#### GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

A Nebraska 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, C, 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								re First Before Only
	<b>A</b> *	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)	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	✓	<b>✓</b>	<b>√</b>	✓	✓	✓
Medicare Part B coinsurance or copayment	<b>√</b>	✓	<b>✓</b>	<b>✓</b>	50%	75%	✓	✓ copays apply <sup>3</sup>	<b>✓</b>	<b>✓</b>
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	<b>√</b>	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			<b>✓</b>	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	<b>✓</b>	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			<b>✓</b>	<b>✓</b>			✓	✓	✓	✓
Out-of-pocket limit in 2024 <sup>2</sup>			-		\$7,060 <sup>2</sup>	\$3,530 <sup>2</sup>				

<sup>\*</sup> Denotes plans available by Globe Life And Accident Insurance Company

<sup>&</sup>lt;sup>1</sup> Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 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.

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> 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. We will notify you by mail at your last known address on Company records, of any increase in renewal premium at least 60 days prior to the next renewal 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 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.

#### 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.

### **Globe Life And Accident Medicare Supplement Rates**

### UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

### UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Plan	Α	SA	Q	M	MBD	Plan Code	Effective Date
Α	2099	1070	546	184.50	182.50	188	05/15/2024
В	3346	1706	870	294.50	292.50	J89	05/15/2024
С	4106	2094	1068	361.50	359.50	J90	05/15/2024
F	4135	2109	1075	364.00	362.00	J91	05/15/2024
HDF	734	374	191	64.50	62.50	JB4	08/01/2020
G	3832	1954	996	337.00	335.00	JC3	05/15/2024
HDG	734	374	191	64.50	62.50	JF3	08/01/2020
N	2687	1370	699	236.50	234.50	JD0	05/15/2024

Plan	Α	SA	Q	M	MBD	Plan Code	Effective Date
Α	2099	1070	546	184.50	182.50	188	05/15/2024
В	3346	1706	870	294.50	292.50	J89	05/15/2024
С	4106	2094	1068	361.50	359.50	J90	05/15/2024
F	4135	2109	1075	364.00	362.00	J91	05/15/2024
HDF	734	374	191	64.50	62.50	JB4	08/01/2020
G	3832	1954	996	337.00	335.00	JC3	05/15/2024
HDG	734	374	191	64.50	62.50	JF3	08/01/2020

## **Globe Life And Accident Medicare Supplement Rates**

PLAN A	\ Effe	ective Date: 0	5/15/2024	Plan Cod	le: J72	PLAN C	Effe	ctive Date: 0	5/15/2024	Plan Cod	e: J74
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	1469	749	382	129.50	127.50	65	2681	1367	697	236.00	234.00
66	1587	809	413	139.50	137.50	66	2797	1426	727	246.00	244.00
67	1682	858	437	148.00	146.00	67	2909	1484	756	256.00	254.00
68	1775	905	462	156.00	154.00	68	3025	1543	787	266.00	264.00
69	1861	949	484	164.00	162.00	69	3142	1602	817	276.50	274.50
70	1957	998	509	172.00	170.00	70	3253	1659	846	286.50	284.50
71	1998	1019	519	176.00	174.00	71	3371	1719	876	296.50	294.50
72	2012	1026	523	177.00	175.00	72	3485	1777	906	306.50	304.50
73	2038	1039	530	179.50	177.50	73	3599	1835	936	316.50	314.50
74	2057	1049	535	181.00	179.00	74	3717	1896	966	327.00	325.00
75	2084	1063	542	183.50	181.50	75	3831	1954	996	337.00	335.00
76	2099	1070	546	184.50	182.50	76	3932	2005	1022	346.00	344.00
77	2099	1070	546	184.50	182.50	77	3977	2028	1034	350.00	348.00
78	2099	1070	546	184.50	182.50	78	4018	2049	1045	353.50	351.50
79	2099	1070	546	184.50	182.50	79	4054	2068	1054	357.00	355.00
80+	2099	1070	546	184.50	182.50	80+	4106	2094	1068	361.50	359.50
										•	
PLAN E	B Effe	ective Date: 0	5/15/2024	Plan Cod	le: J73	PLAN F	Effe	ctive Date: 0	5/15/2024	Plan Cod	e: J <b>7</b> 5
PLAN E	Effe Annual	sctive Date: 0	5/15/2024 Quarterly	Plan Cod	<b>Monthly Bank</b>	PLAN F	Effe Annual	sective Date: 0	5/15/2024 Quarterly	Plan Code	Monthly Bank
Attained Age	Annual		Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
		Semi Annual			<b>Monthly Bank</b>						Monthly Bank
Attained Age	Annual 2295	Semi Annual	Quarterly 597	Monthly 202.00	Monthly Bank Draft 200.00	Attained Age	Annual 2702	Semi Annual	Quarterly 703	Monthly 238.00	Monthly Bank Draft 236.00
Attained Age 65 66	Annual 2295 2404	Semi Annual 1170 1226	Quarterly 597 625	Monthly 202.00 211.50	Monthly Bank Draft 200.00 209.50	Attained Age 65 66	Annual 2702 2815	1378 1436	Quarterly 703 732	Monthly 238.00 247.50	Monthly Bank Draft 236.00 245.50
Attained Age 65 66 67	Annual 2295 2404 2521	1170 1226 1286	<b>Quarterly</b> 597 625 655	Monthly 202.00 211.50 222.00	Monthly Bank Draft 200.00 209.50 220.00	Attained Age 65 66 67	Annual 2702 2815 2935	1378 1436 1497	703 732 763	238.00 247.50 258.50	Monthly Bank Draft 236.00 245.50 256.50
65 66 67 68	2295 2404 2521 2633	1170 1226 1286 1343	Quarterly  597 625 655 685	202.00 211.50 222.00 231.50	Monthly Bank Draft 200.00 209.50 220.00 229.50	65 66 67 68	2702 2815 2935 3048	1378 1436 1497 1554	703 732 763 792	238.00 247.50 258.50 268.00	Monthly Bank Draft 236.00 245.50 256.50 266.00
65 66 67 68 69	2295 2404 2521 2633 2747	1170 1226 1286 1343 1401	97 625 655 685 714	Monthly  202.00 211.50 222.00 231.50 241.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50	65 66 67 68 69	Annual 2702 2815 2935 3048 3163	1378 1436 1497 1554 1613	703 732 763 792 822	238.00 247.50 258.50 268.00 278.50	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50
Attained Age 65 66 67 68 69 70	2295 2404 2521 2633 2747 2857	1170 1226 1286 1343 1401 1457	Section 2015  Quarterly  597  625  655  685  714  743	Monthly  202.00  211.50  222.00  231.50  241.50  251.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50	65 66 67 68 69	2702 2815 2935 3048 3163 3279	1378 1436 1497 1554 1613 1672	703 732 763 792 822 853	238.00 247.50 258.50 268.00 278.50 288.50	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50
65 66 67 68 69 70	2295 2404 2521 2633 2747 2857 2974	1170 1226 1286 1343 1401 1457 1517	97 625 655 685 714 743 773	Monthly  202.00  211.50  222.00  231.50  241.50  251.50  261.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50	65 66 67 68 69 70	2702 2815 2935 3048 3163 3279 3390	1378 1436 1497 1554 1613 1672 1729	703 732 763 792 822 853 881	238.00 247.50 258.50 268.00 278.50 288.50 298.50	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50
65 66 67 68 69 70 71	2295 2404 2521 2633 2747 2857 2974 3087	1170 1226 1286 1343 1401 1457 1517	97 625 655 685 714 743 773 803	Monthly  202.00 211.50 222.00 231.50 241.50 251.50 261.50 271.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50 269.50	65 66 67 68 69 70 71	2702 2815 2935 3048 3163 3279 3390 3509	1378 1436 1497 1554 1613 1672 1729 1790	703 732 763 792 822 853 881 912	238.00 247.50 258.50 268.00 278.50 288.50 298.50 309.00	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50 307.00
Attained Age 65 66 67 68 69 70 71 72 73	2295 2404 2521 2633 2747 2857 2974 3087 3188	1170 1226 1286 1343 1401 1457 1517 1574 1626	97 625 655 685 714 743 773 803 829	202.00 211.50 222.00 231.50 241.50 251.50 261.50 271.50 280.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50 269.50 278.50	Attained Age 65 66 67 68 69 70 71 72 73	2702 2815 2935 3048 3163 3279 3390 3509 3623	1378 1436 1497 1554 1613 1672 1729 1790 1848	703 732 763 792 822 853 881 912 942	238.00 247.50 258.50 268.00 278.50 288.50 298.50 309.00 319.00	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50 307.00 317.00
65 66 67 68 69 70 71 72 73	2295 2404 2521 2633 2747 2857 2974 3087 3188 3232	1170 1226 1286 1343 1401 1457 1517 1574 1626 1648	97 625 625 655 685 714 743 773 803 829 840	202.00 211.50 222.00 231.50 241.50 251.50 261.50 271.50 280.50 284.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50 269.50 278.50 282.50	65 66 67 68 69 70 71 72 73	2702 2815 2935 3048 3163 3279 3390 3509 3623 3738	1378 1436 1497 1554 1613 1672 1729 1790 1848 1906	703 732 763 792 822 853 881 912 942 972	238.00 247.50 258.50 268.00 278.50 288.50 298.50 309.00 319.00 329.00	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50 307.00 317.00 327.00
65 66 67 68 69 70 71 72 73 74	2295 2404 2521 2633 2747 2857 2974 3087 3188 3232 3297	1170 1226 1286 1343 1401 1457 1517 1574 1626 1648 1681	97 625 625 655 685 714 743 773 803 829 840 857	202.00 211.50 222.00 231.50 241.50 251.50 261.50 271.50 280.50 284.50 290.00	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50 269.50 278.50 282.50 288.00	Attained Age 65 66 67 68 69 70 71 72 73 74 75	2702 2815 2935 3048 3163 3279 3390 3509 3623 3738 3853	1378 1436 1497 1554 1613 1672 1729 1790 1848 1906 1965	703 732 763 792 822 853 881 912 942 972 1002	238.00 247.50 258.50 268.00 278.50 288.50 298.50 309.00 319.00 329.00 339.00	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50 307.00 317.00 327.00 337.00
65 66 67 68 69 70 71 72 73 74 75	2295 2404 2521 2633 2747 2857 2974 3087 3188 3232 3297 3333	1170 1226 1286 1343 1401 1457 1517 1574 1626 1648 1681 1700	97 625 625 655 685 714 743 773 803 829 840 857 867	202.00 211.50 222.00 231.50 241.50 251.50 261.50 271.50 280.50 284.50 290.00 293.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50 269.50 278.50 282.50 288.00 291.50	Attained Age 65 66 67 68 69 70 71 72 73 74 75	2702 2815 2935 3048 3163 3279 3390 3509 3623 3738 3853 3964	1378 1436 1497 1554 1613 1672 1729 1790 1848 1906 1965 2022	703 732 763 792 822 853 881 912 942 972 1002 1031	238.00 247.50 258.50 268.00 278.50 288.50 298.50 309.00 319.00 329.00 339.00 349.00	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50 307.00 317.00 327.00 337.00 347.00
Attained Age 65 66 67 68 69 70 71 72 73 74 75 76 77	2295 2404 2521 2633 2747 2857 2974 3087 3188 3232 3297 3333 3333	1170 1226 1286 1343 1401 1457 1517 1574 1626 1648 1681 1700 1700	97 625 655 685 714 743 773 803 829 840 857 867	Monthly  202.00 211.50 222.00 231.50 241.50 251.50 261.50 271.50 280.50 284.50 290.00 293.50 293.50	Monthly Bank Draft 200.00 209.50 220.00 229.50 239.50 249.50 259.50 269.50 278.50 282.50 288.00 291.50	Attained Age  65 66 67 68 69 70 71 72 73 74 75 76	Annual  2702  2815  2935  3048  3163  3279  3390  3509  3623  3738  3853  3964  4005	1378 1436 1497 1554 1613 1672 1729 1790 1848 1906 1965 2022 2043	703 732 763 792 822 853 881 912 942 972 1002 1031 1041	238.00 247.50 258.50 268.00 278.50 288.50 298.50 309.00 319.00 329.00 339.00 349.00 352.50	Monthly Bank Draft 236.00 245.50 256.50 266.00 276.50 286.50 296.50 307.00 317.00 327.00 337.00 347.00 350.50

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 HE	OF Effe	ective Date: 0	8/01/2020	Plan Cod	le: JB1	PLAN H	DG Effe	ctive Date: 0	8/01/2020	Plan Cod	e: JFO
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	406	207	106	35.50	33.50	65	406	207	106	35.50	33.50
66	439	224	114	38.50	36.50	66	439	224	114	38.50	36.50
67	472	241	123	41.50	39.50	67	472	241	123	41.50	39.50
68	492	251	128	43.50	41.50	68	492	251	128	43.50	41.50
69	514	262	134	45.00	43.00	69	514	262	134	45.00	43.00
70	538	274	140	47.50	45.50	70	538	274	140	47.50	45.50
71	560	286	146	49.50	47.50	71	560	286	146	49.50	47.50
72	589	300	153	52.00	50.00	72	589	300	153	52.00	50.00
73	618	315	161	54.50	52.50	73	618	315	161	54.50	52.50
74	644	328	167	56.50	54.50	74	644	328	167	56.50	54.50
75	669	341	174	59.00	57.00	75	669	341	174	59.00	57.00
76	677	345	176	59.50	57.50	76	677	345	176	59.50	57.50
77	691	352	180	61.00	59.00	77	691	352	180	61.00	59.00
78	702	358	183	62.00	60.00	78	702	358	183	62.00	60.00
79	714	364	186	63.00	61.00	79	714	364	186	63.00	61.00
80+	734	374	191	64.50	62.50	80+	734	374	191	64.50	62.50
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PLAN G	i Effe	ective Date: 0	5/15/2024	Plan Coc	le: JC0	PLAN N	N Effe	ctive Date: 0	5/15/2024	Plan Cod	e: JC8
PLAN G	Effe Annual	ective Date: 0 Semi Annual	5/15/2024 Quarterly	Plan Coc Monthly	Monthly Bank	PLAN N	N Effe Annual	sctive Date: 0	5/15/2024 Quarterly	Plan Cod Monthly	Monthly Bank
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
Attained Age	Annual 2400	Semi Annual	Quarterly 624	Monthly 211.00	Monthly Bank Draft 209.00	Attained Age	Annual 1637	Semi Annual	Quarterly 426	Monthly 144.00	Monthly Bank Draft 142.00
Attained Age 65 66	Annual 2400 2516	Semi Annual 1224 1283	Quarterly 624 654	Monthly 211.00 221.50	Monthly Bank Draft 209.00 219.50	Attained Age 65 66	Annual 1637 1712	Semi Annual 835 873	Quarterly 426 445	Monthly 144.00 150.50	Monthly Bank Draft 142.00 148.50
Attained Age 65 66 67	Annual 2400 2516 2633	1224 1283 1343	Quarterly 624 654 685	Monthly 211.00 221.50 231.50	Monthly Bank Draft 209.00 219.50 229.50	Attained Age 65 66 67	Annual 1637 1712 1792	835 873 914	<b>Quarterly</b> 426 445 466	Monthly 144.00 150.50 157.50	Monthly Bank Draft 142.00 148.50 155.50
65 66 67 68	2400 2516 2633 2745	1224 1283 1343 1400	Quarterly  624  654  685  714	Monthly 211.00 221.50 231.50 241.50	Monthly Bank Draft 209.00 219.50 229.50 239.50	Attained Age 65 66 67 68	Annual 1637 1712 1792 1869	835 873 914 953	Quarterly  426 445 466 486	Monthly 144.00 150.50 157.50 164.50	Monthly Bank Draft 142.00 148.50 155.50 162.50
65 66 67 68 69 70	2400 2516 2633 2745 2863	1224 1283 1343 1400 1460	Quarterly  624  654  685  714  744	Monthly 211.00 221.50 231.50 241.50 252.00	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00	Attained Age 65 66 67 68 69 70 71	Annual  1637 1712 1792 1869 1953	835 873 914 953 996	Quarterly  426 445 466 486 508	Monthly  144.00 150.50 157.50 164.50 172.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00
65 66 67 68 69	2400 2516 2633 2745 2863 2977	1224 1283 1343 1400 1460 1518	Quarterly  624 654 685 714 744 774	Monthly  211.00 221.50 231.50 241.50 252.00 262.00	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00	65 66 67 68 69	Annual  1637 1712 1792 1869 1953 2032	835 873 914 953 996 1036	Quarterly  426 445 466 486 508 528	Monthly  144.00 150.50 157.50 164.50 172.00 179.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00
65 66 67 68 69 70 71 72 73	Annual  2400 2516 2633 2745 2863 2977 3092	1224 1283 1343 1400 1460 1518 1577	Quarterly  624 654 685 714 744 774 804	Monthly  211.00  221.50  231.50  241.50  252.00  262.00  272.00	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00	Attained Age 65 66 67 68 69 70 71 72 73	Annual  1637 1712 1792 1869 1953 2032 2115	835 873 914 953 996 1036 1079	Quarterly  426 445 466 486 508 528 550	Monthly  144.00  150.50  157.50  164.50  172.00  179.00  186.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00
Attained Age 65 66 67 68 69 70 71 72 73 74	Annual  2400 2516 2633 2745 2863 2977 3092 3208	1224 1283 1343 1400 1460 1518 1577 1636	Quarterly  624 654 685 714 744 774 804 834	Monthly  211.00 221.50 231.50 241.50 252.00 262.00 272.00 282.50	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00 280.50	65 66 67 68 69 70 71 72 73	Annual  1637 1712 1792 1869 1953 2032 2115 2197	835 873 914 953 996 1036 1079 1120	Quarterly  426  445  466  486  508  528  550  571	Monthly  144.00 150.50 157.50 164.50 172.00 179.00 186.00 193.50	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00 191.50
65 66 67 68 69 70 71 72 73 74	2400 2516 2633 2745 2863 2977 3092 3208 3321 3436 3553	1224 1283 1343 1400 1460 1518 1577 1636 1694 1752 1812	Quarterly  624 654 685 714 744 774 804 834 863 893 924	Monthly  211.00 221.50 231.50 241.50 252.00 262.00 272.00 282.50 292.00	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00 280.50 290.00 300.50 310.50	65 66 67 68 69 70 71 72 73 74	Annual  1637 1712 1792 1869 1953 2032 2115 2197 2283 2365 2457	835 873 914 953 996 1036 1079 1120 1164	Quarterly  426 445 466 486 508 528 550 571 594	Monthly  144.00 150.50 157.50 164.50 172.00 179.00 186.00 193.50 201.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00 191.50 199.00
Attained Age 65 66 67 68 69 70 71 72 73 74	2400 2516 2633 2745 2863 2977 3092 3208 3321 3436	1224 1283 1343 1400 1460 1518 1577 1636 1694 1752	Quarterly  624 654 685 714 744 774 804 834 863 893	Monthly  211.00 221.50 231.50 241.50 252.00 262.00 272.00 282.50 292.00 302.50	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00 280.50 290.00 300.50	65 66 67 68 69 70 71 72 73	Annual  1637 1712 1792 1869 1953 2032 2115 2197 2283 2365	835 873 914 953 996 1036 1079 1120 1164 1206	Quarterly  426 445 466 486 508 528 550 571 594 615	Monthly  144.00 150.50 157.50 164.50 172.00 179.00 186.00 193.50 201.00 208.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00 191.50 199.00 206.00
65 66 67 68 69 70 71 72 73 74	2400 2516 2633 2745 2863 2977 3092 3208 3321 3436 3553	1224 1283 1343 1400 1460 1518 1577 1636 1694 1752 1812	Quarterly  624 654 685 714 744 774 804 834 863 893 924	211.00 221.50 231.50 241.50 252.00 262.00 272.00 282.50 292.00 302.50 312.50	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00 280.50 290.00 300.50 310.50	Attained Age 65 66 67 68 69 70 71 72 73 74 75 76	Annual  1637 1712 1792 1869 1953 2032 2115 2197 2283 2365 2457	835 873 914 953 996 1036 1079 1120 1164 1206 1253	Quarterly  426 445 466 486 508 528 550 571 594 615 639 659 669	Monthly  144.00 150.50 157.50 164.50 172.00 179.00 186.00 193.50 201.00 208.00 216.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00 191.50 199.00 206.00 214.00
65 66 67 68 69 70 71 72 73 74 75	Annual  2400 2516 2633 2745 2863 2977 3092 3208 3321 3436 3553 3663	1224 1283 1343 1400 1460 1518 1577 1636 1694 1752 1812	Quarterly  624 654 685 714 744 774 804 834 863 893 924 952	Monthly  211.00 221.50 231.50 241.50 252.00 262.00 272.00 282.50 292.00 302.50 312.50 322.50	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00 280.50 290.00 300.50 310.50 320.50	Attained Age 65 66 67 68 69 70 71 72 73 74 75 76 77	Annual  1637 1712 1792 1869 1953 2032 2115 2197 2283 2365 2457 2536	835 873 914 953 996 1036 1079 1120 1164 1206 1253 1293	Quarterly  426 445 466 486 508 528 550 571 594 615 639 659	Monthly  144.00 150.50 157.50 164.50 172.00 179.00 186.00 193.50 201.00 208.00 216.00 223.00	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00 191.50 199.00 206.00 214.00 221.00
Attained Age  65 66 67 68 69 70 71 72 73 74 75 76 77	2400 2516 2633 2745 2863 2977 3092 3208 3321 3436 3553 3663 3702	1224 1283 1343 1400 1460 1518 1577 1636 1694 1752 1812 1868 1888	Quarterly  624 654 685 714 744 774 804 834 863 893 924 952 963	Monthly  211.00 221.50 231.50 241.50 252.00 262.00 272.00 282.50 292.00 302.50 312.50 322.50 326.00	Monthly Bank Draft 209.00 219.50 229.50 239.50 250.00 260.00 270.00 280.50 290.00 300.50 310.50 320.50 324.00	Attained Age 65 66 67 68 69 70 71 72 73 74 75 76	Annual  1637 1712 1792 1869 1953 2032 2115 2197 2283 2365 2457 2536 2574	835 873 914 953 996 1036 1079 1120 1164 1206 1253 1293 1313	Quarterly  426 445 466 486 508 528 550 571 594 615 639 659 669	Monthly  144.00 150.50 157.50 164.50 172.00 179.00 186.00 193.50 201.00 208.00 216.00 223.00 226.50	Monthly Bank Draft 142.00 148.50 155.50 162.50 170.00 177.00 184.00 191.50 199.00 206.00 214.00 221.00 224.50

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$0	\$1632 (Part A Deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>– While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:	·		
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$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 \$204 a day	\$0	Up to \$204 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

<sup>\*\*</sup> **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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as			
Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

## PLAN B MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>– While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$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 \$204 a day	\$0	Up to \$204 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

<sup>\*\*</sup> **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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as			
Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

## PLAN C MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and			
miscellaneous services and supplies	AUL 161622	¢1622 (D. 1 A.D. L. 1311.)	<u> </u>
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible	\$0 **
		Expenses	
– 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			
having been in a hospital for at least 3 days and entered			
a Medicare-Approved facility within 30 days after leaving			
the hospital	All approved apparents	¢0	¢0
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 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	All but very limited copayment,	Medicare copayment/	\$0
doctor's certification of terminal illness.	coinsurance for outpatient drugs and inpatient respite care	coinsurance	

<sup>\*\*</sup> **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 C MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as			
Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
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 \$240 of Medicare-Approved Amounts*	\$0	\$240 (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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

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	20% and amounts over the \$50,000 lifetime maximum
		\$50,000	

# 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 \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. 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 \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and			
miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible	\$0 ***
		Expenses	
– 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			
a Madicare-Approved facility within 30 days after leaving			
the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD	1	7 -	
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	so	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/	Medicare copayment/	\$0
doctor's certification of terminal illness	coinsurance for outpatient drugs and inpatient respite care	coinsurance	

<sup>\*\*\*</sup> **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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- \*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. 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 \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as			
Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$240 (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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

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	20% and amounts over the
		benefit of \$50,000	\$50,000 lifetime maximum

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## 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 \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day 91st day and after:	All but \$408 a day	\$408 a day	\$0
<ul> <li>– While using 60 lifetime reserve days</li> <li>Once lifetime reserve days are used:</li> </ul>	All but \$816 a day	\$816 a day	\$0
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 ***
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$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 \$204 a day	Up to \$204 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

<sup>\*\*\*</sup> **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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- \*\* This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as			
Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Unless Part B
			Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

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		20% and amounts over the \$50,000 lifetime maximum

### PLAN N MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>– While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:	·	·	
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$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 \$204 a day	Up to \$204 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

<sup>\*\*</sup> **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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: Physician's services, inpatient and outpatient medical and surgical			
Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

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	20% and amounts over the
		benefit of \$50,000	\$50,000 lifetime maximum

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