

NEW ERA LIFE INSURANCE COMPANY

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

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JANUARY 1, 2014

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 | 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 | 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 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 high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,140 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,140. 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 \$4,940; paid at 100% after limit reached. | Out-of-pocket limit \$2,470; paid at 100% after limit reached. | | | |

NEW ERA LIFE INSURANCE COMPANY
 MEDICARE SUPPLEMENT PREMIUM
 TEXAS
 July 1, 2014

STANDARD PLAN A

| Area 1 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| < 65 | 330.55 | 380.12 | 306.06 | 351.97 |
| 65 | 139.25 | 160.13 | 128.93 | 148.27 |
| 66 | 140.26 | 161.30 | 129.87 | 149.35 |
| 67 | 141.16 | 162.33 | 130.70 | 150.30 |
| 68 | 141.91 | 163.19 | 131.40 | 151.10 |
| 69 | 142.54 | 163.91 | 131.97 | 151.77 |
| 70 | 143.02 | 164.48 | 132.42 | 152.30 |
| 71 | 146.31 | 168.27 | 135.47 | 155.80 |
| 72 | 152.51 | 175.39 | 141.21 | 162.40 |
| 73 | 159.09 | 182.97 | 147.31 | 169.41 |
| 74 | 166.07 | 190.99 | 153.76 | 176.83 |
| 75 | 172.04 | 197.85 | 159.31 | 183.19 |
| 76 | 178.28 | 205.03 | 165.07 | 189.85 |
| 77 | 184.78 | 212.50 | 171.10 | 196.76 |
| 78 | 191.53 | 220.25 | 177.34 | 203.94 |
| 79 | 198.51 | 228.28 | 183.81 | 211.37 |
| 80 | 209.61 | 241.04 | 194.08 | 223.18 |
| 81 | 221.26 | 254.45 | 204.88 | 235.60 |
| 82 | 233.51 | 268.54 | 216.22 | 248.64 |
| 83 | 246.34 | 283.30 | 228.10 | 262.30 |
| 84 | 257.20 | 295.79 | 238.15 | 273.87 |
| 85 | 268.45 | 308.72 | 248.57 | 285.85 |
| 86 | 280.09 | 322.12 | 259.35 | 298.25 |
| 87 | 292.13 | 335.95 | 270.49 | 311.06 |
| 88 | 304.54 | 350.22 | 281.99 | 324.28 |
| 89 | 317.34 | 364.95 | 293.84 | 337.91 |
| 90+ | 330.55 | 380.12 | 306.06 | 351.97 |

| Area 2 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| < 65 | 289.96 | 333.45 | 268.48 | 308.77 |
| 65 | 122.15 | 140.47 | 113.09 | 130.06 |
| 66 | 123.04 | 141.50 | 113.93 | 131.01 |
| 67 | 123.82 | 142.40 | 114.65 | 131.84 |
| 68 | 124.49 | 143.15 | 115.26 | 132.55 |
| 69 | 125.03 | 143.79 | 115.77 | 133.14 |
| 70 | 125.47 | 144.29 | 116.17 | 133.59 |
| 71 | 128.35 | 147.61 | 118.85 | 136.67 |
| 72 | 133.79 | 153.85 | 123.88 | 142.45 |
| 73 | 139.56 | 160.50 | 129.22 | 148.61 |
| 74 | 145.69 | 167.54 | 134.89 | 155.13 |
| 75 | 150.93 | 173.56 | 139.75 | 160.70 |
| 76 | 156.40 | 179.86 | 144.82 | 166.54 |
| 77 | 162.10 | 186.41 | 150.09 | 172.61 |
| 78 | 168.01 | 193.21 | 155.57 | 178.91 |
| 79 | 174.13 | 200.26 | 161.24 | 185.42 |
| 80 | 183.86 | 211.44 | 170.25 | 195.79 |
| 81 | 194.11 | 223.21 | 179.72 | 206.69 |
| 82 | 204.83 | 235.56 | 189.66 | 218.11 |
| 83 | 216.10 | 248.51 | 200.09 | 230.10 |
| 84 | 225.63 | 259.46 | 208.91 | 240.25 |
| 85 | 235.50 | 270.82 | 218.05 | 250.76 |
| 86 | 245.70 | 282.57 | 227.51 | 261.63 |
| 87 | 256.26 | 294.69 | 237.28 | 272.87 |
| 88 | 267.16 | 307.23 | 247.37 | 284.46 |
| 89 | 278.40 | 320.15 | 257.77 | 296.43 |
| 90+ | 289.96 | 333.45 | 268.48 | 308.77 |

| Area 3 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| < 65 | 266.76 | 306.77 | 247.00 | 284.05 |
| 65 | 112.37 | 129.23 | 104.05 | 119.66 |
| 66 | 113.19 | 130.17 | 104.82 | 120.53 |
| 67 | 113.91 | 131.00 | 105.47 | 121.30 |
| 68 | 114.52 | 131.70 | 106.04 | 121.94 |
| 69 | 115.03 | 132.28 | 106.51 | 122.48 |
| 70 | 115.43 | 132.74 | 106.88 | 122.91 |
| 71 | 118.08 | 135.79 | 109.33 | 125.73 |
| 72 | 123.08 | 141.54 | 113.96 | 131.06 |
| 73 | 128.39 | 147.65 | 118.89 | 136.71 |
| 74 | 134.02 | 154.13 | 124.09 | 142.71 |
| 75 | 138.85 | 159.68 | 128.56 | 147.85 |
| 76 | 143.88 | 165.46 | 133.22 | 153.21 |
| 77 | 149.12 | 171.50 | 138.08 | 158.79 |
| 78 | 154.56 | 177.75 | 143.12 | 164.59 |
| 79 | 160.20 | 184.23 | 148.34 | 170.59 |
| 80 | 169.15 | 194.53 | 156.63 | 180.12 |
| 81 | 178.57 | 205.35 | 165.35 | 190.15 |
| 82 | 188.45 | 216.71 | 174.49 | 200.66 |
| 83 | 198.81 | 228.62 | 184.08 | 211.69 |
| 84 | 207.57 | 238.71 | 192.20 | 221.03 |
| 85 | 216.66 | 249.15 | 200.60 | 230.69 |
| 86 | 226.04 | 259.95 | 209.31 | 240.69 |
| 87 | 235.76 | 271.12 | 218.30 | 251.03 |
| 88 | 245.77 | 282.64 | 227.57 | 261.70 |
| 89 | 256.12 | 294.52 | 237.14 | 272.71 |
| 90+ | 266.76 | 306.77 | 247.00 | 284.05 |

Area 1 includes zip codes: 770-775,777
Area 2 includes zip codes: 752-753, 760-762, 782, 794
Area 3 includes all other zip codes in Texas
Modal Factors: Monthly Bank Draft = 1.0,
 Quarterly = 3.0, Semi-Annual = 6.0, Annual = 12.0
 Add \$2.00 processing fee for monthly direct bill

| | |
|--------------|-------------------------|
| 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
 MEDICARE SUPPLEMENT PREMIUM
 Texas
 October 1, 2014

STANDARD PLAN F

| Area 1 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 161.49 | 181.67 | 146.81 | 165.16 |
| 66 | 161.49 | 181.67 | 146.81 | 165.16 |
| 67 | 161.49 | 181.67 | 146.81 | 165.16 |
| 68 | 166.06 | 186.81 | 150.96 | 169.84 |
| 69 | 170.60 | 191.93 | 155.09 | 174.48 |
| 70 | 175.15 | 197.04 | 159.23 | 179.13 |
| 71 | 178.35 | 200.65 | 162.14 | 182.41 |
| 72 | 185.04 | 208.17 | 168.22 | 189.24 |
| 73 | 192.14 | 216.15 | 174.66 | 196.50 |
| 74 | 199.60 | 224.54 | 181.45 | 204.14 |
| 75 | 205.79 | 231.51 | 187.08 | 210.46 |
| 76 | 211.72 | 238.19 | 192.48 | 216.54 |
| 77 | 217.88 | 245.12 | 198.07 | 222.83 |
| 78 | 224.19 | 252.21 | 203.81 | 229.29 |
| 79 | 230.66 | 259.49 | 209.69 | 235.91 |
| 80 | 241.77 | 271.99 | 219.79 | 247.26 |
| 81 | 255.21 | 287.12 | 232.01 | 261.01 |
| 82 | 269.33 | 302.99 | 244.85 | 275.46 |
| 83 | 284.15 | 319.67 | 258.31 | 290.61 |
| 84 | 296.67 | 333.75 | 269.69 | 303.41 |
| 85 | 309.63 | 348.34 | 281.49 | 316.68 |
| 86 | 323.09 | 363.48 | 293.71 | 330.43 |
| 87 | 336.95 | 379.07 | 306.31 | 344.60 |
| 88 | 351.27 | 395.18 | 319.34 | 359.25 |
| 89 | 366.03 | 411.78 | 332.76 | 374.36 |
| 90+ | 381.27 | 428.93 | 346.61 | 389.93 |

| Area 2 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 146.81 | 165.16 | 133.47 | 150.15 |
| 66 | 146.81 | 165.16 | 133.47 | 150.15 |
| 67 | 146.81 | 165.16 | 133.47 | 150.15 |
| 68 | 150.96 | 169.83 | 137.24 | 154.40 |
| 69 | 155.09 | 174.48 | 140.99 | 158.62 |
| 70 | 159.23 | 179.13 | 144.76 | 162.85 |
| 71 | 162.14 | 182.41 | 147.40 | 165.82 |
| 72 | 168.22 | 189.24 | 152.92 | 172.04 |
| 73 | 174.67 | 196.50 | 158.79 | 178.63 |
| 74 | 181.45 | 204.13 | 164.96 | 185.58 |
| 75 | 187.08 | 210.47 | 170.07 | 191.33 |
| 76 | 192.47 | 216.54 | 174.98 | 196.86 |
| 77 | 198.07 | 222.83 | 180.06 | 202.58 |
| 78 | 203.81 | 229.28 | 185.28 | 208.45 |
| 79 | 209.69 | 235.90 | 190.63 | 214.46 |
| 80 | 219.79 | 247.26 | 199.81 | 224.79 |
| 81 | 232.01 | 261.02 | 210.92 | 237.28 |
| 82 | 244.84 | 275.45 | 222.59 | 250.42 |
| 83 | 258.32 | 290.61 | 234.83 | 264.19 |
| 84 | 269.70 | 303.41 | 245.18 | 275.82 |
| 85 | 281.48 | 316.67 | 255.90 | 287.89 |
| 86 | 293.72 | 330.44 | 267.01 | 300.39 |
| 87 | 306.32 | 344.61 | 278.47 | 313.28 |
| 88 | 319.34 | 359.25 | 290.31 | 326.60 |
| 89 | 332.76 | 374.35 | 302.51 | 340.33 |
| 90+ | 346.61 | 389.93 | 315.10 | 354.48 |

| Area 3 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 132.26 | 148.79 | 120.24 | 135.27 |
| 66 | 132.26 | 148.79 | 120.24 | 135.27 |
| 67 | 132.26 | 148.79 | 120.24 | 135.27 |
| 68 | 136.00 | 153.00 | 123.64 | 139.10 |
| 69 | 139.72 | 157.19 | 127.02 | 142.90 |
| 70 | 143.45 | 161.38 | 130.41 | 146.71 |
| 71 | 146.07 | 164.33 | 132.79 | 149.39 |
| 72 | 151.55 | 170.49 | 137.77 | 154.99 |
| 73 | 157.36 | 177.03 | 143.05 | 160.93 |
| 74 | 163.47 | 183.90 | 148.61 | 167.19 |
| 75 | 168.54 | 189.61 | 153.22 | 172.37 |
| 76 | 173.40 | 195.08 | 157.64 | 177.35 |
| 77 | 178.44 | 200.75 | 162.22 | 182.50 |
| 78 | 183.61 | 206.56 | 166.92 | 187.79 |
| 79 | 188.91 | 212.52 | 171.74 | 193.21 |
| 80 | 198.01 | 222.76 | 180.01 | 202.51 |
| 81 | 209.02 | 235.15 | 190.02 | 213.77 |
| 82 | 220.58 | 248.15 | 200.53 | 225.60 |
| 83 | 232.72 | 261.81 | 211.56 | 238.01 |
| 84 | 242.97 | 273.34 | 220.88 | 248.49 |
| 85 | 253.59 | 285.29 | 230.54 | 259.36 |
| 86 | 264.61 | 297.69 | 240.55 | 270.62 |
| 87 | 275.96 | 310.46 | 250.87 | 282.23 |
| 88 | 287.69 | 323.65 | 261.54 | 294.23 |
| 89 | 299.78 | 337.25 | 272.53 | 306.60 |
| 90+ | 312.26 | 351.29 | 283.87 | 319.35 |

Area 1 includes zip codes: 770-775, 777

Area 2 includes zip codes: 752-753, 760-762, 782, 794

Area 3 includes all other zip codes in Texas

Modal Factors: Monthly Bank Draft = 1.0,

Bi-Monthly = 2.0, Quarterly = 3.0

| | |
|--------------|-------------------------|
| 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
 MEDICARE SUPPLEMENT PREMIUM
 Texas
 October 1, 2014

STANDARD PLAN FX

| Area 1 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 48.78 | 54.87 | 44.35 | 49.89 |
| 66 | 50.05 | 56.30 | 45.49 | 51.18 |
| 67 | 51.32 | 57.73 | 46.65 | 52.49 |
| 68 | 52.59 | 59.16 | 47.80 | 53.77 |
| 69 | 53.85 | 60.57 | 48.95 | 55.07 |
| 70 | 55.12 | 62.00 | 50.11 | 56.37 |
| 71 | 56.39 | 63.43 | 51.26 | 57.67 |
| 72 | 58.78 | 66.13 | 53.43 | 60.11 |
| 73 | 61.32 | 68.99 | 55.74 | 62.71 |
| 74 | 64.00 | 72.00 | 58.18 | 65.46 |
| 75 | 66.30 | 74.59 | 60.27 | 67.80 |
| 76 | 68.72 | 77.31 | 62.47 | 70.28 |
| 77 | 71.21 | 80.11 | 64.74 | 72.83 |
| 78 | 73.82 | 83.05 | 67.11 | 75.49 |
| 79 | 76.51 | 86.07 | 69.55 | 78.24 |
| 80 | 80.77 | 90.87 | 73.43 | 82.61 |
| 81 | 85.26 | 95.92 | 77.51 | 87.20 |
| 82 | 89.99 | 101.23 | 81.81 | 92.04 |
| 83 | 94.93 | 106.80 | 86.30 | 97.09 |
| 84 | 99.12 | 111.51 | 90.11 | 101.38 |
| 85 | 103.46 | 116.39 | 94.05 | 105.81 |
| 86 | 107.95 | 121.44 | 98.13 | 110.40 |
| 87 | 112.58 | 126.65 | 102.34 | 115.14 |
| 88 | 117.37 | 132.05 | 106.70 | 120.04 |
| 89 | 122.31 | 137.59 | 111.18 | 125.08 |
| 90+ | 127.37 | 143.30 | 115.80 | 130.28 |

| Area 2 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 44.34 | 49.88 | 40.32 | 45.35 |
| 66 | 45.50 | 51.18 | 41.36 | 46.53 |
| 67 | 46.65 | 52.48 | 42.41 | 47.72 |
| 68 | 47.81 | 53.78 | 43.46 | 48.88 |
| 69 | 48.95 | 55.07 | 44.50 | 50.06 |
| 70 | 50.11 | 56.37 | 45.55 | 51.25 |
| 71 | 51.26 | 57.66 | 46.60 | 52.43 |
| 72 | 53.44 | 60.12 | 48.57 | 54.65 |
| 73 | 55.74 | 62.72 | 50.67 | 57.01 |
| 74 | 58.19 | 65.46 | 52.89 | 59.51 |
| 75 | 60.27 | 67.81 | 54.79 | 61.64 |
| 76 | 62.47 | 70.29 | 56.79 | 63.89 |
| 77 | 64.74 | 72.83 | 58.85 | 66.21 |
| 78 | 67.11 | 75.50 | 61.01 | 68.63 |
| 79 | 69.55 | 78.24 | 63.23 | 71.13 |
| 80 | 73.43 | 82.61 | 66.76 | 75.10 |
| 81 | 77.51 | 87.20 | 70.46 | 79.28 |
| 82 | 81.81 | 92.03 | 74.37 | 83.67 |
| 83 | 86.30 | 97.09 | 78.45 | 88.27 |
| 84 | 90.11 | 101.38 | 81.92 | 92.16 |
| 85 | 94.05 | 105.81 | 85.50 | 96.19 |
| 86 | 98.14 | 110.40 | 89.21 | 100.37 |
| 87 | 102.34 | 115.14 | 93.04 | 104.67 |
| 88 | 106.70 | 120.05 | 97.00 | 109.12 |
| 89 | 111.19 | 125.09 | 101.08 | 113.71 |
| 90+ | 115.80 | 130.27 | 105.27 | 118.44 |

| Area 3 | | | | |
|--------------|--------|--------|-------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 39.95 | 44.94 | 36.32 | 40.86 |
| 66 | 40.99 | 46.11 | 37.26 | 41.92 |
| 67 | 42.03 | 47.28 | 38.21 | 42.99 |
| 68 | 43.07 | 48.45 | 39.15 | 44.04 |
| 69 | 44.10 | 49.61 | 40.09 | 45.10 |
| 70 | 45.14 | 50.78 | 41.04 | 46.17 |
| 71 | 46.18 | 51.95 | 41.98 | 47.23 |
| 72 | 48.14 | 54.16 | 43.76 | 49.23 |
| 73 | 50.22 | 56.50 | 45.65 | 51.36 |
| 74 | 52.42 | 58.97 | 47.65 | 53.61 |
| 75 | 54.30 | 61.09 | 49.36 | 55.53 |
| 76 | 56.28 | 63.32 | 51.16 | 57.56 |
| 77 | 58.32 | 65.61 | 53.02 | 59.65 |
| 78 | 60.46 | 68.02 | 54.96 | 61.83 |
| 79 | 62.66 | 70.49 | 56.96 | 64.08 |
| 80 | 66.15 | 74.42 | 60.14 | 67.66 |
| 81 | 69.83 | 78.56 | 63.48 | 71.42 |
| 82 | 73.70 | 82.91 | 67.00 | 75.38 |
| 83 | 77.75 | 87.47 | 70.68 | 79.52 |
| 84 | 81.18 | 91.33 | 73.80 | 83.03 |
| 85 | 84.73 | 95.32 | 77.03 | 86.66 |
| 86 | 88.41 | 99.46 | 80.37 | 90.42 |
| 87 | 92.20 | 103.73 | 83.82 | 94.30 |
| 88 | 96.13 | 108.15 | 87.39 | 98.31 |
| 89 | 100.17 | 112.69 | 91.06 | 102.44 |
| 90+ | 104.32 | 117.36 | 94.84 | 106.70 |

Area 1 includes zip codes: 770-775, 777

Area 2 includes zip codes: 752-753, 760-762, 782, 794

Area 3 includes all other zip codes in Texas

Modal Factors: Monthly Bank Draft = 1.0,

Bi-Monthly = 2.0, Quarterly = 3.0

| | |
|--------------|-------------------------|
| 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
 MEDICARE SUPPLEMENT PREMIUM
 Texas
 October 1, 2014

STANDARD PLAN G

| Area 1 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 136.04 | 153.05 | 123.68 | 139.13 |
| 66 | 136.04 | 153.05 | 123.68 | 139.13 |
| 67 | 136.04 | 153.05 | 123.68 | 139.13 |
| 68 | 139.40 | 156.83 | 126.73 | 142.56 |
| 69 | 142.76 | 160.61 | 129.78 | 146.01 |
| 70 | 146.09 | 164.36 | 132.81 | 149.41 |
| 71 | 148.80 | 167.40 | 135.27 | 152.19 |
| 72 | 154.46 | 173.76 | 140.42 | 157.97 |
| 73 | 160.45 | 180.51 | 145.86 | 164.09 |
| 74 | 166.75 | 187.59 | 151.59 | 170.54 |
| 75 | 172.00 | 193.50 | 156.36 | 175.91 |
| 76 | 176.69 | 198.78 | 160.62 | 180.70 |
| 77 | 181.55 | 204.25 | 165.04 | 185.68 |
| 78 | 186.47 | 209.78 | 169.52 | 190.72 |
| 79 | 191.55 | 215.49 | 174.14 | 195.91 |
| 80 | 200.44 | 225.49 | 182.22 | 205.01 |
| 81 | 211.59 | 238.03 | 192.36 | 216.40 |
| 82 | 223.30 | 251.21 | 202.99 | 228.36 |
| 83 | 235.57 | 265.02 | 214.15 | 240.92 |
| 84 | 245.97 | 276.72 | 223.61 | 251.56 |
| 85 | 256.72 | 288.80 | 233.38 | 262.55 |
| 86 | 267.85 | 301.33 | 243.50 | 273.94 |
| 87 | 279.36 | 314.29 | 253.97 | 285.71 |
| 88 | 291.22 | 327.62 | 264.75 | 297.84 |
| 89 | 303.49 | 341.43 | 275.90 | 310.39 |
| 90+ | 316.10 | 355.62 | 287.36 | 323.28 |

| Area 2 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 123.68 | 139.14 | 112.43 | 126.48 |
| 66 | 123.68 | 139.14 | 112.43 | 126.48 |
| 67 | 123.68 | 139.14 | 112.43 | 126.48 |
| 68 | 126.73 | 142.57 | 115.21 | 129.60 |
| 69 | 129.78 | 146.01 | 117.98 | 132.73 |
| 70 | 132.81 | 149.42 | 120.73 | 135.83 |
| 71 | 135.28 | 152.18 | 122.98 | 138.35 |
| 72 | 140.42 | 157.96 | 127.65 | 143.61 |
| 73 | 145.87 | 164.10 | 132.60 | 149.17 |
| 74 | 151.59 | 170.54 | 137.81 | 155.03 |
| 75 | 156.37 | 175.91 | 142.15 | 159.92 |
| 76 | 160.63 | 180.71 | 146.02 | 164.27 |
| 77 | 165.05 | 185.68 | 150.04 | 168.80 |
| 78 | 169.52 | 190.71 | 154.11 | 173.38 |
| 79 | 174.14 | 195.90 | 158.31 | 178.10 |
| 80 | 182.22 | 204.99 | 165.66 | 186.37 |
| 81 | 192.35 | 216.39 | 174.87 | 196.73 |
| 82 | 203.00 | 228.37 | 184.54 | 207.60 |
| 83 | 214.15 | 240.93 | 194.68 | 219.01 |
| 84 | 223.61 | 251.56 | 203.29 | 228.69 |
| 85 | 233.38 | 262.55 | 212.17 | 238.68 |
| 86 | 243.50 | 273.94 | 221.37 | 249.04 |
| 87 | 253.97 | 285.71 | 230.88 | 259.74 |
| 88 | 264.75 | 297.84 | 240.68 | 270.76 |
| 89 | 275.90 | 310.39 | 250.82 | 282.17 |
| 90+ | 287.37 | 323.29 | 261.24 | 293.89 |

| Area 3 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 111.42 | 125.35 | 101.29 | 113.95 |
| 66 | 111.42 | 125.35 | 101.29 | 113.95 |
| 67 | 111.42 | 125.35 | 101.29 | 113.95 |
| 68 | 114.17 | 128.44 | 103.79 | 116.76 |
| 69 | 116.92 | 131.54 | 106.29 | 119.58 |
| 70 | 119.65 | 134.61 | 108.77 | 122.37 |
| 71 | 121.87 | 137.10 | 110.79 | 124.64 |
| 72 | 126.50 | 142.31 | 115.00 | 129.38 |
| 73 | 131.41 | 147.84 | 119.46 | 134.39 |
| 74 | 136.57 | 153.64 | 124.15 | 139.67 |
| 75 | 140.87 | 158.48 | 128.06 | 144.07 |
| 76 | 144.71 | 162.80 | 131.55 | 147.99 |
| 77 | 148.69 | 167.28 | 135.17 | 152.07 |
| 78 | 152.72 | 171.81 | 138.84 | 156.20 |
| 79 | 156.88 | 176.49 | 142.62 | 160.45 |
| 80 | 164.16 | 184.68 | 149.24 | 167.90 |
| 81 | 173.29 | 194.95 | 157.54 | 177.23 |
| 82 | 182.88 | 205.74 | 166.25 | 187.03 |
| 83 | 192.93 | 217.05 | 175.39 | 197.31 |
| 84 | 201.45 | 226.63 | 183.14 | 206.03 |
| 85 | 210.25 | 236.53 | 191.14 | 215.03 |
| 86 | 219.37 | 246.79 | 199.43 | 224.36 |
| 87 | 228.80 | 257.40 | 208.00 | 234.00 |
| 88 | 238.51 | 268.32 | 216.83 | 243.93 |
| 89 | 248.56 | 279.63 | 225.96 | 254.21 |
| 90+ | 258.89 | 291.25 | 235.35 | 264.77 |

Area 1 includes zip codes: 770-775, 777

Area 2 includes zip codes: 752-753, 760-762, 782, 794

Area 3 includes all other zip codes in Texas

Modal Factors: Monthly Bank Draft = 1.0,

Bi-Monthly = 2.0, Quarterly = 3.0

| | |
|--------------|-------------------------|
| 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
 MEDICARE SUPPLEMENT PREMIUM
 Texas
 October 1, 2014

STANDARD PLAN N

| Area 1 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 109.82 | 123.54 | 99.83 | 112.31 |
| 66 | 109.82 | 123.54 | 99.83 | 112.31 |
| 67 | 109.82 | 123.54 | 99.83 | 112.31 |
| 68 | 112.93 | 127.05 | 102.66 | 115.49 |
| 69 | 116.01 | 130.51 | 105.46 | 118.64 |
| 70 | 119.11 | 133.99 | 108.28 | 121.82 |
| 71 | 121.28 | 136.45 | 110.26 | 124.04 |
| 72 | 125.82 | 141.55 | 114.38 | 128.68 |
| 73 | 130.65 | 146.98 | 118.77 | 133.61 |
| 74 | 135.73 | 152.70 | 123.38 | 138.80 |
| 75 | 144.05 | 162.06 | 130.95 | 147.33 |
| 76 | 148.22 | 166.74 | 134.74 | 151.57 |
| 77 | 152.52 | 171.57 | 138.64 | 155.97 |
| 78 | 156.92 | 176.54 | 142.66 | 160.50 |
| 79 | 161.47 | 181.65 | 146.79 | 165.14 |
| 80 | 164.41 | 184.96 | 149.46 | 168.14 |
| 81 | 173.54 | 195.24 | 157.77 | 177.48 |
| 82 | 183.15 | 206.04 | 166.50 | 187.31 |
| 83 | 193.22 | 217.37 | 175.65 | 197.61 |
| 84 | 201.73 | 226.95 | 183.39 | 206.32 |
| 85 | 210.56 | 236.89 | 191.42 | 215.35 |
| 86 | 219.69 | 247.15 | 199.72 | 224.69 |
| 87 | 229.12 | 257.77 | 208.29 | 234.32 |
| 88 | 238.88 | 268.74 | 217.15 | 244.30 |
| 89 | 248.90 | 280.01 | 226.28 | 254.57 |
| 90+ | 259.25 | 291.66 | 235.69 | 265.15 |

| Area 2 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 99.83 | 112.31 | 90.75 | 102.10 |
| 66 | 99.83 | 112.31 | 90.75 | 102.10 |
| 67 | 99.83 | 112.31 | 90.75 | 102.10 |
| 68 | 102.66 | 115.50 | 93.33 | 104.99 |
| 69 | 105.46 | 118.65 | 95.87 | 107.86 |
| 70 | 108.28 | 121.81 | 98.43 | 110.74 |
| 71 | 110.26 | 124.04 | 100.23 | 112.76 |
| 72 | 114.39 | 128.68 | 103.98 | 116.98 |
| 73 | 118.77 | 133.62 | 107.97 | 121.47 |
| 74 | 123.39 | 138.82 | 112.17 | 126.18 |
| 75 | 130.96 | 147.33 | 119.05 | 133.93 |
| 76 | 134.74 | 151.58 | 122.49 | 137.80 |
| 77 | 138.65 | 155.98 | 126.04 | 141.79 |
| 78 | 142.66 | 160.49 | 129.69 | 145.91 |
| 79 | 146.79 | 165.13 | 133.44 | 150.13 |
| 80 | 149.46 | 168.14 | 135.88 | 152.86 |
| 81 | 157.76 | 177.49 | 143.42 | 161.35 |
| 82 | 166.50 | 187.31 | 151.36 | 170.29 |
| 83 | 175.66 | 197.61 | 159.68 | 179.64 |
| 84 | 183.39 | 206.32 | 166.72 | 187.57 |
| 85 | 191.42 | 215.35 | 174.01 | 195.77 |
| 86 | 199.72 | 224.69 | 181.56 | 204.26 |
| 87 | 208.29 | 234.33 | 189.35 | 213.02 |
| 88 | 217.16 | 244.31 | 197.41 | 222.09 |
| 89 | 226.27 | 254.56 | 205.71 | 231.42 |
| 90+ | 235.69 | 265.15 | 214.26 | 241.05 |

| Area 3 | | | | |
|--------------|--------|--------|--------|--------|
| Attained Age | MNTU | MTU | FNTU | FTU |
| 65 | 89.94 | 101.18 | 81.76 | 91.98 |
| 66 | 89.94 | 101.18 | 81.76 | 91.98 |
| 67 | 89.94 | 101.18 | 81.76 | 91.98 |
| 68 | 92.49 | 104.05 | 84.08 | 94.59 |
| 69 | 95.01 | 106.89 | 86.37 | 97.17 |
| 70 | 97.55 | 109.74 | 88.68 | 99.77 |
| 71 | 99.33 | 111.75 | 90.30 | 101.59 |
| 72 | 103.05 | 115.93 | 93.68 | 105.39 |
| 73 | 107.00 | 120.38 | 97.27 | 109.43 |
| 74 | 111.16 | 125.06 | 101.05 | 113.68 |
| 75 | 117.98 | 132.73 | 107.25 | 120.66 |
| 76 | 121.39 | 136.56 | 110.35 | 124.14 |
| 77 | 124.91 | 140.52 | 113.55 | 127.74 |
| 78 | 128.52 | 144.59 | 116.84 | 131.45 |
| 79 | 132.24 | 148.77 | 120.22 | 135.25 |
| 80 | 134.65 | 151.48 | 122.41 | 137.71 |
| 81 | 142.13 | 159.90 | 129.21 | 145.36 |
| 82 | 150.00 | 168.75 | 136.36 | 153.41 |
| 83 | 158.25 | 178.03 | 143.86 | 161.84 |
| 84 | 165.22 | 185.87 | 150.20 | 168.98 |
| 85 | 172.45 | 194.01 | 156.77 | 176.37 |
| 86 | 179.93 | 202.42 | 163.57 | 184.02 |
| 87 | 187.65 | 211.11 | 170.59 | 191.91 |
| 88 | 195.64 | 220.10 | 177.85 | 200.08 |
| 89 | 203.85 | 229.33 | 185.32 | 208.49 |
| 90+ | 212.33 | 238.87 | 193.03 | 217.16 |

Area 1 includes zip codes: 770-775, 777

Area 2 includes zip codes: 752-753, 760-762, 782, 794

Area 3 includes all other zip codes in Texas

Modal Factors: Monthly Bank Draft = 1.0,

Bi-Monthly = 2.0, Quarterly = 3.0

| | |
|--------------|-------------------------|
| 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.

PREMIUM INFORMATION

We, New Era Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. There are two distinct occurrences (attained age and table of rates changes) which might affect a change in premiums. Premiums will change upon each change in attained age. Additionally, 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 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.

LIMITATIONS AND EXCLUSIONS

This Policy does not provide a benefit for any expense incurred unless the respective services are determined by Medicare to be a Medicare Eligible Expense. However, those expenses Medicare does not pay because Your Medicare benefits have been exhausted are covered.

UNEARNED PREMIUMS

The unearned premiums paid for any period beyond the end of the policy month, if any, in which Your death occurred or Your request of coverage cancellation, will be returned to the beneficiary of Your estate. The unearned premiums, if any, will be paid in a lump sum on a date no later than thirty (30) days after proof of Your death has been furnished or receipt of cancellation request has been made to the Company.

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.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|--|--|---|
| HOSPITALIZATION * Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days 61st thru 90th day 91st day and after: - While using 60 lifetime reserve days Once lifetime reserve days are used: - Additional 365 days Beyond the Additional 365 days | All but \$1,216 All but \$304 a day All but \$608 a day \$0 \$0 | \$0 \$304 a day \$608 a day 100% of Medicare eligible expenses \$0 | \$1,216 (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 21st thru 100th day 101st day and after | All approved amounts All but \$152 a day \$0 | \$0 \$0 \$0 | \$0 Up to \$152 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 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 \$147 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 Generally 80% | \$0 Generally 20% | \$147 (Part B deductible) \$0 |
| Part B Excess Charges (Above Medicare Approved Amounts) | \$0 | \$0 | All Costs |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amount* Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | All Costs \$0 Generally 20% | \$0 \$147 (Part B deductible) \$0 |
| CLINICAL LABORATORY SERVICES BLOOD 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | 100% \$0 Generally 80% | \$0 \$0 Generally 20% | \$0 \$147 (Part B deductible) \$0 |

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.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---|--|--|
| HOSPITALIZATION * Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days 61st thru 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the Additional 365 days | All but \$1,216 All but \$304 a day All but \$608 a day \$0 \$0 | \$1,216 (Part A deductible) \$304 a day \$608 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0 ** All Costs |
| SKILLED NURSING FACILITY CARE * You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after | All approved amounts All but \$152 a day \$0 | \$0 Up to \$152 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 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 \$147 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 Generally 80% | \$147 (Part B deductible) Generally 20% | \$0 \$0 |
| Part B Excess Charges (Above Medicare Approved Amount) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | All Costs \$147 (Part B deductible) Generally 20% | \$0 \$0 \$0 |
| CLINICAL LABORATORY SERVICES BLOOD 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | 100% \$0 Generally 80% | \$0 \$147 (Part B deductible) Generally 20% | \$0 \$0 \$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 Remainder of Charges | \$0 \$0 | \$0 80% to a lifetime maximum benefit of \$50,000 | \$250 20% and amounts over \$50,000 lifetime maximum |

HIGH DEDUCTIBLE 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.

** This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$2,140 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2,140. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductibles.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,140 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,140 DEDUCTIBLE,** YOU PAY |
|--|--|--|---|
| HOSPITALIZATION * Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days 61st thru 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the Additional 365 days | All but \$1,216 All but \$304 a day All but \$608 a day \$0 \$0 | \$1,216 (Part A deductible) \$304 a day \$608 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0 *** All Costs |
| SKILLED NURSING FACILITY CARE * You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after | All approved amounts All but \$152 a day \$0 | \$0 Up to \$152 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 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.

HIGH DEDUCTIBLE PLAN F (continued)

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

* Once you have been billed \$147 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 | AFTER YOU PAY \$2,140 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,140 DEDUCTIBLE,** 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 Generally 80% | \$147 (Part B deductible) Generally 20% | \$0 \$0 |
| Part B Excess Charges (Above Medicare Approved Amount) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | All Costs \$147 (Part B deductible) Generally 20% | \$0 \$0 \$0 |
| CLINICAL LABORATORY SERVICES BLOOD 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | 100% \$0 Generally 80% | \$0 \$147 (Part B deductible) Generally 20% | \$0 \$0 \$0 |

OTHER BENEFITS - NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,140 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,140 DEDUCTIBLE,** YOU PAY |
|---|----------------------|--|---|
| <p>FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges</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> |

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.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---|--|--|
| HOSPITALIZATION * Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days 61st thru 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the Additional 365 days | All but \$1,216 All but \$304 a day All but \$608 a day \$0 \$0 | \$1,216 (Part A deductible) \$304 a day \$608 a day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0 ** All Costs |
| SKILLED NURSING FACILITY CARE * You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after | All approved amounts All but \$152 a day \$0 | \$0 Up to \$152 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 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 \$147 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 Generally 80% | \$0 Generally 20% | \$147 (Part B deductible) \$0 |
| Part B Excess Charges (Above Medicare Approved Amount) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | All Costs \$0 Generally 20% | \$0 \$147 (Part B deductible) \$0 |
| CLINICAL LABORATORY SERVICES BLOOD 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | 100% \$0 Generally 80% | \$0 \$0 Generally 20% | \$0 \$147 (Part B deductible) \$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 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.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|--|--|--|
| HOSPITALIZATION * Semi-private room and board, general nursing and miscellaneous services and supplies. First 60 days 61st thru 90th day 91st day and after: - While using 60 lifetime reserve days Once lifetime reserve days are used: - Additional 365 days - Beyond the Additional 365 days | All but \$1,216 All but \$304 a day All but \$608 a day \$0 \$0 | \$1,216 (Part A deductible) \$304 a day \$608 a day 100% of Medicare Eligible Expenses \$0 | \$0 \$0 \$0 \$0 ** All Costs |
| SKILLED NURSING FACILITY CARE * You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after | All approved amounts All but \$152 a day \$0 | \$0 Up to \$152 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 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 \$147 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 \$147 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. | \$147 (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. |
| Part B Excess Charges (Above Medicare Approved Amount) | \$0 | \$0 | All Costs |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amount* Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | All Costs \$0 Generally 20% | \$0 \$147 (Part B deductible) \$0 |
| CLINICAL LABORATORY SERVICES BLOOD 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | 100% \$0 Generally 80% | \$0 \$0 Generally 20% | \$0 \$147 (Part B deductible) \$0 |

OTHER BENEFITS - NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|--|
| <p>FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p> 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> |