

# Union Security Insurance Company

## OUTLINE OF MEDICARE SUPPLEMENT PLANS SOLD FOR EFFECTIVE DATE ON OR AFTER JANUARY 1, 2020

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

**Only Medicare Supplement Benefit Plans A, F, G, and N are offered by Union Security Insurance Company.**

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 <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
	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 <sup>2</sup>					\$6,220 <sup>2</sup>	\$3,110 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,370 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.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

**Union Security Insurance Company**

Annual Attained Age Premiums

ZIP Codes: 663-671, 673-679

**Female Rates**

Rates Effective 02/01/2021

Preferred				Attained Age	Standard			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
1,411.53	1,834.04	1,349.11	1,017.17	0-64	1,623.26	2,109.14	1,551.48	1,169.75
1,411.53	1,834.04	1,349.11	1,017.17	65	1,623.26	2,109.14	1,551.48	1,169.75
1,411.53	1,834.04	1,349.11	1,025.16	66	1,623.26	2,109.14	1,551.48	1,178.94
1,411.53	1,834.04	1,349.11	1,041.82	67	1,623.26	2,109.14	1,551.48	1,198.09
1,427.50	1,848.58	1,366.70	1,065.03	68	1,641.61	2,125.85	1,571.71	1,224.78
1,468.44	1,898.76	1,410.54	1,098.15	69	1,688.70	2,183.57	1,622.11	1,262.87
1,506.49	1,942.84	1,449.25	1,137.47	70	1,732.45	2,234.27	1,666.64	1,308.09
1,551.57	2,005.56	1,501.61	1,181.60	71	1,784.30	2,306.39	1,726.86	1,358.84
1,596.65	2,068.28	1,553.97	1,236.21	72	1,836.14	2,378.53	1,787.07	1,421.65
1,649.94	2,141.66	1,614.37	1,294.37	73	1,897.43	2,462.90	1,856.53	1,488.53
1,695.25	2,204.70	1,666.99	1,356.34	74	1,949.53	2,535.41	1,917.04	1,559.78
1,766.65	2,301.75	1,745.41	1,420.94	75	2,031.65	2,647.01	2,007.21	1,634.09
1,822.19	2,389.51	1,815.49	1,452.74	76	2,095.52	2,747.93	2,087.82	1,670.65
1,879.14	2,479.66	1,887.54	1,502.30	77	2,161.01	2,851.61	2,170.67	1,727.64
1,937.57	2,572.31	1,961.58	1,537.25	78	2,228.20	2,958.15	2,255.83	1,767.84
1,997.48	2,667.48	2,037.69	1,599.13	79	2,297.11	3,067.61	2,343.34	1,839.00
2,058.92	2,765.25	2,115.89	1,662.75	80	2,367.76	3,180.03	2,433.28	1,912.16
2,113.99	2,865.09	2,195.79	1,729.92	81	2,431.10	3,294.85	2,525.15	1,989.41
2,170.40	2,967.65	2,277.86	1,798.96	82	2,495.96	3,412.78	2,619.54	2,068.81
2,228.14	3,072.95	2,362.19	1,869.94	83	2,562.37	3,533.89	2,716.50	2,150.44
2,287.26	3,181.08	2,448.79	1,942.90	84	2,630.35	3,658.25	2,816.12	2,234.32
2,348.94	3,293.74	2,539.02	2,017.86	85	2,701.27	3,787.81	2,919.87	2,320.54
2,402.38	3,394.45	2,619.19	2,084.47	86	2,762.74	3,903.61	3,012.08	2,397.14
2,457.02	3,497.76	2,701.47	2,152.83	87	2,825.56	4,022.42	3,106.69	2,475.75
2,512.84	3,603.73	2,785.89	2,222.97	88	2,889.77	4,144.29	3,203.76	2,556.41
2,569.89	3,712.43	2,872.51	2,294.93	89	2,955.36	4,269.28	3,303.38	2,639.17
2,628.19	3,823.90	2,961.38	2,368.77	90	3,022.41	4,397.49	3,405.58	2,724.08
2,679.46	3,929.34	3,045.13	2,438.98	91	3,081.38	4,518.75	3,501.89	2,804.83
2,731.73	4,037.38	3,130.96	2,510.95	92	3,141.48	4,642.99	3,600.60	2,887.59
2,785.02	4,148.06	3,218.94	2,584.71	93	3,202.77	4,770.28	3,701.78	2,972.42
2,839.35	4,261.46	3,309.08	2,660.32	94	3,265.24	4,900.68	3,805.46	3,059.37
2,894.71	4,377.65	3,401.47	2,737.82	95	3,328.93	5,034.29	3,911.70	3,148.49
2,948.27	4,458.63	3,464.40	2,787.10	96	3,390.50	5,127.42	3,984.07	3,205.17
3,002.81	4,541.11	3,528.51	2,837.27	97	3,453.23	5,222.27	4,057.76	3,262.85
3,058.37	4,625.13	3,593.78	2,888.34	98	3,517.12	5,318.89	4,132.84	3,321.58
3,114.94	4,710.68	3,660.26	2,940.33	99	3,582.19	5,417.29	4,209.30	3,381.38

Modal Factors: Semi-Annual - 0.5200, Quarterly - 0.2650, Monthly - 0.0833

Add a One-Time Policy Fee \$25

To calculate a Household discount:

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

Modal premium x .93 = discounted premium

**Union Security Insurance Company**

Annual Attained Age Premiums

ZIP Codes: 663-671, 673-679

**Male Rates**

Rates Effective 02/01/2021

Preferred				Attained Age	Standard			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
1,623.26	2,109.14	1,551.48	1,169.75	0-64	1,866.76	2,425.52	1,784.20	1,345.21
1,623.26	2,109.14	1,551.48	1,169.75	65	1,866.76	2,425.52	1,784.20	1,345.21
1,623.26	2,109.14	1,551.48	1,178.94	66	1,866.76	2,425.52	1,784.20	1,355.78
1,623.26	2,109.14	1,551.48	1,198.09	67	1,866.76	2,425.52	1,784.20	1,377.81
1,641.61	2,125.85	1,571.71	1,224.78	68	1,887.86	2,444.73	1,807.46	1,408.51
1,688.70	2,183.57	1,622.11	1,262.87	69	1,942.01	2,511.10	1,865.44	1,452.30
1,732.45	2,234.27	1,666.64	1,308.09	70	1,992.33	2,569.40	1,916.63	1,504.29
1,784.30	2,306.39	1,726.86	1,358.84	71	2,051.94	2,652.34	1,985.88	1,562.67
1,836.14	2,378.53	1,787.07	1,421.65	72	2,111.57	2,735.31	2,055.13	1,634.90
1,897.43	2,462.90	1,856.53	1,488.53	73	2,182.04	2,832.34	2,135.00	1,711.81
1,949.53	2,535.41	1,917.04	1,559.78	74	2,241.96	2,915.71	2,204.59	1,793.76
2,031.65	2,647.01	2,007.21	1,634.09	75	2,336.41	3,044.07	2,308.31	1,879.20
2,095.52	2,747.93	2,087.82	1,670.65	76	2,409.84	3,160.11	2,400.99	1,921.25
2,161.01	2,851.61	2,170.67	1,727.64	77	2,485.18	3,279.37	2,496.26	1,986.78
2,228.20	2,958.15	2,255.83	1,767.84	78	2,562.43	3,401.88	2,594.19	2,033.01
2,297.11	3,067.61	2,343.34	1,839.00	79	2,641.66	3,527.74	2,694.84	2,114.85
2,367.76	3,180.03	2,433.28	1,912.16	80	2,722.92	3,657.03	2,798.28	2,198.98
2,431.10	3,294.85	2,525.15	1,989.41	81	2,795.77	3,789.07	2,903.91	2,287.81
2,495.96	3,412.78	2,619.54	2,068.81	82	2,870.35	3,924.70	3,012.47	2,379.13
2,562.37	3,533.89	2,716.50	2,150.44	83	2,946.72	4,063.98	3,123.99	2,473.00
2,630.35	3,658.25	2,816.12	2,234.32	84	3,024.90	4,206.99	3,238.54	2,569.48
2,701.27	3,787.81	2,919.87	2,320.54	85	3,106.47	4,355.96	3,357.85	2,668.62
2,762.74	3,903.61	3,012.08	2,397.14	86	3,177.16	4,489.16	3,463.89	2,756.72
2,825.56	4,022.42	3,106.69	2,475.75	87	3,249.40	4,625.78	3,572.70	2,847.11
2,889.77	4,144.29	3,203.76	2,556.41	88	3,323.23	4,765.93	3,684.33	2,939.88
2,955.36	4,269.28	3,303.38	2,639.17	89	3,398.67	4,909.68	3,798.89	3,035.05
3,022.41	4,397.49	3,405.58	2,724.08	90	3,475.78	5,057.11	3,916.42	3,132.70
3,081.38	4,518.75	3,501.89	2,804.83	91	3,543.58	5,196.56	4,027.18	3,225.54
3,141.48	4,642.99	3,600.60	2,887.59	92	3,612.72	5,339.43	4,140.70	3,320.73
3,202.77	4,770.28	3,701.78	2,972.42	93	3,683.17	5,485.82	4,257.04	3,418.28
3,265.24	4,900.68	3,805.46	3,059.37	94	3,755.02	5,635.79	4,376.27	3,518.28
3,328.93	5,034.29	3,911.70	3,148.49	95	3,828.26	5,789.42	4,498.46	3,620.76
3,390.50	5,127.42	3,984.07	3,205.17	96	3,899.08	5,896.54	4,581.67	3,685.94
3,453.23	5,222.27	4,057.76	3,262.85	97	3,971.23	6,005.62	4,666.44	3,752.28
3,517.12	5,318.89	4,132.84	3,321.58	98	4,044.69	6,116.72	4,752.76	3,819.82
3,582.19	5,417.29	4,209.30	3,381.38	99	4,119.52	6,229.89	4,840.69	3,888.58

Modal Factors: Semi-Annual - 0.5200, Quarterly - 0.2650, Monthly - 0.0833

Add a One-Time Policy Fee \$25

To calculate a Household discount:

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

Modal premium x .93 = discounted premium

**Union Security Insurance Company**

Annual Attained Age Premiums

ZIP Codes: 660-662, 672

**Female Rates**

Rates Effective 02/01/2021

Preferred				Attained Age	Standard			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
1,516.65	1,970.62	1,449.57	1,092.92	0-64	1,744.14	2,266.21	1,667.02	1,256.85
1,516.65	1,970.62	1,449.57	1,092.92	65	1,744.14	2,266.21	1,667.02	1,256.85
1,516.65	1,970.62	1,449.57	1,101.51	66	1,744.14	2,266.21	1,667.02	1,266.73
1,516.65	1,970.62	1,449.57	1,119.40	67	1,744.14	2,266.21	1,667.02	1,287.31
1,533.81	1,986.24	1,468.48	1,144.34	68	1,763.85	2,284.16	1,688.75	1,315.99
1,577.79	2,040.16	1,515.58	1,179.92	69	1,814.45	2,346.18	1,742.91	1,356.91
1,618.68	2,087.52	1,557.18	1,222.17	70	1,861.46	2,400.65	1,790.75	1,405.50
1,667.12	2,154.91	1,613.43	1,269.59	71	1,917.17	2,478.15	1,855.45	1,460.03
1,715.55	2,222.30	1,669.69	1,328.27	72	1,972.87	2,555.65	1,920.15	1,527.51
1,772.80	2,301.14	1,734.58	1,390.76	73	2,038.73	2,646.31	1,994.78	1,599.38
1,821.49	2,368.88	1,791.12	1,457.34	74	2,094.71	2,724.21	2,059.79	1,675.93
1,898.21	2,473.16	1,875.39	1,526.76	75	2,182.94	2,844.13	2,156.68	1,755.77
1,957.89	2,567.45	1,950.68	1,560.92	76	2,251.57	2,952.56	2,243.29	1,795.06
2,019.07	2,664.32	2,028.10	1,614.17	77	2,321.94	3,063.97	2,332.31	1,856.29
2,081.85	2,763.87	2,107.66	1,651.72	78	2,394.13	3,178.44	2,423.82	1,899.49
2,146.23	2,866.12	2,189.43	1,718.21	79	2,468.17	3,296.04	2,517.84	1,975.94
2,212.24	2,971.17	2,273.46	1,786.57	80	2,544.08	3,416.84	2,614.49	2,054.55
2,271.42	3,078.45	2,359.31	1,858.74	81	2,612.14	3,540.21	2,713.19	2,137.55
2,332.03	3,188.64	2,447.48	1,932.93	82	2,681.83	3,666.93	2,814.61	2,222.87
2,394.06	3,301.79	2,538.10	2,009.19	83	2,753.19	3,797.05	2,918.79	2,310.58
2,457.59	3,417.97	2,631.15	2,087.58	84	2,826.22	3,930.67	3,025.83	2,400.71
2,523.86	3,539.02	2,728.09	2,168.13	85	2,902.43	4,069.88	3,137.30	2,493.35
2,581.28	3,647.23	2,814.23	2,239.70	86	2,968.48	4,194.31	3,236.38	2,575.65
2,639.99	3,758.23	2,902.64	2,313.14	87	3,035.98	4,321.96	3,338.04	2,660.12
2,699.96	3,872.10	2,993.35	2,388.51	88	3,104.96	4,452.91	3,442.34	2,746.79
2,761.27	3,988.88	3,086.42	2,465.83	89	3,175.44	4,587.21	3,549.37	2,835.71
2,823.91	4,108.66	3,181.90	2,545.17	90	3,247.48	4,724.96	3,659.19	2,926.94
2,878.99	4,221.95	3,271.90	2,620.61	91	3,310.84	4,855.25	3,762.67	3,013.70
2,935.16	4,338.04	3,364.12	2,697.93	92	3,375.42	4,988.74	3,868.73	3,102.62
2,992.42	4,456.96	3,458.64	2,777.19	93	3,441.27	5,125.52	3,977.44	3,193.77
3,050.79	4,578.80	3,555.50	2,858.43	94	3,508.40	5,265.62	4,088.84	3,287.20
3,110.27	4,703.64	3,654.78	2,941.70	95	3,576.83	5,409.19	4,202.99	3,382.95
3,167.82	4,790.65	3,722.39	2,994.65	96	3,642.99	5,509.25	4,280.75	3,443.85
3,226.42	4,879.28	3,791.27	3,048.55	97	3,710.39	5,611.17	4,359.94	3,505.83
3,286.12	4,969.55	3,861.40	3,103.43	98	3,779.04	5,714.97	4,440.61	3,568.94
3,346.91	5,061.47	3,932.83	3,159.29	99	3,848.95	5,820.70	4,522.76	3,633.18

Modal Factors: Semi-Annual - 0.5200, Quarterly - 0.2650, Monthly - 0.0833

Add a One-Time Policy Fee \$25

To calculate a Household discount:

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**Union Security Insurance Company**

Annual Attained Age Premiums

ZIP Codes: 660-662, 672

**Male Rates**

Rates Effective 02/01/2021

Preferred				Attained Age	Standard			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
1,744.14	2,266.21	1,667.02	1,256.85	0-64	2,005.78	2,606.14	1,917.07	1,445.38
1,744.14	2,266.21	1,667.02	1,256.85	65	2,005.78	2,606.14	1,917.07	1,445.38
1,744.14	2,266.21	1,667.02	1,266.73	66	2,005.78	2,606.14	1,917.07	1,456.74
1,744.14	2,266.21	1,667.02	1,287.31	67	2,005.78	2,606.14	1,917.07	1,480.41
1,763.85	2,284.16	1,688.75	1,315.99	68	2,028.44	2,626.79	1,942.06	1,513.39
1,814.45	2,346.18	1,742.91	1,356.91	69	2,086.63	2,698.09	2,004.36	1,560.45
1,861.46	2,400.65	1,790.75	1,405.50	70	2,140.70	2,760.73	2,059.36	1,616.31
1,917.17	2,478.15	1,855.45	1,460.03	71	2,204.75	2,849.86	2,133.77	1,679.03
1,972.87	2,555.65	1,920.15	1,527.51	72	2,268.81	2,939.00	2,208.17	1,756.64
2,038.73	2,646.31	1,994.78	1,599.38	73	2,344.53	3,043.26	2,293.99	1,839.28
2,094.71	2,724.21	2,059.79	1,675.93	74	2,408.91	3,132.84	2,368.76	1,927.33
2,182.94	2,844.13	2,156.68	1,755.77	75	2,510.40	3,270.75	2,480.21	2,019.14
2,251.57	2,952.56	2,243.29	1,795.06	76	2,589.30	3,395.44	2,579.78	2,064.32
2,321.94	3,063.97	2,332.31	1,856.29	77	2,670.25	3,523.58	2,682.16	2,134.74
2,394.13	3,178.44	2,423.82	1,899.49	78	2,753.25	3,655.21	2,787.38	2,184.41
2,468.17	3,296.04	2,517.84	1,975.94	79	2,838.38	3,790.44	2,895.52	2,272.34
2,544.08	3,416.84	2,614.49	2,054.55	80	2,925.69	3,929.36	3,006.66	2,362.73
2,612.14	3,540.21	2,713.19	2,137.55	81	3,003.96	4,071.24	3,120.16	2,458.18
2,681.83	3,666.93	2,814.61	2,222.87	82	3,084.10	4,216.96	3,236.81	2,556.30
2,753.19	3,797.05	2,918.79	2,310.58	83	3,166.16	4,366.61	3,356.62	2,657.16
2,826.22	3,930.67	3,025.83	2,400.71	84	3,250.16	4,520.28	3,479.70	2,760.82
2,902.43	4,069.88	3,137.30	2,493.35	85	3,337.80	4,680.34	3,607.90	2,867.35
2,968.48	4,194.31	3,236.38	2,575.65	86	3,413.76	4,823.46	3,721.84	2,962.01
3,035.98	4,321.96	3,338.04	2,660.12	87	3,491.38	4,970.25	3,838.75	3,059.13
3,104.96	4,452.91	3,442.34	2,746.79	88	3,570.70	5,120.84	3,958.70	3,158.81
3,175.44	4,587.21	3,549.37	2,835.71	89	3,651.77	5,275.29	4,081.78	3,261.07
3,247.48	4,724.96	3,659.19	2,926.94	90	3,734.62	5,433.70	4,208.06	3,365.99
3,310.84	4,855.25	3,762.67	3,013.70	91	3,807.47	5,583.53	4,327.07	3,465.74
3,375.42	4,988.74	3,868.73	3,102.62	92	3,881.75	5,737.04	4,449.05	3,568.02
3,441.27	5,125.52	3,977.44	3,193.77	93	3,957.45	5,894.34	4,574.06	3,672.83
3,508.40	5,265.62	4,088.84	3,287.20	94	4,034.65	6,055.48	4,702.17	3,780.28
3,576.83	5,409.19	4,202.99	3,382.95	95	4,113.35	6,220.55	4,833.46	3,890.39
3,642.99	5,509.25	4,280.75	3,443.85	96	4,189.44	6,335.64	4,922.86	3,960.42
3,710.39	5,611.17	4,359.94	3,505.83	97	4,266.96	6,452.85	5,013.94	4,031.71
3,779.04	5,714.97	4,440.61	3,568.94	98	4,345.89	6,572.22	5,106.69	4,104.28
3,848.95	5,820.70	4,522.76	3,633.18	99	4,426.29	6,693.82	5,201.17	4,178.16

Modal Factors: Semi-Annual - 0.5200, Quarterly - 0.2650, Monthly - 0.0833

Add a One-Time Policy Fee \$25

To calculate a Household discount:

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

### **PREMIUM INFORMATION**

Union Security Insurance Company can only raise your premium if we raise the premium for all policies like yours in this state. Premiums for this policy will increase due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the policy will be the renewal premium then in effect for your attained age.

### **HOUSEHOLD DISCOUNT**

You are eligible for a Household Premium Discount if: (1) you reside with your spouse (including civil union/domestic partner) or (2) for the past year you have resided with at least one, but not more than three, other adults. For the purpose of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in your state of residence. We may request additional documentation to determine eligibility. The discounted rate will be 7 percent lower than the individual rate and will be removed if the other adult or spouse no longer resides with you (other than in the case of his/her death).

### **DISCLOSURES**

Use this outline to compare benefits and premium among policies.

### **READ YOUR POLICY VERY CAREFULLY**

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

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Union Security Insurance Company, 800 Crescent Centre Dr. Ste 200, Franklin, TN 37067. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all your payments.

### **RENEWAL CONDITIONS**

You may renew this Policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your Policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for this Policy.

### **CANCELLATION BY YOU**

You may cancel this Policy at any time by giving us written notice. It will be effective when we receive notice or on a later date that you may specify. Upon cancellation or upon death, we will promptly return any unearned premium which will be based on a pro rata cancellation. Cancellation will not affect an existing claim.

### **POLICY REPLACEMENT**

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

### **NOTICE**

The policy may not cover all of your medical costs.

Neither Union Security Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the enrollment form for the new policy, be sure to answer truthfully and completely any questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the enrollment form carefully before you sign it. Be certain that all information has been properly recorded.

You have selected Plan \_\_\_\_\_ and the premium for that plan is \$\_\_\_\_\_ monthly.

\_\_\_\_\_  
Agent's Name (Print)

\_\_\_\_\_  
Agent's Address

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

**PLAN A**

**MEDICARE (PART A) – HOSPITAL SERVICES – PER CALENDAR YEAR**

\*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
<b>HOSPITALIZATION*</b> 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	All but \$1,484  All but \$371 a day  All but \$742 a day  \$0  \$0	\$0  \$371 a day  \$742 a day  100% of Medicare Eligible Expenses \$0	\$1,484 (Part A Deductible) \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	All approved amounts All but \$185.50 a day  \$0	\$0 \$0  \$0	\$0 Up to \$185.50 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

**PLAN A**

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

\*Once you have been billed \$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
<b>MEDICAL EXPENSES –</b> 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 test, durable medical equipment  First \$203 of Medicare-Approved amounts* Remainder of Medicare-Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$203 (Part B Deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare-Approved)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved amounts* Remainder of Medicare-Approved Amounts	\$0 \$0  80%	All costs \$0  20%	\$0 \$203 (Part B Deductible)  \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES  Medically necessary skilled care services and medical supplies  Durable medical equipment  First \$203 of Medicare Approved amounts*  Remainder of Medicare Approved amounts	100%  \$0  80%	\$0  \$0  20%	\$0  \$203 (Part B Deductible)  \$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
<b>HOSPITALIZATION*</b> 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	All but \$1,484 All but \$371 a day All but \$742 a day \$0 \$0	\$1,484 (Part A Deductible) \$371 a day \$742 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	All approved amounts All but \$185.50 a day \$0	\$0 Up to \$185.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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 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
<b>MEDICAL EXPENSES –</b> 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 test, durable medical equipment First \$203 of Medicare-Approved amounts*	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-Approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$203 of Medicare-Approved amounts*	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> 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

**PLAN F**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

**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
<b>HOSPITALIZATION*</b> 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	All but \$1,484  All but \$371 a day  All but \$742 a day  \$0  \$0	\$1,484 (Part A Deductible) \$371 a day  \$742 a day  100% of Medicare Eligible Expenses \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	All approved amounts All but \$185.50 a day  \$0	\$0  Up to \$185.50 a day  \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness services	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 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
<b>MEDICAL EXPENSES –</b> 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 test, durable medical equipment First \$203 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$203 (Part B Deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare-Approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0  80%	All costs \$0  20%	\$0 \$203 (Part B Deductible)  \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$203 of Medicare Approved amounts* Remainder of Medicare Approved amounts	100%  \$0  80%	\$0  \$0  20%	\$0  \$203 (Part B Deductible)  \$0

**PLAN G**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 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
<b>HOSPITALIZATION*</b> 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	All but \$1,484 All but \$371 a day All but \$742 a day \$0 \$0	\$1,484 (Part A Deductible) \$371 a day \$742 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	All approved amounts All but \$185.50 a day \$0	\$0 Up to \$185.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness services	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ 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 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><b>MEDICAL EXPENSES –</b>                      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 test, durable medical equipment                      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 co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</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><b>Part B Excess Charges</b> (Above Medicare-Approved amounts)</p>	<p>\$0</p>	<p>0%</p>	<p>All costs</p>
<p><b>BLOOD</b>                      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><b>CLINICAL LABORATORY SERVICES –</b>                      TESTS FOR DIAGNOSTIC SERVICES</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>



**PLAN N PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> 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
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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