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. Some plans may not be available in your state. 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]					

[1]Plans F and G also have a high deductible option which requires first paying a plan deductible of $2870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible 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.

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

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

Effective 8-1-2024

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Policy Fee $25

OKLAHOMA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 730-731, 741

	Preferred				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,526	N/A	N/A	N/A	N/A
65	1,526	1,837	1,598	610	1,169
66	1,526	1,837	1,598	610	1,169
67	1,526	1,837	1,598	610	1,169
68	1,529	1,888	1,601	612	1,175
69	1,537	1,944	1,609	614	1,191
70	1,557	2,002	1,630	623	1,213
71	1,602	2,063	1,679	641	1,249
72	1,659	2,134	1,737	664	1,293
73	1,717	2,210	1,798	687	1,338
74	1,777	2,285	1,860	711	1,385
75	1,848	2,377	1,936	739	1,440
76	1,922	2,473	2,013	769	1,497
77	1,998	2,572	2,093	800	1,558
78	2,079	2,674	2,177	832	1,620
79	2,161	2,782	2,264	865	1,685
80	2,248	2,892	2,356	900	1,751
81	2,349	3,023	2,460	940	1,831
82	2,455	3,158	2,571	982	1,913
83	2,565	3,300	2,687	1,027	1,999
84	2,680	3,448	2,807	1,073	2,089
85	2,801	3,603	2,934	1,121	2,184
86	2,927	3,766	3,066	1,172	2,282
87	3,058	3,935	3,203	1,224	2,385
88	3,196	4,112	3,348	1,278	2,491
89	3,340	4,297	3,499	1,337	2,604
90	3,489	4,490	3,656	1,397	2,722
91	3,647	4,693	3,820	1,460	2,843
92	3,811	4,904	3,993	1,525	2,972
93	3,983	5,125	4,171	1,594	3,106
94	4,162	5,356	4,359	1,666	3,246
95	4,350	5,597	4,556	1,741	3,392
96	4,545	5,848	4,760	1,818	3,545
97	4,749	6,113	4,974	1,900	3,704
98	4,964	6,388	5,199	1,986	3,872
99	5,187	6,674	5,433	2,076	4,046

	Standard				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,755	N/A	N/A	N/A	N/A
65	1,755	2,113	1,838	702	1,344
66	1,755	2,113	1,838	702	1,344
67	1,755	2,113	1,838	702	1,344
68	1,758	2,170	1,840	704	1,351
69	1,767	2,235	1,851	708	1,370
70	1,791	2,303	1,875	717	1,395
71	1,844	2,372	1,931	738	1,437
72	1,909	2,454	1,998	764	1,487
73	1,974	2,540	2,067	790	1,539
74	2,043	2,629	2,140	818	1,592
75	2,125	2,735	2,225	850	1,656
76	2,210	2,843	2,316	885	1,722
77	2,297	2,957	2,407	920	1,790
78	2,390	3,075	2,504	957	1,863
79	2,486	3,199	2,604	995	1,936
80	2,586	3,327	2,708	1,034	2,014
81	2,701	3,476	2,829	1,082	2,105
82	2,823	3,632	2,956	1,130	2,199
83	2,950	3,795	3,089	1,180	2,299
84	3,082	3,965	3,228	1,233	2,403
85	3,221	4,144	3,374	1,288	2,510
86	3,367	4,331	3,526	1,348	2,625
87	3,517	4,526	3,684	1,407	2,742
88	3,675	4,729	3,850	1,471	2,865
89	3,841	4,941	4,023	1,537	2,996
90	4,013	5,165	4,204	1,607	3,129
91	4,195	5,398	4,392	1,678	3,271
92	4,383	5,641	4,591	1,754	3,417
93	4,580	5,894	4,797	1,833	3,572
94	4,787	6,159	5,013	1,915	3,732
95	5,002	6,437	5,239	2,002	3,901
96	5,227	6,726	5,474	2,091	4,076
97	5,461	7,028	5,721	2,186	4,260
98	5,707	7,345	5,979	2,283	4,451
99	5,965	7,676	6,248	2,387	4,652

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

OKLAHOMA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 730-731, 741

	Preferred				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,404	N/A	N/A	N/A	N/A
65	1,404	1,690	1,470	561	1,076
66	1,404	1,690	1,470	561	1,076
67	1,404	1,690	1,470	561	1,076
68	1,406	1,737	1,472	563	1,081
69	1,414	1,789	1,480	565	1,095
70	1,432	1,842	1,500	574	1,116
71	1,474	1,898	1,545	590	1,149
72	1,526	1,963	1,598	611	1,189
73	1,580	2,033	1,654	632	1,231
74	1,635	2,103	1,712	654	1,274
75	1,701	2,187	1,781	680	1,325
76	1,768	2,275	1,852	708	1,377
77	1,838	2,366	1,926	736	1,433
78	1,912	2,460	2,003	766	1,490
79	1,988	2,559	2,083	796	1,550
80	2,068	2,661	2,167	828	1,611
81	2,161	2,781	2,263	865	1,684
82	2,259	2,905	2,365	903	1,760
83	2,360	3,036	2,472	944	1,839
84	2,465	3,172	2,583	987	1,922
85	2,577	3,315	2,699	1,031	2,009
86	2,693	3,465	2,821	1,078	2,100
87	2,814	3,620	2,947	1,126	2,194
88	2,940	3,783	3,080	1,176	2,292
89	3,072	3,953	3,219	1,230	2,395
90	3,210	4,131	3,364	1,285	2,504
91	3,355	4,318	3,514	1,343	2,615
92	3,506	4,512	3,673	1,403	2,734
93	3,664	4,715	3,838	1,466	2,857
94	3,829	4,927	4,011	1,532	2,986
95	4,002	5,149	4,191	1,602	3,121
96	4,181	5,381	4,380	1,673	3,261
97	4,369	5,624	4,577	1,748	3,408
98	4,566	5,877	4,783	1,827	3,562
99	4,772	6,140	4,998	1,910	3,722

	Standard				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,615	N/A	N/A	N/A	N/A
65	1,615	1,944	1,691	646	1,237
66	1,615	1,944	1,691	646	1,237
67	1,615	1,944	1,691	646	1,237
68	1,617	1,996	1,693	648	1,243
69	1,625	2,056	1,703	651	1,261
70	1,647	2,119	1,725	659	1,283
71	1,696	2,182	1,777	679	1,322
72	1,756	2,258	1,838	703	1,368
73	1,816	2,337	1,902	726	1,416
74	1,880	2,419	1,969	752	1,464
75	1,955	2,516	2,047	782	1,523
76	2,033	2,616	2,130	814	1,584
77	2,114	2,721	2,215	846	1,647
78	2,199	2,829	2,303	880	1,714
79	2,287	2,943	2,395	916	1,781
80	2,379	3,061	2,492	952	1,853
81	2,485	3,198	2,603	995	1,936
82	2,597	3,341	2,720	1,040	2,023
83	2,714	3,491	2,842	1,086	2,115
84	2,836	3,648	2,970	1,135	2,210
85	2,963	3,813	3,104	1,185	2,310
86	3,098	3,984	3,244	1,240	2,415
87	3,235	4,164	3,390	1,295	2,522
88	3,381	4,351	3,542	1,354	2,636
89	3,534	4,546	3,701	1,414	2,756
90	3,692	4,752	3,868	1,479	2,879
91	3,859	4,966	4,041	1,544	3,009
92	4,032	5,190	4,224	1,614	3,143
93	4,214	5,422	4,413	1,686	3,286
94	4,404	5,667	4,612	1,762	3,434
95	4,602	5,922	4,820	1,841	3,589
96	4,808	6,188	5,036	1,924	3,750
97	5,024	6,466	5,264	2,011	3,919
98	5,251	6,758	5,500	2,101	4,095
99	5,488	7,062	5,748	2,196	4,280

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

OKLAHOMA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 730-731, 741

	Preferred				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,356	N/A	N/A	N/A	N/A
65	1,356	1,633	1,422	541	1,039
66	1,356	1,633	1,422	541	1,039
67	1,356	1,633	1,422	541	1,039
68	1,359	1,677	1,424	544	1,046
69	1,365	1,727	1,430	546	1,058
70	1,383	1,780	1,449	554	1,078
71	1,425	1,833	1,492	569	1,110
72	1,474	1,896	1,544	591	1,149
73	1,526	1,964	1,598	611	1,189
74	1,580	2,033	1,655	632	1,231
75	1,642	2,114	1,720	657	1,279
76	1,708	2,198	1,790	684	1,331
77	1,776	2,285	1,860	711	1,384
78	1,847	2,377	1,936	739	1,440
79	1,921	2,473	2,012	769	1,497
80	1,998	2,571	2,093	800	1,557
81	2,088	2,686	2,187	836	1,626
82	2,182	2,807	2,285	873	1,701
83	2,279	2,933	2,387	912	1,777
84	2,383	3,065	2,495	954	1,858
85	2,490	3,203	2,607	996	1,941
86	2,601	3,346	2,725	1,041	2,029
87	2,718	3,498	2,848	1,088	2,119
88	2,841	3,655	2,976	1,137	2,215
89	2,969	3,819	3,109	1,188	2,315
90	3,103	3,992	3,249	1,241	2,418
91	3,242	4,171	3,395	1,297	2,527
92	3,387	4,360	3,548	1,356	2,642
93	3,540	4,556	3,708	1,416	2,761
94	3,699	4,761	3,875	1,480	2,886
95	3,866	4,975	4,050	1,548	3,015
96	4,039	5,199	4,231	1,616	3,151
97	4,222	5,433	4,423	1,689	3,292
98	4,412	5,677	4,622	1,766	3,440
99	4,610	5,932	4,829	1,845	3,596

	Standard				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,560	N/A	N/A	N/A	N/A
65	1,560	1,878	1,635	623	1,195
66	1,560	1,878	1,635	623	1,195
67	1,560	1,878	1,635	623	1,195
68	1,563	1,929	1,637	626	1,202
69	1,571	1,987	1,645	629	1,218
70	1,591	2,047	1,666	637	1,240
71	1,639	2,108	1,716	656	1,277
72	1,696	2,182	1,776	678	1,321
73	1,754	2,257	1,838	702	1,367
74	1,816	2,337	1,902	727	1,415
75	1,889	2,431	1,978	756	1,471
76	1,964	2,528	2,058	786	1,531
77	2,042	2,629	2,140	818	1,592
78	2,125	2,734	2,225	850	1,656
79	2,210	2,843	2,314	884	1,722
80	2,297	2,957	2,406	920	1,790
81	2,401	3,089	2,515	961	1,871
82	2,510	3,229	2,628	1,004	1,955
83	2,622	3,373	2,746	1,049	2,043
84	2,740	3,525	2,869	1,096	2,136
85	2,863	3,684	2,999	1,146	2,232
86	2,991	3,850	3,134	1,197	2,333
87	3,126	4,023	3,275	1,251	2,437
88	3,267	4,203	3,422	1,307	2,547
89	3,413	4,392	3,576	1,366	2,662
90	3,568	4,590	3,737	1,428	2,782
91	3,729	4,798	3,906	1,492	2,907
92	3,895	5,013	4,081	1,559	3,037
93	4,072	5,239	4,264	1,629	3,174
94	4,254	5,475	4,457	1,703	3,318
95	4,446	5,722	4,657	1,779	3,467
96	4,646	5,978	4,866	1,859	3,623
97	4,855	6,248	5,085	1,943	3,786
98	5,074	6,529	5,314	2,031	3,957
99	5,301	6,823	5,553	2,122	4,136

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

OKLAHOMA Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 730-731, 741

	Preferred				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,248	N/A	N/A	N/A	N/A
65	1,248	1,502	1,308	498	956
66	1,248	1,502	1,308	498	956
67	1,248	1,502	1,308	498	956
68	1,250	1,543	1,310	500	962
69	1,256	1,589	1,316	502	973
70	1,273	1,637	1,333	509	992
71	1,311	1,687	1,373	524	1,021
72	1,356	1,745	1,421	544	1,057
73	1,404	1,807	1,470	562	1,094
74	1,453	1,870	1,522	582	1,133
75	1,511	1,945	1,583	605	1,177
76	1,571	2,022	1,647	629	1,225
77	1,634	2,103	1,712	654	1,273
78	1,700	2,187	1,781	680	1,325
79	1,767	2,275	1,851	708	1,377
80	1,838	2,365	1,926	736	1,432
81	1,921	2,471	2,012	769	1,496
82	2,007	2,583	2,102	803	1,564
83	2,097	2,698	2,196	839	1,635
84	2,192	2,819	2,296	877	1,709
85	2,291	2,947	2,399	917	1,786
86	2,393	3,079	2,507	958	1,866
87	2,501	3,218	2,620	1,001	1,950
88	2,613	3,363	2,738	1,046	2,038
89	2,731	3,514	2,861	1,093	2,130
90	2,854	3,672	2,989	1,142	2,225
91	2,983	3,837	3,124	1,194	2,325
92	3,116	4,011	3,264	1,247	2,430
93	3,257	4,191	3,411	1,303	2,540
94	3,403	4,380	3,565	1,362	2,655
95	3,557	4,577	3,726	1,424	2,773
96	3,716	4,783	3,893	1,487	2,899
97	3,884	4,998	4,069	1,554	3,029
98	4,059	5,223	4,252	1,624	3,165
99	4,241	5,458	4,442	1,698	3,309

	Standard				
				HD Plan	
Attained Age	Plan A	Plan F	Plan G	G	Plan N
0-64	1,436	N/A	N/A	N/A	N/A
65	1,436	1,727	1,504	574	1,099
66	1,436	1,727	1,504	574	1,099
67	1,436	1,727	1,504	574	1,099
68	1,438	1,775	1,506	576	1,106
69	1,445	1,828	1,514	579	1,120
70	1,464	1,883	1,533	586	1,141
71	1,508	1,940	1,579	603	1,175
72	1,561	2,007	1,634	624	1,215
73	1,614	2,077	1,691	646	1,258
74	1,670	2,150	1,749	669	1,302
75	1,738	2,236	1,820	695	1,354
76	1,807	2,325	1,893	723	1,408
77	1,879	2,419	1,969	752	1,464
78	1,955	2,515	2,047	782	1,523
79	2,033	2,616	2,129	813	1,584
80	2,114	2,721	2,214	846	1,647
81	2,209	2,842	2,314	885	1,722
82	2,309	2,971	2,418	924	1,799
83	2,412	3,103	2,526	965	1,880
84	2,521	3,243	2,640	1,009	1,965
85	2,634	3,390	2,759	1,054	2,053
86	2,752	3,542	2,883	1,102	2,146
87	2,876	3,701	3,013	1,151	2,242
88	3,006	3,866	3,148	1,203	2,344
89	3,140	4,041	3,290	1,257	2,449
90	3,282	4,223	3,438	1,313	2,560
91	3,430	4,414	3,593	1,372	2,674
92	3,584	4,612	3,754	1,434	2,794
93	3,746	4,820	3,923	1,498	2,920
94	3,913	5,037	4,100	1,567	3,052
95	4,091	5,264	4,284	1,637	3,190
96	4,274	5,500	4,477	1,710	3,334
97	4,466	5,748	4,678	1,788	3,483
98	4,668	6,006	4,889	1,868	3,640
99	4,877	6,278	5,109	1,952	3,805

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

Household Discount Factor 0.93

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.

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. If we do not return premium within 30 days from the date of cancellation, we will pay interest on the proceeds in accordance with Oklahoma law.

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.

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	All but $1676	$0	$1676 (Part A deductible)
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$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	All approved amounts	$0	$0
21st thru 100th day	All but $209.50 a day	$0	Up to $209.50 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$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	All approved amounts	$0	$0
21st thru 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$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	100%	$0	$0
Durable medical equipment - 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	$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 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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$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	All approved amounts	$0	$0
21st thru 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$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	100%	$0	$0
Durable medical equipment - 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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0***
— Beyond the additional 365 days	$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	All approved amounts	$0	$0
21st thru 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$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	100%	$0	$0
Durable medical equipment - 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	All but $1676	$1676 (Part A deductible)	$0
61st thru 90th day	All but $419 a day	$419 a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$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	All approved amounts	$0	$0
21st thru 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$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*	$0	$0	$257 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	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.	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	$0	All costs	$0
Next $257 of Medicare Approved Amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$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 - First $257 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	100% $0 80%	$0 $0 20%	$0 $257 (Part B deductible) $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.