	98	5,216	5,295	6,569	5,414	2,084	4,322
99	4,882	4,956	6,145	5,071	1,950	4,044	99	5,424	5,505	6,831	5,631	2,166	4,494

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

PENNSYLVANIA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 150-154, 156, 189-194

	Preferred							Standard					
Attained Age	HD						Attained Age	HD					
	Plan A	Plan B	Plan F	Plan G	Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	Plan G	Plan N
Under 65	1,379	1,400	1,621	1,406	551	1,098	Under 65	1,532	1,555	1,801	1,560	613	1,219
65	1,379	1,400	1,621	1,406	551	1,098	65	1,532	1,555	1,801	1,560	613	1,219
66	1,379	1,400	1,621	1,406	551	1,098	66	1,532	1,555	1,801	1,560	613	1,219
67	1,379	1,400	1,621	1,406	551	1,098	67	1,532	1,555	1,801	1,560	613	1,219
68	1,379	1,400	1,669	1,406	551	1,098	68	1,532	1,555	1,855	1,560	613	1,219
69	1,379	1,400	1,720	1,406	551	1,130	69	1,532	1,555	1,912	1,560	613	1,256
70	1,420	1,441	1,770	1,454	567	1,164	70	1,578	1,601	1,969	1,615	631	1,293
71	1,463	1,485	1,824	1,505	584	1,199	71	1,625	1,649	2,028	1,671	649	1,333
72	1,506	1,528	1,887	1,558	602	1,241	72	1,673	1,699	2,098	1,730	670	1,379
73	1,559	1,582	1,953	1,613	623	1,284	73	1,732	1,758	2,172	1,790	693	1,428
74	1,614	1,638	2,022	1,669	645	1,331	74	1,793	1,819	2,248	1,853	716	1,478
75	1,670	1,695	2,092	1,727	668	1,376	75	1,855	1,883	2,326	1,918	742	1,529
76	1,729	1,755	2,166	1,788	691	1,424	76	1,920	1,949	2,409	1,985	767	1,583
77	1,789	1,816	2,253	1,859	715	1,482	77	1,988	2,017	2,505	2,065	795	1,646
78	1,861	1,888	2,343	1,934	744	1,541	78	2,067	2,098	2,604	2,146	828	1,712
79	1,935	1,963	2,436	2,011	774	1,603	79	2,150	2,182	2,707	2,232	859	1,780
80	2,012	2,042	2,534	2,091	805	1,666	80	2,236	2,269	2,817	2,322	893	1,851
81	2,092	2,123	2,635	2,175	837	1,732	81	2,325	2,360	2,929	2,415	929	1,925
82	2,177	2,210	2,741	2,262	871	1,802	82	2,419	2,455	3,047	2,511	968	2,003
83	2,264	2,299	2,850	2,353	905	1,874	83	2,516	2,553	3,168	2,612	1,006	2,082
84	2,356	2,391	2,964	2,446	941	1,949	84	2,617	2,657	3,295	2,716	1,045	2,166
85	2,451	2,487	3,083	2,544	978	2,027	85	2,723	2,764	3,427	2,825	1,087	2,252
86	2,549	2,587	3,207	2,646	1,018	2,109	86	2,831	2,874	3,565	2,938	1,130	2,343
87	2,650	2,690	3,334	2,752	1,059	2,194	87	2,945	2,989	3,706	3,056	1,177	2,437
88	2,757	2,799	3,468	2,862	1,101	2,281	88	3,062	3,109	3,855	3,178	1,223	2,534
89	2,866	2,909	3,606	2,976	1,144	2,373	89	3,186	3,233	4,008	3,305	1,272	2,637
90	2,981	3,026	3,751	3,096	1,191	2,469	90	3,312	3,361	4,170	3,437	1,322	2,744
91	3,100	3,146	3,901	3,219	1,238	2,569	91	3,445	3,497	4,337	3,575	1,375	2,853
92	3,225	3,273	4,057	3,348	1,288	2,670	92	3,583	3,637	4,510	3,717	1,431	2,967
93	3,352	3,403	4,220	3,482	1,339	2,777	93	3,725	3,781	4,691	3,866	1,488	3,085
94	3,487	3,539	4,389	3,621	1,393	2,888	94	3,875	3,933	4,878	4,022	1,548	3,209
95	3,626	3,680	4,564	3,767	1,449	3,004	95	4,029	4,090	5,073	4,183	1,609	3,337
96	3,771	3,828	4,748	3,917	1,506	3,123	96	4,190	4,253	5,278	4,349	1,673	3,470
97	3,921	3,980	4,937	4,073	1,567	3,249	97	4,358	4,423	5,488	4,523	1,740	3,610
98	4,078	4,138	5,134	4,237	1,629	3,379	98	4,532	4,600	5,707	4,704	1,811	3,755
99	4,242	4,306	5,339	4,406	1,694	3,513	99	4,713	4,783	5,935	4,892	1,882	3,905

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

PREMIUM INFORMATION

Elips Life 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, gender, underwriting class, state of issue, and your most recent zip code of residence in the state of issue. Premiums are based on your attained age and will change on your policy anniversary date.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: Elips Life Insurance Company, Medicare Supplement Administration, P.O. Box 10875, Clearwater, Florida 33757-8875. 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. NOTE: The policy fee is fully refundable if the policy is not issued, delivery of the policy is refused or the policy is returned with the policy's 30-day free look period.

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 Elips Life 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. Elips Life 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
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$0	\$1632 (Part A deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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 st thru 100 th day	All but \$204 a day	\$0	Up to \$204 a day
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

PLAN A

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOME HEALTH CARE</u> – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN B

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
<u>HOSPITALIZATION</u> * - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE</u> * - 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 st thru 100 th day	All but \$204 a day	\$0	Up to \$204 a day
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - 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 B

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

PLAN B

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOME HEALTH CARE</u> – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$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
<u>HOSPITALIZATION</u> * - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE</u> * - 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 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - 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 F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	100%	\$0
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

(continued)

PLAN F
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOME HEALTH CARE</u> – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</u> – 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
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - 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 G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	100%	\$0
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

(continued)

PLAN G
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOME HEALTH CARE</u> – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</u> – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses exceed \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

(continued)

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
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.

(continued)

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses exceed \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	100%	\$0
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

(continued)

HIGH DEDUCTIBLE PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - 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 N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

(continued)

PLAN N
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOME HEALTH CARE</u> – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</u> – 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