Lumico
medigap solutions
Underwritten by
Elips Life Insurance Company

Elips Life Insurance Company
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OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

BENEFIT PLANS A, F, G, N AND HIGH DEDUCTIBLE PLAN G

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

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available in your state. Only applicants' first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

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

Benefits	Plans available to all applicants									Medicare first eligible before 2020 only		
	A	B	D	G	G[1]	K	L	M	N	C	F	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	copays apply[3]	✓	✓	
Blood (first three pints)	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓	✓		50%	75%	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓	✓		50%	75%	50%	✓	✓	✓	
Medicare Part B deductible										✓	✓	
Medicare Part B excess charges				✓							✓	
Foreign travel emergency (up to plan limits)			✓	✓				✓	✓	✓	✓	
Out-of-pocket limit in 2021[2]						$6620[2]	$3310[2]					

[1]Plans F and G also have a high deductible option which requires first paying a plan deductible of $2490 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.

ELIPS LIFE INSURANCE COMPANY

MISSOURI Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 630-633, 640-641

	Preferred						Standard					
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N	Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	2,293	3,093	2,316	929	1,914	Under 65	2,546	3,434	2,571	1,032	2,125
65	2,293	3,093	2,316	929	1,914	65	2,546	3,434	2,571	1,032	2,125
66	2,293	3,158	2,316	929	1,914	66	2,546	3,509	2,571	1,032	2,125
67	2,341	3,227	2,365	929	1,955	67	2,600	3,585	2,626	1,032	2,171
68	2,391	3,298	2,415	929	2,014	68	2,656	3,662	2,683	1,032	2,238
69	2,440	3,367	2,464	949	2,057	69	2,712	3,741	2,739	1,056	2,285
70	2,492	3,441	2,518	969	2,102	70	2,770	3,823	2,798	1,079	2,336
71	2,547	3,513	2,573	990	2,147	71	2,830	3,905	2,858	1,101	2,385
72	2,613	3,605	2,640	1,017	2,202	72	2,905	4,004	2,935	1,128	2,446
73	2,683	3,700	2,709	1,043	2,259	73	2,979	4,111	3,008	1,159	2,511
74	2,752	3,796	2,781	1,071	2,321	74	3,059	4,217	3,090	1,190	2,577
75	2,825	3,894	2,853	1,099	2,380	75	3,138	4,327	3,170	1,221	2,645
76	2,898	3,996	2,928	1,127	2,441	76	3,220	4,439	3,252	1,253	2,711
77	2,986	4,121	3,016	1,163	2,517	77	3,318	4,577	3,351	1,290	2,795
78	3,079	4,246	3,110	1,195	2,593	78	3,420	4,719	3,455	1,329	2,881
79	3,173	4,375	3,205	1,233	2,673	79	3,523	4,860	3,559	1,369	2,969
80	3,270	4,509	3,303	1,272	2,755	80	3,634	5,009	3,670	1,414	3,061
81	3,369	4,647	3,402	1,311	2,838	81	3,744	5,164	3,781	1,457	3,154
82	3,471	4,788	3,505	1,351	2,925	82	3,858	5,321	3,897	1,499	3,250
83	3,593	4,955	3,629	1,396	3,027	83	3,992	5,505	4,032	1,553	3,365
84	3,719	5,131	3,756	1,446	3,134	84	4,130	5,702	4,171	1,605	3,483
85	3,850	5,310	3,889	1,497	3,245	85	4,277	5,900	4,320	1,663	3,605
86	3,982	5,498	4,023	1,550	3,359	86	4,426	6,109	4,470	1,722	3,733
87	4,123	5,691	4,165	1,604	3,477	87	4,580	6,322	4,627	1,782	3,863
88	4,269	5,891	4,312	1,659	3,599	88	4,744	6,543	4,792	1,844	4,000
89	4,418	6,096	4,462	1,718	3,728	89	4,908	6,772	4,958	1,910	4,142
90	4,573	6,309	4,619	1,778	3,858	90	5,081	7,012	5,132	1,975	4,287
91	4,733	6,531	4,781	1,841	3,993	91	5,257	7,256	5,310	2,045	4,437
92	4,898	6,759	4,947	1,904	4,131	92	5,439	7,509	5,494	2,116	4,591
93	5,068	6,993	5,119	1,971	4,276	93	5,632	7,772	5,688	2,191	4,752
94	5,245	7,239	5,298	2,039	4,427	94	5,828	8,043	5,887	2,266	4,918
95	5,427	7,492	5,482	2,112	4,580	95	6,030	8,325	6,090	2,346	5,089
96	5,615	7,753	5,671	2,184	4,740	96	6,239	8,615	6,302	2,425	5,266
97	5,817	8,033	5,876	2,262	4,910	97	6,463	8,926	6,528	2,515	5,456
98	6,050	8,354	6,112	2,353	5,107	98	6,720	9,281	6,788	2,614	5,674
99	6,291	8,687	6,354	2,447	5,310	99	6,991	9,652	7,062	2,719	5,900

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

Household Discount Factor .88

ELIPS LIFE INSURANCE COMPANY

MISSOURI Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 630-633, 640-641

	Preferred						Standard					
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N	Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	2,019	2,723	2,039	818	1,685	Under 65	2,242	3,024	2,264	909	1,871
65	2,019	2,723	2,039	818	1,685	65	2,242	3,024	2,264	909	1,871
66	2,019	2,781	2,039	818	1,685	66	2,242	3,090	2,264	909	1,871
67	2,061	2,841	2,083	818	1,722	67	2,289	3,157	2,313	909	1,912
68	2,105	2,904	2,126	818	1,774	68	2,339	3,225	2,362	909	1,971
69	2,149	2,965	2,170	835	1,811	69	2,388	3,295	2,412	930	2,012
70	2,195	3,030	2,217	853	1,851	70	2,439	3,367	2,464	950	2,057
71	2,243	3,094	2,266	872	1,890	71	2,492	3,439	2,517	970	2,100
72	2,301	3,174	2,325	896	1,939	72	2,558	3,526	2,584	994	2,154
73	2,362	3,258	2,386	918	1,989	73	2,623	3,620	2,649	1,021	2,211
74	2,424	3,343	2,449	943	2,044	74	2,694	3,713	2,721	1,048	2,269
75	2,487	3,429	2,512	968	2,096	75	2,764	3,810	2,792	1,075	2,329
76	2,552	3,519	2,578	992	2,150	76	2,836	3,909	2,864	1,103	2,387
77	2,629	3,629	2,656	1,024	2,216	77	2,922	4,031	2,951	1,136	2,461
78	2,712	3,739	2,739	1,053	2,283	78	3,011	4,156	3,042	1,171	2,537
79	2,794	3,853	2,823	1,086	2,354	79	3,102	4,280	3,134	1,206	2,615
80	2,879	3,971	2,909	1,120	2,426	80	3,200	4,411	3,232	1,245	2,695
81	2,967	4,092	2,996	1,154	2,499	81	3,297	4,548	3,330	1,283	2,778
82	3,056	4,216	3,087	1,189	2,576	82	3,397	4,686	3,431	1,320	2,862
83	3,164	4,364	3,195	1,230	2,666	83	3,515	4,847	3,551	1,368	2,963
84	3,275	4,518	3,308	1,273	2,760	84	3,637	5,021	3,673	1,414	3,067
85	3,390	4,676	3,424	1,318	2,858	85	3,767	5,196	3,804	1,464	3,174
86	3,507	4,842	3,542	1,365	2,958	86	3,898	5,380	3,936	1,516	3,287
87	3,631	5,011	3,667	1,412	3,062	87	4,033	5,567	4,075	1,569	3,402
88	3,759	5,187	3,797	1,461	3,169	88	4,177	5,762	4,220	1,624	3,522
89	3,890	5,368	3,929	1,513	3,283	89	4,322	5,964	4,366	1,682	3,647
90	4,027	5,555	4,067	1,566	3,397	90	4,475	6,175	4,519	1,739	3,775
91	4,168	5,751	4,210	1,621	3,516	91	4,629	6,390	4,676	1,801	3,907
92	4,313	5,952	4,357	1,677	3,638	92	4,790	6,613	4,838	1,863	4,043
93	4,463	6,158	4,508	1,736	3,765	93	4,960	6,844	5,009	1,929	4,184
94	4,619	6,374	4,666	1,796	3,899	94	5,132	7,082	5,184	1,995	4,331
95	4,779	6,597	4,827	1,860	4,033	95	5,310	7,331	5,363	2,066	4,482
96	4,944	6,827	4,994	1,923	4,174	96	5,494	7,586	5,550	2,136	4,637
97	5,122	7,074	5,174	1,992	4,324	97	5,691	7,860	5,749	2,215	4,805
98	5,328	7,356	5,382	2,072	4,497	98	5,918	8,173	5,978	2,302	4,996
99	5,540	7,650	5,596	2,155	4,676	99	6,156	8,500	6,219	2,394	5,196

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

Household Discount Factor .88

ELIPS LIFE INSURANCE COMPANY

MISSOURI Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 630-633, 640-641

	Preferred				
				HD	
Issue Age	Plan A	Plan F	Plan G	Plan G	Plan N
Under 65	2,046	2,760	2,066	831	1,709
65	2,046	2,760	2,066	831	1,709
66	2,046	2,819	2,066	831	1,709
67	2,089	2,881	2,111	831	1,745
68	2,133	2,943	2,155	831	1,798
69	2,180	3,007	2,202	847	1,836
70	2,227	3,071	2,250	866	1,876
71	2,274	3,137	2,297	884	1,916
72	2,333	3,219	2,357	907	1,966
73	2,395	3,303	2,419	930	2,018
74	2,458	3,390	2,483	957	2,072
75	2,522	3,477	2,547	981	2,124
76	2,588	3,567	2,613	1,006	2,179
77	2,665	3,680	2,692	1,039	2,247
78	2,748	3,791	2,776	1,068	2,316
79	2,834	3,906	2,862	1,101	2,387
80	2,920	4,027	2,949	1,135	2,460
81	3,008	4,150	3,039	1,170	2,534
82	3,099	4,275	3,130	1,206	2,612
83	3,208	4,423	3,240	1,248	2,703
84	3,319	4,581	3,353	1,290	2,798
85	3,437	4,742	3,472	1,336	2,897
86	3,556	4,908	3,593	1,384	2,999
87	3,681	5,080	3,719	1,432	3,105
88	3,811	5,258	3,850	1,481	3,215
89	3,945	5,442	3,985	1,534	3,329
90	4,083	5,633	4,125	1,587	3,444
91	4,225	5,832	4,268	1,643	3,566
92	4,372	6,034	4,417	1,700	3,689
93	4,525	6,244	4,571	1,761	3,818
94	4,683	6,463	4,730	1,821	3,953
95	4,845	6,689	4,895	1,885	4,088
96	5,013	6,922	5,064	1,950	4,232
97	5,194	7,172	5,246	2,021	4,383
98	5,402	7,458	5,456	2,101	4,559
99	5,619	7,756	5,675	2,186	4,741

	Standard				
				HD	
Issue Age	Plan A	Plan F	Plan G	Plan G	Plan N
Under 65	2,273	3,066	2,295	922	1,899
65	2,273	3,066	2,295	922	1,899
66	2,273	3,132	2,295	922	1,899
67	2,322	3,200	2,345	922	1,939
68	2,370	3,270	2,395	922	1,998
69	2,421	3,341	2,446	942	2,039
70	2,474	3,413	2,499	962	2,085
71	2,526	3,485	2,551	984	2,129
72	2,593	3,576	2,620	1,008	2,184
73	2,660	3,670	2,687	1,033	2,242
74	2,731	3,765	2,759	1,063	2,302
75	2,802	3,863	2,830	1,089	2,361
76	2,876	3,964	2,905	1,119	2,420
77	2,963	4,087	2,992	1,152	2,496
78	3,054	4,213	3,085	1,187	2,573
79	3,146	4,340	3,178	1,223	2,651
80	3,244	4,473	3,276	1,262	2,732
81	3,342	4,611	3,375	1,300	2,815
82	3,444	4,750	3,479	1,339	2,902
83	3,564	4,915	3,601	1,387	3,004
84	3,688	5,091	3,725	1,434	3,109
85	3,819	5,269	3,858	1,486	3,219
86	3,952	5,454	3,992	1,537	3,333
87	4,091	5,644	4,133	1,592	3,449
88	4,234	5,844	4,277	1,646	3,571
89	4,382	6,046	4,426	1,704	3,698
90	4,537	6,259	4,583	1,763	3,827
91	4,695	6,480	4,742	1,825	3,962
92	4,856	6,705	4,906	1,889	4,098
93	5,029	6,939	5,080	1,955	4,242
94	5,205	7,181	5,257	2,023	4,391
95	5,383	7,433	5,438	2,094	4,544
96	5,570	7,692	5,627	2,167	4,702
97	5,770	7,969	5,828	2,246	4,871
98	6,002	8,287	6,062	2,334	5,065
99	6,242	8,619	6,305	2,428	5,268

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

Household Discount Factor .88

ELIPS LIFE INSURANCE COMPANY

MISSOURI Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 630-633, 640-641

	Preferred						Standard					
Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N	Issue Age	Plan A	Plan F	Plan G	HD Plan G	Plan N
Under 65	1,802	2,431	1,820	732	1,505	Under 65	2,001	2,700	2,021	812	1,672
65	1,802	2,431	1,820	732	1,505	65	2,001	2,700	2,021	812	1,672
66	1,802	2,483	1,820	732	1,505	66	2,001	2,758	2,021	812	1,672
67	1,840	2,537	1,859	732	1,536	67	2,045	2,818	2,065	812	1,707
68	1,879	2,591	1,897	732	1,584	68	2,087	2,879	2,109	812	1,759
69	1,920	2,648	1,939	746	1,617	69	2,132	2,942	2,154	830	1,796
70	1,961	2,705	1,981	762	1,652	70	2,178	3,005	2,201	847	1,836
71	2,002	2,762	2,023	779	1,687	71	2,224	3,069	2,247	866	1,875
72	2,054	2,834	2,076	799	1,731	72	2,283	3,149	2,307	887	1,923
73	2,109	2,909	2,130	819	1,777	73	2,342	3,232	2,366	910	1,974
74	2,164	2,985	2,187	843	1,824	74	2,405	3,316	2,430	936	2,027
75	2,221	3,062	2,243	864	1,870	75	2,467	3,402	2,492	959	2,079
76	2,279	3,141	2,301	886	1,919	76	2,532	3,490	2,558	985	2,131
77	2,347	3,240	2,371	915	1,979	77	2,609	3,599	2,635	1,015	2,198
78	2,420	3,338	2,445	940	2,039	78	2,689	3,710	2,716	1,045	2,266
79	2,496	3,440	2,520	970	2,102	79	2,771	3,822	2,799	1,077	2,334
80	2,571	3,546	2,597	999	2,166	80	2,857	3,939	2,885	1,112	2,406
81	2,649	3,654	2,676	1,030	2,231	81	2,943	4,060	2,972	1,145	2,479
82	2,729	3,764	2,756	1,062	2,300	82	3,033	4,183	3,063	1,179	2,556
83	2,825	3,895	2,853	1,099	2,380	83	3,139	4,328	3,171	1,221	2,646
84	2,923	4,034	2,952	1,136	2,464	84	3,247	4,483	3,280	1,263	2,738
85	3,027	4,176	3,057	1,176	2,551	85	3,363	4,640	3,397	1,309	2,834
86	3,132	4,322	3,164	1,219	2,641	86	3,480	4,803	3,515	1,353	2,935
87	3,241	4,473	3,275	1,261	2,734	87	3,603	4,970	3,639	1,402	3,037
88	3,356	4,630	3,390	1,304	2,831	88	3,729	5,146	3,767	1,449	3,145
89	3,474	4,792	3,509	1,351	2,931	89	3,859	5,324	3,898	1,501	3,257
90	3,595	4,961	3,632	1,397	3,033	90	3,995	5,512	4,036	1,553	3,370
91	3,721	5,135	3,758	1,447	3,140	91	4,135	5,706	4,176	1,607	3,489
92	3,850	5,314	3,889	1,497	3,249	92	4,276	5,905	4,320	1,664	3,608
93	3,985	5,499	4,025	1,551	3,362	93	4,429	6,110	4,473	1,722	3,736
94	4,124	5,691	4,165	1,604	3,481	94	4,583	6,324	4,629	1,782	3,867
95	4,267	5,891	4,311	1,660	3,600	95	4,740	6,545	4,788	1,844	4,001
96	4,414	6,096	4,459	1,717	3,726	96	4,905	6,773	4,955	1,908	4,141
97	4,574	6,315	4,620	1,779	3,860	97	5,081	7,017	5,132	1,978	4,289
98	4,757	6,568	4,805	1,850	4,014	98	5,285	7,297	5,338	2,056	4,460
99	4,948	6,830	4,997	1,925	4,175	99	5,496	7,590	5,552	2,138	4,639

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

Household Discount Factor .88

PREMIUM INFORMATION

Elips Life Insurance Company may change your premium on any premium due date if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as issue age, gender, underwriting class, state of issue, and your most recent zip code of residence in the state of issue. Premiums are based on your issue age.

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 Elips Life Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: Elips Life Insurance Company, Medicare Supplement Administration, P.O. Box 10875, Clearwater, Florida 33757-8875. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments, less any claims paid.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither Elips Life 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. Elips Life Insurance Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded. Please refer to your policy for details.

PLAN A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but $1556	$0	$1556 (Part A deductible)
61st thru 90th day	All but $389 a day	$389 a day	$0
91st day and after:			
□ While using 60 lifetime reserve days	All but $778 a day	$778 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 $194.50 a day	$0	Up to $194.50 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $233 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 $233 of Medicare Approved Amounts*	$0	$0	$233 (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 $233 of Medicare Approved Amounts*	$0	$0	$233 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - Tests for diagnostic services	100%	$0	$0

PLAN A

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
□ First $233 of Medicare Approved Amounts*	$0	$0	$233 (Part B deductible)
□ Remainder of Medicare Approved Amounts	80%	20%	$0

PLAN F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but $1556	$1556 (Part A deductible)	$0
61st thru 90th day	All but $389 a day	$389 a day	$0
91st day and after:			
□ While using 60 lifetime reserve days	All but $778 a day	$778 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 $194.50 a day	Up to $194.50 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 co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $233 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 $233 of Medicare Approved Amounts*	$0	$233 (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 $233 of Medicare Approved Amounts*	$0	$233 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - Tests for diagnostic services	100%	$0	$0

(continued)

PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
□ First $233 of Medicare Approved Amounts*	$0	$233 (Part B deductible)	$0
□ Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but $1556	$1556 (Part A deductible)	$0
61st thru 90th day	All but $389 a day	$389 a day	$0
91st day and after:			
□ While using 60 lifetime reserve days	All but $778 a day	$778 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 $194.50 a day	Up to $194.50 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 co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $233 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 $233 of Medicare Approved Amounts*	$0	$0	$233 (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 $233 of Medicare Approved Amounts*	$0	$0	$233 (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

(continued)

PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
□ First $233 of Medicare Approved Amounts*	$0	$0	$233 (Unless Part B deductible has been met)
□ Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2490 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses exceed $2490. 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 $2490 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2490 DEDUCTIBLE** YOU PAY
HOSPITALIZATION* - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but $1556	$1556 (Part A deductible)	$0
61st thru 90th day	All but $389 a day	$389 a day	$0
91st day and after:			
□ While using 60 lifetime reserve days	All but $778 a day	$778 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 $194.50 a day	Up to $194.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0

(continued)

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2490 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2490 DEDUCTIBLE** YOU PAY
HOSPICE CARE - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

(continued)

HIGH DEDUCTIBLE PLAN G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2490 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses exceed $2490. 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 $2490 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2490 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 $233 of Medicare Approved Amounts*	$0	$0	$233 (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 $233 of Medicare Approved Amounts*	$0	$0	$233 (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

(continued)

HIGH DEDUCTIBLE PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2490 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2490 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
□ First $233 of Medicare Approved Amounts*	$0	$0	$233 (Unless Part B deductible has been met)
□ Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2490 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2490 DEDUCTIBLE** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but $1556	$1556 (Part A deductible)	$0
61st thru 90th day	All but $389 a day	$389 a day	$0
91st day and after:			
□ While using 60 lifetime reserve days	All but $778 a day	$778 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 $194.50 a day	Up to $194.50 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 co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $233 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 $233 of Medicare Approved Amounts*	$0	$0	$233 (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 $233 of Medicare Approved Amounts*	$0	$0	$233 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - Tests for diagnostic services	100%	$0	$0

(continued)

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
□ First $233 of Medicare Approved Amounts*	$0	$0	$233 (Part B deductible)
□ Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum