

ACE PROPERTY & CASUALTY INSURANCE COMPANY
Outline of Medicare Supplement Coverage
Benefit Plans Offered: A, B, 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 Plans A, B and D or G available. 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					

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.

ACE PROPERTY & CASUALTY INSURANCE COMPANY
PENNSYLVANIA Standard Plans MALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 189-194

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N
0-64	1,934	1,943	2,334	2,025	775	1,424	0-64	2,222	2,234	2,685	2,328	892	1,637
65	1,934	1,943	2,334	2,025	775	1,424	65	2,222	2,234	2,685	2,328	892	1,637
66	1,934	1,943	2,334	2,025	775	1,424	66	2,222	2,234	2,685	2,328	892	1,637
67	1,934	1,943	2,334	2,025	775	1,424	67	2,222	2,234	2,685	2,328	892	1,637
68	1,934	1,943	2,407	2,025	775	1,424	68	2,222	2,234	2,768	2,328	892	1,637
69	1,941	1,953	2,479	2,036	777	1,431	69	2,234	2,245	2,851	2,340	894	1,647
70	1,972	1,980	2,553	2,064	790	1,453	70	2,268	2,280	2,935	2,376	909	1,672
71	2,032	2,041	2,630	2,127	813	1,497	71	2,337	2,347	3,025	2,446	934	1,723
72	2,101	2,113	2,720	2,201	842	1,551	72	2,418	2,431	3,129	2,533	967	1,782
73	2,175	2,185	2,817	2,278	870	1,604	73	2,502	2,513	3,238	2,620	1,000	1,846
74	2,251	2,261	2,914	2,357	900	1,659	74	2,588	2,601	3,352	2,711	1,036	1,908
75	2,342	2,353	3,033	2,452	937	1,727	75	2,693	2,706	3,487	2,820	1,078	1,985
76	2,435	2,447	3,152	2,551	974	1,794	76	2,800	2,814	3,626	2,933	1,120	2,063
77	2,530	2,545	3,278	2,652	1,013	1,867	77	2,911	2,926	3,769	3,050	1,165	2,144
78	2,634	2,647	3,410	2,759	1,054	1,941	78	3,029	3,042	3,920	3,171	1,212	2,232
79	2,738	2,752	3,547	2,869	1,096	2,019	79	3,150	3,166	4,078	3,299	1,261	2,320
80	2,847	2,863	3,688	2,984	1,140	2,098	80	3,275	3,292	4,241	3,431	1,311	2,412
81	2,975	2,990	3,854	3,115	1,191	2,194	81	3,420	3,439	4,432	3,584	1,369	2,523
82	3,109	3,124	4,027	3,256	1,242	2,293	82	3,576	3,592	4,632	3,744	1,431	2,636
83	3,249	3,266	4,207	3,404	1,300	2,397	83	3,737	3,755	4,839	3,913	1,494	2,757
84	3,395	3,412	4,396	3,556	1,358	2,504	84	3,903	3,922	5,056	4,088	1,562	2,881
85	3,547	3,566	4,595	3,716	1,419	2,618	85	4,080	4,100	5,286	4,273	1,632	3,010
86	3,707	3,724	4,802	3,882	1,484	2,736	86	4,264	4,283	5,521	4,464	1,707	3,147
87	3,873	3,893	5,016	4,058	1,551	2,859	87	4,453	4,476	5,769	4,666	1,783	3,287
88	4,047	4,069	5,243	4,240	1,619	2,986	88	4,655	4,679	6,028	4,876	1,863	3,435
89	4,230	4,250	5,479	4,430	1,693	3,122	89	4,865	4,889	6,300	5,096	1,946	3,591
90	4,420	4,443	5,726	4,630	1,770	3,262	90	5,082	5,108	6,584	5,324	2,036	3,753
91	4,620	4,642	5,984	4,838	1,847	3,408	91	5,311	5,336	6,882	5,562	2,125	3,920
92	4,827	4,852	6,253	5,057	1,931	3,563	92	5,550	5,579	7,192	5,814	2,222	4,096
93	5,044	5,068	6,536	5,283	2,018	3,723	93	5,801	5,830	7,516	6,076	2,321	4,282
94	5,271	5,298	6,830	5,522	2,110	3,891	94	6,062	6,092	7,855	6,349	2,425	4,475
95	5,509	5,536	7,138	5,769	2,205	4,067	95	6,335	6,367	8,209	6,636	2,536	4,677
96	5,755	5,785	7,459	6,029	2,304	4,249	96	6,619	6,652	8,577	6,933	2,649	4,887
97	6,014	6,044	7,794	6,300	2,406	4,441	97	6,916	6,952	8,962	7,245	2,769	5,109
98	6,286	6,318	8,145	6,585	2,515	4,642	98	7,228	7,264	9,367	7,571	2,891	5,337
99	6,569	6,600	8,512	6,879	2,628	4,850	99	7,554	7,591	9,788	7,911	3,024	5,578

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY
PENNSYLVANIA Standard Plans MALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 150-154, 156

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N
0-64	1,690	1,698	2,040	1,770	677	1,245	0-64	1,942	1,952	2,347	2,035	779	1,431
65	1,690	1,698	2,040	1,770	677	1,245	65	1,942	1,952	2,347	2,035	779	1,431
66	1,690	1,698	2,040	1,770	677	1,245	66	1,942	1,952	2,347	2,035	779	1,431
67	1,690	1,698	2,040	1,770	677	1,245	67	1,942	1,952	2,347	2,035	779	1,431
68	1,690	1,698	2,104	1,770	677	1,245	68	1,942	1,952	2,419	2,035	779	1,431
69	1,697	1,707	2,167	1,779	679	1,251	69	1,952	1,962	2,491	2,045	782	1,439
70	1,723	1,731	2,232	1,804	691	1,270	70	1,983	1,993	2,565	2,077	794	1,461
71	1,776	1,784	2,299	1,859	711	1,309	71	2,043	2,052	2,644	2,138	817	1,506
72	1,837	1,847	2,378	1,924	736	1,355	72	2,113	2,125	2,735	2,214	845	1,557
73	1,901	1,910	2,462	1,991	761	1,402	73	2,186	2,197	2,830	2,290	874	1,614
74	1,967	1,976	2,547	2,060	787	1,450	74	2,262	2,273	2,930	2,369	905	1,668
75	2,047	2,057	2,651	2,143	819	1,509	75	2,354	2,365	3,047	2,465	943	1,735
76	2,129	2,139	2,755	2,230	852	1,568	76	2,447	2,460	3,169	2,564	979	1,803
77	2,212	2,224	2,865	2,318	885	1,632	77	2,544	2,558	3,294	2,666	1,019	1,874
78	2,302	2,314	2,980	2,411	921	1,696	78	2,647	2,658	3,426	2,771	1,060	1,951
79	2,393	2,405	3,100	2,508	958	1,765	79	2,753	2,767	3,565	2,884	1,102	2,028
80	2,489	2,502	3,223	2,608	996	1,833	80	2,862	2,877	3,707	2,998	1,146	2,108
81	2,601	2,613	3,368	2,723	1,041	1,917	81	2,990	3,006	3,874	3,133	1,197	2,205
82	2,718	2,730	3,519	2,846	1,086	2,004	82	3,125	3,139	4,048	3,273	1,250	2,304
83	2,840	2,855	3,677	2,975	1,136	2,095	83	3,266	3,282	4,229	3,420	1,305	2,410
84	2,967	2,982	3,843	3,108	1,187	2,189	84	3,411	3,428	4,419	3,573	1,365	2,518
85	3,100	3,117	4,016	3,248	1,241	2,288	85	3,566	3,584	4,620	3,735	1,426	2,630
86	3,240	3,255	4,197	3,393	1,297	2,392	86	3,727	3,743	4,825	3,902	1,492	2,751
87	3,385	3,402	4,384	3,547	1,355	2,498	87	3,892	3,912	5,042	4,078	1,558	2,873
88	3,537	3,556	4,582	3,706	1,415	2,610	88	4,068	4,090	5,269	4,262	1,628	3,003
89	3,697	3,715	4,789	3,872	1,480	2,729	89	4,252	4,273	5,507	4,454	1,701	3,138
90	3,863	3,883	5,005	4,047	1,547	2,851	90	4,442	4,465	5,755	4,654	1,779	3,280
91	4,038	4,057	5,230	4,228	1,615	2,979	91	4,642	4,664	6,015	4,861	1,858	3,426
92	4,219	4,241	5,465	4,420	1,688	3,114	92	4,851	4,876	6,286	5,082	1,942	3,580
93	4,408	4,430	5,712	4,617	1,764	3,254	93	5,070	5,095	6,569	5,310	2,028	3,742
94	4,607	4,631	5,969	4,826	1,844	3,401	94	5,298	5,324	6,865	5,549	2,119	3,911
95	4,815	4,839	6,238	5,043	1,927	3,555	95	5,537	5,565	7,174	5,800	2,217	4,088
96	5,030	5,056	6,519	5,270	2,014	3,713	96	5,785	5,814	7,496	6,059	2,315	4,272
97	5,256	5,283	6,812	5,506	2,103	3,881	97	6,044	6,076	7,833	6,332	2,420	4,465
98	5,494	5,522	7,119	5,755	2,198	4,057	98	6,318	6,349	8,187	6,617	2,527	4,664
99	5,741	5,769	7,440	6,012	2,297	4,239	99	6,602	6,635	8,555	6,914	2,643	4,876

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

PENNSYLVANIA Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 150-154, 156, 189-194

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N
0-64	1,538	1,545	1,856	1,611	616	1,133	0-64	1,767	1,776	2,135	1,852	709	1,302
65	1,538	1,545	1,856	1,611	616	1,133	65	1,767	1,776	2,135	1,852	709	1,302
66	1,538	1,545	1,856	1,611	616	1,133	66	1,767	1,776	2,135	1,852	709	1,302
67	1,538	1,545	1,856	1,611	616	1,133	67	1,767	1,776	2,135	1,852	709	1,302
68	1,538	1,545	1,914	1,611	616	1,133	68	1,767	1,776	2,201	1,852	709	1,302
69	1,544	1,553	1,972	1,619	618	1,138	69	1,776	1,786	2,267	1,861	711	1,310
70	1,568	1,575	2,031	1,641	628	1,156	70	1,804	1,813	2,334	1,890	723	1,329
71	1,616	1,623	2,092	1,691	647	1,191	71	1,859	1,867	2,406	1,946	743	1,370
72	1,671	1,680	2,163	1,751	669	1,233	72	1,923	1,933	2,488	2,014	769	1,417
73	1,729	1,737	2,240	1,811	692	1,276	73	1,989	1,999	2,575	2,083	795	1,468
74	1,790	1,798	2,318	1,874	716	1,320	74	2,058	2,068	2,666	2,156	824	1,517
75	1,862	1,871	2,412	1,950	745	1,373	75	2,142	2,152	2,773	2,242	858	1,579
76	1,937	1,946	2,507	2,029	775	1,427	76	2,227	2,238	2,883	2,333	891	1,641
77	2,012	2,024	2,607	2,109	805	1,485	77	2,315	2,327	2,998	2,425	927	1,705
78	2,095	2,105	2,712	2,194	838	1,544	78	2,409	2,419	3,118	2,522	964	1,775
79	2,177	2,189	2,821	2,282	871	1,606	79	2,505	2,517	3,243	2,624	1,003	1,845
80	2,264	2,277	2,933	2,373	906	1,668	80	2,605	2,618	3,373	2,728	1,043	1,918
81	2,366	2,378	3,065	2,478	947	1,745	81	2,720	2,735	3,525	2,851	1,089	2,007
82	2,473	2,484	3,202	2,589	988	1,823	82	2,844	2,856	3,683	2,978	1,138	2,096
83	2,584	2,598	3,346	2,707	1,033	1,906	83	2,972	2,986	3,848	3,112	1,188	2,192
84	2,700	2,713	3,496	2,828	1,080	1,991	84	3,104	3,119	4,021	3,251	1,242	2,291
85	2,821	2,836	3,654	2,955	1,129	2,082	85	3,245	3,261	4,203	3,398	1,298	2,393
86	2,948	2,962	3,819	3,087	1,180	2,176	86	3,391	3,406	4,391	3,550	1,358	2,503
87	3,080	3,096	3,989	3,227	1,233	2,273	87	3,541	3,560	4,588	3,711	1,418	2,614
88	3,218	3,236	4,169	3,372	1,288	2,375	88	3,702	3,721	4,794	3,878	1,482	2,732
89	3,364	3,380	4,358	3,523	1,347	2,483	89	3,869	3,888	5,010	4,053	1,547	2,856
90	3,515	3,533	4,554	3,682	1,408	2,594	90	4,042	4,063	5,236	4,234	1,619	2,984
91	3,674	3,691	4,759	3,847	1,469	2,710	91	4,224	4,243	5,473	4,423	1,690	3,118
92	3,839	3,859	4,973	4,022	1,536	2,834	92	4,414	4,437	5,720	4,624	1,767	3,258
93	4,011	4,030	5,198	4,201	1,605	2,960	93	4,613	4,636	5,978	4,832	1,846	3,405
94	4,192	4,214	5,432	4,391	1,678	3,095	94	4,821	4,845	6,247	5,049	1,929	3,559
95	4,381	4,403	5,676	4,588	1,754	3,235	95	5,038	5,064	6,528	5,277	2,017	3,720
96	4,577	4,601	5,932	4,795	1,832	3,379	96	5,264	5,290	6,821	5,514	2,107	3,887
97	4,783	4,807	6,199	5,010	1,914	3,532	97	5,500	5,529	7,127	5,762	2,202	4,063
98	4,999	5,025	6,478	5,237	2,000	3,691	98	5,748	5,777	7,449	6,021	2,299	4,244
99	5,224	5,249	6,769	5,471	2,090	3,857	99	6,007	6,037	7,785	6,292	2,405	4,436

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY
PENNSYLVANIA Standard Plans FEMALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 189-194

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N
0-64	1,718	1,728	2,075	1,801	689	1,266	0-64	1,976	1,986	2,386	2,070	792	1,456
65	1,718	1,728	2,075	1,801	689	1,266	65	1,976	1,986	2,386	2,070	792	1,456
66	1,718	1,728	2,075	1,801	689	1,266	66	1,976	1,986	2,386	2,070	792	1,456
67	1,718	1,728	2,075	1,801	689	1,266	67	1,976	1,986	2,386	2,070	792	1,456
68	1,718	1,728	2,139	1,801	689	1,266	68	1,976	1,986	2,460	2,070	792	1,456
69	1,727	1,735	2,203	1,809	690	1,272	69	1,986	1,996	2,534	2,080	795	1,463
70	1,753	1,761	2,269	1,836	702	1,293	70	2,015	2,026	2,609	2,112	807	1,486
71	1,806	1,815	2,337	1,891	722	1,331	71	2,077	2,087	2,689	2,175	830	1,532
72	1,868	1,878	2,419	1,958	747	1,378	72	2,149	2,159	2,781	2,251	860	1,584
73	1,934	1,943	2,503	2,025	773	1,426	73	2,224	2,234	2,877	2,328	890	1,640
74	2,000	2,010	2,590	2,095	800	1,475	74	2,300	2,311	2,981	2,409	920	1,696
75	2,081	2,091	2,695	2,179	833	1,534	75	2,394	2,405	3,099	2,506	959	1,764
76	2,165	2,175	2,802	2,267	866	1,595	76	2,489	2,502	3,222	2,608	996	1,834
77	2,250	2,261	2,914	2,357	900	1,658	77	2,588	2,601	3,351	2,711	1,036	1,907
78	2,342	2,353	3,031	2,452	937	1,725	78	2,693	2,706	3,485	2,820	1,077	1,984
79	2,434	2,445	3,152	2,549	974	1,794	79	2,800	2,813	3,626	2,932	1,120	2,063
80	2,530	2,543	3,278	2,651	1,013	1,865	80	2,911	2,925	3,769	3,048	1,165	2,144
81	2,644	2,659	3,425	2,770	1,058	1,949	81	3,040	3,056	3,939	3,186	1,218	2,242
82	2,764	2,777	3,580	2,894	1,106	2,038	82	3,178	3,193	4,117	3,328	1,271	2,343
83	2,888	2,902	3,740	3,024	1,155	2,131	83	3,321	3,337	4,302	3,478	1,328	2,451
84	3,017	3,032	3,908	3,160	1,207	2,227	84	3,469	3,487	4,494	3,634	1,388	2,560
85	3,154	3,168	4,084	3,302	1,262	2,327	85	3,626	3,644	4,698	3,798	1,451	2,676
86	3,295	3,311	4,268	3,452	1,318	2,431	86	3,789	3,808	4,908	3,968	1,518	2,797
87	3,442	3,461	4,460	3,607	1,378	2,541	87	3,959	3,979	5,129	4,148	1,585	2,922
88	3,598	3,616	4,660	3,770	1,441	2,655	88	4,138	4,158	5,358	4,334	1,656	3,054
89	3,760	3,779	4,870	3,938	1,505	2,775	89	4,323	4,346	5,601	4,530	1,730	3,191
90	3,929	3,948	5,090	4,115	1,572	2,900	90	4,518	4,541	5,852	4,733	1,809	3,335
91	4,106	4,126	5,320	4,300	1,643	3,030	91	4,722	4,744	6,117	4,945	1,890	3,485
92	4,290	4,312	5,559	4,494	1,717	3,166	92	4,933	4,959	6,392	5,168	1,974	3,640
93	4,483	4,505	5,809	4,696	1,794	3,309	93	5,157	5,182	6,681	5,401	2,063	3,806
94	4,685	4,709	6,071	4,908	1,874	3,459	94	5,388	5,415	6,982	5,644	2,155	3,977
95	4,897	4,921	6,343	5,129	1,960	3,614	95	5,631	5,658	7,296	5,898	2,254	4,157
96	5,116	5,141	6,629	5,359	2,047	3,777	96	5,883	5,913	7,623	6,164	2,355	4,343
97	5,346	5,373	6,928	5,601	2,140	3,948	97	6,147	6,178	7,966	6,440	2,461	4,540
98	5,588	5,614	7,240	5,852	2,235	4,125	98	6,426	6,456	8,325	6,730	2,570	4,745
99	5,838	5,867	7,565	6,114	2,337	4,312	99	6,714	6,746	8,701	7,031	2,687	4,959

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY
PENNSYLVANIA Standard Plans FEMALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 150-154, 156

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N
0-64	1,502	1,510	1,814	1,574	602	1,107	0-64	1,727	1,736	2,085	1,809	692	1,273
65	1,502	1,510	1,814	1,574	602	1,107	65	1,727	1,736	2,085	1,809	692	1,273
66	1,502	1,510	1,814	1,574	602	1,107	66	1,727	1,736	2,085	1,809	692	1,273
67	1,502	1,510	1,814	1,574	602	1,107	67	1,727	1,736	2,085	1,809	692	1,273
68	1,502	1,510	1,870	1,574	602	1,107	68	1,727	1,736	2,150	1,809	692	1,273
69	1,509	1,517	1,925	1,581	603	1,112	69	1,736	1,745	2,215	1,818	694	1,279
70	1,532	1,539	1,983	1,604	613	1,130	70	1,761	1,771	2,281	1,846	706	1,299
71	1,578	1,586	2,043	1,653	631	1,163	71	1,815	1,824	2,351	1,901	726	1,339
72	1,633	1,641	2,114	1,711	653	1,204	72	1,878	1,887	2,431	1,967	752	1,384
73	1,690	1,698	2,188	1,770	676	1,246	73	1,943	1,952	2,515	2,035	778	1,433
74	1,748	1,757	2,264	1,831	699	1,289	74	2,010	2,020	2,605	2,106	804	1,483
75	1,819	1,828	2,356	1,905	728	1,341	75	2,092	2,102	2,709	2,190	838	1,542
76	1,892	1,901	2,449	1,982	757	1,394	76	2,175	2,186	2,816	2,279	870	1,603
77	1,966	1,976	2,547	2,060	787	1,449	77	2,262	2,273	2,928	2,369	905	1,666
78	2,047	2,057	2,649	2,143	819	1,508	78	2,354	2,365	3,046	2,465	941	1,734
79	2,127	2,137	2,755	2,228	852	1,568	79	2,447	2,458	3,169	2,562	979	1,803
80	2,212	2,223	2,865	2,317	885	1,630	80	2,544	2,556	3,294	2,664	1,019	1,874
81	2,311	2,324	2,993	2,421	925	1,704	81	2,657	2,671	3,443	2,784	1,065	1,959
82	2,416	2,427	3,129	2,530	966	1,782	82	2,778	2,791	3,598	2,908	1,111	2,048
83	2,524	2,536	3,269	2,643	1,010	1,862	83	2,903	2,917	3,760	3,040	1,161	2,142
84	2,637	2,650	3,416	2,762	1,055	1,946	84	3,032	3,047	3,928	3,176	1,213	2,238
85	2,757	2,769	3,570	2,886	1,103	2,034	85	3,170	3,185	4,106	3,320	1,268	2,339
86	2,880	2,894	3,730	3,017	1,152	2,125	86	3,312	3,328	4,290	3,468	1,327	2,444
87	3,008	3,025	3,898	3,152	1,204	2,221	87	3,460	3,478	4,483	3,625	1,385	2,554
88	3,144	3,161	4,073	3,295	1,259	2,321	88	3,616	3,634	4,683	3,788	1,447	2,669
89	3,287	3,303	4,256	3,442	1,315	2,425	89	3,779	3,799	4,895	3,959	1,512	2,789
90	3,434	3,450	4,449	3,596	1,374	2,534	90	3,949	3,969	5,115	4,137	1,581	2,915
91	3,589	3,606	4,649	3,758	1,436	2,648	91	4,127	4,146	5,346	4,322	1,652	3,046
92	3,750	3,769	4,859	3,928	1,501	2,767	92	4,311	4,334	5,587	4,517	1,726	3,182
93	3,918	3,937	5,077	4,104	1,568	2,892	93	4,508	4,529	5,839	4,720	1,803	3,327
94	4,095	4,116	5,306	4,289	1,638	3,023	94	4,709	4,733	6,103	4,933	1,884	3,476
95	4,280	4,301	5,544	4,483	1,713	3,159	95	4,922	4,946	6,377	5,155	1,970	3,633
96	4,471	4,494	5,794	4,684	1,789	3,302	96	5,142	5,168	6,662	5,387	2,058	3,796
97	4,672	4,696	6,055	4,895	1,870	3,450	97	5,372	5,400	6,962	5,629	2,151	3,968
98	4,884	4,907	6,328	5,114	1,954	3,605	98	5,617	5,643	7,277	5,882	2,247	4,147
99	5,103	5,128	6,612	5,344	2,042	3,769	99	5,868	5,896	7,605	6,146	2,349	4,334

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY
PENNSYLVANIA Standard Plans FEMALE Rates - ANNUAL
 FOR USE IN ZIP CODES: ALL EXCEPT 150-154, 156, 189-194

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan B	Plan F	Plan G	HD Plan G	Plan N
0-64	1,366	1,374	1,651	1,432	548	1,007	0-64	1,571	1,579	1,898	1,646	630	1,158
65	1,366	1,374	1,651	1,432	548	1,007	65	1,571	1,579	1,898	1,646	630	1,158
66	1,366	1,374	1,651	1,432	548	1,007	66	1,571	1,579	1,898	1,646	630	1,158
67	1,366	1,374	1,651	1,432	548	1,007	67	1,571	1,579	1,898	1,646	630	1,158
68	1,366	1,374	1,701	1,432	548	1,007	68	1,571	1,579	1,956	1,646	630	1,158
69	1,373	1,380	1,752	1,438	549	1,012	69	1,579	1,587	2,015	1,655	632	1,163
70	1,394	1,401	1,805	1,460	558	1,028	70	1,602	1,611	2,075	1,679	642	1,182
71	1,436	1,443	1,859	1,504	574	1,059	71	1,652	1,660	2,139	1,729	660	1,218
72	1,486	1,494	1,923	1,557	594	1,096	72	1,709	1,717	2,212	1,790	684	1,260
73	1,538	1,545	1,991	1,611	615	1,134	73	1,768	1,776	2,288	1,852	708	1,304
74	1,591	1,599	2,060	1,666	636	1,173	74	1,829	1,838	2,371	1,916	732	1,349
75	1,655	1,663	2,143	1,733	663	1,220	75	1,904	1,913	2,465	1,993	762	1,403
76	1,721	1,729	2,228	1,803	689	1,268	76	1,979	1,989	2,562	2,074	792	1,458
77	1,789	1,798	2,318	1,874	716	1,319	77	2,058	2,068	2,665	2,156	824	1,516
78	1,862	1,871	2,411	1,950	745	1,372	78	2,142	2,152	2,772	2,242	857	1,577
79	1,936	1,945	2,507	2,028	775	1,427	79	2,227	2,237	2,883	2,332	891	1,641
80	2,012	2,023	2,607	2,108	805	1,483	80	2,315	2,326	2,998	2,424	927	1,705
81	2,103	2,114	2,723	2,203	842	1,550	81	2,418	2,430	3,133	2,533	969	1,783
82	2,198	2,208	2,847	2,302	879	1,621	82	2,528	2,539	3,274	2,646	1,011	1,864
83	2,296	2,308	2,974	2,405	919	1,694	83	2,641	2,654	3,421	2,766	1,056	1,949
84	2,399	2,411	3,108	2,513	960	1,771	84	2,759	2,773	3,574	2,890	1,104	2,036
85	2,508	2,520	3,248	2,626	1,004	1,851	85	2,884	2,898	3,736	3,020	1,154	2,128
86	2,621	2,633	3,394	2,745	1,048	1,934	86	3,013	3,028	3,903	3,156	1,207	2,224
87	2,737	2,752	3,547	2,868	1,096	2,021	87	3,149	3,165	4,079	3,298	1,260	2,324
88	2,861	2,876	3,706	2,998	1,146	2,112	88	3,291	3,307	4,261	3,447	1,317	2,428
89	2,990	3,005	3,873	3,132	1,197	2,207	89	3,438	3,457	4,454	3,602	1,376	2,538
90	3,124	3,139	4,048	3,272	1,250	2,306	90	3,593	3,611	4,654	3,764	1,438	2,652
91	3,265	3,281	4,231	3,420	1,307	2,410	91	3,756	3,773	4,865	3,933	1,503	2,771
92	3,412	3,429	4,421	3,574	1,366	2,518	92	3,923	3,943	5,083	4,110	1,570	2,895
93	3,565	3,583	4,620	3,734	1,427	2,632	93	4,101	4,121	5,313	4,295	1,640	3,027
94	3,726	3,745	4,828	3,903	1,491	2,751	94	4,285	4,306	5,553	4,489	1,714	3,163
95	3,894	3,914	5,045	4,079	1,559	2,874	95	4,478	4,500	5,802	4,690	1,792	3,306
96	4,068	4,089	5,272	4,262	1,628	3,004	96	4,679	4,703	6,062	4,902	1,873	3,454
97	4,252	4,273	5,509	4,454	1,702	3,140	97	4,888	4,914	6,335	5,122	1,957	3,610
98	4,444	4,465	5,758	4,654	1,778	3,281	98	5,111	5,135	6,621	5,352	2,044	3,773
99	4,643	4,666	6,016	4,863	1,858	3,429	99	5,340	5,365	6,920	5,592	2,137	3,944

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.

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. NOTE: The policy fee is fully refundable if the policy is not issued, delivery of the policy is refused or the policy is returned with the policy's 30-day free look period.

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 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 B

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 \$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 B

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 (Part B deductible) \$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 (Part B deductible) \$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 (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	\$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 for the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid directly by the policy. This includes the Medicare deductible for Part A, but 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 for the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid directly by the policy. This includes the Medicare deductible for Part A, but 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 (Part B deductible) \$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 (Part B deductible) \$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 (Part B deductible)
- 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.