

**ACE PROPERTY & CASUALTY INSURANCE COMPANY**  
**Outline of Medicare Supplement Coverage**  
**Benefit Plans A, F, G, N and High Deductible Plan G**

**Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020**

**NOTICE TO BUYER:** This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
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 <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025 <sup>2</sup>					\$7220 <sup>2</sup>	\$3610 <sup>2</sup>				

Note: A ✓ means 100% of the benefit is paid. **+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.** This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A available.

<sup>1</sup>Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plans F and G do not cover the separate Foreign travel emergency deductible. 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.

<sup>2</sup>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.

<sup>3</sup>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.

## FLORIDA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 330-334

Issue Age	Preferred				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	16,180	19,163	16,500	6,545	12,204
65	4,045	4,791	4,125	1,636	3,051
66	4,045	4,791	4,125	1,636	3,051
67	4,045	4,791	4,125	1,636	3,051
68	4,045	4,791	4,125	1,636	3,142
69	4,131	4,891	4,214	1,672	3,208
70	4,222	4,999	4,306	1,705	3,283
71	4,311	5,106	4,395	1,742	3,350
72	4,426	5,238	4,514	1,789	3,436
73	4,541	5,376	4,628	1,833	3,527
74	4,663	5,517	4,753	1,884	3,618
75	4,782	5,662	4,878	1,933	3,713
76	4,908	5,803	5,003	1,982	3,808
77	5,055	5,986	5,153	2,041	3,928
78	5,210	6,172	5,314	2,106	4,047
79	5,373	6,357	5,477	2,172	4,171
80	5,535	6,552	5,644	2,238	4,302
81	5,705	6,755	5,816	2,305	4,428
82	5,878	6,956	5,993	2,373	4,565
83	6,084	7,202	6,203	2,458	4,725
84	6,297	7,454	6,420	2,544	4,891
85	6,520	7,718	6,645	2,632	5,063
86	6,748	7,991	6,878	2,725	5,243
87	6,985	8,270	7,119	2,821	5,427
88	7,229	8,558	7,367	2,922	5,617
89	7,481	8,858	7,626	3,024	5,818
90	7,742	9,166	7,892	3,128	6,020
91	8,012	9,492	8,169	3,239	6,230
92	8,289	9,821	8,451	3,350	6,449
93	8,581	10,163	8,748	3,467	6,671
94	8,883	10,518	9,054	3,589	6,908
95	9,188	10,886	9,365	3,713	7,145
96	9,507	11,269	9,691	3,844	7,395
97	9,850	11,671	10,040	3,979	7,660
98	10,244	12,138	10,442	4,136	7,968
99	10,654	12,620	10,862	4,304	8,287

Issue Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	18,615	22,041	18,966	7,519	14,028
65	4,654	5,510	4,742	1,880	3,507
66	4,654	5,510	4,742	1,880	3,507
67	4,654	5,510	4,742	1,880	3,507
68	4,654	5,510	4,742	1,880	3,613
69	4,751	5,624	4,847	1,920	3,693
70	4,860	5,749	4,952	1,962	3,773
71	4,957	5,872	5,057	2,004	3,852
72	5,090	6,022	5,189	2,059	3,952
73	5,223	6,183	5,323	2,110	4,058
74	5,360	6,344	5,466	2,165	4,160
75	5,502	6,511	5,606	2,221	4,269
76	5,646	6,674	5,754	2,280	4,382
77	5,812	6,884	5,926	2,349	4,517
78	5,996	7,097	6,111	2,422	4,656
79	6,179	7,309	6,299	2,497	4,796
80	6,367	7,535	6,491	2,575	4,948
81	6,562	7,769	6,688	2,652	5,092
82	6,759	7,997	6,889	2,730	5,252
83	6,994	8,279	7,130	2,827	5,431
84	7,238	8,574	7,383	2,927	5,624
85	7,501	8,875	7,642	3,029	5,825
86	7,760	9,188	7,908	3,135	6,029
87	8,030	9,510	8,185	3,246	6,241
88	8,311	9,841	8,473	3,359	6,458
89	8,604	10,185	8,770	3,478	6,691
90	8,905	10,538	9,077	3,596	6,925
91	9,215	10,916	9,394	3,726	7,165
92	9,533	11,293	9,720	3,852	7,417
93	9,870	11,684	10,057	3,985	7,674
94	10,215	12,095	10,411	4,127	7,944
95	10,567	12,522	10,773	4,269	8,216
96	10,933	12,960	11,148	4,417	8,502
97	11,325	13,423	11,548	4,576	8,810
98	11,778	13,961	12,008	4,758	9,164
99	12,252	14,513	12,491	4,951	9,531

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

## FLORIDA Standard Plans MALE Rates - ANNUAL

FOR USE IS ZIP CODES: 322, 327-329, 335-339, 341-349

Issue Age	Preferred				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	10,892	12,900	11,107	4,406	8,215
65	2,723	3,225	2,777	1,101	2,054
66	2,723	3,225	2,777	1,101	2,054
67	2,723	3,225	2,777	1,101	2,054
68	2,723	3,225	2,777	1,101	2,115
69	2,781	3,293	2,837	1,125	2,160
70	2,842	3,365	2,899	1,148	2,210
71	2,902	3,437	2,959	1,173	2,255
72	2,979	3,526	3,038	1,204	2,313
73	3,057	3,619	3,115	1,234	2,374
74	3,139	3,714	3,199	1,268	2,435
75	3,219	3,812	3,284	1,301	2,499
76	3,304	3,906	3,368	1,334	2,563
77	3,403	4,030	3,469	1,374	2,644
78	3,507	4,155	3,577	1,417	2,724
79	3,617	4,279	3,687	1,462	2,808
80	3,726	4,410	3,800	1,507	2,896
81	3,841	4,547	3,915	1,552	2,981
82	3,957	4,683	4,034	1,598	3,073
83	4,096	4,848	4,176	1,654	3,181
84	4,239	5,018	4,322	1,712	3,292
85	4,389	5,196	4,473	1,772	3,409
86	4,543	5,379	4,630	1,835	3,529
87	4,702	5,567	4,792	1,899	3,653
88	4,866	5,761	4,959	1,967	3,781
89	5,036	5,963	5,134	2,036	3,917
90	5,212	6,170	5,313	2,106	4,052
91	5,394	6,390	5,499	2,180	4,194
92	5,580	6,611	5,689	2,255	4,342
93	5,777	6,841	5,889	2,334	4,491
94	5,979	7,080	6,095	2,416	4,650
95	6,185	7,328	6,304	2,499	4,810
96	6,400	7,586	6,524	2,587	4,978
97	6,631	7,856	6,758	2,678	5,157
98	6,896	8,171	7,029	2,784	5,364
99	7,172	8,496	7,312	2,897	5,579

Issue Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	12,531	14,837	12,768	5,061	9,443
65	3,133	3,709	3,192	1,265	2,361
66	3,133	3,709	3,192	1,265	2,361
67	3,133	3,709	3,192	1,265	2,361
68	3,133	3,709	3,192	1,265	2,432
69	3,198	3,786	3,263	1,292	2,486
70	3,271	3,870	3,333	1,320	2,540
71	3,337	3,953	3,404	1,349	2,593
72	3,426	4,054	3,493	1,386	2,660
73	3,516	4,162	3,583	1,420	2,732
74	3,608	4,270	3,679	1,458	2,800
75	3,704	4,383	3,774	1,495	2,873
76	3,801	4,493	3,873	1,535	2,950
77	3,912	4,634	3,989	1,581	3,040
78	4,036	4,777	4,114	1,630	3,134
79	4,160	4,920	4,240	1,681	3,228
80	4,286	5,072	4,370	1,733	3,331
81	4,418	5,230	4,502	1,785	3,428
82	4,550	5,384	4,637	1,838	3,535
83	4,708	5,573	4,800	1,903	3,656
84	4,872	5,772	4,970	1,970	3,786
85	5,049	5,975	5,144	2,039	3,921
86	5,224	6,185	5,323	2,110	4,058
87	5,406	6,402	5,510	2,185	4,201
88	5,595	6,624	5,704	2,261	4,347
89	5,792	6,856	5,904	2,341	4,504
90	5,994	7,094	6,110	2,420	4,662
91	6,203	7,348	6,324	2,508	4,823
92	6,418	7,602	6,543	2,593	4,993
93	6,644	7,865	6,770	2,683	5,166
94	6,877	8,142	7,008	2,778	5,348
95	7,114	8,430	7,252	2,873	5,531
96	7,360	8,724	7,504	2,973	5,723
97	7,623	9,036	7,774	3,081	5,930
98	7,929	9,398	8,084	3,203	6,169
99	8,248	9,770	8,408	3,333	6,416

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

## FLORIDA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 322, 327-339, 341-349

Issue Age	Preferred				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	10,260	12,152	10,463	4,150	7,739
65	2,565	3,038	2,616	1,038	1,935
66	2,565	3,038	2,616	1,038	1,935
67	2,565	3,038	2,616	1,038	1,935
68	2,565	3,038	2,616	1,038	1,992
69	2,620	3,102	2,672	1,060	2,034
70	2,677	3,170	2,731	1,081	2,082
71	2,734	3,238	2,787	1,105	2,124
72	2,807	3,321	2,862	1,134	2,179
73	2,880	3,409	2,935	1,163	2,237
74	2,957	3,499	3,014	1,195	2,294
75	3,033	3,591	3,093	1,226	2,355
76	3,113	3,680	3,173	1,257	2,415
77	3,205	3,796	3,268	1,294	2,491
78	3,304	3,914	3,370	1,335	2,567
79	3,408	4,031	3,473	1,377	2,645
80	3,510	4,155	3,579	1,419	2,728
81	3,618	4,284	3,688	1,462	2,808
82	3,728	4,411	3,800	1,505	2,895
83	3,858	4,567	3,934	1,558	2,996
84	3,993	4,727	4,071	1,613	3,101
85	4,135	4,894	4,214	1,669	3,211
86	4,279	5,067	4,362	1,728	3,325
87	4,430	5,244	4,515	1,789	3,441
88	4,584	5,427	4,672	1,853	3,562
89	4,744	5,617	4,836	1,918	3,690
90	4,910	5,813	5,005	1,984	3,817
91	5,081	6,019	5,181	2,054	3,951
92	5,257	6,228	5,359	2,124	4,090
93	5,442	6,445	5,548	2,199	4,230
94	5,633	6,670	5,742	2,276	4,380
95	5,827	6,904	5,939	2,355	4,531
96	6,029	7,146	6,146	2,437	4,689
97	6,246	7,401	6,367	2,523	4,858
98	6,496	7,697	6,622	2,623	5,053
99	6,756	8,003	6,888	2,729	5,255

Issue Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	11,805	13,977	12,027	4,768	8,896
65	2,951	3,494	3,007	1,192	2,224
66	2,951	3,494	3,007	1,192	2,224
67	2,951	3,494	3,007	1,192	2,224
68	2,951	3,494	3,007	1,192	2,291
69	3,013	3,567	3,073	1,217	2,342
70	3,082	3,646	3,140	1,244	2,392
71	3,144	3,724	3,207	1,271	2,443
72	3,228	3,819	3,290	1,306	2,506
73	3,312	3,921	3,375	1,338	2,574
74	3,399	4,023	3,466	1,373	2,638
75	3,489	4,129	3,555	1,408	2,707
76	3,580	4,233	3,649	1,446	2,779
77	3,686	4,366	3,758	1,490	2,864
78	3,802	4,500	3,875	1,536	2,953
79	3,919	4,635	3,995	1,584	3,041
80	4,038	4,778	4,116	1,633	3,138
81	4,161	4,927	4,241	1,682	3,229
82	4,286	5,071	4,369	1,731	3,330
83	4,435	5,250	4,522	1,793	3,444
84	4,590	5,437	4,682	1,856	3,566
85	4,757	5,628	4,846	1,921	3,694
86	4,921	5,827	5,015	1,988	3,823
87	5,092	6,031	5,190	2,058	3,958
88	5,271	6,240	5,373	2,130	4,095
89	5,456	6,459	5,562	2,206	4,243
90	5,647	6,683	5,756	2,280	4,392
91	5,843	6,922	5,957	2,363	4,543
92	6,046	7,162	6,164	2,443	4,703
93	6,259	7,409	6,378	2,527	4,866
94	6,478	7,670	6,602	2,617	5,038
95	6,701	7,941	6,831	2,707	5,210
96	6,933	8,219	7,069	2,801	5,391
97	7,181	8,512	7,323	2,902	5,587
98	7,469	8,853	7,615	3,017	5,811
99	7,770	9,203	7,921	3,139	6,044

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

## FLORIDA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 330-334

Issue Age	Preferred				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	14,382	17,027	14,667	5,818	10,849
65	3,596	4,257	3,667	1,455	2,712
66	3,596	4,257	3,667	1,455	2,712
67	3,596	4,257	3,667	1,455	2,712
68	3,596	4,257	3,667	1,455	2,792
69	3,673	4,348	3,745	1,486	2,852
70	3,755	4,442	3,828	1,517	2,918
71	3,832	4,538	3,908	1,550	2,978
72	3,934	4,654	4,011	1,590	3,053
73	4,036	4,777	4,114	1,632	3,135
74	4,145	4,905	4,223	1,674	3,217
75	4,251	5,032	4,335	1,716	3,299
76	4,364	5,159	4,447	1,762	3,385
77	4,492	5,320	4,581	1,815	3,491
78	4,632	5,486	4,724	1,873	3,598
79	4,776	5,649	4,867	1,931	3,706
80	4,922	5,823	5,016	1,990	3,824
81	5,072	6,004	5,168	2,050	3,936
82	5,225	6,183	5,327	2,112	4,058
83	5,407	6,400	5,513	2,185	4,198
84	5,595	6,628	5,705	2,263	4,346
85	5,796	6,860	5,908	2,340	4,503
86	5,998	7,101	6,114	2,422	4,660
87	6,208	7,352	6,328	2,508	4,822
88	6,425	7,606	6,549	2,597	4,993
89	6,649	7,872	6,779	2,688	5,172
90	6,881	8,147	7,016	2,781	5,351
91	7,122	8,437	7,262	2,878	5,537
92	7,370	8,728	7,512	2,978	5,732
93	7,627	9,032	7,776	3,082	5,929
94	7,895	9,349	8,049	3,190	6,139
95	8,167	9,678	8,326	3,299	6,350
96	8,451	10,015	8,616	3,414	6,573
97	8,754	10,375	8,925	3,536	6,810
98	9,106	10,790	9,282	3,677	7,083
99	9,471	11,219	9,655	3,826	7,366

Issue Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	16,543	19,583	16,866	6,686	12,469
65	4,136	4,896	4,217	1,672	3,117
66	4,136	4,896	4,217	1,672	3,117
67	4,136	4,896	4,217	1,672	3,117
68	4,136	4,896	4,217	1,672	3,210
69	4,222	5,001	4,308	1,707	3,281
70	4,317	5,108	4,402	1,742	3,354
71	4,406	5,220	4,494	1,782	3,425
72	4,523	5,352	4,612	1,829	3,514
73	4,641	5,495	4,733	1,875	3,607
74	4,765	5,640	4,858	1,924	3,700
75	4,891	5,787	4,983	1,975	3,795
76	5,019	5,935	5,115	2,028	3,892
77	5,167	6,120	5,269	2,088	4,014
78	5,327	6,308	5,432	2,152	4,138
79	5,493	6,496	5,600	2,218	4,264
80	5,659	6,697	5,769	2,289	4,397
81	5,832	6,905	5,944	2,358	4,525
82	6,009	7,110	6,125	2,427	4,667
83	6,217	7,360	6,339	2,513	4,829
84	6,434	7,622	6,563	2,601	4,999
85	6,666	7,890	6,793	2,692	5,176
86	6,897	8,167	7,030	2,785	5,358
87	7,138	8,453	7,276	2,883	5,548
88	7,388	8,748	7,532	2,987	5,741
89	7,647	9,052	7,794	3,091	5,947
90	7,915	9,369	8,067	3,197	6,155
91	8,192	9,702	8,350	3,312	6,367
92	8,475	10,040	8,639	3,425	6,593
93	8,774	10,386	8,940	3,545	6,819
94	9,080	10,750	9,255	3,669	7,060
95	9,392	11,130	9,575	3,795	7,302
96	9,717	11,519	9,908	3,925	7,559
97	10,067	11,932	10,263	4,067	7,831
98	10,470	12,408	10,674	4,231	8,143
99	10,891	12,902	11,103	4,399	8,471

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

## FLORIDA Standard Plans FEMALE Rates - ANNUAL

FOR USE IS ZIP CODES: 322, 327-329, 335-339, 341-349

Issue Age	Preferred				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	9,682	11,462	9,874	3,917	7,303
65	2,420	2,866	2,468	979	1,826
66	2,420	2,866	2,468	979	1,826
67	2,420	2,866	2,468	979	1,826
68	2,420	2,866	2,468	979	1,879
69	2,473	2,927	2,521	1,000	1,920
70	2,528	2,990	2,577	1,021	1,964
71	2,580	3,055	2,631	1,043	2,005
72	2,648	3,133	2,700	1,070	2,055
73	2,717	3,216	2,769	1,098	2,110
74	2,790	3,302	2,843	1,127	2,166
75	2,862	3,387	2,918	1,155	2,221
76	2,938	3,473	2,993	1,186	2,279
77	3,024	3,582	3,084	1,222	2,350
78	3,118	3,693	3,180	1,261	2,422
79	3,215	3,803	3,276	1,300	2,495
80	3,313	3,920	3,377	1,340	2,574
81	3,415	4,042	3,479	1,380	2,650
82	3,517	4,162	3,586	1,422	2,732
83	3,640	4,308	3,711	1,471	2,826
84	3,766	4,461	3,840	1,523	2,926
85	3,902	4,618	3,977	1,575	3,031
86	4,037	4,780	4,115	1,630	3,137
87	4,179	4,949	4,260	1,689	3,246
88	4,325	5,120	4,409	1,748	3,361
89	4,476	5,299	4,564	1,809	3,482
90	4,632	5,484	4,723	1,872	3,602
91	4,795	5,680	4,889	1,938	3,727
92	4,962	5,875	5,057	2,005	3,859
93	5,134	6,080	5,235	2,075	3,991
94	5,315	6,294	5,418	2,148	4,133
95	5,498	6,515	5,605	2,221	4,274
96	5,689	6,742	5,800	2,298	4,425
97	5,893	6,984	6,008	2,380	4,584
98	6,130	7,264	6,248	2,476	4,768
99	6,376	7,553	6,500	2,575	4,959

Issue Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	11,136	13,183	11,354	4,501	8,394
65	2,784	3,296	2,838	1,125	2,098
66	2,784	3,296	2,838	1,125	2,098
67	2,784	3,296	2,838	1,125	2,098
68	2,784	3,296	2,838	1,125	2,161
69	2,842	3,366	2,900	1,149	2,209
70	2,906	3,439	2,963	1,173	2,258
71	2,966	3,514	3,025	1,200	2,306
72	3,045	3,603	3,105	1,231	2,365
73	3,124	3,699	3,186	1,262	2,428
74	3,207	3,797	3,270	1,295	2,490
75	3,292	3,896	3,354	1,329	2,555
76	3,379	3,995	3,443	1,365	2,620
77	3,479	4,120	3,547	1,405	2,702
78	3,586	4,246	3,657	1,449	2,786
79	3,698	4,373	3,770	1,493	2,871
80	3,809	4,508	3,884	1,541	2,960
81	3,926	4,648	4,001	1,587	3,046
82	4,045	4,786	4,123	1,633	3,142
83	4,185	4,955	4,267	1,692	3,251
84	4,331	5,131	4,418	1,751	3,365
85	4,488	5,311	4,573	1,812	3,485
86	4,643	5,498	4,732	1,875	3,607
87	4,805	5,690	4,898	1,941	3,735
88	4,973	5,889	5,071	2,011	3,865
89	5,148	6,094	5,247	2,081	4,003
90	5,328	6,307	5,430	2,152	4,143
91	5,514	6,531	5,621	2,230	4,286
92	5,705	6,758	5,815	2,306	4,438
93	5,906	6,992	6,018	2,386	4,590
94	6,112	7,237	6,230	2,470	4,753
95	6,322	7,492	6,445	2,555	4,915
96	6,541	7,754	6,670	2,642	5,088
97	6,777	8,032	6,909	2,738	5,272
98	7,048	8,353	7,186	2,848	5,482
99	7,331	8,685	7,474	2,961	5,702

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

## FLORIDA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 322, 327-339, 341-349

Issue Age	Preferred				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	9,120	10,798	9,301	3,690	6,880
65	2,280	2,699	2,325	922	1,720
66	2,280	2,699	2,325	922	1,720
67	2,280	2,699	2,325	922	1,720
68	2,280	2,699	2,325	922	1,770
69	2,329	2,757	2,375	942	1,808
70	2,381	2,817	2,427	962	1,850
71	2,430	2,878	2,478	983	1,888
72	2,495	2,952	2,544	1,008	1,936
73	2,559	3,030	2,609	1,035	1,988
74	2,628	3,110	2,678	1,061	2,040
75	2,696	3,191	2,749	1,088	2,092
76	2,767	3,272	2,820	1,118	2,147
77	2,849	3,374	2,905	1,151	2,214
78	2,937	3,479	2,996	1,188	2,282
79	3,028	3,582	3,086	1,224	2,350
80	3,121	3,693	3,181	1,262	2,425
81	3,217	3,807	3,278	1,300	2,496
82	3,313	3,921	3,378	1,339	2,574
83	3,429	4,058	3,496	1,386	2,662
84	3,548	4,203	3,618	1,435	2,756
85	3,676	4,350	3,747	1,484	2,856
86	3,803	4,503	3,877	1,536	2,955
87	3,937	4,662	4,013	1,591	3,058
88	4,074	4,823	4,153	1,647	3,166
89	4,216	4,992	4,299	1,704	3,280
90	4,364	5,166	4,449	1,763	3,393
91	4,517	5,351	4,605	1,825	3,511
92	4,674	5,535	4,764	1,888	3,635
93	4,837	5,728	4,931	1,954	3,760
94	5,007	5,929	5,104	2,023	3,893
95	5,179	6,137	5,280	2,092	4,027
96	5,359	6,351	5,464	2,165	4,168
97	5,551	6,579	5,659	2,242	4,319
98	5,775	6,843	5,886	2,332	4,491
99	6,006	7,115	6,123	2,426	4,671

Issue Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	10,491	12,419	10,696	4,240	7,907
65	2,623	3,105	2,674	1,060	1,977
66	2,623	3,105	2,674	1,060	1,977
67	2,623	3,105	2,674	1,060	1,977
68	2,623	3,105	2,674	1,060	2,036
69	2,677	3,171	2,732	1,082	2,081
70	2,738	3,239	2,791	1,105	2,127
71	2,794	3,310	2,850	1,130	2,172
72	2,868	3,394	2,925	1,160	2,228
73	2,943	3,484	3,001	1,189	2,287
74	3,021	3,577	3,081	1,220	2,346
75	3,101	3,670	3,160	1,252	2,406
76	3,183	3,764	3,244	1,286	2,468
77	3,277	3,881	3,341	1,324	2,545
78	3,378	4,000	3,445	1,365	2,624
79	3,483	4,119	3,551	1,407	2,704
80	3,589	4,247	3,659	1,452	2,788
81	3,698	4,379	3,769	1,495	2,870
82	3,810	4,509	3,884	1,539	2,960
83	3,942	4,668	4,020	1,594	3,062
84	4,080	4,833	4,162	1,650	3,170
85	4,227	5,003	4,308	1,707	3,283
86	4,373	5,179	4,458	1,766	3,398
87	4,526	5,361	4,614	1,828	3,518
88	4,685	5,548	4,777	1,894	3,641
89	4,849	5,740	4,942	1,960	3,771
90	5,019	5,941	5,115	2,027	3,903
91	5,195	6,153	5,295	2,100	4,038
92	5,375	6,367	5,478	2,172	4,181
93	5,564	6,586	5,669	2,248	4,324
94	5,758	6,817	5,869	2,326	4,477
95	5,956	7,058	6,072	2,406	4,630
96	6,162	7,305	6,283	2,489	4,793
97	6,384	7,567	6,508	2,579	4,966
98	6,640	7,869	6,769	2,683	5,164
99	6,906	8,182	7,041	2,790	5,372

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

## **BASIC BENEFITS**

**Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

**Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.

**Blood** – First three pints of blood each year.

**Hospice** — Part A coinsurance.

## **PREMIUM INFORMATION**

We, ACE Property & Casualty Insurance Company, can only raise your premium for all policies like yours in the state of Florida.

## **READ YOUR POLICY VERY CAREFULLY**

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

## **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to: ACE Property & Casualty Insurance Company, Medicare Supplement Administration, P.O. Box 10858, Clearwater, Florida 33757-8858. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## **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**

Neither ACE Property & Casualty Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details. Use this outline to compare benefits and premiums among policies.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, and it is **NOT** an "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements, leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" timeframes please go to the following link on the Medicare.gov website:

<https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>



## 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$0 \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$1676 (Part A deductible) \$0 \$0 \$0** All costs
<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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$209.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$209.50 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	      \$0  Generally 80%	      \$0  Generally 20%	      \$257 (Part B deductible)  \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$257 (Part B deductible) \$0
<b>CLINICAL LABORATORY</b> <b>SERVICES – TESTS FOR DIAGNOSTIC</b> <b>SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	      100%  \$0  80%	      \$0  \$0  20%	      \$0  \$257 (Part B deductible)  \$0

**PLAN F+**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1676 All but \$419 a day  All but \$838 a day  \$0 \$0	\$1676 (Part A deductible) \$419 a day  \$838 a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0** All costs
<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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**

**PLAN F+**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	       \$0   Generally 80%	       \$257 (Part B deductible)   Generally 20%	       \$0   \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$257 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$257 (Part B deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES –</b> <b>TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

(continued)

**PLAN F+**  
**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$257 (Part B deductible)	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**

## 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1676 All but \$419 a day  All but \$838 a day  \$0 \$0	\$1676 (Part A deductible) \$419 a day  \$838 a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0** All costs
<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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**PLAN G**  
**MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$257 (Unless Part B deductible has been met)  \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$257 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$0  20%	\$0  \$257 (Unless Part B deductible has been met)  \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN G**  
**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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



**HIGH DEDUCTIBLE PLAN G**  
**MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. \*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1676 All but \$419 a day  All but \$838 a day  \$0 \$0	\$1676 (Part A deductible) \$419 a day  \$838 a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0 \$0*** All costs
<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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## HIGH DEDUCTIBLE PLAN G

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

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

\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$257 (Unless Part B deductible has been met)  \$0
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$257 of Medicare Approved amounts*  Remainder of Medicare Approved amounts	\$0  \$0  80%	All costs  \$0  20%	\$0  \$257 (Unless Part B deductible has been met)  \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

## HIGH DEDUCTIBLE PLAN G

### PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

### OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A deductible) \$419 a day \$838 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,  First \$257 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  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.	\$257 (Part B deductible)  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.
<b>PART B EXCESS CHARGES</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$257 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN N**  
**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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