

Heartland Coverage Outline

Thank you for your interest in the Heartland National Medicare Supplement plan!

Attached is a copy of the policy Outline of Coverage and we have supplied you with a link to a printable copy of the Enrollment Form as well as a link to their online application.

Should you decide to apply by upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to Heartland National. You may upload, email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: client.services@cda-insurance.com
- Secure File Upload: [Click here](#)
- Mail: CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Other Important Information

Download Medicare's [Choosing a Medigap Policy Guide](#) (.pdf)
Download [Policy Outline](#) (.pdf)
Download [Application](#) (.pdf)

Our website: <http://www.medicare-texas.net>

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

HEARTLAND NATIONAL LIFE INSURANCE COMPANY
Outline of Medicare Supplement Coverage
Benefit Plans A, F, G and N

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After Jun 1, 2010

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 in your state.

Basic Benefits:

- Hospitalization - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood - First three pints of blood each year.
- Hospice - Part A coinsurance

A	B	C	D	F	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance*	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic including 100% Part B coinsurance	Basic, including 100% Part B coinsurance except up to \$20 copayment for office visit and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$4960 paid at 100% after limit reached	Out-of-Pocket limit \$2480 paid at 100% after limit reached		

*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

TEXAS Standard Plans MALE Rates - ANNUAL

For use in zip codes: 770-773, 775, 782, 794

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	6,469.44			
65	1,617.36	2,150.43	1,758.13	1,451.42
66	1,617.36	2,150.43	1,758.13	1,451.42
67	1,617.36	2,150.43	1,758.13	1,451.42
68	1,686.22	2,236.16	1,836.02	1,514.46
69	1,753.85	2,323.89	1,915.73	1,577.52
70	1,819.32	2,405.42	1,989.81	1,636.91
71	1,873.71	2,484.17	2,061.36	1,696.57
72	1,928.09	2,562.94	2,132.92	1,756.22
73	1,982.47	2,641.69	2,204.47	1,815.87
74	2,036.85	2,720.44	2,276.03	1,875.52
75	2,091.87	2,800.05	2,348.30	1,935.78
76	2,125.90	2,864.52	2,406.27	1,986.89
77	2,160.11	2,929.37	2,464.58	2,038.31
78	2,195.19	2,995.50	2,524.00	2,090.65
79	2,230.48	3,062.05	2,583.79	2,143.32
80	2,265.99	3,128.99	2,643.94	2,196.35
81	2,293.81	3,196.07	2,704.16	2,252.33
82	2,321.80	3,263.60	2,764.76	2,308.72
83	2,350.68	3,332.60	2,826.67	2,366.22
84	2,379.76	3,402.09	2,889.00	2,424.13
85	2,409.04	3,472.10	2,951.80	2,482.46
86	2,432.45	3,532.03	3,005.11	2,532.25
87	2,456.03	3,592.51	3,058.94	2,582.50
88	2,479.80	3,653.54	3,113.26	2,633.24
89	2,503.00	3,714.02	3,167.12	2,683.62
90	2,525.60	3,773.85	3,220.47	2,733.63
91	2,538.15	3,821.69	3,263.09	2,775.02
92	2,550.77	3,869.84	3,306.00	2,816.68
93	2,561.87	3,915.90	3,347.16	2,856.90
94	2,573.02	3,962.24	3,388.54	2,897.34
95	2,584.21	4,008.85	3,430.17	2,938.04
96	2,600.12	4,033.52	3,451.28	2,956.13
97	2,616.12	4,058.34	3,472.53	2,974.31
98	2,632.22	4,083.32	3,493.90	2,992.62
99	2,648.42	4,108.46	3,515.40	3,011.03

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	7,181.11			
65	1,795.28	2,386.97	1,951.52	1,611.06
66	1,795.28	2,386.97	1,951.52	1,611.06
67	1,795.28	2,386.97	1,951.52	1,611.06
68	1,871.71	2,482.14	2,037.98	1,681.05
69	1,946.78	2,579.52	2,126.47	1,751.06
70	2,019.46	2,670.02	2,208.69	1,816.98
71	2,079.82	2,757.44	2,288.11	1,883.19
72	2,140.17	2,844.86	2,367.53	1,949.41
73	2,200.54	2,932.28	2,446.97	2,015.62
74	2,260.90	3,019.69	2,526.39	2,081.83
75	2,321.98	3,108.07	2,606.61	2,148.71
76	2,359.74	3,179.62	2,670.97	2,205.45
77	2,397.73	3,251.60	2,735.68	2,262.52
78	2,436.67	3,325.00	2,801.63	2,320.62
79	2,475.84	3,398.86	2,868.00	2,379.10
80	2,515.25	3,473.18	2,934.79	2,437.94
81	2,546.12	3,547.64	3,001.60	2,500.09
82	2,577.20	3,622.59	3,068.89	2,562.68
83	2,609.26	3,699.18	3,137.59	2,626.50
84	2,641.54	3,776.32	3,206.79	2,690.78
85	2,674.04	3,854.04	3,276.50	2,755.54
86	2,700.02	3,920.55	3,335.68	2,810.80
87	2,726.19	3,987.68	3,395.41	2,866.57
88	2,752.58	4,055.43	3,455.72	2,922.89
89	2,778.33	4,122.54	3,515.50	2,978.82
90	2,803.41	4,188.98	3,574.73	3,034.33
91	2,817.35	4,242.07	3,622.03	3,080.28
92	2,831.35	4,295.51	3,669.66	3,126.53
93	2,843.67	4,346.67	3,715.34	3,171.16
94	2,856.05	4,398.09	3,761.28	3,216.06
95	2,868.48	4,449.83	3,807.49	3,261.23
96	2,886.13	4,477.21	3,830.93	3,281.30
97	2,903.89	4,504.77	3,854.50	3,301.49
98	2,921.76	4,532.48	3,878.21	3,321.81
99	2,939.75	4,560.37	3,902.09	3,342.26

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

TEXAS Standard Plans MALE Rates - ANNUAL

For use in zip codes: 750-753, 774, 776-777, 779, 793

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,906.88			
65	1,476.72	1,963.44	1,605.25	1,325.21
66	1,476.72	1,963.44	1,605.25	1,325.21
67	1,476.72	1,963.44	1,605.25	1,325.21
68	1,539.59	2,041.71	1,676.37	1,382.77
69	1,601.34	2,121.81	1,749.14	1,440.35
70	1,661.12	2,196.25	1,816.78	1,494.57
71	1,710.78	2,268.16	1,882.11	1,549.04
72	1,760.43	2,340.07	1,947.45	1,603.51
73	1,810.08	2,411.98	2,012.78	1,657.97
74	1,859.73	2,483.88	2,078.12	1,712.43
75	1,909.97	2,556.57	2,144.10	1,767.45
76	1,941.04	2,615.43	2,197.03	1,814.12
77	1,972.28	2,674.64	2,250.27	1,861.06
78	2,004.30	2,735.02	2,304.52	1,908.86
79	2,036.53	2,795.78	2,359.11	1,956.95
80	2,068.95	2,856.90	2,414.03	2,005.36
81	2,094.35	2,918.15	2,469.01	2,056.48
82	2,119.91	2,979.81	2,524.35	2,107.96
83	2,146.27	3,042.81	2,580.87	2,160.46
84	2,172.83	3,106.26	2,637.78	2,213.34
85	2,199.56	3,170.18	2,695.12	2,266.59
86	2,220.93	3,224.90	2,743.80	2,312.06
87	2,242.46	3,280.12	2,792.95	2,357.93
88	2,264.17	3,335.84	2,842.54	2,404.26
89	2,285.35	3,391.06	2,891.72	2,450.26
90	2,305.98	3,445.69	2,940.43	2,495.92
91	2,317.44	3,489.37	2,979.34	2,533.71
92	2,328.96	3,533.33	3,018.52	2,571.75
93	2,339.10	3,575.39	3,056.10	2,608.47
94	2,349.28	3,617.70	3,093.89	2,645.40
95	2,359.50	3,660.26	3,131.90	2,682.56
96	2,374.02	3,682.78	3,151.17	2,699.08
97	2,388.63	3,705.44	3,170.57	2,715.68
98	2,403.33	3,728.25	3,190.08	2,732.39
99	2,418.12	3,751.20	3,209.71	2,749.20

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	6,556.66			
65	1,639.17	2,179.41	1,781.82	1,470.97
66	1,639.17	2,179.41	1,781.82	1,470.97
67	1,639.17	2,179.41	1,781.82	1,470.97
68	1,708.95	2,266.30	1,860.77	1,534.87
69	1,777.49	2,355.21	1,941.56	1,598.79
70	1,843.85	2,437.85	2,016.63	1,658.98
71	1,898.97	2,517.66	2,089.14	1,719.44
72	1,954.07	2,597.48	2,161.66	1,779.90
73	2,009.19	2,677.30	2,234.19	1,840.35
74	2,064.30	2,757.11	2,306.70	1,900.80
75	2,120.07	2,837.80	2,379.95	1,961.86
76	2,154.55	2,903.13	2,438.71	2,013.67
77	2,189.23	2,968.85	2,497.79	2,065.78
78	2,224.78	3,035.87	2,558.01	2,118.83
79	2,260.55	3,103.31	2,618.61	2,172.22
80	2,296.53	3,171.17	2,679.59	2,225.95
81	2,324.72	3,239.15	2,740.59	2,282.69
82	2,353.09	3,307.58	2,802.03	2,339.84
83	2,382.37	3,377.51	2,864.76	2,398.11
84	2,411.84	3,447.95	2,927.94	2,456.80
85	2,441.51	3,518.91	2,991.59	2,515.93
86	2,465.23	3,579.63	3,045.62	2,566.38
87	2,489.13	3,640.93	3,100.16	2,617.30
88	2,513.23	3,702.78	3,155.22	2,668.72
89	2,536.74	3,764.06	3,209.81	2,719.79
90	2,559.64	3,824.72	3,263.88	2,770.48
91	2,572.36	3,873.20	3,307.07	2,812.43
92	2,585.14	3,921.99	3,350.56	2,854.66
93	2,596.40	3,968.70	3,392.27	2,895.41
94	2,607.70	4,015.65	3,434.21	2,936.40
95	2,619.05	4,062.89	3,476.40	2,977.64
96	2,635.16	4,087.89	3,497.80	2,995.97
97	2,651.38	4,113.05	3,519.33	3,014.40
98	2,667.69	4,138.35	3,540.98	3,032.96
99	2,684.12	4,163.82	3,562.78	3,051.63

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

TEXAS Standard Plans MALE Rates - ANNUAL

For use in zip codes: 733, 754, 760-761, 784-785

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,344.32			
65	1,336.08	1,776.44	1,452.37	1,199.00
66	1,336.08	1,776.44	1,452.37	1,199.00
67	1,336.08	1,776.44	1,452.37	1,199.00
68	1,392.97	1,847.27	1,516.71	1,251.07
69	1,448.84	1,919.73	1,582.56	1,303.17
70	1,502.92	1,987.09	1,643.76	1,352.23
71	1,547.84	2,052.14	1,702.87	1,401.52
72	1,592.77	2,117.21	1,761.97	1,450.79
73	1,637.70	2,182.26	1,821.08	1,500.07
74	1,682.61	2,247.32	1,880.20	1,549.35
75	1,728.07	2,313.09	1,939.90	1,599.13
76	1,756.18	2,366.35	1,987.79	1,641.34
77	1,784.44	2,419.92	2,035.95	1,683.82
78	1,813.42	2,474.54	2,085.04	1,727.06
79	1,842.57	2,529.52	2,134.43	1,770.57
80	1,871.91	2,584.82	2,184.13	1,814.38
81	1,894.89	2,640.23	2,233.87	1,860.62
82	1,918.01	2,696.01	2,283.93	1,907.20
83	1,941.87	2,753.01	2,335.07	1,954.70
84	1,965.89	2,810.42	2,386.56	2,002.54
85	1,990.08	2,868.26	2,438.44	2,050.73
86	2,009.41	2,917.76	2,482.48	2,091.86
87	2,028.90	2,967.72	2,526.95	2,133.37
88	2,048.53	3,018.14	2,571.82	2,175.28
89	2,067.69	3,068.10	2,616.32	2,216.90
90	2,086.36	3,117.53	2,660.39	2,258.22
91	2,096.74	3,157.05	2,695.60	2,292.41
92	2,107.16	3,196.83	2,731.04	2,326.83
93	2,116.32	3,234.87	2,765.04	2,360.05
94	2,125.54	3,273.16	2,799.23	2,393.46
95	2,134.78	3,311.66	2,833.62	2,427.08
96	2,147.92	3,332.04	2,851.05	2,442.02
97	2,161.15	3,352.54	2,868.61	2,457.04
98	2,174.45	3,373.17	2,886.26	2,472.17
99	2,187.82	3,393.94	2,904.03	2,487.38

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,932.22			
65	1,483.05	1,971.85	1,612.12	1,330.87
66	1,483.05	1,971.85	1,612.12	1,330.87
67	1,483.05	1,971.85	1,612.12	1,330.87
68	1,546.19	2,050.46	1,683.55	1,388.69
69	1,608.21	2,130.91	1,756.65	1,446.53
70	1,668.25	2,205.67	1,824.57	1,500.98
71	1,718.11	2,277.88	1,890.18	1,555.68
72	1,767.97	2,350.10	1,955.78	1,610.38
73	1,817.83	2,422.32	2,021.41	1,665.07
74	1,867.70	2,494.53	2,087.02	1,719.78
75	1,918.15	2,567.54	2,153.29	1,775.02
76	1,949.35	2,626.65	2,206.45	1,821.89
77	1,980.73	2,686.11	2,259.91	1,869.04
78	2,012.90	2,746.74	2,314.39	1,917.03
79	2,045.26	2,807.75	2,369.21	1,965.34
80	2,077.81	2,869.15	2,424.39	2,013.95
81	2,103.32	2,930.66	2,479.59	2,065.29
82	2,128.99	2,992.58	2,535.17	2,117.00
83	2,155.47	3,055.85	2,591.92	2,169.71
84	2,182.14	3,119.57	2,649.08	2,222.82
85	2,208.99	3,183.77	2,706.67	2,276.31
86	2,230.45	3,238.71	2,755.56	2,321.96
87	2,252.07	3,294.17	2,804.90	2,368.04
88	2,273.87	3,350.14	2,854.72	2,414.56
89	2,295.14	3,405.58	2,904.11	2,460.77
90	2,315.86	3,460.46	2,953.04	2,506.62
91	2,327.38	3,504.32	2,992.11	2,544.58
92	2,338.94	3,548.47	3,031.46	2,582.78
93	2,349.12	3,590.72	3,069.19	2,619.65
94	2,359.34	3,633.21	3,107.15	2,656.74
95	2,369.61	3,675.95	3,145.32	2,694.06
96	2,384.20	3,698.57	3,164.68	2,710.64
97	2,398.86	3,721.33	3,184.15	2,727.32
98	2,413.63	3,744.23	3,203.74	2,744.10
99	2,428.49	3,767.26	3,223.46	2,760.99

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

TEXAS Standard Plans MALE Rates - ANNUAL

For use in zip codes: 755-759, 762-769, 778, 780-781, 783, 786-792, 795-799, 885

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	4,950.53			
65	1,237.63	1,645.55	1,345.35	1,110.65
66	1,237.63	1,645.55	1,345.35	1,110.65
67	1,237.63	1,645.55	1,345.35	1,110.65
68	1,290.33	1,711.15	1,404.96	1,158.89
69	1,342.08	1,778.28	1,465.95	1,207.15
70	1,392.18	1,840.67	1,522.64	1,252.59
71	1,433.79	1,900.93	1,577.39	1,298.25
72	1,475.41	1,961.20	1,632.14	1,343.89
73	1,517.02	2,021.47	1,686.90	1,389.54
74	1,558.63	2,081.73	1,741.66	1,435.18
75	1,600.74	2,142.65	1,796.96	1,481.30
76	1,626.78	2,191.98	1,841.32	1,520.40
77	1,652.96	2,241.61	1,885.94	1,559.75
78	1,679.80	2,292.21	1,931.41	1,599.80
79	1,706.80	2,343.13	1,977.16	1,640.11
80	1,733.98	2,394.36	2,023.19	1,680.69
81	1,755.27	2,445.69	2,069.27	1,723.52
82	1,776.68	2,497.36	2,115.64	1,766.67
83	1,798.78	2,550.16	2,163.01	1,810.67
84	1,821.04	2,603.34	2,210.71	1,854.99
85	1,843.44	2,656.91	2,258.77	1,899.62
86	1,861.35	2,702.77	2,299.56	1,937.72
87	1,879.40	2,749.05	2,340.76	1,976.17
88	1,897.59	2,795.75	2,382.32	2,015.00
89	1,915.34	2,842.03	2,423.54	2,053.55
90	1,932.63	2,887.82	2,464.36	2,091.82
91	1,942.24	2,924.42	2,496.97	2,123.49
92	1,951.89	2,961.27	2,529.81	2,155.38
93	1,960.38	2,996.51	2,561.30	2,186.15
94	1,968.92	3,031.98	2,592.97	2,217.10
95	1,977.48	3,067.64	2,624.83	2,248.24
96	1,989.65	3,086.52	2,640.98	2,262.08
97	2,001.90	3,105.51	2,657.24	2,276.00
98	2,014.22	3,124.62	2,673.59	2,290.01
99	2,026.61	3,143.86	2,690.05	2,304.10

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,495.11			
65	1,373.78	1,826.55	1,493.33	1,232.81
66	1,373.78	1,826.55	1,493.33	1,232.81
67	1,373.78	1,826.55	1,493.33	1,232.81
68	1,432.26	1,899.37	1,559.50	1,286.37
69	1,489.71	1,973.89	1,627.21	1,339.94
70	1,545.32	2,043.15	1,690.13	1,390.38
71	1,591.52	2,110.04	1,750.90	1,441.05
72	1,637.70	2,176.94	1,811.67	1,491.72
73	1,683.89	2,243.83	1,872.46	1,542.38
74	1,730.08	2,310.72	1,933.24	1,593.06
75	1,776.82	2,378.35	1,994.63	1,644.23
76	1,805.72	2,433.10	2,043.87	1,687.65
77	1,834.78	2,488.18	2,093.39	1,731.32
78	1,864.58	2,544.34	2,143.86	1,775.78
79	1,894.55	2,600.87	2,194.64	1,820.53
80	1,924.71	2,657.74	2,245.75	1,865.56
81	1,948.34	2,714.71	2,296.88	1,913.11
82	1,972.12	2,772.07	2,348.37	1,961.01
83	1,996.65	2,830.68	2,400.94	2,009.84
84	2,021.35	2,889.71	2,453.89	2,059.03
85	2,046.22	2,949.18	2,507.23	2,108.59
86	2,066.10	3,000.07	2,552.52	2,150.87
87	2,086.13	3,051.44	2,598.23	2,193.55
88	2,106.32	3,103.28	2,644.37	2,236.64
89	2,126.03	3,154.64	2,690.12	2,279.45
90	2,145.22	3,205.48	2,735.44	2,321.92
91	2,155.89	3,246.11	2,771.64	2,357.08
92	2,166.60	3,287.00	2,808.09	2,392.47
93	2,176.03	3,326.14	2,843.04	2,426.63
94	2,185.50	3,365.50	2,878.20	2,460.98
95	2,195.01	3,405.09	2,913.56	2,495.55
96	2,208.52	3,426.04	2,931.49	2,510.90
97	2,222.11	3,447.13	2,949.53	2,526.36
98	2,235.78	3,468.34	2,967.68	2,541.91
99	2,249.54	3,489.68	2,985.95	2,557.55

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL

For use in zip codes: 770-773, 775, 782, 794

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,625.62			
65	1,406.40	1,869.93	1,528.80	1,262.09
66	1,406.40	1,869.93	1,528.80	1,262.09
67	1,406.40	1,869.93	1,528.80	1,262.09
68	1,466.27	1,944.49	1,596.55	1,316.92
69	1,525.10	2,020.77	1,665.86	1,371.75
70	1,582.02	2,091.67	1,730.27	1,423.40
71	1,629.31	2,160.15	1,792.48	1,475.28
72	1,676.60	2,228.64	1,854.71	1,527.15
73	1,723.88	2,297.13	1,916.92	1,579.02
74	1,771.17	2,365.61	1,979.15	1,630.90
75	1,819.02	2,434.83	2,042.00	1,683.29
76	1,848.60	2,490.89	2,092.40	1,727.74
77	1,878.36	2,547.27	2,143.11	1,772.44
78	1,908.86	2,604.78	2,194.79	1,817.95
79	1,939.56	2,662.64	2,246.77	1,863.76
80	1,970.42	2,720.87	2,299.08	1,909.86
81	1,994.62	2,779.18	2,351.43	1,958.55
82	2,018.95	2,837.90	2,404.14	2,007.58
83	2,044.08	2,897.91	2,457.96	2,057.58
84	2,069.37	2,958.34	2,512.18	2,107.94
85	2,094.82	3,019.22	2,566.78	2,158.68
86	2,115.17	3,071.32	2,613.15	2,201.95
87	2,135.68	3,123.92	2,659.94	2,245.65
88	2,156.35	3,176.99	2,707.18	2,289.77
89	2,176.52	3,229.57	2,754.02	2,333.59
90	2,196.17	3,281.62	2,800.41	2,377.07
91	2,207.09	3,323.20	2,837.48	2,413.06
92	2,218.05	3,365.07	2,874.78	2,449.29
93	2,227.71	3,405.14	2,910.57	2,484.26
94	2,237.41	3,445.43	2,946.56	2,519.43
95	2,247.15	3,485.96	2,982.76	2,554.82
96	2,260.97	3,507.42	3,001.12	2,570.54
97	2,274.88	3,529.01	3,019.59	2,586.36
98	2,288.89	3,550.72	3,038.17	2,602.29
99	2,302.97	3,572.57	3,056.86	2,618.30

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	6,244.45			
65	1,561.11	2,075.62	1,696.97	1,400.93
66	1,561.11	2,075.62	1,696.97	1,400.93
67	1,561.11	2,075.62	1,696.97	1,400.93
68	1,627.57	2,158.38	1,772.16	1,461.79
69	1,692.85	2,243.05	1,849.10	1,522.66
70	1,756.05	2,321.76	1,920.60	1,579.97
71	1,808.54	2,397.77	1,989.66	1,637.57
72	1,861.02	2,473.79	2,058.72	1,695.13
73	1,913.51	2,549.80	2,127.80	1,752.72
74	1,966.01	2,625.82	2,196.86	1,810.30
75	2,019.11	2,702.67	2,266.62	1,868.45
76	2,051.96	2,764.89	2,322.59	1,917.79
77	2,084.98	2,827.47	2,378.86	1,967.41
78	2,118.84	2,891.31	2,436.19	2,017.94
79	2,152.90	2,955.52	2,493.91	2,068.77
80	2,187.17	3,020.15	2,551.99	2,119.94
81	2,214.03	3,084.90	2,610.10	2,173.99
82	2,241.04	3,150.08	2,668.61	2,228.41
83	2,268.93	3,216.69	2,728.34	2,283.91
84	2,297.00	3,283.77	2,788.52	2,339.81
85	2,325.25	3,351.34	2,849.13	2,396.13
86	2,347.84	3,409.16	2,900.59	2,444.16
87	2,370.60	3,467.54	2,952.53	2,492.67
88	2,393.55	3,526.45	3,004.97	2,541.64
89	2,415.93	3,584.83	3,056.96	2,590.28
90	2,437.75	3,642.59	3,108.45	2,638.55
91	2,449.87	3,688.75	3,149.60	2,678.50
92	2,462.05	3,735.23	3,191.01	2,718.73
93	2,472.76	3,779.71	3,230.74	2,757.53
94	2,483.53	3,824.43	3,270.68	2,796.57
95	2,494.33	3,869.43	3,310.87	2,835.85
96	2,509.68	3,893.23	3,331.24	2,853.30
97	2,525.12	3,917.19	3,351.74	2,870.86
98	2,540.66	3,941.29	3,372.36	2,888.54
99	2,556.30	3,965.56	3,393.11	2,906.30

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL

For use in zip codes: 750-753, 774, 776-777, 779, 793

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,136.43			
65	1,284.11	1,707.33	1,395.86	1,152.34
66	1,284.11	1,707.33	1,395.86	1,152.34
67	1,284.11	1,707.33	1,395.86	1,152.34
68	1,338.77	1,775.40	1,457.72	1,202.41
69	1,392.48	1,845.05	1,521.00	1,252.47
70	1,444.45	1,909.78	1,579.81	1,299.63
71	1,487.63	1,972.31	1,636.61	1,346.99
72	1,530.81	2,034.85	1,693.43	1,394.36
73	1,573.98	2,097.38	1,750.23	1,441.71
74	1,617.16	2,159.90	1,807.05	1,489.08
75	1,660.85	2,223.10	1,864.43	1,536.92
76	1,687.85	2,274.29	1,910.45	1,577.50
77	1,715.03	2,325.77	1,956.75	1,618.31
78	1,742.87	2,378.28	2,003.94	1,659.87
79	1,770.90	2,431.11	2,051.40	1,701.69
80	1,799.08	2,484.27	2,099.16	1,743.79
81	1,821.17	2,537.51	2,146.96	1,788.24
82	1,843.39	2,591.13	2,195.09	1,833.01
83	1,866.33	2,645.92	2,244.23	1,878.66
84	1,889.42	2,701.09	2,293.73	1,924.64
85	1,912.66	2,756.68	2,343.58	1,970.97
86	1,931.24	2,804.25	2,385.92	2,010.48
87	1,949.97	2,852.27	2,428.64	2,050.38
88	1,968.84	2,900.73	2,471.77	2,090.66
89	1,987.26	2,948.74	2,514.54	2,130.67
90	2,005.20	2,996.26	2,556.90	2,170.37
91	2,015.17	3,034.23	2,590.74	2,203.23
92	2,025.18	3,072.46	2,624.80	2,236.31
93	2,034.00	3,109.04	2,657.48	2,268.24
94	2,042.85	3,145.83	2,690.34	2,300.35
95	2,051.74	3,182.83	2,723.39	2,332.66
96	2,064.36	3,202.43	2,740.15	2,347.01
97	2,077.07	3,222.14	2,757.02	2,361.46
98	2,089.86	3,241.96	2,773.98	2,376.00
99	2,102.71	3,261.91	2,791.05	2,390.62

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,701.46			
65	1,425.36	1,895.13	1,549.41	1,279.11
66	1,425.36	1,895.13	1,549.41	1,279.11
67	1,425.36	1,895.13	1,549.41	1,279.11
68	1,486.04	1,970.69	1,618.06	1,334.68
69	1,545.64	2,048.00	1,688.31	1,390.25
70	1,603.35	2,119.87	1,753.59	1,442.58
71	1,651.27	2,189.27	1,816.65	1,495.17
72	1,699.19	2,258.68	1,879.70	1,547.73
73	1,747.12	2,328.08	1,942.77	1,600.31
74	1,795.05	2,397.49	2,005.83	1,652.88
75	1,843.54	2,467.66	2,069.52	1,705.98
76	1,873.53	2,524.46	2,120.62	1,751.02
77	1,903.68	2,581.60	2,172.00	1,796.33
78	1,934.59	2,639.89	2,224.35	1,842.47
79	1,965.69	2,698.52	2,277.05	1,888.88
80	1,996.98	2,757.53	2,330.08	1,935.60
81	2,021.50	2,816.65	2,383.13	1,984.95
82	2,046.17	2,876.16	2,436.56	2,034.64
83	2,071.63	2,936.98	2,491.09	2,085.31
84	2,097.26	2,998.22	2,546.04	2,136.35
85	2,123.06	3,059.92	2,601.38	2,187.77
86	2,143.68	3,112.71	2,648.36	2,231.63
87	2,164.46	3,166.01	2,695.79	2,275.92
88	2,185.42	3,219.80	2,743.67	2,320.63
89	2,205.85	3,273.10	2,791.14	2,365.04
90	2,225.77	3,325.84	2,838.15	2,409.11
91	2,236.84	3,367.99	2,875.72	2,445.59
92	2,247.96	3,410.43	2,913.53	2,482.32
93	2,257.74	3,451.04	2,949.81	2,517.74
94	2,267.57	3,491.87	2,986.27	2,553.39
95	2,277.43	3,532.96	3,022.97	2,589.26
96	2,291.45	3,554.69	3,041.57	2,605.19
97	2,305.55	3,576.56	3,060.29	2,621.22
98	2,319.73	3,598.57	3,079.11	2,637.36
99	2,334.01	3,620.73	3,098.06	2,653.58

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL

For use in zip codes: 733, 754, 760-761, 784-785

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	4,647.25			
65	1,161.81	1,544.73	1,262.92	1,042.60
66	1,161.81	1,544.73	1,262.92	1,042.60
67	1,161.81	1,544.73	1,262.92	1,042.60
68	1,211.27	1,606.32	1,318.89	1,087.89
69	1,259.86	1,669.33	1,376.14	1,133.19
70	1,306.89	1,727.90	1,429.35	1,175.85
71	1,345.95	1,784.47	1,480.75	1,218.71
72	1,385.01	1,841.05	1,532.15	1,261.56
73	1,424.08	1,897.63	1,583.55	1,304.41
74	1,463.14	1,954.20	1,634.95	1,347.26
75	1,502.67	2,011.38	1,686.87	1,390.54
76	1,527.11	2,057.69	1,728.51	1,427.26
77	1,551.69	2,104.27	1,770.39	1,464.19
78	1,576.89	2,151.78	1,813.08	1,501.79
79	1,602.24	2,199.57	1,856.02	1,539.63
80	1,627.74	2,247.67	1,899.24	1,577.71
81	1,647.73	2,295.85	1,942.48	1,617.94
82	1,667.83	2,344.35	1,986.03	1,658.43
83	1,688.59	2,393.92	2,030.49	1,699.74
84	1,709.48	2,443.85	2,075.28	1,741.34
85	1,730.50	2,494.14	2,120.38	1,783.25
86	1,747.32	2,537.17	2,158.69	1,819.00
87	1,764.25	2,580.63	2,197.34	1,855.10
88	1,781.34	2,624.47	2,236.37	1,891.55
89	1,798.00	2,667.90	2,275.06	1,927.75
90	1,814.22	2,710.90	2,313.38	1,963.67
91	1,823.25	2,745.25	2,344.00	1,993.39
92	1,832.30	2,779.84	2,374.82	2,023.33
93	1,840.28	2,812.94	2,404.38	2,052.22
94	1,848.29	2,846.23	2,434.12	2,081.27
95	1,856.34	2,879.71	2,464.02	2,110.50
96	1,867.76	2,897.43	2,479.19	2,123.49
97	1,879.25	2,915.27	2,494.44	2,136.56
98	1,890.82	2,933.20	2,509.80	2,149.72
99	1,902.45	2,951.25	2,525.23	2,162.94

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	5,158.46			
65	1,289.62	1,714.65	1,401.85	1,157.29
66	1,289.62	1,714.65	1,401.85	1,157.29
67	1,289.62	1,714.65	1,401.85	1,157.29
68	1,344.52	1,783.01	1,463.96	1,207.56
69	1,398.44	1,852.96	1,527.51	1,257.85
70	1,450.65	1,917.97	1,586.59	1,305.20
71	1,494.01	1,980.77	1,643.63	1,352.77
72	1,537.37	2,043.56	1,700.68	1,400.33
73	1,580.72	2,106.36	1,757.75	1,447.90
74	1,624.09	2,169.15	1,814.79	1,495.46
75	1,667.96	2,232.64	1,872.42	1,543.50
76	1,695.09	2,284.04	1,918.66	1,584.26
77	1,722.38	2,335.74	1,965.14	1,625.25
78	1,750.35	2,388.47	2,012.51	1,666.99
79	1,778.49	2,441.52	2,060.19	1,708.98
80	1,806.80	2,494.91	2,108.16	1,751.26
81	1,828.98	2,548.39	2,156.17	1,795.91
82	1,851.29	2,602.24	2,204.50	1,840.86
83	1,874.33	2,657.26	2,253.85	1,886.71
84	1,897.52	2,712.68	2,303.56	1,932.89
85	1,920.86	2,768.50	2,353.63	1,979.41
86	1,939.52	2,816.27	2,396.14	2,019.09
87	1,958.32	2,864.49	2,439.05	2,059.16
88	1,977.28	2,913.16	2,482.37	2,099.61
89	1,995.77	2,961.38	2,525.32	2,139.80
90	2,013.79	3,009.10	2,567.85	2,179.67
91	2,023.80	3,047.23	2,601.84	2,212.67
92	2,033.86	3,085.63	2,636.05	2,245.90
93	2,042.72	3,122.37	2,668.87	2,277.96
94	2,051.61	3,159.31	2,701.87	2,310.21
95	2,060.53	3,196.48	2,735.07	2,342.66
96	2,073.21	3,216.15	2,751.89	2,357.07
97	2,085.97	3,235.94	2,768.83	2,371.58
98	2,098.81	3,255.85	2,785.87	2,386.18
99	2,111.73	3,275.89	2,803.00	2,400.86

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

TEXAS Standard Plans FEMALE Rates - ANNUAL

For use in zip codes: 755-759,762-769, 778, 780-781, 783, 786-792, 795-799, 885

One Time Certificate Fee of \$25

Attained Age	Non-Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	4,304.82			
65	1,076.20	1,430.91	1,169.86	965.77
66	1,076.20	1,430.91	1,169.86	965.77
67	1,076.20	1,430.91	1,169.86	965.77
68	1,122.02	1,487.96	1,221.70	1,007.73
69	1,167.03	1,546.33	1,274.74	1,049.69
70	1,210.59	1,600.58	1,324.03	1,089.21
71	1,246.78	1,652.98	1,371.64	1,128.91
72	1,282.96	1,705.40	1,419.26	1,168.60
73	1,319.15	1,757.80	1,466.86	1,208.29
74	1,355.33	1,810.20	1,514.48	1,247.99
75	1,391.95	1,863.17	1,562.57	1,288.08
76	1,414.58	1,906.07	1,601.14	1,322.09
77	1,437.36	1,949.22	1,639.94	1,356.30
78	1,460.69	1,993.23	1,679.49	1,391.13
79	1,484.18	2,037.50	1,719.26	1,426.18
80	1,507.80	2,082.05	1,759.30	1,461.46
81	1,526.32	2,126.68	1,799.35	1,498.72
82	1,544.94	2,171.61	1,839.69	1,536.23
83	1,564.16	2,217.53	1,880.88	1,574.50
84	1,583.52	2,263.77	1,922.36	1,613.03
85	1,602.99	2,310.36	1,964.14	1,651.86
86	1,618.57	2,350.22	1,999.62	1,684.97
87	1,634.26	2,390.48	2,035.43	1,718.41
88	1,650.08	2,431.09	2,071.58	1,752.17
89	1,665.51	2,471.32	2,107.42	1,785.70
90	1,680.54	2,511.15	2,142.92	1,818.98
91	1,688.90	2,542.97	2,171.29	1,846.51
92	1,697.29	2,575.01	2,199.83	1,874.24
93	1,704.68	2,605.67	2,227.22	1,901.00
94	1,712.10	2,636.51	2,254.76	1,927.91
95	1,719.56	2,667.52	2,282.46	1,954.99
96	1,730.13	2,683.94	2,296.51	1,967.02
97	1,740.78	2,700.46	2,310.64	1,979.13
98	1,751.50	2,717.07	2,324.86	1,991.32
99	1,762.27	2,733.79	2,339.16	2,003.57

Attained Age	Tobacco User			
	Plan A	Plan F	Plan G	Plan N
0-64	4,778.36			
65	1,194.59	1,588.30	1,298.55	1,072.02
66	1,194.59	1,588.30	1,298.55	1,072.02
67	1,194.59	1,588.30	1,298.55	1,072.02
68	1,245.45	1,651.63	1,356.09	1,118.59
69	1,295.40	1,716.42	1,414.96	1,165.16
70	1,343.76	1,776.65	1,469.68	1,209.02
71	1,383.92	1,834.82	1,522.52	1,253.09
72	1,424.09	1,892.99	1,575.37	1,297.15
73	1,464.25	1,951.15	1,628.23	1,341.21
74	1,504.42	2,009.32	1,681.07	1,385.27
75	1,545.06	2,068.13	1,734.45	1,429.77
76	1,570.19	2,115.74	1,777.28	1,467.52
77	1,595.47	2,163.63	1,820.34	1,505.50
78	1,621.37	2,212.48	1,864.22	1,544.16
79	1,647.44	2,261.62	1,908.39	1,583.06
80	1,673.66	2,311.07	1,952.83	1,622.22
81	1,694.21	2,360.62	1,997.29	1,663.58
82	1,714.88	2,410.50	2,042.07	1,705.22
83	1,736.22	2,461.47	2,087.77	1,747.69
84	1,757.70	2,512.80	2,133.82	1,790.47
85	1,779.32	2,564.50	2,180.20	1,833.56
86	1,796.61	2,608.75	2,219.58	1,870.32
87	1,814.02	2,653.42	2,259.33	1,907.44
88	1,831.59	2,698.50	2,299.46	1,944.91
89	1,848.71	2,743.17	2,339.24	1,982.13
90	1,865.41	2,787.37	2,378.64	2,019.06
91	1,874.68	2,822.70	2,410.13	2,049.63
92	1,884.00	2,858.27	2,441.82	2,080.42
93	1,892.20	2,892.30	2,472.22	2,110.11
94	1,900.44	2,926.52	2,502.78	2,139.98
95	1,908.70	2,960.95	2,533.54	2,170.04
96	1,920.45	2,979.17	2,549.12	2,183.39
97	1,932.27	2,997.50	2,564.81	2,196.83
98	1,944.16	3,015.94	2,580.59	2,210.36
99	1,956.13	3,034.51	2,596.47	2,223.95

Modal Factors: SA = Annual x.5, Q = Annual x.25, Monthly= Annual ÷ 12

PREMIUM INFORMATION

Heartland National Life Insurance Company may change your premium on any premium due date if a new table of rates is applicable to the certificate. 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 and zip code of residence. 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 and certificates.

READ YOUR CERTIFICATE VERY CAREFULLY

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and Heartland National Life Insurance Company.

RIGHT TO RETURN CERTIFICATE

If you find that you are not satisfied with your certificate, you may return it to: Heartland National Life Insurance Company, Medicare Supplement Administration, P.O. Box 2878, Salt Lake City, Utah 84110-2878. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

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

NOTICE

This certificate may not fully cover all of your medical costs. Neither Heartland National 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.

EXCLUSIONS

We will not pay benefits for: (a) Expenses incurred while coverage is not in force except as provided in the Extension of Benefits section; (b) That portion of any expense incurred which is paid for by Medicare; (c) Services for non-Medicare Eligible Expenses unless specifically covered under this Certificate, including, but not limited to, routine exams, take-home drugs and eye refractions; or (d) Services for which a charge is not normally made in the absence of insurance

REFUND OF PREMIUMS

The Certificate does contain a Pro-Rata Refund provision which provides for the partial refund of premium upon death. The certificate does contain a Cancellation By Insured provision which provides for a refund of premium upon surrender of the certificate.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. Heartland National Life Insurance Company may cancel your certificate 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.

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</p> <p>First 60 days 61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> • Additional 365 days • Beyond the additional 365 days 	<p>All but \$1288 All but \$322 a day</p> <p>All but \$644 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0 \$322 a day</p> <p>\$644 a day</p> <p>100% of Medicare eligible expenses \$0</p>	<p>\$1288 (Part A deductible) \$0</p> <p>\$0</p> <p>\$0**</p> <p>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</p> <p>First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$161 a day \$0</p>	<p>\$0 \$0 \$0</p>	<p>\$0 Up to \$161 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 copayment / coinsurance for out-patient 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 \$166 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, <ul style="list-style-type: none"> • First \$166 of Medicare Approved Amounts* • Remainder of Medicare Approved Amounts 	 \$0 Generally 80%	 \$0 Generally 20%	 \$166 (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$166 (Part B deductible) \$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 - Durable medical equipment First \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$166 (Part B deductible) \$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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days 61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> • Additional 365 days • Beyond the additional 365 days 	<p>All but \$1288 All but \$322 a day</p> <p>All but \$644 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1288 (Part A deductible) \$322 a day</p> <p>\$644 a day</p> <p>100% of Medicare eligible expenses \$0</p>	<p>\$0 \$0</p> <p>\$0</p> <p>\$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</p> <p>First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$161 a day \$0</p>	<p>\$0 Up to \$161 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 out-patient 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 F

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

* Once you have been billed \$166 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 \$xxx] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are [\$xxx]. 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	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, <ul style="list-style-type: none"> • First \$166 of Medicare Approved Amounts* • Remainder of Medicare Approved Amounts 	 \$0 Generally 80%	 \$166 (Part B deductible) Generally 20%	 \$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$166 (Part B deductible) 20%	 \$0 \$0 \$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 \$166 of Medicare Approved Amounts*	\$0	\$166 (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</p> <p>First 60 days 61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> • Additional 365 days • Beyond the additional 365 days 	<p>All but \$1288 All but \$322 a day</p> <p>All but \$644 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1288 (Part A deductible) \$322 a day</p> <p>\$644 a day</p> <p>100% of Medicare eligible expenses \$0</p>	<p>\$0 \$0</p> <p>\$0</p> <p>\$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</p> <p>First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$161 a day \$0</p>	<p>\$0 Up to \$161 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 out-patient 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 \$166 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 \$166 of Medicare Approved Amounts* • Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$166 (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	 \$0	 100%	 \$0
BLOOD First 3 pints Next \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$166 (Part B deductible) \$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 \$166 of Medicare Approved Amounts*	\$0	\$0	\$166 (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 emer- gency 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</p> <p>First 60 days 61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> • Additional 365 days • Beyond the additional 365 days 	<p>All but \$1288 All but \$322 a day</p> <p>All but \$644 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1288 (Part A deductible) \$322 a day</p> <p>\$644 a day</p> <p>100% of Medicare eligible expenses \$0</p>	<p>\$0 \$0</p> <p>\$0</p> <p>\$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</p> <p>First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$161 a day \$0</p>	<p>\$0 Up to \$161 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 out-patient 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 \$166 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, <ul style="list-style-type: none"> • First \$166 of Medicare Approved Amounts* • Remainder of Medicare Approved Amounts 	<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 co-payment 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>\$166 (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>
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$166 (Part B deductible)</p> <p>\$0</p>
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 \$166 of Medicare Approved Amounts*	\$0	\$0	\$166 (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