

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 2025 ²						\$7220 ²	\$3610 ²					

¹Plans 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 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	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	9,190	N/A	N/A	N/A	N/A	0-64	10,559	N/A	N/A	N/A	N/A
65	1,838	2,155	1,925	730	1,392	65	2,112	2,478	2,213	839	1,602
66	1,838	2,155	1,925	730	1,392	66	2,112	2,478	2,213	839	1,602
67	1,838	2,155	1,925	730	1,392	67	2,112	2,478	2,213	839	1,602
68	1,838	2,221	1,925	730	1,392	68	2,112	2,554	2,213	839	1,602
69	1,846	2,289	1,934	732	1,399	69	2,123	2,630	2,225	843	1,610
70	1,874	2,357	1,963	743	1,421	70	2,155	2,710	2,257	856	1,633
71	1,930	2,427	2,022	765	1,463	71	2,222	2,792	2,325	880	1,684
72	1,997	2,512	2,093	792	1,516	72	2,299	2,887	2,407	911	1,743
73	2,067	2,600	2,165	819	1,568	73	2,377	2,988	2,490	941	1,805
74	2,140	2,689	2,241	848	1,622	74	2,460	3,094	2,577	976	1,866
75	2,225	2,799	2,330	881	1,687	75	2,559	3,218	2,680	1,015	1,940
76	2,314	2,909	2,425	918	1,753	76	2,661	3,346	2,788	1,054	2,016
77	2,405	3,026	2,520	952	1,824	77	2,765	3,479	2,898	1,098	2,097
78	2,503	3,147	2,622	992	1,897	78	2,880	3,618	3,014	1,141	2,183
79	2,602	3,274	2,726	1,032	1,973	79	2,993	3,764	3,134	1,187	2,268
80	2,705	3,403	2,836	1,073	2,051	80	3,112	3,913	3,259	1,235	2,358
81	2,827	3,557	2,962	1,121	2,145	81	3,251	4,090	3,405	1,291	2,467
82	2,955	3,716	3,095	1,170	2,242	82	3,399	4,276	3,557	1,347	2,576
83	3,087	3,884	3,234	1,224	2,343	83	3,552	4,466	3,719	1,407	2,695
84	3,226	4,058	3,379	1,278	2,447	84	3,710	4,667	3,885	1,470	2,816
85	3,372	4,241	3,531	1,337	2,560	85	3,877	4,877	4,063	1,536	2,943
86	3,524	4,430	3,689	1,396	2,675	86	4,052	5,095	4,244	1,607	3,076
87	3,680	4,629	3,857	1,459	2,794	87	4,233	5,326	4,435	1,679	3,213
88	3,846	4,838	4,029	1,525	2,920	88	4,425	5,564	4,633	1,753	3,359
89	4,020	5,057	4,210	1,594	3,052	89	4,624	5,815	4,843	1,832	3,509
90	4,200	5,284	4,399	1,666	3,190	90	4,830	6,077	5,061	1,917	3,668
91	4,390	5,524	4,599	1,740	3,333	91	5,049	6,351	5,287	2,002	3,833
92	4,587	5,772	4,806	1,818	3,483	92	5,275	6,637	5,526	2,091	4,004
93	4,793	6,032	5,020	1,899	3,640	93	5,514	6,938	5,773	2,184	4,185
94	5,010	6,303	5,248	1,987	3,804	94	5,761	7,250	6,034	2,283	4,375
95	5,235	6,587	5,484	2,076	3,975	95	6,021	7,576	6,306	2,387	4,571
96	5,469	6,882	5,730	2,169	4,155	96	6,291	7,914	6,590	2,495	4,778
97	5,715	7,194	5,988	2,265	4,342	97	6,574	8,271	6,886	2,606	4,993
98	5,975	7,517	6,258	2,368	4,538	98	6,870	8,644	7,196	2,721	5,218
99	6,243	7,856	6,538	2,473	4,741	99	7,179	9,035	7,519	2,846	5,454

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	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	7,834	N/A	N/A	N/A	N/A	0-64	9,001	N/A	N/A	N/A	N/A
65	1,567	1,837	1,641	623	1,187	65	1,800	2,113	1,887	715	1,366
66	1,567	1,837	1,641	623	1,187	66	1,800	2,113	1,887	715	1,366
67	1,567	1,837	1,641	623	1,187	67	1,800	2,113	1,887	715	1,366
68	1,567	1,893	1,641	623	1,187	68	1,800	2,177	1,887	715	1,366
69	1,574	1,951	1,648	624	1,193	69	1,810	2,242	1,896	718	1,373
70	1,598	2,009	1,673	633	1,211	70	1,837	2,310	1,924	730	1,392
71	1,645	2,069	1,724	652	1,248	71	1,894	2,380	1,982	750	1,436
72	1,703	2,141	1,784	675	1,292	72	1,960	2,461	2,052	777	1,486
73	1,762	2,216	1,846	699	1,336	73	2,026	2,547	2,122	803	1,538
74	1,824	2,292	1,910	723	1,383	74	2,097	2,638	2,197	832	1,591
75	1,897	2,386	1,987	751	1,438	75	2,181	2,743	2,284	866	1,654
76	1,973	2,480	2,067	783	1,494	76	2,268	2,853	2,377	898	1,718
77	2,050	2,579	2,148	812	1,555	77	2,357	2,965	2,471	936	1,787
78	2,134	2,683	2,235	846	1,617	78	2,455	3,084	2,569	973	1,861
79	2,218	2,791	2,324	880	1,682	79	2,551	3,209	2,672	1,012	1,933
80	2,306	2,901	2,418	915	1,749	80	2,653	3,336	2,778	1,052	2,010
81	2,410	3,032	2,525	956	1,828	81	2,772	3,487	2,903	1,100	2,103
82	2,519	3,167	2,639	998	1,911	82	2,898	3,645	3,032	1,148	2,196
83	2,631	3,311	2,757	1,043	1,997	83	3,028	3,807	3,171	1,200	2,298
84	2,750	3,459	2,881	1,090	2,086	84	3,162	3,978	3,311	1,253	2,401
85	2,874	3,615	3,010	1,140	2,182	85	3,305	4,158	3,463	1,309	2,509
86	3,004	3,777	3,145	1,190	2,280	86	3,454	4,343	3,618	1,370	2,622
87	3,137	3,946	3,288	1,244	2,382	87	3,609	4,540	3,781	1,431	2,739
88	3,279	4,125	3,435	1,300	2,489	88	3,772	4,743	3,950	1,494	2,863
89	3,427	4,311	3,589	1,359	2,601	89	3,942	4,957	4,129	1,562	2,992
90	3,580	4,505	3,750	1,420	2,719	90	4,117	5,180	4,314	1,634	3,127
91	3,742	4,709	3,920	1,484	2,841	91	4,304	5,414	4,507	1,707	3,267
92	3,910	4,920	4,097	1,550	2,969	92	4,497	5,658	4,710	1,783	3,413
93	4,086	5,142	4,279	1,619	3,103	93	4,700	5,914	4,921	1,862	3,567
94	4,271	5,373	4,473	1,694	3,243	94	4,911	6,180	5,144	1,946	3,730
95	4,462	5,615	4,675	1,770	3,389	95	5,133	6,458	5,376	2,035	3,897
96	4,662	5,867	4,884	1,849	3,542	96	5,362	6,747	5,618	2,127	4,073
97	4,872	6,133	5,104	1,931	3,702	97	5,604	7,051	5,870	2,222	4,257
98	5,093	6,408	5,335	2,019	3,869	98	5,857	7,369	6,134	2,320	4,448
99	5,322	6,697	5,573	2,108	4,042	99	6,120	7,702	6,409	2,426	4,649

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				
	Plan A	Plan F	Plan G	G	Plan N		Plan A	Plan F	Plan G	G	Plan N
0-64	7,307	N/A	N/A	N/A	N/A	0-64	8,395	N/A	N/A	N/A	N/A
65	1,461	1,714	1,530	581	1,107	65	1,679	1,971	1,760	667	1,274
66	1,461	1,714	1,530	581	1,107	66	1,679	1,971	1,760	667	1,274
67	1,461	1,714	1,530	581	1,107	67	1,679	1,971	1,760	667	1,274
68	1,461	1,766	1,530	581	1,107	68	1,679	2,030	1,760	667	1,274
69	1,468	1,820	1,537	582	1,112	69	1,688	2,091	1,769	670	1,280
70	1,490	1,874	1,560	591	1,130	70	1,713	2,154	1,794	681	1,299
71	1,535	1,930	1,608	608	1,164	71	1,767	2,220	1,848	699	1,339
72	1,588	1,997	1,664	630	1,205	72	1,828	2,295	1,914	725	1,386
73	1,643	2,067	1,722	652	1,246	73	1,890	2,376	1,980	748	1,435
74	1,701	2,138	1,782	674	1,290	74	1,956	2,460	2,049	776	1,484
75	1,769	2,225	1,853	701	1,341	75	2,034	2,559	2,130	807	1,543
76	1,840	2,313	1,928	730	1,393	76	2,115	2,661	2,217	838	1,603
77	1,912	2,406	2,004	757	1,450	77	2,199	2,766	2,304	873	1,667
78	1,990	2,502	2,084	789	1,508	78	2,290	2,877	2,396	908	1,736
79	2,069	2,603	2,167	820	1,569	79	2,380	2,993	2,492	944	1,803
80	2,151	2,706	2,255	853	1,631	80	2,474	3,111	2,591	982	1,875
81	2,248	2,828	2,355	891	1,705	81	2,585	3,252	2,707	1,026	1,961
82	2,350	2,954	2,461	930	1,782	82	2,703	3,399	2,828	1,071	2,048
83	2,454	3,088	2,571	973	1,863	83	2,824	3,551	2,957	1,119	2,143
84	2,565	3,227	2,687	1,017	1,946	84	2,949	3,711	3,089	1,169	2,239
85	2,681	3,372	2,808	1,063	2,035	85	3,083	3,878	3,230	1,221	2,340
86	2,802	3,522	2,933	1,110	2,127	86	3,221	4,051	3,374	1,278	2,446
87	2,926	3,681	3,067	1,160	2,221	87	3,366	4,235	3,526	1,335	2,555
88	3,058	3,847	3,204	1,213	2,322	88	3,518	4,424	3,684	1,393	2,670
89	3,196	4,021	3,348	1,267	2,426	89	3,677	4,623	3,851	1,457	2,790
90	3,339	4,201	3,497	1,325	2,536	90	3,840	4,832	4,024	1,524	2,917
91	3,490	4,392	3,656	1,384	2,650	91	4,014	5,050	4,203	1,592	3,047
92	3,647	4,589	3,821	1,446	2,770	92	4,194	5,277	4,393	1,663	3,184
93	3,811	4,796	3,991	1,510	2,894	93	4,384	5,516	4,590	1,737	3,327
94	3,983	5,011	4,172	1,580	3,024	94	4,581	5,764	4,798	1,815	3,479
95	4,162	5,237	4,360	1,651	3,161	95	4,787	6,023	5,014	1,898	3,635
96	4,349	5,472	4,556	1,725	3,303	96	5,001	6,293	5,240	1,984	3,799
97	4,544	5,720	4,761	1,801	3,453	97	5,227	6,576	5,475	2,072	3,970
98	4,751	5,977	4,976	1,883	3,608	98	5,462	6,873	5,721	2,164	4,149
99	4,964	6,246	5,198	1,967	3,770	99	5,708	7,183	5,978	2,263	4,336

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: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	8,170	N/A	N/A	N/A	N/A	0-64	9,393	N/A	N/A	N/A	N/A
65	1,634	1,916	1,712	648	1,239	65	1,879	2,203	1,968	745	1,424
66	1,634	1,916	1,712	648	1,239	66	1,879	2,203	1,968	745	1,424
67	1,634	1,916	1,712	648	1,239	67	1,879	2,203	1,968	745	1,424
68	1,634	1,974	1,712	648	1,239	68	1,879	2,269	1,968	745	1,424
69	1,641	2,034	1,719	651	1,243	69	1,887	2,339	1,977	748	1,431
70	1,665	2,095	1,745	662	1,263	70	1,915	2,409	2,006	759	1,453
71	1,716	2,158	1,797	680	1,302	71	1,975	2,483	2,067	782	1,496
72	1,777	2,232	1,860	704	1,347	72	2,042	2,566	2,139	808	1,550
73	1,838	2,310	1,925	729	1,394	73	2,113	2,657	2,213	837	1,603
74	1,902	2,391	1,992	754	1,442	74	2,186	2,750	2,290	866	1,658
75	1,978	2,488	2,071	784	1,499	75	2,274	2,860	2,383	903	1,724
76	2,056	2,587	2,154	815	1,558	76	2,365	2,974	2,478	937	1,794
77	2,138	2,689	2,241	848	1,621	77	2,460	3,093	2,577	976	1,865
78	2,225	2,797	2,330	881	1,685	78	2,559	3,217	2,680	1,014	1,939
79	2,313	2,909	2,423	918	1,753	79	2,661	3,346	2,788	1,054	2,016
80	2,405	3,026	2,519	952	1,823	80	2,765	3,479	2,897	1,098	2,097
81	2,513	3,161	2,633	996	1,906	81	2,888	3,636	3,027	1,146	2,192
82	2,626	3,303	2,750	1,041	1,992	82	3,020	3,799	3,163	1,196	2,291
83	2,744	3,452	2,874	1,088	2,083	83	3,156	3,970	3,305	1,250	2,395
84	2,867	3,607	3,003	1,136	2,177	84	3,298	4,149	3,454	1,306	2,504
85	2,997	3,770	3,139	1,188	2,275	85	3,447	4,335	3,609	1,366	2,617
86	3,133	3,938	3,279	1,241	2,377	86	3,601	4,529	3,772	1,429	2,735
87	3,271	4,115	3,428	1,298	2,484	87	3,763	4,734	3,941	1,492	2,857
88	3,419	4,301	3,582	1,357	2,595	88	3,932	4,944	4,119	1,558	2,985
89	3,574	4,494	3,743	1,417	2,713	89	4,110	5,169	4,305	1,628	3,120
90	3,733	4,696	3,912	1,481	2,834	90	4,293	5,401	4,499	1,702	3,261
91	3,902	4,909	4,087	1,547	2,961	91	4,487	5,646	4,700	1,779	3,407
92	4,077	5,131	4,270	1,617	3,096	92	4,689	5,900	4,911	1,859	3,559
93	4,261	5,361	4,464	1,688	3,235	93	4,901	6,166	5,133	1,942	3,720
94	4,453	5,603	4,665	1,765	3,382	94	5,122	6,443	5,365	2,029	3,889
95	4,654	5,854	4,874	1,844	3,533	95	5,351	6,733	5,605	2,123	4,064
96	4,862	6,117	5,093	1,928	3,693	96	5,592	7,035	5,857	2,217	4,247
97	5,081	6,393	5,323	2,014	3,859	97	5,842	7,352	6,121	2,317	4,438
98	5,310	6,682	5,562	2,105	4,034	98	6,108	7,685	6,396	2,420	4,638
99	5,548	6,982	5,811	2,199	4,215	99	6,380	8,030	6,683	2,530	4,848

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				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	6,965	N/A	N/A	N/A	N/A	0-64	8,007	N/A	N/A	N/A	N/A
65	1,393	1,633	1,459	553	1,056	65	1,601	1,878	1,678	635	1,214
66	1,393	1,633	1,459	553	1,056	66	1,601	1,878	1,678	635	1,214
67	1,393	1,633	1,459	553	1,056	67	1,601	1,878	1,678	635	1,214
68	1,393	1,683	1,459	553	1,056	68	1,601	1,935	1,678	635	1,214
69	1,399	1,734	1,466	555	1,059	69	1,608	1,994	1,685	638	1,220
70	1,419	1,786	1,488	564	1,077	70	1,632	2,053	1,710	647	1,238
71	1,463	1,840	1,532	579	1,110	71	1,684	2,116	1,762	667	1,276
72	1,514	1,903	1,585	600	1,148	72	1,741	2,188	1,824	689	1,321
73	1,567	1,969	1,641	621	1,188	73	1,801	2,265	1,887	714	1,367
74	1,622	2,038	1,698	642	1,229	74	1,863	2,344	1,952	738	1,413
75	1,686	2,121	1,766	668	1,278	75	1,938	2,438	2,031	770	1,470
76	1,753	2,205	1,836	695	1,328	76	2,016	2,536	2,113	799	1,529
77	1,823	2,292	1,910	723	1,382	77	2,097	2,636	2,197	832	1,590
78	1,897	2,385	1,987	751	1,437	78	2,181	2,742	2,284	864	1,653
79	1,972	2,480	2,066	783	1,494	79	2,268	2,853	2,377	898	1,718
80	2,050	2,579	2,147	812	1,554	80	2,357	2,965	2,469	936	1,787
81	2,142	2,695	2,245	849	1,625	81	2,462	3,100	2,581	977	1,869
82	2,238	2,816	2,345	888	1,698	82	2,574	3,239	2,697	1,020	1,953
83	2,340	2,943	2,450	927	1,776	83	2,691	3,385	2,818	1,065	2,042
84	2,444	3,075	2,560	968	1,856	84	2,811	3,537	2,945	1,113	2,134
85	2,555	3,214	2,676	1,013	1,939	85	2,938	3,696	3,077	1,165	2,231
86	2,671	3,357	2,795	1,058	2,027	86	3,069	3,861	3,215	1,218	2,332
87	2,788	3,508	2,923	1,106	2,118	87	3,207	4,035	3,360	1,272	2,436
88	2,915	3,666	3,053	1,156	2,212	88	3,352	4,215	3,511	1,328	2,544
89	3,047	3,831	3,190	1,208	2,313	89	3,504	4,406	3,669	1,388	2,660
90	3,182	4,003	3,335	1,263	2,416	90	3,660	4,604	3,835	1,451	2,780
91	3,327	4,185	3,484	1,319	2,524	91	3,825	4,813	4,007	1,516	2,904
92	3,475	4,374	3,640	1,378	2,639	92	3,997	5,029	4,187	1,585	3,034
93	3,632	4,570	3,805	1,439	2,758	93	4,178	5,256	4,376	1,655	3,171
94	3,796	4,777	3,977	1,505	2,883	94	4,366	5,493	4,573	1,730	3,315
95	3,967	4,990	4,155	1,572	3,011	95	4,561	5,740	4,778	1,809	3,465
96	4,144	5,215	4,341	1,644	3,148	96	4,767	5,997	4,993	1,890	3,620
97	4,331	5,450	4,537	1,717	3,289	97	4,980	6,267	5,218	1,975	3,784
98	4,527	5,696	4,741	1,794	3,439	98	5,206	6,551	5,452	2,063	3,954
99	4,729	5,952	4,954	1,875	3,593	99	5,439	6,845	5,697	2,156	4,133

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: ALL EXCEPT 750-753, 760, 761, 770-777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	6,496	N/A	N/A	N/A	N/A	0-64	7,468	N/A	N/A	N/A	N/A
65	1,299	1,523	1,361	515	985	65	1,494	1,751	1,565	593	1,132
66	1,299	1,523	1,361	515	985	66	1,494	1,751	1,565	593	1,132
67	1,299	1,523	1,361	515	985	67	1,494	1,751	1,565	593	1,132
68	1,299	1,570	1,361	515	985	68	1,494	1,804	1,565	593	1,132
69	1,305	1,617	1,367	518	988	69	1,500	1,860	1,572	595	1,137
70	1,324	1,666	1,388	526	1,005	70	1,522	1,915	1,595	604	1,155
71	1,365	1,716	1,429	540	1,035	71	1,570	1,974	1,643	622	1,190
72	1,413	1,774	1,479	560	1,071	72	1,623	2,040	1,701	643	1,232
73	1,461	1,837	1,530	580	1,108	73	1,680	2,112	1,760	666	1,275
74	1,512	1,901	1,583	599	1,146	74	1,738	2,187	1,821	689	1,318
75	1,572	1,978	1,647	623	1,192	75	1,808	2,274	1,894	718	1,371
76	1,635	2,057	1,712	648	1,239	76	1,880	2,365	1,970	745	1,426
77	1,700	2,138	1,782	674	1,289	77	1,956	2,459	2,049	776	1,483
78	1,769	2,224	1,853	701	1,340	78	2,034	2,558	2,130	806	1,542
79	1,839	2,313	1,927	730	1,393	79	2,115	2,661	2,217	838	1,603
80	1,912	2,406	2,003	757	1,449	80	2,199	2,766	2,303	873	1,667
81	1,998	2,513	2,094	792	1,515	81	2,296	2,891	2,407	911	1,743
82	2,088	2,626	2,187	828	1,584	82	2,401	3,021	2,515	951	1,822
83	2,182	2,745	2,285	865	1,656	83	2,510	3,157	2,628	994	1,904
84	2,280	2,868	2,387	903	1,731	84	2,622	3,299	2,747	1,038	1,991
85	2,383	2,997	2,495	945	1,809	85	2,741	3,447	2,870	1,086	2,081
86	2,491	3,131	2,607	987	1,890	86	2,863	3,601	2,999	1,136	2,175
87	2,601	3,272	2,726	1,032	1,975	87	2,992	3,764	3,133	1,186	2,272
88	2,718	3,419	2,848	1,079	2,064	88	3,126	3,931	3,275	1,239	2,373
89	2,842	3,573	2,976	1,127	2,157	89	3,268	4,109	3,423	1,294	2,481
90	2,968	3,734	3,110	1,178	2,253	90	3,414	4,294	3,577	1,353	2,593
91	3,103	3,903	3,250	1,230	2,354	91	3,568	4,489	3,737	1,414	2,709
92	3,241	4,080	3,395	1,286	2,461	92	3,728	4,691	3,905	1,478	2,829
93	3,388	4,262	3,549	1,342	2,572	93	3,897	4,903	4,081	1,544	2,958
94	3,540	4,455	3,709	1,403	2,689	94	4,072	5,123	4,265	1,614	3,092
95	3,700	4,654	3,875	1,466	2,809	95	4,254	5,353	4,457	1,688	3,231
96	3,865	4,864	4,049	1,533	2,936	96	4,446	5,594	4,657	1,763	3,376
97	4,040	5,083	4,232	1,602	3,068	97	4,645	5,845	4,867	1,842	3,529
98	4,222	5,312	4,422	1,673	3,207	98	4,856	6,110	5,085	1,924	3,688
99	4,411	5,552	4,620	1,749	3,351	99	5,073	6,385	5,313	2,011	3,855

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 \$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
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 \$209.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$209.50 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 \$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
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 \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$257 (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
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 \$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
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 \$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
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 \$209.50 a day \$0	\$0 Up to \$209.50 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 \$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
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 \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$257 (Part B deductible) Generally 20%	 \$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
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 \$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
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 \$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
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 \$209.50 a day \$0	\$0 Up to \$209.50 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 \$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
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 \$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
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
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 \$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
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 \$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
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 \$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
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 \$209.50 a day \$0	\$0 Up to \$209.50 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 \$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
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 \$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
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES – 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
HOME HEALTH CARE 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
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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 \$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
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 \$209.50 a day \$0	\$0 Up to \$209.50 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 \$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
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 \$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.
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
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 \$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
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.