

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

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

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 ²					\$7060 ²	\$3530 ²				

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

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 Plans F and G do not cover the separate Foreign travel emergency deductible. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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.

FLORIDA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 330-334

Issue Age	Preferred					Issue 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	14,981	17,581	15,137	6,060	11,300	0-64	17,236	20,221	17,400	6,962	12,989
65	3,745	4,395	3,784	1,515	2,825	65	4,309	5,055	4,350	1,740	3,247
66	3,745	4,395	3,784	1,515	2,825	66	4,309	5,055	4,350	1,740	3,247
67	3,745	4,395	3,784	1,515	2,825	67	4,309	5,055	4,350	1,740	3,247
68	3,745	4,395	3,784	1,515	2,909	68	4,309	5,055	4,350	1,740	3,346
69	3,825	4,487	3,866	1,548	2,970	69	4,399	5,160	4,446	1,777	3,419
70	3,909	4,586	3,950	1,579	3,040	70	4,500	5,275	4,543	1,816	3,493
71	3,991	4,684	4,032	1,613	3,102	71	4,590	5,387	4,639	1,855	3,567
72	4,098	4,805	4,141	1,656	3,182	72	4,713	5,525	4,760	1,907	3,659
73	4,205	4,932	4,246	1,697	3,266	73	4,836	5,672	4,883	1,954	3,758
74	4,317	5,061	4,360	1,745	3,350	74	4,963	5,820	5,014	2,005	3,852
75	4,428	5,195	4,475	1,790	3,438	75	5,094	5,974	5,143	2,056	3,952
76	4,545	5,324	4,590	1,835	3,526	76	5,228	6,123	5,279	2,112	4,057
77	4,680	5,492	4,727	1,890	3,637	77	5,381	6,316	5,437	2,175	4,182
78	4,824	5,662	4,875	1,950	3,747	78	5,551	6,511	5,607	2,243	4,311
79	4,975	5,832	5,025	2,011	3,862	79	5,722	6,706	5,779	2,312	4,440
80	5,125	6,011	5,178	2,073	3,983	80	5,896	6,913	5,955	2,384	4,582
81	5,283	6,197	5,336	2,134	4,100	81	6,076	7,128	6,136	2,456	4,715
82	5,443	6,382	5,498	2,198	4,227	82	6,259	7,337	6,320	2,528	4,863
83	5,633	6,607	5,691	2,276	4,375	83	6,476	7,595	6,542	2,618	5,029
84	5,830	6,839	5,890	2,355	4,528	84	6,701	7,866	6,773	2,710	5,207
85	6,037	7,081	6,097	2,437	4,688	85	6,945	8,143	7,011	2,804	5,394
86	6,248	7,331	6,310	2,524	4,854	86	7,185	8,430	7,255	2,903	5,582
87	6,468	7,587	6,531	2,612	5,025	87	7,435	8,725	7,509	3,005	5,779
88	6,693	7,852	6,759	2,706	5,201	88	7,696	9,028	7,774	3,110	5,980
89	6,927	8,126	6,997	2,800	5,387	89	7,966	9,344	8,046	3,221	6,195
90	7,169	8,409	7,241	2,897	5,574	90	8,245	9,668	8,327	3,329	6,412
91	7,419	8,708	7,495	2,999	5,769	91	8,532	10,014	8,618	3,450	6,634
92	7,675	9,010	7,753	3,102	5,972	92	8,827	10,361	8,918	3,567	6,868
93	7,946	9,323	8,026	3,210	6,177	93	9,139	10,719	9,227	3,690	7,105
94	8,225	9,649	8,307	3,323	6,396	94	9,459	11,097	9,551	3,821	7,355
95	8,508	9,988	8,592	3,438	6,615	95	9,785	11,488	9,883	3,952	7,608
96	8,803	10,338	8,891	3,559	6,847	96	10,123	11,890	10,227	4,090	7,872
97	9,120	10,707	9,211	3,684	7,093	97	10,486	12,314	10,594	4,237	8,157
98	9,485	11,136	9,580	3,829	7,378	98	10,906	12,808	11,017	4,405	8,485
99	9,865	11,578	9,965	3,985	7,673	99	11,345	13,315	11,460	4,584	8,825

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

FLORIDA Standard Plans MALE Rates - ANNUAL

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

Issue Age	Preferred					Issue 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	10,085	11,835	10,190	4,079	7,607	0-64	11,603	13,612	11,713	4,686	8,744
65	2,521	2,959	2,547	1,020	1,902	65	2,901	3,403	2,928	1,172	2,186
66	2,521	2,959	2,547	1,020	1,902	66	2,901	3,403	2,928	1,172	2,186
67	2,521	2,959	2,547	1,020	1,902	67	2,901	3,403	2,928	1,172	2,186
68	2,521	2,959	2,547	1,020	1,958	68	2,901	3,403	2,928	1,172	2,252
69	2,575	3,021	2,603	1,042	2,000	69	2,961	3,473	2,993	1,196	2,302
70	2,632	3,087	2,659	1,063	2,047	70	3,029	3,551	3,058	1,223	2,352
71	2,687	3,153	2,714	1,086	2,088	71	3,090	3,627	3,123	1,249	2,401
72	2,759	3,235	2,788	1,115	2,142	72	3,173	3,719	3,204	1,283	2,463
73	2,830	3,320	2,858	1,143	2,198	73	3,255	3,818	3,287	1,315	2,530
74	2,906	3,407	2,935	1,174	2,255	74	3,341	3,918	3,375	1,350	2,593
75	2,981	3,497	3,013	1,205	2,314	75	3,429	4,021	3,462	1,384	2,661
76	3,059	3,584	3,090	1,235	2,374	76	3,519	4,122	3,554	1,421	2,731
77	3,151	3,697	3,182	1,272	2,448	77	3,623	4,252	3,660	1,464	2,815
78	3,247	3,812	3,282	1,312	2,523	78	3,737	4,383	3,774	1,510	2,902
79	3,349	3,926	3,382	1,354	2,600	79	3,852	4,514	3,890	1,557	2,989
80	3,450	4,046	3,486	1,395	2,681	80	3,969	4,653	4,009	1,605	3,084
81	3,556	4,172	3,592	1,437	2,760	81	4,090	4,798	4,130	1,653	3,174
82	3,664	4,296	3,701	1,479	2,846	82	4,213	4,939	4,255	1,702	3,273
83	3,792	4,448	3,831	1,532	2,945	83	4,359	5,113	4,404	1,762	3,385
84	3,925	4,604	3,965	1,586	3,048	84	4,511	5,295	4,560	1,824	3,505
85	4,064	4,767	4,104	1,641	3,156	85	4,675	5,481	4,720	1,888	3,631
86	4,206	4,935	4,248	1,699	3,268	86	4,837	5,675	4,884	1,954	3,758
87	4,354	5,107	4,397	1,758	3,382	87	5,005	5,873	5,055	2,023	3,890
88	4,506	5,285	4,550	1,822	3,501	88	5,181	6,078	5,233	2,093	4,025
89	4,663	5,470	4,710	1,885	3,627	89	5,363	6,290	5,417	2,168	4,170
90	4,826	5,661	4,874	1,950	3,752	90	5,550	6,508	5,606	2,241	4,317
91	4,994	5,862	5,045	2,019	3,883	91	5,744	6,741	5,802	2,323	4,466
92	5,167	6,065	5,219	2,088	4,020	92	5,942	6,975	6,003	2,401	4,623
93	5,349	6,276	5,403	2,161	4,158	93	6,152	7,216	6,211	2,484	4,783
94	5,537	6,496	5,592	2,237	4,306	94	6,367	7,470	6,429	2,572	4,951
95	5,727	6,723	5,784	2,314	4,453	95	6,587	7,734	6,653	2,661	5,121
96	5,926	6,959	5,985	2,396	4,609	96	6,814	8,004	6,885	2,753	5,299
97	6,140	7,208	6,200	2,480	4,775	97	7,059	8,290	7,132	2,852	5,491
98	6,385	7,496	6,449	2,578	4,967	98	7,342	8,622	7,416	2,966	5,712
99	6,641	7,794	6,708	2,683	5,165	99	7,637	8,963	7,714	3,086	5,941

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

FLORIDA Standard Plans MALE Rates - ANNUAL

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

Issue Age	Preferred					Issue 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	9,500	11,149	9,599	3,843	7,166	0-64	10,930	12,823	11,034	4,415	8,237
65	2,375	2,787	2,400	961	1,791	65	2,733	3,206	2,759	1,104	2,059
66	2,375	2,787	2,400	961	1,791	66	2,733	3,206	2,759	1,104	2,059
67	2,375	2,787	2,400	961	1,791	67	2,733	3,206	2,759	1,104	2,059
68	2,375	2,787	2,400	961	1,845	68	2,733	3,206	2,759	1,104	2,122
69	2,426	2,846	2,452	982	1,884	69	2,790	3,272	2,820	1,127	2,168
70	2,479	2,908	2,505	1,001	1,928	70	2,854	3,345	2,881	1,152	2,215
71	2,531	2,971	2,557	1,023	1,967	71	2,911	3,416	2,942	1,177	2,262
72	2,599	3,047	2,626	1,050	2,018	72	2,989	3,504	3,019	1,209	2,321
73	2,666	3,128	2,692	1,076	2,071	73	3,067	3,597	3,097	1,239	2,383
74	2,738	3,210	2,765	1,106	2,124	74	3,147	3,691	3,180	1,271	2,443
75	2,808	3,294	2,838	1,135	2,180	75	3,231	3,788	3,262	1,304	2,506
76	2,882	3,376	2,911	1,164	2,236	76	3,315	3,883	3,348	1,339	2,573
77	2,968	3,483	2,998	1,199	2,306	77	3,413	4,005	3,448	1,379	2,652
78	3,059	3,591	3,091	1,236	2,376	78	3,520	4,129	3,556	1,422	2,734
79	3,155	3,699	3,186	1,275	2,449	79	3,628	4,252	3,665	1,466	2,816
80	3,250	3,812	3,284	1,314	2,526	80	3,739	4,384	3,777	1,512	2,906
81	3,350	3,930	3,384	1,353	2,600	81	3,853	4,520	3,891	1,557	2,990
82	3,452	4,047	3,487	1,394	2,681	82	3,969	4,653	4,008	1,603	3,084
83	3,572	4,190	3,609	1,443	2,774	83	4,107	4,817	4,148	1,660	3,189
84	3,697	4,337	3,735	1,494	2,872	84	4,250	4,988	4,295	1,719	3,302
85	3,829	4,490	3,866	1,546	2,973	85	4,404	5,164	4,446	1,778	3,420
86	3,962	4,649	4,001	1,600	3,078	86	4,557	5,346	4,601	1,841	3,540
87	4,102	4,811	4,142	1,656	3,186	87	4,715	5,533	4,762	1,906	3,665
88	4,245	4,979	4,286	1,716	3,298	88	4,880	5,725	4,930	1,972	3,792
89	4,393	5,153	4,437	1,776	3,416	89	5,052	5,925	5,103	2,042	3,929
90	4,546	5,333	4,592	1,837	3,535	90	5,229	6,131	5,281	2,111	4,066
91	4,705	5,522	4,753	1,902	3,658	91	5,411	6,351	5,465	2,188	4,207
92	4,867	5,714	4,917	1,967	3,787	92	5,598	6,570	5,655	2,262	4,355
93	5,039	5,912	5,090	2,036	3,917	93	5,795	6,798	5,851	2,340	4,506
94	5,216	6,119	5,268	2,107	4,056	94	5,998	7,037	6,057	2,423	4,664
95	5,395	6,334	5,448	2,180	4,195	95	6,205	7,285	6,267	2,506	4,824
96	5,582	6,556	5,638	2,257	4,342	96	6,419	7,540	6,486	2,594	4,992
97	5,784	6,790	5,841	2,336	4,498	97	6,650	7,809	6,718	2,687	5,173
98	6,015	7,062	6,075	2,428	4,679	98	6,916	8,122	6,986	2,794	5,381
99	6,256	7,342	6,319	2,527	4,866	99	7,194	8,444	7,267	2,907	5,597

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

FLORIDA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 330-334

Issue Age	Preferred					Issue 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	13,317	15,621	13,456	5,387	10,045	0-64	15,318	17,966	15,473	6,191	11,546
65	3,329	3,905	3,364	1,347	2,511	65	3,829	4,492	3,868	1,548	2,886
66	3,329	3,905	3,364	1,347	2,511	66	3,829	4,492	3,868	1,548	2,886
67	3,329	3,905	3,364	1,347	2,511	67	3,829	4,492	3,868	1,548	2,886
68	3,329	3,905	3,364	1,347	2,585	68	3,829	4,492	3,868	1,548	2,973
69	3,401	3,989	3,436	1,376	2,640	69	3,909	4,588	3,952	1,581	3,038
70	3,477	4,075	3,512	1,404	2,702	70	3,998	4,686	4,039	1,613	3,106
71	3,549	4,164	3,585	1,435	2,757	71	4,080	4,789	4,123	1,650	3,171
72	3,643	4,270	3,680	1,472	2,827	72	4,188	4,910	4,231	1,693	3,253
73	3,737	4,383	3,774	1,511	2,903	73	4,297	5,041	4,342	1,736	3,339
74	3,838	4,500	3,875	1,550	2,979	74	4,412	5,174	4,457	1,781	3,426
75	3,936	4,617	3,977	1,589	3,055	75	4,528	5,310	4,572	1,829	3,514
76	4,041	4,733	4,080	1,632	3,134	76	4,647	5,445	4,692	1,878	3,604
77	4,159	4,881	4,203	1,681	3,233	77	4,785	5,615	4,834	1,933	3,717
78	4,289	5,033	4,334	1,734	3,331	78	4,932	5,787	4,984	1,993	3,831
79	4,422	5,182	4,465	1,788	3,432	79	5,086	5,959	5,137	2,054	3,948
80	4,557	5,342	4,602	1,843	3,540	80	5,240	6,144	5,293	2,120	4,071
81	4,697	5,508	4,742	1,898	3,645	81	5,400	6,335	5,453	2,183	4,190
82	4,838	5,672	4,887	1,956	3,758	82	5,564	6,523	5,619	2,247	4,321
83	5,006	5,871	5,057	2,023	3,887	83	5,756	6,753	5,816	2,327	4,471
84	5,180	6,080	5,234	2,095	4,024	84	5,957	6,993	6,021	2,409	4,629
85	5,367	6,294	5,420	2,167	4,170	85	6,173	7,239	6,232	2,493	4,793
86	5,553	6,515	5,609	2,243	4,315	86	6,386	7,493	6,449	2,579	4,961
87	5,748	6,745	5,806	2,323	4,465	87	6,609	7,755	6,675	2,669	5,137
88	5,949	6,978	6,009	2,405	4,623	88	6,841	8,026	6,911	2,765	5,316
89	6,156	7,222	6,220	2,489	4,789	89	7,081	8,305	7,150	2,862	5,506
90	6,371	7,474	6,437	2,575	4,955	90	7,329	8,596	7,401	2,960	5,699
91	6,595	7,741	6,663	2,665	5,127	91	7,585	8,901	7,661	3,067	5,896
92	6,824	8,007	6,892	2,757	5,307	92	7,847	9,211	7,925	3,171	6,105
93	7,062	8,286	7,134	2,854	5,490	93	8,124	9,528	8,202	3,282	6,314
94	7,310	8,577	7,384	2,954	5,685	94	8,407	9,863	8,491	3,397	6,537
95	7,562	8,879	7,638	3,055	5,879	95	8,696	10,211	8,784	3,514	6,761
96	7,825	9,188	7,905	3,161	6,086	96	8,997	10,568	9,090	3,635	6,999
97	8,106	9,518	8,188	3,274	6,306	97	9,321	10,947	9,416	3,766	7,251
98	8,432	9,899	8,516	3,405	6,558	98	9,694	11,384	9,793	3,918	7,540
99	8,770	10,293	8,858	3,542	6,820	99	10,084	11,837	10,186	4,073	7,843

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

FLORIDA Standard Plans FEMALE Rates - ANNUAL

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

Issue Age	Preferred					Issue 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	8,964	10,516	9,058	3,627	6,762	0-64	10,311	12,094	10,416	4,168	7,772
65	2,241	2,629	2,265	907	1,691	65	2,578	3,024	2,604	1,042	1,943
66	2,241	2,629	2,265	907	1,691	66	2,578	3,024	2,604	1,042	1,943
67	2,241	2,629	2,265	907	1,691	67	2,578	3,024	2,604	1,042	1,943
68	2,241	2,629	2,265	907	1,740	68	2,578	3,024	2,604	1,042	2,001
69	2,289	2,685	2,313	926	1,777	69	2,632	3,088	2,661	1,064	2,045
70	2,340	2,743	2,364	945	1,819	70	2,691	3,155	2,719	1,086	2,091
71	2,389	2,803	2,414	966	1,856	71	2,746	3,224	2,775	1,111	2,135
72	2,452	2,875	2,477	991	1,903	72	2,819	3,305	2,848	1,140	2,190
73	2,516	2,950	2,541	1,017	1,954	73	2,892	3,393	2,923	1,169	2,248
74	2,583	3,029	2,608	1,043	2,005	74	2,970	3,483	3,000	1,199	2,306
75	2,650	3,108	2,677	1,070	2,056	75	3,048	3,574	3,077	1,231	2,365
76	2,720	3,186	2,746	1,098	2,110	76	3,128	3,665	3,159	1,264	2,426
77	2,800	3,286	2,829	1,132	2,176	77	3,221	3,780	3,254	1,301	2,502
78	2,887	3,388	2,917	1,167	2,243	78	3,320	3,896	3,355	1,341	2,579
79	2,977	3,489	3,006	1,203	2,310	79	3,424	4,012	3,458	1,383	2,658
80	3,068	3,596	3,098	1,241	2,383	80	3,527	4,136	3,563	1,427	2,741
81	3,162	3,708	3,192	1,278	2,454	81	3,635	4,264	3,671	1,470	2,821
82	3,257	3,818	3,290	1,317	2,530	82	3,745	4,391	3,783	1,512	2,909
83	3,370	3,952	3,404	1,362	2,616	83	3,875	4,546	3,915	1,566	3,010
84	3,487	4,093	3,523	1,410	2,709	84	4,010	4,707	4,053	1,622	3,116
85	3,613	4,237	3,649	1,459	2,807	85	4,155	4,873	4,195	1,678	3,226
86	3,738	4,386	3,776	1,510	2,905	86	4,299	5,044	4,341	1,736	3,340
87	3,870	4,540	3,908	1,564	3,006	87	4,449	5,221	4,493	1,797	3,458
88	4,005	4,698	4,045	1,619	3,112	88	4,605	5,403	4,652	1,862	3,578
89	4,144	4,862	4,187	1,675	3,224	89	4,767	5,590	4,813	1,926	3,707
90	4,289	5,031	4,333	1,733	3,335	90	4,934	5,786	4,982	1,993	3,836
91	4,439	5,211	4,485	1,794	3,451	91	5,106	5,992	5,157	2,064	3,969
92	4,594	5,390	4,640	1,856	3,573	92	5,283	6,200	5,335	2,135	4,110
93	4,754	5,578	4,802	1,921	3,696	93	5,469	6,414	5,521	2,209	4,250
94	4,921	5,774	4,971	1,989	3,827	94	5,659	6,639	5,716	2,287	4,401
95	5,091	5,977	5,142	2,056	3,958	95	5,854	6,874	5,913	2,365	4,551
96	5,267	6,185	5,321	2,128	4,097	96	6,057	7,114	6,119	2,447	4,711
97	5,457	6,407	5,512	2,204	4,245	97	6,275	7,369	6,338	2,535	4,881
98	5,676	6,664	5,733	2,292	4,415	98	6,526	7,663	6,592	2,637	5,076
99	5,904	6,929	5,963	2,385	4,591	99	6,788	7,968	6,857	2,742	5,280

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

FLORIDA Standard Plans FEMALE Rates - ANNUAL

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

Issue Age	Preferred					Issue 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	8,445	9,906	8,533	3,416	6,370	0-64	9,714	11,393	9,812	3,926	7,322
65	2,111	2,477	2,133	854	1,593	65	2,428	2,848	2,453	982	1,830
66	2,111	2,477	2,133	854	1,593	66	2,428	2,848	2,453	982	1,830
67	2,111	2,477	2,133	854	1,593	67	2,428	2,848	2,453	982	1,830
68	2,111	2,477	2,133	854	1,639	68	2,428	2,848	2,453	982	1,885
69	2,157	2,530	2,179	872	1,674	69	2,479	2,909	2,506	1,002	1,927
70	2,205	2,584	2,227	891	1,713	70	2,535	2,972	2,561	1,023	1,970
71	2,250	2,640	2,274	910	1,749	71	2,587	3,037	2,614	1,047	2,011
72	2,310	2,708	2,334	933	1,793	72	2,656	3,114	2,683	1,074	2,063
73	2,370	2,779	2,393	958	1,841	73	2,725	3,197	2,753	1,101	2,118
74	2,434	2,854	2,457	983	1,889	74	2,798	3,281	2,826	1,130	2,172
75	2,496	2,928	2,522	1,008	1,937	75	2,872	3,367	2,899	1,160	2,228
76	2,562	3,002	2,587	1,035	1,988	76	2,947	3,453	2,976	1,191	2,285
77	2,638	3,095	2,665	1,066	2,050	77	3,034	3,561	3,065	1,226	2,357
78	2,720	3,192	2,748	1,100	2,113	78	3,128	3,670	3,160	1,264	2,430
79	2,804	3,286	2,831	1,134	2,176	79	3,225	3,779	3,258	1,303	2,504
80	2,890	3,388	2,919	1,169	2,245	80	3,323	3,896	3,357	1,344	2,582
81	2,978	3,493	3,007	1,204	2,311	81	3,424	4,017	3,458	1,385	2,657
82	3,068	3,597	3,099	1,240	2,383	82	3,528	4,137	3,563	1,425	2,740
83	3,175	3,723	3,207	1,283	2,465	83	3,650	4,282	3,688	1,476	2,835
84	3,285	3,856	3,319	1,329	2,552	84	3,778	4,434	3,818	1,528	2,935
85	3,403	3,991	3,437	1,374	2,644	85	3,914	4,590	3,952	1,581	3,039
86	3,522	4,131	3,557	1,422	2,737	86	4,050	4,752	4,090	1,635	3,146
87	3,645	4,277	3,682	1,473	2,831	87	4,191	4,918	4,233	1,693	3,258
88	3,773	4,425	3,810	1,525	2,932	88	4,338	5,090	4,382	1,754	3,371
89	3,904	4,580	3,944	1,578	3,037	89	4,490	5,266	4,534	1,815	3,492
90	4,040	4,740	4,082	1,633	3,142	90	4,648	5,451	4,693	1,877	3,614
91	4,182	4,909	4,225	1,690	3,251	91	4,810	5,645	4,858	1,945	3,739
92	4,328	5,078	4,371	1,749	3,366	92	4,976	5,841	5,026	2,011	3,871
93	4,479	5,255	4,524	1,810	3,481	93	5,152	6,042	5,201	2,081	4,004
94	4,636	5,439	4,683	1,873	3,605	94	5,331	6,254	5,385	2,154	4,146
95	4,796	5,630	4,844	1,937	3,728	95	5,515	6,475	5,571	2,228	4,287
96	4,962	5,827	5,013	2,005	3,860	96	5,706	6,702	5,764	2,305	4,438
97	5,140	6,036	5,192	2,076	3,999	97	5,911	6,942	5,971	2,388	4,598
98	5,347	6,278	5,400	2,159	4,159	98	6,148	7,219	6,210	2,484	4,781
99	5,561	6,527	5,617	2,246	4,325	99	6,395	7,506	6,460	2,583	4,974

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

BASIC BENEFITS

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

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

Blood – First three pints of blood each year.

Hospice — Part A coinsurance.

PREMIUM INFORMATION

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

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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.

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

PLAN F+

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

*Once you have been billed \$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

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

(continued)

PLAN F+
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

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

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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* 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)

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 <ul style="list-style-type: none">- 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.