

Lumico Application Packet

Thank you for your interest in applying for the Lumico Medicare Supplement plan!

This application packet provides you with access to a printable copy of the Enrollment Form and the Outline of Coverage in addition to a link to the Choosing a Medigap Policy Guide.

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

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

Other Important Information

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

Download [Policy Outline](#) (.pdf)

Download [Application](#) (.pdf)

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

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



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

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 2021 ²						\$6220 ²	\$3110 ²					

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2370 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.

LUMICO 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 N		Plan A	Plan F	Plan G	Plan N
0-64	8,969	NA	NA	NA	0-64	9,976	NA	NA	NA
65	1,794	2,370	1,777	1,389	65	1,995	2,632	1,976	1,542
66	1,794	2,370	1,777	1,389	66	1,995	2,632	1,976	1,542
67	1,794	2,370	1,777	1,389	67	1,995	2,632	1,976	1,542
68	1,831	2,441	1,814	1,429	68	2,034	2,714	2,016	1,587
69	1,885	2,514	1,867	1,473	69	2,095	2,795	2,075	1,637
70	1,942	2,590	1,925	1,516	70	2,159	2,878	2,139	1,685
71	2,000	2,667	1,982	1,563	71	2,223	2,964	2,203	1,735
72	2,061	2,747	2,043	1,609	72	2,290	3,053	2,269	1,788
73	2,123	2,830	2,102	1,657	73	2,358	3,145	2,336	1,842
74	2,185	2,915	2,166	1,707	74	2,428	3,239	2,406	1,895
75	2,251	3,002	2,231	1,757	75	2,501	3,337	2,478	1,952
76	2,318	3,092	2,297	1,812	76	2,577	3,436	2,552	2,012
77	2,388	3,185	2,367	1,865	77	2,655	3,539	2,630	2,073
78	2,459	3,280	2,439	1,922	78	2,733	3,645	2,709	2,135
79	2,535	3,380	2,511	1,978	79	2,816	3,755	2,790	2,197
80	2,609	3,481	2,586	2,038	80	2,899	3,867	2,873	2,265
81	2,689	3,584	2,664	2,099	81	2,989	3,983	2,959	2,331
82	2,769	3,693	2,744	2,161	82	3,076	4,102	3,048	2,401
83	2,852	3,803	2,826	2,227	83	3,171	4,226	3,140	2,474
84	2,938	3,918	2,910	2,293	84	3,262	4,353	3,234	2,548
85	3,025	4,034	2,998	2,362	85	3,361	4,484	3,330	2,625
86	3,117	4,156	3,088	2,433	86	3,463	4,616	3,432	2,703
87	3,210	4,282	3,180	2,506	87	3,565	4,756	3,534	2,785
88	3,308	4,408	3,276	2,581	88	3,673	4,897	3,641	2,868
89	3,407	4,541	3,375	2,658	89	3,785	5,046	3,750	2,954
90	3,507	4,677	3,476	2,738	90	3,896	5,197	3,863	3,042
91	3,615	4,817	3,579	2,821	91	4,015	5,353	3,976	3,135
92	3,722	4,963	3,686	2,906	92	4,136	5,513	4,097	3,229
93	3,835	5,111	3,798	2,993	93	4,258	5,681	4,220	3,326
94	3,948	5,264	3,911	3,084	94	4,388	5,849	4,346	3,426
95	4,066	5,423	4,029	3,174	95	4,519	6,026	4,477	3,527
96	4,188	5,584	4,149	3,270	96	4,656	6,206	4,610	3,634
97	4,314	5,752	4,275	3,368	97	4,794	6,391	4,750	3,742
98	4,445	5,925	4,402	3,469	98	4,938	6,583	4,893	3,854
99	4,577	6,103	4,534	3,574	99	5,087	6,780	5,039	3,971

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

LUMICO LIFE INSURANCE COMPANY

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	Plan N		Plan A	Plan F	Plan G	Plan N
0-64	7,973	NA	NA	NA	0-64	8,867	NA	NA	NA
65	1,595	2,107	1,580	1,234	65	1,773	2,340	1,756	1,370
66	1,595	2,107	1,580	1,234	66	1,773	2,340	1,756	1,370
67	1,595	2,107	1,580	1,234	67	1,773	2,340	1,756	1,370
68	1,628	2,170	1,612	1,270	68	1,808	2,412	1,792	1,411
69	1,676	2,235	1,660	1,309	69	1,862	2,485	1,845	1,455
70	1,726	2,302	1,711	1,347	70	1,919	2,558	1,901	1,497
71	1,778	2,371	1,762	1,389	71	1,976	2,635	1,958	1,542
72	1,832	2,442	1,816	1,430	72	2,036	2,714	2,017	1,590
73	1,887	2,516	1,869	1,473	73	2,096	2,795	2,076	1,637
74	1,942	2,591	1,925	1,517	74	2,158	2,879	2,139	1,684
75	2,001	2,668	1,983	1,562	75	2,223	2,966	2,203	1,735
76	2,060	2,749	2,042	1,610	76	2,290	3,054	2,268	1,788
77	2,122	2,831	2,104	1,658	77	2,360	3,146	2,338	1,842
78	2,186	2,915	2,168	1,708	78	2,429	3,240	2,408	1,898
79	2,253	3,005	2,232	1,758	79	2,503	3,337	2,480	1,953
80	2,319	3,094	2,299	1,811	80	2,576	3,437	2,554	2,013
81	2,390	3,186	2,368	1,865	81	2,657	3,541	2,631	2,072
82	2,461	3,283	2,439	1,921	82	2,734	3,647	2,710	2,134
83	2,535	3,380	2,512	1,980	83	2,818	3,757	2,791	2,199
84	2,611	3,482	2,587	2,038	84	2,900	3,869	2,874	2,265
85	2,689	3,586	2,664	2,100	85	2,988	3,986	2,960	2,334
86	2,771	3,695	2,745	2,163	86	3,079	4,103	3,051	2,403
87	2,853	3,806	2,827	2,228	87	3,169	4,228	3,141	2,476
88	2,940	3,918	2,912	2,295	88	3,265	4,353	3,237	2,549
89	3,028	4,036	3,000	2,363	89	3,365	4,485	3,333	2,626
90	3,117	4,158	3,089	2,434	90	3,463	4,620	3,434	2,704
91	3,213	4,282	3,181	2,508	91	3,569	4,758	3,535	2,787
92	3,309	4,411	3,277	2,583	92	3,676	4,901	3,642	2,870
93	3,409	4,543	3,376	2,660	93	3,785	5,049	3,751	2,957
94	3,509	4,679	3,477	2,741	94	3,900	5,199	3,863	3,046
95	3,614	4,820	3,581	2,822	95	4,017	5,356	3,980	3,135
96	3,723	4,964	3,688	2,907	96	4,138	5,517	4,098	3,230
97	3,834	5,113	3,800	2,994	97	4,261	5,681	4,222	3,326
98	3,951	5,267	3,913	3,084	98	4,389	5,852	4,349	3,426
99	4,068	5,425	4,030	3,177	99	4,521	6,026	4,479	3,530

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

LUMICO LIFE INSURANCE COMPANY

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	Plan N		Plan A	Plan F	Plan G	Plan N
0-64	7,190	NA	NA	NA	0-64	7,996	NA	NA	NA
65	1,438	1,900	1,425	1,113	65	1,599	2,110	1,584	1,236
66	1,438	1,900	1,425	1,113	66	1,599	2,110	1,584	1,236
67	1,438	1,900	1,425	1,113	67	1,599	2,110	1,584	1,236
68	1,468	1,957	1,454	1,145	68	1,630	2,175	1,616	1,272
69	1,511	2,015	1,497	1,181	69	1,679	2,241	1,663	1,312
70	1,557	2,076	1,543	1,215	70	1,731	2,307	1,714	1,350
71	1,603	2,138	1,589	1,253	71	1,782	2,376	1,766	1,391
72	1,652	2,202	1,637	1,290	72	1,836	2,447	1,819	1,434
73	1,701	2,269	1,685	1,328	73	1,890	2,521	1,872	1,476
74	1,752	2,336	1,736	1,368	74	1,946	2,596	1,929	1,519
75	1,804	2,406	1,788	1,409	75	2,005	2,675	1,987	1,565
76	1,858	2,479	1,841	1,452	76	2,066	2,754	2,046	1,612
77	1,914	2,553	1,897	1,495	77	2,129	2,837	2,108	1,661
78	1,971	2,629	1,955	1,541	78	2,190	2,922	2,171	1,711
79	2,032	2,710	2,013	1,585	79	2,257	3,010	2,236	1,761
80	2,091	2,790	2,073	1,633	80	2,323	3,099	2,303	1,815
81	2,155	2,873	2,135	1,682	81	2,396	3,193	2,372	1,868
82	2,220	2,961	2,200	1,732	82	2,466	3,288	2,444	1,925
83	2,286	3,048	2,266	1,785	83	2,542	3,388	2,517	1,983
84	2,355	3,140	2,332	1,838	84	2,615	3,489	2,592	2,042
85	2,425	3,234	2,403	1,893	85	2,694	3,594	2,669	2,105
86	2,498	3,332	2,475	1,951	86	2,776	3,700	2,751	2,167
87	2,573	3,432	2,549	2,009	87	2,858	3,812	2,833	2,232
88	2,651	3,534	2,626	2,069	88	2,944	3,926	2,919	2,299
89	2,731	3,640	2,706	2,131	89	3,034	4,045	3,006	2,368
90	2,811	3,749	2,786	2,195	90	3,123	4,166	3,097	2,438
91	2,898	3,861	2,869	2,262	91	3,218	4,291	3,187	2,513
92	2,984	3,978	2,955	2,329	92	3,315	4,419	3,284	2,588
93	3,074	4,097	3,045	2,399	93	3,413	4,553	3,383	2,666
94	3,165	4,220	3,135	2,472	94	3,517	4,689	3,483	2,746
95	3,259	4,347	3,229	2,545	95	3,622	4,830	3,589	2,828
96	3,357	4,476	3,326	2,622	96	3,732	4,975	3,695	2,913
97	3,458	4,611	3,427	2,700	97	3,843	5,123	3,808	2,999
98	3,563	4,750	3,529	2,781	98	3,958	5,277	3,922	3,090
99	3,669	4,892	3,634	2,865	99	4,077	5,435	4,039	3,183

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

LUMICO 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 N		Plan A	Plan F	Plan G	Plan N
0-64	8,007	NA	NA	NA	0-64	8,903	NA	NA	NA
65	1,601	2,117	1,587	1,239	65	1,781	2,351	1,764	1,377
66	1,601	2,117	1,587	1,239	66	1,781	2,351	1,764	1,377
67	1,601	2,117	1,587	1,239	67	1,781	2,351	1,764	1,377
68	1,635	2,179	1,620	1,276	68	1,815	2,422	1,799	1,417
69	1,684	2,245	1,668	1,315	69	1,871	2,495	1,853	1,461
70	1,734	2,312	1,719	1,354	70	1,927	2,569	1,910	1,504
71	1,786	2,382	1,770	1,395	71	1,986	2,647	1,966	1,550
72	1,840	2,453	1,823	1,437	72	2,045	2,727	2,026	1,596
73	1,895	2,527	1,877	1,479	73	2,105	2,808	2,085	1,644
74	1,951	2,603	1,934	1,524	74	2,168	2,891	2,149	1,692
75	2,010	2,680	1,992	1,569	75	2,233	2,979	2,212	1,743
76	2,070	2,760	2,051	1,617	76	2,300	3,067	2,279	1,796
77	2,133	2,843	2,113	1,665	77	2,370	3,161	2,348	1,851
78	2,197	2,929	2,177	1,716	78	2,440	3,255	2,419	1,906
79	2,262	3,018	2,242	1,766	79	2,514	3,351	2,491	1,962
80	2,329	3,108	2,309	1,820	80	2,588	3,453	2,565	2,022
81	2,401	3,200	2,378	1,874	81	2,668	3,557	2,642	2,082
82	2,472	3,296	2,450	1,930	82	2,747	3,663	2,722	2,144
83	2,546	3,396	2,524	1,988	83	2,830	3,773	2,804	2,209
84	2,622	3,497	2,599	2,048	84	2,913	3,886	2,887	2,275
85	2,701	3,603	2,676	2,109	85	3,000	4,003	2,973	2,344
86	2,782	3,711	2,757	2,173	86	3,092	4,123	3,064	2,414
87	2,866	3,821	2,839	2,237	87	3,184	4,247	3,155	2,487
88	2,952	3,936	2,925	2,305	88	3,280	4,373	3,251	2,561
89	3,041	4,054	3,013	2,374	89	3,380	4,506	3,348	2,637
90	3,131	4,175	3,104	2,445	90	3,479	4,641	3,449	2,716
91	3,226	4,302	3,196	2,519	91	3,584	4,779	3,551	2,799
92	3,324	4,431	3,292	2,594	92	3,693	4,922	3,658	2,882
93	3,423	4,562	3,391	2,672	93	3,803	5,071	3,767	2,969
94	3,524	4,699	3,493	2,753	94	3,918	5,222	3,880	3,059
95	3,631	4,841	3,597	2,834	95	4,034	5,379	3,998	3,150
96	3,740	4,986	3,705	2,920	96	4,156	5,541	4,116	3,245
97	3,852	5,136	3,817	3,007	97	4,280	5,707	4,241	3,341
98	3,967	5,290	3,931	3,098	98	4,408	5,877	4,368	3,442
99	4,086	5,448	4,049	3,191	99	4,541	6,055	4,498	3,546

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

LUMICO LIFE INSURANCE COMPANY

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	Plan N		Plan A	Plan F	Plan G	Plan N
0-64	7,117	NA	NA	NA	0-64	7,914	NA	NA	NA
65	1,423	1,882	1,411	1,102	65	1,583	2,090	1,568	1,224
66	1,423	1,882	1,411	1,102	66	1,583	2,090	1,568	1,224
67	1,423	1,882	1,411	1,102	67	1,583	2,090	1,568	1,224
68	1,453	1,937	1,440	1,134	68	1,614	2,153	1,599	1,260
69	1,497	1,995	1,482	1,169	69	1,663	2,218	1,647	1,299
70	1,541	2,055	1,528	1,203	70	1,713	2,284	1,698	1,337
71	1,588	2,117	1,573	1,240	71	1,765	2,353	1,748	1,377
72	1,636	2,180	1,621	1,277	72	1,818	2,424	1,801	1,419
73	1,685	2,246	1,669	1,315	73	1,871	2,496	1,853	1,462
74	1,734	2,314	1,719	1,354	74	1,927	2,570	1,910	1,504
75	1,787	2,382	1,770	1,395	75	1,985	2,648	1,967	1,549
76	1,840	2,454	1,823	1,437	76	2,045	2,727	2,026	1,597
77	1,896	2,527	1,879	1,480	77	2,107	2,809	2,087	1,645
78	1,953	2,604	1,935	1,525	78	2,169	2,893	2,150	1,695
79	2,011	2,683	1,993	1,570	79	2,235	2,979	2,214	1,744
80	2,070	2,763	2,052	1,617	80	2,301	3,069	2,280	1,797
81	2,134	2,844	2,114	1,666	81	2,372	3,161	2,349	1,850
82	2,197	2,930	2,178	1,715	82	2,442	3,256	2,419	1,906
83	2,263	3,019	2,243	1,767	83	2,516	3,354	2,492	1,963
84	2,331	3,108	2,310	1,820	84	2,589	3,454	2,566	2,022
85	2,400	3,203	2,379	1,875	85	2,667	3,559	2,643	2,083
86	2,473	3,299	2,451	1,931	86	2,749	3,665	2,724	2,146
87	2,548	3,397	2,524	1,989	87	2,830	3,775	2,804	2,210
88	2,624	3,499	2,600	2,049	88	2,915	3,887	2,890	2,276
89	2,703	3,604	2,678	2,110	89	3,005	4,005	2,976	2,344
90	2,784	3,711	2,759	2,173	90	3,093	4,125	3,066	2,414
91	2,868	3,824	2,841	2,239	91	3,186	4,248	3,156	2,488
92	2,954	3,939	2,926	2,306	92	3,283	4,375	3,252	2,562
93	3,042	4,056	3,014	2,375	93	3,380	4,507	3,349	2,639
94	3,133	4,177	3,105	2,447	94	3,482	4,642	3,449	2,719
95	3,227	4,303	3,198	2,519	95	3,586	4,782	3,553	2,800
96	3,324	4,432	3,293	2,596	96	3,695	4,925	3,659	2,884
97	3,424	4,565	3,393	2,673	97	3,805	5,073	3,770	2,969
98	3,526	4,703	3,494	2,754	98	3,918	5,224	3,883	3,059
99	3,632	4,842	3,599	2,837	99	4,036	5,382	3,999	3,152

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

LUMICO LIFE INSURANCE COMPANY

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	Plan N		Plan A	Plan F	Plan G	Plan N
0-64	6,418	NA	NA	NA	0-64	7,137	NA	NA	NA
65	1,284	1,697	1,272	993	65	1,427	1,885	1,414	1,104
66	1,284	1,697	1,272	993	66	1,427	1,885	1,414	1,104
67	1,284	1,697	1,272	993	67	1,427	1,885	1,414	1,104
68	1,310	1,747	1,298	1,023	68	1,455	1,942	1,442	1,136
69	1,350	1,799	1,337	1,054	69	1,500	2,000	1,485	1,171
70	1,390	1,853	1,378	1,085	70	1,545	2,060	1,531	1,206
71	1,432	1,909	1,419	1,118	71	1,592	2,122	1,576	1,242
72	1,475	1,966	1,462	1,152	72	1,640	2,186	1,624	1,280
73	1,519	2,026	1,505	1,186	73	1,687	2,251	1,671	1,318
74	1,564	2,087	1,550	1,221	74	1,738	2,318	1,722	1,357
75	1,612	2,148	1,597	1,258	75	1,790	2,388	1,773	1,397
76	1,659	2,213	1,644	1,296	76	1,844	2,459	1,827	1,440
77	1,710	2,279	1,694	1,335	77	1,900	2,533	1,882	1,483
78	1,761	2,348	1,745	1,375	78	1,956	2,609	1,939	1,528
79	1,813	2,419	1,797	1,416	79	2,015	2,686	1,997	1,573
80	1,867	2,491	1,851	1,459	80	2,075	2,768	2,056	1,621
81	1,924	2,565	1,906	1,502	81	2,139	2,851	2,118	1,669
82	1,981	2,642	1,964	1,547	82	2,202	2,936	2,182	1,719
83	2,041	2,723	2,023	1,594	83	2,269	3,025	2,247	1,771
84	2,102	2,803	2,083	1,642	84	2,335	3,115	2,314	1,824
85	2,165	2,888	2,145	1,690	85	2,405	3,209	2,384	1,879
86	2,230	2,975	2,210	1,741	86	2,479	3,305	2,456	1,935
87	2,298	3,063	2,276	1,793	87	2,552	3,404	2,529	1,993
88	2,367	3,155	2,345	1,848	88	2,629	3,506	2,606	2,053
89	2,438	3,250	2,415	1,903	89	2,710	3,612	2,684	2,114
90	2,510	3,347	2,488	1,960	90	2,789	3,720	2,765	2,177
91	2,586	3,448	2,562	2,019	91	2,873	3,831	2,846	2,244
92	2,664	3,552	2,639	2,080	92	2,961	3,945	2,932	2,311
93	2,744	3,657	2,718	2,142	93	3,048	4,065	3,020	2,380
94	2,825	3,767	2,800	2,206	94	3,140	4,186	3,110	2,452
95	2,910	3,880	2,884	2,272	95	3,234	4,312	3,204	2,525
96	2,998	3,997	2,970	2,341	96	3,332	4,441	3,300	2,601
97	3,088	4,117	3,059	2,410	97	3,431	4,574	3,400	2,678
98	3,180	4,241	3,151	2,483	98	3,534	4,711	3,502	2,759
99	3,276	4,367	3,245	2,558	99	3,640	4,853	3,606	2,842

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

PREMIUM INFORMATION

Lumico 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 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 Lumico Life Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: Lumico 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 Lumico 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. Lumico 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
<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 \$1484 All but \$371 a day All but \$742 a day \$0 \$0</p>	<p>\$0 \$371 a day \$742 a day 100% of Medicare eligible expenses \$0</p>	<p>\$1484 (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 \$185.50 a day \$0</p>	<p>\$0 \$0 \$0</p>	<p>\$0 Up to \$185.50 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 \$203 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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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 \$1484 All but \$371 a day All but \$742 a day \$0 \$0	\$1484 (Part A deductible) \$371 a day \$742 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 \$185.50 a day \$0	\$0 Up to \$185.50 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 \$203 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 \$203 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$203 (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$203 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$203 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN F
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment			
First \$203 of Medicare Approved Amounts*	\$0	\$203 (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 \$1484 All but \$371 a day All but \$742 a day \$0 \$0	\$1484 (Part A deductible) \$371 a day \$742 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 \$185.50 a day \$0	\$0 Up to \$185.50 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 \$203 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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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

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 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 \$1484 All but \$371 a day All but \$742 a day \$0 \$0	\$1484 (Part A deductible) \$371 a day \$742 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 \$185.50 a day \$0	\$0 Up to \$185.50 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 N

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

*Once you have been billed \$203 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 \$203 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>\$203 (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 \$203 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$203 (Part B deductible)</p> <p>\$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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (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.