UNITED AMERICAN INSURANCE COMPANY

P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Nebraska Stock Company • Administrative Offices: McKinney, Texas

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

Benefit Plans A, B, F, HDF, G, and HDG

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare First Eligible Before 2020 Only	
	A*	B*	D	G*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 2025[2]					$7,220[2]	$3,610[2]				

* Denotes plans available by United American Insurance Company

[1] Plans F and G also have a high deductible option which requires first paying a plan deductible of $2,870 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.

PREMIUM INFORMATION

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2020. Policies sold for effective dates prior to January 1, 2020 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

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 your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070. 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

This policy may not fully cover all your medical cost.

Neither United American 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. The Company may cancel your policy and refuse to pay 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.

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy provides a 31-day grace period.

UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	1606	803	402	134	5EW	06/01/2014
B	2596	1298	649	217	5F0	02/01/2021
F	3029	1515	758	253	5FC	05/01/2020
HDF	528	264	132	44	5FG	11/01/2024
G	1979	990	495	165	5FK	11/01/2024
HDG	528	264	132	44	5I6	11/01/2024

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	1396	698	349	117	5EX	06/01/2014
B	2257	1129	565	189	5F1	02/01/2021
F	2634	1317	659	220	5FD	05/01/2020
HDF	460	230	115	39	5FH	11/01/2024
G	1721	861	431	144	5FL	11/01/2024
HDG	460	230	115	39	5I7	11/01/2024

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	1606	803	402	134	5EW	06/01/2014
B	2596	1298	649	217	5F0	02/01/2021
F	3029	1515	758	253	5FC	05/01/2020
HDF	528	264	132	44	5FG	11/01/2024
G	1979	990	495	165	5FK	11/01/2024
HDG	528	264	132	44	5I6	11/01/2024

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	1396	698	349	117	5EX	06/01/2014
B	2257	1129	565	189	5F1	02/01/2021
F	2634	1317	659	220	5FD	05/01/2020
HDF	460	230	115	39	5FH	11/01/2024
G	1721	861	431	144	5FL	11/01/2024
HDG	460	230	115	39	5I7	11/01/2024

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

PLAN A

Male

Preferred Effective Date: 06/01/2014 Plan Code: 5A4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1606	803	402	134
66	1685	843	422	141
67	1751	876	438	146
68	1806	903	452	151
69	1873	937	469	157
70	1941	971	486	162
71	1987	994	497	166
72	2004	1002	501	167
73	2030	1015	508	170
74	2042	1021	511	171
75	2060	1030	515	172
76	2062	1031	516	172
77	2062	1031	516	172
78	2062	1031	516	172
79	2062	1031	516	172
80+	2062	1031	516	172

Standard Effective Date: 06/01/2014 Plan Code: 5A6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1848	924	462	154
66	1939	970	485	162
67	2015	1008	504	168
68	2079	1040	520	174
69	2156	1078	539	180
70	2233	1117	559	187
71	2287	1144	572	191
72	2306	1153	577	193
73	2336	1168	584	195
74	2350	1175	588	196
75	2371	1186	593	198
76	2373	1187	594	198
77	2373	1187	594	198
78	2373	1187	594	198
79	2373	1187	594	198
80+	2373	1187	594	198

Female

Preferred Effective Date: 06/01/2014 Plan Code: 5A5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1396	698	349	117
66	1465	733	367	123
67	1522	761	381	127
68	1571	786	393	131
69	1629	815	408	136
70	1688	844	422	141
71	1728	864	432	144
72	1743	872	436	146
73	1765	883	442	148
74	1776	888	444	148
75	1791	896	448	150
76	1793	897	449	150
77	1793	897	449	150
78	1793	897	449	150
79	1793	897	449	150
80+	1793	897	449	150

Standard Effective Date: 06/01/2014 Plan Code: 5A7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1606	803	402	134
66	1685	843	422	141
67	1751	876	438	146
68	1806	903	452	151
69	1873	937	469	157
70	1941	971	486	162
71	1987	994	497	166
72	2004	1002	501	167
73	2030	1015	508	170
74	2042	1021	511	171
75	2060	1030	515	172
76	2062	1031	516	172
77	2062	1031	516	172
78	2062	1031	516	172
79	2062	1031	516	172
80+	2062	1031	516	172

PLAN B

Male

Preferred Effective Date: 02/01/2021 Plan Code: 5AM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2596	1298	649	217
66	2735	1368	684	228
67	2859	1430	715	239
68	2962	1481	741	247
69	3090	1545	773	258
70	3209	1605	803	268
71	3304	1652	826	276
72	3361	1681	841	281
73	3426	1713	857	286
74	3471	1736	868	290
75	3523	1762	881	294
76	3552	1776	888	296
77	3560	1780	890	297
78	3569	1785	893	298
79	3580	1790	895	299
80+	3580	1790	895	299

Standard Effective Date: 02/01/2021 Plan Code: 5AO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2987	1494	747	249
66	3148	1574	787	263
67	3290	1645	823	275
68	3409	1705	853	285
69	3556	1778	889	297
70	3693	1847	924	308
71	3802	1901	951	317
72	3867	1934	967	323
73	3943	1972	986	329
74	3995	1998	999	333
75	4054	2027	1014	338
76	4087	2044	1022	341
77	4097	2049	1025	342
78	4107	2054	1027	343
79	4120	2060	1030	344
80+	4120	2060	1030	344

Female

Preferred Effective Date: 02/01/2021 Plan Code: 5AN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2257	1129	565	189
66	2379	1190	595	199
67	2486	1243	622	208
68	2576	1288	644	215
69	2687	1344	672	224
70	2791	1396	698	233
71	2873	1437	719	240
72	2922	1461	731	244
73	2979	1490	745	249
74	3019	1510	755	252
75	3064	1532	766	256
76	3089	1545	773	258
77	3096	1548	774	258
78	3104	1552	776	259
79	3113	1557	779	260
80+	3113	1557	779	260

Standard Effective Date: 02/01/2021 Plan Code: 5AP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2596	1298	649	217
66	2735	1368	684	228
67	2859	1430	715	239
68	2962	1481	741	247
69	3090	1545	773	258
70	3209	1605	803	268
71	3304	1652	826	276
72	3361	1681	841	281
73	3426	1713	857	286
74	3471	1736	868	290
75	3523	1762	881	294
76	3552	1776	888	296
77	3560	1780	890	297
78	3569	1785	893	298
79	3580	1790	895	299
80+	3580	1790	895	299

PLAN F

Male

Preferred Effective Date: 05/01/2020 Plan Code: 5C4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3029	1515	758	253
66	3188	1594	797	266
67	3329	1665	833	278
68	3462	1731	866	289
69	3620	1810	905	302
70	3782	1891	946	316
71	3914	1957	979	327
72	4008	2004	1002	334
73	4111	2056	1028	343
74	4192	2096	1048	350
75	4272	2136	1068	356
76	4334	2167	1084	362
77	4410	2205	1103	368
78	4481	2241	1121	374
79	4557	2279	1140	380
80+	4670	2335	1168	390

Standard Effective Date: 05/01/2020 Plan Code: 5C6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3486	1743	872	291
66	3668	1834	917	306
67	3832	1916	958	320
68	3984	1992	996	332
69	4167	2084	1042	348
70	4352	2176	1088	363
71	4504	2252	1126	376
72	4613	2307	1154	385
73	4731	2366	1183	395
74	4824	2412	1206	402
75	4917	2459	1230	410
76	4987	2494	1247	416
77	5075	2538	1269	423
78	5157	2579	1290	430
79	5244	2622	1311	437
80+	5374	2687	1344	448

Female

Preferred Effective Date: 05/01/2020 Plan Code: 5C5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2634	1317	659	220
66	2772	1386	693	231
67	2895	1448	724	242
68	3010	1505	753	251
69	3149	1575	788	263
70	3289	1645	823	275
71	3403	1702	851	284
72	3486	1743	872	291
73	3575	1788	894	298
74	3645	1823	912	304
75	3715	1858	929	310
76	3769	1885	943	315
77	3835	1918	959	320
78	3897	1949	975	325
79	3963	1982	991	331
80+	4061	2031	1016	339

Standard Effective Date: 05/01/2020 Plan Code: 5C7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3029	1515	758	253
66	3188	1594	797	266
67	3329	1665	833	278
68	3462	1731	866	289
69	3620	1810	905	302
70	3782	1891	946	316
71	3914	1957	979	327
72	4008	2004	1002	334
73	4111	2056	1028	343
74	4192	2096	1048	350
75	4272	2136	1068	356
76	4334	2167	1084	362
77	4410	2205	1103	368
78	4481	2241	1121	374
79	4557	2279	1140	380
80+	4670	2335	1168	390

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF

Male

Preferred Effective Date: 11/01/2024 Plan Code: 5CM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	528	264	132	44
66	571	286	143	48
67	613	307	154	52
68	639	320	160	54
69	671	336	168	56
70	701	351	176	59
71	728	364	182	61
72	766	383	192	64
73	803	402	201	67
74	839	420	210	70
75	875	438	219	73
76	897	449	225	75
77	924	462	231	77
78	949	475	238	80
79	987	494	247	83
80+	1043	522	261	87

Standard Effective Date: 11/01/2024 Plan Code: 5CO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	608	304	152	51
66	658	329	165	55
67	706	353	177	59
68	735	368	184	62
69	773	387	194	65
70	807	404	202	68
71	838	419	210	70
72	881	441	221	74
73	925	463	232	78
74	965	483	242	81
75	1007	504	252	84
76	1032	516	258	86
77	1063	532	266	89
78	1093	547	274	92
79	1136	568	284	95
80+	1200	600	300	100

Female

Preferred Effective Date: 11/01/2024 Plan Code: 5CN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	460	230	115	39
66	497	249	125	42
67	533	267	134	45
68	556	278	139	47
69	584	292	146	49
70	610	305	153	51
71	633	317	159	53
72	666	333	167	56
73	699	350	175	59
74	729	365	183	61
75	761	381	191	64
76	780	390	195	65
77	803	402	201	67
78	826	413	207	69
79	858	429	215	72
80+	907	454	227	76

Standard Effective Date: 11/01/2024 Plan Code: 5CP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	528	264	132	44
66	571	286	143	48
67	613	307	154	52
68	639	320	160	54
69	671	336	168	56
70	701	351	176	59
71	728	364	182	61
72	766	383	192	64
73	803	402	201	67
74	839	420	210	70
75	875	438	219	73
76	897	449	225	75
77	924	462	231	77
78	949	475	238	80
79	987	494	247	83
80+	1043	522	261	87

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G

Male

Preferred Effective Date: 11/01/2024 Plan Code: 5D4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1979	990	495	165
66	2096	1048	524	175
67	2201	1101	551	184
68	2299	1150	575	192
69	2415	1208	604	202
70	2535	1268	634	212
71	2631	1316	658	220
72	2701	1351	676	226
73	2776	1388	694	232
74	2836	1418	709	237
75	2896	1448	724	242
76	2942	1471	736	246
77	2996	1498	749	250
78	3048	1524	762	254
79	3105	1553	777	259
80+	3189	1595	798	266

Standard Effective Date: 11/01/2024 Plan Code: 5D6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2278	1139	570	190
66	2413	1207	604	202
67	2533	1267	634	212
68	2646	1323	662	221
69	2780	1390	695	232
70	2917	1459	730	244
71	3028	1514	757	253
72	3109	1555	778	260
73	3195	1598	799	267
74	3264	1632	816	272
75	3332	1666	833	278
76	3385	1693	847	283
77	3448	1724	862	288
78	3508	1754	877	293
79	3573	1787	894	298
80+	3670	1835	918	306

Female

Preferred Effective Date: 11/01/2024 Plan Code: 5D5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1721	861	431	144
66	1823	912	456	152
67	1914	957	479	160
68	2000	1000	500	167
69	2101	1051	526	176
70	2204	1102	551	184
71	2288	1144	572	191
72	2349	1175	588	196
73	2414	1207	604	202
74	2467	1234	617	206
75	2518	1259	630	210
76	2558	1279	640	214
77	2606	1303	652	218
78	2651	1326	663	221
79	2700	1350	675	225
80+	2773	1387	694	232

Standard Effective Date: 11/01/2024 Plan Code: 5D7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1979	990	495	165
66	2096	1048	524	175
67	2201	1101	551	184
68	2299	1150	575	192
69	2415	1208	604	202
70	2535	1268	634	212
71	2631	1316	658	220
72	2701	1351	676	226
73	2776	1388	694	232
74	2836	1418	709	237
75	2896	1448	724	242
76	2942	1471	736	246
77	2996	1498	749	250
78	3048	1524	762	254
79	3105	1553	777	259
80+	3189	1595	798	266

PLAN HDG

Male

Preferred Effective Date: 11/01/2024 Plan Code: 5HO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	528	264	132	44
66	571	286	143	48
67	613	307	154	52
68	639	320	160	54
69	671	336	168	56
70	701	351	176	59
71	728	364	182	61
72	766	383	192	64
73	803	402	201	67
74	839	420	210	70
75	875	438	219	73
76	897	449	225	75
77	924	462	231	77
78	949	475	238	80
79	987	494	247	83
80+	1043	522	261	87

Standard Effective Date: 11/01/2024 Plan Code: 5HQ

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	608	304	152	51
66	658	329	165	55
67	706	353	177	59
68	735	368	184	62
69	773	387	194	65
70	807	404	202	68
71	838	419	210	70
72	881	441	221	74
73	925	463	232	78
74	965	483	242	81
75	1007	504	252	84
76	1032	516	258	86
77	1063	532	266	89
78	1093	547	274	92
79	1136	568	284	95
80+	1200	600	300	100

Female

Preferred Effective Date: 11/01/2024 Plan Code: 5HP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	460	230	115	39
66	497	249	125	42
67	533	267	134	45
68	556	278	139	47
69	584	292	146	49
70	610	305	153	51
71	633	317	159	53
72	666	333	167	56
73	699	350	175	59
74	729	365	183	61
75	761	381	191	64
76	780	390	195	65
77	803	402	201	67
78	826	413	207	69
79	858	429	215	72
80+	907	454	227	76

Standard Effective Date: 11/01/2024 Plan Code: 5HR

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	528	264	132	44
66	571	286	143	48
67	613	307	154	52
68	639	320	160	54
69	671	336	168	56
70	701	351	176	59
71	728	364	182	61
72	766	383	192	64
73	803	402	201	67
74	839	420	210	70
75	875	438	219	73
76	897	449	225	75
77	924	462	231	77
78	949	475	238	80
79	987	494	247	83
80+	1043	522	261	87

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 copayment/ coinsurance for outpatient drugs and	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 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*	$0	$0	$257 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
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

PARTS A & B

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 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$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	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	$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 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 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*	$0	$0	$257 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
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

PARTS A & B

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 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

PLAN F or HIGH DEDUCTIBLE 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, 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	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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, 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*	$0	$257 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All Costs	$0
Next $257 of Medicare-Approved Amounts*	$0	$257 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	$0	$0

PARTS A & B

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

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 or 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 one has 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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G or 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 one has 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*	$0	$0	$257 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All Costs	$0
Next $257 of Medicare-Approved Amounts*	$0	$0	$257 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	$0	$0

PARTS A & B

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

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