

COMBINED INSURANCE COMPANY OF AMERICA - OUTLINE OF COVERAGE
Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020
Benefit Plans A, F and G are offered by Combined Insurance

YOU PURCHASED PLAN: YOUR PREMIUM IS: \$
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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.

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 hospice coverage (up to an additional 365 days after Medicare benefits are used up)	√	√	√	√	√	√	√	√	√	√
Medicare Part B coinsurance or Copayment	√	√	√	√	50%	75%	√	√	√	√
Blood (first three pints)	√	√	√	√	50%	75%	√	√	√	√
Part A Hospice care coinsurance or copayment	√	√	√	√	50%	75%	√	√	√	√
Skilled nursing facility coinsurance			√	√	50%	75%	√	√	√	√
Medicare Part A deductible		√	√	√	50%	75%	50%	√	√	√
Medicare Part B deductible									√	√
Medicare Part B excess charges				√					√	√
Foreign travel emergency (up to plan limits)			√	√				√	√	√
Out-of-pocket limit in 2021 ²					\$6,220 ²	\$3,110 ²				

¹ 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.

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 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.

Agent responsible for completing the Outline of Coverage:

Name: _____ **Address:** _____

**Combined Insurance Company of America Medicare Supplement - Kansas
Annual Standard Non-Tobacco Rates for Zip Codes 661-662**

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980		Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$1,844.04	\$2,213.40	\$1,942.08	65	\$2,120.76	\$2,545.32	\$2,233.20
66	\$1,906.68	\$2,288.40	\$2,007.96	66	\$2,192.64	\$2,631.36	\$2,308.80
67	\$1,991.40	\$2,364.72	\$2,074.80	67	\$2,289.84	\$2,720.52	\$2,386.80
68	\$2,055.36	\$2,443.92	\$2,144.16	68	\$2,363.52	\$2,810.64	\$2,466.00
69	\$2,117.52	\$2,527.32	\$2,217.24	69	\$2,435.64	\$2,906.52	\$2,550.00
70	\$2,178.84	\$2,612.04	\$2,291.64	70	\$2,505.12	\$3,003.60	\$2,635.44
71	\$2,234.40	\$2,713.44	\$2,380.68	71	\$2,570.28	\$3,121.56	\$2,738.76
72	\$2,288.40	\$2,820.36	\$2,474.52	72	\$2,631.36	\$3,242.52	\$2,844.84
73	\$2,335.80	\$2,930.04	\$2,570.64	73	\$2,686.92	\$3,370.20	\$2,956.80
74	\$2,377.32	\$3,045.24	\$2,671.80	74	\$2,734.32	\$3,502.20	\$3,072.60
75	\$2,412.12	\$3,163.32	\$2,775.36	75	\$2,774.40	\$3,638.28	\$3,192.12
76	\$2,445.36	\$3,243.84	\$2,846.04	76	\$2,811.96	\$3,731.28	\$3,273.60
77	\$2,475.96	\$3,327.12	\$2,919.00	77	\$2,847.96	\$3,825.60	\$3,356.52
78	\$2,505.12	\$3,412.08	\$2,993.52	78	\$2,880.12	\$3,922.92	\$3,441.96
79	\$2,530.08	\$3,499.44	\$3,070.20	79	\$2,910.72	\$4,022.76	\$3,529.68
80	\$2,556.24	\$3,588.36	\$3,148.08	80	\$2,939.88	\$4,125.48	\$3,619.80
81	\$2,580.00	\$3,660.36	\$3,211.44	81	\$2,967.60	\$4,210.20	\$3,693.84
82	\$2,602.32	\$3,735.24	\$3,277.32	82	\$2,992.32	\$4,296.48	\$3,769.56
83	\$2,621.64	\$3,811.92	\$3,344.40	83	\$3,014.76	\$4,383.96	\$3,846.24
84	\$2,640.00	\$3,889.44	\$3,412.44	84	\$3,035.52	\$4,472.76	\$3,924.24
85	\$2,655.24	\$3,968.76	\$3,482.04	85	\$3,053.76	\$4,563.12	\$4,003.56
86	\$2,670.60	\$4,018.68	\$3,525.84	86	\$3,071.64	\$4,621.44	\$4,054.68
87	\$2,685.48	\$4,066.08	\$3,567.36	87	\$3,089.64	\$4,675.56	\$4,102.20
88	\$2,700.84	\$4,110.36	\$3,606.24	88	\$3,106.56	\$4,727.04	\$4,147.32
89	\$2,716.08	\$4,152.12	\$3,642.96	89	\$3,124.44	\$4,775.40	\$4,189.80
90	\$2,731.44	\$4,192.44	\$3,678.24	90	\$3,142.56	\$4,821.36	\$4,230.12
91	\$2,748.36	\$4,231.20	\$3,712.20	91	\$3,159.24	\$4,865.76	\$4,269.12
92	\$2,763.36	\$4,265.88	\$3,742.68	92	\$3,177.24	\$4,905.96	\$4,304.28
93	\$2,778.72	\$4,299.12	\$3,771.96	93	\$3,195.24	\$4,943.64	\$4,337.28
94	\$2,793.96	\$4,329.84	\$3,798.96	94	\$3,213.36	\$4,979.64	\$4,368.96
95	\$2,810.64	\$4,357.68	\$3,823.20	95	\$3,231.48	\$5,011.56	\$4,397.04
96	\$2,825.76	\$4,383.96	\$3,846.24	96	\$3,250.68	\$5,042.16	\$4,423.92
97	\$2,842.56	\$4,410.36	\$3,869.52	97	\$3,268.92	\$5,071.08	\$4,449.24
98	\$2,857.80	\$4,436.64	\$3,892.56	98	\$3,286.80	\$5,101.92	\$4,476.12
99	\$2,874.48	\$4,463.16	\$3,915.84	99	\$3,306.24	\$5,132.40	\$4,502.88
Eligible due to Disability	\$1,844.04	\$2,213.40	\$1,942.08	Eligible due to Disability	\$2,120.76	\$2,545.32	\$2,233.20

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

Standard Non-Tobacco rates will be charged during Open Enrollment.

A one-time \$25 Application Fee will be charged for each Insured.

**Combined Insurance Company of America Medicare Supplement - Kansas
Monthly Standard Non-Tobacco Rates for Zip Codes 661-662**

Female Rates				Male Rates			
Attained Age	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980	Age Attained	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$153.67	\$184.45	\$161.84	65	\$176.73	\$212.11	\$186.10
66	\$158.89	\$190.70	\$167.33	66	\$182.72	\$219.28	\$192.40
67	\$165.95	\$197.06	\$172.90	67	\$190.82	\$226.71	\$198.90
68	\$171.28	\$203.66	\$178.68	68	\$196.96	\$234.22	\$205.50
69	\$176.46	\$210.61	\$184.77	69	\$202.97	\$242.21	\$212.50
70	\$181.57	\$217.67	\$190.97	70	\$208.76	\$250.30	\$219.62
71	\$186.20	\$226.12	\$198.39	71	\$214.19	\$260.13	\$228.23
72	\$190.70	\$235.03	\$206.21	72	\$219.28	\$270.21	\$237.07
73	\$194.65	\$244.17	\$214.22	73	\$223.91	\$280.85	\$246.40
74	\$198.11	\$253.77	\$222.65	74	\$227.86	\$291.85	\$256.05
75	\$201.01	\$263.61	\$231.28	75	\$231.20	\$303.19	\$266.01
76	\$203.78	\$270.32	\$237.17	76	\$234.33	\$310.94	\$272.80
77	\$206.33	\$277.26	\$243.25	77	\$237.33	\$318.80	\$279.71
78	\$208.76	\$284.34	\$249.46	78	\$240.01	\$326.91	\$286.83
79	\$210.84	\$291.62	\$255.85	79	\$242.56	\$335.23	\$294.14
80	\$213.02	\$299.03	\$262.34	80	\$244.99	\$343.79	\$301.65
81	\$215.00	\$305.03	\$267.62	81	\$247.30	\$350.85	\$307.82
82	\$216.86	\$311.27	\$273.11	82	\$249.36	\$358.04	\$314.13
83	\$218.47	\$317.66	\$278.70	83	\$251.23	\$365.33	\$320.52
84	\$220.00	\$324.12	\$284.37	84	\$252.96	\$372.73	\$327.02
85	\$221.27	\$330.73	\$290.17	85	\$254.48	\$380.26	\$333.63
86	\$222.55	\$334.89	\$293.82	86	\$255.97	\$385.12	\$337.89
87	\$223.79	\$338.84	\$297.28	87	\$257.47	\$389.63	\$341.85
88	\$225.07	\$342.53	\$300.52	88	\$258.88	\$393.92	\$345.61
89	\$226.34	\$346.01	\$303.58	89	\$260.37	\$397.95	\$349.15
90	\$227.62	\$349.37	\$306.52	90	\$261.88	\$401.78	\$352.51
91	\$229.03	\$352.60	\$309.35	91	\$263.27	\$405.48	\$355.76
92	\$230.28	\$355.49	\$311.89	92	\$264.77	\$408.83	\$358.69
93	\$231.56	\$358.26	\$314.33	93	\$266.27	\$411.97	\$361.44
94	\$232.83	\$360.82	\$316.58	94	\$267.78	\$414.97	\$364.08
95	\$234.22	\$363.14	\$318.60	95	\$269.29	\$417.63	\$366.42
96	\$235.48	\$365.33	\$320.52	96	\$270.89	\$420.18	\$368.66
97	\$236.88	\$367.53	\$322.46	97	\$272.41	\$422.59	\$370.77
98	\$238.15	\$369.72	\$324.38	98	\$273.90	\$425.16	\$373.01
99	\$239.54	\$371.93	\$326.32	99	\$275.52	\$427.70	\$375.24
Eligible due to Disability	\$153.67	\$184.45	\$161.84	Eligible due to Disability	\$176.73	\$212.11	\$186.10

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

Standard Non-Tobacco rates will be charged during Open Enrollment.

A one-time \$25 Application Fee will be charged for each Insured.

**Combined Insurance Company of America Medicare Supplement - Kansas
Annual Standard Tobacco Rates for Zip Codes 661-662**

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980		Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$2,028.84	\$2,434.32	\$2,135.88	65	\$2,332.92	\$2,799.72	\$2,456.40
66	\$2,096.76	\$2,516.28	\$2,207.64	66	\$2,412.12	\$2,893.80	\$2,538.96
67	\$2,189.88	\$2,600.76	\$2,282.04	67	\$2,517.72	\$2,991.24	\$2,624.28
68	\$2,260.80	\$2,688.36	\$2,358.60	68	\$2,599.68	\$3,092.52	\$2,713.32
69	\$2,330.28	\$2,780.04	\$2,439.12	69	\$2,680.20	\$3,196.80	\$2,804.76
70	\$2,395.44	\$2,873.16	\$2,520.72	70	\$2,755.20	\$3,303.60	\$2,898.48
71	\$2,457.84	\$2,985.60	\$2,619.60	71	\$2,827.20	\$3,432.60	\$3,011.64
72	\$2,517.72	\$3,102.36	\$2,721.84	72	\$2,893.80	\$3,567.60	\$3,129.84
73	\$2,569.20	\$3,222.96	\$2,827.68	73	\$2,954.88	\$3,706.32	\$3,251.76
74	\$2,614.92	\$3,349.56	\$2,938.68	74	\$3,007.92	\$3,852.24	\$3,379.68
75	\$2,653.80	\$3,479.88	\$3,053.16	75	\$3,052.32	\$4,002.12	\$3,511.20
76	\$2,689.80	\$3,568.56	\$3,131.16	76	\$3,094.08	\$4,104.96	\$3,601.56
77	\$2,724.48	\$3,659.04	\$3,210.36	77	\$3,132.84	\$4,209.12	\$3,692.88
78	\$2,755.20	\$3,753.60	\$3,293.28	78	\$3,169.08	\$4,315.92	\$3,786.60
79	\$2,784.36	\$3,848.04	\$3,376.08	79	\$3,200.64	\$4,425.72	\$3,882.84
80	\$2,811.96	\$3,946.68	\$3,462.60	80	\$3,234.24	\$4,538.16	\$3,981.60
81	\$2,838.24	\$4,027.20	\$3,533.28	81	\$3,264.84	\$4,631.28	\$4,063.20
82	\$2,863.44	\$4,108.92	\$3,605.04	82	\$3,292.44	\$4,725.48	\$4,145.88
83	\$2,884.20	\$4,192.44	\$3,678.24	83	\$3,317.28	\$4,821.36	\$4,230.12
84	\$2,903.52	\$4,278.48	\$3,753.84	84	\$3,338.28	\$4,919.76	\$4,316.40
85	\$2,921.76	\$4,365.72	\$3,830.52	85	\$3,359.16	\$5,019.84	\$4,404.12
86	\$2,938.32	\$4,420.08	\$3,877.92	86	\$3,378.60	\$5,082.36	\$4,458.96
87	\$2,954.88	\$4,472.76	\$3,924.24	87	\$3,398.04	\$5,143.56	\$4,512.72
88	\$2,971.68	\$4,521.36	\$3,966.84	88	\$3,417.24	\$5,200.44	\$4,562.64
89	\$2,988.60	\$4,568.52	\$4,008.48	89	\$3,437.04	\$5,253.24	\$4,608.96
90	\$3,004.92	\$4,611.84	\$4,046.28	90	\$3,456.48	\$5,304.60	\$4,654.08
91	\$3,021.84	\$4,653.24	\$4,082.76	91	\$3,475.68	\$5,351.76	\$4,695.36
92	\$3,039.72	\$4,692.36	\$4,116.84	92	\$3,495.12	\$5,396.16	\$4,734.60
93	\$3,056.28	\$4,728.24	\$4,148.40	93	\$3,514.80	\$5,438.04	\$4,771.08
94	\$3,074.40	\$4,763.16	\$4,179.00	94	\$3,535.44	\$5,476.80	\$4,805.28
95	\$3,091.20	\$4,793.76	\$4,205.88	95	\$3,555.00	\$5,513.04	\$4,836.84
96	\$3,109.32	\$4,822.92	\$4,231.20	96	\$3,575.64	\$5,546.28	\$4,866.00
97	\$3,125.76	\$4,850.52	\$4,255.80	97	\$3,595.20	\$5,578.32	\$4,894.20
98	\$3,143.88	\$4,879.56	\$4,281.24	98	\$3,616.20	\$5,611.44	\$4,923.24
99	\$3,161.88	\$4,908.84	\$4,306.80	99	\$3,636.84	\$5,646.12	\$4,953.84

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

Standard Non-Tobacco rates will be charged during Open Enrollment.

A one-time \$25 Application Fee will be charged for each Insured.

**Combined Insurance Company of America Medicare Supplement - Kansas
Monthly Standard Tobacco Rates for Zip Codes 661-662**

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980		Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$169.07	\$202.86	\$177.99	65	\$194.41	\$233.31	\$204.70
66	\$174.73	\$209.69	\$183.97	66	\$201.01	\$241.15	\$211.58
67	\$182.49	\$216.73	\$190.17	67	\$209.81	\$249.27	\$218.69
68	\$188.40	\$224.03	\$196.55	68	\$216.64	\$257.71	\$226.11
69	\$194.19	\$231.67	\$203.26	69	\$223.35	\$266.40	\$233.73
70	\$199.62	\$239.43	\$210.06	70	\$229.60	\$275.30	\$241.54
71	\$204.82	\$248.80	\$218.30	71	\$235.60	\$286.05	\$250.97
72	\$209.81	\$258.53	\$226.82	72	\$241.15	\$297.30	\$260.82
73	\$214.10	\$268.58	\$235.64	73	\$246.24	\$308.86	\$270.98
74	\$217.91	\$279.13	\$244.89	74	\$250.66	\$321.02	\$281.64
75	\$221.15	\$289.99	\$254.43	75	\$254.36	\$333.51	\$292.60
76	\$224.15	\$297.38	\$260.93	76	\$257.84	\$342.08	\$300.13
77	\$227.04	\$304.92	\$267.53	77	\$261.07	\$350.76	\$307.74
78	\$229.60	\$312.80	\$274.44	78	\$264.09	\$359.66	\$315.55
79	\$232.03	\$320.67	\$281.34	79	\$266.72	\$368.81	\$323.57
80	\$234.33	\$328.89	\$288.55	80	\$269.52	\$378.18	\$331.80
81	\$236.52	\$335.60	\$294.44	81	\$272.07	\$385.94	\$338.60
82	\$238.62	\$342.41	\$300.42	82	\$274.37	\$393.79	\$345.49
83	\$240.35	\$349.37	\$306.52	83	\$276.44	\$401.78	\$352.51
84	\$241.96	\$356.54	\$312.82	84	\$278.19	\$409.98	\$359.70
85	\$243.48	\$363.81	\$319.21	85	\$279.93	\$418.32	\$367.01
86	\$244.86	\$368.34	\$323.16	86	\$281.55	\$423.53	\$371.58
87	\$246.24	\$372.73	\$327.02	87	\$283.17	\$428.63	\$376.06
88	\$247.64	\$376.78	\$330.57	88	\$284.77	\$433.37	\$380.22
89	\$249.05	\$380.71	\$334.04	89	\$286.42	\$437.77	\$384.08
90	\$250.41	\$384.32	\$337.19	90	\$288.04	\$442.05	\$387.84
91	\$251.82	\$387.77	\$340.23	91	\$289.64	\$445.98	\$391.28
92	\$253.31	\$391.03	\$343.07	92	\$291.26	\$449.68	\$394.55
93	\$254.69	\$394.02	\$345.70	93	\$292.90	\$453.17	\$397.59
94	\$256.20	\$396.93	\$348.25	94	\$294.62	\$456.40	\$400.44
95	\$257.60	\$399.48	\$350.49	95	\$296.25	\$459.42	\$403.07
96	\$259.11	\$401.91	\$352.60	96	\$297.97	\$462.19	\$405.50
97	\$260.48	\$404.21	\$354.65	97	\$299.60	\$464.86	\$407.85
98	\$261.99	\$406.63	\$356.77	98	\$301.35	\$467.62	\$410.27
99	\$263.49	\$409.07	\$358.90	99	\$303.07	\$470.51	\$412.82

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

Standard Non-Tobacco rates will be charged during Open Enrollment.

A one-time \$25 Application Fee will be charged for each Insured.

**Combined Insurance Company of America Medicare Supplement - Kansas
Annual Standard Non-Tobacco Rates for Zip Codes 660, 664-679**

Female Rates				Male Rates			
Attained Age	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980	Age Attained	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$1,680.12	\$2,016.36	\$1,769.04	65	\$1,931.88	\$2,318.76	\$2,034.36
66	\$1,736.76	\$2,084.88	\$1,829.04	66	\$1,997.52	\$2,397.12	\$2,103.12
67	\$1,814.04	\$2,154.24	\$1,890.00	67	\$2,086.08	\$2,478.00	\$2,174.16
68	\$1,872.12	\$2,226.48	\$1,953.36	68	\$2,152.92	\$2,560.32	\$2,246.28
69	\$1,929.24	\$2,302.32	\$2,019.96	69	\$2,218.68	\$2,647.68	\$2,322.96
70	\$1,984.92	\$2,379.48	\$2,087.64	70	\$2,282.04	\$2,736.24	\$2,400.72
71	\$2,035.44	\$2,471.76	\$2,168.76	71	\$2,341.44	\$2,843.88	\$2,495.04
72	\$2,084.88	\$2,569.32	\$2,254.20	72	\$2,397.12	\$2,953.68	\$2,591.40
73	\$2,127.72	\$2,669.16	\$2,341.80	73	\$2,447.64	\$3,070.08	\$2,693.64
74	\$2,165.64	\$2,774.16	\$2,433.96	74	\$2,490.84	\$3,190.32	\$2,799.12
75	\$2,197.32	\$2,881.80	\$2,528.28	75	\$2,527.44	\$3,314.40	\$2,907.96
76	\$2,227.80	\$2,955.12	\$2,592.72	76	\$2,561.76	\$3,399.24	\$2,982.24
77	\$2,255.40	\$3,031.20	\$2,659.32	77	\$2,594.64	\$3,485.16	\$3,057.48
78	\$2,282.04	\$3,108.00	\$2,726.88	78	\$2,623.56	\$3,573.60	\$3,135.12
79	\$2,304.84	\$3,187.92	\$2,796.84	79	\$2,651.52	\$3,664.68	\$3,215.40
80	\$2,328.84	\$3,268.68	\$2,867.88	80	\$2,678.16	\$3,758.28	\$3,297.48
81	\$2,350.56	\$3,334.56	\$2,925.72	81	\$2,703.36	\$3,835.56	\$3,365.16
82	\$2,370.60	\$3,402.84	\$2,985.60	82	\$2,726.16	\$3,913.80	\$3,434.04
83	\$2,388.36	\$3,472.44	\$3,046.56	83	\$2,746.32	\$3,993.72	\$3,503.88
84	\$2,404.68	\$3,543.36	\$3,108.84	84	\$2,765.28	\$4,074.48	\$3,574.92
85	\$2,418.72	\$3,615.48	\$3,172.08	85	\$2,781.84	\$4,156.80	\$3,646.92
86	\$2,432.52	\$3,660.84	\$3,211.80	86	\$2,798.16	\$4,209.96	\$3,693.72
87	\$2,446.56	\$3,704.04	\$3,249.84	87	\$2,814.60	\$4,259.28	\$3,737.04
88	\$2,460.36	\$3,744.48	\$3,285.24	88	\$2,829.84	\$4,305.96	\$3,777.84
89	\$2,474.52	\$3,782.40	\$3,318.60	89	\$2,846.16	\$4,350.36	\$3,817.08
90	\$2,488.56	\$3,819.24	\$3,350.76	90	\$2,862.60	\$4,392.00	\$3,853.32
91	\$2,503.44	\$3,854.76	\$3,381.84	91	\$2,877.96	\$4,432.56	\$3,888.96
92	\$2,517.48	\$3,886.08	\$3,409.32	92	\$2,894.40	\$4,469.28	\$3,921.24
93	\$2,531.40	\$3,916.32	\$3,435.84	93	\$2,910.84	\$4,503.48	\$3,951.24
94	\$2,545.20	\$3,944.28	\$3,460.68	94	\$2,927.28	\$4,536.12	\$3,979.80
95	\$2,560.32	\$3,969.60	\$3,482.76	95	\$2,943.72	\$4,565.40	\$4,005.60
96	\$2,574.24	\$3,993.72	\$3,503.88	96	\$2,961.24	\$4,593.24	\$4,029.96
97	\$2,589.48	\$4,017.60	\$3,524.88	97	\$2,977.80	\$4,619.76	\$4,053.12
98	\$2,603.52	\$4,041.72	\$3,546.00	98	\$2,994.36	\$4,647.60	\$4,077.72
99	\$2,618.64	\$4,065.60	\$3,567.12	99	\$3,012.00	\$4,675.44	\$4,102.20
Eligible due to Disability	\$1,680.12	\$2,016.36	\$1,769.04	Eligible due to Disability	\$1,931.88	\$2,318.76	\$2,034.36

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

Standard Non-Tobacco rates will be charged during Open Enrollment.

A one-time \$25 Application Fee will be charged for each Insured.

**Combined Insurance Company of America Medicare Supplement - Kansas
Monthly Standard Non-Tobacco Rates for Zip Codes 660, 664-679**

Female Rates				Male Rates			
Attained Age	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980	Attained Age	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$140.01	\$168.03	\$147.42	65	\$160.99	\$193.23	\$169.53
66	\$144.73	\$173.74	\$152.42	66	\$166.46	\$199.76	\$175.26
67	\$151.17	\$179.52	\$157.50	67	\$173.84	\$206.50	\$181.18
68	\$156.01	\$185.54	\$162.78	68	\$179.41	\$213.36	\$187.19
69	\$160.77	\$191.86	\$168.33	69	\$184.89	\$220.64	\$193.58
70	\$165.41	\$198.29	\$173.97	70	\$190.17	\$228.02	\$200.06
71	\$169.62	\$205.98	\$180.73	71	\$195.12	\$236.99	\$207.92
72	\$173.74	\$214.11	\$187.85	72	\$199.76	\$246.14	\$215.95
73	\$177.31	\$222.43	\$195.15	73	\$203.97	\$255.84	\$224.47
74	\$180.47	\$231.18	\$202.83	74	\$207.57	\$265.86	\$233.26
75	\$183.11	\$240.15	\$210.69	75	\$210.62	\$276.20	\$242.33
76	\$185.65	\$246.26	\$216.06	76	\$213.48	\$283.27	\$248.52
77	\$187.95	\$252.60	\$221.61	77	\$216.22	\$290.43	\$254.79
78	\$190.17	\$259.00	\$227.24	78	\$218.63	\$297.80	\$261.26
79	\$192.07	\$265.66	\$233.07	79	\$220.96	\$305.39	\$267.95
80	\$194.07	\$272.39	\$238.99	80	\$223.18	\$313.19	\$274.79
81	\$195.88	\$277.88	\$243.81	81	\$225.28	\$319.63	\$280.43
82	\$197.55	\$283.57	\$248.80	82	\$227.18	\$326.15	\$286.17
83	\$199.03	\$289.37	\$253.88	83	\$228.86	\$332.81	\$291.99
84	\$200.39	\$295.28	\$259.07	84	\$230.44	\$339.54	\$297.91
85	\$201.56	\$301.29	\$264.34	85	\$231.82	\$346.40	\$303.91
86	\$202.71	\$305.07	\$267.65	86	\$233.18	\$350.83	\$307.81
87	\$203.88	\$308.67	\$270.82	87	\$234.55	\$354.94	\$311.42
88	\$205.03	\$312.04	\$273.77	88	\$235.82	\$358.83	\$314.82
89	\$206.21	\$315.20	\$276.55	89	\$237.18	\$362.53	\$318.09
90	\$207.38	\$318.27	\$279.23	90	\$238.55	\$366.00	\$321.11
91	\$208.62	\$321.23	\$281.82	91	\$239.83	\$369.38	\$324.08
92	\$209.79	\$323.84	\$284.11	92	\$241.20	\$372.44	\$326.77
93	\$210.95	\$326.36	\$286.32	93	\$242.57	\$375.29	\$329.27
94	\$212.10	\$328.69	\$288.39	94	\$243.94	\$378.01	\$331.65
95	\$213.36	\$330.80	\$290.23	95	\$245.31	\$380.45	\$333.80
96	\$214.52	\$332.81	\$291.99	96	\$246.77	\$382.77	\$335.83
97	\$215.79	\$334.80	\$293.74	97	\$248.15	\$384.98	\$337.76
98	\$216.96	\$336.81	\$295.50	98	\$249.53	\$387.30	\$339.81
99	\$218.22	\$338.80	\$297.26	99	\$251.00	\$389.62	\$341.85
Eligible due to Disability	\$140.01	\$168.03	\$147.42	Eligible due to Disability	\$160.99	\$193.23	\$169.53

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

Standard Non-Tobacco rates will be charged during Open Enrollment.

A one-time \$25 Application Fee will be charged for each Insured.

**Combined Insurance Company of America Medicare Supplement - Kansas
Annual Standard Tobacco Rates for Zip Codes 660, 664-679**

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980		Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$1,848.00	\$2,217.48	\$1,945.56	65	\$2,125.20	\$2,550.36	\$2,237.52
66	\$1,910.28	\$2,292.12	\$2,010.96	66	\$2,197.32	\$2,636.16	\$2,312.76
67	\$1,994.88	\$2,369.16	\$2,078.64	67	\$2,293.44	\$2,724.72	\$2,390.64
68	\$2,059.44	\$2,449.08	\$2,148.72	68	\$2,368.20	\$2,817.24	\$2,471.64
69	\$2,122.80	\$2,532.60	\$2,221.92	69	\$2,441.52	\$2,912.04	\$2,554.80
70	\$2,182.08	\$2,617.44	\$2,296.32	70	\$2,509.92	\$3,009.48	\$2,640.36
71	\$2,239.08	\$2,719.80	\$2,386.32	71	\$2,575.68	\$3,127.08	\$2,743.56
72	\$2,293.44	\$2,826.00	\$2,479.44	72	\$2,636.16	\$3,249.84	\$2,851.20
73	\$2,340.24	\$2,936.04	\$2,575.92	73	\$2,691.96	\$3,376.44	\$2,962.32
74	\$2,382.00	\$3,051.24	\$2,676.96	74	\$2,740.08	\$3,508.92	\$3,078.72
75	\$2,417.52	\$3,170.16	\$2,781.36	75	\$2,780.40	\$3,645.84	\$3,198.48
76	\$2,450.28	\$3,251.16	\$2,852.40	76	\$2,818.32	\$3,739.44	\$3,280.80
77	\$2,481.96	\$3,333.24	\$2,924.52	77	\$2,853.72	\$3,834.24	\$3,363.96
78	\$2,509.92	\$3,419.28	\$3,000.12	78	\$2,886.72	\$3,931.68	\$3,449.52
79	\$2,536.20	\$3,505.32	\$3,075.36	79	\$2,915.88	\$4,031.64	\$3,537.12
80	\$2,561.76	\$3,595.20	\$3,154.44	80	\$2,946.24	\$4,134.12	\$3,627.00
81	\$2,585.64	\$3,668.52	\$3,218.64	81	\$2,973.96	\$4,218.72	\$3,701.28
82	\$2,608.32	\$3,743.04	\$3,283.92	82	\$2,999.16	\$4,304.64	\$3,776.88
83	\$2,627.52	\$3,819.24	\$3,350.76	83	\$3,022.20	\$4,392.00	\$3,853.32
84	\$2,645.04	\$3,897.60	\$3,419.52	84	\$3,041.04	\$4,481.88	\$3,932.16
85	\$2,661.60	\$3,977.16	\$3,489.48	85	\$3,060.12	\$4,572.84	\$4,011.96
86	\$2,676.84	\$4,026.48	\$3,532.68	86	\$3,077.64	\$4,629.84	\$4,062.00
87	\$2,691.96	\$4,074.48	\$3,574.92	87	\$3,095.52	\$4,685.52	\$4,110.84
88	\$2,707.08	\$4,118.64	\$3,613.56	88	\$3,113.16	\$4,737.36	\$4,156.32
89	\$2,722.32	\$4,161.96	\$3,651.36	89	\$3,130.92	\$4,785.48	\$4,198.56
90	\$2,737.44	\$4,200.96	\$3,685.80	90	\$3,148.44	\$4,832.40	\$4,239.60
91	\$2,752.80	\$4,239.00	\$3,719.16	91	\$3,166.20	\$4,875.24	\$4,277.40
92	\$2,769.24	\$4,274.52	\$3,750.36	92	\$3,184.08	\$4,915.68	\$4,312.80
93	\$2,784.36	\$4,307.40	\$3,779.04	93	\$3,201.72	\$4,953.60	\$4,346.28
94	\$2,800.68	\$4,338.96	\$3,806.88	94	\$3,220.80	\$4,989.12	\$4,377.12
95	\$2,815.92	\$4,366.92	\$3,831.24	95	\$3,238.56	\$5,022.12	\$4,406.28
96	\$2,832.24	\$4,393.32	\$3,854.52	96	\$3,257.28	\$5,052.48	\$4,432.80
97	\$2,847.48	\$4,418.64	\$3,876.72	97	\$3,275.16	\$5,081.76	\$4,458.48
98	\$2,864.16	\$4,445.28	\$3,900.12	98	\$3,294.00	\$5,111.88	\$4,485.00
99	\$2,880.48	\$4,471.80	\$3,923.28	99	\$3,313.08	\$5,143.44	\$4,512.60

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

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**Combined Insurance Company of America Medicare Supplement - Kansas
Monthly Standard Tobacco Rates for Zip Codes 660, 664-679**

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980		Plan A Form No. 14903	Plan F Form No. 14905	Plan G Form No. 14980
65	\$154.00	\$184.79	\$162.13	65	\$177.10	\$212.53	\$186.46
66	\$159.19	\$191.01	\$167.58	66	\$183.11	\$219.68	\$192.73
67	\$166.24	\$197.43	\$173.22	67	\$191.12	\$227.06	\$199.22
68	\$171.62	\$204.09	\$179.06	68	\$197.35	\$234.77	\$205.97
69	\$176.90	\$211.05	\$185.16	69	\$203.46	\$242.67	\$212.90
70	\$181.84	\$218.12	\$191.36	70	\$209.16	\$250.79	\$220.03
71	\$186.59	\$226.65	\$198.86	71	\$214.64	\$260.59	\$228.63
72	\$191.12	\$235.50	\$206.62	72	\$219.68	\$270.82	\$237.60
73	\$195.02	\$244.67	\$214.66	73	\$224.33	\$281.37	\$246.86
74	\$198.50	\$254.27	\$223.08	74	\$228.34	\$292.41	\$256.56
75	\$201.46	\$264.18	\$231.78	75	\$231.70	\$303.82	\$266.54
76	\$204.19	\$270.93	\$237.70	76	\$234.86	\$311.62	\$273.40
77	\$206.83	\$277.77	\$243.71	77	\$237.81	\$319.52	\$280.33
78	\$209.16	\$284.94	\$250.01	78	\$240.56	\$327.64	\$287.46
79	\$211.35	\$292.11	\$256.28	79	\$242.99	\$335.97	\$294.76
80	\$213.48	\$299.60	\$262.87	80	\$245.52	\$344.51	\$302.25
81	\$215.47	\$305.71	\$268.22	81	\$247.83	\$351.56	\$308.44
82	\$217.36	\$311.92	\$273.66	82	\$249.93	\$358.72	\$314.74
83	\$218.96	\$318.27	\$279.23	83	\$251.85	\$366.00	\$321.11
84	\$220.42	\$324.80	\$284.96	84	\$253.42	\$373.49	\$327.68
85	\$221.80	\$331.43	\$290.79	85	\$255.01	\$381.07	\$334.33
86	\$223.07	\$335.54	\$294.39	86	\$256.47	\$385.82	\$338.50
87	\$224.33	\$339.54	\$297.91	87	\$257.96	\$390.46	\$342.57
88	\$225.59	\$343.22	\$301.13	88	\$259.43	\$394.78	\$346.36
89	\$226.86	\$346.83	\$304.28	89	\$260.91	\$398.79	\$349.88
90	\$228.12	\$350.08	\$307.15	90	\$262.37	\$402.70	\$353.30
91	\$229.40	\$353.25	\$309.93	91	\$263.85	\$406.27	\$356.45
92	\$230.77	\$356.21	\$312.53	92	\$265.34	\$409.64	\$359.40
93	\$232.03	\$358.95	\$314.92	93	\$266.81	\$412.80	\$362.19
94	\$233.39	\$361.58	\$317.24	94	\$268.40	\$415.76	\$364.76
95	\$234.66	\$363.91	\$319.27	95	\$269.88	\$418.51	\$367.19
96	\$236.02	\$366.11	\$321.21	96	\$271.44	\$421.04	\$369.40
97	\$237.29	\$368.22	\$323.06	97	\$272.93	\$423.48	\$371.54
98	\$238.68	\$370.44	\$325.01	98	\$274.50	\$425.99	\$373.75
99	\$240.04	\$372.65	\$326.94	99	\$276.09	\$428.62	\$376.05

Policies may be issued on an annual, semi-annual or monthly mode.

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PREMIUM INFORMATION

We, Combined Insurance Company of America, can only raise your premium if we raise the premium for all policies like yours in this State. Premiums are based on your attained age and change when you reach a new age range.

HOUSEHOLD DISCOUNT

This policy may be eligible for a 6% Household Discount if the applicant has a household resident (at least one, no more than 3) with whom you have continuously resided for the last 12 months and who is age 50 or older, or who is your legal spouse, including validly recognized civil union and domestic partners. If this policy is issued with the Household Discount then this discount will remain in place as long as the policy is in force.

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 your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to P.O. Box 14207, Clearwater, FL 33766-4207. 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.

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 Combined Insurance Company of America nor its agents are connected with Medicare.

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

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. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

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

CANCELLATION BY INSURED

You may cancel your policy at any time by written notice delivered or mailed to Combined, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the Insured, Combined will promptly return the unearned portion of any premium paid. The refund of premium shall be computed on a pro rata basis. Cancellation will not affect any claim which began before the effective date of cancellation.

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
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$185.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$185.50 a day 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 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 (CONT.)

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

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$203 of Medicare Approved Amounts * Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$203 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> • 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
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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* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 day 	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
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$185.50 a day \$0	\$0 Up to \$185.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 (CONT.) MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$203 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$203 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$203 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$203 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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 \$203 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN G
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 day	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
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	All approved amounts All but \$185.50 a day \$0	\$0 Up to \$185.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 (CONT.)
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$203 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$203 (Unless Part B deductible has been met) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$203 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$203 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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 (Unless Part B deductible has been met) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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 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
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