Outline of coverage
Medicare Supplement Insurance

Accendo Insurance Company

part of the CVS Health® family of companies and Aetna affiliate

Policy administered by Aetna Life Insurance Company and its affiliates

Texas

Benefit plans: A, F, G, N

Rates effective: (03/2023 A)

ACCMS05329TX
(03/2023 A)

ACCENDO INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE
BENEFIT PLANS AVAILABLE: A, F, G, N
Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or after January 1. 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2023 [2]					**$6,940[2]**	**$3,470[2]**				

[1] Plans F and G also have a high deductible option, which require first paying a plan deductible of **$2,700** 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.

Accendo Insurance Company

Annual premiums

For use in ZIP Codes: 733, 739, 754, 756-759, 762-764, 779-782, 786-787, 789-792, 795-796

Female rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	5,985	---	---	---
65	1,507	1,944	1,513	1,090
66	1,507	1,944	1,513	1,090
67	1,507	1,944	1,513	1,090
68	1,524	1,964	1,529	1,129
69	1,558	2,011	1,565	1,174
70	1,600	2,063	1,605	1,219
71	1,647	2,125	1,654	1,261
72	1,698	2,192	1,706	1,305
73	1,754	2,263	1,760	1,348
74	1,816	2,342	1,823	1,395
75	1,879	2,424	1,886	1,439
76	1,946	2,508	1,951	1,485
77	2,014	2,597	2,020	1,535
78	2,082	2,686	2,088	1,586
79	2,148	2,770	2,155	1,638
80	2,213	2,856	2,223	1,692
81	2,285	2,947	2,293	1,745
82	2,351	3,034	2,361	1,797
83	2,425	3,127	2,434	1,852
84	2,495	3,219	2,505	1,907
85	2,587	3,336	2,595	1,976
86	2,660	3,431	2,669	2,032
87	2,736	3,528	2,745	2,089
88	2,812	3,627	2,823	2,149
89	2,891	3,727	2,900	2,208
90	2,971	3,831	2,980	2,268
91	3,053	3,936	3,062	2,331
92	3,134	4,042	3,144	2,393
93	3,218	4,148	3,227	2,456
94	3,302	4,258	3,313	2,522
95	3,389	4,368	3,399	2,587
96	3,476	4,483	3,487	2,654
97	3,566	4,597	3,578	2,722
98	3,655	4,713	3,667	2,790
99+	3,747	4,830	3,759	2,861

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	6,650	---	---	---
65	1,674	2,159	1,681	1,211
66	1,674	2,159	1,681	1,211
67	1,674	2,159	1,681	1,211
68	1,694	2,184	1,698	1,254
69	1,732	2,233	1,736	1,305
70	1,777	2,293	1,783	1,355
71	1,831	2,362	1,836	1,401
72	1,887	2,435	1,895	1,449
73	1,950	2,514	1,955	1,498
74	2,017	2,602	2,026	1,550
75	2,088	2,695	2,096	1,600
76	2,161	2,787	2,169	1,649
77	2,238	2,885	2,245	1,706
78	2,313	2,984	2,321	1,762
79	2,387	3,077	2,393	1,819
80	2,461	3,174	2,470	1,879
81	2,539	3,274	2,546	1,939
82	2,614	3,371	2,624	1,996
83	2,696	3,475	2,705	2,057
84	2,774	3,576	2,783	2,118
85	2,874	3,707	2,884	2,195
86	2,956	3,812	2,966	2,258
87	3,040	3,919	3,050	2,321
88	3,125	4,030	3,135	2,386
89	3,212	4,142	3,222	2,453
90	3,301	4,257	3,311	2,520
91	3,391	4,373	3,402	2,590
92	3,482	4,491	3,493	2,658
93	3,574	4,609	3,586	2,730
94	3,670	4,732	3,680	2,803
95	3,764	4,855	3,777	2,875
96	3,862	4,981	3,875	2,950
97	3,961	5,107	3,974	3,025
98	4,061	5,236	4,074	3,101
99+	4,163	5,368	4,175	3,179

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Accendo Insurance Company

Annual premiums

For use in ZIP Codes: 733, 739, 754, 756-759, 762-764, 779-782, 786-787, 789-792, 795-796

Male rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	6,883	---	---	---
65	1,733	2,237	1,738	1,253
66	1,733	2,237	1,738	1,253
67	1,733	2,237	1,738	1,253
68	1,753	2,259	1,757	1,297
69	1,794	2,311	1,800	1,350
70	1,840	2,373	1,847	1,401
71	1,895	2,443	1,901	1,450
72	1,954	2,520	1,961	1,500
73	2,017	2,602	2,024	1,551
74	2,088	2,695	2,097	1,604
75	2,161	2,787	2,170	1,655
76	2,238	2,885	2,245	1,708
77	2,315	2,987	2,324	1,765
78	2,393	3,090	2,402	1,824
79	2,470	3,184	2,477	1,884
80	2,546	3,285	2,555	1,945
81	2,629	3,388	2,636	2,007
82	2,704	3,488	2,716	2,066
83	2,789	3,597	2,799	2,131
84	2,872	3,702	2,880	2,193
85	2,975	3,836	2,986	2,272
86	3,059	3,945	3,070	2,337
87	3,146	4,057	3,158	2,403
88	3,234	4,171	3,246	2,471
89	3,324	4,287	3,337	2,540
90	3,416	4,406	3,426	2,609
91	3,509	4,524	3,520	2,680
92	3,605	4,647	3,616	2,753
93	3,699	4,771	3,711	2,825
94	3,798	4,896	3,811	2,900
95	3,898	5,024	3,908	2,976
96	3,996	5,156	4,010	3,053
97	4,099	5,286	4,113	3,131
98	4,202	5,420	4,216	3,209
99+	4,309	5,555	4,323	3,290

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	7,648	---	---	---
65	1,925	2,483	1,933	1,393
66	1,925	2,483	1,933	1,393
67	1,925	2,483	1,933	1,393
68	1,948	2,511	1,953	1,443
69	1,992	2,568	1,999	1,500
70	2,043	2,635	2,051	1,558
71	2,104	2,717	2,113	1,611
72	2,170	2,799	2,179	1,666
73	2,242	2,891	2,248	1,723
74	2,320	2,992	2,331	1,782
75	2,402	3,097	2,409	1,840
76	2,487	3,205	2,493	1,896
77	2,573	3,317	2,581	1,961
78	2,660	3,432	2,669	2,026
79	2,744	3,539	2,752	2,091
80	2,829	3,650	2,840	2,161
81	2,919	3,764	2,929	2,229
82	3,005	3,876	3,017	2,295
83	3,099	3,996	3,111	2,366
84	3,190	4,113	3,199	2,435
85	3,303	4,262	3,316	2,524
86	3,400	4,383	3,412	2,597
87	3,496	4,507	3,508	2,670
88	3,594	4,634	3,606	2,744
89	3,695	4,763	3,707	2,822
90	3,797	4,895	3,809	2,898
91	3,901	5,029	3,911	2,979
92	4,005	5,163	4,016	3,057
93	4,111	5,301	4,124	3,139
94	4,220	5,442	4,233	3,223
95	4,329	5,583	4,344	3,306
96	4,441	5,728	4,456	3,392
97	4,555	5,872	4,571	3,479
98	4,671	6,022	4,685	3,566
99+	4,788	6,172	4,801	3,655

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Accendo Insurance Company

Annual premiums

For use in ZIP Codes: 750-753, 760-761, 774, 776-777, 783-784, 793-794

Female rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	6,211	---	---	---
65	1,564	2,017	1,570	1,131
66	1,564	2,017	1,570	1,131
67	1,564	2,017	1,570	1,131
68	1,582	2,038	1,586	1,172
69	1,617	2,087	1,624	1,219
70	1,660	2,141	1,665	1,265
71	1,709	2,206	1,716	1,309
72	1,762	2,275	1,770	1,354
73	1,821	2,349	1,826	1,399
74	1,884	2,430	1,892	1,448
75	1,950	2,516	1,957	1,494
76	2,020	2,603	2,025	1,541
77	2,090	2,695	2,097	1,593
78	2,160	2,787	2,167	1,646
79	2,229	2,874	2,236	1,700
80	2,297	2,963	2,307	1,756
81	2,372	3,058	2,379	1,811
82	2,440	3,148	2,450	1,865
83	2,517	3,245	2,526	1,922
84	2,589	3,341	2,599	1,979
85	2,685	3,462	2,693	2,050
86	2,760	3,561	2,770	2,109
87	2,839	3,661	2,849	2,168
88	2,918	3,764	2,929	2,230
89	3,000	3,868	3,010	2,291
90	3,083	3,975	3,092	2,354
91	3,168	4,084	3,178	2,419
92	3,253	4,194	3,263	2,484
93	3,340	4,304	3,348	2,549
94	3,427	4,419	3,438	2,617
95	3,517	4,533	3,528	2,685
96	3,607	4,652	3,619	2,754
97	3,700	4,771	3,713	2,825
98	3,793	4,891	3,805	2,895
99+	3,889	5,013	3,901	2,969

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	6,901	---	---	---
65	1,737	2,241	1,745	1,256
66	1,737	2,241	1,745	1,256
67	1,737	2,241	1,745	1,256
68	1,758	2,266	1,762	1,301
69	1,797	2,318	1,802	1,354
70	1,844	2,379	1,850	1,406
71	1,900	2,451	1,905	1,454
72	1,958	2,527	1,967	1,504
73	2,024	2,609	2,028	1,554
74	2,093	2,701	2,102	1,608
75	2,167	2,796	2,175	1,660
76	2,243	2,892	2,251	1,712
77	2,322	2,994	2,330	1,770
78	2,400	3,097	2,409	1,828
79	2,477	3,193	2,484	1,888
80	2,554	3,293	2,563	1,950
81	2,635	3,398	2,642	2,012
82	2,713	3,498	2,723	2,071
83	2,797	3,606	2,807	2,135
84	2,879	3,711	2,888	2,198
85	2,982	3,847	2,993	2,278
86	3,068	3,956	3,078	2,343
87	3,155	4,067	3,165	2,409
88	3,243	4,182	3,254	2,476
89	3,333	4,299	3,344	2,545
90	3,425	4,418	3,436	2,615
91	3,519	4,538	3,530	2,687
92	3,614	4,661	3,625	2,759
93	3,709	4,783	3,721	2,833
94	3,808	4,910	3,819	2,908
95	3,906	5,038	3,919	2,983
96	4,007	5,169	4,022	3,061
97	4,111	5,300	4,124	3,139
98	4,214	5,434	4,227	3,218
99+	4,320	5,570	4,333	3,299

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Modal factors

Semi-annual	0.5200
Quarterly	0.2650
Monthly	0.0833

Accendo Insurance Company

Annual premiums

For use in ZIP Codes: 750-753, 760-761, 774, 776-777, 783-784, 793-794

Male rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	7,142	---	---	---
65	1,799	2,321	1,804	1,300
66	1,799	2,321	1,804	1,300
67	1,799	2,321	1,804	1,300
68	1,819	2,344	1,824	1,346
69	1,861	2,398	1,868	1,401
70	1,910	2,463	1,916	1,454
71	1,967	2,536	1,972	1,505
72	2,027	2,615	2,035	1,557
73	2,093	2,701	2,100	1,609
74	2,167	2,796	2,176	1,664
75	2,243	2,892	2,252	1,717
76	2,322	2,994	2,330	1,772
77	2,402	3,100	2,411	1,832
78	2,484	3,207	2,493	1,893
79	2,563	3,304	2,571	1,955
80	2,642	3,409	2,651	2,019
81	2,728	3,516	2,736	2,082
82	2,806	3,620	2,818	2,144
83	2,894	3,732	2,905	2,211
84	2,980	3,841	2,989	2,276
85	3,088	3,981	3,099	2,357
86	3,175	4,094	3,186	2,426
87	3,265	4,210	3,277	2,494
88	3,356	4,329	3,368	2,564
89	3,450	4,448	3,463	2,636
90	3,545	4,573	3,555	2,707
91	3,641	4,695	3,653	2,781
92	3,741	4,822	3,752	2,857
93	3,839	4,951	3,851	2,932
94	3,941	5,081	3,955	3,010
95	4,045	5,214	4,056	3,089
96	4,147	5,350	4,161	3,168
97	4,254	5,486	4,268	3,249
98	4,360	5,624	4,375	3,330
99+	4,472	5,765	4,486	3,414

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	7,937	---	---	---
65	1,998	2,576	2,006	1,445
66	1,998	2,576	2,006	1,445
67	1,998	2,576	2,006	1,445
68	2,022	2,606	2,026	1,497
69	2,067	2,665	2,075	1,557
70	2,120	2,735	2,129	1,617
71	2,184	2,819	2,192	1,672
72	2,252	2,905	2,262	1,729
73	2,327	3,000	2,333	1,788
74	2,408	3,105	2,419	1,849
75	2,493	3,214	2,500	1,910
76	2,581	3,326	2,587	1,968
77	2,670	3,442	2,679	2,035
78	2,760	3,562	2,770	2,102
79	2,848	3,673	2,856	2,170
80	2,936	3,787	2,947	2,243
81	3,029	3,906	3,039	2,313
82	3,119	4,023	3,131	2,382
83	3,216	4,147	3,229	2,455
84	3,310	4,268	3,320	2,527
85	3,428	4,423	3,441	2,619
86	3,529	4,549	3,541	2,695
87	3,628	4,677	3,640	2,771
88	3,730	4,809	3,742	2,848
89	3,835	4,942	3,847	2,928
90	3,940	5,080	3,952	3,007
91	4,048	5,218	4,059	3,091
92	4,156	5,358	4,168	3,172
93	4,266	5,501	4,280	3,257
94	4,379	5,647	4,392	3,345
95	4,492	5,794	4,508	3,431
96	4,609	5,944	4,624	3,520
97	4,727	6,094	4,743	3,610
98	4,848	6,249	4,862	3,700
99+	4,969	6,405	4,982	3,793

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Accendo Insurance Company

Annual premiums

For use in ZIP Codes: 770, 772-773, 775

Female rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	7,566	---	---	---
65	1,905	2,458	1,912	1,378
66	1,905	2,458	1,912	1,378
67	1,905	2,458	1,912	1,378
68	1,927	2,483	1,932	1,427
69	1,970	2,542	1,978	1,485
70	2,022	2,608	2,029	1,541
71	2,082	2,687	2,090	1,595
72	2,147	2,771	2,156	1,650
73	2,218	2,861	2,224	1,704
74	2,295	2,960	2,305	1,763
75	2,376	3,065	2,384	1,820
76	2,460	3,170	2,467	1,877
77	2,546	3,283	2,554	1,940
78	2,632	3,396	2,640	2,005
79	2,715	3,501	2,724	2,070
80	2,798	3,610	2,810	2,139
81	2,889	3,725	2,898	2,206
82	2,972	3,835	2,984	2,271
83	3,066	3,953	3,077	2,341
84	3,154	4,070	3,166	2,411
85	3,271	4,217	3,280	2,498
86	3,362	4,338	3,374	2,569
87	3,459	4,460	3,471	2,641
88	3,555	4,585	3,568	2,716
89	3,654	4,711	3,666	2,791
90	3,756	4,843	3,767	2,868
91	3,859	4,975	3,871	2,947
92	3,962	5,109	3,974	3,026
93	4,068	5,243	4,079	3,105
94	4,174	5,383	4,188	3,188
95	4,284	5,522	4,297	3,271
96	4,394	5,667	4,409	3,355
97	4,508	5,812	4,523	3,441
98	4,620	5,958	4,635	3,527
99+	4,737	6,106	4,752	3,617

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	8,407	---	---	---
65	2,116	2,730	2,125	1,530
66	2,116	2,730	2,125	1,530
67	2,116	2,730	2,125	1,530
68	2,141	2,760	2,147	1,585
69	2,190	2,823	2,195	1,650
70	2,246	2,898	2,254	1,713
71	2,314	2,986	2,321	1,771
72	2,385	3,078	2,396	1,832
73	2,466	3,178	2,471	1,893
74	2,550	3,290	2,561	1,959
75	2,640	3,406	2,649	2,022
76	2,732	3,523	2,742	2,085
77	2,829	3,647	2,838	2,156
78	2,924	3,772	2,935	2,227
79	3,018	3,890	3,026	2,299
80	3,111	4,012	3,122	2,376
81	3,209	4,139	3,219	2,451
82	3,304	4,261	3,317	2,523
83	3,408	4,393	3,420	2,601
84	3,507	4,521	3,518	2,677
85	3,633	4,686	3,646	2,775
86	3,737	4,819	3,749	2,854
87	3,843	4,954	3,855	2,935
88	3,950	5,095	3,964	3,016
89	4,060	5,237	4,074	3,101
90	4,173	5,381	4,186	3,185
91	4,287	5,528	4,300	3,274
92	4,402	5,678	4,415	3,361
93	4,518	5,826	4,533	3,451
94	4,639	5,982	4,652	3,543
95	4,758	6,137	4,774	3,634
96	4,882	6,297	4,899	3,729
97	5,008	6,456	5,024	3,824
98	5,134	6,620	5,150	3,920
99+	5,262	6,786	5,278	4,019

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Accendo Insurance Company

Annual premiums

For use in ZIP Codes: 770, 772-773, 775

Male rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	8,701	---	---	---
65	2,191	2,827	2,198	1,584
66	2,191	2,827	2,198	1,584
67	2,191	2,827	2,198	1,584
68	2,216	2,856	2,222	1,640
69	2,267	2,921	2,275	1,707
70	2,326	3,000	2,334	1,771
71	2,396	3,089	2,403	1,833
72	2,470	3,185	2,479	1,896
73	2,550	3,290	2,558	1,960
74	2,640	3,406	2,651	2,027
75	2,732	3,523	2,743	2,092
76	2,829	3,647	2,838	2,159
77	2,927	3,776	2,937	2,231
78	3,026	3,906	3,036	2,306
79	3,122	4,025	3,132	2,381
80	3,219	4,153	3,229	2,459
81	3,323	4,283	3,333	2,537
82	3,418	4,410	3,433	2,612
83	3,526	4,547	3,539	2,693
84	3,630	4,679	3,641	2,772
85	3,761	4,849	3,775	2,872
86	3,867	4,987	3,881	2,955
87	3,977	5,128	3,992	3,038
88	4,088	5,273	4,103	3,124
89	4,202	5,419	4,218	3,211
90	4,319	5,570	4,331	3,298
91	4,435	5,719	4,450	3,388
92	4,557	5,875	4,571	3,480
93	4,677	6,031	4,691	3,571
94	4,801	6,189	4,817	3,666
95	4,927	6,352	4,941	3,763
96	5,052	6,518	5,069	3,859
97	5,182	6,683	5,199	3,958
98	5,312	6,851	5,329	4,056
99+	5,447	7,023	5,465	4,159

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	9,668	---	---	---
65	2,433	3,138	2,444	1,761
66	2,433	3,138	2,444	1,761
67	2,433	3,138	2,444	1,761
68	2,463	3,174	2,468	1,824
69	2,518	3,247	2,527	1,896
70	2,582	3,331	2,593	1,970
71	2,660	3,434	2,671	2,037
72	2,743	3,539	2,755	2,106
73	2,834	3,654	2,842	2,178
74	2,933	3,783	2,947	2,253
75	3,036	3,915	3,046	2,326
76	3,144	4,052	3,152	2,397
77	3,252	4,193	3,263	2,479
78	3,362	4,339	3,374	2,561
79	3,469	4,474	3,479	2,644
80	3,576	4,614	3,590	2,732
81	3,690	4,758	3,702	2,818
82	3,799	4,900	3,814	2,901
83	3,918	5,052	3,933	2,991
84	4,032	5,199	4,044	3,078
85	4,175	5,388	4,192	3,191
86	4,299	5,541	4,313	3,283
87	4,419	5,698	4,434	3,375
88	4,544	5,858	4,559	3,469
89	4,671	6,021	4,686	3,567
90	4,800	6,188	4,815	3,664
91	4,931	6,357	4,945	3,765
92	5,063	6,527	5,077	3,865
93	5,197	6,701	5,214	3,968
94	5,335	6,880	5,351	4,075
95	5,473	7,058	5,491	4,179
96	5,615	7,241	5,633	4,288
97	5,758	7,424	5,778	4,398
98	5,905	7,613	5,923	4,508
99+	6,053	7,803	6,069	4,620

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Accendo Insurance Company

Annual premiums

For use in: Rest of State

Female rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	5,646	-	-	-
65	1,422	1,834	1,427	1,028
66	1,422	1,834	1,427	1,028
67	1,422	1,834	1,427	1,028
68	1,438	1,853	1,442	1,065
69	1,470	1,897	1,476	1,108
70	1,509	1,946	1,514	1,150
71	1,554	2,005	1,560	1,190
72	1,602	2,068	1,609	1,231
73	1,655	2,135	1,660	1,272
74	1,713	2,209	1,720	1,316
75	1,773	2,287	1,779	1,358
76	1,836	2,366	1,841	1,401
77	1,900	2,450	1,906	1,448
78	1,964	2,534	1,970	1,496
79	2,026	2,613	2,033	1,545
80	2,088	2,694	2,097	1,596
81	2,156	2,780	2,163	1,646
82	2,218	2,862	2,227	1,695
83	2,288	2,950	2,296	1,747
84	2,354	3,037	2,363	1,799
85	2,441	3,147	2,448	1,864
86	2,509	3,237	2,518	1,917
87	2,581	3,328	2,590	1,971
88	2,653	3,422	2,663	2,027
89	2,727	3,516	2,736	2,083
90	2,803	3,614	2,811	2,140
91	2,880	3,713	2,889	2,199
92	2,957	3,813	2,966	2,258
93	3,036	3,913	3,044	2,317
94	3,115	4,017	3,125	2,379
95	3,197	4,121	3,207	2,441
96	3,279	4,229	3,290	2,504
97	3,364	4,337	3,375	2,568
98	3,448	4,446	3,459	2,632
99+	3,535	4,557	3,546	2,699

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	6,274	-	-	-
65	1,579	2,037	1,586	1,142
66	1,579	2,037	1,586	1,142
67	1,579	2,037	1,586	1,142
68	1,598	2,060	1,602	1,183
69	1,634	2,107	1,638	1,231
70	1,676	2,163	1,682	1,278
71	1,727	2,228	1,732	1,322
72	1,780	2,297	1,788	1,367
73	1,840	2,372	1,844	1,413
74	1,903	2,455	1,911	1,462
75	1,970	2,542	1,977	1,509
76	2,039	2,629	2,046	1,556
77	2,111	2,722	2,118	1,609
78	2,182	2,815	2,190	1,662
79	2,252	2,903	2,258	1,716
80	2,322	2,994	2,330	1,773
81	2,395	3,089	2,402	1,829
82	2,466	3,180	2,475	1,883
83	2,543	3,278	2,552	1,941
84	2,617	3,374	2,625	1,998
85	2,711	3,497	2,721	2,071
86	2,789	3,596	2,798	2,130
87	2,868	3,697	2,877	2,190
88	2,948	3,802	2,958	2,251
89	3,030	3,908	3,040	2,314
90	3,114	4,016	3,124	2,377
91	3,199	4,125	3,209	2,443
92	3,285	4,237	3,295	2,508
93	3,372	4,348	3,383	2,575
94	3,462	4,464	3,472	2,644
95	3,551	4,580	3,563	2,712
96	3,643	4,699	3,656	2,783
97	3,737	4,818	3,749	2,854
98	3,831	4,940	3,843	2,925
99+	3,927	5,064	3,939	2,999

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

Accendo Insurance Company

Annual premiums

For use in: Rest of State

Male rates

Rates effective 3/1/2023

ATTAINED AGE	PREFERRED			
	Plan A	Plan F	Plan G	Plan N
Under 65	6,493	-	-	-
65	1,635	2,110	1,640	1,182
66	1,635	2,110	1,640	1,182
67	1,635	2,110	1,640	1,182
68	1,654	2,131	1,658	1,224
69	1,692	2,180	1,698	1,274
70	1,736	2,239	1,742	1,322
71	1,788	2,305	1,793	1,368
72	1,843	2,377	1,850	1,415
73	1,903	2,455	1,909	1,463
74	1,970	2,542	1,978	1,513
75	2,039	2,629	2,047	1,561
76	2,111	2,722	2,118	1,611
77	2,184	2,818	2,192	1,665
78	2,258	2,915	2,266	1,721
79	2,330	3,004	2,337	1,777
80	2,402	3,099	2,410	1,835
81	2,480	3,196	2,487	1,893
82	2,551	3,291	2,562	1,949
83	2,631	3,393	2,641	2,010
84	2,709	3,492	2,717	2,069
85	2,807	3,619	2,817	2,143
86	2,886	3,722	2,896	2,205
87	2,968	3,827	2,979	2,267
88	3,051	3,935	3,062	2,331
89	3,136	4,044	3,148	2,396
90	3,223	4,157	3,232	2,461
91	3,310	4,268	3,321	2,528
92	3,401	4,384	3,411	2,597
93	3,490	4,501	3,501	2,665
94	3,583	4,619	3,595	2,736
95	3,677	4,740	3,687	2,808
96	3,770	4,864	3,783	2,880
97	3,867	4,987	3,880	2,954
98	3,964	5,113	3,977	3,027
99+	4,065	5,241	4,078	3,104

ATTAINED AGE	STANDARD			
	Plan A	Plan F	Plan G	Plan N
Under 65	7,215	-	-	-
65	1,816	2,342	1,824	1,314
66	1,816	2,342	1,824	1,314
67	1,816	2,342	1,824	1,314
68	1,838	2,369	1,842	1,361
69	1,879	2,423	1,886	1,415
70	1,927	2,486	1,935	1,470
71	1,985	2,563	1,993	1,520
72	2,047	2,641	2,056	1,572
73	2,115	2,727	2,121	1,625
74	2,189	2,823	2,199	1,681
75	2,266	2,922	2,273	1,736
76	2,346	3,024	2,352	1,789
77	2,427	3,129	2,435	1,850
78	2,509	3,238	2,518	1,911
79	2,589	3,339	2,596	1,973
80	2,669	3,443	2,679	2,039
81	2,754	3,551	2,763	2,103
82	2,835	3,657	2,846	2,165
83	2,924	3,770	2,935	2,232
84	3,009	3,880	3,018	2,297
85	3,116	4,021	3,128	2,381
86	3,208	4,135	3,219	2,450
87	3,298	4,252	3,309	2,519
88	3,391	4,372	3,402	2,589
89	3,486	4,493	3,497	2,662
90	3,582	4,618	3,593	2,734
91	3,680	4,744	3,690	2,810
92	3,778	4,871	3,789	2,884
93	3,878	5,001	3,891	2,961
94	3,981	5,134	3,993	3,041
95	4,084	5,267	4,098	3,119
96	4,190	5,404	4,204	3,200
97	4,297	5,540	4,312	3,282
98	4,407	5,681	4,420	3,364
99+	4,517	5,823	4,529	3,448

The above rates do not include the $25 one-time policy fee.

To calculate a 14% household discount:

Annual premium **x** modal factor **= modal premium** (round to nearest whole cent)

Modal premium **x** .86 **= discounted premium**

Modal factors

Semi-annual 0.5200

Quarterly 0.2650

Monthly 0.0833

If applying during Open Enrollment or Guaranteed Issue periods, use Preferred rates.

PREMIUM INFORMATION

Accendo Insurance Company can only raise your premium if we raise the premium for all policies like yours in this state. Premiums for this policy will increase due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the policy will be the renewal premium then in effect for your attained age. Other policies may be provided with Issue Age rating and do not increase with age. You should compare Issue Age with Attained Age policies. Any premium increase will become effective on the next policy anniversary date and only after filing and approval by the Texas Department of Insurance.

Premiums payable other than annually will be determined according to the following factors:

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly EFT: 0.0833.

HOUSEHOLD DISCOUNT

You are eligible for a Household Premium Discount if: (1) you reside with your spouse (including civil union/domestic partner) or (2) for the past year you have resided with at least one, but not more than three, other adults. For the purpose of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in your state of residence. We may request additional documentation to determine eligibility. The discounted rate will be 14 percent lower than the individual rate and will be removed if the other adult or spouse no longer resides with you (other than in the case of his/her death).

DISCLOSURES

Use this outline to compare benefits and premium among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Accendo Insurance Company, P.O. Box 14770, Lexington, KY 40512-4770. 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 your payments.

POLICY REPLACEMENT

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

NOTICE

The policy may not cover all of your medical costs.

Neither Accendo 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 & You* for more details.

LIMITS AND EXCLUSIONS

We will not pay for:

1. Loss incurred while your policy is not in force, except as provided in the Extension of Benefits section of your policy;
2. Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period while this policy is not in force subject to the Extension of Benefits section of your policy;
3. That portion of any Loss incurred which is paid for by Medicare;
4. Services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
5. Services for which a charge is not normally made in the absence of insurance;
6. Loss that is payable under any other Medicare supplement insurance policy or certificate; or
7. Loss that is payable under any other insurance which paid benefits for the same Loss on an expense incurred basis.

REFUND OF PREMIUM

The Company shall refund any premium paid for the period following cancellation or your death. Unearned premiums shall be paid in a lump sum to You upon cancellation or your estate no later than thirty (30) days after receipt of proof of cancellation or death is received by the Company.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

THE FOLLOWING CHARTS DESCRIBE PLANS A, F, G, and N OFFERED BY ACCENDO INSURANCE COMPANY.

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 $1,600	$0	$1,600 (Part A Deductible)
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	$0	Up to $200 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you 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	All but $1,600	$1,600 (Part A Deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

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

PLAN F

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 $1,600	$1,600 (Part A Deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you 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*	$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	100%	$0
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 G

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 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 $1,600	$1,600 (Part A Deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

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