

INSURANCE COMPANY OF NORTH AMERICA
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. 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	G ¹	K	L	M	N	C	F	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Blood (first three pints)	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	✓	50%	75%	✓	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	50%	75%	50%	✓	✓	✓	✓
Medicare Part B deductible										✓	✓	✓
Medicare Part B excess charges				✓	✓						✓	✓
Foreign travel emergency (up to plan limits)			✓	✓	✓			✓	✓	✓	✓	✓
Out-of-pocket limit in 2026 ²						\$8000 ²	\$4000 ²					

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2950 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.

INSURANCE COMPANY OF NORTH AMERICA
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	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	11,065					0-64	12,725				
0-64 (ESRD/ALS)	2,213	5,517	4,470	1,562	2,977	0-64 (ESRD/ALS)	2,545	6,344	5,139	1,796	3,423
65	2,213	2,758	2,235	781	1,488	65	2,545	3,172	2,569	898	1,712
66	2,213	2,758	2,235	781	1,488	66	2,545	3,172	2,569	898	1,712
67	2,213	2,758	2,235	781	1,488	67	2,545	3,172	2,569	898	1,712
68	2,213	2,758	2,235	781	1,488	68	2,545	3,172	2,569	898	1,712
69	2,213	2,758	2,235	781	1,488	69	2,545	3,172	2,569	898	1,712
70	2,246	2,841	2,268	793	1,514	70	2,582	3,267	2,608	911	1,741
71	2,312	2,927	2,335	815	1,559	71	2,660	3,365	2,685	937	1,793
72	2,392	3,026	2,417	844	1,613	72	2,750	3,479	2,779	971	1,856
73	2,475	3,132	2,501	872	1,669	73	2,846	3,603	2,876	1,004	1,920
74	2,562	3,242	2,588	903	1,728	74	2,946	3,728	2,977	1,038	1,986
75	2,663	3,373	2,691	939	1,796	75	3,063	3,880	3,095	1,080	2,065
76	2,771	3,509	2,799	976	1,867	76	3,188	4,036	3,220	1,122	2,146
77	2,883	3,647	2,912	1,016	1,941	77	3,316	4,193	3,349	1,169	2,231
78	2,999	3,794	3,029	1,057	2,018	78	3,448	4,363	3,484	1,215	2,322
79	3,117	3,944	3,149	1,100	2,100	79	3,584	4,536	3,622	1,265	2,414
80	3,240	4,103	3,273	1,141	2,183	80	3,726	4,718	3,764	1,312	2,510
81	3,387	4,286	3,422	1,194	2,283	81	3,895	4,929	3,935	1,373	2,625
82	3,539	4,479	3,575	1,248	2,386	82	4,070	5,151	4,111	1,435	2,745
83	3,698	4,681	3,734	1,303	2,495	83	4,252	5,384	4,294	1,498	2,871
84	3,863	4,891	3,902	1,360	2,608	84	4,442	5,624	4,487	1,565	3,000
85	4,038	5,112	4,080	1,423	2,724	85	4,643	5,878	4,691	1,636	3,132
86	4,219	5,341	4,261	1,487	2,849	86	4,851	6,141	4,901	1,710	3,276
87	4,412	5,580	4,455	1,554	2,977	87	5,073	6,417	5,124	1,786	3,423
88	4,607	5,832	4,654	1,625	3,109	88	5,298	6,706	5,352	1,869	3,575
89	4,815	6,095	4,864	1,697	3,249	89	5,538	7,009	5,592	1,952	3,737
90	5,034	6,367	5,084	1,774	3,394	90	5,789	7,324	5,846	2,040	3,903
91	5,258	6,658	5,312	1,853	3,547	91	6,046	7,656	6,109	2,131	4,080
92	5,494	6,958	5,549	1,937	3,709	92	6,318	8,002	6,382	2,228	4,265
93	5,744	7,269	5,801	2,023	3,875	93	6,605	8,359	6,671	2,325	4,457
94	6,002	7,597	6,063	2,113	4,050	94	6,903	8,738	6,974	2,430	4,658
95	6,270	7,939	6,333	2,209	4,231	95	7,210	9,129	7,283	2,541	4,865
96	6,551	8,295	6,617	2,309	4,424	96	7,534	9,540	7,610	2,655	5,087
97	6,848	8,668	6,916	2,413	4,623	97	7,875	9,969	7,954	2,776	5,316
98	7,157	9,060	7,229	2,522	4,832	98	8,230	10,420	8,312	2,899	5,557
99	7,476	9,468	7,552	2,634	5,048	99	8,597	10,889	8,685	3,030	5,805

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

INSURANCE COMPANY OF NORTH AMERICA

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: 750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	9,433					0-64	10,847				
0-64 (ESRD/ALS)	1,887	4,703	3,811	1,331	2,538	0-64 (ESRD/ALS)	2,169	5,408	4,380	1,531	2,918
65	1,887	2,351	1,905	666	1,269	65	2,169	2,704	2,190	765	1,459
66	1,887	2,351	1,905	666	1,269	66	2,169	2,704	2,190	765	1,459
67	1,887	2,351	1,905	666	1,269	67	2,169	2,704	2,190	765	1,459
68	1,887	2,351	1,905	666	1,269	68	2,169	2,704	2,190	765	1,459
69	1,887	2,351	1,905	666	1,269	69	2,169	2,704	2,190	765	1,459
70	1,915	2,422	1,933	676	1,291	70	2,201	2,785	2,224	777	1,484
71	1,971	2,495	1,991	695	1,329	71	2,267	2,868	2,289	799	1,529
72	2,039	2,579	2,060	720	1,375	72	2,344	2,966	2,369	828	1,582
73	2,110	2,670	2,132	744	1,423	73	2,426	3,071	2,451	856	1,637
74	2,184	2,763	2,206	770	1,473	74	2,512	3,178	2,538	885	1,693
75	2,270	2,876	2,294	801	1,531	75	2,611	3,307	2,638	920	1,761
76	2,362	2,991	2,386	832	1,591	76	2,718	3,440	2,745	957	1,829
77	2,458	3,109	2,482	866	1,655	77	2,827	3,574	2,855	996	1,902
78	2,556	3,234	2,582	901	1,720	78	2,939	3,719	2,970	1,036	1,979
79	2,657	3,362	2,684	938	1,790	79	3,056	3,867	3,088	1,078	2,058
80	2,762	3,498	2,790	972	1,861	80	3,176	4,022	3,208	1,118	2,139
81	2,887	3,654	2,917	1,018	1,946	81	3,321	4,202	3,354	1,170	2,238
82	3,017	3,818	3,047	1,064	2,034	82	3,469	4,391	3,505	1,223	2,340
83	3,152	3,990	3,183	1,111	2,127	83	3,624	4,590	3,661	1,277	2,447
84	3,293	4,169	3,326	1,160	2,224	84	3,787	4,794	3,825	1,334	2,557
85	3,442	4,358	3,478	1,213	2,322	85	3,958	5,011	3,999	1,395	2,670
86	3,596	4,553	3,633	1,268	2,428	86	4,135	5,235	4,178	1,458	2,792
87	3,761	4,757	3,798	1,325	2,538	87	4,324	5,470	4,368	1,523	2,918
88	3,927	4,971	3,968	1,385	2,650	88	4,517	5,717	4,562	1,593	3,047
89	4,105	5,196	4,146	1,447	2,770	89	4,721	5,975	4,767	1,664	3,186
90	4,291	5,428	4,334	1,512	2,893	90	4,935	6,243	4,984	1,739	3,327
91	4,482	5,675	4,528	1,580	3,023	91	5,154	6,526	5,207	1,817	3,478
92	4,683	5,931	4,730	1,652	3,162	92	5,386	6,821	5,440	1,899	3,636
93	4,896	6,196	4,945	1,724	3,303	93	5,631	7,126	5,687	1,982	3,799
94	5,117	6,476	5,169	1,801	3,453	94	5,884	7,448	5,945	2,072	3,971
95	5,345	6,767	5,399	1,883	3,607	95	6,146	7,782	6,209	2,166	4,148
96	5,585	7,071	5,641	1,969	3,771	96	6,422	8,133	6,488	2,263	4,337
97	5,838	7,389	5,896	2,057	3,941	97	6,713	8,498	6,781	2,366	4,531
98	6,101	7,723	6,162	2,150	4,119	98	7,016	8,883	7,086	2,471	4,737
99	6,373	8,071	6,438	2,245	4,304	99	7,329	9,282	7,404	2,583	4,948

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

TEXAS Standard Plans MALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 750-753, 760, 761, 770-777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	8,798					0-64	10,117				
0-64 (ESRD/ALS)	1,760	4,386	3,554	1,242	2,367	0-64 (ESRD/ALS)	2,023	5,044	4,086	1,428	2,722
65	1,760	2,193	1,777	621	1,183	65	2,023	2,522	2,043	714	1,361
66	1,760	2,193	1,777	621	1,183	66	2,023	2,522	2,043	714	1,361
67	1,760	2,193	1,777	621	1,183	67	2,023	2,522	2,043	714	1,361
68	1,760	2,193	1,777	621	1,183	68	2,023	2,522	2,043	714	1,361
69	1,760	2,193	1,777	621	1,183	69	2,023	2,522	2,043	714	1,361
70	1,786	2,259	1,803	631	1,204	70	2,053	2,598	2,074	725	1,384
71	1,838	2,327	1,857	648	1,240	71	2,115	2,675	2,135	745	1,426
72	1,902	2,406	1,922	671	1,282	72	2,186	2,766	2,210	772	1,475
73	1,968	2,490	1,989	694	1,327	73	2,263	2,864	2,286	798	1,527
74	2,037	2,577	2,057	718	1,374	74	2,343	2,964	2,367	825	1,579
75	2,118	2,682	2,140	747	1,428	75	2,436	3,085	2,461	858	1,642
76	2,203	2,790	2,225	776	1,484	76	2,535	3,209	2,560	892	1,706
77	2,292	2,899	2,315	808	1,543	77	2,636	3,334	2,663	929	1,774
78	2,384	3,017	2,409	840	1,604	78	2,741	3,469	2,770	966	1,846
79	2,478	3,136	2,504	875	1,669	79	2,850	3,606	2,880	1,006	1,920
80	2,576	3,262	2,603	907	1,735	80	2,962	3,751	2,992	1,043	1,995
81	2,693	3,408	2,721	950	1,815	81	3,097	3,919	3,128	1,091	2,087
82	2,814	3,561	2,842	992	1,897	82	3,236	4,095	3,269	1,141	2,183
83	2,940	3,722	2,969	1,036	1,984	83	3,380	4,281	3,414	1,191	2,282
84	3,071	3,889	3,102	1,082	2,074	84	3,532	4,472	3,568	1,245	2,385
85	3,211	4,064	3,244	1,131	2,166	85	3,692	4,673	3,730	1,301	2,490
86	3,354	4,247	3,388	1,182	2,265	86	3,857	4,883	3,896	1,360	2,604
87	3,508	4,437	3,542	1,236	2,367	87	4,033	5,102	4,074	1,420	2,722
88	3,663	4,637	3,701	1,292	2,472	88	4,213	5,332	4,255	1,486	2,842
89	3,829	4,846	3,867	1,349	2,583	89	4,403	5,573	4,446	1,552	2,971
90	4,002	5,062	4,042	1,410	2,699	90	4,603	5,823	4,648	1,622	3,103
91	4,181	5,293	4,223	1,473	2,820	91	4,807	6,087	4,857	1,695	3,244
92	4,368	5,532	4,412	1,540	2,949	92	5,024	6,362	5,074	1,771	3,391
93	4,567	5,779	4,612	1,608	3,081	93	5,252	6,646	5,304	1,849	3,543
94	4,772	6,040	4,821	1,680	3,220	94	5,488	6,947	5,545	1,932	3,703
95	4,985	6,312	5,035	1,757	3,364	95	5,733	7,259	5,791	2,021	3,868
96	5,209	6,595	5,261	1,836	3,517	96	5,990	7,585	6,051	2,111	4,045
97	5,445	6,892	5,499	1,919	3,675	97	6,261	7,926	6,324	2,207	4,226
98	5,690	7,203	5,747	2,005	3,842	98	6,544	8,285	6,609	2,305	4,418
99	5,944	7,528	6,004	2,094	4,014	99	6,836	8,657	6,905	2,409	4,615

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

INSURANCE COMPANY OF NORTH AMERICA
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	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	9,791					0-64	11,261				
0-64 (ESRD/ALS)	1,958	4,882	3,955	1,381	2,635	0-64 (ESRD/ALS)	2,252	5,614	4,548	1,588	3,030
65	1,958	2,441	1,978	691	1,318	65	2,252	2,807	2,274	794	1,515
66	1,958	2,441	1,978	691	1,318	66	2,252	2,807	2,274	794	1,515
67	1,958	2,441	1,978	691	1,318	67	2,252	2,807	2,274	794	1,515
68	1,958	2,441	1,978	691	1,318	68	2,252	2,807	2,274	794	1,515
69	1,958	2,441	1,978	691	1,318	69	2,252	2,807	2,274	794	1,515
70	1,987	2,514	2,007	702	1,340	70	2,285	2,891	2,308	806	1,541
71	2,046	2,590	2,067	721	1,380	71	2,353	2,978	2,377	830	1,587
72	2,117	2,678	2,139	747	1,427	72	2,434	3,079	2,460	859	1,642
73	2,191	2,772	2,213	772	1,477	73	2,519	3,188	2,545	888	1,699
74	2,267	2,868	2,290	799	1,529	74	2,607	3,299	2,634	919	1,758
75	2,357	2,985	2,381	831	1,590	75	2,711	3,433	2,739	955	1,828
76	2,452	3,105	2,477	864	1,652	76	2,821	3,571	2,849	993	1,900
77	2,551	3,227	2,577	899	1,718	77	2,934	3,711	2,963	1,035	1,975
78	2,654	3,357	2,680	935	1,786	78	3,051	3,861	3,083	1,075	2,054
79	2,758	3,490	2,786	974	1,858	79	3,172	4,014	3,205	1,120	2,136
80	2,867	3,631	2,896	1,009	1,931	80	3,298	4,175	3,331	1,160	2,220
81	2,998	3,793	3,028	1,057	2,020	81	3,448	4,362	3,482	1,215	2,323
82	3,132	3,964	3,163	1,104	2,112	82	3,601	4,558	3,638	1,270	2,429
83	3,272	4,143	3,305	1,153	2,208	83	3,762	4,764	3,800	1,326	2,540
84	3,418	4,329	3,453	1,204	2,308	84	3,931	4,978	3,971	1,385	2,655
85	3,573	4,524	3,610	1,259	2,411	85	4,109	5,202	4,152	1,448	2,772
86	3,733	4,726	3,771	1,316	2,521	86	4,293	5,435	4,337	1,514	2,899
87	3,904	4,939	3,943	1,375	2,634	87	4,490	5,679	4,535	1,581	3,029
88	4,077	5,161	4,119	1,438	2,751	88	4,688	5,935	4,736	1,654	3,163
89	4,261	5,394	4,304	1,502	2,876	89	4,901	6,202	4,950	1,728	3,307
90	4,454	5,635	4,499	1,570	3,004	90	5,123	6,481	5,174	1,806	3,454
91	4,653	5,891	4,701	1,640	3,139	91	5,351	6,775	5,406	1,886	3,610
92	4,862	6,157	4,911	1,714	3,282	92	5,591	7,081	5,647	1,972	3,775
93	5,083	6,433	5,134	1,790	3,429	93	5,845	7,398	5,904	2,058	3,944
94	5,312	6,723	5,366	1,870	3,584	94	6,109	7,732	6,171	2,151	4,122
95	5,549	7,025	5,605	1,956	3,744	95	6,381	8,079	6,445	2,248	4,305
96	5,797	7,341	5,856	2,044	3,915	96	6,667	8,442	6,734	2,350	4,502
97	6,060	7,671	6,121	2,135	4,091	97	6,969	8,822	7,039	2,456	4,704
98	6,333	8,018	6,396	2,231	4,276	98	7,283	9,221	7,355	2,566	4,918
99	6,616	8,379	6,683	2,331	4,468	99	7,608	9,636	7,686	2,682	5,137

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

INSURANCE COMPANY OF NORTH AMERICA

TEXAS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: 750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	8,346					0-64	9,599				
0-64 (ESRD/ALS)	1,669	4,162	3,372	1,177	2,246	0-64 (ESRD/ALS)	1,920	4,786	3,877	1,354	2,583
65	1,669	2,081	1,686	589	1,123	65	1,920	2,393	1,939	677	1,292
66	1,669	2,081	1,686	589	1,123	66	1,920	2,393	1,939	677	1,292
67	1,669	2,081	1,686	589	1,123	67	1,920	2,393	1,939	677	1,292
68	1,669	2,081	1,686	589	1,123	68	1,920	2,393	1,939	677	1,292
69	1,669	2,081	1,686	589	1,123	69	1,920	2,393	1,939	677	1,292
70	1,694	2,143	1,711	598	1,142	70	1,948	2,465	1,968	687	1,314
71	1,744	2,208	1,762	615	1,176	71	2,006	2,539	2,026	707	1,353
72	1,804	2,283	1,823	636	1,217	72	2,075	2,625	2,097	732	1,400
73	1,868	2,363	1,887	658	1,259	73	2,148	2,718	2,169	757	1,449
74	1,932	2,445	1,952	681	1,303	74	2,222	2,812	2,245	783	1,499
75	2,009	2,545	2,030	708	1,355	75	2,311	2,927	2,335	814	1,558
76	2,090	2,647	2,111	736	1,408	76	2,404	3,044	2,428	847	1,619
77	2,175	2,751	2,196	766	1,464	77	2,501	3,164	2,526	882	1,684
78	2,262	2,862	2,285	797	1,523	78	2,601	3,292	2,628	916	1,751
79	2,351	2,975	2,375	830	1,584	79	2,704	3,422	2,732	955	1,821
80	2,444	3,095	2,469	860	1,646	80	2,811	3,559	2,839	989	1,893
81	2,555	3,233	2,581	901	1,722	81	2,939	3,718	2,968	1,036	1,980
82	2,670	3,379	2,697	941	1,800	82	3,070	3,885	3,101	1,083	2,071
83	2,789	3,532	2,817	983	1,882	83	3,207	4,061	3,240	1,130	2,165
84	2,914	3,690	2,943	1,026	1,968	84	3,351	4,243	3,385	1,180	2,263
85	3,046	3,856	3,077	1,073	2,055	85	3,503	4,435	3,539	1,234	2,363
86	3,182	4,029	3,215	1,122	2,149	86	3,660	4,633	3,697	1,291	2,471
87	3,328	4,210	3,361	1,172	2,245	87	3,827	4,841	3,866	1,348	2,582
88	3,476	4,399	3,511	1,226	2,345	88	3,997	5,060	4,037	1,410	2,697
89	3,633	4,598	3,669	1,280	2,451	89	4,178	5,287	4,219	1,473	2,819
90	3,797	4,804	3,836	1,338	2,560	90	4,367	5,524	4,411	1,539	2,944
91	3,967	5,022	4,007	1,398	2,676	91	4,561	5,775	4,608	1,608	3,077
92	4,144	5,249	4,186	1,461	2,798	92	4,766	6,036	4,814	1,681	3,218
93	4,333	5,484	4,376	1,526	2,923	93	4,983	6,307	5,033	1,754	3,362
94	4,528	5,731	4,574	1,594	3,056	94	5,207	6,592	5,260	1,834	3,514
95	4,730	5,988	4,778	1,667	3,192	95	5,439	6,887	5,494	1,917	3,670
96	4,942	6,258	4,992	1,742	3,337	96	5,684	7,197	5,741	2,003	3,838
97	5,166	6,540	5,218	1,820	3,487	97	5,940	7,520	6,001	2,094	4,010
98	5,399	6,835	5,453	1,902	3,645	98	6,209	7,860	6,270	2,187	4,192
99	5,640	7,143	5,697	1,987	3,808	99	6,485	8,214	6,552	2,286	4,379

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

INSURANCE COMPANY OF NORTH AMERICA

TEXAS Standard Plans FEMALE Rates - ANNUAL

FOR USE IN ZIP CODES: ALL EXCEPT 750-753, 760, 761, 770-777, 782, 784, 793, 794

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan F	Plan G	HD Plan G	Plan N		Plan A	Plan F	Plan G	HD Plan G	Plan N
0-64	7,784					0-64	8,953				
0-64 (ESRD/ALS)	1,557	3,882	3,145	1,098	2,095	0-64 (ESRD/ALS)	1,791	4,464	3,616	1,263	2,409
65	1,557	1,941	1,572	549	1,048	65	1,791	2,232	1,808	631	1,205
66	1,557	1,941	1,572	549	1,048	66	1,791	2,232	1,808	631	1,205
67	1,557	1,941	1,572	549	1,048	67	1,791	2,232	1,808	631	1,205
68	1,557	1,941	1,572	549	1,048	68	1,791	2,232	1,808	631	1,205
69	1,557	1,941	1,572	549	1,048	69	1,791	2,232	1,808	631	1,205
70	1,580	1,999	1,596	558	1,065	70	1,817	2,299	1,835	641	1,225
71	1,627	2,059	1,643	573	1,097	71	1,871	2,368	1,890	660	1,262
72	1,683	2,129	1,700	594	1,135	72	1,935	2,448	1,956	683	1,306
73	1,742	2,204	1,760	614	1,175	73	2,003	2,535	2,023	706	1,351
74	1,802	2,280	1,821	635	1,215	74	2,073	2,623	2,094	730	1,398
75	1,874	2,374	1,893	661	1,264	75	2,155	2,730	2,178	760	1,453
76	1,950	2,469	1,969	687	1,313	76	2,243	2,839	2,265	790	1,510
77	2,028	2,566	2,049	715	1,366	77	2,333	2,951	2,356	823	1,570
78	2,110	2,669	2,131	743	1,420	78	2,426	3,070	2,451	855	1,633
79	2,193	2,775	2,215	774	1,477	79	2,522	3,191	2,548	890	1,698
80	2,280	2,887	2,303	802	1,536	80	2,622	3,319	2,648	922	1,765
81	2,383	3,016	2,408	840	1,606	81	2,741	3,468	2,768	966	1,847
82	2,490	3,152	2,515	878	1,679	82	2,863	3,624	2,893	1,010	1,931
83	2,602	3,294	2,628	917	1,756	83	2,991	3,788	3,022	1,054	2,020
84	2,718	3,442	2,745	957	1,835	84	3,125	3,958	3,157	1,101	2,111
85	2,841	3,597	2,870	1,001	1,917	85	3,267	4,136	3,301	1,151	2,204
86	2,968	3,758	2,998	1,047	2,004	86	3,413	4,321	3,448	1,204	2,305
87	3,104	3,927	3,135	1,093	2,094	87	3,570	4,515	3,605	1,257	2,409
88	3,242	4,103	3,275	1,144	2,187	88	3,728	4,719	3,766	1,315	2,515
89	3,388	4,288	3,422	1,194	2,286	89	3,896	4,931	3,935	1,374	2,630
90	3,541	4,480	3,577	1,248	2,388	90	4,073	5,153	4,114	1,436	2,746
91	3,700	4,684	3,737	1,304	2,496	91	4,254	5,386	4,298	1,500	2,870
92	3,865	4,896	3,904	1,363	2,609	92	4,446	5,630	4,490	1,568	3,001
93	4,041	5,115	4,082	1,423	2,727	93	4,647	5,882	4,694	1,636	3,136
94	4,223	5,346	4,266	1,487	2,850	94	4,857	6,148	4,906	1,710	3,278
95	4,412	5,585	4,456	1,555	2,977	95	5,073	6,423	5,125	1,788	3,423
96	4,609	5,836	4,656	1,625	3,113	96	5,301	6,712	5,354	1,868	3,579
97	4,818	6,099	4,866	1,698	3,252	97	5,541	7,014	5,597	1,953	3,740
98	5,035	6,375	5,086	1,774	3,400	98	5,791	7,331	5,848	2,040	3,910
99	5,260	6,662	5,314	1,854	3,552	99	6,049	7,661	6,111	2,132	4,085

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

PREMIUM INFORMATION

Insurance Company of North America 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 7% 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 Insurance Company of North America.

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all of your medical costs. Neither Insurance Company of North America 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 that provides for a refund of any premium which covers a period after 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. Insurance Company of North America may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days</p>	<p>All but \$1736 All but \$434 a day All but \$868 a day \$0 \$0</p>	<p>\$0 \$434 a day \$868 a day 100% of Medicare eligible expenses \$0</p>	<p>\$1736 (Part A deductible) \$0 \$0 \$0** All costs</p>
<p>SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$217 a day \$0</p>	<p>\$0 \$0 \$0</p>	<p>\$0 Up to \$217 a day All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p>HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

PLAN A

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

*Once you have been billed \$283 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 \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1736 All but \$434 a day All but \$868 a day \$0 \$0	\$1736 (Part A deductible) \$434 a day \$868 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$217 a day \$0	\$0 Up to \$217 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN F

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

*Once you have been billed \$283 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 \$283 of Medicare Approved Amounts*	\$0	\$283 (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 \$283 of Medicare Approved amounts*	\$0	\$283 (Part B deductible)	\$0
Remainder of Medicare Approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN F
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
- First \$283 of Medicare Approved Amounts*	\$0	\$283 (Part B deductible)	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1736 All but \$434 a day All but \$868 a day \$0 \$0	\$1736 (Part A deductible) \$434 a day \$868 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$217 a day \$0	\$0 Up to \$217 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN G
MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR

*Once you have been billed \$283 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 \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN G
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
- First \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (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 \$2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2950. 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 \$2950 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2950 DEDUCTIBLE ** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1736 All but \$434 a day All but \$868 a day \$0 \$0	\$1736 (Part A deductible) \$434 a day \$868 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$217 a day \$0	\$0 Up to \$217 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

HIGH DEDUCTIBLE PLAN G

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

*Once you have been billed \$283 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 \$2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2950. 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 \$2950 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2950 DEDUCTIBLE ** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$283 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$283 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$283 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$283 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

HIGH DEDUCTIBLE PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2950 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2950 DEDUCTIBLE ** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (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 \$2950 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2950 DEDUCTIBLE ** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days</p>	<p>All but \$1736 All but \$434 a day All but \$868 a day \$0 \$0</p>	<p>\$1736 (Part A deductible) \$434 a day \$868 a day 100% of Medicare eligible expenses \$0</p>	<p>\$0 \$0 \$0 \$0** All costs</p>
<p>SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after</p>	<p>All approved amounts All but \$217 a day \$0</p>	<p>\$0 Up to \$217 a day \$0</p>	<p>\$0 \$0 All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0 100%</p>	<p>3 pints \$0</p>	<p>\$0 \$0</p>
<p>HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

PLAN N

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

*Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,</p> <p>First \$283 of Medicare Approved Amounts*</p> <p>Remainder of Medicare Approved Amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>	<p>\$283 (Part B deductible)</p> <p>Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>
<p>PART B EXCESS CHARGES (Above Medicare Approved Amounts)</p>	<p>\$0</p>	<p>\$0</p>	<p>All costs</p>
<p>BLOOD First 3 pints Next \$283 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts</p>	<p>\$0 \$0 80%</p>	<p>All costs \$0 20%</p>	<p>\$0 \$283 (Part B deductible) \$0</p>
<p>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

(continued)

**PLAN N
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
- First \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (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.