



# Medicare Supplement Coverage Georgia



## The Insurance Plans of Choice for Medicare Supplemental Coverage

**New Era Life Insurance Company  
of the Midwest**  
P.O. BOX 4884  
Houston, TX 77210-4884

Plan	Form
<i>Standard Plan A</i>	MS.A.NEM.GA
<i>Standard Plan C</i>	MS.C.NEM.GA
<i>Standard Plan D</i>	MS.D.NEM.GA
<i>Standard Plan F</i>	MS.F.NEM.GA
<i>Standard Plan G</i>	MS.G.NEM.GA
<i>Standard Plan N</i>	MS.N.NEM.GA

## MEDICARE AND NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST BOTH SIDES OF THE STORY

When it comes to Medicare, it's important that you know both sides of the story, the advantages and disadvantages of relying only on Medicare to provide for your health care needs.

Before Medicare pays for any of the medical services you want or need, you must first pay the Medicare deductibles. There are health care costs that Medicare either does not cover in full or does not pay at all. This can result in significant out-of-pocket expenses for you.

Medicare supplement plans help pay your medical expenses and provide you with protection from the ever-increasing gaps in Medicare. New Era Life Insurance Company of the Midwest (New Era) has affordable Medicare supplement plans. Plus, you receive the following benefits:

- Your right to use the doctor of your choice. You may see any doctor accepting Medicare patients.
- Medicare supplement plans are guaranteed renewable.
- Your Medicare supplement policy is portable. If you move to another state, your coverage goes with you.
- No annual maximums for Medicare-covered services.
- New Era provides accurate and speedy claim payments.
- New Era's toll-free dedicated customer service phone number:

1-800-552-7879

### FREEDOM OF CHOICE

You've earned the right to choose your own doctor or hospital. You can use any Medicare-participating physician and any Medicare-approved hospital in the United States.

### PROTECTION AGAINST EXCESS CHARGES

Under Part B of Medicare, you may have out-of-pocket costs if your physician or medical supplier does not accept assignment of your Medicare claim and charges more than Medicare's approved amount. The difference to be paid is called the 'excess charge' and that amount may not exceed any charge limitations established by Medicare. With some plans, your doctor's charges for Medicare's covered services are paid in full, including the Medicare Part B deductible.

### OPEN ENROLLMENT

Acceptance of your application is guaranteed if you apply during your Open Enrollment. Open Enrollment is the 6 month period beginning on the 1<sup>st</sup> day of the month in which you are enrolled in Medicare Part B. If you are on Medicare under age 65, you will also have a 6 month open enrollment period when you reach age 65. You must already be enrolled in both Parts A and B of Medicare to apply for these plans.



## INSURED BILLING

Home Office MUST receive your application no later than 5 working days PRIOR to your requested effective date.

- The amount of the premium submitted depends on the payment mode you have selected. After your policy is issued, New Era will bill you according to the payment mode you have selected or payment will be withdrawn from your bank account accordingly.
- A one-time, non-refundable application fee should be included with each application.

New Era reserves the right to reject your application. If your application is rejected, you will be notified in writing and any premium submitted will be refunded.

With the New Era monthly Checking Account Deduction Program, you can have your monthly New Era premium withdrawn directly from your checking account. When you receive your bank statement, your New Era monthly checking account deduction will be included. To find out more about this convenient service, contact your New Era Authorized Agent, or call us toll-free at:

**1-800-552-7879**

## GUARANTEED RENEWABLE

New Era Medicare supplement policies are guaranteed renewable.

After the first modal premium payment, the term of this coverage is for the modal duration.

You have the option to pay premium on monthly bank draft, quarterly, semi-annually or annually.

Coverage renews automatically, subject to the right of New Era to change rates on a class basis.

We will not cancel your coverage, except for the reasons listed below:

- If we discover any concealment of material facts upon enrollment
- If you do not pay your premiums, your coverage will end after your 31 day grace period has expired
- You cease to be covered under both Parts A and B of Medicare
- If you notify us of your enrollment in a Medicare Advantage plan.





## MEDICARE CHANGES

New Era will send an annual notice to you prior to the effective date of Medicare changes, which will describe these changes and the changes in your Medicare supplement coverage.

## GRIEVANCE PROCEDURE

We are certain that you will be completely satisfied with your New Era plan, but if you should ever have a complaint or problem, please call us toll free:

**1-800-552-7879**

Or you can write to us:

**P.O. Box 4884**

**Houston, TX 77210-4884**

## QUESTIONS

After you receive your policy, please feel free to contact your New Era Authorized Agent, or call us toll-free:

**1-800-552-7879**

**NOTICE OF 30 DAY RIGHT TO EXAMINE THE POLICY:** If you are not satisfied with your policy for any reason, the policy may be returned to us within the first 30 days after you receive it, for a full refund of all premium paid. If the policy is returned, it shall be void from the effective date. To return the Policy, simply mail or deliver it to us at our mailing address: P.O. Box 4884, Houston, TX 77210-4884.



To learn more about this coverage, please see the accompanying outline of coverage.



**NEW ERA LIFE INSURANCE COMPANY of the MIDWEST**

P.O. BOX 4884, HOUSTON, TX 77210-4884

TOLL-FREE: 1-800-552-7879

New Era is not connected with or endorsed by the United States government or the federal Medicare program. Medicare supplement coverage is provided by NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST.

# NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

P.O. Box 4884, Houston, Texas 77210-4884

## BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JUNE 1, 2010

This chart shows the benefits included in each of the Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

### BASIC BENEFITS

- **Hospitalization** - Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** - Part B co-insurance (generally, 20% of Medicare-approved expenses), or, co-payments 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.

### *SHADED PLANS ARE AVAILABLE IN YOUR STATE*

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance*	Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 co-payment for office visit, and up to \$50 co-payment for ER	
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	
	Part A Ded.	Part A Ded.	Part A Ded.	Part A Ded.	Part A Ded.	50% Part A Ded.	75% Part A Ded.	50% Part A Ded.	Part A Ded.	
		Part B Ded.		Part B Ded.						
				Part B Excess (100%)	Part B Excess (100%)					
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency	
*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,180 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.						Out-of-pocket limit \$4,960; paid at 100% after limit reached.	Out-of-pocket limit \$2,480; paid at 100% after limit reached.			

New Era Life Insurance Company of the Midwest  
**MEDICARE SUPPLEMENT PREMIUM**  
 Georgia  
 April 1, 2015

STANDARD PLAN A

Area 1				
Issued Age	MNTU	MTU	FNTU	FTU
<65	296.81	341.32	274.81	316.04
65	113.65	130.70	105.24	121.04
66	116.62	134.10	107.99	124.17
67	119.55	137.51	110.71	127.31
68	122.52	140.90	113.45	130.46
69	125.49	144.29	116.16	133.61
70	128.42	147.70	118.92	136.75
71	131.39	151.08	121.65	139.89
72	136.94	157.47	126.79	145.81
73	142.85	164.28	132.29	152.12
74	149.12	171.49	138.07	158.78
75	154.48	177.67	143.05	164.51
76	160.08	184.10	148.23	170.46
77	165.93	190.80	153.62	176.67
78	171.97	197.77	159.25	183.10
79	178.23	204.98	165.05	189.80
80	188.21	216.44	174.26	200.40
81	198.67	228.47	183.95	211.54
82	209.68	241.13	194.15	223.27
83	221.18	254.37	204.81	235.52
84	230.95	265.59	213.83	245.92
85	241.06	277.20	223.19	256.66
86	251.50	289.22	232.86	267.80
87	262.30	301.65	242.86	279.30
88	273.45	314.49	253.21	291.18
89	284.96	327.69	263.84	303.42
90+	296.81	341.32	274.81	316.04

Area 2				
Issued Age	MNTU	MTU	FNTU	FTU
<65	268.39	308.65	248.50	285.78
65	102.77	118.20	95.18	109.45
66	105.44	121.26	97.65	112.29
67	108.11	124.33	100.13	115.14
68	110.79	127.41	102.58	117.98
69	113.46	130.49	105.05	120.81
70	116.13	133.56	107.54	123.66
71	118.80	136.63	110.01	126.50
72	123.83	142.41	114.66	131.85
73	129.17	148.56	119.61	137.56
74	134.84	155.07	124.84	143.59
75	139.69	160.64	129.35	148.76
76	144.77	166.46	134.03	154.14
77	150.03	172.55	138.92	159.75
78	155.52	178.83	143.99	165.59
79	161.16	185.36	149.25	171.62
80	170.19	195.72	157.58	181.22
81	179.67	206.61	166.34	191.31
82	189.60	218.04	175.55	201.88
83	200.02	230.02	185.20	212.98
84	208.83	240.16	193.36	222.35
85	217.98	250.67	201.82	232.10
86	227.42	261.54	210.57	242.16
87	237.19	272.76	219.63	252.57
88	247.26	284.36	228.95	263.29
89	257.68	296.32	238.58	274.36
90+	268.39	308.65	248.50	285.78

**Area 1** includes zip codes: 300-303, 313-314

**Area 2** includes all other zip codes in Georgia

**Modal Factors:** Monthly Bank Draft = 1.0, Quarterly = 4.0  
 Semi-Annual = 6.0, Annual = 12.0

Add \$2.00 processing fee for monthly direct bill

Spousal Discount: 6% discount on each policy if both applications are approved.

<b>MNTU:</b>	Male Non-Tobacco User
<b>MTU:</b>	Male Tobacco User
<b>FNTU:</b>	Female Non-Tobacco User
<b>FTU:</b>	Female Tobacco User

**ADD ONE TIME NON-REFUNDABLE \$20 APPLICATION FEE**

New Era Life Insurance Company of the Midwest  
 MEDICARE SUPPLEMENT PREMIUM  
 Georgia  
 April 1, 2015

STANDARD PLAN C

Area 1				
Issued Age	MNTU	MTU	FNTU	FTU
<65	445.65	512.50	412.64	474.53
65	170.68	196.26	158.04	181.73
66	175.09	201.36	162.12	186.44
67	179.53	206.46	166.23	191.17
68	183.95	211.57	170.35	195.88
69	188.40	216.67	174.44	200.60
70	192.84	221.77	178.55	205.33
71	197.25	226.84	182.66	210.05
72	205.62	236.47	190.38	218.95
73	214.50	246.66	198.60	228.40
74	223.93	257.48	207.32	238.41
75	231.95	266.76	214.79	247.00
76	240.36	276.44	222.56	255.95
77	249.12	286.50	230.68	265.27
78	258.22	296.95	239.10	274.96
79	267.62	307.78	247.82	284.97
80	282.59	324.98	261.65	300.91
81	298.32	343.06	276.22	317.66
82	314.83	362.05	291.50	335.21
83	332.13	381.92	307.53	353.65
84	346.78	398.78	321.07	369.24
85	361.95	416.22	335.12	385.40
86	377.62	434.28	349.66	402.11
87	393.84	452.93	364.67	419.37
88	410.58	472.17	380.18	437.19
89	427.85	492.05	396.17	455.59
90+	445.65	512.50	412.64	474.53

Area 2				
Issued Age	MNTU	MTU	FNTU	FTU
<65	383.79	441.35	355.38	408.66
65	146.99	169.03	136.09	156.49
66	150.79	173.40	139.62	160.56
67	154.61	177.80	143.15	164.64
68	158.43	182.19	146.69	168.71
69	162.24	186.58	150.22	172.75
70	166.07	190.98	153.76	176.83
71	169.87	195.36	157.29	180.90
72	177.07	203.64	163.95	188.56
73	184.72	212.43	171.05	196.70
74	192.83	221.77	178.55	205.32
75	199.75	229.72	184.97	212.71
76	207.00	238.06	191.67	220.43
77	214.54	246.73	198.66	228.45
78	222.38	255.73	205.90	236.80
79	230.47	265.05	213.41	245.42
80	243.38	279.87	225.34	259.14
81	256.91	295.44	237.89	273.56
82	271.11	311.80	251.06	288.68
83	286.02	328.94	264.83	304.55
84	298.63	343.44	276.51	317.98
85	311.70	358.46	288.60	331.88
86	325.21	373.99	301.13	346.30
87	339.17	390.06	314.04	361.16
88	353.60	406.64	327.40	376.52
89	368.46	423.74	341.17	392.35
90+	383.79	441.35	355.38	408.66

Area 1 includes zip codes: 300-303, 313-314

Area 2 includes all other zip codes in Georgia

Modal Factors: Monthly Bank Draft = 1.0, Quarterly = 4.0  
 Semi-Annual = 6.0, Annual = 12.0

Add \$2.00 processing fee for monthly direct bill

Spousal Discount: 6% discount on each policy if both applications are approved.

MNTU:	Male Non-Tobacco User
MTU:	Male Tobacco User
FNTU:	Female Non-Tobacco User
FTU:	Female Tobacco User

**ADD ONE TIME NON-REFUNDABLE \$20 APPLICATION FEE**

New Era Life Insurance Company of the Midwest  
**MEDICARE SUPPLEMENT PREMIUM**  
 Georgia  
 November 1, 2015

STANDARD PLAN D

Area 1				
Issued Age	MNTU	MTU	FNTU	FTU
<65	1716.21	1973.68	1589.08	1827.46
65	129.06	148.41	119.50	137.43
66	129.06	148.41	119.50	137.43
67	129.06	148.41	119.50	137.43
68	132.42	152.29	122.61	141.00
69	135.76	156.12	125.70	144.56
70	139.06	159.93	128.77	148.09
71	140.07	161.09	129.70	149.15
72	143.71	165.27	133.06	153.02
73	147.53	169.66	136.60	157.09
74	151.51	174.24	140.28	161.32
75	154.39	177.55	142.95	164.40
76	158.84	182.66	147.08	169.13
77	163.46	187.98	151.35	174.05
78	168.19	193.42	155.74	179.10
79	173.05	199.01	160.23	184.26
80	181.38	208.59	167.95	193.14
81	191.47	220.20	177.28	203.88
82	202.06	232.37	187.10	215.16
83	213.17	245.15	197.38	226.99
84	222.56	255.95	206.08	236.99
85	232.29	267.13	215.09	247.35
86	242.38	278.74	224.43	258.10
87	252.78	290.70	234.06	269.17
88	263.52	303.06	244.01	280.61
89	274.61	315.80	254.27	292.41
90+	286.04	328.95	264.85	304.58

Area 2				
Issued Age	MNTU	MTU	FNTU	FTU
<65	1478.22	1699.98	1368.72	1574.04
65	111.16	127.83	102.93	118.37
66	111.16	127.83	102.93	118.37
67	111.16	127.83	102.93	118.37
68	114.06	131.17	105.61	121.45
69	116.93	134.47	108.27	124.51
70	119.78	137.75	110.91	127.55
71	120.65	138.75	111.71	128.47
72	123.78	142.35	114.61	131.80
73	127.07	146.13	117.66	135.31
74	130.50	150.08	120.83	138.95
75	132.98	152.93	123.13	141.60
76	136.81	157.33	126.68	145.68
77	140.79	161.91	130.36	149.91
78	144.87	166.60	134.14	154.26
79	149.05	171.41	138.01	158.71
80	156.23	179.66	144.66	166.36
81	164.92	189.66	152.70	175.61
82	174.04	200.15	161.15	185.32
83	183.61	211.15	170.01	195.51
84	191.70	220.46	177.50	204.13
85	200.08	230.09	185.26	213.05
86	208.77	240.09	193.31	222.31
87	217.73	250.39	201.60	231.84
88	226.98	261.03	210.17	241.70
89	236.53	272.01	219.01	251.86
90+	246.37	283.33	228.12	262.34

Area 1 includes zip codes: 300-303, 313-314

Area 2 includes all other zip codes in Georgia

Modal Factors: Monthly Bank Draft = 1.0, Quarterly = 4.0  
 Semi-Annual = 6.0, Annual = 12.0

Add \$2.00 processing fee for monthly direct bill

Spousal Discount: 6% discount on each policy if both applications are approved.

<b>MNTU:</b>	Male Non-Tobacco User
<b>MTU:</b>	Male Tobacco User
<b>FNTU:</b>	Female Non-Tobacco User
<b>FTU:</b>	Female Tobacco User

**ADD ONE TIME NON-REFUNDABLE \$20 APPLICATION FEE**



New Era Life Insurance Company of the Midwest  
 MEDICARE SUPPLEMENT PREMIUM  
 Georgia  
 April 1, 2015

STANDARD PLAN F

Area 1				
Issued Age	MNTU	MTU	FNTU	FTU
<65	431.41	496.10	399.43	459.34
65	165.21	189.97	152.97	175.93
66	169.50	194.91	156.93	180.49
67	173.78	199.85	160.92	185.04
68	178.09	204.78	164.89	189.62
69	182.36	209.72	168.86	194.19
70	186.66	214.66	172.84	198.75
71	190.94	219.59	176.81	203.33
72	199.05	228.90	184.29	211.94
73	207.63	238.78	192.25	221.09
74	216.74	249.23	200.66	230.77
75	224.54	258.22	207.91	239.10
76	232.69	267.57	215.46	247.76
77	241.17	277.35	223.30	256.79
78	249.97	287.45	231.45	266.16
79	259.07	297.93	239.88	275.86
80	273.56	314.58	253.30	291.27
81	288.77	332.09	267.39	307.48
82	304.74	350.47	282.18	324.50
83	321.49	369.72	297.69	342.34
84	335.68	386.02	310.80	357.43
85	350.36	402.91	324.41	373.07
86	365.54	420.37	338.48	389.25
87	381.24	438.44	353.00	405.96
88	397.45	457.07	368.02	423.23
89	414.19	476.29	383.49	441.02
90+	431.41	496.10	399.43	459.34

Area 2				
Issued Age	MNTU	MTU	FNTU	FTU
<65	371.51	427.24	344.01	395.59
65	142.27	163.62	131.73	151.49
66	145.97	167.87	135.18	155.42
67	149.67	172.10	138.59	159.36
68	153.36	176.37	142.01	163.31
69	157.06	180.61	145.43	167.24
70	160.75	184.86	148.85	171.19
71	164.44	189.11	152.25	175.10
72	171.40	197.11	158.72	182.53
73	178.82	205.64	165.56	190.41
74	186.66	214.64	172.83	198.75
75	193.37	222.38	179.04	205.90
76	200.38	230.44	185.53	213.39
77	207.69	238.84	192.30	221.14
78	215.26	247.55	199.32	229.22
79	223.11	256.57	206.58	237.57
80	235.57	270.92	218.13	250.86
81	248.69	285.99	230.27	264.81
82	262.45	301.81	243.01	279.46
83	276.89	318.39	256.35	294.82
84	289.09	332.45	267.67	307.83
85	301.73	346.98	279.37	321.28
86	314.81	362.02	291.48	335.21
87	328.33	377.59	304.01	349.62
88	342.30	393.62	316.94	364.48
89	356.68	410.19	330.27	379.80
90+	371.51	427.24	344.01	395.59

Area 1 includes zip codes: 300-303, 313-314

Area 2 includes all other zip codes in Georgia

Modal Factors: Monthly Bank Draft = 1.0, Quarterly = 4.0  
 Semi-Annual = 6.0, Annual = 12.0

Add \$2.00 processing fee for monthly direct bill

Spousal Discount: 6% discount on each policy if both applications are approved.

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**ADD ONE TIME NON-REFUNDABLE \$20 APPLICATION FEE**

New Era Life Insurance Company of the Midwest  
 MEDICARE SUPPLEMENT PREMIUM  
 Georgia  
 April 1, 2015

STANDARD PLAN G

Area 1				
Issued Age	MNTU	MTU	FNTU	FTU
<65	346.78	398.79	321.09	369.24
65	132.81	152.72	122.95	141.41
66	136.25	156.67	126.15	145.08
67	139.70	160.66	129.36	148.76
68	143.15	164.61	132.53	152.43
69	146.60	168.60	135.74	156.11
70	150.05	172.56	138.94	159.76
71	153.51	176.52	142.12	163.44
72	160.00	184.00	148.16	170.36
73	166.90	191.95	154.54	177.72
74	174.21	200.37	161.32	185.50
75	180.50	207.57	167.11	192.18
76	187.04	215.09	173.19	199.17
77	193.86	222.93	179.50	206.41
78	200.93	231.07	186.04	213.95
79	208.25	239.49	192.83	221.76
80	219.89	252.89	203.61	234.15
81	232.13	266.96	214.93	247.16
82	244.96	281.72	226.83	260.84
83	258.43	297.21	239.29	275.19
84	269.83	310.31	249.85	287.32
85	281.63	323.88	260.78	299.89
86	293.84	337.92	272.08	312.87
87	306.46	352.44	283.75	326.32
88	319.50	367.42	295.84	340.21
89	332.93	382.87	308.27	354.52
90+	346.78	398.79	321.09	369.24

Area 2				
Issued Age	MNTU	MTU	FNTU	FTU
<65	297.90	342.59	275.83	317.19
65	114.08	131.19	105.65	121.49
66	117.04	134.60	108.38	124.64
67	120.02	138.01	111.12	127.79
68	122.99	141.42	113.87	130.94
69	125.93	144.82	116.61	134.10
70	128.88	148.23	119.36	137.26
71	131.87	151.64	122.09	140.42
72	137.44	158.05	127.26	146.35
73	143.38	164.88	132.76	152.69
74	149.66	172.11	138.60	159.36
75	155.05	178.30	143.56	165.09
76	160.67	184.79	148.77	171.09
77	166.53	191.51	154.18	177.31
78	172.61	198.50	159.83	183.79
79	178.89	205.73	165.64	190.50
80	188.90	217.23	174.89	201.15
81	199.41	229.32	184.64	212.32
82	210.45	242.01	194.86	224.08
83	222.02	255.32	205.56	236.40
84	231.81	266.57	214.64	246.81
85	241.94	278.22	224.01	257.62
86	252.43	290.30	233.72	268.80
87	263.28	302.77	243.77	280.34
88	274.45	315.63	254.12	292.24
89	286.01	328.91	264.81	304.55
90+	297.90	342.59	275.83	317.19

Area 1 includes zip codes: 300-303, 313-314

Area 2 includes all other zip codes in Georgia

Modal Factors: Monthly Bank Draft = 1.0, Quarterly = 4.0  
 Semi-Annual = 6.0, Annual = 12.0

Add \$2.00 processing fee for monthly direct bill

Spousal Discount: 6% discount on each policy if both applications are approved.

MNTU:	Male Non-Tobacco User
MTU:	Male Tobacco User
FNTU:	Female Non-Tobacco User
FTU:	Female Tobacco User

**ADD ONE TIME NON-REFUNDABLE \$20 APPLICATION FEE**

New Era Life Insurance Company of the Midwest  
**MEDICARE SUPPLEMENT PREMIUM**  
 Georgia  
 April 1, 2015

STANDARD PLAN N

Area 1				
Issued Age	MNTU	MTU	FNTU	FTU
<65	271.86	312.64	251.71	289.48
65	104.11	119.74	96.40	110.86
66	106.81	122.84	98.91	113.73
67	109.53	125.95	101.40	116.62
68	112.23	129.05	103.91	119.50
69	114.93	132.16	106.41	122.39
70	117.63	135.27	108.93	125.25
71	120.33	138.39	111.43	128.13
72	125.43	144.24	116.13	133.55
73	130.84	150.47	121.16	139.33
74	136.59	157.06	126.47	145.44
75	141.51	162.73	131.02	150.67
76	146.63	168.63	135.77	156.15
77	151.97	174.77	140.72	161.81
78	157.52	181.16	145.84	167.74
79	163.24	187.75	151.17	173.83
80	172.38	198.24	159.62	183.57
81	181.97	209.28	168.50	193.78
82	192.04	220.85	177.82	204.50
83	202.59	233.00	187.60	215.73
84	211.55	243.27	195.85	225.25
85	220.79	253.91	204.44	235.11
86	230.36	264.92	213.29	245.30
87	240.26	276.29	222.46	255.82
88	250.49	288.04	231.90	266.71
89	261.00	300.16	241.67	277.91
90+	271.86	312.64	251.71	289.48

Area 2				
Issued Age	MNTU	MTU	FNTU	FTU
<65	234.13	269.25	216.77	249.29
65	89.67	103.11	83.01	95.47
66	91.99	105.77	85.18	97.95
67	94.31	108.47	87.33	100.44
68	96.64	111.15	89.50	102.92
69	98.97	113.83	91.64	105.38
70	101.30	116.50	93.79	107.87
71	103.64	119.18	95.94	110.34
72	108.03	124.23	100.02	115.02
73	112.68	129.59	104.33	119.98
74	117.62	135.27	108.92	125.25
75	121.86	140.14	112.84	129.76
76	126.29	145.22	116.93	134.47
77	130.88	150.50	121.19	139.37
78	135.64	156.00	125.60	144.46
79	140.61	161.69	130.18	149.71
80	148.46	170.72	137.45	158.08
81	156.72	180.21	145.11	166.87
82	165.39	190.19	153.14	176.11
83	174.48	200.64	161.56	185.79
84	182.17	209.50	168.68	193.99
85	190.15	218.68	176.07	202.47
86	198.39	228.16	183.68	211.24
87	206.91	237.95	191.58	220.33
88	215.69	248.05	199.73	229.68
89	224.77	258.49	208.13	239.35
90+	234.13	269.25	216.77	249.29

Area 1 includes zip codes: 300-303, 313-314

Area 2 includes all other zip codes in Georgia

Modal Factors: Monthly Bank Draft = 1.0, Quarterly = 4.0  
 Semi-Annual = 6.0, Annual = 12.0

Add \$2.00 processing fee for monthly direct bill

Spousal Discount: 6% discount on each policy if both applications are approved.

<b>MNTU:</b>	Male Non-Tobacco User
<b>MTU:</b>	Male Tobacco User
<b>FNTU:</b>	Female Non-Tobacco User
<b>FTU:</b>	Female Tobacco User

**ADD ONE TIME NON-REFUNDABLE \$20 APPLICATION FEE**

**PREMIUM INFORMATION**  
**EFFECTIVE AS OF *JUNE 1, 2010***

We, New Era Life Insurance Company of the Midwest, can only raise your premium if we raise the premium for all policies like yours in this state. We reserve the right to revise the table of premium rates.

**DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

**READ YOUR POLICY 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 4884, Houston Texas 77210-4884. If you send the policy back to us within 30 days after you receive it, we'll treat the policy as if it had never been issued and return all 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 New Era Life Insurance Company of the Midwest nor its agents are connected to 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.

**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 60 days in a row.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION *</b> Semi-private 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 \$1,288  All but \$322 a day  All but \$644 a day  \$0  \$0	\$0  \$322 a day  \$644 a day  100% of Medicare eligible expenses  \$0	\$1,288 (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 \$161.00 a day  \$0	\$0 \$0  \$0	\$0 Up to \$161.00 a day All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment / coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment / coinsurance	\$0

(continued)

\*\* 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** (continued)

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

\* Once you have been billed \$166 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 \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$166 (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 \$166 of Medicare Approved Amount*  Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	All Costs \$0  Generally 20%	\$0 \$166 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment: First \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0  Generally 80%	\$0 \$0  Generally 20%	\$0 \$166 (Part B deductible) \$0

**PLAN C**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION *</b> Semi-private 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 \$1,288  All but \$322 a day  All but \$644 a day  \$0  \$0	\$1,288 (Part A deductible) \$322 a day  \$644 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0 **  All Costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day  101st day and after	All approved amounts All but \$161.00 a day  \$0	\$0 Up to \$161.00 a day \$0	\$0 \$0  All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment / coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment / coinsurance	\$0

(continued)

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

**PLAN C (continued)**

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

\* Once you have been billed \$166 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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<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 \$166 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$166 (Part B deductible) Generally 20%	\$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amount)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$166 of Medicare Approved Amount*  Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	All Costs \$166 (Part B deductible) Generally 20%	\$0 \$0  \$0
<b>CLINICAL LABORATORY SERVICES</b> BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment: First \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0  Generally 80%	\$0 \$166 (Part B deductible) Generally 20%	\$0 \$0  \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<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 \$50,000 lifetime maximum
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**PLAN D**

**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 60 days in a row.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION *</b> Semi-private 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 \$1,288  All but \$322 a day  All but \$644 a day  \$0  \$0	\$1,288 (Part A deductible) \$322 a day \$644 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0 **  All Costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$161.00 a day \$0	\$0 Up to \$161.00 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment / coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment / coinsurance	\$0

(continued)

\*\* 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 D (continued)**

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

\* Once you have been billed \$166 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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<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 \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$166 (Part B deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amount)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$166 of Medicare Approved Amount* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$166 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment: First \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$166 (Part B deductible) \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<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 \$50,000 lifetime maximum
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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 60 days in a row.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION *</b> Semi-private 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 \$1,288  All but \$322 a day  All but \$644 a day  \$0  \$0	\$1,288 (Part A deductible) \$322 a day \$644 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0 **  All Costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day  101st day and after	All approved amounts All but \$161.00 a day  \$0	\$0 Up to \$161.00 a day \$0	\$0 \$0  All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment / coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment / coinsurance	\$0

(continued)

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

**PLAN F (continued)**

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

\* Once you have been billed \$166 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 \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$166 (Part B deductible) Generally 20%	\$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amount)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$166 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	All Costs \$166 (Part B deductible) Generally 20%	\$0 \$0  \$0
<b>CLINICAL LABORATORY SERVICES</b> BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment: First \$166 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	100% \$0  Generally 80%	\$0 \$166 (Part B deductible) Generally 20%	\$0 \$0  \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

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

**PLAN G**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION *</b> Semi-private 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 \$1,288  All but \$322 a day  All but \$644 a day  \$0  \$0	\$1,288 (Part A deductible) \$322 a day \$644 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0 **  All Costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day  101st day and after	All approved amounts All but \$166 a day  \$0	\$0 Up to \$166 a day \$0	\$0 \$0  All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment / coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment / coinsurance	\$0

(continued)

\*\* 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 (continued)**

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

\* Once you have been billed \$166 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 \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$166 (Part B deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amount)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$166 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	All Costs \$0  Generally 20%	\$0 \$166 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment: First \$166 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	100% \$0  Generally 80%	\$0 \$0  Generally 20%	\$0 \$166 (Part B deductible) \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

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

**PLAN N**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION *</b> Semi-private 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 \$1,288  All but \$322 a day  All but \$644 a day  \$0  \$0	\$1,288 (Part A deductible) \$322 a day \$644 a day  100% of Medicare Eligible Expenses \$0	\$0  \$0  \$0  \$0 **  All Costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day  101st day and after	All approved amounts All but \$161.00 a day  \$0	\$0 Up to \$161.00 a day \$0	\$0 \$0  All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment / coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment / coinsurance	\$0

(continued)

\*\* 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 (continued)**

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

\* Once you have been billed \$166 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 \$166 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$166 (Part B deductible) 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.
<b>Part B Excess Charges</b> (Above Medicare Approved Amount)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$166 of Medicare Approved Amount*  Remainder of Medicare Approved Amounts	\$0 \$0  Generally 80%	All Costs \$0  Generally 20%	\$0 \$166 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies - Durable medical equipment: First \$166 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	100% \$0  Generally 80%	\$0 \$0  Generally 20%	\$0 \$166 (Part B deductible) \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

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