GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

A Legal Reserve Stock Company • Globe Life Center • Oklahoma City, Oklahoma 73184

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

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

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 2026[3]					$8,000[2]	$4,000[2]				

* Denotes plans available by Globe Life And Accident Insurance Company

1 Plans F and G also have a high deductible option which requires first paying a plan deductible of $2,950 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, Globe Life And Accident 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.

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 Globe Life And Accident Insurance Company, Globe Life Center, Oklahoma City, Oklahoma 73184. 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 costs.

Neither Globe Life And Accident Insurance Company nor its agents are connected with Medicare.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

LIMITATIONS AND EXCLUSIONS

We will not pay benefis under this policy for any expense which you are not legally obligated to pay; for any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a Physician; for any portion of any expense for which payment is made by Medicare; for custodial or intermediate level care or rest cures; or for any type of expense not eligible for coverage under Medicare, except as provided under Part 8 of your policy.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. 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.

You may cancel this policy at any time by written notice delivered or mailed to us, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation on your death, we will promptly return the unearned premium paid. The earned premium shall be computed on a pro-rate basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

You have purchased plan _____ .

Your _____ premium is $_____.

_____ _____

(Signature of Agent) (Printed Name of Agent)

_____ _____

(Date) (Agent's Address)

Globe Life And Accident Medicare Supplement Rates

PLAN A Effective Date: 04/01/2025 Plan Code: J72

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	1864	951	485	164.00	162.00
66	2006	1023	522	176.50	174.50
67	2131	1087	554	187.50	185.50
68	2253	1149	586	198.50	196.50
69	2363	1205	614	208.00	206.00
70	2490	1270	647	219.00	217.00
71	2534	1292	659	223.00	221.00
72	2556	1304	665	225.00	223.00
73	2585	1318	672	227.50	225.50
74	2609	1331	678	229.50	227.50
75	2648	1350	688	233.00	231.00
76	2656	1355	691	233.50	231.50
77	2656	1355	691	233.50	231.50
78	2656	1355	691	233.50	231.50
79	2656	1355	691	233.50	231.50
80+	2656	1355	691	233.50	231.50

PLAN B Effective Date: 04/01/2025 Plan Code: J73

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	2741	1398	713	241.00	239.00
66	2870	1464	746	252.50	250.50
67	3009	1535	782	265.00	263.00
68	3141	1602	817	276.50	274.50
69	3268	1667	850	287.50	285.50
70	3404	1736	885	299.50	297.50
71	3539	1805	920	311.50	309.50
72	3672	1873	955	323.00	321.00
73	3802	1939	989	334.50	332.50
74	3863	1970	1004	340.00	338.00
75	3938	2008	1024	346.50	344.50
76	3977	2028	1034	350.00	348.00
77	3977	2028	1034	350.00	348.00
78	3980	2030	1035	350.00	348.00
79	3981	2030	1035	350.50	348.50
80+	3981	2030	1035	350.50	348.50

PLAN F Effective Date: 04/01/2025 Plan Code: J75

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	3279	1672	853	288.50	286.50
66	3422	1745	890	301.00	299.00
67	3563	1817	926	313.50	311.50
68	3705	1890	963	326.00	324.00
69	3838	1957	998	337.50	335.50
70	3984	2032	1036	350.50	348.50
71	4122	2102	1072	362.50	360.50
72	4263	2174	1108	375.00	373.00
73	4401	2245	1144	387.50	385.50
74	4544	2317	1181	400.00	398.00
75	4682	2388	1217	412.00	410.00
76	4818	2457	1253	424.00	422.00
77	4862	2480	1264	428.00	426.00
78	4922	2510	1280	433.00	431.00
79	4964	2532	1291	437.00	435.00
80+	5016	2558	1304	441.50	439.50

PLAN HDF Effective Date: 06/01/2020 Plan Code: JB1

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	458	234	119	40.50	38.50
66	498	254	129	44.00	42.00
67	538	274	140	47.50	45.50
68	564	288	147	49.50	47.50
69	597	304	155	52.50	50.50
70	625	319	163	55.00	53.00
71	654	334	170	57.50	55.50
72	691	352	180	61.00	59.00
73	725	370	189	64.00	62.00
74	756	386	197	66.50	64.50
75	789	402	205	69.50	67.50
76	815	416	212	71.50	69.50
77	851	434	221	75.00	73.00
78	888	453	231	78.00	76.00
79	921	470	239	81.00	79.00
80+	976	498	254	86.00	84.00

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

Globe Life And Accident Medicare Supplement Rates

PLAN G Effective Date: 04/01/2025 Plan Code: JC0

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	2954	1507	768	260.00	258.00
66	3092	1577	804	272.00	270.00
67	3235	1650	841	284.50	282.50
68	3375	1721	878	297.00	295.00
69	3510	1790	913	309.00	307.00
70	3655	1864	950	321.50	319.50
71	3792	1934	986	333.50	331.50
72	3933	2006	1023	346.00	344.00
73	4074	2078	1059	358.50	356.50
74	4215	2150	1096	371.00	369.00
75	4352	2220	1132	383.00	381.00
76	4489	2289	1167	395.00	393.00
77	4533	2312	1179	399.00	397.00
78	4593	2342	1194	404.00	402.00
79	4636	2364	1205	408.00	406.00
80+	4687	2390	1219	412.50	410.50

PLAN HDG Effective Date: 06/01/2020 Plan Code: JF0

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	458	234	119	40.50	38.50
66	498	254	129	44.00	42.00
67	538	274	140	47.50	45.50
68	564	288	147	49.50	47.50
69	597	304	155	52.50	50.50
70	625	319	163	55.00	53.00
71	654	334	170	57.50	55.50
72	691	352	180	61.00	59.00
73	725	370	189	64.00	62.00
74	756	386	197	66.50	64.50
75	789	402	205	69.50	67.50
76	815	416	212	71.50	69.50
77	851	434	221	75.00	73.00
78	888	453	231	78.00	76.00
79	921	470	239	81.00	79.00
80+	976	498	254	86.00	84.00

PLAN N Effective Date: 04/01/2025 Plan Code: JC8

Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	1938	988	504	170.50	168.50
66	2029	1035	528	178.50	176.50
67	2124	1083	552	187.00	185.00
68	2219	1132	577	195.50	193.50
69	2312	1179	601	203.50	201.50
70	2409	1229	626	212.00	210.00
71	2501	1276	650	220.00	218.00
72	2598	1325	675	228.50	226.50
73	2698	1376	701	237.50	235.50
74	2800	1428	728	246.50	244.50
75	2899	1478	754	255.00	253.00
76	2995	1527	779	263.50	261.50
77	3032	1546	788	267.00	265.00
78	3081	1571	801	271.00	269.00
79	3113	1588	809	274.00	272.00
80+	3165	1614	823	278.50	276.50

Globe Life And Accident Medicare Supplement Rates

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Plan	A	SA	Q	M	MBD	Plan Code	Effective Date
A	1864	951	485	164.00	162.00	J88	04/01/2025
B	2741	1398	713	241.00	239.00	J89	04/01/2025
F	3279	1672	853	288.50	286.50	J91	04/01/2025
HDF	458	234	119	40.50	38.50	JB4	06/01/2020
G	2954	1507	768	260.00	258.00	JC3	04/01/2025
HDG	458	234	119	40.50	38.50	JF3	06/01/2020
N	1938	988	504	170.50	168.50	JD0	04/01/2025

UNDER AGE 65 UNDERWRITTEN (U/W)

Plan	A	SA	Q	M	MBD	Plan Code	Effective Date
A	1864	951	485	164.00	162.00	J88	04/01/2025
B	2741	1398	713	241.00	239.00	J89	04/01/2025
F	3279	1672	853	288.50	286.50	J91	04/01/2025
HDF	458	234	119	40.50	38.50	JB4	06/01/2020
G	2954	1507	768	260.00	258.00	JC3	04/01/2025
HDG	458	234	119	40.50	38.50	JF3	06/01/2020
N	1938	988	504	170.50	168.50	JD0	04/01/2025

UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Plan	A	SA	Q	M	MBD	Plan Code	Effective Date
A	1864	951	485	164.00	162.00	J88	04/01/2025
B	2741	1398	713	241.00	239.00	J89	04/01/2025
F	3279	1672	853	288.50	286.50	J91	04/01/2025
HDF	458	234	119	40.50	38.50	JB4	06/01/2020
G	2954	1507	768	260.00	258.00	JC3	04/01/2025
HDG	458	234	119	40.50	38.50	JF3	06/01/2020

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

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 $1736	$0	$1736 (Part A Deductible)
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
– While using 60 lifetime reserve days	All but $868 a day	$868 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 $217 a day	$0	Up to $217 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 A
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed $283 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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $1736	$1736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
– While using 60 lifetime reserve days	All but $868 a day	$868 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 $217 a day	$0	Up to $217 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 $283 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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $2950 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2950. 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, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
– While using 60 lifetime reserve days	All but $868 a day	$868 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 $217 a day	Up to $217 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 $283 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 $2950 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2950. 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 $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 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 $283 of Medicare-Approved Amounts*	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$283 (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 $2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2950. 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 $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
– While using 60 lifetime reserve days	All but $868 a day	$868 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 $217 a day	Up to $217 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 $283 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 $2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2950. 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 $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 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 $283 of Medicare Approved Amounts*	$0	$0	$283 (Part B Deductible)
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 $283 of Medicare Approved Amounts*	$0	$0	$283 (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 $283 of Medicare Approved Amounts*	$0	$0	$283 (Part B Deductible)
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 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 $1736	$1736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after:			
– While using 60 lifetime reserve days	All but $868 a day	$868 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 $217 a day	Up to $217 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 N
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed $283 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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (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 $283 of Medicare-Approved Amounts*	$0	$0	$283 (Part B Deductible)
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