

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

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

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

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

³Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	8,509	N/A	N/A	N/A	N/A	0-64	9,777	N/A	N/A	N/A	N/A
65	1,702	1,963	1,719	676	1,289	65	1,955	2,257	1,976	777	1,483
66	1,702	1,963	1,719	676	1,289	66	1,955	2,257	1,976	777	1,483
67	1,702	1,963	1,719	676	1,289	67	1,955	2,257	1,976	777	1,483
68	1,702	2,022	1,719	676	1,289	68	1,955	2,326	1,976	777	1,483
69	1,710	2,085	1,726	678	1,295	69	1,966	2,395	1,986	780	1,491
70	1,735	2,147	1,752	688	1,316	70	1,995	2,468	2,015	793	1,512
71	1,787	2,210	1,805	708	1,355	71	2,057	2,543	2,076	815	1,559
72	1,849	2,288	1,869	733	1,403	72	2,129	2,629	2,149	844	1,614
73	1,914	2,368	1,933	759	1,452	73	2,201	2,722	2,223	872	1,671
74	1,981	2,449	2,001	785	1,502	74	2,277	2,818	2,301	903	1,728
75	2,060	2,549	2,081	816	1,562	75	2,369	2,931	2,392	940	1,797
76	2,143	2,649	2,165	850	1,623	76	2,464	3,048	2,489	976	1,866
77	2,227	2,756	2,250	882	1,689	77	2,561	3,168	2,588	1,016	1,941
78	2,317	2,866	2,341	919	1,756	78	2,667	3,295	2,691	1,057	2,021
79	2,409	2,982	2,434	955	1,827	79	2,771	3,428	2,798	1,099	2,100
80	2,505	3,100	2,532	993	1,899	80	2,881	3,564	2,910	1,143	2,184
81	2,617	3,239	2,645	1,038	1,986	81	3,011	3,725	3,040	1,195	2,284
82	2,736	3,384	2,764	1,084	2,076	82	3,148	3,894	3,176	1,247	2,385
83	2,858	3,537	2,888	1,133	2,170	83	3,289	4,068	3,321	1,303	2,496
84	2,987	3,696	3,017	1,184	2,266	84	3,435	4,250	3,468	1,361	2,607
85	3,122	3,862	3,153	1,238	2,370	85	3,590	4,442	3,627	1,422	2,725
86	3,263	4,035	3,294	1,293	2,477	86	3,752	4,640	3,789	1,488	2,848
87	3,408	4,216	3,444	1,351	2,587	87	3,920	4,851	3,960	1,554	2,975
88	3,561	4,407	3,598	1,412	2,704	88	4,097	5,068	4,137	1,623	3,110
89	3,722	4,606	3,759	1,476	2,826	89	4,282	5,296	4,324	1,696	3,249
90	3,889	4,813	3,927	1,543	2,954	90	4,472	5,535	4,518	1,775	3,397
91	4,065	5,031	4,106	1,611	3,086	91	4,675	5,784	4,720	1,854	3,549
92	4,247	5,257	4,291	1,684	3,225	92	4,884	6,045	4,934	1,936	3,707
93	4,438	5,494	4,482	1,759	3,370	93	5,106	6,319	5,155	2,022	3,875
94	4,639	5,740	4,685	1,840	3,522	94	5,334	6,603	5,387	2,114	4,051
95	4,847	5,999	4,896	1,922	3,681	95	5,575	6,900	5,631	2,210	4,233
96	5,064	6,268	5,116	2,009	3,847	96	5,825	7,208	5,884	2,310	4,424
97	5,292	6,552	5,346	2,097	4,021	97	6,087	7,533	6,148	2,413	4,624
98	5,532	6,846	5,588	2,192	4,202	98	6,361	7,873	6,425	2,520	4,832
99	5,781	7,155	5,838	2,290	4,390	99	6,647	8,228	6,713	2,635	5,050

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

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	7,254	N/A	N/A	N/A	N/A	0-64	8,334	N/A	N/A	N/A	N/A
65	1,451	1,673	1,465	576	1,099	65	1,667	1,924	1,684	662	1,264
66	1,451	1,673	1,465	576	1,099	66	1,667	1,924	1,684	662	1,264
67	1,451	1,673	1,465	576	1,099	67	1,667	1,924	1,684	662	1,264
68	1,451	1,724	1,465	576	1,099	68	1,667	1,983	1,684	662	1,264
69	1,457	1,777	1,472	578	1,104	69	1,676	2,042	1,693	665	1,271
70	1,479	1,830	1,494	586	1,122	70	1,701	2,104	1,718	676	1,289
71	1,524	1,884	1,539	604	1,155	71	1,754	2,168	1,769	694	1,329
72	1,576	1,950	1,593	625	1,196	72	1,815	2,241	1,832	719	1,376
73	1,632	2,018	1,648	647	1,237	73	1,876	2,320	1,895	743	1,424
74	1,689	2,087	1,705	670	1,281	74	1,941	2,402	1,961	770	1,473
75	1,756	2,173	1,774	695	1,331	75	2,020	2,498	2,039	801	1,532
76	1,827	2,258	1,845	725	1,383	76	2,100	2,598	2,122	832	1,591
77	1,898	2,349	1,918	752	1,440	77	2,183	2,701	2,206	866	1,655
78	1,976	2,443	1,995	783	1,497	78	2,273	2,809	2,294	901	1,723
79	2,054	2,542	2,075	814	1,558	79	2,362	2,922	2,386	937	1,790
80	2,135	2,642	2,158	847	1,619	80	2,456	3,038	2,480	975	1,861
81	2,231	2,761	2,254	885	1,693	81	2,566	3,176	2,592	1,019	1,947
82	2,333	2,885	2,356	924	1,769	82	2,683	3,319	2,707	1,063	2,033
83	2,436	3,016	2,462	966	1,850	83	2,803	3,468	2,831	1,111	2,128
84	2,547	3,151	2,572	1,009	1,932	84	2,928	3,623	2,957	1,161	2,223
85	2,661	3,292	2,688	1,056	2,020	85	3,060	3,787	3,092	1,212	2,323
86	2,781	3,439	2,808	1,102	2,111	86	3,198	3,955	3,230	1,269	2,428
87	2,905	3,594	2,936	1,152	2,205	87	3,341	4,135	3,376	1,325	2,536
88	3,036	3,756	3,067	1,204	2,305	88	3,492	4,320	3,527	1,383	2,651
89	3,173	3,926	3,205	1,258	2,409	89	3,650	4,515	3,686	1,446	2,770
90	3,315	4,103	3,348	1,315	2,518	90	3,812	4,718	3,852	1,513	2,895
91	3,465	4,289	3,500	1,374	2,630	91	3,985	4,931	4,024	1,580	3,025
92	3,620	4,481	3,658	1,435	2,749	92	4,164	5,153	4,206	1,651	3,160
93	3,783	4,683	3,821	1,499	2,873	93	4,352	5,386	4,394	1,724	3,303
94	3,954	4,893	3,994	1,568	3,003	94	4,547	5,629	4,593	1,802	3,454
95	4,132	5,114	4,174	1,639	3,138	95	4,752	5,882	4,800	1,884	3,608
96	4,317	5,343	4,361	1,712	3,279	96	4,965	6,145	5,016	1,970	3,772
97	4,511	5,585	4,557	1,788	3,428	97	5,189	6,421	5,241	2,057	3,941
98	4,716	5,836	4,763	1,869	3,582	98	5,423	6,711	5,477	2,148	4,119
99	4,928	6,099	4,976	1,952	3,742	99	5,666	7,014	5,723	2,246	4,305

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

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 750-753, 760, 761, 770-777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	6,766	N/A	N/A	N/A	N/A	0-64	7,773	N/A	N/A	N/A	N/A
65	1,353	1,561	1,366	538	1,025	65	1,555	1,795	1,571	617	1,179
66	1,353	1,561	1,366	538	1,025	66	1,555	1,795	1,571	617	1,179
67	1,353	1,561	1,366	538	1,025	67	1,555	1,795	1,571	617	1,179
68	1,353	1,608	1,366	538	1,025	68	1,555	1,849	1,571	617	1,179
69	1,359	1,657	1,373	539	1,030	69	1,563	1,905	1,579	620	1,185
70	1,380	1,707	1,393	547	1,046	70	1,587	1,962	1,602	631	1,202
71	1,421	1,757	1,435	563	1,077	71	1,636	2,022	1,650	648	1,240
72	1,470	1,819	1,486	583	1,116	72	1,692	2,090	1,709	671	1,283
73	1,522	1,882	1,537	603	1,154	73	1,750	2,164	1,767	693	1,329
74	1,575	1,947	1,591	624	1,194	74	1,811	2,241	1,829	718	1,374
75	1,638	2,027	1,654	649	1,242	75	1,884	2,330	1,902	748	1,428
76	1,704	2,106	1,721	676	1,290	76	1,959	2,423	1,979	776	1,484
77	1,771	2,191	1,789	701	1,343	77	2,036	2,519	2,057	808	1,543
78	1,843	2,279	1,861	730	1,396	78	2,120	2,620	2,140	840	1,607
79	1,916	2,371	1,935	760	1,453	79	2,203	2,726	2,225	874	1,670
80	1,992	2,464	2,013	790	1,510	80	2,291	2,834	2,313	909	1,736
81	2,081	2,575	2,103	825	1,579	81	2,394	2,962	2,417	950	1,816
82	2,176	2,690	2,197	862	1,650	82	2,503	3,096	2,525	992	1,897
83	2,272	2,813	2,296	901	1,725	83	2,615	3,234	2,640	1,036	1,984
84	2,375	2,939	2,399	941	1,802	84	2,731	3,379	2,758	1,082	2,073
85	2,482	3,071	2,507	985	1,884	85	2,854	3,532	2,884	1,131	2,167
86	2,594	3,208	2,619	1,028	1,969	86	2,983	3,689	3,013	1,183	2,265
87	2,709	3,352	2,738	1,074	2,057	87	3,116	3,857	3,148	1,236	2,366
88	2,832	3,504	2,860	1,123	2,150	88	3,257	4,029	3,289	1,290	2,473
89	2,959	3,662	2,989	1,173	2,247	89	3,404	4,211	3,438	1,349	2,584
90	3,092	3,826	3,123	1,227	2,348	90	3,556	4,400	3,593	1,411	2,701
91	3,232	4,000	3,265	1,281	2,453	91	3,717	4,599	3,753	1,474	2,822
92	3,377	4,179	3,412	1,339	2,564	92	3,884	4,806	3,923	1,539	2,948
93	3,529	4,368	3,564	1,398	2,679	93	4,059	5,024	4,098	1,608	3,081
94	3,688	4,564	3,725	1,463	2,800	94	4,241	5,250	4,283	1,681	3,221
95	3,854	4,770	3,893	1,528	2,927	95	4,433	5,486	4,477	1,757	3,365
96	4,026	4,983	4,068	1,597	3,059	96	4,631	5,731	4,678	1,837	3,518
97	4,207	5,209	4,251	1,668	3,197	97	4,840	5,989	4,888	1,919	3,676
98	4,399	5,443	4,443	1,743	3,341	98	5,058	6,260	5,108	2,003	3,842
99	4,596	5,689	4,641	1,821	3,490	99	5,285	6,542	5,337	2,095	4,015

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

TEXAS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	7,565	N/A	N/A	N/A	N/A	0-64	8,697	N/A	N/A	N/A	N/A
65	1,513	1,745	1,529	600	1,147	65	1,739	2,006	1,757	690	1,318
66	1,513	1,745	1,529	600	1,147	66	1,739	2,006	1,757	690	1,318
67	1,513	1,745	1,529	600	1,147	67	1,739	2,006	1,757	690	1,318
68	1,513	1,798	1,529	600	1,147	68	1,739	2,067	1,757	690	1,318
69	1,520	1,852	1,535	603	1,151	69	1,747	2,130	1,765	693	1,325
70	1,541	1,908	1,558	613	1,170	70	1,773	2,194	1,791	703	1,345
71	1,589	1,965	1,605	629	1,205	71	1,829	2,261	1,845	724	1,386
72	1,645	2,033	1,660	652	1,247	72	1,891	2,337	1,910	749	1,435
73	1,702	2,104	1,719	675	1,290	73	1,957	2,420	1,976	775	1,484
74	1,761	2,177	1,778	698	1,335	74	2,024	2,505	2,045	802	1,535
75	1,831	2,266	1,849	726	1,388	75	2,105	2,605	2,127	836	1,596
76	1,904	2,356	1,923	755	1,443	76	2,189	2,709	2,213	868	1,661
77	1,980	2,449	2,001	785	1,501	77	2,277	2,817	2,301	903	1,727
78	2,060	2,548	2,081	816	1,561	78	2,369	2,930	2,392	939	1,795
79	2,142	2,649	2,164	850	1,623	79	2,464	3,048	2,489	976	1,866
80	2,227	2,756	2,249	882	1,688	80	2,561	3,168	2,586	1,016	1,941
81	2,326	2,879	2,351	922	1,765	81	2,674	3,312	2,703	1,061	2,030
82	2,431	3,008	2,456	964	1,845	82	2,796	3,460	2,824	1,108	2,121
83	2,541	3,144	2,566	1,007	1,929	83	2,923	3,616	2,951	1,157	2,218
84	2,655	3,285	2,681	1,052	2,016	84	3,053	3,778	3,084	1,209	2,318
85	2,775	3,433	2,802	1,100	2,106	85	3,192	3,949	3,223	1,265	2,423
86	2,901	3,587	2,928	1,150	2,201	86	3,334	4,125	3,367	1,323	2,533
87	3,029	3,748	3,061	1,202	2,300	87	3,484	4,311	3,519	1,382	2,645
88	3,166	3,917	3,198	1,256	2,403	88	3,640	4,503	3,678	1,443	2,763
89	3,309	4,093	3,342	1,312	2,512	89	3,806	4,707	3,843	1,507	2,889
90	3,457	4,277	3,493	1,372	2,624	90	3,975	4,919	4,017	1,576	3,020
91	3,613	4,471	3,649	1,432	2,742	91	4,155	5,142	4,196	1,647	3,154
92	3,775	4,673	3,812	1,497	2,866	92	4,341	5,373	4,385	1,722	3,295
93	3,946	4,882	3,986	1,563	2,996	93	4,538	5,616	4,583	1,798	3,445
94	4,123	5,103	4,165	1,634	3,131	94	4,742	5,868	4,790	1,879	3,601
95	4,309	5,331	4,352	1,708	3,271	95	4,954	6,132	5,005	1,965	3,763
96	4,502	5,571	4,547	1,785	3,419	96	5,178	6,407	5,230	2,053	3,932
97	4,705	5,823	4,753	1,865	3,573	97	5,409	6,695	5,465	2,146	4,110
98	4,917	6,085	4,966	1,949	3,735	98	5,655	6,999	5,711	2,241	4,295
99	5,137	6,359	5,188	2,036	3,903	99	5,907	7,313	5,967	2,342	4,489

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL
FOR USE IN ZIP CODES: 750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	6,449	N/A	N/A	N/A	N/A	0-64	7,414	N/A	N/A	N/A	N/A
65	1,290	1,487	1,303	512	978	65	1,483	1,710	1,498	588	1,124
66	1,290	1,487	1,303	512	978	66	1,483	1,710	1,498	588	1,124
67	1,290	1,487	1,303	512	978	67	1,483	1,710	1,498	588	1,124
68	1,290	1,533	1,303	512	978	68	1,483	1,762	1,498	588	1,124
69	1,295	1,579	1,309	514	981	69	1,489	1,816	1,505	591	1,129
70	1,314	1,627	1,328	522	997	70	1,511	1,870	1,527	599	1,146
71	1,355	1,675	1,368	536	1,028	71	1,559	1,927	1,573	618	1,181
72	1,402	1,733	1,415	556	1,063	72	1,612	1,992	1,628	638	1,223
73	1,451	1,793	1,465	575	1,100	73	1,668	2,063	1,684	661	1,265
74	1,501	1,856	1,516	595	1,138	74	1,725	2,135	1,743	684	1,309
75	1,561	1,932	1,576	619	1,183	75	1,795	2,221	1,813	713	1,361
76	1,623	2,009	1,639	644	1,230	76	1,866	2,309	1,886	740	1,416
77	1,688	2,087	1,705	670	1,280	77	1,941	2,401	1,961	770	1,472
78	1,756	2,172	1,774	695	1,330	78	2,020	2,497	2,039	800	1,530
79	1,826	2,258	1,844	725	1,383	79	2,100	2,598	2,122	832	1,591
80	1,898	2,349	1,917	752	1,439	80	2,183	2,701	2,205	866	1,655
81	1,983	2,454	2,004	786	1,505	81	2,280	2,823	2,304	904	1,731
82	2,073	2,564	2,093	822	1,573	82	2,383	2,950	2,408	944	1,808
83	2,166	2,680	2,187	859	1,644	83	2,491	3,083	2,516	986	1,891
84	2,263	2,800	2,285	897	1,719	84	2,603	3,221	2,629	1,031	1,976
85	2,366	2,927	2,389	938	1,795	85	2,721	3,366	2,747	1,078	2,066
86	2,473	3,058	2,496	980	1,877	86	2,842	3,516	2,871	1,128	2,159
87	2,582	3,195	2,609	1,024	1,961	87	2,970	3,675	3,000	1,178	2,255
88	2,699	3,339	2,726	1,071	2,049	88	3,103	3,839	3,135	1,230	2,356
89	2,821	3,489	2,849	1,118	2,142	89	3,244	4,013	3,276	1,285	2,463
90	2,947	3,646	2,978	1,169	2,237	90	3,389	4,193	3,424	1,343	2,574
91	3,080	3,812	3,111	1,221	2,337	91	3,542	4,384	3,577	1,404	2,689
92	3,218	3,984	3,250	1,276	2,443	92	3,701	4,581	3,738	1,468	2,809
93	3,363	4,162	3,398	1,333	2,554	93	3,868	4,787	3,907	1,533	2,937
94	3,514	4,350	3,551	1,393	2,669	94	4,043	5,002	4,083	1,602	3,070
95	3,673	4,545	3,710	1,456	2,788	95	4,223	5,227	4,266	1,675	3,208
96	3,837	4,749	3,876	1,522	2,915	96	4,414	5,462	4,458	1,750	3,352
97	4,011	4,963	4,051	1,590	3,046	97	4,611	5,708	4,659	1,829	3,503
98	4,191	5,187	4,233	1,661	3,184	98	4,821	5,966	4,868	1,910	3,661
99	4,379	5,421	4,423	1,736	3,327	99	5,036	6,234	5,086	1,997	3,827

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

TEXAS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 750-753, 760, 761, 770-777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	6,015	N/A	N/A	N/A	N/A	0-64	6,915	N/A	N/A	N/A	N/A
65	1,203	1,387	1,215	477	912	65	1,383	1,595	1,397	549	1,048
66	1,203	1,387	1,215	477	912	66	1,383	1,595	1,397	549	1,048
67	1,203	1,387	1,215	477	912	67	1,383	1,595	1,397	549	1,048
68	1,203	1,429	1,215	477	912	68	1,383	1,643	1,397	549	1,048
69	1,208	1,473	1,220	479	915	69	1,389	1,694	1,403	551	1,053
70	1,226	1,517	1,239	487	930	70	1,410	1,744	1,424	559	1,069
71	1,264	1,563	1,276	500	958	71	1,454	1,798	1,467	576	1,102
72	1,308	1,616	1,320	519	992	72	1,503	1,858	1,519	595	1,141
73	1,353	1,673	1,366	537	1,026	73	1,556	1,924	1,571	616	1,180
74	1,400	1,731	1,414	555	1,061	74	1,609	1,991	1,626	638	1,221
75	1,456	1,802	1,470	577	1,104	75	1,674	2,071	1,691	665	1,269
76	1,514	1,873	1,529	600	1,147	76	1,741	2,154	1,759	690	1,321
77	1,574	1,947	1,591	624	1,193	77	1,811	2,240	1,829	718	1,373
78	1,638	2,026	1,654	649	1,241	78	1,884	2,329	1,902	747	1,427
79	1,703	2,106	1,720	676	1,290	79	1,959	2,423	1,979	776	1,484
80	1,771	2,191	1,788	701	1,342	80	2,036	2,519	2,056	808	1,543
81	1,850	2,289	1,869	733	1,403	81	2,126	2,633	2,149	843	1,614
82	1,933	2,392	1,953	767	1,467	82	2,223	2,751	2,246	881	1,687
83	2,020	2,500	2,040	801	1,533	83	2,324	2,875	2,346	920	1,763
84	2,111	2,612	2,131	836	1,603	84	2,428	3,004	2,452	961	1,843
85	2,207	2,730	2,228	875	1,675	85	2,538	3,139	2,562	1,006	1,927
86	2,306	2,852	2,328	914	1,750	86	2,651	3,280	2,677	1,052	2,014
87	2,408	2,980	2,434	955	1,829	87	2,770	3,428	2,798	1,099	2,103
88	2,517	3,114	2,543	999	1,911	88	2,894	3,580	2,924	1,147	2,197
89	2,631	3,254	2,657	1,043	1,997	89	3,026	3,743	3,056	1,198	2,297
90	2,748	3,401	2,777	1,091	2,086	90	3,161	3,911	3,194	1,253	2,401
91	2,873	3,555	2,902	1,139	2,180	91	3,304	4,089	3,337	1,309	2,508
92	3,001	3,715	3,031	1,190	2,279	92	3,452	4,272	3,487	1,369	2,620
93	3,137	3,882	3,169	1,243	2,382	93	3,608	4,465	3,644	1,429	2,739
94	3,278	4,057	3,312	1,299	2,490	94	3,770	4,666	3,808	1,494	2,863
95	3,426	4,239	3,460	1,358	2,601	95	3,939	4,876	3,979	1,563	2,992
96	3,579	4,430	3,615	1,419	2,719	96	4,117	5,094	4,158	1,632	3,126
97	3,741	4,629	3,779	1,483	2,841	97	4,301	5,323	4,345	1,706	3,268
98	3,909	4,838	3,948	1,550	2,970	98	4,496	5,565	4,541	1,782	3,415
99	4,084	5,056	4,125	1,619	3,103	99	4,697	5,815	4,744	1,862	3,569

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

PREMIUM INFORMATION

ACE Property & Casualty Insurance Company may change your premium on any premium due date if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as attained age, sex, underwriting class, state of issue, and your most recent zip code of residence in the state of issue. Premiums are based on your attained age and will change on your policy anniversary date. Any change is subject to approval by the Texas Department of Insurance.

There is a 7% household discount for qualifying applicants.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all of your medical costs. Neither ACE Property & Casualty Insurance Company nor its agents are 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.

LIMITATIONS AND EXCLUSIONS

The policy will not pay benefits for:

- a. Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;
- b. That portion of any expense incurred which is paid for by Medicare;
- c. Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;
- d. Services for which a charge is not normally made in the absence of insurance; or
- e. Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate. This exclusion is in reference to the extension of benefits under a prior plan.

REFUND OF PREMIUMS

The policy does contain a Pro Rata Refund provision that provides for a refund of any premium which covers a period after death. The policy does contain a Cancellation By Insured provision which provides for a refund of premium upon surrender of the policy.

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. ACE Property & Casualty Insurance Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded. Please refer to your policy for details.

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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	\$0 \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$1632 (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 21 st thru 100 th day 101 st 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 co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

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* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 21 st thru 100 th day 101 st 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 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

(continued)

PLAN F
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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*	\$0	\$240 (Part B deductible)	\$0
— Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

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* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 21 st thru 100 th day 101 st 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 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	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

PLAN G
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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*	\$0	\$0	\$240 (Unless Part B deductible has been met)
— Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. **This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses 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 61 st thru 90 th day 91 st 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 21 st thru 100 th day 101 st 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 \$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* 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

(continued)

HIGH DEDUCTIBLE PLAN G**PARTS A & B**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE ** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies 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

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE ** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year 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

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* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 21 st thru 100 th day 101 st 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 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 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.	\$240 (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.
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

(continued)

PLAN N
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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*	\$0	\$0	\$240 (Part B deductible)
— Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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.