

UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Nebraska Stock Company • Administrative Offices: McKinney, Texas
Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020
Benefit Plans A, B, F, HDF, G, and HDG

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available. 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*1*	K	L	M	N	C	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					\$7,060 ²	\$3,530 ²				

* Denotes plans available by United American Insurance Company

¹ Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 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.

PREMIUM INFORMATION

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2020. Policies sold for effective dates prior to January 1, 2020 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

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 your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, DO NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all your medical cost.

Neither United American 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. The Company may cancel your policy and refuse to pay 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.

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy provides a 31-day grace period.

UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Male

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1606	803	402	134	5EW	06/01/2014
B	2596	1298	649	217	5F0	02/01/2021
F	3029	1515	758	253	5FC	05/01/2020
HDF	440	220	110	37	5FG	03/01/2018
G	1816	908	454	152	5FK	04/15/2023
HDG	440	220	110	37	5I6	02/06/2020

Female

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1396	698	349	117	5EX	06/01/2014
B	2257	1129	565	189	5F1	02/01/2021
F	2634	1317	659	220	5FD	05/01/2020
HDF	383	192	96	32	5FH	03/01/2018
G	1579	790	395	132	5FL	04/15/2023
HDG	383	192	96	32	5I7	02/06/2020

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Male

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1606	803	402	134	5EW	06/01/2014
B	2596	1298	649	217	5F0	02/01/2021
F	3029	1515	758	253	5FC	05/01/2020
HDF	440	220	110	37	5FG	03/01/2018
G	1816	908	454	152	5FK	04/15/2023
HDG	440	220	110	37	5I6	02/06/2020

Female

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1396	698	349	117	5EX	06/01/2014
B	2257	1129	565	189	5F1	02/01/2021
F	2634	1317	659	220	5FD	05/01/2020
HDF	383	192	96	32	5FH	03/01/2018
G	1579	790	395	132	5FL	04/15/2023
HDG	383	192	96	32	5I7	02/06/2020

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

PLAN A

Male

Preferred		Effective Date: 06/01/2014 Plan Code: 5A4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1606	803	402	134
66	1685	843	422	141
67	1751	876	438	146
68	1806	903	452	151
69	1873	937	469	157
70	1941	971	486	162
71	1987	994	497	166
72	2004	1002	501	167
73	2030	1015	508	170
74	2042	1021	511	171
75	2060	1030	515	172
76	2062	1031	516	172
77	2062	1031	516	172
78	2062	1031	516	172
79	2062	1031	516	172
80+	2062	1031	516	172

Standard		Effective Date: 06/01/2014 Plan Code: 5A6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1848	924	462	154
66	1939	970	485	162
67	2015	1008	504	168
68	2079	1040	520	174
69	2156	1078	539	180
70	2233	1117	559	187
71	2287	1144	572	191
72	2306	1153	577	193
73	2336	1168	584	195
74	2350	1175	588	196
75	2371	1186	593	198
76	2373	1187	594	198
77	2373	1187	594	198
78	2373	1187	594	198
79	2373	1187	594	198
80+	2373	1187	594	198

Female

Preferred		Effective Date: 06/01/2014 Plan Code: 5A5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1396	698	349	117
66	1465	733	367	123
67	1522	761	381	127
68	1571	786	393	131
69	1629	815	408	136
70	1688	844	422	141
71	1728	864	432	144
72	1743	872	436	146
73	1765	883	442	148
74	1776	888	444	148
75	1791	896	448	150
76	1793	897	449	150
77	1793	897	449	150
78	1793	897	449	150
79	1793	897	449	150
80+	1793	897	449	150

Standard		Effective Date: 06/01/2014 Plan Code: 5A7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1606	803	402	134
66	1685	843	422	141
67	1751	876	438	146
68	1806	903	452	151
69	1873	937	469	157
70	1941	971	486	162
71	1987	994	497	166
72	2004	1002	501	167
73	2030	1015	508	170
74	2042	1021	511	171
75	2060	1030	515	172
76	2062	1031	516	172
77	2062	1031	516	172
78	2062	1031	516	172
79	2062	1031	516	172
80+	2062	1031	516	172

PLAN B

Male				
Preferred		Effective Date: 02/01/2021 Plan Code: 5AM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2596	1298	649	217
66	2735	1368	684	228
67	2859	1430	715	239
68	2962	1481	741	247
69	3090	1545	773	258
70	3209	1605	803	268
71	3304	1652	826	276
72	3361	1681	841	281
73	3426	1713	857	286
74	3471	1736	868	290
75	3523	1762	881	294
76	3552	1776	888	296
77	3560	1780	890	297
78	3569	1785	893	298
79	3580	1790	895	299
80+	3580	1790	895	299

Standard		Effective Date: 02/01/2021 Plan Code: 5AO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2987	1494	747	249
66	3148	1574	787	263
67	3290	1645	823	275
68	3409	1705	853	285
69	3556	1778	889	297
70	3693	1847	924	308
71	3802	1901	951	317
72	3867	1934	967	323
73	3943	1972	986	329
74	3995	1998	999	333
75	4054	2027	1014	338
76	4087	2044	1022	341
77	4097	2049	1025	342
78	4107	2054	1027	343
79	4120	2060	1030	344
80+	4120	2060	1030	344

Female				
Preferred		Effective Date: 02/01/2021 Plan Code: 5AN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2257	1129	565	189
66	2379	1190	595	199
67	2486	1243	622	208
68	2576	1288	644	215
69	2687	1344	672	224
70	2791	1396	698	233
71	2873	1437	719	240
72	2922	1461	731	244
73	2979	1490	745	249
74	3019	1510	755	252
75	3064	1532	766	256
76	3089	1545	773	258
77	3096	1548	774	258
78	3104	1552	776	259
79	3113	1557	779	260
80+	3113	1557	779	260

Standard		Effective Date: 02/01/2021 Plan Code: 5AP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2596	1298	649	217
66	2735	1368	684	228
67	2859	1430	715	239
68	2962	1481	741	247
69	3090	1545	773	258
70	3209	1605	803	268
71	3304	1652	826	276
72	3361	1681	841	281
73	3426	1713	857	286
74	3471	1736	868	290
75	3523	1762	881	294
76	3552	1776	888	296
77	3560	1780	890	297
78	3569	1785	893	298
79	3580	1790	895	299
80+	3580	1790	895	299

PLAN F

Male

Preferred		Effective Date: 05/01/2020 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3029	1515	758	253
66	3188	1594	797	266
67	3329	1665	833	278
68	3462	1731	866	289
69	3620	1810	905	302
70	3782	1891	946	316
71	3914	1957	979	327
72	4008	2004	1002	334
73	4111	2056	1028	343
74	4192	2096	1048	350
75	4272	2136	1068	356
76	4334	2167	1084	362
77	4410	2205	1103	368
78	4481	2241	1121	374
79	4557	2279	1140	380
80+	4670	2335	1168	390

Standard		Effective Date: 05/01/2020 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3486	1743	872	291
66	3668	1834	917	306
67	3832	1916	958	320
68	3984	1992	996	332
69	4167	2084	1042	348
70	4352	2176	1088	363
71	4504	2252	1126	376
72	4613	2307	1154	385
73	4731	2366	1183	395
74	4824	2412	1206	402
75	4917	2459	1230	410
76	4987	2494	1247	416
77	5075	2538	1269	423
78	5157	2579	1290	430
79	5244	2622	1311	437
80+	5374	2687	1344	448

Female

Preferred		Effective Date: 05/01/2020 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2634	1317	659	220
66	2772	1386	693	231
67	2895	1448	724	242
68	3010	1505	753	251
69	3149	1575	788	263
70	3289	1645	823	275
71	3403	1702	851	284
72	3486	1743	872	291
73	3575	1788	894	298
74	3645	1823	912	304
75	3715	1858	929	310
76	3769	1885	943	315
77	3835	1918	959	320
78	3897	1949	975	325
79	3963	1982	991	331
80+	4061	2031	1016	339

Standard		Effective Date: 05/01/2020 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3029	1515	758	253
66	3188	1594	797	266
67	3329	1665	833	278
68	3462	1731	866	289
69	3620	1810	905	302
70	3782	1891	946	316
71	3914	1957	979	327
72	4008	2004	1002	334
73	4111	2056	1028	343
74	4192	2096	1048	350
75	4272	2136	1068	356
76	4334	2167	1084	362
77	4410	2205	1103	368
78	4481	2241	1121	374
79	4557	2279	1140	380
80+	4670	2335	1168	390

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN HDF

Male

Preferred		Effective Date: 03/01/2018			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	440	220	110	37		
66	476	238	119	40		
67	511	256	128	43		
68	533	267	134	45		
69	560	280	140	47		
70	584	292	146	49		
71	607	304	152	51		
72	638	319	160	54		
73	669	335	168	56		
74	699	350	175	59		
75	729	365	183	61		
76	748	374	187	63		
77	770	385	193	65		
78	792	396	198	66		
79	823	412	206	69		
80+	869	435	218	73		

Standard		Effective Date: 03/01/2018			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	507	254	127	43		
66	548	274	137	46		
67	588	294	147	49		
68	613	307	154	52		
69	644	322	161	54		
70	672	336	168	56		
71	698	349	175	59		
72	734	367	184	62		
73	770	385	193	65		
74	805	403	202	68		
75	839	420	210	70		
76	860	430	215	72		
77	886	443	222	74		
78	911	456	228	76		
79	947	474	237	79		
80+	1000	500	250	84		

Female

Preferred		Effective Date: 03/01/2018			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	383	192	96	32		
66	414	207	104	35		
67	445	223	112	38		
68	463	232	116	39		
69	487	244	122	41		
70	508	254	127	43		
71	528	264	132	44		
72	555	278	139	47		
73	582	291	146	49		
74	608	304	152	51		
75	634	317	159	53		
76	650	325	163	55		
77	670	335	168	56		
78	688	344	172	58		
79	715	358	179	60		
80+	756	378	189	63		

Standard		Effective Date: 03/01/2018			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	440	220	110	37		
66	476	238	119	40		
67	511	256	128	43		
68	533	267	134	45		
69	560	280	140	47		
70	584	292	146	49		
71	607	304	152	51		
72	638	319	160	54		
73	669	335	168	56		
74	699	350	175	59		
75	729	365	183	61		
76	748	374	187	63		
77	770	385	193	65		
78	792	396	198	66		
79	823	412	206	69		
80+	869	435	218	73		

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN G

Male

Preferred		Effective Date: 04/15/2023 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1816	908	454	152
66	1924	962	481	161
67	2019	1010	505	169
68	2109	1055	528	176
69	2216	1108	554	185
70	2325	1163	582	194
71	2414	1207	604	202
72	2478	1239	620	207
73	2548	1274	637	213
74	2602	1301	651	217
75	2656	1328	664	222
76	2699	1350	675	225
77	2749	1375	688	230
78	2797	1399	700	234
79	2848	1424	712	238
80+	2926	1463	732	244

Standard		Effective Date: 04/15/2023 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2090	1045	523	175
66	2214	1107	554	185
67	2324	1162	581	194
68	2428	1214	607	203
69	2550	1275	638	213
70	2676	1338	669	223
71	2779	1390	695	232
72	2851	1426	713	238
73	2932	1466	733	245
74	2995	1498	749	250
75	3057	1529	765	255
76	3106	1553	777	259
77	3164	1582	791	264
78	3219	1610	805	269
79	3278	1639	820	274
80+	3367	1684	842	281

Female

Preferred		Effective Date: 04/15/2023 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1579	790	395	132
66	1673	837	419	140
67	1756	878	439	147
68	1834	917	459	153
69	1927	964	482	161
70	2022	1011	506	169
71	2100	1050	525	175
72	2155	1078	539	180
73	2215	1108	554	185
74	2263	1132	566	189
75	2310	1155	578	193
76	2347	1174	587	196
77	2391	1196	598	200
78	2432	1216	608	203
79	2477	1239	620	207
80+	2544	1272	636	212

Standard		Effective Date: 04/15/2023 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1816	908	454	152
66	1924	962	481	161
67	2019	1010	505	169
68	2109	1055	528	176
69	2216	1108	554	185
70	2325	1163	582	194
71	2414	1207	604	202
72	2478	1239	620	207
73	2548	1274	637	213
74	2602	1301	651	217
75	2656	1328	664	222
76	2699	1350	675	225
77	2749	1375	688	230
78	2797	1399	700	234
79	2848	1424	712	238
80+	2926	1463	732	244

PLAN HDG

Male

Preferred		Effective Date: 02/06/2020 Plan Code: 5HO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	440	220	110	37
66	476	238	119	40
67	511	256	128	43
68	533	267	134	45
69	560	280	140	47
70	584	292	146	49
71	607	304	152	51
72	638	319	160	54
73	669	335	168	56
74	699	350	175	59
75	729	365	183	61
76	748	374	187	63
77	770	385	193	65
78	792	396	198	66
79	823	412	206	69
80+	869	435	218	73

Standard		Effective Date: 02/06/2020 Plan Code: 5HQ		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	507	254	127	43
66	548	274	137	46
67	588	294	147	49
68	613	307	154	52
69	644	322	161	54
70	672	336	168	56
71	698	349	175	59
72	734	367	184	62
73	770	385	193	65
74	805	403	202	68
75	839	420	210	70
76	860	430	215	72
77	886	443	222	74
78	911	456	228	76
79	947	474	237	79
80+	1000	500	250	84

Female

Preferred		Effective Date: 02/06/2020 Plan Code: 5HP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	383	192	96	32
66	414	207	104	35
67	445	223	112	38
68	463	232	116	39
69	487	244	122	41
70	508	254	127	43
71	528	264	132	44
72	555	278	139	47
73	582	291	146	49
74	608	304	152	51
75	634	317	159	53
76	650	325	163	55
77	670	335	168	56
78	688	344	172	58
79	715	358	179	60
80+	756	378	189	63

Standard		Effective Date: 02/06/2020 Plan Code: 5HR		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	440	220	110	37
66	476	238	119	40
67	511	256	128	43
68	533	267	134	45
69	560	280	140	47
70	584	292	146	49
71	607	304	152	51
72	638	319	160	54
73	669	335	168	56
74	699	350	175	59
75	729	365	183	61
76	748	374	187	63
77	770	385	193	65
78	792	396	198	66
79	823	412	206	69
80+	869	435	218	73

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 \$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
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 \$204 a day	\$0	Up to \$204 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 copayment/ coinsurance for outpatient drugs and	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 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
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 \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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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
HOSPITALIZATION*			
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
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 \$204 a day	\$0	Up to \$204 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 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 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
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 \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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PLAN F or HIGH DEDUCTIBLE 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.
- ** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but 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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A Deductible) \$408 a day \$816 a day 100% of Medicare-Eligible Expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE 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.
- ** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but 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
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 \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$240 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$240 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$240 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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
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PLAN G or 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 one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A Deductible) \$408 a day \$816 a day 100% of Medicare-Eligible Expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G or 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 one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$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
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 \$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
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts*	100% \$0	\$0 \$0	\$0 \$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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
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