

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, N.E., Atlanta, GA 30319

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 01-01-2020

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available in your state. Only applicants **first** eligible for Medicare before 2020 may purchase Plan C, Plan F, or High Deductible F.

†Atlantic Capital Life Assurance Company does not currently offer the plans marked below.

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%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 ²					\$7,060 ²	\$3,530 ²				

¹Plans F and G also have a high deductible option which require 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.

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 co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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ARKANSAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-18-2023**PREFERRED NON-TOBACCO****Area 1 (refer to Zip Code Area Chart)**

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65+	144.69	160.98	130.95	47.34	82.14	100.66

Area 2 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65+	157.71	175.47	142.73	51.60	89.53	109.72

Area 3 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65+	170.73	189.96	154.52	55.86	96.92	118.78

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

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ARKANSAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-18-2023**STANDARD****Area 1 (refer to Zip Code Area Chart)**

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65 +	182.64	203.24	165.19	59.31	103.37	130.06

Area 2 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65 +	199.07	221.54	180.06	64.65	112.68	141.77

Area 3 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65 +	215.51	239.83	194.93	69.99	121.98	153.47

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE; PO Box 105185, Atlanta, GA 30348-5185

ARKANSAS – MONTHLY CREDIT CARD RATES – Effective 10-18-2023**PREFERRED NON-TOBACCO**
Area 1 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65+	149.03	165.81	134.87	48.76	84.60	103.68

Area 2 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65+	162.44	180.73	147.01	53.15	92.22	113.01

Area 3 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65+	175.86	195.66	159.15	57.53	99.83	122.35

Premium Modes other than Monthly Credit Card: Refer to Monthly Bank Draft rate sheet.

7% Household Discount may be available; refer to application for qualifications

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE; PO Box 105185, Atlanta, GA 30348-5185

ARKANSAS – MONTHLY CREDIT CARD RATES – Effective 10-18-2023**STANDARD****Area 1 (refer to Zip Code Area Chart)**

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65 +	188.11	209.34	170.15	61.09	106.47	133.96

Area 2 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65 +	205.04	228.18	185.46	66.59	116.06	146.02

Area 3 (refer to Zip Code Area Chart)

ISSUE AGE RATES						
Age at Issue	A	F	G	High Deductible G	K	N
65 +	221.98	247.02	200.77	72.09	125.64	158.07

Premium Modes other than Monthly Credit Card: Refer to Monthly Bank Draft rate sheet.

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ARKANSAS – ZIP CODE AREA CHART – Effective 11-09-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
71601	Pine Bluff	1	71725	Carthage	2	71841	Gillham	1
71602	White Hall	1	71726	Chidester	1	71842	Horatio	2
71603	Pine Bluff	1	71728	Curtis	2	71845	Lewisville	1
71611	Pine Bluff	1	71730	El Dorado	1	71846	Lockesburg	2
71612	White Hall	1	71731	El Dorado	1	71847	Mc Caskill	1
71613	Pine Bluff	1	71740	Emerson	1	71851	Mineral Springs	2
71630	Arkansas City	2	71742	Fordyce	2	71852	Nashville	2
71631	Banks	2	71743	Gurdon	2	71853	Ogden	1
71635	Crossett	2	71744	Hampton	1	71854	Texarkana	1
71638	Dermott	2	71745	Harrell	2	71855	Ozan	2
71639	Dumas	2	71747	Huttig	2	71857	Prescott	1
71640	Eudora	2	71748	Ivan	2	71858	Rosston	1
71642	Fountain Hill	1	71749	Junction City	1	71859	Saratoga	1
71643	Gould	2	71750	Lawson	1	71860	Stamps	1
71644	Grady	1	71751	Louann	1	71861	Taylor	1
71646	Hamburg	2	71752	Mc Neil	1	71862	Washington	1
71647	Hermitage	2	71753	Magnolia	1	71864	Willisville	1
71651	Jersey	1	71754	Magnolia	1	71865	Wilton	2
71652	Kingsland	2	71758	Mount Holly	1	71866	Winthrop	2
71653	Lake Village	2	71759	Norphlet	1	71901	Hot Springs National Park	1
71654	Mc Gehee	2	71762	Smackover	1	71902	Hot Springs National Park	1
71655	Monticello	1	71763	Sparkman	1	71903	Hot Springs National Park	1
71656	Monticello	1	71764	Stephens	1	71909	Hot Springs Village	1
71657	Monticello	1	71765	Strong	1	71910	Hot Springs Village	1
71658	Montrose	2	71766	Thornton	2	71913	Hot Springs National Park	1
71659	Moscow	1	71770	Waldo	1	71914	Hot Springs National Park	1
71660	New Edinburg	2	71772	Whelen Springs	1	71920	Alpine	2
71661	Parkdale	1	71801	Hope	1	71921	Amity	2
71662	Pickens	2	71802	Hope	1	71922	Antoine	2
71663	Portland	2	71820	Alleene	2	71923	Arkadelphia	2
71665	Rison	1	71822	Ashdown	2	71929	Bismarck	1
71666	Rohwer	2	71823	Ben Lomond	2	71932	Board Camp	1
71667	Star City	1	71825	Blevins	1	71933	Bonnerdale	1
71670	Tillar	2	71826	Bradley	1	71935	Caddo Gap	1
71671	Warren	2	71827	Buckner	1	71937	Cove	1
71674	Watson	2	71828	Cale	1	71940	Delight	1
71675	Wilmar	1	71831	Columbus	1	71941	Donaldson	1
71676	Wilmot	1	71832	De Queen	2	71942	Friendship	2
71677	Winchester	2	71833	Dierks	2	71943	Glenwood	1
71678	Yorktown	2	71834	Doddridge	2	71944	Grannis	1
71701	Camden	1	71835	Emmet	1	71945	Hatfield	1
71711	Camden	1	71836	Foreman	2	71949	Jessieville	1
71720	Bearden	1	71837	Fouke	1	71950	Kirby	2
71721	Beirne	2	71838	Fulton	1	71952	Langley	1
71722	Bluff City	1	71839	Garland City	1	71953	Mena	1
71724	Calion	1	71840	Genoa	1	71956	Mountain Pine	1

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ARKANSAS – ZIP CODE AREA CHART – Effective 11-09-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
71957	Mount Ida	1	72032	Conway	2	72085	Letona	2
71958	Murfreesboro	2	72033	Conway	2	72086	Lonoke	2
71959	Newhope	2	72034	Conway	2	72087	Lonsdale	2
71960	Norman	1	72035	Conway	2	72088	Fairfield Bay	3
71961	Oden	1	72036	Cotton Plant	2	72089	Bryant	2
71962	Okolona	2	72037	Coy	2	72099	Little Rock Air Force Base	2
71964	Pearcy	1	72038	Crocketts Bluff	2	72101	Mc Crory	3
71965	Pencil Bluff	1	72039	Damascus	2	72102	Mc Rae	2
71966	Oden	1	72040	Des Arc	2	72103	Mabelvale	2
71968	Royal	1	72041	De Valls Bluff	2	72104	Malvern	2
71969	Sims	1	72042	De Witt	3	72105	Jones Mill	2
71970	Story	1	72043	Diaz	2	72106	Mayflower	2
71971	Umpire	1	72044	Edgemont	3	72107	Menifee	2
71972	Vandervoort	1	72045	El Paso	2	72108	Monroe	2
71973	Wickes	1	72046	England	2	72110	Morrilton	3
71998	Arkadelphia	2	72047	Enola	2	72111	Mount Vernon	2
71999	Arkadelphia	2	72048	Ethel	3	72112	Newport	2
72001	Adona	3	72051	Fox	3	72113	Maumelle	2
72002	Alexander	2	72052	Garner	2	72114	North Little Rock	2
72003	Almyra	2	72053	College Station	2	72115	North Little Rock	2
72004	Altheimer	2	72055	Gillett	3	72116	North Little Rock	2
72005	Amagon	2	72057	Grapevine	2	72117	North Little Rock	2
72006	Augusta	2	72058	Greenbrier	2	72118	North Little Rock	2
72007	Austin	2	72059	Gregory	2	72119	North Little Rock	2
72010	Bald Knob	2	72060	Griffithville	2	72120	Sherwood	2
72011	Bauxite	2	72061	Guy	2	72121	Pangburn	2
72012	Beebe	2	72063	Hattievile	3	72122	Paron	2
72013	Bee Branch	3	72064	Hazen	2	72123	Patterson	2
72014	Beedeville	3	72065	Hensley	2	72124	North Little Rock	2
72015	Benton	2	72066	Hickory Plains	2	72125	Perry	3
72016	Bigelow	2	72067	Higden	3	72126	Perryville	3
72017	Biscoe	2	72068	Higginson	2	72127	Plumerville	2
72018	Benton	2	72069	Holly Grove	2	72128	Poyen	2
72019	Benton	2	72070	Houston	2	72129	Prattsville	2
72020	Bradford	2	72072	Humnoke	2	72130	Prim	3
72021	Brinkley	2	72073	Humphrey	2	72131	Quitman	3
72022	Bryant	2	72074	Hunter	2	72132	Redfield	2
72023	Cabot	2	72075	Jacksonport	2	72133	Reydel	3
72024	Carlisle	2	72076	Jacksonville	2	72134	Roe	2
72025	Casa	2	72078	Jacksonville	2	72135	Roland	2
72026	Casscoe	2	72079	Jefferson	2	72136	Romance	2
72027	Center Ridge	3	72080	Jerusalem	3	72137	Rose Bud	3
72028	Choctaw	3	72081	Judsonia	2	72139	Russell	2
72029	Clarendon	2	72082	Kensett	2	72140	Saint Charles	3
72030	Cleveland	3	72083	Keo	2	72141	Scotland	3
72031	Clinton	3	72084	Leola	2	72142	Scott	2

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72143	Searcy	2	72223	Little Rock	2	72359	Madison	1
72145	Searcy	2	72225	Little Rock	2	72360	Marianna	1
72149	Searcy	2	72227	Little Rock	2	72364	Marion	1
72150	Sheridan	2	72231	Little Rock	2	72365	Marked Tree	1
72152	Sherrill	2	72255	Little Rock	2	72366	Marvell	1
72153	Shirley	3	72260	Little Rock	2	72367	Mellwood	1
72156	Solgochachia	3	72295	Little Rock	2	72368	Moro	1
72157	Springfield	2	72301	West Memphis	1	72369	Oneida	1
72158	Benton	2	72303	West Memphis	1	72370	Osceola	2
72160	Stuttgart	2	72310	Armored	1	72372	Palestine	1
72164	Sweet Home	2	72311	Aubrey	1	72373	Parkin	2
72165	Thida	2	72312	Barton	1	72374	Poplar Grove	1
72166	Tichnor	3	72313	Bassett	2	72376	Proctor	1
72167	Traskwood	2	72315	Blytheville	1	72377	Rivervale	1
72168	Tucker	2	72316	Blytheville	1	72379	Snow Lake	1
72169	Tupelo	2	72319	Gosnell	1	72383	Turner	1
72170	Ulm	2	72320	Brickeys	1	72384	Turrell	1
72173	Vilonia	2	72321	Burdette	1	72386	Tyronza	1
72175	Wabbaseka	2	72322	Caldwell	1	72387	Vanndale	2
72176	Ward	2	72324	Cherry Valley	2	72389	Wabash	1
72178	West Point	2	72325	Clarkedale	1	72390	West Helena	1
72179	Wilburn	3	72326	Colt	1	72391	West Ridge	2
72180	Woodson	2	72327	Crawfordsville	1	72392	Wheatley	1
72181	Wooster	2	72328	Crumrod	1	72394	Widener	1
72182	Wright	2	72329	Driver	2	72395	Wilson	2
72183	Wrightsville	2	72330	Dyess	2	72396	Wynne	2
72190	North Little Rock	2	72331	Earle	1	72401	Jonesboro	1
72199	North Little Rock	2	72332	Edmondson	1	72402	Jonesboro	1
72201	Little Rock	2	72333	Elaine	1	72403	Jonesboro	1
72202	Little Rock	2	72335	Forrest City	1	72404	Jonesboro	1
72203	Little Rock	2	72336	Forrest City	1	72405	Jonesboro	1
72204	Little Rock	2	72338	Frenchmans Bayou	1	72410	Alicia	2
72205	Little Rock	2	72339	Gilmore	1	72411	Bay	1
72206	Little Rock	2	72340	Goodwin	1	72412	Beech Grove	1
72207	Little Rock	2	72341	Haynes	1	72413	Biggers	1
72209	Little Rock	2	72342	Helena	1	72414	Black Oak	1
72210	Little Rock	2	72346	Heth	1	72415	Black Rock	1
72211	Little Rock	2	72347	Hickory Ridge	2	72416	Bono	1
72212	Little Rock	2	72348	Hughes	1	72417	Brookland	1
72214	Little Rock	2	72350	Joiner	2	72419	Caraway	1
72215	Little Rock	2	72351	Keiser	2	72421	Cash	1
72216	Little Rock	2	72352	La Grange	1	72422	Corning	1
72217	Little Rock	2	72353	Lambrook	1	72424	Datto	1
72219	Little Rock	2	72354	Lepanto	1	72425	Delaplaine	1
72221	Little Rock	2	72355	Lexa	1	72426	Dell	1
72222	Little Rock	2	72358	Luxora	2	72427	Egypt	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
72428	Etowah	2	72501	Batesville	1	72571	Rosie	1
72429	Fisher	1	72503	Batesville	1	72572	Saffell	1
72430	Greenway	2	72512	Horseshoe Bend	2	72573	Sage	2
72431	Grubbs	1	72513	Ash Flat	2	72575	Salado	1
72432	Harrisburg	1	72515	Bexar	2	72576	Salem	2
72433	Hoxie	2	72517	Brockwell	2	72577	Sidney	1
72434	Imboden	1	72519	Calico Rock	2	72578	Sturkie	2
72435	Knobel	1	72520	Camp	2	72579	Sulphur Rock	1
72436	Lafe	1	72521	Cave City	1	72581	Tumbling Shoals	2
72437	Lake City	1	72522	Charlotte	1	72583	Viola	2
72438	Leachville	1	72523	Concord	1	72584	Violet Hill	2
72440	Lynn	1	72524	Cord	1	72585	Wideman	2
72441	Mc Dougal	2	72525	Cherokee Village	2	72587	Wiseman	2
72442	Manila	1	72526	Cushman	1	72601	Harrison	1
72443	Marmaduke	1	72527	Desha	1	72602	Harrison	1
72444	Maynard	1	72528	Dolph	2	72611	Alpena	1
72445	Minturn	2	72529	Cherokee Village	2	72613	Beaver	2
72447	Monette	1	72530	Drasco	2	72615	Bergman	1
72449	O Kean	1	72531	Elizabeth	1	72616	Berryville	2
72450	Paragould	1	72532	Evening Shade	1	72617	Big Flat	2
72451	Paragould	1	72533	Fifty Six	2	72619	Bull Shoals	1
72453	Peach Orchard	1	72534	Floral	1	72623	Clarkridge	1
72454	Piggott	2	72536	Franklin	2	72624	Compton	1
72455	Pocahontas	1	72537	Gamaliel	1	72626	Cotter	1
72456	Pollard	2	72538	Gepp	1	72628	Deer	1
72457	Portia	2	72539	Glencoe	2	72629	Dennard	2
72458	Powhatan	1	72540	Guion	2	72630	Diamond City	1
72459	Ravenden	1	72542	Hardy	1	72631	Eureka Springs	2
72460	Ravenden Springs	1	72543	Heber Springs	2	72632	Eureka Springs	2
72461	Rector	2	72544	Henderson	1	72633	Everton	1
72462	Reyno	1	72545	Heber Springs	2	72634	Flippin	1
72464	Saint Francis	2	72546	Ida	2	72635	Gassville	1
72465	Sedgwick	2	72550	Locust Grove	1	72636	Gilbert	1
72466	Smithville	1	72553	Magness	1	72638	Green Forest	2
72467	State University	1	72554	Mammoth Spring	2	72639	Harriet	1
72469	Strawberry	1	72555	Marcella	2	72640	Hasty	1
72470	Success	1	72556	Melbourne	2	72641	Jasper	1
72471	Swifton	1	72560	Mountain View	2	72642	Lakeview	1
72472	Trumann	1	72561	Mount Pleasant	1	72644	Lead Hill	1
72473	Tuckerman	1	72562	Newark	1	72645	Leslie	2
72474	Walcott	1	72564	Oil Trough	1	72648	Marble Falls	1
72475	Waldenburg	1	72565	Oxford	2	72650	Marshall	2
72476	Walnut Ridge	2	72566	Pineville	2	72651	Midway	1
72478	Warm Springs	1	72567	Pleasant Grove	2	72653	Mountain Home	1
72479	Weiner	1	72568	Pleasant Plains	1	72654	Mountain Home	1
72482	Williford	1	72569	Poughkeepsie	1	72655	Mount Judea	1

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72657	Timbo	2	72738	Hindsville	1	72839	Hagarville	1
72658	Norfork	1	72739	Hiwasse	2	72840	Hartman	1
72659	Norfork	1	72740	Huntsville	1	72841	Harvey	2
72660	Oak Grove	2	72741	Johnson	1	72842	Havana	1
72661	Oakland	1	72742	Kingston	1	72843	Hector	1
72662	Omaha	1	72744	Lincoln	1	72845	Knoxville	1
72663	Onia	2	72745	Lowell	1	72846	Lamar	1
72666	Parthenon	1	72747	Maysville	2	72847	London	1
72668	Peel	1	72749	Morrow	1	72851	New Blaine	1
72669	Pindall	1	72751	Pea Ridge	1	72852	Oark	1
72670	Ponca	1	72752	Pettigrew	1	72853	Ola	1
72672	Pyatt	1	72753	Prairie Grove	1	72854	Ozone	1
72675	Saint Joe	1	72756	Rogers	1	72855	Paris	2
72677	Summit	1	72757	Rogers	1	72856	Pelsor	1
72679	Tilly	2	72758	Rogers	1	72857	Plainview	1
72680	Timbo	2	72760	Saint Paul	1	72858	Pottsville	1
72682	Valley Springs	1	72761	Siloam Springs	1	72860	Rover	1
72683	Vendor	1	72762	Springdale	1	72863	Scranton	1
72685	Western Grove	1	72764	Springdale	1	72865	Subiaco	2
72686	Witts Springs	2	72765	Springdale	1	72901	Fort Smith	1
72687	Yellville	1	72766	Springdale	1	72902	Fort Smith	1
72701	Fayetteville	1	72768	Sulphur Springs	2	72903	Fort Smith	1
72702	Fayetteville	1	72769	Summers	1	72904	Fort Smith	1
72703	Fayetteville	1	72770	Tontitown	1	72905	Fort Smith	1
72704	Fayetteville	1	72773	Wesley	1	72906	Fort Smith	1
72711	Avoca	1	72774	West Fork	1	72908	Fort Smith	1
72712	Bentonville	1	72776	Witter	1	72913	Fort Smith	1
72713	Bentonville	1	72801	Russellville	1	72914	Fort Smith	1
72714	Bella Vista	1	72802	Russellville	1	72916	Fort Smith	1
72715	Bella Vista	1	72811	Russellville	1	72917	Fort Smith	1
72716	Bentonville	1	72812	Russellville	1	72918	Fort Smith	1
72717	Canehill	1	72820	Alix	2	72919	Fort Smith	1
72718	Cave Springs	1	72821	Altus	2	72921	Alma	1
72719	Centerton	1	72823	Atkins	1	72923	Barling	1
72721	Combs	1	72824	Belleville	1	72926	Boles	2
72722	Decatur	2	72826	Blue Mountain	2	72927	Booneville	2
72727	Elkins	1	72827	Bluffton	1	72928	Branch	2
72728	Elm Springs	1	72828	Briggsville	1	72930	Cecil	1
72729	Evansville	1	72829	Centerville	2	72932	Cedarville	1
72730	Farmington	1	72830	Clarksville	1	72933	Charleston	2
72732	Garfield	1	72832	Coal Hill	1	72934	Chester	1
72733	Gateway	2	72833	Danville	1	72935	Dyer	1
72734	Gentry	1	72834	Dardanelle	1	72936	Greenwood	1
72735	Goshen	1	72835	Delaware	1	72937	Hackett	1
72736	Gravette	2	72837	Dover	1	72938	Hartford	2
72737	Greenland	1	72838	Gravelly	1	72940	Huntington	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ARKANSAS – ZIP CODE AREA CHART – Effective 11-09-2023

[illegible]

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, N.E.; Atlanta, GA 30319

PREMIUM INFORMATION

We, Atlantic Capital Life Assurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. Premium rates are based on where you live, and therefore may change if you your place of residence changes.

Household Premium Discount: You will be eligible for the Household Premium Discount if you are married and residing with Your spouse or residing with at least one other (1) person, but not more than three other (3) persons, who are all aged 50 or older for at least the last 12 consecutive months. The discounted premium will be 7% lower than the rates illustrated. Your Household Premium Discount will be removed if, other than in the event of the other person(s) death, You no longer reside with Your spouse, or You are no longer residing with at least one other (1) person who is aged 50 or older; or You are living with more than three other (3) persons regardless of age.

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 4370 Peachtree Road, N.E.; Atlanta, GA 30319. 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 of your medical costs.

Neither Atlantic Capital Life Assurance 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 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.

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* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$0 \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$[1,632] (Part A deductible) \$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 through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 \$0 \$0	\$0 Up to \$[204] a day 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 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient 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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
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
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	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
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (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 through 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 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient 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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
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
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	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

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 of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (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 through 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 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient 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] (Unless Part B deductible has been met) \$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 \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$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] (Unless Part B deductible has been met) \$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 of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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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 [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. 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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (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 through 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 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 \$[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 [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. 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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient 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] (Unless Part B deductible has been met) \$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 \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$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] (Unless Part B deductible has been met) \$0
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HIGH DEDUCTIBLE PLAN G

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] 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 Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

PLAN K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[7,060] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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** Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[816] (50% of Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$[816] (50% of Part A deductible)♦ \$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 through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[100] a day (50% of Part A deductible) \$0	\$0 Up to \$[100] a day (50% of Part A deductible)♦ All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$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	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

***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 K

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 services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[240] of Medicare Approved Amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare Approved Amounts Generally 80%	\$0 Remainder of Medicare Approved Amounts Generally 10%	\$[240] (Part B deductible)****◆ All costs above Medicare Approved Amounts Generally 10%◆
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[7,060])*
BLOOD First 3 pints Next \$[240] of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$[240] (Part B deductible)****◆ Generally 10%◆
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	100%	\$0	\$0
First \$[240] of Medicare approved amounts**** Remainder of Medicare approved amounts	\$0 80%	\$0 10%	\$[240] (Part B deductible)◆ 10%◆

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,060] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (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 through 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 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient 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 Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment 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.	\$[240] (Part B deductible) Up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints 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	100%	\$0	\$0
First \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 80%	\$0 20%	\$[240] (Part B deductible) \$0

PLAN N

OTHER BENEFITS NOT COVERED BY MEDICARE

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