

Outline of Medicare Supplement Plan Benefits

Available Plans: A, F, HdF¹, G, HdG¹, and N

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. **Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.**

A ✓ means 100% of the benefit is paid. Highlighted plans are available from Medico Life and Health Insurance Company.

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 2025 ²					\$7,220	\$3,610				

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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 co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

Premium Information

We, Medico Life and Health Insurance Company, guarantee to renew your policy for life as long as the premium is paid when due.

We can only raise your premium if we raise the premium for all policies like yours in this state. If it is necessary to change the premium for your policy, we will notify you 30 days in advance of the change in premium. Premiums are based on your attained age.

Household Premium Discount

Although these policy types are issued individually, when you live in the same household with another person who is age 50 or older, regardless of whether they sign up for coverage with us, a discount is applied to your premium rates.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right To Return Policy

When you receive your policy, please review it along with the attached application. If you find that you are not satisfied with your policy, you may return it to us at PO Box 10386, Des Moines, IA 50306. 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, less any claims paid.

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 Medico Life and Health Insurance Company nor its producers are connected with Medicare.

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

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Medical and health history questions are not required to be answered on the application if you apply during Open Enrollment or if you are eligible for a Guaranteed Issue.

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

PLAN A

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$0	\$1,676 (Part A deductible)
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: • While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
• Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare Eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved Facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a physician's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** **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

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 \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
Above Medicare Approved Amounts	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A AND B) - HOME HEALTH CARE

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 \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
• Remainder of Medicare Approved Amounts	80%	20%	\$0

* Once you have been billed for \$257 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.

PLAN F

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$1,676 (Part A deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: • While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
• Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare Eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved Facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a physician's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** **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

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 \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$257 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
Above Medicare Approved Amounts	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$257 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A AND B) - HOME HEALTH CARE

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 \$257 of Medicare Approved Amounts*	\$0	\$257 (Part B deductible)	\$0
• Remainder of Medicare Approved Amounts	80%	20%	\$0

* Once you have been billed for \$257 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.

PLAN F (continued)
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

HIGH DEDUCTIBLE PLAN F

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 DEDUCTIBLE** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$1,676 (Part A deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: • While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
• Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare Eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved Facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a physician's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,870. 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 deductible.

*** **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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 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 \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$257 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
Above Medicare Approved Amounts	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$257 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A AND B) - HOME HEALTH CARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$257 of Medicare Approved Amounts*	\$0	\$257 (Part B deductible)	\$0
• Remainder of Medicare Approved Amounts	80%	20%	\$0

* Once you have been billed for \$257 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,870. 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 deductible.

HIGH DEDUCTIBLE PLAN F (continued)
OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 DEDUCTIBLE** 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

** This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,870. 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 deductible.

PLAN G

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$1,676 (Part A deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: • While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
• Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare Eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved Facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a physician's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** **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

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 \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
Above Medicare Approved Amounts	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A AND B) - HOME HEALTH CARE

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 \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
• Remainder of Medicare Approved Amounts	80%	20%	\$0

* Once you have been billed for \$257 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.

PLAN G (continued)
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

HIGH DEDUCTIBLE PLAN G

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 DEDUCTIBLE** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$1,676 (Part A deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: • While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
• Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare Eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved Facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a physician's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 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 \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
Above Medicare Approved Amounts	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed for \$257 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

HIGH DEDUCTIBLE PLAN G (continued)

MEDICARE (PARTS A AND B) - HOME HEALTH CARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
• Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,870 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2,870 DEDUCTIBLE** 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

* Once you have been billed for \$257 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

PLAN N

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$1,676 (Part A deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: • While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
• Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare Eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare Approved Facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a physician's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** **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

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 \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	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 you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if you are 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	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts* (Part B deductible)	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests for Diagnostic Services	100%	\$0	\$0

* Once you have been billed for \$257 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.

PLAN N (continued)
MEDICARE (PARTS A AND B) - HOME HEALTH CARE

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 \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (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

* Once you have been billed for \$257 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.

Illinois

Medicare Supplement Rates

Plans A, F, HdF, G, HdG, and N

Effective 5-1-2025

How to calculate the premium

Utilize QuickQuote.myenroller.com or the worksheet below to calculate the premium.

Step 1: Find the monthly base premium rate

Find the monthly premium rate on the following tables based on the plan, applicant's age, gender, and ZIP code. Write the monthly base premium rate on line 1 below.

Step 2: Determine the rate class

Write 1.25 on line 2 below for all applicants who use tobacco.

Write 1 on line 2 below for applicants in an open enrollment or guaranteed issue period who don't use tobacco.

Use the height and weight chart on page 3 to determine the rate class and factor for all other applicants who don't use tobacco. Write the rate factor on line 2 below.

Step 3: Household discount factor

If the applicant lives in the same household with another person age 50 or older, regardless of whether both sign up for coverage with Medico Life and Health Insurance Company, a discount is applied to the premium rates. Write 0.9 on line 3 below if the applicant is eligible for the household discount. Write 1 on line 3 below if the applicant is not eligible for the household discount.

Step 4: Find the mode factor

Determine the mode factor for the method of premium payment requested by the applicant. Write the mode factor on line 4 below.

Note: If a method of premium payment is not listed here, it is not available.

Mode factors	
Monthly via automatic bank withdrawal	1
Quarterly via automatic bank withdrawal	3
Semi-annually via automatic bank withdrawal	6
Annually via automatic bank withdrawal	12
Monthly via credit or debit card	1.032
Quarterly via credit or debit card	3.096
Semi-annually via credit or debit card	6.18
Annually via credit or debit card	12.36

Step 5: Calculate the premium

Multiply to determine the premium and round to the nearest cent:

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = \$ & \underline{\hspace{2cm}} \\ \text{Line 1} & & & \text{Line 2} & & \text{Line 3} & & \text{Line 4} & & \text{Final premium} \\ \text{Monthly base premium rate} & & & \text{Rate class factor} & & \text{Household discount factor} & & \text{Mode factor} & & \end{array}$$

Please note: Due to rounding, premium amounts you calculate may differ by a few cents from the final premium.

Height and weight chart

Find the applicant's height in the left column then find their weight in that row. The rate class and factor are shown at the top and bottom of the column.

Rate class →	Decline	Preferred	Standard I	Standard II	Decline
Rate factor →	N/A	1	1.1	1.25	N/A
BMI	<=18.4	18.5 - 29.9	30 - 37.5	37.6 - 41.9	>=42
Height	Weight				
4'5"	<=73	74 - 119	120 - 150	151 - 167	>=168
4'6"	<=76	77 - 124	125 - 155	156 - 174	>=175
4'7"	<=79	80 - 128	129 - 161	162 - 180	>=181
4'8"	<=82	83 - 133	134 - 167	168 - 187	>=188
4'9"	<=85	86 - 138	139 - 173	174 - 193	>=194
4'10"	<=88	89 - 143	144 - 179	180 - 200	>=201
4'11"	<=91	92 - 148	149 - 185	186 - 207	>=208
5'	<=94	95 - 153	154 - 192	193 - 214	>=215
5'1"	<=97	98 - 158	159 - 198	199 - 222	>=223
5'2"	<=100	101 - 163	164 - 205	206 - 229	>=230
5'3"	<=104	105 - 169	170 - 211	212 - 236	>=237
5'4"	<=107	108 - 174	175 - 218	219 - 244	>=245
5'5"	<=110	111 - 179	180 - 225	226 - 252	>=253
5'6"	<=114	115 - 185	186 - 232	233 - 259	>=260
5'7"	<=117	118 - 191	192 - 239	240 - 267	>=268
5'8"	<=121	122 - 196	197 - 246	247 - 275	>=276
5'9"	<=124	125 - 202	203 - 254	255 - 284	>=285
5'10"	<=128	129 - 208	209 - 261	262 - 292	>=293
5'11"	<=132	133 - 214	215 - 269	270 - 300	>=301
6'	<=136	137 - 220	221 - 276	277 - 309	>=310
6'1"	<=139	140 - 227	228 - 284	285 - 317	>=318
6'2"	<=143	144 - 233	234 - 292	293 - 326	>=327
6'3"	<=147	148 - 239	240 - 300	301 - 335	>=336
6'4"	<=151	152 - 246	247 - 308	309 - 344	>=345
6'5"	<=155	156 - 252	253 - 316	317 - 353	>=354
6'6"	<=159	160 - 259	260 - 324	325 - 363	>=364
6'7"	<=163	164 - 265	266 - 333	334 - 372	>=373
6'8"	<=167	168 - 272	273 - 341	342 - 381	>=382
6'9"	<=172	173 - 279	280 - 350	351 - 391	>=392
6'10"	<=176	177 - 286	287 - 359	360 - 401	>=402
6'11"	<=180	181 - 293	294 - 367	368 - 411	>=412
7'	<=185	186 - 300	301 - 376	377 - 421	>=422
Rate class →	Decline	Preferred	Standard I	Standard II	Decline
Rate factor →	N/A	1	1.1	1.25	N/A

Illinois**ZIP codes: 611, 615–617, 627****Effective May 1, 2025****Monthly base rates****Female****Male**

Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
335.59	449.91	131.15	402.87	124.60	333.55	Under 65	377.54	506.15	147.55	453.23	140.17	375.25
128.59	149.62	43.62	123.58	41.44	94.27	65	144.67	168.32	49.07	139.03	46.61	106.05
128.59	149.62	43.62	123.58	41.44	94.27	66	144.67	168.32	49.07	139.03	46.61	106.05
128.59	149.62	43.62	123.58	41.44	94.27	67	144.67	168.32	49.07	139.03	46.61	106.05
128.59	149.62	43.62	123.58	41.44	94.27	68	144.67	168.32	49.07	139.03	46.61	106.05
129.74	150.72	43.94	125.06	41.74	95.41	69	145.96	169.56	49.43	140.69	46.96	107.33
132.16	153.16	44.65	127.58	42.41	98.24	70	148.68	172.30	50.23	143.52	47.72	110.52
136.11	158.04	46.07	132.10	43.77	102.34	71	153.13	177.79	51.83	148.61	49.24	115.13
140.06	162.92	47.49	136.63	45.12	106.44	72	157.57	183.29	53.43	153.71	50.76	119.74
144.01	167.81	48.92	141.15	46.47	110.53	73	162.01	188.78	55.03	158.80	52.28	124.35
147.96	172.69	50.34	145.68	47.82	114.97	74	166.46	194.28	56.63	163.89	53.80	129.34
153.13	178.99	52.18	151.63	49.57	119.20	75	172.27	201.37	58.70	170.58	55.77	134.10
159.17	187.15	54.55	158.97	51.83	125.30	76	179.07	210.54	61.37	178.85	58.30	140.96
165.43	195.60	57.02	166.60	54.17	131.62	77	186.11	220.05	64.15	187.43	60.94	148.07
171.90	204.37	59.57	174.53	56.60	138.18	78	193.39	229.91	67.02	196.35	63.67	155.45
178.60	213.46	62.23	182.76	59.11	144.97	79	200.92	240.14	70.00	205.61	66.50	163.09
185.53	222.89	64.97	191.31	61.72	152.01	80	208.72	250.75	73.10	215.23	69.44	171.01
193.90	234.88	68.47	202.10	65.05	165.64	81	218.14	264.24	77.03	227.36	73.18	186.35
202.43	247.21	72.06	213.42	68.46	174.80	82	227.74	278.11	81.07	240.09	77.02	196.65
211.33	260.12	75.83	225.30	72.04	184.38	83	237.74	292.63	85.31	253.46	81.04	207.43
220.60	273.63	79.77	237.77	75.78	194.40	84	248.17	307.83	89.74	267.50	85.25	218.70
230.26	287.77	83.89	250.86	79.69	204.87	85	259.04	323.74	94.37	282.22	89.65	230.48
239.36	301.26	87.82	263.37	83.43	214.60	86	269.28	338.92	98.80	296.29	93.86	241.43
248.82	315.35	91.93	276.46	87.33	224.74	87	279.93	354.77	103.42	311.02	98.25	252.84
258.65	330.06	96.21	290.16	91.40	235.31	88	290.99	371.31	108.24	326.43	102.83	264.73
268.87	345.41	100.69	304.50	95.65	246.33	89	302.48	388.58	113.28	342.56	107.61	277.13
277.30	358.61	104.54	316.70	99.31	256.31	90	311.96	403.43	117.60	356.29	111.72	288.35
285.11	371.42	108.27	328.54	102.86	265.86	91	320.74	417.85	121.81	369.61	115.72	299.09
291.12	382.01	111.36	340.80	105.79	275.46	92	327.51	429.77	125.28	383.40	119.02	309.90
297.25	392.89	114.53	351.05	108.80	284.82	93	334.41	442.00	128.85	394.94	122.40	320.42
303.52	404.04	117.78	361.59	111.89	294.46	94	341.46	454.55	132.50	406.79	125.88	331.27
309.91	415.49	121.12	372.05	115.06	304.40	95	348.65	467.42	136.26	418.55	129.44	342.45
316.14	423.84	123.55	379.52	117.37	311.44	96	355.66	476.82	139.00	426.96	132.05	350.37
322.50	432.35	126.04	387.15	119.73	318.64	97	362.81	486.40	141.79	435.55	134.70	358.47
328.98	441.05	128.57	394.93	122.14	326.01	98	370.10	496.18	144.64	444.30	137.41	366.77
335.59	449.91	131.15	402.87	124.60	333.55	99	377.54	506.15	147.55	453.23	140.17	375.25

Note: These are the monthly base rates. Please refer to the “How to calculate the premium” instructions on page 2.

Illinois

ZIP codes: 600–608

Effective May 1, 2025

Monthly base rates

Female

Male

Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
373.35	500.53	145.91	448.20	138.61	371.08	Under 65	420.02	563.09	164.15	504.22	155.94	417.46
143.06	166.45	48.52	137.49	46.10	104.87	65	160.94	187.26	54.59	154.67	51.86	117.98
143.06	166.45	48.52	137.49	46.10	104.87	66	160.94	187.26	54.59	154.67	51.86	117.98
143.06	166.45	48.52	137.49	46.10	104.87	67	160.94	187.26	54.59	154.67	51.86	117.98
143.06	166.45	48.52	137.49	46.10	104.87	68	160.94	187.26	54.59	154.67	51.86	117.98
144.34	167.68	48.88	139.13	46.44	106.14	69	162.38	188.64	54.99	156.52	52.24	119.41
147.03	170.39	49.67	141.93	47.19	109.30	70	165.41	191.68	55.88	159.67	53.08	122.96
151.43	175.82	51.25	146.96	48.69	113.85	71	170.35	197.80	57.66	165.33	54.78	128.09
155.82	181.25	52.84	152.00	50.19	118.41	72	175.30	203.91	59.44	171.00	56.47	133.21
160.21	186.68	54.42	157.03	51.70	122.97	73	180.24	210.02	61.22	176.66	58.16	138.34
164.61	192.12	56.00	162.07	53.20	127.91	74	185.18	216.13	63.00	182.32	59.85	143.89
170.35	199.13	58.05	168.69	55.15	132.61	75	191.65	224.02	65.30	189.77	62.04	149.18
177.08	208.20	60.69	176.86	57.66	139.39	76	199.21	234.22	68.28	198.97	64.86	156.82
184.04	217.60	63.43	185.35	60.26	146.43	77	207.04	244.81	71.36	208.51	67.79	164.73
191.24	227.36	66.28	194.16	62.96	153.72	78	215.14	255.78	74.56	218.43	70.83	172.94
198.69	237.47	69.23	203.32	65.76	161.28	79	223.53	267.16	77.88	228.74	73.99	181.44
206.40	247.96	72.28	212.83	68.67	169.11	80	232.20	278.96	81.32	239.44	77.25	190.25
215.71	261.31	76.17	224.83	72.36	184.27	81	242.68	293.97	85.69	252.93	81.41	207.31
225.21	275.02	80.17	237.42	76.16	194.47	82	253.36	309.40	90.19	267.10	85.68	218.78
235.10	289.38	84.36	250.65	80.14	205.13	83	264.49	325.56	94.90	281.98	90.16	230.77
245.42	304.41	88.74	264.52	84.30	216.27	84	276.09	342.47	99.83	297.59	94.84	243.31
256.16	320.14	93.33	279.09	88.66	227.92	85	288.18	360.16	104.99	313.97	99.74	256.41
266.29	335.16	97.70	293.00	92.82	238.74	86	299.58	377.05	109.91	329.63	104.42	268.59
276.82	350.83	102.27	307.56	97.16	250.03	87	311.42	394.68	115.05	346.01	109.30	281.28
287.75	367.19	107.04	322.81	101.69	261.79	88	323.72	413.09	120.42	363.16	114.40	294.51
299.11	384.26	112.02	338.76	106.42	274.05	89	336.50	432.30	126.02	381.10	119.72	308.30
308.49	398.95	116.30	352.33	110.48	285.14	90	347.06	448.82	130.84	396.38	124.29	320.78
317.18	413.20	120.45	365.51	114.43	295.77	91	356.83	464.86	135.51	411.19	128.73	332.74
323.87	424.99	123.89	379.14	117.69	306.45	92	364.35	478.12	139.38	426.53	132.41	344.76
330.69	437.09	127.41	390.55	121.04	316.86	93	372.03	491.72	143.34	439.37	136.17	356.47
337.66	449.49	131.03	402.27	124.48	327.59	94	379.87	505.68	147.41	452.55	140.04	368.54
344.78	462.23	134.74	413.90	128.01	338.64	95	387.88	520.01	151.59	465.64	144.01	380.98
351.71	471.52	137.45	422.22	130.58	346.48	96	395.67	530.46	154.63	475.00	146.90	389.79
358.78	480.99	140.21	430.71	133.20	354.49	97	403.63	541.12	157.74	484.55	149.85	398.80
365.99	490.66	143.03	439.36	135.88	362.69	98	411.74	552.00	160.91	494.29	152.87	408.03
373.35	500.53	145.91	448.20	138.61	371.08	99	420.02	563.09	164.15	504.22	155.94	417.46

Note: These are the monthly base rates. Please refer to the “How to calculate the premium” instructions on page 2.

Illinois							All other ZIP codes					Effective May 1, 2025	
							Monthly base rates						
Female							Male						
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	
419.49	562.39	163.94	503.59	155.74	416.94	Under 65	471.93	632.69	184.43	566.54	175.21	469.06	
160.74	187.03	54.52	154.48	51.79	117.83	65	180.84	210.40	61.33	173.79	58.27	132.56	
160.74	187.03	54.52	154.48	51.79	117.83	66	180.84	210.40	61.33	173.79	58.27	132.56	
160.74	187.03	54.52	154.48	51.79	117.83	67	180.84	210.40	61.33	173.79	58.27	132.56	
160.74	187.03	54.52	154.48	51.79	117.83	68	180.84	210.40	61.33	173.79	58.27	132.56	
162.18	188.40	54.92	156.32	52.18	119.26	69	182.45	211.96	61.79	175.86	58.70	134.17	
165.20	191.44	55.81	159.47	53.02	122.80	70	185.85	215.38	62.78	179.40	59.64	138.16	
170.14	197.55	57.59	165.13	54.71	127.92	71	191.41	222.24	64.79	185.77	61.55	143.92	
175.08	203.65	59.37	170.78	56.40	133.05	72	196.96	229.11	66.79	192.13	63.45	149.68	
180.01	209.76	61.15	176.44	58.09	138.16	73	202.52	235.98	68.79	198.50	65.35	155.43	
184.95	215.86	62.93	182.10	59.78	143.71	74	208.07	242.84	70.79	204.86	67.25	161.68	
191.41	223.74	65.22	189.54	61.96	149.00	75	215.33	251.71	73.38	213.23	69.71	167.62	
198.96	233.93	68.19	198.72	64.78	156.62	76	223.84	263.17	76.72	223.56	72.88	176.20	
206.78	244.50	71.27	208.25	67.71	164.53	77	232.63	275.06	80.18	234.29	76.17	185.09	
214.88	255.46	74.47	218.16	70.75	172.72	78	241.74	287.39	83.78	245.43	79.59	194.31	
223.25	266.82	77.78	228.45	73.89	181.21	79	251.15	300.18	87.50	257.01	83.13	203.87	
231.91	278.61	81.22	239.14	77.16	190.01	80	260.90	313.43	91.37	269.03	86.80	213.77	
242.37	293.60	85.59	252.62	81.31	207.05	81	272.67	330.30	96.29	284.20	91.47	232.93	
253.04	309.01	90.08	266.77	85.58	218.50	82	284.67	347.64	101.34	300.12	96.27	245.82	
264.16	325.15	94.78	281.62	90.04	230.48	83	297.18	365.79	106.63	316.83	101.30	259.29	
275.75	342.04	99.71	297.22	94.72	243.00	84	310.22	384.79	112.17	334.37	106.56	273.38	
287.82	359.71	104.86	313.58	99.62	256.09	85	323.80	404.68	117.97	352.78	112.07	288.10	
299.21	376.58	109.78	329.21	104.29	268.25	86	336.61	423.65	123.50	370.37	117.32	301.78	
311.03	394.19	114.91	345.58	109.16	280.93	87	349.91	443.46	129.27	388.77	122.81	316.04	
323.32	412.57	120.27	362.70	114.25	294.14	88	363.73	464.14	135.30	408.04	128.54	330.91	
336.08	431.76	125.86	380.63	119.57	307.92	89	378.10	485.73	141.59	428.20	134.51	346.41	
346.62	448.26	130.67	395.88	124.14	320.38	90	389.95	504.29	147.01	445.37	139.66	360.43	
356.38	464.27	135.34	410.68	128.57	332.32	91	400.93	522.31	152.26	462.02	144.64	373.86	
363.89	477.52	139.20	426.00	132.24	344.33	92	409.38	537.21	156.60	479.25	148.77	387.37	
371.57	491.11	143.16	438.82	136.00	356.03	93	418.01	552.50	161.06	493.67	153.01	400.53	
379.40	505.05	147.23	451.99	139.87	368.08	94	426.82	568.18	165.63	508.49	157.35	414.09	
387.39	519.36	151.40	465.06	143.83	380.50	95	435.82	584.28	170.32	523.19	161.81	428.06	
395.18	529.80	154.44	474.41	146.72	389.30	96	444.58	596.02	173.75	533.71	165.06	437.96	
403.12	540.44	157.54	483.94	149.67	398.31	97	453.51	608.00	177.24	544.43	168.38	448.09	
411.22	551.31	160.71	493.67	152.68	407.52	98	462.63	620.22	180.80	555.38	171.76	458.46	
419.49	562.39	163.94	503.59	155.74	416.94	99	471.93	632.69	184.43	566.54	175.21	469.06	

Note: These are the monthly base rates. Please refer to the “How to calculate the premium” instructions on page 2.



Medical Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices covers an affiliated covered entity. When the notice refers to “we,” “our,” or “us,” it is referring to the following affiliated entities: American Republic Insurance Company, American Republic Corp Insurance Company, Medico Insurance Company, Medico Life and Health Insurance Company, and Medico Corp Life Insurance Company. For purposes of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), the combined companies listed are designated as a single affiliated covered entity known as the “Wellabe ACE.” This designation may be amended from time to time to add new covered entities that are under common control and ownership with the Wellabe ACE. This Notice of Privacy Practices applies to Wellabe ACE health insurance plans.

We respect the confidentiality of your health information and will protect your information in a responsible and professional manner. We are required by law to maintain the privacy of your health information and to send you this notice. This notice explains how we use information about you and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights.

When we talk about “information” or “health information” in this notice we mean individually identifiable health information, as defined by HIPAA. Individually identifiable health information is health information that:

- Is created or received by the Wellabe ACE’s designated health care entities;
- Relates to the past, present, or future physical or mental health condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and
- Identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

How we use or share information

We may use and/or share the information we collect about you as allowed by law, including sharing your information among our affiliated companies for everyday business purposes. Subject to state and federal laws, we are permitted to use and/or share your information without your authorization in certain circumstances, such as:

- For treatment purposes, for example, we may collect or disclose information to health care providers in their provision of care.
- For payment purposes, such as paying your claims, processing payments, conducting utilization and medical necessity reviews, determining eligibility, and other administrative purposes. For example, we may use the information to help pay medical bills that have been submitted to us by doctors and hospitals for payment or to contact your doctor to obtain medical records in order to make claim payment decisions.
- To perform health care operations, including normal everyday business purposes. For example, we may use the information for activities relating to underwriting, processing your application, customer service, preventative health, disease management, and wellness programs, case management, and care coordination, legal

services, auditing functions, including fraud and abuse detection and compliance programs, and other administrative purposes. We will not use or disclose genetic information, including family history, for underwriting purposes.

- To communicate with you, electronically or via the telephone using contact information you provide to us.
- Administering surveys and promotions, or business research and analysis.
- To perform analytics and to improve our products, website, mobile application(s), and advertising.
- To an affiliate or to a business associate if they need your health information to provide a service to us and have confirmed that they follow the HIPAA rules related to protection of health information. Examples of these business associates include insurance agents, auditors, actuaries and underwriting support services, legal service providers, enrollment, and billing service providers, claim payment administrators, IT service or system providers, and collection agencies.
- To other covered entities, or business associates of those entities, for treatment, payment, and certain health care operations purposes.
- Providing you with information about health-related benefits and services that you may be interested in, subject to limits imposed by law. We may provide informational or promotional offers, as permitted by law, that we believe may be useful to you, such as information about products or services provided by us or other companies. We will not share your information with or sell it to telemarketing agencies or other agencies that market products or services other than those products and services provided or administered by the Wellabe ACE or its business associates without your authorization.
- To administer programs or services that add value to you but are not part of your benefit plan.
- If you are available and do not object, we may disclose information to a member of your family, a friend, or other person you identify who is involved in your health care or the payment of a claim.
- If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure is in your best interest, we may share limited information with such persons.
- To disclose information to a disaster relief organization in order for the organization to communicate with a family member or other person involved in your care.
- As otherwise necessary or useful for us to conduct our business, so long as such use is permitted by law or for any other purpose with your consent.

State and federal laws may require or permit us to release your information to others without your authorization, such as:

- To use and disclose information to the extent required to comply with the law.
- To report information to state and federal agencies that regulate us, such as the U.S. Department of Health and Human Services and the Iowa Insurance Division.
- To share information for public health activities.
- To use or disclose information to avert a serious health or safety threat.

Medical Notice of Privacy Practices (continued)

- To share information with a health oversight agency for certain oversight activities authorized by law such as audits, inspections, licensure, and disciplinary actions.
- To disclose information in the course of a judicial or administrative proceeding, such as pursuant to a subpoena.
- To report information for law enforcement purposes.
- To report information to a government authority regarding child abuse, neglect, or domestic violence.
- To share information with a coroner or medical examiner to identify a deceased person, or determine a cause of death.
- To use or disclose information for research purposes, but only as permitted by law.
- To share information for specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- To report information on job-related injuries because of requirements of your state workers' compensation laws.

Certain state and federal laws may restrict the use and disclosure of certain health information, including highly confidential information. This may include, but is not limited to, substance abuse, communicable diseases, HIV/AIDS, mental health, reproductive health, sexually transmitted infections, and biometric information. In the event that an applicable law prohibits or materially limits one of the uses or disclosures of information described above, we will restrict the use or disclosure in accordance with the more stringent law. If one of the above reasons for a use or disclosure does not apply, **we must get your written permission, in the form of an authorization, to use or disclose your information.** If you give us written permission and change your mind you may revoke your authorization at any time except to the extent that we have taken action in reliance on the authorization or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides us with the right to contest a claim under the policy or the policy itself.

What are your rights?

The following are your rights with respect to your information. If you would like to exercise the following rights, please contact our customer success team. Contact information for our customer success team is located at the end of this notice.

- **You have the right to be notified** in the event there is a breach of your health information, pursuant to applicable state and federal law.
- **You have the right to ask us to restrict:**
 - (a) how we use or disclose your information for treatment, payment or health care operations;
 - (b) information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care; and
 - (c) uses and disclosures for disaster relief purposes.Please note that while we will try to accommodate reasonable requests, we are not required to agree to these restrictions.
- **You have the right to request confidential communications of information.** For example, if you believe that you would be harmed if we send your information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by fax) or to an alternative address. We will accommodate your reasonable requests as explained above. We may require such requests to be made in writing.
- **You have the right to copy and inspect certain components of your information that we maintain.** All requests for access must be

made in writing and signed by you or your representative. Access request forms are available from our customer success team at the address below. We may charge you a fee for copying and postage.

- **You have the right to request that certain components of your information be amended to correct an error or omission.** We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the requested amendment. Amendment request forms are available from our customer success team.
- **You have the right to receive an accounting of certain disclosures of your information.** Accounting request forms are available from our customer success team at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request in the same 12-month period. Please note that we are not required to release:
 - Any information collected prior to April 14, 2003.
 - Information disclosed or used for treatment, payment, and/or health care operations purposes.
 - Information disclosed to you or pursuant to your authorization.
 - Information that is incidental to a use or disclosure otherwise permitted.
 - Information disclosed for a facility's directory or to a person involved in your care or other notification purposes.
 - Information disclosed for national security or intelligence purposes.
 - Information disclosed to correctional institutions, law enforcement officials, or health oversight agencies.
 - Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

Exercising your rights

You have a right to receive a copy of this notice upon request at any time. We are required to abide by the terms of this notice. Should any of our privacy practices change, we reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide the new notice to you. If you believe your privacy rights have been violated, you may file a complaint with us by contacting our customer success team. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

Contact Information

You can contact our Customer Success team at:

Wellabe, Inc.
P.O. Box 1
Des Moines, IA 50306-0001
800-247-2190

If you have any questions or complaints about this notice, please contact us at:

Wellabe, Inc.
Attn: Privacy Officer
601 6th Ave
Des Moines, IA 50309

You may also visit us on our website at: www.wellabe.com

Effective Date: January 2024



Financial Notice of Privacy Practices

This notice applies to all prospects, applicants, customers, and former customers who have inquired about or purchased insurance products used primarily for personal, family, or household purposes.

At Wellabe, we keep your personal information confidential and share it only in a responsible manner as necessary to provide and service the products you purchase from us, or to offer you additional products. For purposes of this Notice, “Wellabe,” us,” “our,” or “we” includes Wellabe, Inc., and its affiliates including American Republic Insurance Company, American Republic Corp Insurance Company, Medico Insurance Company, Medico Life and Health Insurance Company, Medico Corp Life Insurance Company, and Great Western Insurance Company.

For information on how we use data collected from visitors to Wellabe websites, mobile applications, and products and services that we own or operate, please refer to the “Wellabe Notice of Online Services Privacy and Security Practices.”

What information do we collect?

To provide and administer products and services, we must refer to relevant personal information that can be identified to you or your household and that may not be available in public records (“nonpublic personal information”). We may collect the following:

- Information received from your application, surveys, or other forms, during conversations with us or our representatives, or electronically, including when you visit our website or mobile application(s). For example, name, address, social security number, age, medical and financial information.
- Information about your relationship and transactions with us, our affiliates, our agents, and others, including your identification and policy number(s), the type of products you buy, the premiums you pay, and your payment history.
- Information received from consumer reporting agencies, credit agencies, government agencies, or from public records.
- Information received from third party sources, including third party data providers.
- Information received from service providers regarding treatment of health conditions and payment for that treatment.
- Information collected as part of any programs or services we administer.

Information by which you cannot be identified, for example, anonymous or aggregated information, is not considered nonpublic personal information and therefore is not subject to this Notice.

What information do we share with others?

We may share the information we collect about you as allowed by law, including sharing your information among our affiliated companies for everyday business purposes.

To help us provide you with the best possible products and services, we maintain strong relationships with contracted third parties. In the course of conducting business and as permitted or required by law, we may share nonpublic personal information for the following purposes:

- Processing transactions you have requested, are legally required, or that are necessary to administer our business, including processing your application and issuing your policy.
- Maintaining or supporting products or services you have requested, including normal everyday business purposes, such as paying your claims, making policy changes, or other administrative handling.
- Providing customer service, responding to your inquiries,

corresponding with you, providing you with updates about your account and service, sending you electronic newsletters, administering surveys and promotions, or business research and analysis.

- Performing analytics and to improve our products, website, mobile application(s), and advertising.
- Providing you with information about products and services that you may be interested in, subject to limits imposed by law. We may provide informational or promotional offers, as permitted by law, that we believe may be useful to you, such as information about products or services provided by us or other companies.
- Administer programs or services that add value to you but are not part of your benefit plan.
- As otherwise necessary or useful for us to conduct our business, so long as such use is permitted by law or for any other purpose with your consent.

We may disclose relevant portions of the information we collect, as described above, to third parties that perform services on our behalf or with whom we have joint marketing agreements. Before we share your information with a nonaffiliated third party for marketing purposes, we will offer you the opportunity to opt out, as required by applicable law.

Other than the disclosures listed above, we do not release your information to nonaffiliated third parties. We will not for any reason share your information with or sell it to telemarketing agencies or other agencies that market products other than those products provided or administered by Wellabe or its contracted third parties. Our contracted third parties are bound by the same restrictions on the release and use of such information.

There are state and federal laws that may require or permit us to release your information to government agencies, other regulatory bodies and law enforcement officials, or other organizations as permitted or required by law. For example, for tax purposes, fraud prevention, or to respond to a valid court order or subpoena.

Fair credit reporting act

We do not disclose information subject to the Fair Credit Reporting Act except as permitted or required by law. To the extent that we decide in the future to make any disclosures of your nonpublic personal information that are subject to the Act, we will follow the necessary requirements of the Act including providing you with the opportunity to restrict our ability to disclose information.

How do we protect your information?

We maintain appropriate physical, electronic and procedural safeguards to ensure the confidentiality of your nonpublic personal information. We follow security standards and procedures to help prevent unauthorized access to personal information. Only employees or our contracted third parties who need the information we collect from or about you to provide products or services to you may access that information. Employees and contracted third parties are required to comply with our established policies.

What about former customers?

We do not disclose information about former customers unless permitted or required by law.

Financial Notice of Privacy Practices (continued)

How can you correct inaccurate information?

We want to keep our records of your information accurate. If you discover inaccuracies in any communications from us, please call our customer success team at the number listed on your contract materials. We will respond promptly when we learn corrections are needed.

Contact Information

You can contact our Customer Success team at:

Wellabe, Inc.
P.O. Box 1
Des Moines, IA 50306-0001
800-247-2190

If you have any questions or complaints about this notice, please contact us at:

Wellabe, Inc.
Attn: Privacy Officer
601 6th Avenue
Des Moines, IA 50309

You may also visit us on our website at: www.wellabe.com

Effective Date: December 2024