

**The American Home Life Insurance Company**

**OUTLINE OF COVERAGE**

**Benefit Plans A, F, G and N**

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

**NOTICE TO BUYER:** This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 <sup>2</sup>					\$7,060 <sup>2</sup>	\$3,530 <sup>2</sup>				

Note: A ✓ means 100% of the benefit is paid. +Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F. This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A available.

1 - Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,800 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 Plans F and G do not cover the separate Foreign travel emergency deductible. 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.

2 - 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.

3 - 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.

### **BASIC BENEFITS**

**Hospitalization** –Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

**Medical Expenses** –Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.

**Blood** –First three pints of blood each year.

**Hospice**— Part A coinsurance.

### **PREMIUM INFORMATION**

We, The American Home Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in the state of Florida.

### **HOUSEHOLD PREMIUM DISCOUNT**

You are eligible for a Household Premium Discount if: (1) you reside with your spouse who currently holds or is applying for a Medicare Supplement policy with The American Home Life Insurance Company or (2) for the past year you have continuously resided with another household resident (at least one but no more than three) that currently holds, or is applying for, a policy with The American Home Life Insurance Company. If you are eligible, based on the above requirements, the discount will be applicable when a policy for each applicant is issued. The discounted rates will be 3.5 percent lower than the individual rates and will apply as long as these requirements are met.

### **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 PO Box 15357, Clearwater, FL 33766-5357. 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.

### **NOTICE**

Neither The American Home 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. Use this outline to compare benefits and premiums among policies.

### **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.

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

When you fill out the application for the new policy, and it is **NOT** an “Open Enrollment or Guaranteed Issue status application,” be sure to answer truthfully and completely all questions about your medical and health history. The policy issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements, leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review “Open Enrollment” timeframes please go to the following link on the Medicare.gov website:

**<https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>**

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL PREFERRED PREMIUMS\***  
**ZIP CODES: 320-321, 323-327, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
9,043.15	10,435.34	8,586.14	6,209.41	0-64	10,047.96	11,594.79	9,540.19	6,899.36
2,260.79	2,608.84	2,146.53	1,552.35	65	2,511.99	2,898.70	2,385.05	1,724.85
2,260.79	2,608.84	2,146.53	1,577.82	66	2,511.99	2,898.70	2,385.05	1,753.12
2,260.79	2,608.84	2,146.53	1,603.68	67	2,511.99	2,898.70	2,385.05	1,781.87
2,260.79	2,608.84	2,146.53	1,629.97	68	2,511.99	2,898.70	2,385.05	1,811.08
2,260.79	2,660.50	2,209.99	1,678.17	69	2,511.99	2,956.10	2,455.55	1,864.62
2,333.48	2,713.19	2,275.33	1,727.77	70	2,592.76	3,014.65	2,528.14	1,919.74
2,403.24	2,790.09	2,327.50	1,773.65	71	2,670.26	3,100.11	2,586.10	1,970.72
2,472.98	2,869.18	2,380.85	1,820.75	72	2,747.76	3,187.99	2,645.40	2,023.05
2,542.73	2,950.53	2,435.43	1,869.08	73	2,825.25	3,278.35	2,706.04	2,076.76
2,612.48	3,034.15	2,491.26	1,918.72	74	2,902.75	3,371.28	2,768.07	2,131.91
2,722.45	3,120.16	2,548.37	1,969.66	75	3,024.96	3,466.84	2,831.53	2,188.51
2,813.40	3,208.62	2,620.62	2,021.97	76	3,126.02	3,565.12	2,911.80	2,246.63
2,912.61	3,299.57	2,694.89	2,075.64	77	3,236.22	3,666.18	2,994.33	2,306.28
3,020.70	3,393.10	2,771.29	2,130.75	78	3,356.34	3,770.11	3,079.21	2,367.51
3,138.43	3,489.27	2,849.85	2,187.33	79	3,487.14	3,876.97	3,166.50	2,430.37
3,272.94	3,588.18	2,930.63	2,245.42	80	3,636.60	3,986.87	3,256.25	2,494.91
3,399.94	3,689.91	3,013.71	2,305.03	81	3,777.70	4,099.90	3,348.56	2,561.16
3,531.60	3,794.49	3,099.14	2,366.24	82	3,924.00	4,216.11	3,443.48	2,629.15
3,668.11	3,902.06	3,186.98	2,429.06	83	4,075.69	4,335.62	3,541.09	2,698.96
3,809.64	4,012.66	3,277.31	2,493.56	84	4,232.94	4,458.52	3,641.47	2,770.62
3,956.35	4,126.41	3,370.23	2,559.77	85	4,395.95	4,584.90	3,744.69	2,844.19
4,091.95	4,243.38	3,465.75	2,627.74	86	4,546.62	4,714.88	3,850.85	2,919.72
4,232.12	4,363.68	3,564.00	2,697.51	87	4,702.35	4,848.53	3,960.00	2,997.24
4,377.02	4,487.37	3,665.02	2,769.13	88	4,863.36	4,985.96	4,072.25	3,076.81
4,526.80	4,614.57	3,768.92	2,842.66	89	5,029.78	5,127.30	4,187.69	3,158.51
4,681.63	4,745.37	3,875.76	2,918.14	90	5,201.81	5,272.65	4,306.39	3,242.39
4,686.14	4,879.90	3,985.62	2,995.63	91	5,206.82	5,422.10	4,428.48	3,328.47
4,690.66	5,018.22	4,098.60	3,075.16	92	5,211.84	5,575.80	4,554.00	3,416.84
4,695.17	5,160.48	4,214.79	3,156.81	93	5,216.85	5,733.86	4,683.10	3,507.57
4,699.67	5,306.76	4,334.26	3,240.64	94	5,221.85	5,896.40	4,815.84	3,600.70
4,704.19	5,457.19	4,457.12	3,326.68	95	5,226.88	6,063.54	4,952.36	3,696.31
4,708.70	5,611.87	4,583.47	3,415.01	96	5,231.89	6,235.42	5,092.74	3,794.46
4,713.23	5,770.96	4,713.40	3,505.69	97	5,236.92	6,412.18	5,237.10	3,895.20
4,717.74	5,934.55	4,847.00	3,598.78	98	5,241.94	6,593.94	5,385.55	3,998.64
4,722.28	6,102.78	4,984.41	3,694.32	99	5,246.97	6,780.86	5,538.22	4,104.80

\*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 .965 = discounted premium

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL STANDARD PREMIUMS\***  
**ZIP CODES: 320-321, 323-327, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
10,399.67	12,000.63	9,874.09	7,140.83	0-64	11,555.17	13,334.05	10,971.19	7,934.25
2,599.92	3,000.15	2,468.52	1,785.21	65	2,888.79	3,333.51	2,742.80	1,983.56
2,599.92	3,000.15	2,468.52	1,814.48	66	2,888.79	3,333.51	2,742.80	2,016.09
2,599.92	3,000.15	2,468.52	1,844.23	67	2,888.79	3,333.51	2,742.80	2,049.15
2,599.92	3,000.15	2,468.52	1,874.47	68	2,888.79	3,333.51	2,742.80	2,082.75
2,599.92	3,059.58	2,541.50	1,929.88	69	2,888.79	3,399.53	2,823.90	2,144.32
2,683.51	3,120.16	2,616.62	1,986.94	70	2,981.66	3,466.84	2,907.37	2,207.70
2,763.72	3,208.62	2,676.62	2,039.70	71	3,070.80	3,565.12	2,974.02	2,266.34
2,843.93	3,299.57	2,737.98	2,093.85	72	3,159.92	3,666.18	3,042.20	2,326.50
2,924.14	3,393.10	2,800.74	2,149.45	73	3,249.05	3,770.11	3,111.93	2,388.28
3,004.34	3,489.27	2,864.95	2,206.53	74	3,338.17	3,876.97	3,183.28	2,451.69
3,130.83	3,588.18	2,930.63	2,265.11	75	3,478.70	3,986.87	3,256.25	2,516.79
3,235.42	3,689.91	3,013.71	2,325.26	76	3,594.90	4,099.90	3,348.56	2,583.62
3,349.49	3,794.49	3,099.14	2,386.99	77	3,721.66	4,216.11	3,443.48	2,652.21
3,473.80	3,902.06	3,186.98	2,450.38	78	3,859.78	4,335.62	3,541.09	2,722.64
3,609.19	4,012.66	3,277.31	2,515.44	79	4,010.20	4,458.52	3,641.47	2,794.92
3,763.88	4,126.41	3,370.23	2,582.23	80	4,182.08	4,584.90	3,744.69	2,869.14
3,909.92	4,243.38	3,465.75	2,650.80	81	4,344.35	4,714.88	3,850.85	2,945.32
4,061.34	4,363.68	3,564.00	2,721.17	82	4,512.61	4,848.53	3,960.00	3,023.52
4,218.34	4,487.37	3,665.02	2,793.43	83	4,687.04	4,985.96	4,072.25	3,103.80
4,381.08	4,614.57	3,768.92	2,867.59	84	4,867.87	5,127.30	4,187.69	3,186.23
4,549.80	4,745.37	3,875.76	2,943.73	85	5,055.34	5,272.65	4,306.39	3,270.81
4,705.73	4,879.90	3,985.62	3,021.89	86	5,228.59	5,422.10	4,428.48	3,357.67
4,866.93	5,018.22	4,098.60	3,102.14	87	5,407.70	5,575.80	4,554.00	3,446.82
5,033.57	5,160.48	4,214.79	3,184.51	88	5,592.86	5,733.86	4,683.10	3,538.34
5,205.82	5,306.76	4,334.26	3,269.06	89	5,784.24	5,896.40	4,815.84	3,632.30
5,383.86	5,457.19	4,457.12	3,355.86	90	5,982.09	6,063.54	4,952.36	3,728.74
5,389.06	5,611.87	4,583.47	3,444.96	91	5,987.84	6,235.42	5,092.74	3,827.74
5,394.24	5,770.96	4,713.40	3,536.44	92	5,993.61	6,412.18	5,237.10	3,929.37
5,399.44	5,934.55	4,847.00	3,630.33	93	5,999.38	6,593.94	5,385.55	4,033.70
5,404.62	6,102.78	4,984.41	3,726.73	94	6,005.15	6,780.86	5,538.22	4,140.82
5,409.82	6,275.77	5,125.69	3,825.68	95	6,010.90	6,973.07	5,695.21	4,250.75
5,415.01	6,453.66	5,270.98	3,927.26	96	6,016.68	7,170.74	5,856.65	4,363.62
5,420.21	6,636.61	5,420.40	4,031.53	97	6,022.45	7,374.00	6,022.66	4,479.49
5,425.41	6,824.74	5,574.05	4,138.58	98	6,028.24	7,583.03	6,193.39	4,598.43
5,430.62	7,018.19	5,732.06	4,248.47	99	6,034.02	7,797.99	6,368.94	4,720.52

\*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 .965 = discounted premium

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL PREFERRED PREMIUMS\***  
**ZIP CODES: 322, 328-329, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
9,713.02	11,208.33	9,222.15	6,669.36	0-64	10,792.26	12,453.67	10,246.87	7,410.43
2,428.25	2,802.08	2,305.53	1,667.34	65	2,698.07	3,113.42	2,561.72	1,852.61
2,428.25	2,802.08	2,305.53	1,694.69	66	2,698.07	3,113.42	2,561.72	1,882.98
2,428.25	2,802.08	2,305.53	1,722.47	67	2,698.07	3,113.42	2,561.72	1,913.86
2,428.25	2,802.08	2,305.53	1,750.71	68	2,698.07	3,113.42	2,561.72	1,945.24
2,428.25	2,857.58	2,373.70	1,802.48	69	2,698.07	3,175.07	2,637.45	2,002.74
2,506.33	2,914.16	2,443.88	1,855.76	70	2,784.81	3,237.95	2,715.41	2,061.95
2,581.26	2,996.77	2,499.90	1,905.03	71	2,868.05	3,329.75	2,777.67	2,116.70
2,656.17	3,081.71	2,557.21	1,955.62	72	2,951.30	3,424.13	2,841.35	2,172.90
2,731.08	3,169.09	2,615.83	2,007.53	73	3,034.53	3,521.19	2,906.48	2,230.60
2,805.99	3,258.90	2,675.80	2,060.84	74	3,117.77	3,621.01	2,973.11	2,289.83
2,924.12	3,351.29	2,737.14	2,115.56	75	3,249.03	3,723.65	3,041.28	2,350.62
3,021.80	3,446.29	2,814.74	2,171.74	76	3,357.57	3,829.21	3,127.49	2,413.04
3,128.36	3,543.99	2,894.51	2,229.39	77	3,475.94	3,937.75	3,216.13	2,477.11
3,244.45	3,644.44	2,976.57	2,288.59	78	3,604.96	4,049.37	3,307.30	2,542.88
3,370.90	3,747.74	3,060.95	2,349.36	79	3,745.44	4,164.16	3,401.05	2,610.39
3,515.38	3,853.97	3,147.72	2,411.74	80	3,905.98	4,282.20	3,497.46	2,679.72
3,651.78	3,963.23	3,236.95	2,475.78	81	4,057.53	4,403.59	3,596.60	2,750.87
3,793.20	4,075.57	3,328.70	2,541.51	82	4,214.66	4,528.42	3,698.56	2,823.90
3,939.82	4,191.10	3,423.06	2,608.99	83	4,377.60	4,656.77	3,803.40	2,898.89
4,091.83	4,309.90	3,520.08	2,678.27	84	4,546.49	4,788.78	3,911.21	2,975.85
4,249.42	4,432.07	3,619.87	2,749.39	85	4,721.57	4,924.52	4,022.08	3,054.87
4,395.05	4,557.71	3,722.47	2,822.38	86	4,883.40	5,064.13	4,136.10	3,135.99
4,545.61	4,686.91	3,828.00	2,897.32	87	5,050.67	5,207.68	4,253.34	3,219.26
4,701.25	4,819.77	3,936.51	2,974.25	88	5,223.61	5,355.29	4,373.90	3,304.72
4,862.12	4,956.39	4,048.10	3,053.22	89	5,402.35	5,507.10	4,497.89	3,392.48
5,028.41	5,096.88	4,162.86	3,134.30	90	5,587.13	5,663.21	4,625.38	3,482.56
5,033.26	5,241.38	4,280.85	3,217.53	91	5,592.51	5,823.73	4,756.51	3,575.03
5,038.11	5,389.94	4,402.20	3,302.95	92	5,597.90	5,988.82	4,891.34	3,669.94
5,042.96	5,542.74	4,526.99	3,390.65	93	5,603.29	6,158.59	5,029.99	3,767.39
5,047.80	5,699.86	4,655.31	3,480.68	94	5,608.66	6,333.17	5,172.57	3,867.42
5,052.65	5,861.42	4,787.27	3,573.10	95	5,614.05	6,512.69	5,319.20	3,970.11
5,057.50	6,027.57	4,922.98	3,667.98	96	5,619.43	6,697.31	5,469.98	4,075.53
5,062.36	6,198.44	5,062.54	3,765.37	97	5,624.84	6,887.15	5,625.04	4,183.74
5,067.20	6,374.14	5,206.03	3,865.35	98	5,630.23	7,082.38	5,784.48	4,294.83
5,072.08	6,554.84	5,353.62	3,967.98	99	5,635.64	7,283.14	5,948.46	4,408.86

\*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 .965 = discounted premium

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL STANDARD PREMIUMS\***  
**ZIP CODES: 322, 328-329, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
11,170.01	12,889.56	10,605.51	7,669.78	0-64	12,411.11	14,321.75	11,783.87	8,521.97
2,792.50	3,222.39	2,651.38	1,917.45	65	3,102.78	3,580.43	2,945.97	2,130.49
2,792.50	3,222.39	2,651.38	1,948.88	66	3,102.78	3,580.43	2,945.97	2,165.43
2,792.50	3,222.39	2,651.38	1,980.84	67	3,102.78	3,580.43	2,945.97	2,200.94
2,792.50	3,222.39	2,651.38	2,013.32	68	3,102.78	3,580.43	2,945.97	2,237.03
2,792.50	3,286.21	2,729.76	2,072.84	69	3,102.78	3,651.34	3,033.08	2,303.16
2,882.29	3,351.29	2,810.45	2,134.12	70	3,202.53	3,723.65	3,122.73	2,371.24
2,968.44	3,446.29	2,874.89	2,190.79	71	3,298.26	3,829.21	3,194.32	2,434.21
3,054.59	3,543.99	2,940.80	2,248.95	72	3,393.99	3,937.75	3,267.55	2,498.84
3,140.75	3,644.44	3,008.20	2,308.67	73	3,489.72	4,049.37	3,342.45	2,565.19
3,226.89	3,747.74	3,077.17	2,369.97	74	3,585.44	4,164.16	3,419.08	2,633.29
3,362.75	3,853.97	3,147.72	2,432.89	75	3,736.38	4,282.20	3,497.46	2,703.22
3,475.08	3,963.23	3,236.95	2,497.50	76	3,861.19	4,403.59	3,596.60	2,775.00
3,597.60	4,075.57	3,328.70	2,563.81	77	3,997.34	4,528.42	3,698.56	2,848.67
3,731.12	4,191.10	3,423.06	2,631.89	78	4,145.69	4,656.77	3,803.40	2,924.31
3,876.53	4,309.90	3,520.08	2,701.77	79	4,307.25	4,788.78	3,911.21	3,001.95
4,042.68	4,432.07	3,619.87	2,773.50	80	4,491.87	4,924.52	4,022.08	3,081.67
4,199.55	4,557.71	3,722.47	2,847.15	81	4,666.16	5,064.13	4,136.10	3,163.49
4,362.18	4,686.91	3,828.00	2,922.74	82	4,846.87	5,207.68	4,253.34	3,247.49
4,530.81	4,819.77	3,936.51	3,000.35	83	5,034.23	5,355.29	4,373.90	3,333.71
4,705.61	4,956.39	4,048.10	3,080.01	84	5,228.46	5,507.10	4,497.89	3,422.24
4,886.82	5,096.88	4,162.86	3,161.79	85	5,429.81	5,663.21	4,625.38	3,513.09
5,054.31	5,241.38	4,280.85	3,245.74	86	5,615.90	5,823.73	4,756.51	3,606.38
5,227.45	5,389.94	4,402.20	3,331.93	87	5,808.27	5,988.82	4,891.34	3,702.14
5,406.42	5,542.74	4,526.99	3,420.40	88	6,007.14	6,158.59	5,029.99	3,800.44
5,591.43	5,699.86	4,655.31	3,511.22	89	6,212.70	6,333.17	5,172.57	3,901.36
5,782.67	5,861.42	4,787.27	3,604.44	90	6,425.21	6,512.69	5,319.20	4,004.95
5,788.25	6,027.57	4,922.98	3,700.14	91	6,431.39	6,697.31	5,469.98	4,111.27
5,793.82	6,198.44	5,062.54	3,798.40	92	6,437.58	6,887.15	5,625.04	4,220.44
5,799.40	6,374.14	5,206.03	3,899.25	93	6,443.78	7,082.38	5,784.48	4,332.50
5,804.96	6,554.84	5,353.62	4,002.79	94	6,449.97	7,283.14	5,948.46	4,447.54
5,810.54	6,740.64	5,505.37	4,109.07	95	6,456.15	7,489.60	6,117.07	4,565.62
5,816.12	6,931.71	5,661.43	4,218.17	96	6,462.36	7,701.90	6,290.47	4,686.85
5,821.70	7,128.21	5,821.91	4,330.16	97	6,468.55	7,920.22	6,468.79	4,811.31
5,827.29	7,330.27	5,986.95	4,445.14	98	6,474.77	8,144.73	6,652.16	4,939.06
5,832.89	7,538.05	6,156.65	4,563.17	99	6,480.99	8,375.62	6,840.72	5,070.19

\*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 .965 = discounted premium

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL PREFERRED PREMIUMS\***  
**ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
11,303.94	13,044.17	10,732.68	7,761.76	0-64	12,559.95	14,493.49	11,925.24	8,624.21
2,825.98	3,261.05	2,683.17	1,940.44	65	3,139.99	3,623.37	2,981.31	2,156.06
2,825.98	3,261.05	2,683.17	1,972.27	66	3,139.99	3,623.37	2,981.31	2,191.40
2,825.98	3,261.05	2,683.17	2,004.60	67	3,139.99	3,623.37	2,981.31	2,227.34
2,825.98	3,261.05	2,683.17	2,037.46	68	3,139.99	3,623.37	2,981.31	2,263.86
2,825.98	3,325.63	2,762.49	2,097.71	69	3,139.99	3,695.13	3,069.44	2,330.78
2,916.85	3,391.48	2,844.17	2,159.72	70	3,240.95	3,768.31	3,160.17	2,399.68
3,004.05	3,487.62	2,909.37	2,217.06	71	3,337.82	3,875.13	3,232.63	2,463.40
3,091.23	3,586.48	2,976.06	2,275.94	72	3,434.70	3,984.98	3,306.74	2,528.81
3,178.41	3,688.16	3,044.29	2,336.35	73	3,531.56	4,097.94	3,382.55	2,595.96
3,265.60	3,792.69	3,114.07	2,398.40	74	3,628.44	4,214.11	3,460.09	2,664.89
3,403.07	3,900.20	3,185.46	2,462.08	75	3,781.20	4,333.55	3,539.42	2,735.64
3,516.75	4,010.77	3,275.78	2,527.46	76	3,907.52	4,456.40	3,639.75	2,808.28
3,640.76	4,124.47	3,368.61	2,594.55	77	4,045.28	4,582.72	3,742.92	2,882.84
3,775.87	4,241.38	3,464.11	2,663.44	78	4,195.42	4,712.63	3,849.01	2,959.39
3,923.03	4,361.59	3,562.31	2,734.17	79	4,358.92	4,846.22	3,958.12	3,037.96
4,091.18	4,485.23	3,663.29	2,806.77	80	4,545.75	4,983.59	4,070.32	3,118.64
4,249.92	4,612.38	3,767.13	2,881.29	81	4,722.12	5,124.87	4,185.70	3,201.44
4,414.50	4,743.12	3,873.92	2,957.80	82	4,905.00	5,270.14	4,304.35	3,286.44
4,585.14	4,877.58	3,983.73	3,036.33	83	5,094.62	5,419.52	4,426.37	3,373.70
4,762.04	5,015.83	4,096.64	3,116.95	84	5,291.18	5,573.15	4,551.84	3,463.28
4,945.44	5,158.01	4,212.78	3,199.72	85	5,494.93	5,731.13	4,680.87	3,555.24
5,114.93	5,304.23	4,332.19	3,284.67	86	5,683.27	5,893.60	4,813.56	3,649.64
5,290.15	5,454.59	4,455.00	3,371.88	87	5,877.94	6,060.66	4,950.00	3,746.55
5,471.28	5,609.21	4,581.28	3,461.41	88	6,079.20	6,232.45	5,090.31	3,846.02
5,658.50	5,768.21	4,711.15	3,553.32	89	6,287.22	6,409.13	5,234.61	3,948.14
5,852.03	5,931.71	4,844.70	3,647.67	90	6,502.26	6,590.81	5,382.99	4,052.98
5,857.68	6,099.88	4,982.03	3,744.54	91	6,508.53	6,777.62	5,535.59	4,160.59
5,863.32	6,272.78	5,123.25	3,843.95	92	6,514.80	6,969.75	5,692.50	4,271.05
5,868.96	6,450.60	5,268.48	3,946.01	93	6,521.07	7,167.33	5,853.87	4,384.46
5,874.59	6,633.45	5,417.82	4,050.80	94	6,527.32	7,370.50	6,019.80	4,500.87
5,880.24	6,821.48	5,571.40	4,158.35	95	6,533.60	7,579.43	6,190.45	4,620.39
5,885.88	7,014.84	5,729.33	4,268.77	96	6,539.86	7,794.28	6,365.93	4,743.08
5,891.54	7,213.70	5,891.75	4,382.11	97	6,546.15	8,015.22	6,546.38	4,869.00
5,897.18	7,418.18	6,058.75	4,498.47	98	6,552.43	8,242.43	6,731.94	4,998.29
5,902.85	7,628.47	6,230.51	4,617.90	99	6,558.72	8,476.07	6,922.77	5,131.00

\*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 .965 = discounted premium

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL STANDARD PREMIUMS\***  
**ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
12,999.58	15,000.78	12,342.62	8,926.04	0-64	14,443.96	16,667.56	13,713.99	9,917.82
3,249.90	3,750.19	3,085.65	2,231.51	65	3,610.99	4,166.88	3,428.50	2,479.45
3,249.90	3,750.19	3,085.65	2,268.09	66	3,610.99	4,166.88	3,428.50	2,520.11
3,249.90	3,750.19	3,085.65	2,305.29	67	3,610.99	4,166.88	3,428.50	2,561.44
3,249.90	3,750.19	3,085.65	2,343.09	68	3,610.99	4,166.88	3,428.50	2,603.43
3,249.90	3,824.47	3,176.87	2,412.36	69	3,610.99	4,249.41	3,529.87	2,680.40
3,354.39	3,900.20	3,270.78	2,483.68	70	3,727.08	4,333.55	3,634.21	2,759.63
3,454.65	4,010.77	3,345.77	2,549.62	71	3,838.50	4,456.40	3,717.52	2,832.92
3,554.91	4,124.47	3,422.48	2,617.31	72	3,949.90	4,582.72	3,802.75	2,908.13
3,655.18	4,241.38	3,500.93	2,686.81	73	4,061.31	4,712.63	3,889.92	2,985.35
3,755.43	4,361.59	3,581.19	2,758.16	74	4,172.72	4,846.22	3,979.10	3,064.61
3,913.54	4,485.23	3,663.29	2,831.38	75	4,348.38	4,983.59	4,070.32	3,145.99
4,044.28	4,612.38	3,767.13	2,906.58	76	4,493.62	5,124.87	4,185.70	3,229.52
4,186.86	4,743.12	3,873.92	2,983.74	77	4,652.07	5,270.14	4,304.35	3,315.26
4,342.25	4,877.58	3,983.73	3,062.97	78	4,824.72	5,419.52	4,426.37	3,403.30
4,511.48	5,015.83	4,096.64	3,144.30	79	5,012.75	5,573.15	4,551.84	3,493.65
4,704.84	5,158.01	4,212.78	3,227.78	80	5,227.61	5,731.13	4,680.87	3,586.42
4,887.41	5,304.23	4,332.19	3,313.49	81	5,430.44	5,893.60	4,813.56	3,681.65
5,076.68	5,454.59	4,455.00	3,401.46	82	5,640.76	6,060.66	4,950.00	3,779.41
5,272.92	5,609.21	4,581.28	3,491.79	83	5,858.80	6,232.45	5,090.31	3,879.75
5,476.36	5,768.21	4,711.15	3,584.49	84	6,084.84	6,409.13	5,234.61	3,982.78
5,687.25	5,931.71	4,844.70	3,679.67	85	6,319.17	6,590.81	5,382.99	4,088.52
5,882.17	6,099.88	4,982.03	3,777.37	86	6,535.74	6,777.62	5,535.59	4,197.08
6,083.67	6,272.78	5,123.25	3,877.67	87	6,759.63	6,969.75	5,692.50	4,308.53
6,291.96	6,450.60	5,268.48	3,980.64	88	6,991.07	7,167.33	5,853.87	4,422.92
6,507.27	6,633.45	5,417.82	4,086.33	89	7,230.30	7,370.50	6,019.80	4,540.37
6,729.83	6,821.48	5,571.40	4,194.83	90	7,477.61	7,579.43	6,190.45	4,660.93
6,736.32	7,014.84	5,729.33	4,306.20	91	7,484.81	7,794.28	6,365.93	4,784.67
6,742.80	7,213.70	5,891.75	4,420.55	92	7,492.01	8,015.22	6,546.38	4,911.72
6,749.30	7,418.18	6,058.75	4,537.92	93	7,499.22	8,242.43	6,731.94	5,042.13
6,755.78	7,628.47	6,230.51	4,658.42	94	7,506.43	8,476.07	6,922.77	5,176.02
6,762.27	7,844.72	6,407.11	4,782.11	95	7,513.63	8,716.34	7,119.01	5,313.44
6,768.77	8,067.07	6,588.73	4,909.07	96	7,520.85	8,963.42	7,320.81	5,454.53
6,775.26	8,295.76	6,775.50	5,039.42	97	7,528.06	9,217.50	7,528.33	5,599.37
6,781.77	8,530.92	6,967.57	5,173.23	98	7,535.30	9,478.78	7,741.74	5,748.04
6,788.27	8,772.73	7,165.07	5,310.59	99	7,542.53	9,747.49	7,961.18	5,900.65

\*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 .965 = discounted premium



**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL PREFERRED PREMIUMS\***  
**ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
14,402.06	16,619.24	13,674.22	9,889.05	0-64	16,002.31	18,465.78	15,193.64	10,987.88
3,600.51	4,154.81	3,418.55	2,472.26	65	4,000.58	4,616.45	3,798.41	2,746.98
3,600.51	4,154.81	3,418.55	2,512.82	66	4,000.58	4,616.45	3,798.41	2,792.01
3,600.51	4,154.81	3,418.55	2,554.01	67	4,000.58	4,616.45	3,798.41	2,837.79
3,600.51	4,154.81	3,418.55	2,595.88	68	4,000.58	4,616.45	3,798.41	2,884.32
3,600.51	4,237.10	3,519.62	2,672.64	69	4,000.58	4,707.86	3,910.70	2,969.58
3,716.28	4,321.00	3,623.68	2,751.64	70	4,129.20	4,801.10	4,026.30	3,057.37
3,827.38	4,443.48	3,706.75	2,824.70	71	4,252.63	4,937.21	4,118.61	3,138.55
3,938.46	4,569.44	3,791.72	2,899.71	72	4,376.06	5,077.16	4,213.04	3,221.89
4,049.53	4,698.99	3,878.65	2,976.68	73	4,499.47	5,221.08	4,309.61	3,307.44
4,160.61	4,832.17	3,967.56	3,055.73	74	4,622.90	5,369.08	4,408.41	3,395.26
4,335.76	4,969.15	4,058.51	3,136.87	75	4,817.53	5,521.27	4,509.48	3,485.41
4,480.60	5,110.02	4,173.58	3,220.17	76	4,978.47	5,677.79	4,637.31	3,577.96
4,638.60	5,254.88	4,291.86	3,305.65	77	5,153.98	5,838.73	4,768.75	3,672.96
4,810.74	5,403.83	4,413.54	3,393.42	78	5,345.28	6,004.24	4,903.93	3,770.48
4,998.23	5,556.99	4,538.65	3,483.53	79	5,553.59	6,174.44	5,042.94	3,870.58
5,212.46	5,714.51	4,667.31	3,576.03	80	5,791.62	6,349.47	5,185.89	3,973.37
5,414.71	5,876.52	4,799.61	3,670.98	81	6,016.34	6,529.46	5,332.89	4,078.88
5,624.40	6,043.08	4,935.66	3,768.45	82	6,249.33	6,714.55	5,484.07	4,187.17
5,841.81	6,214.39	5,075.57	3,868.50	83	6,490.92	6,904.87	5,639.52	4,298.35
6,067.20	6,390.54	5,219.43	3,971.22	84	6,741.35	7,100.61	5,799.38	4,412.47
6,300.86	6,571.69	5,367.40	4,076.68	85	7,000.95	7,301.88	5,963.77	4,529.64
6,516.80	6,757.98	5,519.53	4,184.91	86	7,240.91	7,508.88	6,132.83	4,649.92
6,740.04	6,949.56	5,676.00	4,296.03	87	7,488.93	7,721.73	6,306.67	4,773.38
6,970.82	7,146.55	5,836.89	4,410.10	88	7,745.35	7,940.60	6,485.43	4,900.11
7,209.35	7,349.13	6,002.35	4,527.19	89	8,010.38	8,165.70	6,669.28	5,030.23
7,455.92	7,557.44	6,172.51	4,647.41	90	8,284.36	8,397.18	6,858.33	5,163.80
7,463.11	7,771.70	6,347.47	4,770.82	91	8,292.34	8,635.19	7,052.76	5,300.90
7,470.30	7,991.98	6,527.40	4,897.48	92	8,300.34	8,879.98	7,252.67	5,441.63
7,477.49	8,218.54	6,712.44	5,027.51	93	8,308.32	9,131.70	7,458.26	5,586.13
7,484.67	8,451.51	6,902.70	5,161.01	94	8,316.29	9,390.56	7,669.67	5,734.45
7,491.86	8,691.07	7,098.37	5,298.05	95	8,324.28	9,656.75	7,887.09	5,886.72
7,499.05	8,937.43	7,299.59	5,438.73	96	8,332.26	9,930.49	8,110.66	6,043.03
7,506.25	9,190.79	7,506.53	5,583.14	97	8,340.28	10,211.98	8,340.57	6,203.47
7,513.44	9,451.31	7,719.29	5,731.38	98	8,348.28	10,501.46	8,576.99	6,368.20
7,520.67	9,719.24	7,938.13	5,883.55	99	8,356.29	10,799.14	8,820.13	6,537.27

\*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 .965 = discounted premium

**THE AMERICAN HOME LIFE INSURANCE COMPANY**  
**ANNUAL STANDARD PREMIUMS\***  
**ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
16,562.43	19,112.11	15,725.41	11,372.43	0-64	18,402.68	21,235.70	17,472.64	12,636.03
4,140.61	4,778.02	3,931.35	2,843.11	65	4,600.67	5,308.92	4,368.16	3,159.00
4,140.61	4,778.02	3,931.35	2,889.72	66	4,600.67	5,308.92	4,368.16	3,210.81
4,140.61	4,778.02	3,931.35	2,937.11	67	4,600.67	5,308.92	4,368.16	3,263.46
4,140.61	4,778.02	3,931.35	2,985.27	68	4,600.67	5,308.92	4,368.16	3,316.97
4,140.61	4,872.66	4,047.57	3,073.52	69	4,600.67	5,414.06	4,497.32	3,415.03
4,273.74	4,969.15	4,167.22	3,164.39	70	4,748.58	5,521.27	4,630.26	3,515.97
4,401.48	5,110.02	4,262.76	3,248.41	71	4,890.53	5,677.79	4,736.40	3,609.35
4,529.22	5,254.88	4,360.49	3,334.65	72	5,032.46	5,838.73	4,844.98	3,705.17
4,656.97	5,403.83	4,460.44	3,423.20	73	5,174.41	6,004.24	4,956.04	3,803.56
4,784.70	5,556.99	4,562.70	3,514.10	74	5,316.35	6,174.44	5,069.67	3,904.54
4,986.14	5,714.51	4,667.31	3,607.39	75	5,540.15	6,349.47	5,185.89	4,008.22
5,152.71	5,876.52	4,799.61	3,703.19	76	5,725.21	6,529.46	5,332.89	4,114.65
5,334.37	6,043.08	4,935.66	3,801.51	77	5,927.09	6,714.55	5,484.07	4,223.89
5,532.35	6,214.39	5,075.57	3,902.46	78	6,147.06	6,904.87	5,639.52	4,336.05
5,747.96	6,390.54	5,219.43	4,006.07	79	6,386.62	7,100.61	5,799.38	4,451.17
5,994.32	6,571.69	5,367.40	4,112.43	80	6,660.36	7,301.88	5,963.77	4,569.37
6,226.92	6,757.98	5,519.53	4,221.64	81	6,918.79	7,508.88	6,132.83	4,690.70
6,468.06	6,949.56	5,676.00	4,333.71	82	7,186.74	7,721.73	6,306.67	4,815.24
6,718.10	7,146.55	5,836.89	4,448.80	83	7,464.54	7,940.60	6,485.43	4,943.09
6,977.28	7,349.13	6,002.35	4,566.91	84	7,752.54	8,165.70	6,669.28	5,074.36
7,245.98	7,557.44	6,172.51	4,688.17	85	8,051.10	8,397.18	6,858.33	5,209.07
7,494.32	7,771.70	6,347.47	4,812.65	86	8,327.02	8,635.19	7,052.76	5,347.39
7,751.04	7,991.98	6,527.40	4,940.44	87	8,612.26	8,879.98	7,252.67	5,489.38
8,016.42	8,218.54	6,712.44	5,071.63	88	8,907.14	9,131.70	7,458.26	5,635.13
8,290.74	8,451.51	6,902.70	5,206.29	89	9,211.94	9,390.56	7,669.67	5,784.77
8,574.30	8,691.07	7,098.37	5,344.52	90	9,527.03	9,656.75	7,887.09	5,938.37
8,582.58	8,937.43	7,299.59	5,486.42	91	9,536.20	9,930.49	8,110.66	6,096.02
8,590.83	9,190.79	7,506.53	5,632.11	92	9,545.38	10,211.98	8,340.57	6,257.89
8,599.11	9,451.31	7,719.29	5,781.64	93	9,554.57	10,501.46	8,576.99	6,424.05
8,607.36	9,719.24	7,938.13	5,935.17	94	9,563.75	10,799.14	8,820.13	6,594.63
8,615.63	9,994.75	8,163.14	6,092.76	95	9,572.92	11,105.27	9,070.14	6,769.71
8,623.91	10,278.05	8,394.53	6,254.52	96	9,582.12	11,420.06	9,327.25	6,949.47
8,632.18	10,569.42	8,632.49	6,420.59	97	9,591.30	11,743.78	9,591.65	7,134.01
8,640.47	10,869.02	8,877.20	6,591.07	98	9,600.52	12,076.67	9,863.55	7,323.43
8,648.76	11,177.11	9,128.83	6,766.08	99	9,609.74	12,419.02	10,143.13	7,517.86

\*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 .965 = discounted premium

## 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
<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 \$1,632  All but \$408  All but \$816  \$0  \$0	\$0  \$408 a day  \$816 a day  100% of Medicare Eligible Expenses \$0	\$1,632 (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 \$204 /day  \$0	\$0  \$0  \$0	\$0  Up to \$204 / day  All costs

**PLAN A**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare 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 an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN A

### MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 tests, durable medical equipment:  First \$240 of Medicare Approved Amounts*   Remainder of Medicare Approved Amounts	  \$0   Generally, 80%	  \$0   Generally, 20%	  \$240 (Part B deductible)   \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints  Next \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$0  20%	\$0  \$240 (Part B deductible)  \$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PLAN A**  
**PARTS A & B**

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

## 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	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st thru 90th day	All but \$408	\$408 a day	\$0
91st day and after: —While using 60 lifetime reserve days —Once lifetime reserve days are used: —Additional 365 days	All but \$816	\$816 a day	\$0
—Beyond the additional 365 days	\$0	100% of Medicare Eligible Expenses	\$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	All approved Amounts	\$0	\$0
21st thru 100th day	All but \$204 /day	Up to \$204 / day	\$0
101st day and after	\$0	\$0	All costs

+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

**PLAN F+**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>BLOOD</b></p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b></p> <p>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 co-payment/ 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.

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**



## PLAN F+

### MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 tests, durable medical equipment:  First \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$240 (Part B Deductible)  Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$240 (Part B Deductible)  20%	\$0  \$0  \$0

+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

**PLAN F+**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**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			
Durable medical equipment	100%	\$0	\$0
First \$240 of Medicare Approved Amounts*	\$0	\$240 (Unless Part B deductible has been met)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**

**PLAN F+**  
**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  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

**+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.**

## 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	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st thru 90th day	All but \$408	\$408 a day	\$0
91st day and after: —While using 60 lifetime reserve days	All but \$816	\$816 a day	\$0
—Once lifetime reserve days are used: —Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
—Beyond the additional 365 days	\$0	\$0	All costs
<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	All approved Amounts	\$0	\$0
21 <sup>st</sup> thru 100th day	All but \$204 /day	Up to \$204 / day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs

**PLAN G**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare 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 an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN G

### MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 tests, durable medical equipment  First \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$240 (Unless Part B Deductible has been met)  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$240 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$0  20%	\$0  \$240 (Unless Part B Deductible has been met)  \$0

**PLAN G**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**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  Durable medical equipment  -First \$240 of Medicare Approved Amounts*  -Remainder of Medicare Approved Amounts	100%    \$0   80%	\$0   \$0   20%	\$0   \$240 (Unless Part B deductible has been met)   \$0

**PLAN G**  
**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.</p> <p>First \$250 each calendar year</p> <p>Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime maximum</p>



## 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	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st thru 90th day	All but \$408	\$408 a day	\$0
91st day and after: —While using 60 lifetime reserve days	All but \$816	\$816 a day	\$0
—Once lifetime reserve days are used: —Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
—Beyond the additional 365 days	\$0	\$0	All costs
<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	All approved Amounts	\$0	\$0
21st thru 100th day	All but \$204 /day	Up to \$204 / day	\$0
101st day and after	\$0	\$0	All costs

**PLAN N**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 co-payment/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 an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN N

### MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 tests, durable medical equipment:</p> <p>First \$240 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>\$240 (Part B deductible)</p> <p>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><b>Part B Excess Charges</b> (Above Medicare Approved Amounts)</p>	\$0	\$0	All costs
<p><b>BLOOD</b></p> <p>First 3 pints</p> <p>Next \$240 of Medicare Approved Amounts*</p> <p>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>\$240 (Part B deductible)</p> <p>\$0</p>
<p><b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b></p>	100%	\$ 0	\$0

**PLAN N**

**PARTS A & B**

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

**OTHER BENEFITS—NOT COVERED BY MEDICARE**

<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	\$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