

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
Outline of Medicare Supplement Coverage
Benefit Plans A, C, 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 ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
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 2020 ²					\$5880 ²	\$2940 ²				

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2340 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.

CENTRAL STATES HEALTH AND LIFE CO. OF OMAHA
TEXAS Standard Plans MALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
0-64	6,745					0-64	7,757				
65	1,686	2,077	2,098	1,703	1,298	65	1,939	2,389	2,413	1,959	1,493
66	1,686	2,077	2,098	1,703	1,298	66	1,939	2,389	2,413	1,959	1,493
67	1,686	2,077	2,098	1,703	1,298	67	1,939	2,389	2,413	1,959	1,493
68	1,686	2,089	2,111	1,703	1,298	68	1,939	2,403	2,427	1,959	1,493
69	1,751	2,102	2,123	1,768	1,346	69	2,013	2,417	2,441	2,034	1,548
70	1,819	2,114	2,135	1,837	1,397	70	2,092	2,431	2,455	2,113	1,606
71	1,884	2,182	2,204	1,903	1,448	71	2,167	2,509	2,534	2,189	1,665
72	1,950	2,250	2,272	1,970	1,499	72	2,242	2,587	2,613	2,265	1,724
73	2,015	2,317	2,341	2,036	1,550	73	2,318	2,665	2,692	2,341	1,782
74	2,081	2,385	2,409	2,102	1,601	74	2,393	2,743	2,771	2,417	1,841
75	2,172	2,483	2,508	2,194	1,671	75	2,498	2,855	2,884	2,523	1,922
76	2,259	2,576	2,602	2,282	1,741	76	2,598	2,963	2,993	2,624	2,002
77	2,347	2,678	2,705	2,377	1,816	77	2,699	3,079	3,110	2,733	2,088
78	2,430	2,788	2,816	2,480	1,897	78	2,794	3,206	3,238	2,852	2,182
79	2,520	2,907	2,936	2,591	1,985	79	2,898	3,343	3,376	2,979	2,282
80	2,615	3,033	3,063	2,708	2,077	80	3,007	3,488	3,523	3,115	2,389
81	2,706	3,165	3,197	2,832	2,178	81	3,112	3,640	3,677	3,257	2,504
82	2,803	3,303	3,336	2,964	2,284	82	3,223	3,798	3,837	3,408	2,627
83	2,905	3,445	3,480	3,103	2,397	83	3,341	3,962	4,002	3,569	2,756
84	3,015	3,593	3,629	3,251	2,517	84	3,467	4,132	4,174	3,739	2,894
85	3,131	3,746	3,784	3,409	2,644	85	3,601	4,308	4,351	3,920	3,040
86	3,242	3,888	3,927	3,559	2,765	86	3,728	4,471	4,516	4,093	3,180
87	3,359	4,034	4,075	3,719	2,895	87	3,863	4,639	4,686	4,277	3,329
88	3,484	4,185	4,228	3,889	3,033	88	4,007	4,813	4,862	4,473	3,488
89	3,618	4,342	4,386	4,071	3,179	89	4,160	4,993	5,044	4,682	3,656
90	3,742	4,504	4,549	4,244	3,320	90	4,303	5,179	5,231	4,880	3,818
91	3,850	4,651	4,698	4,404	3,451	91	4,428	5,349	5,403	5,065	3,969
92	3,962	4,803	4,852	4,570	3,587	92	4,556	5,524	5,579	5,255	4,125
93	4,061	4,960	5,010	4,723	3,714	93	4,670	5,704	5,761	5,432	4,271
94	4,158	5,116	5,168	4,876	3,840	94	4,782	5,884	5,943	5,608	4,416
95	4,254	5,272	5,325	5,029	3,967	95	4,892	6,063	6,124	5,784	4,562
96	4,343	5,383	5,437	5,135	4,050	96	4,995	6,190	6,253	5,905	4,658
97	4,430	5,490	5,546	5,238	4,131	97	5,095	6,314	6,378	6,023	4,751
98	4,514	5,595	5,651	5,337	4,210	98	5,191	6,434	6,499	6,138	4,841
99	4,596	5,695	5,753	5,433	4,285	99	5,285	6,550	6,616	6,248	4,928

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

Household Discount Factor: 0.93

CENTRAL STATES HEALTH AND LIFE CO. OF OMAHA
TEXAS Standard Plans FEMALE Rates - ANNUAL
 FOR USE IN ZIP CODES: 770-773, 775

Attained Age	Preferred					Attained Age	Standard				
	Plan A	Plan C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
0-64	5,865					0-64	6,745				
65	1,466	1,806	1,825	1,481	1,129	65	1,686	2,077	2,098	1,703	1,298
66	1,466	1,806	1,825	1,481	1,129	66	1,686	2,077	2,098	1,703	1,298
67	1,466	1,806	1,825	1,481	1,129	67	1,686	2,077	2,098	1,703	1,298
68	1,466	1,817	1,835	1,481	1,129	68	1,686	2,089	2,111	1,703	1,298
69	1,522	1,827	1,846	1,538	1,170	69	1,751	2,102	2,123	1,768	1,346
70	1,582	1,838	1,857	1,598	1,215	70	1,819	2,114	2,135	1,837	1,397
71	1,639	1,897	1,916	1,655	1,259	71	1,884	2,182	2,204	1,903	1,448
72	1,696	1,956	1,976	1,713	1,303	72	1,950	2,250	2,272	1,970	1,499
73	1,753	2,015	2,035	1,770	1,348	73	2,015	2,317	2,341	2,036	1,550
74	1,810	2,074	2,095	1,828	1,392	74	2,081	2,385	2,409	2,102	1,601
75	1,889	2,159	2,181	1,908	1,453	75	2,172	2,483	2,508	2,194	1,671
76	1,964	2,240	2,263	1,984	1,514	76	2,259	2,576	2,602	2,282	1,741
77	2,041	2,328	2,352	2,067	1,579	77	2,347	2,678	2,705	2,377	1,816
78	2,113	2,424	2,448	2,156	1,650	78	2,430	2,788	2,816	2,480	1,897
79	2,191	2,527	2,553	2,253	1,726	79	2,520	2,907	2,936	2,591	1,985
80	2,274	2,637	2,664	2,355	1,806	80	2,615	3,033	3,063	2,708	2,077
81	2,353	2,753	2,780	2,463	1,894	81	2,706	3,165	3,197	2,832	2,178
82	2,437	2,872	2,901	2,577	1,986	82	2,803	3,303	3,336	2,964	2,284
83	2,526	2,996	3,026	2,698	2,084	83	2,905	3,445	3,480	3,103	2,397
84	2,622	3,124	3,156	2,827	2,188	84	3,015	3,593	3,629	3,251	2,517
85	2,723	3,257	3,290	2,964	2,299	85	3,131	3,746	3,784	3,409	2,644
86	2,819	3,380	3,415	3,095	2,405	86	3,242	3,888	3,927	3,559	2,765
87	2,921	3,508	3,543	3,234	2,517	87	3,359	4,034	4,075	3,719	2,895
88	3,030	3,639	3,676	3,382	2,637	88	3,484	4,185	4,228	3,889	3,033
89	3,146	3,775	3,814	3,540	2,765	89	3,618	4,342	4,386	4,071	3,179
90	3,253	3,916	3,956	3,690	2,887	90	3,742	4,504	4,549	4,244	3,320
91	3,348	4,044	4,085	3,830	3,001	91	3,850	4,651	4,698	4,404	3,451
92	3,445	4,177	4,219	3,974	3,119	92	3,962	4,803	4,852	4,570	3,587
93	3,531	4,313	4,356	4,107	3,229	93	4,061	4,960	5,010	4,723	3,714
94	3,616	4,449	4,494	4,240	3,339	94	4,158	5,116	5,168	4,876	3,840
95	3,699	4,584	4,631	4,373	3,450	95	4,254	5,272	5,325	5,029	3,967
96	3,777	4,681	4,728	4,465	3,522	96	4,343	5,383	5,437	5,135	4,050
97	3,852	4,774	4,823	4,554	3,592	97	4,430	5,490	5,546	5,238	4,131
98	3,925	4,865	4,914	4,641	3,661	98	4,514	5,595	5,651	5,337	4,210
99	3,996	4,953	5,003	4,725	3,727	99	4,596	5,695	5,753	5,433	4,285

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

Household Discount Factor: 0.93

CENTRAL STATES HEALTH AND LIFE CO. OF OMAHA
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 C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
0-64	5,918					0-64	6,805				
65	1,479	1,823	1,841	1,494	1,139	65	1,701	2,096	2,117	1,719	1,310
66	1,479	1,823	1,841	1,494	1,139	66	1,701	2,096	2,117	1,719	1,310
67	1,479	1,823	1,841	1,494	1,139	67	1,701	2,096	2,117	1,719	1,310
68	1,479	1,833	1,852	1,494	1,139	68	1,701	2,108	2,129	1,719	1,310
69	1,536	1,844	1,862	1,552	1,181	69	1,766	2,120	2,142	1,784	1,358
70	1,596	1,854	1,873	1,612	1,226	70	1,835	2,133	2,154	1,854	1,409
71	1,653	1,914	1,933	1,670	1,270	71	1,901	2,201	2,223	1,920	1,461
72	1,711	1,974	1,994	1,728	1,315	72	1,967	2,270	2,293	1,987	1,512
73	1,768	2,033	2,054	1,786	1,360	73	2,033	2,338	2,362	2,054	1,564
74	1,826	2,093	2,114	1,844	1,404	74	2,100	2,407	2,431	2,121	1,615
75	1,906	2,178	2,200	1,925	1,466	75	2,192	2,505	2,530	2,214	1,686
76	1,982	2,260	2,283	2,002	1,527	76	2,279	2,599	2,626	2,302	1,757
77	2,059	2,349	2,373	2,085	1,593	77	2,368	2,702	2,729	2,398	1,832
78	2,132	2,446	2,470	2,175	1,664	78	2,452	2,812	2,841	2,502	1,914
79	2,211	2,550	2,576	2,273	1,741	79	2,542	2,933	2,962	2,614	2,002
80	2,294	2,661	2,688	2,376	1,823	80	2,638	3,060	3,091	2,733	2,096
81	2,374	2,777	2,805	2,485	1,911	81	2,730	3,194	3,226	2,858	2,197
82	2,459	2,898	2,927	2,600	2,004	82	2,828	3,332	3,366	2,990	2,304
83	2,549	3,023	3,053	2,723	2,103	83	2,932	3,476	3,511	3,131	2,418
84	2,645	3,152	3,184	2,852	2,208	84	3,042	3,625	3,662	3,280	2,539
85	2,747	3,287	3,320	2,991	2,320	85	3,159	3,780	3,818	3,439	2,668
86	2,844	3,411	3,445	3,122	2,426	86	3,271	3,922	3,962	3,591	2,790
87	2,947	3,539	3,575	3,263	2,540	87	3,389	4,070	4,111	3,752	2,921
88	3,057	3,672	3,709	3,412	2,661	88	3,516	4,223	4,265	3,924	3,060
89	3,174	3,809	3,848	3,572	2,789	89	3,650	4,381	4,425	4,107	3,208
90	3,283	3,951	3,991	3,723	2,913	90	3,775	4,544	4,590	4,282	3,349
91	3,378	4,081	4,122	3,864	3,028	91	3,885	4,693	4,740	4,443	3,482
92	3,476	4,214	4,257	4,009	3,147	92	3,997	4,846	4,895	4,611	3,619
93	3,563	4,352	4,396	4,144	3,258	93	4,097	5,004	5,055	4,766	3,747
94	3,648	4,489	4,534	4,278	3,369	94	4,196	5,162	5,214	4,920	3,875
95	3,732	4,626	4,672	4,412	3,480	95	4,292	5,319	5,373	5,074	4,002
96	3,811	4,723	4,770	4,505	3,554	96	4,382	5,431	5,486	5,181	4,087
97	3,887	4,817	4,866	4,595	3,625	97	4,470	5,540	5,596	5,285	4,168
98	3,961	4,909	4,958	4,683	3,693	98	4,555	5,645	5,702	5,385	4,247
99	4,032	4,997	5,047	4,767	3,760	99	4,637	5,747	5,805	5,482	4,324

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

Household Discount Factor: 0.93

CENTRAL STATES HEALTH AND LIFE CO. OF OMAHA
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 C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
0-64	5,146					0-64	5,918				
65	1,286	1,585	1,601	1,299	990	65	1,479	1,823	1,841	1,494	1,139
66	1,286	1,585	1,601	1,299	990	66	1,479	1,823	1,841	1,494	1,139
67	1,286	1,585	1,601	1,299	990	67	1,479	1,823	1,841	1,494	1,139
68	1,286	1,594	1,610	1,299	990	68	1,479	1,833	1,852	1,494	1,139
69	1,336	1,603	1,620	1,349	1,027	69	1,536	1,844	1,862	1,552	1,181
70	1,388	1,613	1,629	1,402	1,066	70	1,596	1,854	1,873	1,612	1,226
71	1,438	1,664	1,681	1,452	1,105	71	1,653	1,914	1,933	1,670	1,270
72	1,488	1,716	1,734	1,503	1,143	72	1,711	1,974	1,994	1,728	1,315
73	1,538	1,768	1,786	1,553	1,182	73	1,768	2,033	2,054	1,786	1,360
74	1,588	1,820	1,838	1,604	1,221	74	1,826	2,093	2,114	1,844	1,404
75	1,657	1,894	1,913	1,674	1,275	75	1,906	2,178	2,200	1,925	1,466
76	1,724	1,965	1,985	1,741	1,328	76	1,982	2,260	2,283	2,002	1,527
77	1,791	2,043	2,063	1,813	1,385	77	2,059	2,349	2,373	2,085	1,593
78	1,854	2,127	2,148	1,892	1,447	78	2,132	2,446	2,470	2,175	1,664
79	1,922	2,218	2,240	1,976	1,514	79	2,211	2,550	2,576	2,273	1,741
80	1,995	2,314	2,337	2,066	1,585	80	2,294	2,661	2,688	2,376	1,823
81	2,064	2,415	2,439	2,161	1,661	81	2,374	2,777	2,805	2,485	1,911
82	2,138	2,520	2,545	2,261	1,743	82	2,459	2,898	2,927	2,600	2,004
83	2,217	2,629	2,655	2,367	1,829	83	2,549	3,023	3,053	2,723	2,103
84	2,300	2,741	2,769	2,480	1,920	84	2,645	3,152	3,184	2,852	2,208
85	2,389	2,858	2,887	2,600	2,017	85	2,747	3,287	3,320	2,991	2,320
86	2,473	2,966	2,996	2,715	2,110	86	2,844	3,411	3,445	3,122	2,426
87	2,563	3,078	3,109	2,837	2,209	87	2,947	3,539	3,575	3,263	2,540
88	2,658	3,193	3,225	2,967	2,314	88	3,057	3,672	3,709	3,412	2,661
89	2,760	3,312	3,346	3,106	2,426	89	3,174	3,809	3,848	3,572	2,789
90	2,854	3,436	3,471	3,238	2,533	90	3,283	3,951	3,991	3,723	2,913
91	2,937	3,548	3,584	3,360	2,633	91	3,378	4,081	4,122	3,864	3,028
92	3,022	3,664	3,701	3,486	2,737	92	3,476	4,214	4,257	4,009	3,147
93	3,098	3,784	3,822	3,603	2,833	93	3,563	4,352	4,396	4,144	3,258
94	3,172	3,903	3,943	3,720	2,930	94	3,648	4,489	4,534	4,278	3,369
95	3,245	4,022	4,063	3,837	3,026	95	3,732	4,626	4,672	4,412	3,480
96	3,314	4,107	4,148	3,918	3,090	96	3,811	4,723	4,770	4,505	3,554
97	3,380	4,189	4,231	3,996	3,152	97	3,887	4,817	4,866	4,595	3,625
98	3,444	4,268	4,311	4,072	3,212	98	3,961	4,909	4,958	4,683	3,693
99	3,506	4,345	4,389	4,145	3,269	99	4,032	4,997	5,047	4,767	3,760

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

Household Discount Factor: 0.93

CENTRAL STATES HEALTH AND LIFE CO. OF OMAHA
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 C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
0-64	5,409					0-64	6,220				
65	1,352	1,666	1,683	1,366	1,041	65	1,555	1,916	1,935	1,571	1,197
66	1,352	1,666	1,683	1,366	1,041	66	1,555	1,916	1,935	1,571	1,197
67	1,352	1,666	1,683	1,366	1,041	67	1,555	1,916	1,935	1,571	1,197
68	1,352	1,675	1,692	1,366	1,041	68	1,555	1,927	1,946	1,571	1,197
69	1,404	1,685	1,702	1,418	1,079	69	1,615	1,938	1,958	1,631	1,241
70	1,458	1,695	1,712	1,473	1,120	70	1,677	1,949	1,969	1,694	1,288
71	1,511	1,749	1,767	1,526	1,161	71	1,738	2,012	2,032	1,755	1,335
72	1,564	1,804	1,822	1,579	1,202	72	1,798	2,074	2,095	1,816	1,382
73	1,616	1,858	1,877	1,632	1,243	73	1,859	2,137	2,159	1,877	1,429
74	1,669	1,913	1,932	1,686	1,284	74	1,919	2,200	2,222	1,938	1,476
75	1,742	1,991	2,011	1,759	1,340	75	2,003	2,289	2,313	2,023	1,541
76	1,812	2,066	2,087	1,830	1,396	76	2,083	2,376	2,400	2,104	1,605
77	1,882	2,147	2,169	1,906	1,456	77	2,165	2,469	2,494	2,192	1,675
78	1,948	2,235	2,258	1,988	1,521	78	2,241	2,571	2,597	2,287	1,749
79	2,020	2,331	2,354	2,077	1,591	79	2,324	2,680	2,707	2,389	1,830
80	2,097	2,432	2,457	2,172	1,666	80	2,411	2,797	2,825	2,498	1,916
81	2,170	2,538	2,564	2,271	1,746	81	2,495	2,919	2,949	2,612	2,008
82	2,247	2,649	2,675	2,376	1,832	82	2,585	3,046	3,077	2,733	2,106
83	2,330	2,763	2,791	2,488	1,922	83	2,679	3,177	3,209	2,862	2,210
84	2,418	2,881	2,910	2,607	2,018	84	2,780	3,313	3,347	2,998	2,321
85	2,511	3,004	3,034	2,733	2,120	85	2,887	3,454	3,489	3,143	2,438
86	2,599	3,117	3,149	2,854	2,218	86	2,989	3,585	3,621	3,282	2,550
87	2,694	3,235	3,267	2,982	2,321	87	3,098	3,720	3,758	3,430	2,670
88	2,794	3,356	3,390	3,119	2,432	88	3,213	3,860	3,899	3,587	2,797
89	2,901	3,482	3,517	3,264	2,550	89	3,336	4,004	4,044	3,754	2,932
90	3,000	3,611	3,648	3,403	2,662	90	3,450	4,153	4,195	3,913	3,061
91	3,087	3,730	3,767	3,532	2,767	91	3,550	4,289	4,332	4,061	3,182
92	3,177	3,852	3,891	3,665	2,876	92	3,653	4,429	4,474	4,214	3,308
93	3,256	3,977	4,017	3,787	2,978	93	3,745	4,574	4,620	4,356	3,425
94	3,334	4,103	4,144	3,910	3,079	94	3,835	4,718	4,766	4,497	3,541
95	3,411	4,228	4,270	4,033	3,181	95	3,923	4,862	4,911	4,638	3,658
96	3,483	4,316	4,360	4,118	3,248	96	4,005	4,964	5,014	4,735	3,735
97	3,552	4,403	4,447	4,200	3,313	97	4,085	5,063	5,114	4,830	3,810
98	3,620	4,486	4,532	4,280	3,376	98	4,163	5,159	5,211	4,922	3,882
99	3,685	4,567	4,613	4,357	3,436	99	4,238	5,252	5,305	5,010	3,952

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

Household Discount Factor: 0.93

CENTRAL STATES HEALTH AND LIFE CO. OF OMAHA
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 C	Plan F	Plan G	Plan N		Plan A	Plan C	Plan F	Plan G	Plan N
0-64	4,703					0-64	5,409				
65	1,176	1,448	1,463	1,188	905	65	1,352	1,666	1,683	1,366	1,041
66	1,176	1,448	1,463	1,188	905	66	1,352	1,666	1,683	1,366	1,041
67	1,176	1,448	1,463	1,188	905	67	1,352	1,666	1,683	1,366	1,041
68	1,176	1,457	1,472	1,188	905	68	1,352	1,675	1,692	1,366	1,041
69	1,221	1,465	1,480	1,233	938	69	1,404	1,685	1,702	1,418	1,079
70	1,268	1,474	1,489	1,281	974	70	1,458	1,695	1,712	1,473	1,120
71	1,314	1,521	1,537	1,327	1,010	71	1,511	1,749	1,767	1,526	1,161
72	1,360	1,569	1,584	1,373	1,045	72	1,564	1,804	1,822	1,579	1,202
73	1,405	1,616	1,632	1,420	1,081	73	1,616	1,858	1,877	1,632	1,243
74	1,451	1,663	1,680	1,466	1,116	74	1,669	1,913	1,932	1,686	1,284
75	1,515	1,731	1,749	1,530	1,165	75	1,742	1,991	2,011	1,759	1,340
76	1,575	1,796	1,815	1,591	1,214	76	1,812	2,066	2,087	1,830	1,396
77	1,637	1,867	1,886	1,657	1,266	77	1,882	2,147	2,169	1,906	1,456
78	1,694	1,944	1,963	1,729	1,323	78	1,948	2,235	2,258	1,988	1,521
79	1,757	2,027	2,047	1,806	1,384	79	2,020	2,331	2,354	2,077	1,591
80	1,823	2,115	2,136	1,888	1,449	80	2,097	2,432	2,457	2,172	1,666
81	1,887	2,207	2,230	1,975	1,518	81	2,170	2,538	2,564	2,271	1,746
82	1,954	2,303	2,326	2,067	1,593	82	2,247	2,649	2,675	2,376	1,832
83	2,026	2,402	2,427	2,164	1,671	83	2,330	2,763	2,791	2,488	1,922
84	2,102	2,505	2,531	2,267	1,755	84	2,418	2,881	2,910	2,607	2,018
85	2,183	2,612	2,638	2,377	1,844	85	2,511	3,004	3,034	2,733	2,120
86	2,260	2,711	2,738	2,482	1,928	86	2,599	3,117	3,149	2,854	2,218
87	2,342	2,813	2,841	2,593	2,019	87	2,694	3,235	3,267	2,982	2,321
88	2,430	2,918	2,948	2,712	2,115	88	2,794	3,356	3,390	3,119	2,432
89	2,523	3,028	3,058	2,839	2,217	89	2,901	3,482	3,517	3,264	2,550
90	2,609	3,140	3,172	2,959	2,315	90	3,000	3,611	3,648	3,403	2,662
91	2,685	3,243	3,276	3,071	2,406	91	3,087	3,730	3,767	3,532	2,767
92	2,762	3,349	3,383	3,187	2,501	92	3,177	3,852	3,891	3,665	2,876
93	2,832	3,458	3,493	3,293	2,589	93	3,256	3,977	4,017	3,787	2,978
94	2,900	3,568	3,604	3,400	2,678	94	3,334	4,103	4,144	3,910	3,079
95	2,966	3,676	3,713	3,507	2,766	95	3,411	4,228	4,270	4,033	3,181
96	3,029	3,753	3,791	3,581	2,824	96	3,483	4,316	4,360	4,118	3,248
97	3,089	3,828	3,867	3,652	2,881	97	3,552	4,403	4,447	4,200	3,313
98	3,148	3,901	3,941	3,722	2,935	98	3,620	4,486	4,532	4,280	3,376
99	3,204	3,971	4,012	3,789	2,988	99	3,685	4,567	4,613	4,357	3,436

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

Household Discount Factor: 0.93

PREMIUM INFORMATION

Central States Health & Life Co. of Omaha 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, sex, 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 Central States Health & Life Co. of Omaha.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: Central States Health & Life Co. of Omaha, Medicare Supplement Administration, P.O. Box 10845, Clearwater, Florida 33757-8845. 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 Central States Health & Life Co. of Omaha 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. Central States Health & Life Co. of Omaha 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 \$1408 All but \$352 a day All but \$704 a day \$0 \$0</p>	<p>\$0 \$352 a day \$704 a day 100% of Medicare eligible expenses \$0</p>	<p>\$1408 (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 \$176 a day \$0</p>	<p>\$0 \$0 \$0</p>	<p>\$0 Up to \$176 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 \$198 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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN C

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 \$1408 All but \$352 a day All but \$704 a day \$0 \$0	\$1408 (Part A deductible) \$352 a day \$704 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 \$176 a day \$0	\$0 Up to \$176 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 C

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

*Once you have been billed \$198 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 \$198 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$198 (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$198 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$198 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C
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 \$198 of Medicare Approved Amounts*	\$0	\$198 (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 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 \$1408 All but \$352 a day All but \$704 a day \$0 \$0	\$1408 (Part A deductible) \$352 a day \$704 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 \$176 a day \$0	\$0 Up to \$176 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 \$198 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 \$198 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$198 (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$198 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$198 (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 \$198 of Medicare Approved Amounts*	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies 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 \$1408 All but \$352 a day All but \$704 a day \$0 \$0</p>	<p>\$1408 (Part A deductible) \$352 a day \$704 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 \$176 a day \$0</p>	<p>\$0 Up to \$176 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 G

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

*Once you have been billed \$198 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 \$198 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$198 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$198 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$198 (Unless Part B deductible has been met) \$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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (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 \$1408 All but \$352 a day All but \$704 a day \$0 \$0	\$1408 (Part A deductible) \$352 a day \$704 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 \$176 a day \$0	\$0 Up to \$176 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 \$198 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 \$198 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>\$198 (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 \$198 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>\$198 (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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (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.