

S.USA LIFE INSURANCE COMPANY, INC.
Outline of Medicare Supplement Coverage
Benefit Plans A, C, F, G, and N

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

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only+	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
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 2023 ²					\$6940 ²	\$3470 ²				

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

¹Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plans F and G do not cover the separate Foreign travel emergency deductible. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

³Plan 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.

FLORIDA Standard Plans - ANNUAL
 FOR USE IN ZIP CODES: 320, 321, 323-329, 338-339, 341-342, 344, 347

Issue Age	MALE										FEMALE									
	Standard Non-Tobacco					Standard Tobacco					Standard Non-Tobacco					Standard Tobacco				
	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N
0-64	8,306.52	9,313.98	9,504.08	8,357.85	6,452.13	9,552.49	10,711.09	10,929.69	9,611.54	7,419.96	7,691.22	8,624.06	8,800.07	7,738.76	5,974.19	8,844.91	9,917.67	10,120.08	8,899.57	6,870.32
65	2,271.21	2,623.67	2,677.20	2,321.62	1,743.82	2,611.88	3,017.21	3,078.78	2,669.87	2,005.39	2,102.97	2,429.31	2,478.89	2,149.65	1,614.65	2,418.41	2,793.71	2,850.72	2,472.10	1,856.84
66	2,271.21	2,623.67	2,677.20	2,321.62	1,761.08	2,611.88	3,017.21	3,078.78	2,669.87	2,025.24	2,102.97	2,429.31	2,478.89	2,149.65	1,630.63	2,418.41	2,793.71	2,850.72	2,472.10	1,875.23
67	2,271.21	2,623.67	2,677.20	2,321.62	1,778.52	2,611.88	3,017.21	3,078.78	2,669.87	2,045.30	2,102.97	2,429.31	2,478.89	2,149.65	1,646.78	2,418.41	2,793.71	2,850.72	2,472.10	1,893.80
68	2,271.21	2,623.67	2,677.20	2,321.62	1,796.14	2,611.88	3,017.21	3,078.78	2,669.87	2,065.55	2,102.97	2,429.31	2,478.89	2,149.65	1,663.08	2,418.41	2,793.71	2,850.72	2,472.10	1,912.55
69	2,318.66	2,636.78	2,690.59	2,333.01	1,849.23	2,666.48	3,032.29	3,094.18	2,682.96	2,126.62	2,146.92	2,441.47	2,491.29	2,160.19	1,712.25	2,468.96	2,807.69	2,864.98	2,484.22	1,969.09
70	2,376.87	2,684.23	2,739.01	2,391.56	1,903.91	2,733.42	3,086.87	3,149.86	2,750.31	2,189.48	2,200.81	2,485.40	2,536.13	2,214.41	1,762.86	2,530.94	2,858.22	2,916.55	2,546.58	2,027.30
71	2,432.96	2,729.34	2,785.04	2,448.00	1,957.87	2,797.90	3,138.74	3,202.79	2,815.20	2,251.55	2,252.75	2,527.17	2,578.75	2,266.67	1,812.84	2,590.66	2,906.24	2,965.55	2,606.67	2,084.77
72	2,490.38	2,798.12	2,855.22	2,505.77	2,013.37	2,863.94	3,217.84	3,283.50	2,881.65	2,315.37	2,305.91	2,590.86	2,643.72	2,320.16	1,864.23	2,651.79	2,979.48	3,040.28	2,668.19	2,143.86
73	2,549.16	2,862.46	2,920.88	2,564.90	2,070.44	2,931.53	3,291.84	3,359.02	2,949.65	2,381.01	2,360.33	2,650.44	2,704.51	2,374.91	1,917.08	2,714.37	3,048.00	3,110.21	2,731.15	2,204.64
74	2,609.32	2,891.10	2,950.10	2,625.44	2,129.13	3,000.73	3,324.76	3,392.61	3,019.25	2,448.50	2,416.05	2,676.93	2,731.57	2,430.96	1,971.41	2,778.45	3,078.48	3,141.31	2,795.60	2,267.13
75	2,670.88	2,998.07	3,059.25	2,687.40	2,189.48	3,071.52	3,447.77	3,518.13	3,090.51	2,517.91	2,473.05	2,775.99	2,832.63	2,488.32	2,027.30	2,844.01	3,192.38	3,257.54	2,861.58	2,331.40
76	2,736.60	3,067.02	3,129.61	2,745.44	2,247.62	3,147.09	3,527.07	3,599.06	3,157.26	2,584.76	2,533.89	2,839.83	2,897.79	2,542.07	2,081.13	2,913.97	3,265.80	3,332.46	2,923.39	2,393.29
77	2,798.43	3,137.57	3,201.61	2,804.74	2,307.30	3,218.19	3,608.20	3,681.84	3,225.45	2,653.40	2,591.14	2,905.16	2,964.44	2,596.99	2,136.39	2,979.80	3,340.93	3,409.12	2,986.52	2,456.85
78	2,867.26	3,209.73	3,275.23	2,865.33	2,368.57	3,297.36	3,691.18	3,766.52	3,295.12	2,723.85	2,654.88	2,971.97	3,032.62	2,653.07	2,193.11	3,053.11	3,417.77	3,487.51	3,051.04	2,522.08
79	2,943.55	3,283.56	3,350.56	2,927.21	2,431.45	3,385.08	3,776.09	3,853.15	3,366.30	2,796.17	2,725.50	3,040.32	3,102.38	2,710.38	2,251.36	3,134.33	3,496.37	3,567.74	3,116.93	2,589.04
80	3,021.87	3,359.06	3,427.62	2,990.42	2,496.02	3,475.15	3,862.92	3,941.76	3,438.99	2,870.41	2,798.02	3,110.24	3,173.71	2,768.93	2,311.12	3,217.73	3,576.78	3,649.77	3,184.25	2,657.79
81	3,097.42	3,443.05	3,513.32	3,065.19	2,562.29	3,562.03	3,959.51	4,040.31	3,524.97	2,946.64	2,867.97	3,188.00	3,253.07	2,838.14	2,372.49	3,298.17	3,666.20	3,741.03	3,263.86	2,728.37
82	3,174.87	3,546.33	3,618.71	3,141.83	2,630.33	3,651.08	4,078.30	4,161.52	3,613.10	3,024.87	2,939.68	3,283.64	3,350.67	2,909.10	2,435.49	3,380.64	3,776.20	3,853.26	3,345.46	2,800.81
83	3,254.22	3,635.00	3,709.17	3,220.37	2,700.16	3,742.36	4,180.25	4,265.56	3,703.42	3,105.19	3,013.18	3,365.73	3,434.43	2,981.82	2,500.16	3,465.14	3,870.60	3,949.58	3,429.09	2,875.18
84	3,335.58	3,725.88	3,801.91	3,300.88	2,771.86	3,835.91	4,284.76	4,372.21	3,796.01	3,187.64	3,088.50	3,449.89	3,520.29	3,056.37	2,566.53	3,551.77	3,967.37	4,048.34	3,514.82	2,951.51
85	3,418.96	3,819.01	3,896.95	3,383.40	2,845.45	3,931.80	4,391.87	4,481.50	3,890.92	3,272.27	3,165.70	3,536.13	3,608.29	3,132.78	2,634.68	3,640.56	4,066.55	4,149.54	3,602.70	3,029.89
86	3,504.44	3,914.48	3,994.38	3,467.99	2,921.01	4,030.10	4,501.67	4,593.54	3,988.18	3,359.17	3,244.85	3,624.53	3,698.49	3,211.09	2,704.63	3,731.57	4,168.21	4,253.28	3,692.76	3,110.34
87	3,609.57	4,031.93	4,114.22	3,554.68	2,998.57	4,151.01	4,636.72	4,731.35	4,087.89	3,448.35	3,342.19	3,733.27	3,809.45	3,291.36	2,776.45	3,843.53	4,293.26	4,380.87	3,785.08	3,192.91
88	3,699.81	4,132.73	4,217.07	3,643.55	3,078.18	4,254.78	4,752.63	4,849.63	4,190.09	3,539.92	3,425.75	3,826.59	3,904.70	3,373.66	2,850.17	3,939.61	4,400.59	4,490.39	3,879.71	3,277.70
89	3,792.31	4,236.05	4,322.51	3,734.64	3,159.92	4,361.16	4,871.45	4,970.88	4,294.84	3,633.91	3,511.39	3,922.27	4,002.31	3,458.00	2,925.85	4,038.11	4,510.61	4,602.66	3,976.70	3,364.73
90	3,887.11	4,341.95	4,430.56	3,828.00	3,243.82	4,470.18	4,993.24	5,095.14	4,402.20	3,730.38	3,599.18	4,020.32	4,102.37	3,544.45	3,003.53	4,139.07	4,623.37	4,717.72	4,076.11	3,454.07
91	3,984.28	4,450.50	4,541.32	3,923.70	3,329.95	4,581.93	5,118.08	5,222.52	4,512.25	3,829.44	3,689.15	4,120.83	4,204.93	3,633.07	3,083.29	4,242.53	4,738.95	4,835.67	4,178.02	3,545.78
92	4,083.91	4,561.76	4,654.84	4,021.80	3,418.37	4,696.50	5,246.01	5,353.07	4,625.07	3,931.11	3,781.39	4,223.84	4,310.04	3,723.88	3,165.16	4,348.61	4,857.43	4,956.55	4,282.47	3,639.92
93	4,185.99	4,675.81	4,771.22	4,122.34	3,509.14	4,813.88	5,377.16	5,486.91	4,740.70	4,035.50	3,875.93	4,329.44	4,417.80	3,816.99	3,249.19	4,457.30	4,978.86	5,080.47	4,389.53	3,736.57
94	4,290.65	4,792.69	4,890.50	4,225.40	3,602.31	4,934.25	5,511.60	5,624.09	4,859.21	4,142.65	3,972.82	4,437.69	4,528.25	3,912.40	3,335.46	4,568.75	5,103.33	5,207.48	4,499.27	3,835.79
95	4,397.91	4,912.51	5,012.77	4,331.03	3,697.95	5,057.61	5,649.38	5,764.67	4,980.69	4,252.65	4,072.15	4,548.63	4,641.44	4,010.22	3,424.03	4,682.97	5,230.92	5,337.67	4,611.75	3,937.65
96	4,507.87	5,035.33	5,138.09	4,439.32	3,821.09	5,184.03	5,790.63	5,908.80	5,105.21	4,394.26	4,173.95	4,662.34	4,757.50	4,110.48	3,538.05	4,800.04	5,361.68	5,471.11	4,727.04	4,068.76
97	4,620.56	5,161.21	5,266.53	4,550.29	3,948.34	5,313.64	5,935.39	6,056.53	5,232.85	4,540.59	4,278.30	4,778.90	4,876.43	4,213.23	3,655.86	4,920.04	5,495.74	5,607.89	4,845.21	4,204.25
98	4,736.08	5,290.25	5,398.21	4,664.06	4,079.82	5,446.49	6,083.78	6,207.95	5,363.66	4,691.78	4,385.25	4,898.37	4,998.34	4,318.56	3,777.60	5,043.05	5,633.13	5,748.09	4,966.36	4,344.25
99+	4,854.46	5,422.50	5,533.16	4,780.65	4,215.67	5,582.64	6,235.88	6,363.13	5,497.75	4,848.02	4,494.87	5,020.82	5,123.29	4,426.53	3,903.40	5,169.10	5,773.96	5,891.79	5,090.52	4,488.91

Modal Factors: Semi Annual: 0.5200 Quarterly: 0.26500 Monthly: 0.08333
 Household Discount Factor: .965

FLORIDA Standard Plans - ANNUAL
FOR USE IN ZIP CODES: 322, 335-337, 346, 349

Issue Age	MALE										FEMALE									
	Standard Non-Tobacco					Standard Tobacco					Standard Non-Tobacco					Standard Tobacco				
	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N
0-64	8,921.82	10,003.91	10,208.08	8,976.95	6,930.06	10,260.08	11,504.51	11,739.29	10,323.50	7,969.58	8,260.94	9,262.88	9,451.92	8,312.00	6,416.73	9,500.09	10,652.31	10,869.71	9,558.79	7,379.24
65	2,439.45	2,818.01	2,875.51	2,493.59	1,872.99	2,805.36	3,240.70	3,306.84	2,867.64	2,153.93	2,258.74	2,609.26	2,662.51	2,308.89	1,734.26	2,597.55	3,000.65	3,061.89	2,655.22	1,994.39
66	2,439.45	2,818.01	2,875.51	2,493.59	1,891.53	2,805.36	3,240.70	3,306.84	2,867.64	2,175.26	2,258.74	2,609.26	2,662.51	2,308.89	1,751.41	2,597.55	3,000.65	3,061.89	2,655.22	2,014.13
67	2,439.45	2,818.01	2,875.51	2,493.59	1,910.26	2,805.36	3,240.70	3,306.84	2,867.64	2,196.81	2,258.74	2,609.26	2,662.51	2,308.89	1,768.77	2,597.55	3,000.65	3,061.89	2,655.22	2,034.08
68	2,439.45	2,818.01	2,875.51	2,493.59	1,929.18	2,805.36	3,240.70	3,306.84	2,867.64	2,218.56	2,258.74	2,609.26	2,662.51	2,308.89	1,786.27	2,597.55	3,000.65	3,061.89	2,655.22	2,054.22
69	2,490.42	2,832.09	2,889.90	2,505.82	1,986.21	2,863.99	3,256.91	3,323.38	2,881.70	2,284.14	2,305.95	2,622.32	2,675.83	2,320.21	1,839.09	2,651.84	3,015.66	3,077.20	2,668.23	2,114.95
70	2,552.94	2,883.06	2,941.90	2,568.72	2,044.94	2,935.89	3,315.52	3,383.19	2,954.03	2,351.67	2,363.84	2,669.51	2,723.99	2,378.44	1,893.44	2,718.41	3,069.94	3,132.59	2,735.21	2,177.47
71	2,613.18	2,931.52	2,991.34	2,629.34	2,102.89	3,005.15	3,371.24	3,440.04	3,023.74	2,418.33	2,419.62	2,714.37	2,769.77	2,434.57	1,947.13	2,782.56	3,121.51	3,185.22	2,799.75	2,239.19
72	2,674.86	3,005.39	3,066.72	2,691.39	2,162.51	3,076.09	3,456.20	3,526.72	3,095.10	2,486.88	2,476.72	2,782.77	2,839.55	2,492.03	2,002.32	2,848.22	3,200.18	3,265.48	2,865.84	2,302.67
73	2,737.98	3,074.50	3,137.24	2,754.90	2,223.80	3,148.68	3,535.68	3,607.83	3,168.15	2,557.38	2,535.17	2,846.77	2,904.85	2,550.83	2,059.08	2,915.44	3,273.78	3,340.59	2,933.45	2,367.94
74	2,802.61	3,105.25	3,168.62	2,819.91	2,286.85	3,223.00	3,571.04	3,643.92	3,242.90	2,629.87	2,595.01	2,875.22	2,933.91	2,611.03	2,117.44	2,984.26	3,306.51	3,374.00	3,002.68	2,435.06
75	2,868.73	3,220.15	3,285.86	2,886.46	2,351.67	3,299.04	3,703.16	3,778.73	3,319.43	2,704.42	2,656.24	2,981.62	3,042.46	2,672.64	2,177.47	3,054.67	3,428.86	3,498.84	3,073.55	2,504.09
76	2,939.31	3,294.20	3,361.44	2,948.80	2,414.11	3,380.21	3,788.34	3,865.65	3,391.13	2,776.23	2,721.58	3,050.19	3,112.44	2,730.37	2,235.29	3,129.82	3,507.71	3,579.31	3,139.93	2,570.57
77	3,005.72	3,369.99	3,438.76	3,012.50	2,478.21	3,456.58	3,875.48	3,954.57	3,464.37	2,849.95	2,783.07	3,120.35	3,184.03	2,789.36	2,294.64	3,200.52	3,588.40	3,661.64	3,207.75	2,638.84
78	3,079.65	3,447.49	3,517.84	3,077.57	2,544.02	3,541.61	3,964.60	4,045.52	3,539.21	2,925.61	2,851.54	3,192.11	3,257.26	2,849.60	2,355.57	3,279.26	3,670.94	3,745.85	3,277.05	2,708.90
79	3,161.59	3,526.78	3,598.75	3,144.04	2,611.55	3,635.82	4,055.80	4,138.57	3,615.65	3,003.30	2,927.39	3,265.53	3,332.18	2,911.15	2,418.12	3,366.51	3,755.36	3,832.01	3,347.82	2,780.82
80	3,245.71	3,607.88	3,681.52	3,211.94	2,680.91	3,732.57	4,149.06	4,233.74	3,693.73	3,083.04	3,005.28	3,340.63	3,408.80	2,974.03	2,482.32	3,456.08	3,841.72	3,920.13	3,420.12	2,854.67
81	3,326.86	3,698.09	3,773.56	3,292.24	2,752.09	3,825.89	4,252.80	4,339.59	3,786.08	3,164.91	3,080.41	3,424.15	3,494.04	3,048.38	2,548.23	3,542.48	3,937.77	4,018.15	3,505.62	2,930.47
82	3,410.04	3,809.02	3,886.77	3,374.56	2,825.17	3,921.53	4,380.39	4,469.78	3,880.73	3,248.94	3,157.44	3,526.88	3,598.87	3,124.59	2,615.89	3,631.06	4,055.92	4,138.68	3,593.27	3,008.27
83	3,495.28	3,904.26	3,983.93	3,458.91	2,900.17	4,019.57	4,489.90	4,581.52	3,977.74	3,335.21	3,236.38	3,615.05	3,688.83	3,202.69	2,685.35	3,721.81	4,157.31	4,242.14	3,683.09	3,088.15
84	3,582.66	4,001.87	4,083.54	3,545.39	2,977.19	4,120.05	4,602.15	4,696.07	4,077.19	3,423.76	3,317.28	3,705.43	3,781.05	3,282.77	2,756.65	3,814.87	4,261.25	4,348.21	3,775.17	3,170.14
85	3,672.21	4,101.90	4,185.62	3,634.02	3,056.23	4,223.05	4,717.20	4,813.47	4,179.13	3,514.66	3,400.19	3,798.06	3,875.57	3,364.84	2,829.84	3,910.23	4,367.77	4,456.92	3,869.56	3,254.32
86	3,764.03	4,204.44	4,290.26	3,724.88	3,137.38	4,328.62	4,835.12	4,933.80	4,283.60	3,607.99	3,485.21	3,893.02	3,972.45	3,448.95	2,904.98	4,007.99	4,476.96	4,568.34	3,966.30	3,340.73
87	3,876.94	4,330.59	4,418.97	3,817.99	3,220.68	4,458.49	4,980.18	5,081.82	4,390.69	3,703.79	3,589.76	4,009.81	4,091.63	3,535.17	2,982.12	4,128.23	4,611.28	4,705.38	4,065.45	3,429.42
88	3,973.87	4,438.86	4,529.44	3,913.45	3,306.20	4,569.95	5,104.67	5,208.86	4,500.46	3,802.13	3,679.51	4,110.04	4,193.93	3,623.56	3,061.30	4,231.44	4,726.56	4,823.01	4,167.09	3,520.50
89	4,073.22	4,549.83	4,642.69	4,011.28	3,393.99	4,684.21	5,232.30	5,339.10	4,612.97	3,903.09	3,771.50	4,212.81	4,298.77	3,714.15	3,142.58	4,337.23	4,844.73	4,943.60	4,271.27	3,613.97
90	4,175.05	4,663.57	4,758.75	4,111.55	3,484.11	4,801.31	5,363.11	5,472.56	4,728.29	4,006.71	3,865.78	4,318.12	4,406.25	3,807.00	3,226.02	4,445.67	4,965.84	5,067.18	4,378.05	3,709.92
91	4,279.41	4,780.16	4,877.72	4,214.35	3,576.62	4,921.33	5,497.19	5,609.38	4,846.49	4,113.10	3,962.42	4,426.07	4,516.40	3,902.18	3,311.68	4,556.79	5,089.99	5,193.87	4,487.51	3,808.43
92	4,386.42	4,899.67	4,999.65	4,319.71	3,671.59	5,044.39	5,634.61	5,749.60	4,967.67	4,222.31	4,061.50	4,536.71	4,629.30	3,999.73	3,399.61	4,670.73	5,217.24	5,323.70	4,599.69	3,909.55
93	4,496.07	5,022.16	5,124.65	4,427.70	3,769.07	5,170.47	5,775.47	5,893.35	5,091.87	4,334.42	4,163.03	4,650.14	4,745.05	4,099.73	3,489.87	4,787.47	5,347.67	5,456.80	4,714.68	4,013.36
94	4,608.47	5,147.71	5,252.76	4,538.40	3,869.15	5,299.75	5,919.86	6,040.69	5,219.15	4,449.52	4,267.11	4,766.41	4,863.67	4,202.20	3,582.53	4,907.17	5,481.36	5,593.22	4,832.55	4,119.93
95	4,723.68	5,276.40	5,384.08	4,651.84	3,971.87	5,432.25	6,067.86	6,191.69	5,349.63	4,567.66	4,373.79	4,885.56	4,985.25	4,307.28	3,677.66	5,029.85	5,618.39	5,733.06	4,953.36	4,229.33
96	4,841.78	5,408.31	5,518.69	4,768.16	4,104.14	5,568.03	6,219.56	6,346.49	5,483.38	4,719.76	4,483.13	5,007.70	5,109.90	4,414.96	3,800.13	5,155.60	5,758.84	5,876.37	5,077.19	4,370.15
97	4,962.83	5,543.52	5,656.65	4,887.35	4,240.81	5,707.25	6,375.05	6,505.16	5,620.47	4,876.93	4,595.21	5,132.90	5,237.64	4,525.32	3,926.67	5,284.48	5,902.83	6,023.29	5,204.12	4,515.67
98	5,086.90	5,682.12	5,798.07	5,009.54	4,382.03	5,849.94	6,534.43	6,667.80	5,760.97	5,039.32	4,710.09	5,261.21	5,368.58	4,638.46	4,057.42	5,416.61	6,050.40	6,173.88	5,334.24	4,666.04
99+	5,214.05	5,824.16	5,943.03	5,134.77	4,527.94	5,996.17	6,697.79	6,834.48	5,904.99	5,207.14	4,827.83	5,392.74	5,502.80	4,754.42	4,192.54	5,551.99	6,201.66	6,328.22	5,467.59	4,821.42

Modal Factors:

Semi Annual: 0.5200

Quarterly: 0.26500

Monthly: 0.08333

Household Discount Factor: .965

FLORIDA Standard Plans - ANNUAL
FOR USE IN ZIP CODES: 334

Issue Age	MALE										FEMALE									
	Standard Non-Tobacco					Standard Tobacco					Standard Non-Tobacco					Standard Tobacco				
	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N
0-64	10,921.53	12,246.17	12,496.10	10,989.03	8,483.35	12,559.76	14,083.11	14,370.51	12,637.39	9,755.87	10,112.53	11,339.04	11,570.46	10,175.04	7,854.96	11,629.42	13,039.90	13,306.02	11,701.28	9,033.20
65	2,986.22	3,449.63	3,520.02	3,052.50	2,292.80	3,434.14	3,967.07	4,048.02	3,510.38	2,636.71	2,765.01	3,194.09	3,259.28	2,826.40	2,122.97	3,179.76	3,673.21	3,748.18	3,250.35	2,441.41
66	2,986.22	3,449.63	3,520.02	3,052.50	2,315.49	3,434.14	3,967.07	4,048.02	3,510.38	2,662.81	2,765.01	3,194.09	3,259.28	2,826.40	2,143.97	3,179.76	3,673.21	3,748.18	3,250.35	2,465.57
67	2,986.22	3,449.63	3,520.02	3,052.50	2,338.43	3,434.14	3,967.07	4,048.02	3,510.38	2,689.20	2,765.01	3,194.09	3,259.28	2,826.40	2,165.22	3,179.76	3,673.21	3,748.18	3,250.35	2,490.00
68	2,986.22	3,449.63	3,520.02	3,052.50	2,361.59	3,434.14	3,967.07	4,048.02	3,510.38	2,715.82	2,765.01	3,194.09	3,259.28	2,826.40	2,186.64	3,179.76	3,673.21	3,748.18	3,250.35	2,514.65
69	3,048.61	3,466.87	3,537.63	3,067.47	2,431.40	3,505.92	3,986.91	4,068.27	3,527.59	2,796.11	2,822.80	3,210.08	3,275.59	2,840.26	2,251.30	3,246.22	3,691.59	3,766.92	3,266.28	2,588.99
70	3,125.15	3,529.27	3,601.29	3,144.46	2,503.29	3,593.93	4,058.66	4,141.49	3,616.14	2,878.77	2,893.66	3,267.85	3,334.54	2,911.54	2,317.84	3,327.71	3,758.03	3,834.72	3,348.27	2,665.52
71	3,198.89	3,588.58	3,661.81	3,218.67	2,574.23	3,678.72	4,126.86	4,211.08	3,701.47	2,960.37	2,961.95	3,322.76	3,390.58	2,980.25	2,383.56	3,406.24	3,821.16	3,899.15	3,427.28	2,741.08
72	3,274.39	3,679.01	3,754.08	3,294.63	2,647.21	3,765.56	4,230.86	4,317.20	3,788.83	3,044.28	3,031.84	3,406.49	3,476.00	3,050.59	2,451.12	3,486.61	3,917.47	3,997.40	3,508.18	2,818.79
73	3,351.67	3,763.61	3,840.42	3,372.37	2,722.24	3,854.42	4,328.16	4,416.48	3,878.25	3,130.59	3,103.40	3,484.84	3,555.94	3,122.57	2,520.60	3,568.90	4,007.55	4,089.34	3,590.95	2,898.69
74	3,430.78	3,801.25	3,878.83	3,451.96	2,799.42	3,945.40	4,371.44	4,460.66	3,969.75	3,219.32	3,176.65	3,519.67	3,591.51	3,196.26	2,592.04	3,653.15	4,047.62	4,130.24	3,675.70	2,980.85
75	3,511.72	3,941.91	4,022.35	3,533.43	2,878.77	4,038.48	4,533.18	4,625.69	4,063.44	3,310.59	3,251.60	3,649.91	3,724.39	3,271.68	2,665.52	3,739.34	4,197.39	4,283.06	3,762.45	3,065.35
76	3,598.12	4,032.56	4,114.86	3,609.74	2,955.20	4,137.84	4,637.45	4,732.09	4,151.21	3,398.49	3,331.59	3,733.85	3,810.06	3,342.35	2,736.30	3,831.33	4,293.92	4,381.57	3,843.71	3,146.73
77	3,679.42	4,125.33	4,209.52	3,687.71	3,033.67	4,231.33	4,744.12	4,840.94	4,240.87	3,488.73	3,406.86	3,819.74	3,897.69	3,414.56	2,808.96	3,917.88	4,392.70	4,482.36	3,926.73	3,230.30
78	3,769.92	4,220.20	4,306.32	3,767.37	3,114.23	4,335.42	4,853.22	4,952.28	4,332.48	3,581.35	3,490.67	3,907.58	3,987.33	3,488.30	2,883.54	4,014.27	4,493.73	4,585.44	4,011.56	3,316.07
79	3,870.22	4,317.27	4,405.37	3,848.74	3,196.90	4,450.75	4,964.86	5,066.18	4,426.05	3,676.45	3,583.53	3,997.46	4,079.05	3,563.65	2,960.12	4,121.07	4,597.08	4,690.91	4,098.19	3,404.11
80	3,973.20	4,416.54	4,506.68	3,931.85	3,281.80	4,569.18	5,079.03	5,182.69	4,521.64	3,774.06	3,678.88	4,089.39	4,172.84	3,640.62	3,038.70	4,230.72	4,702.80	4,798.78	4,186.70	3,494.51
81	4,072.53	4,526.97	4,619.36	4,030.16	3,368.94	4,683.42	5,206.02	5,312.26	4,634.68	3,874.29	3,770.85	4,191.63	4,277.18	3,731.63	3,119.39	4,336.48	4,820.37	4,918.77	4,291.37	3,587.30
82	4,174.36	4,662.77	4,757.94	4,130.92	3,458.40	4,800.49	5,362.20	5,471.63	4,750.55	3,977.15	3,865.14	4,317.38	4,405.51	3,824.93	3,202.21	4,444.91	4,965.00	5,066.32	4,398.66	3,682.54
83	4,278.70	4,779.35	4,876.88	4,234.18	3,550.21	4,920.51	5,496.25	5,608.42	4,869.31	4,082.76	3,961.77	4,425.32	4,515.64	3,920.53	3,287.24	4,556.01	5,089.12	5,192.97	4,508.61	3,780.32
84	4,385.67	4,898.84	4,998.81	4,340.05	3,644.49	5,043.51	5,633.67	5,748.64	4,991.04	4,191.16	4,060.80	4,535.96	4,628.53	4,018.56	3,374.52	4,669.93	5,216.36	5,322.81	4,621.33	3,880.69
85	4,495.29	5,021.29	5,123.77	4,448.55	3,741.25	5,169.60	5,774.50	5,892.35	5,115.83	4,302.43	4,162.30	4,649.35	4,744.23	4,119.02	3,464.12	4,786.66	5,346.75	5,455.88	4,736.88	3,983.74
86	4,607.69	5,146.82	5,251.87	4,559.76	3,840.59	5,298.83	5,918.86	6,039.66	5,243.72	4,416.68	4,266.38	4,765.59	4,862.83	4,221.99	3,556.09	4,906.33	5,480.42	5,592.27	4,855.29	4,089.51
87	4,745.91	5,301.24	5,409.43	4,673.75	3,942.56	5,457.81	6,096.43	6,220.85	5,374.81	4,533.95	4,394.36	4,908.56	5,008.72	4,327.54	3,650.52	5,053.52	5,644.84	5,760.03	4,976.67	4,198.09
88	4,864.57	5,433.77	5,544.66	4,790.60	4,047.24	5,594.25	6,248.82	6,376.37	5,509.19	4,654.33	4,504.23	5,031.26	5,133.95	4,435.74	3,747.45	5,179.86	5,785.96	5,904.03	5,101.09	4,309.57
89	4,986.19	5,569.62	5,683.29	4,910.36	4,154.71	5,734.12	6,405.05	6,535.79	5,646.91	4,777.92	4,616.83	5,157.06	5,262.29	4,546.63	3,846.95	5,309.37	5,930.62	6,051.64	5,228.62	4,424.00
90	5,110.84	5,708.85	5,825.37	5,033.10	4,265.03	5,877.47	6,565.19	6,699.16	5,788.08	4,904.77	4,732.25	5,285.98	5,393.86	4,660.30	3,949.09	5,442.11	6,078.88	6,202.93	5,359.34	4,541.46
91	5,238.59	5,851.58	5,971.00	5,158.95	4,378.27	6,024.39	6,729.32	6,866.65	5,932.77	5,035.01	4,850.55	5,418.12	5,528.70	4,776.81	4,053.96	5,578.14	6,230.85	6,358.01	5,493.33	4,662.04
92	5,369.59	5,997.87	6,120.26	5,287.92	4,494.53	6,175.03	6,897.54	7,038.30	6,081.11	5,168.69	4,971.83	5,553.56	5,666.91	4,896.22	4,161.59	5,717.62	6,386.62	6,516.95	5,630.66	4,785.83
93	5,503.81	6,147.82	6,273.28	5,420.11	4,613.86	6,329.37	7,069.97	7,214.27	6,233.15	5,305.93	5,096.12	5,692.41	5,808.60	5,018.64	4,272.08	5,860.52	6,546.29	6,679.88	5,771.42	4,912.90
94	5,641.40	6,301.51	6,430.10	5,555.62	4,736.37	6,487.63	7,246.73	7,394.64	6,388.96	5,446.82	5,223.53	5,834.74	5,953.80	5,144.08	4,385.51	6,007.05	6,709.94	6,846.87	5,915.71	5,043.36
95	5,782.44	6,459.04	6,590.86	5,694.50	4,862.12	6,649.82	7,427.89	7,579.48	6,548.69	5,591.45	5,354.12	5,980.60	6,102.63	5,272.70	4,501.97	6,157.23	6,877.68	7,018.05	6,063.60	5,177.28
96	5,927.01	6,620.52	6,755.64	5,836.88	5,024.03	6,816.04	7,613.60	7,768.98	6,712.41	5,777.64	5,487.97	6,130.11	6,255.23	5,404.52	4,651.88	6,311.16	7,049.62	7,193.49	6,215.18	5,349.67
97	6,075.19	6,786.04	6,924.52	5,982.79	5,191.34	6,986.46	7,803.94	7,963.22	6,880.23	5,970.04	5,625.17	6,283.37	6,411.60	5,539.62	4,806.79	6,468.94	7,225.88	7,373.34	6,370.56	5,527.80
98	6,227.07	6,955.70	7,097.64	6,132.37	5,364.21	7,161.13	7,999.04	8,162.30	7,052.22	6,168.82	5,765.80	6,440.45	6,571.89	5,678.11	4,966.85	6,630.68	7,406.52	7,557.68	6,529.84	5,711.88
99+	6,382.72	7,129.58	7,275.09	6,285.67	5,542.83	7,340.14	8,199.02	8,366.34	7,228.52	6,374.25	5,909.93	6,601.45	6,736.18	5,820.07	5,132.25	6,796.40	7,591.69	7,746.61	6,693.08	5,902.09

Modal Factors:

Semi Annual: 0.5200

Quarterly: 0.26500

Monthly: 0.08333

Household Discount Factor: .965

FLORIDA Standard Plans - ANNUAL
FOR USE IN ZIP CODES: 330-333, 340

Issue Age	MALE										FEMALE									
	Standard Non-Tobacco					Standard Tobacco					Standard Non-Tobacco					Standard Tobacco				
	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N	Plan A	Plan C	Plan F	Plan G	Plan N
0-64	13,844.20	15,523.31	15,840.13	13,929.75	10,753.54	15,920.82	17,851.82	18,216.14	16,019.23	12,366.59	12,818.70	14,373.43	14,666.78	12,897.94	9,956.99	14,741.51	16,529.45	16,866.79	14,832.61	11,450.54
65	3,785.35	4,372.78	4,462.00	3,869.37	2,906.37	4,353.14	5,028.68	5,131.30	4,449.78	3,342.31	3,504.94	4,048.85	4,131.49	3,582.76	2,691.09	4,030.69	4,656.19	4,751.21	4,120.16	3,094.74
66	3,785.35	4,372.78	4,462.00	3,869.37	2,935.13	4,353.14	5,028.68	5,131.30	4,449.78	3,375.40	3,504.94	4,048.85	4,131.49	3,582.76	2,717.71	4,030.69	4,656.19	4,751.21	4,120.16	3,125.38
67	3,785.35	4,372.78	4,462.00	3,869.37	2,964.20	4,353.14	5,028.68	5,131.30	4,449.78	3,408.84	3,504.94	4,048.85	4,131.49	3,582.76	2,744.64	4,030.69	4,656.19	4,751.21	4,120.16	3,156.34
68	3,785.35	4,372.78	4,462.00	3,869.37	2,993.56	4,353.14	5,028.68	5,131.30	4,449.78	3,442.59	3,504.94	4,048.85	4,131.49	3,582.76	2,771.80	4,030.69	4,656.19	4,751.21	4,120.16	3,187.58
69	3,864.44	4,394.63	4,484.32	3,888.34	3,082.05	4,444.13	5,053.82	5,156.96	4,471.60	3,544.36	3,578.20	4,069.12	4,152.15	3,600.32	2,853.76	4,114.93	4,679.48	4,774.97	4,140.36	3,281.81
70	3,961.46	4,473.72	4,565.02	3,985.94	3,173.18	4,555.69	5,144.78	5,249.77	4,583.84	3,649.14	3,668.02	4,142.34	4,226.89	3,690.68	2,938.10	4,218.23	4,763.70	4,860.92	4,244.29	3,378.83
71	4,054.93	4,548.91	4,641.73	4,080.01	3,263.11	4,663.17	5,231.23	5,337.99	4,692.01	3,752.59	3,754.58	4,211.95	4,297.91	3,777.79	3,021.41	4,317.77	4,843.73	4,942.58	4,344.44	3,474.61
72	4,150.64	4,663.53	4,758.70	4,176.29	3,355.61	4,773.24	5,363.06	5,472.50	4,802.74	3,858.95	3,843.18	4,318.09	4,406.20	3,866.94	3,107.05	4,419.65	4,965.80	5,067.13	4,446.99	3,573.11
73	4,248.59	4,770.77	4,868.14	4,274.84	3,450.73	4,885.88	5,486.40	5,598.36	4,916.09	3,968.35	3,933.88	4,417.40	4,507.52	3,958.18	3,195.13	4,523.96	5,080.00	5,183.68	4,551.91	3,674.39
74	4,348.87	4,818.49	4,916.83	4,375.73	3,548.56	5,001.21	5,541.26	5,654.36	5,032.08	4,080.83	4,026.74	4,461.55	4,552.61	4,051.60	3,285.68	4,630.75	5,130.79	5,235.52	4,659.34	3,778.54
75	4,451.47	4,996.78	5,098.75	4,478.99	3,649.14	5,119.20	5,746.28	5,863.55	5,150.84	4,196.52	4,121.75	4,626.65	4,721.06	4,147.20	3,378.83	4,740.01	5,320.64	5,429.23	4,769.30	3,885.66
76	4,561.00	5,111.69	5,216.02	4,575.73	3,746.03	5,245.15	5,878.46	5,998.43	5,262.10	4,307.94	4,223.14	4,733.05	4,829.65	4,236.79	3,468.55	4,856.62	5,443.00	5,554.10	4,872.31	3,988.82
77	4,664.05	5,229.29	5,336.01	4,674.56	3,845.50	5,363.66	6,013.67	6,136.40	5,375.75	4,422.33	4,318.56	4,841.93	4,940.73	4,328.32	3,560.65	4,966.33	5,568.21	5,681.86	4,977.54	4,094.75
78	4,778.77	5,349.55	5,458.72	4,775.54	3,947.62	5,495.60	6,151.97	6,277.54	5,491.87	4,539.74	4,424.80	4,953.28	5,054.36	4,421.79	3,655.19	5,088.51	5,696.28	5,812.52	5,085.07	4,203.47
79	4,905.92	5,472.59	5,584.27	4,878.68	4,052.41	5,641.79	6,293.48	6,421.91	5,610.49	4,660.29	4,542.50	5,067.20	5,170.63	4,517.30	3,752.26	5,223.89	5,827.28	5,946.23	5,194.89	4,315.07
80	5,036.45	5,598.43	5,712.70	4,984.04	4,160.03	5,791.91	6,438.20	6,569.60	5,731.65	4,784.02	4,663.37	5,183.73	5,289.52	4,614.88	3,851.87	5,362.88	5,961.29	6,082.96	5,307.08	4,429.66
81	5,162.36	5,738.42	5,855.53	5,108.65	4,270.48	5,936.72	6,599.18	6,733.85	5,874.95	4,911.07	4,779.95	5,313.33	5,421.78	4,730.24	3,954.15	5,496.95	6,110.33	6,235.06	5,439.76	4,547.29
82	5,291.44	5,910.55	6,031.19	5,236.38	4,383.88	6,085.13	6,797.16	6,935.87	6,021.83	5,041.46	4,899.47	5,472.74	5,584.45	4,848.50	4,059.14	5,634.40	6,293.66	6,422.09	5,575.77	4,668.01
83	5,423.71	6,058.33	6,181.96	5,367.28	4,500.27	6,237.27	6,967.08	7,109.26	6,172.36	5,175.32	5,021.96	5,609.56	5,724.05	4,969.69	4,166.93	5,775.23	6,451.00	6,582.64	5,715.14	4,791.96
84	5,559.30	6,209.80	6,336.52	5,501.47	4,619.77	6,393.19	7,141.27	7,287.01	6,326.68	5,312.74	5,147.50	5,749.81	5,867.15	5,093.95	4,277.56	5,919.62	6,612.28	6,747.23	5,858.03	4,919.18
85	5,698.26	6,365.02	6,494.92	5,639.00	4,742.42	6,553.01	7,319.79	7,469.17	6,484.86	5,453.78	5,276.16	5,893.54	6,013.82	5,221.30	4,391.14	6,067.60	6,777.58	6,915.91	6,004.49	5,049.81
86	5,840.73	6,524.14	6,657.30	5,779.98	4,868.35	6,716.83	7,502.78	7,655.90	6,646.97	5,598.61	5,408.08	6,040.89	6,164.15	5,351.81	4,507.72	6,219.29	6,947.01	7,088.80	6,154.60	5,183.89
87	6,015.94	6,719.89	6,857.03	5,924.47	4,997.61	6,918.35	7,727.87	7,885.58	6,813.14	5,747.26	5,570.32	6,222.11	6,349.09	5,485.61	4,627.42	6,405.88	7,155.43	7,301.45	6,308.46	5,321.52
88	6,166.35	6,887.88	7,028.44	6,072.59	5,130.31	7,091.30	7,921.04	8,082.72	6,983.48	5,899.86	5,709.58	6,377.65	6,507.83	5,622.77	4,750.29	6,566.02	7,334.32	7,483.99	6,466.18	5,462.84
89	6,320.52	7,060.09	7,204.18	6,224.40	5,266.53	7,268.60	8,119.08	8,284.81	7,158.06	6,056.51	5,852.32	6,537.11	6,670.51	5,763.33	4,876.42	6,730.18	7,517.68	7,671.10	6,627.83	5,607.88
90	6,478.52	7,236.58	7,384.27	6,379.99	5,406.37	7,450.31	8,322.07	8,491.90	7,337.00	6,217.31	5,998.63	6,700.54	6,837.28	5,907.42	5,005.89	6,898.45	7,705.62	7,862.87	6,793.52	5,756.78
91	6,640.47	7,417.49	7,568.87	6,539.51	5,549.92	7,636.55	8,530.13	8,704.21	7,520.42	6,382.40	6,148.58	6,868.04	7,008.21	6,055.11	5,138.82	7,070.89	7,898.26	8,059.45	6,963.37	5,909.63
92	6,806.52	7,602.93	7,758.07	6,703.00	5,697.29	7,827.50	8,743.36	8,921.79	7,708.45	6,551.86	6,302.32	7,039.73	7,183.40	6,206.47	5,275.26	7,247.68	8,095.72	8,260.92	7,137.45	6,066.54
93	6,976.66	7,793.01	7,952.04	6,870.56	5,848.56	8,023.14	8,961.93	9,144.85	7,901.17	6,725.83	6,459.88	7,215.73	7,363.01	6,361.65	5,415.32	7,428.83	8,298.11	8,467.45	7,315.88	6,227.62
94	7,151.08	7,987.82	8,150.83	7,042.34	6,003.85	8,223.75	9,185.99	9,373.48	8,098.69	6,904.42	6,621.37	7,396.15	7,547.08	6,520.66	5,559.10	7,614.58	8,505.56	8,679.13	7,498.78	6,392.99
95	7,329.85	8,187.52	8,354.61	7,218.38	6,163.25	8,429.35	9,415.64	9,607.79	8,301.15	7,087.75	6,786.92	7,581.04	7,735.73	6,683.71	5,706.72	7,804.94	8,718.19	8,896.12	7,686.25	6,562.75
96	7,513.11	8,392.21	8,563.48	7,398.86	6,368.49	8,640.05	9,651.04	9,848.00	8,508.69	7,323.77	6,956.59	7,770.56	7,929.16	6,850.80	5,896.75	8,000.06	8,936.14	9,118.51	7,878.40	6,781.27
97	7,700.94	8,602.02	8,777.56	7,583.81	6,580.57	8,856.07	9,892.31	10,094.22	8,721.41	7,567.65	7,130.50	7,964.84	8,127.38	7,022.05	6,093.11	8,200.06	9,159.57	9,346.48	8,075.36	7,007.08
98	7,893.47	8,817.08	8,997.01	7,773.43	6,799.70	9,077.49	10,139.63	10,346.58	8,939.43	7,819.63	7,308.76	8,163.95	8,330.56	7,197.61	6,296.00	8,405.08	9,388.55	9,580.16	8,277.26	7,240.41
99+	8,090.77	9,037.49	9,221.94	7,967.75	7,026.12	9,304.40	10,393.13	10,605.22	9,162.92	8,080.04	7,491.46	8,368.04	8,538.82	7,377.55	6,505.67	8,615.16	9,623.27	9,819.65	8,484.19	7,481.52

Modal Factors:

Semi Annual: 0.5200

Quarterly: 0.26500

Monthly: 0.08333

Household Discount Factor: .965

BASIC BENEFITS

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

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

Blood – First three pints of blood each year.

Hospice — Part A coinsurance.

PREMIUM INFORMATION

We, S.USA Life Insurance Company, Inc., can only raise your premium for all policies like yours in the state of Florida.

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 S.USA Life Insurance Company, Inc.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: S.USA Life Insurance Company, Inc., Medicare Supplement Administration, P.O. Box 10855, Clearwater, Florida 33757-8855. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

NOTICE

Neither S.USA Life Insurance Company, Inc. nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details. Use this outline to compare benefits and premiums among policies.

POLICY REPLACEMENT

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

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* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$0 \$400 a day \$800 a day 100% of Medicare eligible expenses \$0	\$1600 (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 \$200 a day \$0	\$0 \$0 \$0	\$0 Up to \$200 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 co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN A

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

*Once you have been billed \$226 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 \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$226 (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$226 (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 for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 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 \$200 a day \$0	\$0 Up to \$200 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 the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

PLAN C+

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

*Once you have been billed \$226 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 \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$226 (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$226 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

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

**PLAN C+
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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

PLAN 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* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 \$1600 All but \$400 a day All but \$800 a day \$0 \$0	 \$1600 (Part A deductible) \$400 a day \$800 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 \$200 a day \$0	 \$0 Up to \$200 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 the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

PLAN F+

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

*Once you have been billed \$226 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 \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$226 (Part B deductible) Generally 20%	 \$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$226 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

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

PLAN F+
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 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 \$200 a day \$0	\$0 Up to \$200 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 the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

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

*Once you have been billed \$226 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 \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$226 (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN G
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000.	20% and amounts over the \$50,000 lifetime maximum

PLAN N
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st 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 \$1600 All but \$400 a day All but \$800 a day \$0 \$0	\$1600 (Part A deductible) \$400 a day \$800 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 \$200 a day \$0	\$0 Up to \$200 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 the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

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

*Once you have been billed \$226 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 \$226 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 copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$226 (Part B deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$226 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$226 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN N
PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000.	20% and amounts over the \$50,000 lifetime maximum