

Liberty Bankers Life Insurance Company
Administrative Office: P.O. Box 15357, Clearwater, FL 33766-5357
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

OUTLINE OF COVERAGE FOR POLICY
FORM LBL-MS-BASE-0416-WI

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. The policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see Wisconsin Guide to Health Insurance for People with Medicare, given to you when you applied for the policy. Do not buy the policy if you did not get this guide.

Premium Information:

We, Liberty Bankers Life Insurance Company, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area in this state. Until you are age 99, your premium will change each year. The new premium will be based upon your age.

DISCLOSURES:

Use this Outline of Coverage to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY:

This is only an Outline of Coverage describing your policy's most important features. This 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 Liberty Bankers Life Insurance Company at P.O. 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 directly to you.

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 fully cover all of your medical costs.

NEITHER LIBERTY BANKERS LIFE INSURANCE COMPANY NOR ITS AGENTS ARE CONNECTED WITH MEDICARE.

BASIC MEDICARE SUPPLEMENT COVERAGE PREFERRED FEMALE
ZIP CODES: 535-549

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	346.24	Through 64	61.07	Through 64	4.19	Through 64	5.19	Through 64	3.06	Through 64	279.27
65	115.41	65	20.36	65	1.40	65	1.74	65	1.02	65	93.09
66	115.41	66	20.36	66	1.40	66	1.74	66	1.02	66	93.09
67	115.41	67	20.36	67	1.40	67	1.74	67	1.02	67	93.09
68	118.28	68	20.93	68	1.43	68	1.76	68	1.04	68	95.31
69	122.99	69	21.86	69	1.48	69	1.84	69	1.08	69	98.93
70	127.56	70	22.46	70	1.53	70	1.90	70	1.12	70	102.54
71	131.54	71	23.48	71	1.58	71	1.96	71	1.16	71	105.74
72	135.49	72	24.50	72	1.62	72	2.01	72	1.19	72	108.91
73	139.41	73	25.51	73	1.67	73	2.07	73	1.21	73	112.08
74	143.32	74	26.51	74	1.70	74	2.12	74	1.25	74	115.20
75	147.78	75	27.61	75	1.75	75	2.18	75	1.28	75	118.81
76	152.26	76	28.97	76	1.81	76	2.24	76	1.32	76	122.54
77	156.85	77	30.35	77	1.85	77	2.30	77	1.35	77	126.34
78	161.65	78	31.80	78	1.91	78	2.37	78	1.40	78	130.35
79	166.89	79	33.34	79	1.97	79	2.46	79	1.44	79	134.69
80	172.25	80	34.92	80	2.03	80	2.53	80	1.48	80	139.15
81	178.98	81	36.74	81	2.10	81	2.61	81	1.54	81	144.91
82	185.74	82	38.55	82	2.16	82	2.68	82	1.58	82	150.72
83	192.71	83	40.45	83	2.23	83	2.76	83	1.63	83	156.70
84	199.49	84	42.29	84	2.29	84	2.86	84	1.68	84	162.54
85	206.23	85	44.17	85	2.36	85	2.92	85	1.72	85	168.36
86	212.57	86	45.66	86	2.41	86	3.00	86	1.75	86	173.88
87	219.07	87	47.18	87	2.47	87	3.07	87	1.81	87	179.53
88	225.74	88	48.74	88	2.53	88	3.15	88	1.85	88	185.32
89	232.56	89	50.37	89	2.60	89	3.23	89	1.89	89	191.26
90	239.34	90	51.97	90	2.66	90	3.30	90	1.95	90	197.19
91	245.78	91	53.38	91	2.71	91	3.36	91	1.98	91	202.88
92	252.37	92	54.84	92	2.75	92	3.42	92	2.01	92	208.70
93	259.10	93	56.33	93	2.80	93	3.48	93	2.06	93	214.66
94	265.99	94	57.85	94	2.86	94	3.55	94	2.09	94	220.78
95	273.04	95	59.43	95	2.90	95	3.61	95	2.12	95	227.02
96	277.69	96	60.43	96	2.95	96	3.68	96	2.16	96	230.88
97	282.41	97	61.46	97	3.01	97	3.73	97	2.19	97	234.81
98	287.21	98	62.50	98	3.05	98	3.80	98	2.24	98	238.80
99 and over	292.09	99 and over	63.56	99 and over	3.10	99 and over	3.86	99 and over	2.26	99 and over	242.86

Part B Deductible Rider Monthly Premium All Ages \$16.50

See PREMIUM INFORMATION regarding Household Premium Discount rating.

BASIC MEDICARE SUPPLEMENT COVERAGE PREFERRED MALE
ZIP CODES: 535-549

Base	
Attained Age	Monthly Premium
Through 64	398.16
65	132.72
66	132.72
67	132.72
68	136.02
69	141.44
70	146.69
71	151.27
72	155.81
73	160.32
74	164.82
75	169.95
76	175.12
77	180.38
78	185.91
79	191.93
80	198.09
81	205.83
82	213.61
83	221.61
84	229.40
85	237.17
86	244.46
87	251.92
88	259.59
89	267.45
90	275.23
91	282.63
92	290.22
93	297.96
94	305.88
95	313.99
96	319.34
97	324.77
98	330.30
99 and over	335.91

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	70.24
65	23.41
66	23.41
67	23.41
68	24.08
69	25.15
70	25.83
71	27.00
72	28.17
73	29.33
74	30.48
75	31.75
76	33.33
77	34.92
78	36.57
79	38.36
80	40.15
81	42.23
82	44.33
83	46.50
84	48.65
85	50.79
86	52.51
87	54.27
88	56.07
89	57.92
90	59.76
91	61.40
92	63.08
93	64.79
94	66.54
95	68.34
96	69.49
97	70.67
98	71.87
99 and over	73.10

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	4.81
65	1.60
66	1.60
67	1.60
68	1.63
69	1.70
70	1.75
71	1.81
72	1.87
73	1.90
74	1.96
75	2.01
76	2.08
77	2.14
78	2.21
79	2.26
80	2.34
81	2.41
82	2.49
83	2.56
84	2.64
85	2.70
86	2.78
87	2.83
88	2.92
89	2.99
90	3.06
91	3.12
92	3.16
93	3.22
94	3.29
95	3.34
96	3.41
97	3.45
98	3.52
99 and over	3.57

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	5.98
65	1.99
66	1.99
67	1.99
68	2.03
69	2.12
70	2.18
71	2.24
72	2.30
73	2.37
74	2.43
75	2.51
76	2.59
77	2.66
78	2.73
79	2.81
80	2.92
81	3.00
82	3.09
83	3.19
84	3.28
85	3.35
86	3.44
87	3.54
88	3.62
89	3.72
90	3.80
91	3.86
92	3.94
93	4.00
94	4.08
95	4.15
96	4.22
97	4.28
98	4.36
99 and over	4.44

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	3.52
65	1.18
66	1.18
67	1.18
68	1.20
69	1.24
70	1.28
71	1.32
72	1.35
73	1.40
74	1.43
75	1.47
76	1.51
77	1.56
78	1.61
79	1.67
80	1.70
81	1.76
82	1.82
83	1.87
84	1.94
85	1.98
86	2.02
87	2.08
88	2.12
89	2.18
90	2.24
91	2.27
92	2.32
93	2.37
94	2.39
95	2.43
96	2.48
97	2.52
98	2.56
99 and over	2.61

Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	321.14
65	107.05
66	107.05
67	107.05
68	109.61
69	113.77
70	117.92
71	121.60
72	125.26
73	128.88
74	132.49
75	136.62
76	140.92
77	145.30
78	149.92
79	154.90
80	160.02
81	166.66
82	173.33
83	180.20
84	186.91
85	193.63
86	199.95
87	206.45
88	213.12
89	219.96
90	226.76
91	233.31
92	240.00
93	246.85
94	253.88
95	261.08
96	265.51
97	270.03
98	274.63
99 and over	279.29

Part B Deductible Rider

Monthly Premium All Ages \$16.50

See PREMIUM INFORMATION regarding Household Premium Discount rating.

BASIC MEDICARE SUPPLEMENT COVERAGE STANDARD* FEMALE
ZIP CODES: 535-549

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	398.16	Through 64	70.24	Through 64	4.81	Through 64	5.98	Through 64	3.52	Through 64	321.14
65	132.72	65	23.41	65	1.60	65	1.99	65	1.18	65	107.05
66	132.72	66	23.41	66	1.60	66	1.99	66	1.18	66	107.05
67	132.72	67	23.41	67	1.60	67	1.99	67	1.18	67	107.05
68	136.02	68	24.08	68	1.63	68	2.03	68	1.20	68	109.61
69	141.44	69	25.15	69	1.70	69	2.12	69	1.24	69	113.77
70	146.69	70	25.83	70	1.75	70	2.18	70	1.28	70	117.92
71	151.27	71	27.00	71	1.81	71	2.24	71	1.32	71	121.60
72	155.81	72	28.17	72	1.87	72	2.30	72	1.35	72	125.26
73	160.32	73	29.33	73	1.90	73	2.37	73	1.40	73	128.88
74	164.82	74	30.48	74	1.96	74	2.43	74	1.43	74	132.49
75	169.95	75	31.75	75	2.01	75	2.51	75	1.47	75	136.62
76	175.12	76	33.33	76	2.08	76	2.59	76	1.51	76	140.92
77	180.38	77	34.92	77	2.14	77	2.66	77	1.56	77	145.30
78	185.91	78	36.57	78	2.21	78	2.73	78	1.61	78	149.92
79	191.93	79	38.36	79	2.26	79	2.81	79	1.67	79	154.90
80	198.09	80	40.15	80	2.34	80	2.92	80	1.70	80	160.02
81	205.83	81	42.23	81	2.41	81	3.00	81	1.76	81	166.66
82	213.61	82	44.33	82	2.49	82	3.09	82	1.82	82	173.33
83	221.61	83	46.50	83	2.56	83	3.19	83	1.87	83	180.20
84	229.40	84	48.65	84	2.64	84	3.28	84	1.94	84	186.91
85	237.17	85	50.79	85	2.70	85	3.35	85	1.98	85	193.63
86	244.46	86	52.51	86	2.78	86	3.44	86	2.02	86	199.95
87	251.92	87	54.27	87	2.83	87	3.54	87	2.08	87	206.45
88	259.59	88	56.07	88	2.92	88	3.62	88	2.12	88	213.12
89	267.45	89	57.92	89	2.99	89	3.72	89	2.18	89	219.96
90	275.23	90	59.76	90	3.06	90	3.80	90	2.24	90	226.76
91	282.63	91	61.40	91	3.12	91	3.86	91	2.27	91	233.31
92	290.22	92	63.08	92	3.16	92	3.94	92	2.32	92	240.00
93	297.96	93	64.79	93	3.22	93	4.00	93	2.37	93	246.85
94	305.88	94	66.54	94	3.29	94	4.08	94	2.39	94	253.88
95	313.99	95	68.34	95	3.34	95	4.15	95	2.43	95	261.08
96	319.34	96	69.49	96	3.41	96	4.22	96	2.48	96	265.51
97	324.77	97	70.67	97	3.45	97	4.28	97	2.52	97	270.03
98	330.30	98	71.87	98	3.52	98	4.36	98	2.56	98	274.63
99 and over	335.91	99 and over	73.10	99 and over	3.57	99 and over	4.44	99 and over	2.61	99 and over	279.29

Part B Deductible Rider Monthly Premium All Ages \$16.50

* Standard Rates are not applicable in guarantee issue and open enrollment situations

See PREMIUM INFORMATION regarding Household Premium Discount rating.

BASIC MEDICARE SUPPLEMENT COVERAGE STANDARD* MALE
ZIP CODES: 535-549

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	457.90	Through 64	80.76	Through 64	5.53	Through 64	6.87	Through 64	4.05	Through 64	369.32
65	152.63	65	26.92	65	1.84	65	2.29	65	1.34	65	123.11
66	152.63	66	26.92	66	1.84	66	2.29	66	1.34	66	123.11
67	152.63	67	26.92	67	1.84	67	2.29	67	1.34	67	123.11
68	156.43	68	27.68	68	1.88	68	2.34	68	1.38	68	126.04
69	162.66	69	28.91	69	1.96	69	2.43	69	1.43	69	130.82
70	168.71	70	29.70	70	2.02	70	2.52	70	1.48	70	135.62
71	173.95	71	31.06	71	2.09	71	2.59	71	1.53	71	139.84
72	179.19	72	32.40	72	2.14	72	2.66	72	1.57	72	144.04
73	184.38	73	33.74	73	2.19	73	2.73	73	1.61	73	148.22
74	189.53	74	35.06	74	2.25	74	2.80	74	1.65	74	152.36
75	195.44	75	36.52	75	2.32	75	2.88	75	1.69	75	157.11
76	201.39	76	38.32	76	2.38	76	2.96	76	1.75	76	162.05
77	207.42	77	40.14	77	2.46	77	3.05	77	1.81	77	167.08
78	213.80	78	42.07	78	2.53	78	3.15	78	1.85	78	172.39
79	220.73	79	44.10	79	2.61	79	3.23	79	1.90	79	178.15
80	227.80	80	46.19	80	2.68	80	3.35	80	1.97	80	184.02
81	236.71	81	48.57	81	2.78	81	3.45	81	2.03	81	191.66
82	245.65	82	50.98	82	2.86	82	3.56	82	2.09	82	199.32
83	254.85	83	53.47	83	2.94	83	3.66	83	2.15	83	207.23
84	263.81	84	55.94	84	3.03	84	3.76	84	2.22	84	214.96
85	272.74	85	58.40	85	3.12	85	3.86	85	2.27	85	222.66
86	281.12	86	60.37	86	3.19	86	3.96	86	2.33	86	229.95
87	289.72	87	62.39	87	3.28	87	4.07	87	2.39	87	237.42
88	298.53	88	64.47	88	3.35	88	4.15	88	2.44	88	245.09
89	307.57	89	66.61	89	3.43	89	4.27	89	2.51	89	252.96
90	316.53	90	68.72	90	3.52	90	4.37	90	2.57	90	260.78
91	325.03	91	70.60	91	3.58	91	4.45	91	2.61	91	268.29
92	333.75	92	72.53	92	3.65	92	4.53	92	2.66	92	276.00
93	342.65	93	74.50	93	3.71	93	4.61	93	2.71	93	283.89
94	351.77	94	76.52	94	3.77	94	4.69	94	2.75	94	291.97
95	361.10	95	78.59	95	3.84	95	4.77	95	2.80	95	300.23
96	367.24	96	79.92	96	3.91	96	4.85	96	2.86	96	305.34
97	373.48	97	81.28	97	3.97	97	4.93	97	2.90	97	310.53
98	379.84	98	82.66	98	4.03	98	5.02	98	2.95	98	315.82
99 and over	386.29	99 and over	84.06	99 and over	4.11	99 and over	5.11	99 and over	3.01	99 and over	321.18

Part B Deductible Rider Monthly Premium All Ages \$16.50

* Standard Rates are not applicable in guarantee issue and open enrollment situations

See PREMIUM INFORMATION regarding Household Premium Discount rating.

**BASIC MEDICARE SUPPLEMENT COVERAGE PREFERRED FEMALE
ZIP CODES: 530-534**

Base	
Attained Age	Monthly Premium
Through 64	402.60
65	134.20
66	134.20
67	134.20
68	137.53
69	143.01
70	148.33
71	152.95
72	157.55
73	162.11
74	166.65
75	171.84
76	177.05
77	182.38
78	187.97
79	194.06
80	200.29
81	208.12
82	215.98
83	224.08
84	231.96
85	239.80
86	247.17
87	254.73
88	262.49
89	270.42
90	278.30
91	285.79
92	293.45
93	301.28
94	309.29
95	317.49
96	322.89
97	328.38
98	333.96
99 and over	339.64

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	71.01
65	23.68
66	23.68
67	23.68
68	24.34
69	25.42
70	26.12
71	27.30
72	28.49
73	29.66
74	30.83
75	32.11
76	33.69
77	35.29
78	36.98
79	38.77
80	40.61
81	42.72
82	44.82
83	47.03
84	49.18
85	51.36
86	53.09
87	54.86
88	56.68
89	58.57
90	60.43
91	62.07
92	63.77
93	65.50
94	67.27
95	69.10
96	70.27
97	71.46
98	72.68
99 and over	73.91

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	4.87
65	1.63
66	1.63
67	1.63
68	1.66
69	1.72
70	1.78
71	1.84
72	1.88
73	1.94
74	1.98
75	2.04
76	2.10
77	2.15
78	2.22
79	2.29
80	2.36
81	2.44
82	2.51
83	2.59
84	2.66
85	2.74
86	2.80
87	2.87
88	2.94
89	3.02
90	3.09
91	3.15
92	3.20
93	3.26
94	3.32
95	3.37
96	3.43
97	3.50
98	3.55
99 and over	3.60

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	6.04
65	2.02
66	2.02
67	2.02
68	2.05
69	2.14
70	2.21
71	2.28
72	2.34
73	2.41
74	2.46
75	2.53
76	2.61
77	2.68
78	2.76
79	2.86
80	2.94
81	3.03
82	3.12
83	3.21
84	3.32
85	3.40
86	3.49
87	3.57
88	3.66
89	3.75
90	3.84
91	3.91
92	3.98
93	4.05
94	4.13
95	4.20
96	4.28
97	4.34
98	4.42
99 and over	4.49

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	3.56
65	1.19
66	1.19
67	1.19
68	1.21
69	1.25
70	1.30
71	1.35
72	1.38
73	1.41
74	1.45
75	1.49
76	1.54
77	1.57
78	1.63
79	1.68
80	1.72
81	1.79
82	1.84
83	1.89
84	1.95
85	2.00
86	2.04
87	2.11
88	2.15
89	2.20
90	2.27
91	2.30
92	2.34
93	2.39
94	2.43
95	2.46
96	2.51
97	2.55
98	2.60
99 and over	2.63

Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	324.73
65	108.24
66	108.24
67	108.24
68	110.82
69	115.03
70	119.23
71	122.95
72	126.64
73	130.32
74	133.95
75	138.15
76	142.49
77	146.91
78	151.57
79	156.62
80	161.80
81	168.50
82	175.26
83	182.21
84	189.00
85	195.77
86	202.19
87	208.76
88	215.49
89	222.40
90	229.29
91	235.91
92	242.68
93	249.61
94	256.72
95	263.98
96	268.47
97	273.03
98	277.67
99 and over	282.40

Part B Deductible Rider Monthly Premium All Ages \$16.50

See PREMIUM INFORMATION regarding Household Premium Discount rating.

BASIC MEDICARE SUPPLEMENT COVERAGE PREFERRED MALE
ZIP CODES: 530-534

Base	
Attained Age	Monthly Premium
Through 64	462.98
65	154.33
66	154.33
67	154.33
68	158.16
69	164.47
70	170.57
71	175.89
72	181.18
73	186.42
74	191.65
75	197.62
76	203.63
77	209.74
78	216.18
79	223.18
80	230.34
81	239.34
82	248.38
83	257.69
84	266.74
85	275.78
86	284.25
87	292.93
88	301.85
89	310.99
90	320.04
91	328.64
92	337.46
93	346.46
94	355.68
95	365.11
96	371.32
97	377.64
98	384.07
99 and over	390.59

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	81.67
65	27.22
66	27.22
67	27.22
68	28.00
69	29.24
70	30.03
71	31.40
72	32.76
73	34.11
74	35.44
75	36.92
76	38.75
77	40.61
78	42.52
79	44.60
80	46.69
81	49.11
82	51.55
83	54.07
84	56.57
85	59.06
86	61.06
87	63.10
88	65.20
89	67.35
90	69.49
91	71.40
92	73.35
93	75.34
94	77.37
95	79.46
96	80.80
97	82.18
98	83.57
99 and over	85.00

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	5.59
65	1.86
66	1.86
67	1.86
68	1.90
69	1.98
70	2.04
71	2.11
72	2.17
73	2.21
74	2.28
75	2.34
76	2.42
77	2.49
78	2.57
79	2.63
80	2.72
81	2.80
82	2.90
83	2.98
84	3.07
85	3.14
86	3.23
87	3.29
88	3.39
89	3.48
90	3.56
91	3.63
92	3.68
93	3.74
94	3.82
95	3.88
96	3.96
97	4.01
98	4.09
99 and over	4.15

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	6.95
65	2.31
66	2.31
67	2.31
68	2.36
69	2.46
70	2.53
71	2.61
72	2.68
73	2.76
74	2.83
75	2.92
76	3.01
77	3.09
78	3.18
79	3.27
80	3.39
81	3.49
82	3.59
83	3.71
84	3.81
85	3.90
86	4.00
87	4.12
88	4.21
89	4.32
90	4.42
91	4.49
92	4.58
93	4.65
94	4.74
95	4.82
96	4.91
97	4.98
98	5.07
99 and over	5.16

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	4.09
65	1.37
66	1.37
67	1.37
68	1.39
69	1.44
70	1.49
71	1.54
72	1.57
73	1.63
74	1.66
75	1.71
76	1.76
77	1.81
78	1.87
79	1.94
80	1.98
81	2.05
82	2.12
83	2.18
84	2.25
85	2.30
86	2.35
87	2.42
88	2.47
89	2.53
90	2.60
91	2.64
92	2.70
93	2.75
94	2.78
95	2.83
96	2.88
97	2.93
98	2.98
99 and over	3.04

Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	373.42
65	124.48
66	124.48
67	124.48
68	127.45
69	132.29
70	137.12
71	141.39
72	145.65
73	149.86
74	154.06
75	158.86
76	163.86
77	168.95
78	174.32
79	180.12
80	186.07
81	193.79
82	201.55
83	209.54
84	217.34
85	225.15
86	232.50
87	240.06
88	247.81
89	255.77
90	263.67
91	271.29
92	279.07
93	287.04
94	295.21
95	303.58
96	308.73
97	313.99
98	319.34
99 and over	324.75

Part B Deductible Rider Monthly Premium All Ages \$16.50

See PREMIUM INFORMATION regarding Household Premium Discount rating.

BASIC MEDICARE SUPPLEMENT COVERAGE STANDARD* FEMALE
ZIP CODES: 530-534

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	462.98	Through 64	81.67	Through 64	5.59	Through 64	6.95	Through 64	4.09	Through 64	373.42
65	154.33	65	27.22	65	1.86	65	2.31	65	1.37	65	124.48
66	154.33	66	27.22	66	1.86	66	2.31	66	1.37	66	124.48
67	154.33	67	27.22	67	1.86	67	2.31	67	1.37	67	124.48
68	158.16	68	28.00	68	1.90	68	2.36	68	1.39	68	127.45
69	164.47	69	29.24	69	1.98	69	2.46	69	1.44	69	132.29
70	170.57	70	30.03	70	2.04	70	2.53	70	1.49	70	137.12
71	175.89	71	31.40	71	2.11	71	2.61	71	1.54	71	141.39
72	181.18	72	32.76	72	2.17	72	2.68	72	1.57	72	145.65
73	186.42	73	34.11	73	2.21	73	2.76	73	1.63	73	149.86
74	191.65	74	35.44	74	2.28	74	2.83	74	1.66	74	154.06
75	197.62	75	36.92	75	2.34	75	2.92	75	1.71	75	158.86
76	203.63	76	38.75	76	2.42	76	3.01	76	1.76	76	163.86
77	209.74	77	40.61	77	2.49	77	3.09	77	1.81	77	168.95
78	216.18	78	42.52	78	2.57	78	3.18	78	1.87	78	174.32
79	223.18	79	44.60	79	2.63	79	3.27	79	1.94	79	180.12
80	230.34	80	46.69	80	2.72	80	3.39	80	1.98	80	186.07
81	239.34	81	49.11	81	2.80	81	3.49	81	2.05	81	193.79
82	248.38	82	51.55	82	2.90	82	3.59	82	2.12	82	201.55
83	257.69	83	54.07	83	2.98	83	3.71	83	2.18	83	209.54
84	266.74	84	56.57	84	3.07	84	3.81	84	2.25	84	217.34
85	275.78	85	59.06	85	3.14	85	3.90	85	2.30	85	225.15
86	284.25	86	61.06	86	3.23	86	4.00	86	2.35	86	232.50
87	292.93	87	63.10	87	3.29	87	4.12	87	2.42	87	240.06
88	301.85	88	65.20	88	3.39	88	4.21	88	2.47	88	247.81
89	310.99	89	67.35	89	3.48	89	4.32	89	2.53	89	255.77
90	320.04	90	69.49	90	3.56	90	4.42	90	2.60	90	263.67
91	328.64	91	71.40	91	3.63	91	4.49	91	2.64	91	271.29
92	337.46	92	73.35	92	3.68	92	4.58	92	2.70	92	279.07
93	346.46	93	75.34	93	3.74	93	4.65	93	2.75	93	287.04
94	355.68	94	77.37	94	3.82	94	4.74	94	2.78	94	295.21
95	365.11	95	79.46	95	3.88	95	4.82	95	2.83	95	303.58
96	371.32	96	80.80	96	3.96	96	4.91	96	2.88	96	308.73
97	377.64	97	82.18	97	4.01	97	4.98	97	2.93	97	313.99
98	384.07	98	83.57	98	4.09	98	5.07	98	2.98	98	319.34
99 and over	390.59	99 and over	85.00	99 and over	4.15	99 and over	5.16	99 and over	3.04	99 and over	324.75

Part B Deductible Rider Monthly Premium All Ages \$16.50

* Standard Rates are not applicable in guarantee issue and open enrollment situations

See PREMIUM INFORMATION regarding Household Premium Discount rating.

BASIC MEDICARE SUPPLEMENT COVERAGE STANDARD* MALE
ZIP CODES: 530-534

Base	
Attained Age	Monthly Premium
Through 64	532.44
65	177.48
66	177.48
67	177.48
68	181.89
69	189.14
70	196.17
71	202.27
72	208.36
73	214.39
74	220.38
75	227.26
76	234.17
77	241.19
78	248.60
79	256.66
80	264.88
81	275.24
82	285.64
83	296.34
84	306.75
85	317.14
86	326.88
87	336.88
88	347.13
89	357.64
90	368.06
91	377.94
92	388.08
93	398.43
94	409.04
95	419.88
96	427.02
97	434.28
98	441.67
99 and over	449.17

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	93.91
65	31.30
66	31.30
67	31.30
68	32.19
69	33.62
70	34.53
71	36.12
72	37.68
73	39.23
74	40.77
75	42.47
76	44.56
77	46.68
78	48.92
79	51.28
80	53.71
81	56.48
82	59.28
83	62.18
84	65.05
85	67.91
86	70.20
87	72.55
88	74.97
89	77.45
90	79.91
91	82.09
92	84.34
93	86.63
94	88.98
95	91.38
96	92.93
97	94.51
98	96.12
99 and over	97.74

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	6.43
65	2.14
66	2.14
67	2.14
68	2.19
69	2.28
70	2.35
71	2.43
72	2.49
73	2.55
74	2.62
75	2.70
76	2.77
77	2.86
78	2.94
79	3.03
80	3.12
81	3.23
82	3.33
83	3.42
84	3.52
85	3.63
86	3.71
87	3.81
88	3.89
89	3.99
90	4.09
91	4.16
92	4.24
93	4.31
94	4.38
95	4.47
96	4.55
97	4.62
98	4.69
99 and over	4.78

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	7.99
65	2.66
66	2.66
67	2.66
68	2.72
69	2.83
70	2.93
71	3.01
72	3.09
73	3.18
74	3.26
75	3.35
76	3.44
77	3.55
78	3.66
79	3.76
80	3.89
81	4.01
82	4.14
83	4.26
84	4.37
85	4.49
86	4.61
87	4.73
88	4.83
89	4.96
90	5.08
91	5.18
92	5.27
93	5.36
94	5.45
95	5.55
96	5.64
97	5.73
98	5.84
99 and over	5.94

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	4.71
65	1.56
66	1.56
67	1.56
68	1.60
69	1.66
70	1.72
71	1.78
72	1.82
73	1.87
74	1.92
75	1.97
76	2.03
77	2.10
78	2.15
79	2.21
80	2.29
81	2.36
82	2.43
83	2.50
84	2.58
85	2.64
86	2.71
87	2.78
88	2.84
89	2.92
90	2.99
91	3.04
92	3.09
93	3.15
94	3.20
95	3.26
96	3.33
97	3.37
98	3.43
99 and over	3.50

Reduced Base Premium with Part B Co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	429.44
65	143.15
66	143.15
67	143.15
68	146.56
69	152.12
70	157.70
71	162.61
72	167.49
73	172.35
74	177.16
75	182.69
76	188.43
77	194.28
78	200.45
79	207.15
80	213.98
81	222.86
82	231.77
83	240.96
84	249.95
85	258.91
86	267.38
87	276.07
88	284.99
89	294.14
90	303.23
91	311.97
92	320.93
93	330.11
94	339.50
95	349.11
96	355.05
97	361.08
98	367.23
99 and over	373.46

Part B Deductible Rider Monthly Premium All Ages \$16.50
 See PREMIUM INFORMATION regarding Household Premium Discount rating.

* Standard Rates are not applicable in guarantee issue and open enrollment situations

MEDICARE SUPPLEMENT POLICIES - PART A BENEFITS

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	Per Benefit Period	Medicare Pays	The Policy Pays	You Pay
MEDICARE PART A BENEFITS HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but a \$1,408 deductible	\$0	\$1,408
			<input type="checkbox"/> Optional Part A Deductible Rider*	\$0
	61 st to 90 th day	All but \$352 per day	\$352 per day	\$0
	91 st day and after: While using 60 lifetime reserve	All but \$704 per day	\$704 per 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
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	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$176.00 a day	Up to \$176.00 a day	\$0
	101 st day and after	\$0	\$0	All costs
INPATIENT PSYCHIATRIC CARE In a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	The expense you incur after Medicare has paid 190 days and we have paid 175 additional days
BLOOD	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

*This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

MEDICARE SUPPLEMENT POLICIES - PART B BENEFITS

Services	Per Calendar year	Medicare Pays	The Policy Pays	You Pay
MEDICARE PART B BENEFITS MEDICAL EXPENSES Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$198 of Medicare-approved amounts*	\$0	\$0	\$198 (Part B deductible)
			<input type="checkbox"/> Optional Part B Deductible Rider**	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	Expense incurred above the Medicare-approved charges
			<input type="checkbox"/> Optional Part B Excess Charges Rider**	Expenses not paid by Medicare or the policy
BLOOD	First 3 pints	\$0	All costs	Expenses not paid by Medicare or the policy
	Next \$198 of Medicare-approved amounts*	\$0	\$198 (Part B deductible)	
	Remainder of Medicare-approved amounts	80%	20%	
CLINICAL LABORATORY SERVICES-TESTS FOR		100%	\$0	
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits	Expenses not covered by Medicare or the policy
			<input type="checkbox"/> Optional Additional Home Care Rider** 0NF3M	\$0
PREVENTIVE MEDICAL CARE BENEFIT Not covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your	First \$150.00 each calendar year	\$0	\$150	\$0
	Additional charges	\$0	\$0	All costs
FOREIGN TRAVEL Not covered by Medicare: Medically necessary emergency care services first 60 days of each trip outside the USA	\$250 calendar year deductible	\$0	<input type="checkbox"/> Optional Foreign Travel Emergency Rider**; 80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum

*Once you have been billed \$198 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

ADDITIONAL BENEFITS

KIDNEY DISEASE TREATMENT BENEFIT:

We will pay the Usual and Customary Charges which are not payable under Medicare that You incur for necessary Hospital inpatient and outpatient treatment of kidney disease, including dialysis, transplantation, and donor-related services. Benefits are limited to \$30,000 per calendar year.

CHIROPRACTIC SERVICES BENEFIT:

We will pay the Usual and Customary Charges which are not payable under Medicare that You incur for Medically Necessary services received from a Chiropractor.

DIABETES TREATMENT BENEFIT:

We will pay the Usual and Customary Charges which are not payable under Medicare that You incur for:

- (a) the installation and use of an insulin infusion pump, limited to one pump each year which is used for at least 30 days before purchase;
- (b) other equipment and supplies for the treatment of diabetes that are not covered by Medicare Part D; and
- (c) Diabetic Self-Management Education Programs.

In order to avoid duplication of coverage under Medicare Part D, benefits listed under (b) do not include prescription medication, prescription insulin, and some supplies.

BREAST RECONSTRUCTION BENEFIT:

We will pay the Usual and Customary Charges which are not payable under Medicare that You incur for breast reconstruction incident to a mastectomy.

HOSPITAL AND AMBULATORY SURGERY CENTER DENTAL CARE BENEFIT:

We will pay the Usual and Customary Charges which are not payable under Medicare for surgery You receive at a Hospital or ambulatory surgery center, and anesthetics provided, in conjunction with dental care if:

- (a) You have a Chronic Health Condition; or
- (b) You have a medical condition that requires hospitalization or general anesthesia for dental care.

LIMITATIONS AND EXCLUSIONS:

The policy DOES NOT cover the following:

- (a) expense incurred while this Policy is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or Skilled Nursing Facility Confinement incurred during a Medicare Part A Benefit Period that begins while this Policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) that portion of any expense that is payable under any other insurance plan, policy, certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis;
- (e) any expense that duplicates payments made under any other provision of the Policy;
- (f) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (g) services for which a charge is not normally made in the absence of insurance;
- (h) loss or expense that is payable under any other Medicare Supplement Insurance policy or certificate;
- (i) expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except to the extent provided in the Policy;
- (j) Skilled Nursing Facility costs beyond what is covered by Medicare and the 30 days covered under the Medicare Part A Skilled Nursing Facility Benefit provision of Your Policy;
- (k) Home Care above the number of visits covered by Medicare and the 40 visits per year covered under the Home Care Benefit provision of Your Policy;
- (l) Physician charges above Medicare's approved charge;

- (m) outpatient prescription drugs;
- (n) most care received outside of the United States;
- (o) routine dental care, dentures, cosmetic surgery, routine foot care, the cost of eyeglasses, and the cost of hearing aids, unless eligible under Medicare;
- (p) Emergency Care anywhere or for care received outside the service area if this care is treated differently from other covered benefits; or
- (q) anything beyond usual, customary, and reasonable limitations.

PREMIUM CHANGE:

The premium for this Policy will change. Because the premium rate is based upon Your attained age, the premium will increase as You age from age 65 through age 99. This annual change will occur on each Policy Renewal Date. The Policy Renewal Date coincides with or follows the Policy anniversary date.

The premium may also change for reasons other than attained age. If You cease to be eligible for the Household Premium Discount described in the Household Premium Discount section, Your Policy's discount will be removed. This premium change will occur on the first Policy Renewal Date coinciding with or following the date We learned Your eligibility ended.

A premium change for any other reason can occur on any Policy Renewal Date. However, such premium change cannot be made unless We make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of Your state. We will give You the advance written notice required by Your state prior to any premium change.

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.

BENEFITS APPEAL:

If you feel that benefits were improperly reduced or denied, you may appeal such decisions. You must notify us in writing and give us the reason(s) for such appeal. Once all needed information is received by us, we will notify you within 30 days of our receipt of your appeal.

GRIEVANCE:

Grievance means dissatisfaction which you express to us in writing regarding our provision of services, determination to reform or rescind a policy, determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorder, or claims practices. We have established a grievance procedure for resolving any grievance you may have. You must submit a grievance in writing to the following address as soon as reasonably possible:

Grievance Review
Liberty Bankers Life Insurance Company
P.O. Box 15357, Clearwater, FL 33766-5357

**MEDICARE SUPPLEMENT PREMIUM INFORMATION
ANNUAL PREMIUM**

- \$() BASIC MEDICARE SUPPLEMENT COVERAGE; or**
\$() BASIC MEDICARE SUPPLEMENT COVERAGE with Part B Co-Payment or Coinsurance Rider – LBL-MS-PARTBCO-0416-WI 100% of the Medicare Part B medical deductible subject to copayment or coinsurance of no more than \$20 per office visit and no more than \$50 per emergency room visit in addition to the Medicare Part B deductible and in addition to out-of-pocket maximums. The emergency room copayment or coinsurance will be waived if you are admitted to any hospital and the emergency room visit is subsequently covered as a Medicare Part A expense.

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately. NOTE: Only optional coverage provided by rider shall be listed here.

- \$() 1. Part A Deductible Rider – LBL-MS-PARTADED-0416-WI**
100% of Part A Deductible
- \$() 2. Additional Home Health Care Rider – LBL-MS-HHC-0416-WI**
An aggregate of 365 visits per year including those covered by Medicare
- \$() 3. Part B Excess Charges Rider – LBL-MS- PARTBEX-0416-WI**
Difference between what Medicare pays and the amount charged by the provider which shall be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less
- \$() 4. Foreign Travel Rider – LBL-MS-FORTRAV-0416-WI**
After a deductible of no greater than \$250.00, covers at least 80% of expenses associated with emergency medical care received outside the USA beginning the first 60 days of a trip with a lifetime maximum of at least \$50,000.00

AVAILABLE ONLY TO THOSE FIRST ELIGIBLE BEFORE 1/1/2020

- \$() 5. Part B Deductible Rider – LBL-MS-PARTBDED-0416-WI**
100% of Part B Deductible (NOTE: Cannot select if Basic Medicare Supplement coverage with Part B Co-Payment or Coinsurance Rider is selected above.)

(25.00) There will be a one-time enrollment fee of \$25.00 added to the first premium.

- \$() TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS**

HOUSEHOLD PREMIUM DISCOUNT – If you resided with at least one, but no more than three, other adults who are age 18 or older for the past year, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if the other adult no longer resides with you (other than in the case of his or her death).

IN ADDITION TO THIS OUTLINE OF COVERAGE, LIBERTY BANKERS LIFE INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.