

ACE PROPERTY & CASUALTY INSURANCE COMPANY
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%	✓	✓	✓	✓	✓
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 2023 ²						\$6940 ²	\$3470 ²					

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ILLINOIS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 600, 602-604, 606-608

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	5,248	6,394	5,300	2,100	4,096	0-64	6,035	7,355	6,096	2,416	4,712
65	1,543	1,754	1,558	618	1,169	65	1,775	2,018	1,792	710	1,343
66	1,543	1,754	1,558	618	1,169	66	1,775	2,018	1,792	710	1,343
67	1,543	1,754	1,558	618	1,169	67	1,775	2,018	1,792	710	1,343
68	1,543	1,808	1,558	618	1,179	68	1,775	2,079	1,792	710	1,357
69	1,551	1,862	1,567	621	1,203	69	1,785	2,141	1,802	714	1,384
70	1,574	1,918	1,590	630	1,228	70	1,811	2,206	1,828	724	1,413
71	1,620	1,976	1,637	649	1,265	71	1,865	2,271	1,884	747	1,453
72	1,677	2,045	1,694	672	1,310	72	1,929	2,352	1,948	772	1,506
73	1,735	2,116	1,753	695	1,355	73	1,996	2,434	2,016	800	1,557
74	1,797	2,190	1,814	720	1,402	74	2,066	2,519	2,087	827	1,611
75	1,867	2,278	1,886	748	1,458	75	2,148	2,620	2,169	860	1,677
76	1,943	2,370	1,963	778	1,516	76	2,234	2,725	2,258	896	1,744
77	2,022	2,464	2,041	808	1,577	77	2,325	2,834	2,346	930	1,814
78	2,101	2,562	2,123	841	1,641	78	2,415	2,946	2,442	967	1,887
79	2,185	2,664	2,207	874	1,706	79	2,513	3,064	2,539	1,005	1,961
80	2,274	2,772	2,296	910	1,774	80	2,614	3,188	2,641	1,046	2,041
81	2,376	2,896	2,400	950	1,853	81	2,732	3,330	2,760	1,094	2,131
82	2,482	3,026	2,506	994	1,938	82	2,855	3,479	2,884	1,142	2,227
83	2,593	3,161	2,620	1,038	2,024	83	2,982	3,636	3,012	1,194	2,326
84	2,709	3,303	2,737	1,085	2,115	84	3,117	3,799	3,148	1,248	2,433
85	2,832	3,452	2,861	1,133	2,210	85	3,257	3,971	3,290	1,303	2,541
86	2,961	3,608	2,989	1,184	2,309	86	3,403	4,149	3,438	1,362	2,656
87	3,094	3,771	3,124	1,237	2,415	87	3,557	4,338	3,594	1,423	2,777
88	3,233	3,940	3,265	1,294	2,523	88	3,717	4,531	3,756	1,488	2,901
89	3,378	4,118	3,412	1,352	2,636	89	3,883	4,734	3,924	1,555	3,034
90	3,530	4,302	3,565	1,413	2,755	90	4,061	4,949	4,101	1,625	3,169
91	3,690	4,497	3,726	1,477	2,879	91	4,242	5,171	4,285	1,697	3,311
92	3,856	4,698	3,895	1,543	3,009	92	4,435	5,405	4,479	1,775	3,461
93	4,029	4,911	4,070	1,612	3,146	93	4,635	5,646	4,680	1,853	3,618
94	4,211	5,130	4,253	1,686	3,288	94	4,842	5,901	4,891	1,939	3,780
95	4,400	5,362	4,444	1,761	3,434	95	5,060	6,166	5,112	2,025	3,949
96	4,600	5,604	4,645	1,840	3,589	96	5,288	6,443	5,340	2,116	4,127
97	4,806	5,856	4,855	1,923	3,750	97	5,526	6,734	5,582	2,212	4,313
98	5,021	6,119	5,074	2,008	3,920	98	5,775	7,037	5,833	2,312	4,507
99	5,248	6,394	5,300	2,100	4,096	99	6,035	7,355	6,096	2,416	4,712

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

Household Discount Factor 0.93

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ILLINOIS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 601, 605

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	5,054	6,158	5,104	2,023	3,945	0-64	5,812	7,082	5,871	2,327	4,537
65	1,486	1,689	1,500	595	1,126	65	1,709	1,944	1,725	684	1,294
66	1,486	1,689	1,500	595	1,126	66	1,709	1,944	1,725	684	1,294
67	1,486	1,689	1,500	595	1,126	67	1,709	1,944	1,725	684	1,294
68	1,486	1,741	1,500	595	1,136	68	1,709	2,002	1,725	684	1,307
69	1,494	1,793	1,509	598	1,158	69	1,719	2,062	1,735	688	1,333
70	1,516	1,847	1,531	607	1,182	70	1,744	2,124	1,760	698	1,361
71	1,560	1,903	1,577	625	1,218	71	1,796	2,187	1,814	719	1,400
72	1,615	1,970	1,631	647	1,261	72	1,857	2,265	1,876	743	1,450
73	1,671	2,038	1,688	670	1,304	73	1,922	2,344	1,942	770	1,499
74	1,731	2,109	1,747	693	1,350	74	1,990	2,426	2,009	796	1,551
75	1,797	2,193	1,816	720	1,404	75	2,068	2,523	2,089	829	1,615
76	1,871	2,282	1,890	750	1,460	76	2,151	2,624	2,174	863	1,680
77	1,947	2,373	1,966	778	1,519	77	2,239	2,729	2,259	896	1,747
78	2,023	2,467	2,044	810	1,580	78	2,326	2,837	2,351	931	1,817
79	2,104	2,566	2,125	841	1,643	79	2,420	2,951	2,445	968	1,888
80	2,189	2,669	2,211	876	1,708	80	2,517	3,070	2,543	1,007	1,965
81	2,288	2,788	2,311	915	1,785	81	2,631	3,207	2,658	1,053	2,052
82	2,390	2,914	2,413	957	1,866	82	2,750	3,350	2,777	1,100	2,145
83	2,497	3,044	2,523	999	1,949	83	2,872	3,501	2,900	1,150	2,240
84	2,609	3,181	2,636	1,045	2,037	84	3,002	3,658	3,031	1,202	2,343
85	2,727	3,324	2,755	1,091	2,129	85	3,136	3,823	3,168	1,255	2,447
86	2,851	3,474	2,879	1,140	2,224	86	3,277	3,995	3,311	1,312	2,558
87	2,979	3,631	3,008	1,191	2,325	87	3,426	4,177	3,461	1,370	2,674
88	3,113	3,794	3,144	1,246	2,429	88	3,580	4,363	3,617	1,433	2,794
89	3,253	3,965	3,286	1,302	2,539	89	3,739	4,559	3,778	1,497	2,921
90	3,399	4,143	3,433	1,361	2,653	90	3,910	4,766	3,949	1,565	3,051
91	3,553	4,331	3,588	1,422	2,772	91	4,085	4,980	4,127	1,634	3,189
92	3,713	4,524	3,751	1,486	2,898	92	4,271	5,205	4,313	1,709	3,332
93	3,880	4,729	3,919	1,552	3,030	93	4,463	5,437	4,507	1,785	3,484
94	4,055	4,940	4,095	1,623	3,166	94	4,663	5,683	4,710	1,867	3,640
95	4,237	5,164	4,280	1,696	3,306	95	4,873	5,938	4,923	1,950	3,803
96	4,429	5,396	4,473	1,772	3,456	96	5,092	6,204	5,142	2,038	3,974
97	4,628	5,639	4,675	1,852	3,611	97	5,321	6,484	5,375	2,130	4,153
98	4,835	5,893	4,886	1,934	3,775	98	5,562	6,776	5,617	2,226	4,340
99	5,054	6,158	5,104	2,023	3,945	99	5,812	7,082	5,871	2,327	4,537

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ILLINOIS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 600-608

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	4,616	5,625	4,662	1,848	3,603	0-64	5,309	6,469	5,363	2,125	4,145
65	1,358	1,543	1,371	543	1,029	65	1,561	1,775	1,576	624	1,182
66	1,358	1,543	1,371	543	1,029	66	1,561	1,775	1,576	624	1,182
67	1,358	1,543	1,371	543	1,029	67	1,561	1,775	1,576	624	1,182
68	1,358	1,591	1,371	543	1,037	68	1,561	1,829	1,576	624	1,194
69	1,365	1,638	1,379	546	1,058	69	1,570	1,883	1,585	628	1,217
70	1,385	1,688	1,398	554	1,080	70	1,593	1,940	1,608	637	1,243
71	1,425	1,738	1,440	571	1,112	71	1,641	1,998	1,657	657	1,278
72	1,475	1,799	1,490	591	1,152	72	1,697	2,069	1,714	679	1,325
73	1,526	1,861	1,542	612	1,192	73	1,756	2,141	1,774	703	1,369
74	1,581	1,927	1,596	633	1,233	74	1,817	2,216	1,835	727	1,417
75	1,642	2,004	1,659	658	1,282	75	1,889	2,305	1,908	757	1,475
76	1,709	2,085	1,727	685	1,334	76	1,965	2,397	1,986	788	1,534
77	1,779	2,168	1,796	710	1,387	77	2,045	2,493	2,064	818	1,596
78	1,848	2,254	1,867	740	1,443	78	2,125	2,592	2,148	851	1,660
79	1,922	2,344	1,941	769	1,501	79	2,210	2,695	2,233	884	1,725
80	2,000	2,438	2,020	800	1,560	80	2,299	2,804	2,323	920	1,795
81	2,090	2,547	2,111	836	1,630	81	2,403	2,929	2,428	962	1,874
82	2,184	2,662	2,204	874	1,704	82	2,512	3,060	2,537	1,005	1,959
83	2,281	2,780	2,304	913	1,780	83	2,623	3,198	2,649	1,050	2,046
84	2,383	2,906	2,408	954	1,860	84	2,742	3,341	2,769	1,098	2,140
85	2,491	3,036	2,517	997	1,944	85	2,865	3,493	2,894	1,146	2,235
86	2,604	3,173	2,629	1,041	2,031	86	2,993	3,650	3,024	1,198	2,337
87	2,721	3,317	2,748	1,088	2,124	87	3,129	3,816	3,161	1,252	2,442
88	2,844	3,466	2,872	1,138	2,219	88	3,270	3,986	3,304	1,309	2,552
89	2,972	3,622	3,001	1,190	2,319	89	3,415	4,164	3,451	1,367	2,669
90	3,105	3,784	3,136	1,243	2,424	90	3,572	4,353	3,607	1,430	2,787
91	3,246	3,956	3,278	1,299	2,532	91	3,732	4,549	3,770	1,493	2,913
92	3,392	4,133	3,426	1,358	2,647	92	3,901	4,754	3,940	1,561	3,044
93	3,544	4,320	3,580	1,418	2,767	93	4,077	4,967	4,117	1,630	3,182
94	3,704	4,512	3,741	1,483	2,892	94	4,259	5,191	4,302	1,705	3,325
95	3,870	4,717	3,909	1,549	3,020	95	4,451	5,424	4,497	1,781	3,474
96	4,046	4,929	4,086	1,618	3,157	96	4,651	5,667	4,697	1,861	3,630
97	4,227	5,151	4,270	1,691	3,299	97	4,861	5,923	4,910	1,945	3,794
98	4,417	5,383	4,463	1,767	3,448	98	5,080	6,190	5,131	2,033	3,965
99	4,616	5,625	4,662	1,848	3,603	99	5,309	6,469	5,363	2,125	4,145

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ILLINOIS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 600, 602-604, 606-608

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G Plan N			Plan A	Plan F	Plan G	HD Plan G Plan N	
0-64	4,664	5,683	4,712	1,867	3,641	0-64	5,364	6,536	5,418	2,146	4,187
65	1,371	1,560	1,386	548	1,038	65	1,577	1,795	1,593	631	1,195
66	1,371	1,560	1,386	548	1,038	66	1,577	1,795	1,593	631	1,195
67	1,371	1,560	1,386	548	1,038	67	1,577	1,795	1,593	631	1,195
68	1,371	1,607	1,386	548	1,049	68	1,577	1,849	1,593	631	1,206
69	1,379	1,654	1,393	551	1,069	69	1,586	1,903	1,602	636	1,230
70	1,399	1,705	1,413	560	1,092	70	1,609	1,961	1,626	645	1,256
71	1,441	1,756	1,455	577	1,123	71	1,657	2,020	1,674	663	1,293
72	1,491	1,817	1,506	598	1,164	72	1,715	2,090	1,732	686	1,338
73	1,543	1,881	1,558	618	1,204	73	1,774	2,163	1,792	710	1,384
74	1,598	1,948	1,613	640	1,246	74	1,837	2,239	1,855	736	1,433
75	1,660	2,025	1,677	664	1,295	75	1,910	2,328	1,928	764	1,490
76	1,726	2,106	1,745	692	1,348	76	1,986	2,422	2,006	796	1,550
77	1,796	2,190	1,814	719	1,402	77	2,066	2,519	2,085	827	1,612
78	1,867	2,278	1,886	748	1,458	78	2,147	2,619	2,169	860	1,677
79	1,943	2,369	1,963	777	1,516	79	2,234	2,724	2,257	894	1,744
80	2,022	2,463	2,041	808	1,577	80	2,325	2,834	2,346	929	1,813
81	2,112	2,574	2,132	845	1,648	81	2,428	2,960	2,452	972	1,895
82	2,206	2,689	2,228	883	1,722	82	2,538	3,093	2,563	1,016	1,980
83	2,305	2,810	2,328	922	1,798	83	2,651	3,233	2,677	1,061	2,068
84	2,409	2,936	2,434	964	1,880	84	2,770	3,376	2,799	1,110	2,162
85	2,517	3,069	2,544	1,008	1,964	85	2,895	3,529	2,923	1,158	2,260
86	2,631	3,207	2,657	1,054	2,053	86	3,024	3,687	3,056	1,212	2,362
87	2,750	3,352	2,777	1,100	2,145	87	3,163	3,855	3,193	1,265	2,468
88	2,872	3,503	2,903	1,150	2,243	88	3,303	4,028	3,338	1,323	2,579
89	3,003	3,661	3,032	1,202	2,343	89	3,452	4,209	3,488	1,382	2,696
90	3,138	3,826	3,170	1,256	2,449	90	3,608	4,398	3,645	1,444	2,817
91	3,281	3,996	3,312	1,313	2,560	91	3,772	4,596	3,810	1,510	2,943
92	3,427	4,177	3,462	1,373	2,675	92	3,942	4,804	3,981	1,578	3,075
93	3,582	4,364	3,617	1,433	2,796	93	4,120	5,020	4,161	1,648	3,215
94	3,742	4,560	3,781	1,497	2,921	94	4,304	5,245	4,347	1,723	3,359
95	3,911	4,766	3,951	1,566	3,053	95	4,497	5,481	4,544	1,799	3,511
96	4,087	4,980	4,128	1,635	3,191	96	4,700	5,727	4,748	1,881	3,668
97	4,272	5,205	4,315	1,710	3,334	97	4,912	5,986	4,961	1,966	3,833
98	4,463	5,440	4,509	1,787	3,484	98	5,134	6,255	5,185	2,054	4,006
99	4,664	5,683	4,712	1,867	3,641	99	5,364	6,536	5,418	2,146	4,187

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ILLINOIS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 601, 605

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	4,491	5,473	4,537	1,798	3,507	0-64	5,165	6,294	5,218	2,067	4,032
65	1,320	1,502	1,334	528	999	65	1,519	1,728	1,534	608	1,151
66	1,320	1,502	1,334	528	999	66	1,519	1,728	1,534	608	1,151
67	1,320	1,502	1,334	528	999	67	1,519	1,728	1,534	608	1,151
68	1,320	1,548	1,334	528	1,010	68	1,519	1,780	1,534	608	1,162
69	1,328	1,593	1,341	531	1,030	69	1,528	1,832	1,543	612	1,184
70	1,348	1,642	1,361	540	1,051	70	1,550	1,888	1,566	621	1,209
71	1,388	1,691	1,401	556	1,082	71	1,595	1,945	1,612	638	1,245
72	1,436	1,750	1,450	575	1,121	72	1,651	2,013	1,667	661	1,288
73	1,486	1,812	1,500	595	1,159	73	1,708	2,083	1,725	684	1,333
74	1,539	1,875	1,553	617	1,199	74	1,769	2,156	1,787	708	1,380
75	1,599	1,950	1,615	639	1,247	75	1,839	2,242	1,856	735	1,435
76	1,662	2,028	1,681	666	1,298	76	1,912	2,332	1,932	767	1,493
77	1,730	2,109	1,747	692	1,350	77	1,990	2,426	2,008	796	1,552
78	1,797	2,193	1,816	720	1,404	78	2,067	2,522	2,089	829	1,615
79	1,871	2,281	1,890	748	1,460	79	2,151	2,623	2,173	861	1,680
80	1,947	2,372	1,966	778	1,519	80	2,239	2,729	2,259	894	1,746
81	2,033	2,479	2,053	813	1,587	81	2,338	2,850	2,361	936	1,825
82	2,124	2,589	2,146	850	1,658	82	2,444	2,979	2,468	979	1,907
83	2,220	2,706	2,242	888	1,732	83	2,553	3,113	2,578	1,022	1,991
84	2,319	2,827	2,343	928	1,811	84	2,668	3,251	2,695	1,069	2,082
85	2,424	2,955	2,449	970	1,892	85	2,788	3,398	2,815	1,115	2,176
86	2,533	3,088	2,559	1,015	1,977	86	2,912	3,551	2,943	1,167	2,275
87	2,648	3,227	2,674	1,059	2,066	87	3,046	3,712	3,075	1,218	2,376
88	2,766	3,374	2,796	1,108	2,160	88	3,181	3,879	3,215	1,274	2,483
89	2,892	3,525	2,920	1,157	2,256	89	3,324	4,053	3,359	1,330	2,596
90	3,022	3,684	3,052	1,209	2,358	90	3,475	4,236	3,510	1,391	2,713
91	3,159	3,848	3,190	1,264	2,465	91	3,632	4,426	3,669	1,454	2,834
92	3,300	4,022	3,334	1,322	2,576	92	3,796	4,626	3,834	1,520	2,961
93	3,450	4,202	3,483	1,380	2,692	93	3,967	4,834	4,007	1,587	3,096
94	3,604	4,391	3,641	1,442	2,813	94	4,144	5,051	4,186	1,659	3,235
95	3,766	4,589	3,805	1,508	2,940	95	4,331	5,278	4,376	1,733	3,381
96	3,936	4,796	3,975	1,575	3,073	96	4,526	5,515	4,572	1,812	3,533
97	4,114	5,012	4,155	1,646	3,210	97	4,731	5,764	4,778	1,893	3,692
98	4,298	5,238	4,342	1,721	3,355	98	4,943	6,023	4,993	1,978	3,858
99	4,491	5,473	4,537	1,798	3,507	99	5,165	6,294	5,218	2,067	4,032

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

ILLINOIS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 600-608

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	4,103	4,999	4,145	1,642	3,203	0-64	4,718	5,749	4,766	1,888	3,683
65	1,206	1,372	1,219	482	913	65	1,388	1,579	1,401	555	1,051
66	1,206	1,372	1,219	482	913	66	1,388	1,579	1,401	555	1,051
67	1,206	1,372	1,219	482	913	67	1,388	1,579	1,401	555	1,051
68	1,206	1,414	1,219	482	923	68	1,388	1,626	1,401	555	1,061
69	1,213	1,455	1,225	485	941	69	1,396	1,674	1,409	559	1,082
70	1,231	1,500	1,243	493	960	70	1,415	1,725	1,430	567	1,105
71	1,268	1,544	1,280	508	988	71	1,457	1,776	1,472	583	1,137
72	1,312	1,599	1,325	526	1,024	72	1,508	1,839	1,523	604	1,177
73	1,358	1,655	1,371	543	1,059	73	1,560	1,903	1,576	624	1,217
74	1,405	1,713	1,418	563	1,096	74	1,616	1,969	1,632	647	1,261
75	1,460	1,781	1,475	584	1,139	75	1,680	2,048	1,696	672	1,311
76	1,518	1,853	1,535	609	1,186	76	1,747	2,130	1,765	700	1,363
77	1,580	1,927	1,596	632	1,233	77	1,817	2,216	1,834	727	1,418
78	1,642	2,004	1,659	658	1,282	78	1,888	2,304	1,908	757	1,475
79	1,709	2,084	1,727	684	1,334	79	1,965	2,396	1,985	786	1,534
80	1,779	2,167	1,796	710	1,387	80	2,045	2,493	2,064	817	1,595
81	1,857	2,264	1,875	743	1,449	81	2,136	2,603	2,157	855	1,667
82	1,940	2,365	1,960	777	1,515	82	2,232	2,721	2,254	894	1,742
83	2,028	2,472	2,048	811	1,582	83	2,332	2,843	2,355	934	1,819
84	2,119	2,583	2,141	848	1,654	84	2,437	2,970	2,462	976	1,902
85	2,214	2,699	2,237	886	1,728	85	2,547	3,104	2,572	1,019	1,988
86	2,314	2,821	2,337	927	1,806	86	2,660	3,244	2,688	1,066	2,078
87	2,419	2,948	2,443	967	1,887	87	2,782	3,391	2,809	1,112	2,171
88	2,527	3,082	2,554	1,012	1,973	88	2,906	3,543	2,937	1,164	2,268
89	2,641	3,220	2,667	1,057	2,061	89	3,036	3,702	3,068	1,215	2,371
90	2,760	3,365	2,788	1,105	2,154	90	3,174	3,869	3,206	1,271	2,478
91	2,886	3,515	2,914	1,155	2,252	91	3,318	4,043	3,352	1,328	2,589
92	3,014	3,674	3,045	1,207	2,353	92	3,467	4,226	3,502	1,388	2,705
93	3,151	3,838	3,182	1,261	2,459	93	3,624	4,415	3,660	1,449	2,828
94	3,292	4,011	3,326	1,317	2,570	94	3,786	4,614	3,823	1,516	2,955
95	3,440	4,192	3,475	1,377	2,685	95	3,956	4,821	3,997	1,583	3,088
96	3,595	4,381	3,631	1,439	2,807	96	4,135	5,038	4,177	1,655	3,227
97	3,758	4,578	3,795	1,504	2,932	97	4,321	5,265	4,364	1,729	3,372
98	3,926	4,785	3,966	1,572	3,065	98	4,516	5,502	4,561	1,807	3,524
99	4,103	4,999	4,145	1,642	3,203	99	4,718	5,749	4,766	1,888	3,683

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

PREMIUM INFORMATION

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

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and ACE Property & Casualty Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: ACE Property & Casualty Insurance Company, Medicare Supplement Administration, P.O. Box 10858, Clearwater, Florida 33757-8858. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments, less any claims paid.

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all of your medical costs. Neither ACE Property & Casualty Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. ACE Property & Casualty Insurance Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days</p>	<p>All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0</p>	<p>\$0 \$400 a day \$800 a day 100% of Medicare eligible expenses \$0</p>	<p>\$1600 (Part A deductible) \$0 \$0 \$0** All costs</p>
<p>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 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$200 a day \$0</p>	<p>\$0 \$0 \$0</p>	<p>\$0 Up to \$200 a day All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p>HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

****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 \$226 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 \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (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 \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (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 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN F

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

*Once you have been billed \$226 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 \$226 of Medicare Approved Amounts*	\$0	\$226 (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 \$226 of Medicare Approved amounts*	\$0	\$226 (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 \$226 of Medicare Approved Amounts*	\$0	\$226 (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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days</p>	<p>All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0</p>	<p>\$1600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0</p>	<p>\$0 \$0 \$0 \$0** All costs</p>
<p>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 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$200 a day \$0</p>	<p>\$0 Up to \$200 a day \$0</p>	<p>\$0 \$0 All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p>HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

****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 \$226 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 \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$226 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$226 (Unless Part B deductible has been met) \$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 \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (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 \$2700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2700. 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 \$2700 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2700 DEDUCTIBLE ** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$200 a day \$0	\$0 Up to \$200 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

HIGH DEDUCTIBLE PLAN G

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

*Once you have been billed \$226 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 \$2700 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2700. 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 \$2700 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2700 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 \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$226 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Unless Part B deductible has been met) \$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 \$2700 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2700 DEDUCTIBLE ** YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
- First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (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 \$2700 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2700 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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days</p>	<p>All but \$1600 All but \$400 a day All but \$800 a day \$0 \$0</p>	<p>\$1600 (Part A deductible) \$400 a day \$800 a day 100% of Medicare eligible expenses \$0</p>	<p>\$0 \$0 \$0 \$0** All costs</p>
<p>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 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$200 a day \$0</p>	<p>\$0 Up to \$200 a day \$0</p>	<p>\$0 \$0 All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p>HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

****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 \$226 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
<p>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,</p> <p>First \$226 of Medicare Approved Amounts*</p> <p>Remainder of Medicare Approved Amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>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.</p>	<p>\$226 (Part B deductible)</p> <p>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.</p>
<p>PART B EXCESS CHARGES (Above Medicare Approved Amounts)</p>	<p>\$0</p>	<p>\$0</p>	<p>All costs</p>
<p>BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts</p>	<p>\$0 \$0 80%</p>	<p>All costs \$0 20%</p>	<p>\$0 \$226 (Part B deductible) \$0</p>
<p>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

(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 \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (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.