

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

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

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

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

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

Benefits	Plans available to all applicants									Medicare first eligible before 2020 only		
	A	B	D	G	G ¹	K	L	M	N	C	F	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	50%	75%	✓	copays apply ³	✓	✓	✓
Blood (first three pints)	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	50%	75%	50%	✓	✓	✓	✓
Medicare Part B deductible										✓	✓	✓
Medicare Part B excess charges					✓						✓	✓
Foreign travel emergency (up to plan limits)			✓	✓	✓			✓	✓	✓	✓	✓
Out-of-pocket limit in 2024 ²						\$7060 ²	\$3530 ²					

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2800 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.

ELIPS LIFE INSURANCE COMPANY
TEXAS Standard Plans MALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	9,544	NA	NA	NA	NA	0-64	10,601	NA	NA	NA	NA
65	1,909	2,311	1,928	713	1,475	65	2,120	2,567	2,141	794	1,638
66	1,909	2,311	1,928	713	1,475	66	2,120	2,567	2,141	794	1,638
67	1,909	2,311	1,928	713	1,475	67	2,120	2,567	2,141	794	1,638
68	1,909	2,380	1,928	713	1,520	68	2,120	2,645	2,141	794	1,688
69	1,966	2,453	1,985	735	1,565	69	2,183	2,725	2,207	818	1,739
70	2,024	2,527	2,047	758	1,611	70	2,250	2,808	2,273	841	1,791
71	2,085	2,602	2,106	780	1,660	71	2,316	2,892	2,343	866	1,845
72	2,158	2,693	2,180	807	1,718	72	2,397	2,993	2,424	896	1,908
73	2,233	2,787	2,257	836	1,778	73	2,481	3,098	2,508	927	1,975
74	2,312	2,884	2,336	865	1,840	74	2,570	3,205	2,596	960	2,045
75	2,393	2,986	2,418	895	1,905	75	2,657	3,317	2,687	994	2,116
76	2,476	3,090	2,503	926	1,971	76	2,751	3,434	2,780	1,030	2,190
77	2,575	3,214	2,602	963	2,051	77	2,860	3,571	2,892	1,071	2,278
78	2,678	3,342	2,706	1,000	2,132	78	2,976	3,713	3,006	1,112	2,368
79	2,785	3,475	2,815	1,043	2,217	79	3,094	3,861	3,126	1,157	2,463
80	2,897	3,614	2,927	1,084	2,306	80	3,219	4,017	3,253	1,203	2,562
81	3,013	3,759	3,044	1,127	2,398	81	3,347	4,175	3,382	1,253	2,665
82	3,134	3,908	3,165	1,172	2,494	82	3,482	4,342	3,517	1,302	2,771
83	3,261	4,064	3,292	1,219	2,594	83	3,623	4,517	3,656	1,352	2,881
84	3,392	4,228	3,422	1,267	2,697	84	3,769	4,698	3,802	1,407	2,997
85	3,528	4,396	3,560	1,317	2,805	85	3,919	4,887	3,957	1,464	3,119
86	3,669	4,573	3,702	1,371	2,919	86	4,075	5,082	4,113	1,523	3,243
87	3,815	4,757	3,851	1,425	3,036	87	4,241	5,285	4,281	1,584	3,374
88	3,966	4,946	4,004	1,482	3,158	88	4,409	5,497	4,449	1,647	3,509
89	4,126	5,143	4,165	1,542	3,285	89	4,584	5,717	4,627	1,712	3,650
90	4,291	5,349	4,331	1,604	3,418	90	4,768	5,945	4,814	1,782	3,796
91	4,462	5,565	4,505	1,667	3,553	91	4,958	6,183	5,004	1,854	3,950
92	4,640	5,788	4,684	1,733	3,696	92	5,157	6,430	5,205	1,926	4,104
93	4,826	6,019	4,871	1,804	3,843	93	5,363	6,688	5,413	2,005	4,271
94	5,018	6,261	5,066	1,875	3,998	94	5,578	6,955	5,629	2,083	4,441
95	5,219	6,511	5,269	1,949	4,156	95	5,800	7,233	5,853	2,168	4,618
96	5,429	6,773	5,477	2,029	4,323	96	6,031	7,525	6,087	2,254	4,802
97	5,646	7,043	5,697	2,109	4,496	97	6,272	7,826	6,330	2,345	4,997
98	5,872	7,325	5,925	2,193	4,676	98	6,524	8,136	6,582	2,436	5,195
99	6,106	7,617	6,162	2,281	4,863	99	6,782	8,463	6,846	2,534	5,402

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

ELIPS LIFE INSURANCE COMPANY

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 751, 753, 760, 761, 774, 776, 777, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	8,399	NA	NA	NA	NA	0-64	9,329	NA	NA	NA	NA
65	1,680	2,034	1,697	628	1,298	65	1,866	2,259	1,884	699	1,442
66	1,680	2,034	1,697	628	1,298	66	1,866	2,259	1,884	699	1,442
67	1,680	2,034	1,697	628	1,298	67	1,866	2,259	1,884	699	1,442
68	1,680	2,095	1,697	628	1,337	68	1,866	2,327	1,884	699	1,486
69	1,730	2,158	1,747	647	1,378	69	1,921	2,398	1,942	719	1,530
70	1,781	2,223	1,801	667	1,418	70	1,980	2,471	2,001	740	1,576
71	1,835	2,289	1,854	687	1,461	71	2,038	2,545	2,062	763	1,624
72	1,899	2,370	1,918	710	1,512	72	2,109	2,633	2,133	789	1,679
73	1,965	2,452	1,986	735	1,564	73	2,183	2,727	2,207	816	1,738
74	2,035	2,538	2,056	761	1,619	74	2,261	2,821	2,285	845	1,800
75	2,106	2,627	2,128	787	1,676	75	2,338	2,919	2,364	875	1,862
76	2,179	2,719	2,203	815	1,735	76	2,420	3,022	2,446	906	1,927
77	2,266	2,828	2,289	847	1,805	77	2,517	3,143	2,545	943	2,005
78	2,357	2,941	2,381	880	1,876	78	2,619	3,268	2,646	979	2,084
79	2,451	3,058	2,477	918	1,951	79	2,723	3,397	2,751	1,019	2,168
80	2,549	3,181	2,576	954	2,030	80	2,833	3,535	2,862	1,058	2,254
81	2,652	3,308	2,679	991	2,110	81	2,946	3,674	2,976	1,102	2,345
82	2,758	3,439	2,785	1,031	2,195	82	3,064	3,821	3,095	1,145	2,439
83	2,870	3,576	2,897	1,073	2,283	83	3,188	3,975	3,217	1,190	2,535
84	2,985	3,721	3,012	1,115	2,373	84	3,317	4,134	3,346	1,238	2,637
85	3,105	3,869	3,133	1,159	2,469	85	3,449	4,301	3,482	1,288	2,745
86	3,228	4,024	3,258	1,207	2,568	86	3,586	4,472	3,619	1,340	2,854
87	3,357	4,186	3,389	1,254	2,672	87	3,732	4,651	3,767	1,394	2,969
88	3,490	4,352	3,524	1,304	2,779	88	3,880	4,837	3,915	1,449	3,088
89	3,631	4,526	3,666	1,357	2,891	89	4,034	5,031	4,072	1,507	3,212
90	3,776	4,707	3,811	1,412	3,007	90	4,196	5,231	4,236	1,568	3,341
91	3,926	4,897	3,964	1,467	3,126	91	4,363	5,441	4,404	1,632	3,476
92	4,083	5,093	4,122	1,525	3,253	92	4,538	5,659	4,580	1,695	3,612
93	4,247	5,296	4,286	1,587	3,382	93	4,720	5,885	4,764	1,764	3,758
94	4,416	5,509	4,458	1,650	3,518	94	4,908	6,120	4,954	1,833	3,908
95	4,592	5,730	4,636	1,715	3,657	95	5,104	6,365	5,151	1,908	4,064
96	4,777	5,960	4,820	1,786	3,805	96	5,307	6,622	5,356	1,984	4,226
97	4,968	6,197	5,014	1,856	3,957	97	5,519	6,887	5,571	2,063	4,397
98	5,168	6,446	5,214	1,929	4,115	98	5,741	7,160	5,792	2,144	4,572
99	5,373	6,703	5,422	2,008	4,279	99	5,968	7,447	6,025	2,230	4,754

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

ELIPS LIFE INSURANCE COMPANY

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 750, 752, 755, 757, 759, 763, 764, 766, 769, 786, 791

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	8,093	NA	NA	NA	NA	0-64	8,990	NA	NA	NA	NA
65	1,619	1,960	1,635	605	1,251	65	1,798	2,177	1,816	674	1,389
66	1,619	1,960	1,635	605	1,251	66	1,798	2,177	1,816	674	1,389
67	1,619	1,960	1,635	605	1,251	67	1,798	2,177	1,816	674	1,389
68	1,619	2,019	1,635	605	1,289	68	1,798	2,243	1,816	674	1,432
69	1,667	2,080	1,684	623	1,328	69	1,851	2,311	1,871	693	1,474
70	1,717	2,142	1,735	643	1,366	70	1,908	2,381	1,928	713	1,519
71	1,768	2,206	1,786	662	1,408	71	1,964	2,453	1,987	735	1,565
72	1,830	2,284	1,849	685	1,457	72	2,033	2,538	2,055	760	1,618
73	1,894	2,363	1,914	709	1,508	73	2,104	2,627	2,127	786	1,675
74	1,961	2,446	1,981	734	1,560	74	2,179	2,718	2,201	814	1,734
75	2,029	2,532	2,050	759	1,615	75	2,253	2,813	2,278	843	1,794
76	2,100	2,620	2,122	785	1,671	76	2,332	2,912	2,357	873	1,857
77	2,184	2,725	2,206	817	1,739	77	2,426	3,028	2,453	908	1,932
78	2,271	2,834	2,295	848	1,808	78	2,524	3,149	2,550	943	2,008
79	2,362	2,947	2,387	884	1,880	79	2,624	3,274	2,651	982	2,089
80	2,456	3,065	2,482	919	1,956	80	2,730	3,406	2,758	1,020	2,172
81	2,555	3,188	2,581	955	2,034	81	2,839	3,541	2,868	1,062	2,260
82	2,658	3,314	2,684	994	2,115	82	2,953	3,682	2,982	1,104	2,350
83	2,765	3,446	2,791	1,034	2,200	83	3,072	3,831	3,100	1,146	2,443
84	2,876	3,585	2,902	1,074	2,287	84	3,196	3,984	3,224	1,193	2,542
85	2,992	3,728	3,019	1,117	2,379	85	3,323	4,145	3,355	1,241	2,645
86	3,111	3,878	3,139	1,163	2,475	86	3,456	4,310	3,487	1,292	2,750
87	3,235	4,034	3,266	1,209	2,575	87	3,596	4,482	3,630	1,343	2,861
88	3,364	4,194	3,395	1,257	2,678	88	3,739	4,661	3,773	1,396	2,976
89	3,499	4,362	3,532	1,308	2,786	89	3,887	4,848	3,924	1,452	3,095
90	3,638	4,536	3,673	1,360	2,898	90	4,043	5,041	4,082	1,511	3,219
91	3,784	4,719	3,820	1,414	3,013	91	4,205	5,243	4,244	1,572	3,350
92	3,935	4,908	3,972	1,470	3,134	92	4,373	5,453	4,414	1,633	3,480
93	4,093	5,104	4,130	1,530	3,259	93	4,548	5,671	4,591	1,700	3,621
94	4,255	5,309	4,296	1,590	3,390	94	4,730	5,898	4,773	1,767	3,766
95	4,425	5,521	4,468	1,653	3,524	95	4,919	6,134	4,963	1,839	3,916
96	4,604	5,743	4,645	1,721	3,666	96	5,114	6,381	5,162	1,912	4,072
97	4,788	5,972	4,831	1,788	3,813	97	5,318	6,636	5,368	1,988	4,237
98	4,980	6,212	5,025	1,859	3,965	98	5,532	6,899	5,582	2,066	4,406
99	5,178	6,459	5,225	1,935	4,124	99	5,751	7,177	5,806	2,149	4,581

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

ELIPS LIFE INSURANCE COMPANY

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 750-753, 755, 757, 759-761, 763,764, 766, 769-777, 784, 786, 791, 793-794

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	7,559	NA	NA	NA	NA	0-64	8,396	NA	NA	NA	NA
65	1,512	1,830	1,527	565	1,168	65	1,679	2,033	1,696	629	1,298
66	1,512	1,830	1,527	565	1,168	66	1,679	2,033	1,696	629	1,298
67	1,512	1,830	1,527	565	1,168	67	1,679	2,033	1,696	629	1,298
68	1,512	1,885	1,527	565	1,203	68	1,679	2,095	1,696	629	1,337
69	1,557	1,943	1,572	582	1,240	69	1,729	2,159	1,748	648	1,377
70	1,603	2,001	1,621	601	1,276	70	1,782	2,224	1,800	666	1,419
71	1,652	2,060	1,668	618	1,315	71	1,835	2,291	1,856	686	1,461
72	1,709	2,133	1,727	639	1,361	72	1,899	2,370	1,919	710	1,511
73	1,769	2,207	1,787	662	1,408	73	1,965	2,454	1,987	734	1,564
74	1,831	2,284	1,850	685	1,457	74	2,035	2,539	2,056	761	1,620
75	1,895	2,365	1,915	709	1,509	75	2,105	2,627	2,128	787	1,676
76	1,961	2,447	1,982	733	1,561	76	2,178	2,719	2,202	816	1,735
77	2,040	2,545	2,060	763	1,624	77	2,265	2,828	2,291	848	1,804
78	2,121	2,647	2,143	792	1,688	78	2,357	2,941	2,381	881	1,876
79	2,206	2,752	2,229	826	1,756	79	2,451	3,058	2,476	917	1,951
80	2,294	2,863	2,318	859	1,827	80	2,550	3,181	2,576	952	2,029
81	2,387	2,977	2,411	892	1,899	81	2,651	3,307	2,679	992	2,110
82	2,483	3,095	2,507	928	1,975	82	2,758	3,439	2,786	1,031	2,195
83	2,583	3,219	2,607	966	2,055	83	2,869	3,578	2,896	1,071	2,282
84	2,686	3,349	2,711	1,003	2,136	84	2,985	3,721	3,011	1,115	2,374
85	2,794	3,482	2,820	1,043	2,222	85	3,104	3,871	3,134	1,159	2,470
86	2,906	3,622	2,932	1,086	2,312	86	3,227	4,025	3,257	1,206	2,569
87	3,021	3,767	3,050	1,129	2,405	87	3,358	4,186	3,390	1,254	2,672
88	3,141	3,917	3,171	1,174	2,501	88	3,492	4,353	3,524	1,304	2,779
89	3,268	4,074	3,299	1,222	2,602	89	3,631	4,528	3,665	1,356	2,891
90	3,398	4,237	3,430	1,271	2,707	90	3,776	4,708	3,812	1,411	3,006
91	3,534	4,407	3,568	1,321	2,814	91	3,927	4,897	3,963	1,468	3,129
92	3,675	4,584	3,710	1,373	2,927	92	4,085	5,093	4,122	1,525	3,251
93	3,822	4,767	3,858	1,429	3,044	93	4,248	5,297	4,287	1,588	3,382
94	3,974	4,958	4,012	1,485	3,166	94	4,417	5,508	4,458	1,650	3,517
95	4,133	5,157	4,173	1,544	3,291	95	4,594	5,729	4,636	1,717	3,657
96	4,300	5,364	4,338	1,607	3,424	96	4,777	5,960	4,821	1,785	3,803
97	4,471	5,578	4,512	1,670	3,561	97	4,967	6,198	5,014	1,857	3,957
98	4,651	5,801	4,693	1,737	3,704	98	5,167	6,444	5,213	1,929	4,115
99	4,836	6,033	4,880	1,807	3,851	99	5,372	6,703	5,422	2,007	4,278

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

ELIPS LIFE INSURANCE COMPANY
TEXAS Standard Plans FEMALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	8,521	NA	NA	NA	NA	0-64	9,467	NA	NA	NA	NA
65	1,704	2,063	1,721	637	1,317	65	1,893	2,291	1,912	708	1,463
66	1,704	2,063	1,721	637	1,317	66	1,893	2,291	1,912	708	1,463
67	1,704	2,063	1,721	637	1,317	67	1,893	2,291	1,912	708	1,463
68	1,704	2,126	1,721	637	1,357	68	1,893	2,362	1,912	708	1,507
69	1,754	2,190	1,774	657	1,396	69	1,949	2,433	1,970	730	1,552
70	1,807	2,255	1,827	676	1,438	70	2,009	2,506	2,028	751	1,599
71	1,861	2,323	1,881	697	1,482	71	2,067	2,582	2,091	774	1,647
72	1,927	2,404	1,948	720	1,534	72	2,140	2,673	2,163	801	1,705
73	1,994	2,489	2,016	745	1,587	73	2,215	2,766	2,240	829	1,764
74	2,063	2,575	2,085	773	1,643	74	2,293	2,862	2,318	857	1,826
75	2,136	2,666	2,159	800	1,701	75	2,372	2,962	2,399	887	1,890
76	2,211	2,759	2,234	828	1,760	76	2,457	3,065	2,482	919	1,955
77	2,298	2,870	2,323	860	1,830	77	2,554	3,189	2,582	957	2,035
78	2,392	2,984	2,417	894	1,903	78	2,657	3,315	2,685	993	2,114
79	2,486	3,102	2,513	930	1,979	79	2,763	3,448	2,791	1,033	2,200
80	2,586	3,228	2,614	968	2,059	80	2,874	3,587	2,904	1,075	2,287
81	2,691	3,356	2,719	1,007	2,140	81	2,990	3,729	3,019	1,119	2,379
82	2,799	3,491	2,826	1,047	2,227	82	3,109	3,877	3,140	1,163	2,474
83	2,912	3,630	2,938	1,088	2,316	83	3,235	4,033	3,265	1,208	2,573
84	3,029	3,774	3,055	1,130	2,409	84	3,365	4,195	3,395	1,257	2,677
85	3,150	3,926	3,179	1,175	2,505	85	3,499	4,363	3,532	1,307	2,784
86	3,275	4,083	3,306	1,224	2,606	86	3,640	4,538	3,673	1,361	2,896
87	3,407	4,247	3,438	1,272	2,711	87	3,786	4,719	3,822	1,414	3,012
88	3,542	4,416	3,576	1,324	2,820	88	3,937	4,908	3,973	1,470	3,132
89	3,684	4,593	3,719	1,376	2,934	89	4,093	5,103	4,132	1,528	3,259
90	3,832	4,778	3,868	1,432	3,051	90	4,257	5,309	4,298	1,590	3,389
91	3,985	4,968	4,022	1,488	3,173	91	4,428	5,520	4,469	1,654	3,526
92	4,143	5,167	4,182	1,548	3,299	92	4,604	5,742	4,647	1,720	3,665
93	4,309	5,374	4,349	1,611	3,431	93	4,789	5,970	4,833	1,790	3,814
94	4,481	5,589	4,523	1,675	3,569	94	4,979	6,209	5,025	1,860	3,965
95	4,661	5,813	4,704	1,742	3,711	95	5,178	6,460	5,227	1,935	4,123
96	4,847	6,046	4,892	1,810	3,860	96	5,386	6,718	5,434	2,012	4,288
97	5,041	6,288	5,086	1,884	4,014	97	5,600	6,987	5,651	2,093	4,461
98	5,242	6,539	5,290	1,958	4,175	98	5,824	7,265	5,878	2,176	4,638
99	5,451	6,800	5,502	2,037	4,341	99	6,056	7,556	6,113	2,262	4,823

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

ELIPS LIFE INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 751, 753, 760, 761, 774, 776, 777, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	7,499	NA	NA	NA	NA	0-64	8,331	NA	NA	NA	NA
65	1,500	1,816	1,514	561	1,159	65	1,666	2,016	1,682	623	1,287
66	1,500	1,816	1,514	561	1,159	66	1,666	2,016	1,682	623	1,287
67	1,500	1,816	1,514	561	1,159	67	1,666	2,016	1,682	623	1,287
68	1,500	1,871	1,514	561	1,194	68	1,666	2,079	1,682	623	1,326
69	1,544	1,927	1,561	578	1,229	69	1,715	2,141	1,734	642	1,366
70	1,590	1,985	1,608	595	1,266	70	1,768	2,205	1,785	661	1,407
71	1,638	2,045	1,655	613	1,304	71	1,819	2,272	1,840	681	1,449
72	1,696	2,116	1,714	633	1,350	72	1,883	2,352	1,904	705	1,500
73	1,754	2,190	1,774	656	1,397	73	1,949	2,434	1,971	730	1,552
74	1,816	2,266	1,835	680	1,445	74	2,018	2,518	2,040	755	1,607
75	1,879	2,346	1,900	704	1,497	75	2,087	2,607	2,111	781	1,663
76	1,945	2,428	1,966	729	1,549	76	2,162	2,697	2,184	809	1,720
77	2,023	2,526	2,045	757	1,611	77	2,248	2,806	2,272	842	1,790
78	2,105	2,626	2,127	786	1,675	78	2,338	2,918	2,363	874	1,861
79	2,188	2,730	2,211	818	1,742	79	2,431	3,034	2,456	909	1,936
80	2,276	2,840	2,300	852	1,812	80	2,529	3,156	2,555	946	2,013
81	2,368	2,953	2,392	886	1,883	81	2,631	3,281	2,657	985	2,094
82	2,463	3,072	2,487	921	1,959	82	2,736	3,412	2,763	1,023	2,177
83	2,562	3,194	2,586	957	2,038	83	2,847	3,549	2,873	1,063	2,264
84	2,665	3,322	2,689	995	2,120	84	2,962	3,691	2,987	1,106	2,356
85	2,772	3,455	2,798	1,034	2,204	85	3,079	3,839	3,109	1,150	2,449
86	2,882	3,593	2,909	1,077	2,294	86	3,203	3,994	3,232	1,198	2,548
87	2,998	3,738	3,025	1,119	2,385	87	3,331	4,153	3,363	1,244	2,651
88	3,117	3,886	3,146	1,165	2,482	88	3,465	4,319	3,497	1,294	2,756
89	3,242	4,041	3,273	1,211	2,582	89	3,602	4,491	3,636	1,345	2,868
90	3,372	4,204	3,404	1,260	2,685	90	3,746	4,672	3,782	1,399	2,982
91	3,506	4,372	3,539	1,310	2,792	91	3,897	4,858	3,932	1,456	3,103
92	3,646	4,547	3,680	1,362	2,903	92	4,051	5,053	4,089	1,514	3,225
93	3,792	4,729	3,827	1,417	3,019	93	4,214	5,253	4,253	1,575	3,356
94	3,943	4,918	3,980	1,474	3,141	94	4,382	5,464	4,422	1,637	3,489
95	4,101	5,115	4,139	1,533	3,266	95	4,557	5,684	4,600	1,703	3,628
96	4,265	5,321	4,305	1,593	3,396	96	4,739	5,912	4,782	1,771	3,774
97	4,436	5,534	4,476	1,658	3,532	97	4,928	6,148	4,973	1,842	3,926
98	4,613	5,754	4,655	1,723	3,674	98	5,125	6,393	5,173	1,915	4,082
99	4,797	5,984	4,842	1,792	3,820	99	5,329	6,649	5,380	1,991	4,245

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

ELIPS LIFE INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 750, 752, 755, 757, 759, 763, 764, 766, 769, 786, 791

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	7,226	NA	NA	NA	NA	0-64	8,028	NA	NA	NA	NA
65	1,445	1,750	1,459	540	1,117	65	1,606	1,943	1,621	600	1,240
66	1,445	1,750	1,459	540	1,117	66	1,606	1,943	1,621	600	1,240
67	1,445	1,750	1,459	540	1,117	67	1,606	1,943	1,621	600	1,240
68	1,445	1,803	1,459	540	1,151	68	1,606	2,003	1,621	600	1,278
69	1,488	1,857	1,504	557	1,184	69	1,653	2,063	1,671	619	1,316
70	1,533	1,912	1,549	573	1,220	70	1,704	2,125	1,720	637	1,356
71	1,579	1,970	1,595	591	1,256	71	1,753	2,190	1,773	656	1,396
72	1,634	2,039	1,652	610	1,301	72	1,814	2,266	1,835	679	1,446
73	1,691	2,111	1,710	632	1,346	73	1,878	2,345	1,899	703	1,496
74	1,750	2,184	1,768	655	1,393	74	1,944	2,427	1,966	727	1,549
75	1,811	2,260	1,831	678	1,442	75	2,012	2,512	2,034	752	1,603
76	1,875	2,340	1,895	702	1,493	76	2,083	2,599	2,105	780	1,658
77	1,949	2,434	1,970	729	1,552	77	2,166	2,704	2,190	811	1,725
78	2,028	2,531	2,049	758	1,614	78	2,253	2,811	2,277	842	1,793
79	2,108	2,631	2,131	788	1,678	79	2,343	2,923	2,367	876	1,865
80	2,193	2,737	2,217	821	1,746	80	2,437	3,041	2,462	912	1,940
81	2,282	2,846	2,305	854	1,815	81	2,535	3,162	2,560	949	2,018
82	2,374	2,960	2,396	888	1,888	82	2,637	3,288	2,663	986	2,098
83	2,469	3,078	2,492	923	1,964	83	2,743	3,420	2,769	1,024	2,182
84	2,568	3,201	2,591	959	2,043	84	2,854	3,557	2,879	1,066	2,270
85	2,671	3,329	2,696	997	2,124	85	2,967	3,700	2,995	1,108	2,360
86	2,777	3,463	2,803	1,038	2,210	86	3,086	3,848	3,115	1,154	2,456
87	2,889	3,602	2,915	1,079	2,299	87	3,210	4,002	3,241	1,199	2,554
88	3,004	3,745	3,032	1,122	2,391	88	3,339	4,162	3,369	1,247	2,656
89	3,124	3,894	3,154	1,167	2,488	89	3,471	4,327	3,504	1,296	2,764
90	3,249	4,051	3,280	1,214	2,587	90	3,610	4,502	3,644	1,348	2,874
91	3,379	4,213	3,411	1,262	2,691	91	3,755	4,681	3,789	1,403	2,990
92	3,513	4,382	3,546	1,312	2,797	92	3,904	4,869	3,940	1,459	3,108
93	3,654	4,557	3,688	1,366	2,910	93	4,061	5,062	4,099	1,518	3,234
94	3,800	4,739	3,835	1,420	3,026	94	4,222	5,265	4,261	1,578	3,362
95	3,952	4,929	3,989	1,477	3,147	95	4,391	5,478	4,432	1,641	3,496
96	4,110	5,127	4,148	1,535	3,273	96	4,567	5,697	4,608	1,706	3,636
97	4,274	5,333	4,313	1,597	3,404	97	4,749	5,925	4,792	1,775	3,783
98	4,445	5,545	4,486	1,661	3,540	98	4,939	6,161	4,985	1,845	3,933
99	4,622	5,767	4,666	1,727	3,681	99	5,136	6,407	5,184	1,918	4,090

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

ELIPS LIFE INSURANCE COMPANY

TEXAS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 750-753, 755, 757, 759-761, 763,764, 766, 769-777, 784, 786, 791, 793-794

Attained Age	Preferred					Attained Age	Standard				
	HD						HD				
	Plan A	Plan F	Plan G	Plan G	Plan N		Plan A	Plan F	Plan G	Plan G	Plan N
0-64	6,749	NA	NA	NA	NA	0-64	7,498	NA	NA	NA	NA
65	1,350	1,634	1,363	505	1,043	65	1,500	1,815	1,514	561	1,158
66	1,350	1,634	1,363	505	1,043	66	1,500	1,815	1,514	561	1,158
67	1,350	1,634	1,363	505	1,043	67	1,500	1,815	1,514	561	1,158
68	1,350	1,684	1,363	505	1,075	68	1,500	1,871	1,514	561	1,194
69	1,389	1,734	1,405	520	1,106	69	1,544	1,927	1,560	578	1,229
70	1,431	1,786	1,447	535	1,139	70	1,591	1,984	1,607	594	1,267
71	1,474	1,840	1,490	552	1,173	71	1,637	2,045	1,656	613	1,304
72	1,526	1,904	1,543	570	1,215	72	1,695	2,117	1,713	634	1,350
73	1,579	1,971	1,597	590	1,257	73	1,754	2,191	1,774	657	1,397
74	1,634	2,040	1,652	612	1,301	74	1,816	2,267	1,836	679	1,446
75	1,691	2,111	1,710	633	1,347	75	1,879	2,346	1,900	703	1,497
76	1,751	2,185	1,770	656	1,394	76	1,946	2,427	1,966	728	1,548
77	1,820	2,273	1,840	681	1,450	77	2,023	2,525	2,045	758	1,611
78	1,894	2,364	1,914	708	1,508	78	2,105	2,626	2,127	786	1,675
79	1,969	2,457	1,990	736	1,567	79	2,188	2,730	2,210	818	1,742
80	2,048	2,556	2,070	767	1,631	80	2,276	2,841	2,300	851	1,812
81	2,131	2,658	2,153	797	1,695	81	2,368	2,953	2,391	886	1,884
82	2,217	2,765	2,238	829	1,763	82	2,463	3,071	2,487	921	1,959
83	2,306	2,875	2,327	862	1,834	83	2,562	3,194	2,586	956	2,038
84	2,399	2,989	2,420	895	1,908	84	2,665	3,322	2,689	995	2,120
85	2,495	3,109	2,518	931	1,984	85	2,771	3,455	2,798	1,035	2,205
86	2,594	3,234	2,618	970	2,064	86	2,882	3,594	2,909	1,078	2,293
87	2,698	3,364	2,723	1,007	2,147	87	2,998	3,738	3,027	1,120	2,385
88	2,805	3,497	2,832	1,048	2,233	88	3,118	3,887	3,147	1,164	2,481
89	2,918	3,637	2,945	1,090	2,323	89	3,242	4,042	3,273	1,210	2,581
90	3,035	3,784	3,063	1,134	2,417	90	3,372	4,205	3,404	1,259	2,684
91	3,156	3,935	3,186	1,179	2,513	91	3,507	4,372	3,539	1,310	2,792
92	3,281	4,092	3,312	1,226	2,612	92	3,646	4,547	3,680	1,362	2,903
93	3,412	4,257	3,444	1,276	2,717	93	3,793	4,728	3,828	1,417	3,020
94	3,549	4,426	3,582	1,327	2,827	94	3,944	4,918	3,980	1,473	3,140
95	3,691	4,604	3,725	1,380	2,939	95	4,101	5,116	4,140	1,533	3,266
96	3,839	4,789	3,874	1,434	3,057	96	4,265	5,321	4,304	1,594	3,396
97	3,992	4,980	4,028	1,492	3,179	97	4,435	5,534	4,476	1,658	3,533
98	4,152	5,179	4,189	1,551	3,306	98	4,612	5,754	4,655	1,723	3,674
99	4,317	5,386	4,358	1,613	3,438	99	4,796	5,984	4,842	1,792	3,820

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

PREMIUM INFORMATION

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

There is a 12% household discount for qualifying applicants.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

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

LIMITATIONS AND EXCLUSIONS

The policy will not pay benefits for:

- a. Expenses incurred while this policy 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 in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;
- d. Services for which a charge is not normally made in the absence of insurance; or
- e. Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate. This exclusion is in reference to the extension of benefits under a prior plan.

REFUND OF PREMIUMS

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$0	\$1632 (Part A deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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
21 st thru 100 th day	All but \$204 a day	\$0	Up to \$204 a day
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

PLAN A

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>HOME HEALTH CARE</u> – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN 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
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	100%	\$0
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - 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 \$240 of Medicare Approved Amounts*	\$0	\$240 (Part B deductible)	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	100%	\$0
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - 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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

(continued)

HIGH DEDUCTIBLE PLAN G

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
HOSPICE CARE - You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

(continued)

HIGH DEDUCTIBLE PLAN G

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

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

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses exceed \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	100%	\$0
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - Tests for diagnostic services	100%	\$0	\$0

(continued)

HIGH DEDUCTIBLE PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE – Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2800 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
<u>HOSPITALIZATION*</u> - Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1632	\$1632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
- While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
- Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<u>SKILLED NURSING FACILITY CARE*</u> - 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<u>HOSPICE CARE</u> - You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<u>MEDICAL EXPENSES</u> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<u>PART B EXCESS CHARGES</u> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<u>BLOOD</u>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<u>CLINICAL LABORATORY SERVICES</u> - 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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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