

**GERBER LIFE INSURANCE COMPANY
WHITE PLAINS, NY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE**

**OUTLINE OF COVERAGE FOR
POLICY FORM MTG28**

MEDICARE SUPPLEMENT INSURANCE

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

Premium Information:

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

DISCLOSURES:

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

READ YOUR POLICY VERY CAREFULLY:

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

RIGHT TO RETURN POLICY:

If you find that you are not satisfied with your policy, you may return it to Gerber Life Insurance Company at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

POLICY REPLACEMENT:

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

NOTICE:

The policy may not fully cover all of your medical costs.

NEITHER GERBER LIFE NOR ITS AGENTS ARE CONNECTED WITH MEDICARE.

**BASIC MEDICARE SUPPLEMENT COVERAGE
NON-TOBACCO FEMALE ZIP CODES: 539-543, 545-548**

Basic	
Attained Age	Annual Premium
Through 64	\$2,133.37
65	907.83
66	935.98
67	973.23
68	1,002.74
69	1,032.17
70	1,060.50
71	1,087.75
72	1,113.83
73	1,137.71
74	1,159.42
75	1,178.58
76	1,197.11
77	1,214.91
78	1,231.81
79	1,248.15
80	1,264.60
81	1,280.49
82	1,295.75
83	1,310.19
84	1,324.18
85	1,337.71
86	1,351.25
87	1,365.33
88	1,379.32
89	1,393.66
90	1,408.56
91	1,423.82
92	1,439.62
93	1,455.97
94	1,473.05
95	1,490.21
96	1,507.29
97	1,523.55
98	1,539.99
99 and over	1,556.88

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$493.47
65	209.99
66	214.90
67	222.08
68	228.71
69	237.52
70	246.60
71	255.59
72	264.67
73	273.30
74	282.38
75	291.38
76	300.46
77	309.36
78	317.63
79	325.98
80	334.25
81	342.69
82	351.23
83	359.32
84	367.85
85	376.03
86	384.48
87	393.20
88	401.46
89	410.00
90	418.99
91	427.98
92	437.24
93	446.69
94	456.68
95	466.76
96	476.93
97	486.66
98	496.74
99 and over	507.10

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$64.03
65	27.25
66	28.25
67	29.52
68	30.52
69	31.42
70	32.24
71	33.06
72	33.88
73	34.61
74	35.15
75	35.70
76	36.15
77	36.51
78	36.97
79	37.33
80	37.70
81	38.05
82	38.33
83	38.60
84	38.87
85	39.05
86	39.33
87	39.51
88	39.79
89	39.97
90	40.24
91	40.42
92	40.69
93	40.96
94	41.14
95	41.42
96	41.69
97	41.87
98	42.06
99 and over	42.33

Additional Home Health Care	
Attained Age	Annual Premium
Through 64	\$35.60
65	15.16
66	15.53
67	16.08
68	16.53
69	17.17
70	17.80
71	18.44
72	19.17
73	19.80
74	20.44
75	21.07
76	21.71
77	22.34
78	22.98
79	23.52
80	24.16
81	24.80
82	25.34
83	25.98
84	26.61
85	27.16
86	27.80
87	28.43
88	28.97
89	29.61
90	30.25
91	30.97
92	31.61
93	32.24
94	32.97
95	33.70
96	34.43
97	35.15
98	35.88
99 and over	36.70

Foreign Travel Rider	
Attained Age	Annual Premium
Through 64	\$30.70
65	13.08
66	13.35
67	13.62
68	13.89
69	14.17
70	14.44
71	14.81
72	15.08
73	15.35
74	15.71
75	16.08
76	16.35
77	16.71
78	17.08
79	17.35
80	17.71
81	18.08
82	18.53
83	18.90
84	19.25
85	19.71
86	20.07
87	20.52
88	20.98
89	21.44
90	21.89
91	22.34
92	22.79
93	23.34
94	23.89
95	24.34
96	24.89
97	25.43
98	25.98
99 and over	26.43

Part B Deductible Attained Age Annual Premium All Ages \$155.00

**BASIC MEDICARE SUPPLEMENT COVERAGE
NON-TOBACCO MALE ZIP CODES: 539-543, 545-548**

Basic	
Attained Age	Annual Premium
Through 64	\$2,452.15
65	1,043.48
66	1,075.84
67	1,118.65
68	1,152.58
69	1,186.40
70	1,218.97
71	1,250.29
72	1,280.26
73	1,307.71
74	1,332.67
75	1,354.69
76	1,375.99
77	1,396.45
78	1,415.87
79	1,434.66
80	1,453.56
81	1,471.83
82	1,489.37
83	1,505.97
84	1,522.05
85	1,537.60
86	1,553.16
87	1,569.34
88	1,585.42
89	1,601.91
90	1,619.04
91	1,636.57
92	1,654.74
93	1,673.53
94	1,693.16
95	1,712.89
96	1,732.52
97	1,751.21
98	1,770.10
99 and over	1,789.52

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$567.21
65	241.37
66	247.01
67	255.26
68	262.88
69	273.01
70	283.45
71	293.78
72	304.22
73	314.14
74	324.58
75	334.92
76	345.36
77	355.59
78	365.09
79	374.69
80	384.19
81	393.90
82	403.71
83	413.01
84	422.82
85	432.22
86	441.93
87	451.95
88	461.45
89	471.26
90	481.60
91	491.93
92	502.58
93	513.44
94	524.92
95	536.51
96	548.20
97	559.38
98	570.96
99 and over	582.87

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$73.60
65	31.32
66	32.47
67	33.93
68	35.08
69	36.12
70	37.06
71	38.00
72	38.94
73	39.78
74	40.40
75	41.03
76	41.55
77	41.97
78	42.49
79	42.91
80	43.33
81	43.74
82	44.06
83	44.37
84	44.68
85	44.89
86	45.21
87	45.41
88	45.73
89	45.94
90	46.25
91	46.46
92	46.77
93	47.08
94	47.29
95	47.61
96	47.92
97	48.13
98	48.34
99 and over	48.65

Additional Home Health Care	
Attained Age	Annual Premium
Through 64	\$40.92
65	17.43
66	17.85
67	18.48
68	19.00
69	19.73
70	20.46
71	21.19
72	22.03
73	22.76
74	23.49
75	24.22
76	24.95
77	25.68
78	26.41
79	27.04
80	27.77
81	28.50
82	29.13
83	29.86
84	30.59
85	31.22
86	31.95
87	32.68
88	33.30
89	34.03
90	34.77
91	35.60
92	36.33
93	37.06
94	37.90
95	38.73
96	39.57
97	40.40
98	41.24
99 and over	42.18

Foreign Travel Rider	
Attained Age	Annual Premium
Through 64	\$35.29
65	15.03
66	15.35
67	15.66
68	15.97
69	16.29
70	16.60
71	17.02
72	17.33
73	17.64
74	18.06
75	18.48
76	18.79
77	19.21
78	19.63
79	19.94
80	20.36
81	20.78
82	21.30
83	21.72
84	22.13
85	22.65
86	23.07
87	23.59
88	24.12
89	24.64
90	25.16
91	25.68
92	26.20
93	26.83
94	27.46
95	27.98
96	28.61
97	29.23
98	29.86
99 and over	30.38

Part B Deductible Attained Age Annual Premium All Ages \$155.00

**BASIC MEDICARE SUPPLEMENT COVERAGE
TOBACCO* FEMALE ZIP CODES: 539-543, 545-548**

Basic	
Attained Age	Annual Premium
Through 64	\$2,452.15
65	1,043.48
66	1,075.84
67	1,118.65
68	1,152.58
69	1,186.40
70	1,218.97
71	1,250.29
72	1,280.26
73	1,307.71
74	1,332.67
75	1,354.69
76	1,375.99
77	1,396.45
78	1,415.87
79	1,434.66
80	1,453.56
81	1,471.83
82	1,489.37
83	1,505.97
84	1,522.05
85	1,537.60
86	1,553.16
87	1,569.34
88	1,585.42
89	1,601.91
90	1,619.04
91	1,636.57
92	1,654.74
93	1,673.53
94	1,693.16
95	1,712.89
96	1,732.52
97	1,751.21
98	1,770.10
99 and over	1,789.52

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$567.21
65	241.37
66	247.01
67	255.26
68	262.88
69	273.01
70	283.45
71	293.78
72	304.22
73	314.14
74	324.58
75	334.92
76	345.36
77	355.59
78	365.09
79	374.69
80	384.19
81	393.90
82	403.71
83	413.01
84	422.82
85	432.22
86	441.93
87	451.95
88	461.45
89	471.26
90	481.60
91	491.93
92	502.58
93	513.44
94	524.92
95	536.51
96	548.20
97	559.38
98	570.96
99 and over	582.87

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$73.60
65	31.32
66	32.47
67	33.93
68	35.08
69	36.12
70	37.06
71	38.00
72	38.94
73	39.78
74	40.40
75	41.03
76	41.55
77	41.97
78	42.49
79	42.91
80	43.33
81	43.74
82	44.06
83	44.37
84	44.68
85	44.89
86	45.21
87	45.41
88	45.73
89	45.94
90	46.25
91	46.46
92	46.77
93	47.08
94	47.29
95	47.61
96	47.92
97	48.13
98	48.34
99 and over	48.65

Additional Home Health Care	
Attained Age	Annual Premium
Through 64	\$40.92
65	17.43
66	17.85
67	18.48
68	19.00
69	19.73
70	20.46
71	21.19
72	22.03
73	22.76
74	23.49
75	24.22
76	24.95
77	25.68
78	26.41
79	27.04
80	27.77
81	28.50
82	29.13
83	29.86
84	30.59
85	31.22
86	31.95
87	32.68
88	33.30
89	34.03
90	34.77
91	35.60
92	36.33
93	37.06
94	37.90
95	38.73
96	39.57
97	40.40
98	41.24
99 and over	42.18

Foreign Travel Rider	
Attained Age	Annual Premium
Through 64	\$35.29
65	15.03
66	15.35
67	15.66
68	15.97
69	16.29
70	16.60
71	17.02
72	17.33
73	17.64
74	18.06
75	18.48
76	18.79
77	19.21
78	19.63
79	19.94
80	20.36
81	20.78
82	21.30
83	21.72
84	22.13
85	22.65
86	23.07
87	23.59
88	24.12
89	24.64
90	25.16
91	25.68
92	26.20
93	26.83
94	27.46
95	27.98
96	28.61
97	29.23
98	29.86
99 and over	30.38

Part B Deductible Attained Age Annual Premium All Ages \$155.00

**BASIC MEDICARE SUPPLEMENT COVERAGE
TOBACCO* MALE ZIP CODES: 539-543, 545-548**

Basic	
Attained Age	Annual Premium
Through 64	\$2,818.56
65	1,199.40
66	1,236.60
67	1,285.80
68	1,324.80
69	1,363.68
70	1,401.12
71	1,437.12
72	1,471.56
73	1,503.12
74	1,531.80
75	1,557.12
76	1,581.60
77	1,605.12
78	1,627.44
79	1,649.04
80	1,670.76
81	1,691.76
82	1,711.92
83	1,731.00
84	1,749.48
85	1,767.36
86	1,785.24
87	1,803.84
88	1,822.32
89	1,841.28
90	1,860.96
91	1,881.12
92	1,902.00
93	1,923.60
94	1,946.16
95	1,968.84
96	1,991.40
97	2,012.88
98	2,034.60
99 and over	2,056.92

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$651.96
65	277.44
66	283.92
67	293.40
68	302.16
69	313.80
70	325.80
71	337.68
72	349.68
73	361.08
74	373.08
75	384.96
76	396.96
77	408.72
78	419.64
79	430.68
80	441.60
81	452.76
82	464.04
83	474.72
84	486.00
85	496.80
86	507.96
87	519.48
88	530.40
89	541.68
90	553.56
91	565.44
92	577.68
93	590.16
94	603.36
95	616.68
96	630.12
97	642.96
98	656.28
99 and over	669.96

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$84.60
65	36.00
66	37.32
67	39.00
68	40.32
69	41.52
70	42.60
71	43.68
72	44.76
73	45.72
74	46.44
75	47.16
76	47.76
77	48.24
78	48.84
79	49.32
80	49.80
81	50.28
82	50.64
83	51.00
84	51.36
85	51.60
86	51.96
87	52.20
88	52.56
89	52.80
90	53.16
91	53.40
92	53.76
93	54.12
94	54.36
95	54.72
96	55.08
97	55.32
98	55.56
99 and over	55.92

Additional Home Health Care	
Attained Age	Annual Premium
Through 64	\$47.04
65	20.04
66	20.52
67	21.24
68	21.84
69	22.68
70	23.52
71	24.36
72	25.32
73	26.16
74	27.00
75	27.84
76	28.68
77	29.52
78	30.36
79	31.08
80	31.92
81	32.76
82	33.48
83	34.32
84	35.16
85	35.88
86	36.72
87	37.56
88	38.28
89	39.12
90	39.96
91	40.92
92	41.76
93	42.60
94	43.56
95	44.52
96	45.48
97	46.44
98	47.40
99 and over	48.48

Foreign Travel Rider	
Attained Age	Annual Premium
Through 64	\$40.56
65	17.28
66	17.64
67	18.00
68	18.36
69	18.72
70	19.08
71	19.56
72	19.92
73	20.28
74	20.76
75	21.24
76	21.60
77	22.08
78	22.56
79	22.92
80	23.40
81	23.88
82	24.48
83	24.96
84	25.44
85	26.04
86	26.52
87	27.12
88	27.72
89	28.32
90	28.92
91	29.52
92	30.12
93	30.84
94	31.56
95	32.16
96	32.88
97	33.60
98	34.32
99 and over	34.92

Part B Deductible Attained Age Annual Premium All Ages \$155.00

BASIC MEDICARE SUPPLEMENT COVERAGE

NON-TOBACCO FEMALE ZIP CODES: 535, 537, 538, 544, 549, 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026, 53027, 53029, 53031, 53032, 53034-036, 53038-040, 53042, 53044, 53047-53050, 53056-066, 53069, 53070, 53073-075, 53078-083, 53085, 53086, 53088, 53090, 53091, 53093-095, 53098, 53099, 53101, 53103, 53105, 53114, 53115, 53118-121, 53125, 53127, 53128, 53137-139, 53147-149, 53152, 53153, 53156, 53157, 53167, 53168, 53170, 53176, 53178, 53179, 53181, 53183-185, 53190-192, 53195, 53199

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$2,346.71	Through 64	\$542.82	Through 64	\$70.44	Through 64	\$39.16	Through 64	\$33.77
65	998.61	65	230.99	65	29.97	65	16.68	65	14.38
66	1,029.58	66	236.39	66	31.08	66	17.09	66	14.69
67	1,070.55	67	244.29	67	32.47	67	17.69	67	14.99
68	1,103.02	68	251.58	68	33.57	68	18.18	68	15.29
69	1,135.38	69	261.27	69	34.57	69	18.88	69	15.59
70	1,166.56	70	271.27	70	35.47	70	19.58	70	15.89
71	1,196.53	71	281.15	71	36.37	71	20.28	71	16.29
72	1,225.21	72	291.14	72	37.26	72	21.08	72	16.58
73	1,251.48	73	300.63	73	38.07	73	21.78	73	16.88
74	1,275.37	74	310.62	74	38.66	74	22.48	74	17.29
75	1,296.44	75	320.52	75	39.26	75	23.18	75	17.69
76	1,316.82	76	330.51	76	39.77	76	23.88	76	17.98
77	1,336.41	77	340.30	77	40.17	77	24.58	77	18.38
78	1,354.99	78	349.39	78	40.66	78	25.27	78	18.78
79	1,372.97	79	358.58	79	41.06	79	25.87	79	19.08
80	1,391.06	80	367.67	80	41.46	80	26.58	80	19.49
81	1,408.54	81	376.96	81	41.86	81	27.27	81	19.89
82	1,425.33	82	386.35	82	42.17	82	27.87	82	20.38
83	1,441.22	83	395.25	83	42.46	83	28.58	83	20.78
84	1,456.61	84	404.64	84	42.76	84	29.28	84	21.18
85	1,471.48	85	413.63	85	42.96	85	29.88	85	21.68
86	1,486.38	86	422.92	86	43.27	86	30.58	86	22.08
87	1,501.85	87	432.52	87	43.46	87	31.28	87	22.58
88	1,517.25	88	441.61	88	43.76	88	31.87	88	23.08
89	1,533.03	89	451.00	89	43.96	89	32.56	89	23.58
90	1,549.42	90	460.89	90	44.27	90	33.28	90	24.08
91	1,566.20	91	470.77	91	44.47	91	34.07	91	24.58
92	1,583.58	92	480.97	92	44.76	92	34.77	92	25.07
93	1,601.57	93	491.36	93	45.06	93	35.47	93	25.67
94	1,620.36	94	502.35	94	45.26	94	36.27	94	26.28
95	1,639.24	95	513.44	95	45.56	95	37.06	95	26.78
96	1,658.02	96	524.63	96	45.86	96	37.87	96	27.38
97	1,675.91	97	535.33	97	46.06	97	38.66	97	27.97
98	1,693.99	98	546.41	98	46.26	98	39.46	98	28.58
99 and over	1,712.57	99 and over	557.81	99 and over	46.56	99 and over	40.37	99 and over	29.08

Part B Deductible Attained Age Annual Premium All Ages \$155.00

BASIC MEDICARE SUPPLEMENT COVERAGE

NON-TOBACCO MALE ZIP CODES: 535, 537, 538, 544, 549, 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026, 53027, 53029, 53031, 53032, 53034-036, 53038-040, 53042, 53044, 53047-53050, 53056-066, 53069, 53070, 53073-075, 53078-083, 53085, 53086, 53088, 53090, 53091, 53093-095, 53098, 53099, 53101, 53103, 53105, 53114, 53115, 53118-121, 53125, 53127, 53128, 53137-139, 53147-149, 53152, 53153, 53156, 53157, 53167, 53168, 53170, 53176, 53178, 53179, 53181, 53183-185, 53190-192, 53195, 53199

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$2,697.37	Through 64	\$623.93	Through 64	\$80.96	Through 64	\$45.01	Through 64	\$38.82
65	1,147.83	65	265.51	65	34.45	65	19.17	65	16.54
66	1,183.43	66	271.71	66	35.71	66	19.64	66	16.88
67	1,230.51	67	280.78	67	37.32	67	20.32	67	17.23
68	1,267.83	68	289.17	68	38.58	68	20.90	68	17.57
69	1,305.04	69	300.31	69	39.73	69	21.71	69	17.91
70	1,340.87	70	311.79	70	40.77	70	22.51	70	18.26
71	1,375.32	71	323.16	71	41.80	71	23.32	71	18.72
72	1,408.29	72	334.65	72	42.84	72	24.23	72	19.06
73	1,438.48	73	345.56	73	43.75	73	25.04	73	19.41
74	1,465.93	74	357.04	74	44.44	74	25.84	74	19.87
75	1,490.16	75	368.41	75	45.14	75	26.64	75	20.32
76	1,513.59	76	379.89	76	45.71	76	27.45	76	20.67
77	1,536.10	77	391.14	77	46.16	77	28.25	77	21.13
78	1,557.46	78	401.59	78	46.74	78	29.06	78	21.59
79	1,578.13	79	412.16	79	47.20	79	29.75	79	21.93
80	1,598.92	80	422.61	80	47.66	80	30.55	80	22.39
81	1,619.02	81	433.29	81	48.12	81	31.35	81	22.85
82	1,638.31	82	444.08	82	48.46	82	32.04	82	23.43
83	1,656.57	83	454.31	83	48.81	83	32.84	83	23.89
84	1,674.25	84	465.10	84	49.16	84	33.65	84	24.34
85	1,691.37	85	475.44	85	49.38	85	34.34	85	24.92
86	1,708.47	86	486.12	86	49.73	86	35.14	86	25.38
87	1,726.27	87	497.14	87	49.96	87	35.95	87	25.95
88	1,743.96	88	507.59	88	50.30	88	36.64	88	26.53
89	1,762.11	89	518.39	89	50.53	89	37.44	89	27.10
90	1,780.94	90	529.76	90	50.88	90	38.25	90	27.67
91	1,800.23	91	541.12	91	51.10	91	39.16	91	28.25
92	1,820.21	92	552.84	92	51.45	92	39.97	92	28.82
93	1,840.89	93	564.79	93	51.79	93	40.77	93	29.51
94	1,862.48	94	577.42	94	52.03	94	41.69	94	30.21
95	1,884.18	95	590.16	95	52.37	95	42.60	95	30.78
96	1,905.77	96	603.02	96	52.71	96	43.53	96	31.47
97	1,926.33	97	615.32	97	52.94	97	44.44	97	32.16
98	1,947.11	98	628.06	98	53.17	98	45.36	98	32.84
99 and over	1,968.47	99 and over	641.16	99 and over	53.51	99 and over	46.40	99 and over	33.42

Part B Deductible Attained Age Annual Premium All Ages \$155.00

BASIC MEDICARE SUPPLEMENT COVERAGE

TOBACCO* FEMALE ZIP CODES: 535, 537, 538, 544, 549, 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042, 53044, 53047-050, 53056-066, 53069, 53070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098, 53099, 53101, 53103, 53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178, 53179, 53181, 53183-185, 53190-192, 53195, 53199

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$2,697.37	Through 64	\$623.93	Through 64	\$80.96	Through 64	\$45.01	Through 64	\$38.82
65	1,147.83	65	265.51	65	34.45	65	19.17	65	16.53
66	1,183.42	66	271.71	66	35.72	66	19.64	66	16.89
67	1,230.52	67	280.79	67	37.32	67	20.33	67	17.23
68	1,267.84	68	289.17	68	38.59	68	20.90	68	17.57
69	1,305.04	69	300.31	69	39.73	69	21.70	69	17.92
70	1,340.87	70	311.80	70	40.77	70	22.51	70	18.26
71	1,375.32	71	323.16	71	41.80	71	23.31	71	18.72
72	1,408.29	72	334.64	72	42.83	72	24.23	72	19.06
73	1,438.48	73	345.55	73	43.76	73	25.04	73	19.40
74	1,465.94	74	357.04	74	44.44	74	25.84	74	19.87
75	1,490.16	75	368.41	75	45.13	75	26.64	75	20.33
76	1,513.59	76	379.90	76	45.71	76	27.45	76	20.67
77	1,536.10	77	391.15	77	46.17	77	28.25	77	21.13
78	1,557.46	78	401.60	78	46.74	78	29.05	78	21.59
79	1,578.13	79	412.16	79	47.20	79	29.74	79	21.93
80	1,598.92	80	422.61	80	47.66	80	30.55	80	22.40
81	1,619.01	81	433.29	81	48.11	81	31.35	81	22.86
82	1,638.31	82	444.08	82	48.47	82	32.04	82	23.43
83	1,656.57	83	454.31	83	48.81	83	32.85	83	23.89
84	1,674.26	84	465.10	84	49.15	84	33.65	84	24.34
85	1,691.36	85	475.44	85	49.38	85	34.34	85	24.92
86	1,708.48	86	486.12	86	49.73	86	35.15	86	25.38
87	1,726.27	87	497.15	87	49.95	87	35.95	87	25.95
88	1,743.96	88	507.60	88	50.30	88	36.63	88	26.53
89	1,762.10	89	518.39	89	50.53	89	37.43	89	27.10
90	1,780.94	90	529.76	90	50.88	90	38.25	90	27.68
91	1,800.23	91	541.12	91	51.11	91	39.16	91	28.25
92	1,820.21	92	552.84	92	51.45	92	39.96	92	28.82
93	1,840.88	93	564.78	93	51.79	93	40.77	93	29.51
94	1,862.48	94	577.41	94	52.02	94	41.69	94	30.21
95	1,884.18	95	590.16	95	52.37	95	42.60	95	30.78
96	1,905.77	96	603.02	96	52.71	96	43.53	96	31.47
97	1,926.33	97	615.32	97	52.94	97	44.44	97	32.15
98	1,947.11	98	628.06	98	53.17	98	45.36	98	32.85
99 and over	1,968.47	99 and over	641.16	99 and over	53.52	99 and over	46.40	99 and over	33.42

Part B Deductible Attained Age Annual Premium All Ages \$155.00

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

BASIC MEDICARE SUPPLEMENT COVERAGE

TOBACCO* MALE ZIP CODES: 535, 537, 538, 544, 549, 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042, 53044, 53047-050, 53056-066, 53069, 53070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098, 53099, 53101, 53103, 53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178, 53179, 53181, 53183-185, 53190-192, 53195, 53199

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$3,100.42	Through 64	\$717.16	Through 64	\$93.06	Through 64	\$51.74	Through 64	\$44.62
65	1,319.34	65	305.18	65	39.60	65	22.04	65	19.01
66	1,360.26	66	312.31	66	41.05	66	22.57	66	19.40
67	1,414.38	67	322.74	67	42.90	67	23.36	67	19.80
68	1,457.28	68	332.38	68	44.35	68	24.02	68	20.20
69	1,500.05	69	345.18	69	45.67	69	24.95	69	20.59
70	1,541.23	70	358.38	70	46.86	70	25.87	70	20.99
71	1,580.83	71	371.45	71	48.05	71	26.80	71	21.52
72	1,618.72	72	384.65	72	49.24	72	27.85	72	21.91
73	1,653.43	73	397.19	73	50.29	73	28.78	73	22.31
74	1,684.98	74	410.39	74	51.08	74	29.70	74	22.84
75	1,712.83	75	423.46	75	51.88	75	30.62	75	23.36
76	1,739.76	76	436.66	76	52.54	76	31.55	76	23.76
77	1,765.63	77	449.59	77	53.06	77	32.47	77	24.29
78	1,790.18	78	461.60	78	53.72	78	33.40	78	24.82
79	1,813.94	79	473.75	79	54.25	79	34.19	79	25.21
80	1,837.84	80	485.76	80	54.78	80	35.11	80	25.74
81	1,860.94	81	498.04	81	55.31	81	36.04	81	26.27
82	1,883.11	82	510.44	82	55.70	82	36.83	82	26.93
83	1,904.10	83	522.19	83	56.10	83	37.75	83	27.46
84	1,924.43	84	534.60	84	56.50	84	38.68	84	27.98
85	1,944.10	85	546.48	85	56.76	85	39.47	85	28.64
86	1,963.76	86	558.76	86	57.16	86	40.39	86	29.17
87	1,984.22	87	571.43	87	57.42	87	41.32	87	29.83
88	2,004.55	88	583.44	88	57.82	88	42.11	88	30.49
89	2,025.41	89	595.85	89	58.08	89	43.03	89	31.15
90	2,047.06	90	608.92	90	58.48	90	43.96	90	31.81
91	2,069.23	91	621.98	91	58.74	91	45.01	91	32.47
92	2,092.20	92	635.45	92	59.14	92	45.94	92	33.13
93	2,115.96	93	649.18	93	59.53	93	46.86	93	33.92
94	2,140.78	94	663.70	94	59.80	94	47.92	94	34.72
95	2,165.72	95	678.35	95	60.19	95	48.97	95	35.38
96	2,190.54	96	693.13	96	60.59	96	50.03	96	36.17
97	2,214.17	97	707.26	97	60.85	97	51.08	97	36.96
98	2,238.06	98	721.91	98	61.12	98	52.14	98	37.75
99 and over	2,262.61	99 and over	736.96	99 and over	61.51	99 and over	53.33	99 and over	38.41

Part B Deductible Attained Age Annual Premium

All Ages \$155.00

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

BASIC MEDICARE SUPPLEMENT COVERAGE

NON-TOBACCO FEMALE ZIP CODES: 532, 534, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$2,560.04	Through 64	\$592.17	Through 64	\$76.84	Through 64	\$42.72	Through 64	\$36.84
65	1,089.40	65	251.99	65	32.69	65	18.20	65	15.69
66	1,123.18	66	257.88	66	33.90	66	18.64	66	16.03
67	1,167.87	67	266.49	67	35.43	67	19.30	67	16.35
68	1,203.30	68	274.45	68	36.63	68	19.84	68	16.67
69	1,238.60	69	285.02	69	37.71	69	20.60	69	17.01
70	1,272.60	70	295.92	70	38.69	70	21.36	70	17.33
71	1,305.30	71	306.71	71	39.67	71	22.12	71	17.77
72	1,336.59	72	317.60	72	40.66	72	23.00	72	18.10
73	1,365.25	73	327.96	73	41.53	73	23.76	73	18.42
74	1,391.30	74	338.87	74	42.18	74	24.53	74	18.85
75	1,414.30	75	349.65	75	42.84	75	25.28	75	19.30
76	1,436.54	76	360.55	76	43.38	76	26.05	76	19.62
77	1,457.89	77	371.24	77	43.81	77	26.81	77	20.05
78	1,478.16	78	381.16	78	44.36	78	27.57	78	20.50
79	1,497.78	79	391.18	79	44.80	79	28.23	79	20.82
80	1,517.51	80	401.10	80	45.24	80	28.99	80	21.25
81	1,536.59	81	411.23	81	45.67	81	29.75	81	21.70
82	1,554.90	82	421.47	82	46.00	82	30.42	82	22.24
83	1,572.23	83	431.18	83	46.32	83	31.17	83	22.67
84	1,589.02	84	441.42	84	46.65	84	31.94	84	23.11
85	1,605.25	85	451.23	85	46.87	85	32.59	85	23.65
86	1,621.50	86	461.38	86	47.20	86	33.36	86	24.08
87	1,638.39	87	471.84	87	47.41	87	34.12	87	24.63
88	1,655.18	88	481.75	88	47.75	88	34.77	88	25.18
89	1,672.39	89	491.99	89	47.96	89	35.53	89	25.73
90	1,690.28	90	502.79	90	48.29	90	36.30	90	26.27
91	1,708.58	91	513.58	91	48.50	91	37.17	91	26.81
92	1,727.55	92	524.70	92	48.82	92	37.93	92	27.35
93	1,747.17	93	536.03	93	49.16	93	38.69	93	28.01
94	1,767.66	94	548.01	94	49.37	94	39.57	94	28.67
95	1,788.26	95	560.11	95	49.70	95	40.44	95	29.21
96	1,808.75	96	572.32	96	50.03	96	41.31	96	29.87
97	1,828.26	97	584.00	97	50.25	97	42.18	97	30.52
98	1,847.98	98	596.08	98	50.47	98	43.06	98	31.17
99 and over	1,868.26	99 and over	608.51	99 and over	50.79	99 and over	44.04	99 and over	31.72

Part B Deductible Attained Age Annual Premium All Ages \$155.00

BASIC MEDICARE SUPPLEMENT COVERAGE

NON-TOBACCO MALE ZIP CODES: 532, 534, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$2,942.57	Through 64	\$680.64	Through 64	\$88.32	Through 64	\$49.11	Through 64	\$42.34
65	1,252.17	65	289.65	65	37.58	65	20.92	65	18.04
66	1,291.01	66	296.41	66	38.96	66	21.42	66	18.42
67	1,342.38	67	306.31	67	40.72	67	22.18	67	18.79
68	1,383.09	68	315.45	68	42.09	68	22.80	68	19.17
69	1,423.69	69	327.61	69	43.34	69	23.68	69	19.54
70	1,462.77	70	340.14	70	44.47	70	24.55	70	19.92
71	1,500.35	71	352.54	71	45.61	71	25.43	71	20.42
72	1,536.31	72	365.07	72	46.73	72	26.43	72	20.79
73	1,569.25	73	376.97	73	47.73	73	27.31	73	21.18
74	1,599.20	74	389.50	74	48.49	74	28.19	74	21.67
75	1,625.63	75	401.90	75	49.23	75	29.07	75	22.18
76	1,651.19	76	414.42	76	49.86	76	29.95	76	22.55
77	1,675.74	77	426.70	77	50.36	77	30.82	77	23.06
78	1,699.05	78	438.11	78	50.99	78	31.69	78	23.55
79	1,721.60	79	449.63	79	51.49	79	32.45	79	23.93
80	1,744.27	80	461.03	80	51.99	80	33.32	80	24.43
81	1,766.20	81	472.68	81	52.50	81	34.20	81	24.93
82	1,787.24	82	484.46	82	52.87	82	34.96	82	25.56
83	1,807.16	83	495.60	83	53.24	83	35.83	83	26.06
84	1,826.46	84	507.38	84	53.62	84	36.71	84	26.56
85	1,845.12	85	518.66	85	53.87	85	37.46	85	27.19
86	1,863.79	86	530.31	86	54.24	86	38.33	86	27.68
87	1,883.21	87	542.34	87	54.50	87	39.21	87	28.31
88	1,902.50	88	553.74	88	54.87	88	39.97	88	28.94
89	1,922.30	89	565.52	89	55.12	89	40.84	89	29.56
90	1,942.84	90	577.91	90	55.50	90	41.72	90	30.19
91	1,963.89	91	590.32	91	55.75	91	42.72	91	30.82
92	1,985.69	92	603.10	92	56.12	92	43.60	92	31.44
93	2,008.24	93	616.13	93	56.50	93	44.47	93	32.20
94	2,031.79	94	629.91	94	56.75	94	45.47	94	32.95
95	2,055.47	95	643.82	95	57.12	95	46.48	95	33.57
96	2,079.02	96	657.84	96	57.51	96	47.48	96	34.33
97	2,101.45	97	671.25	97	57.75	97	48.49	97	35.08
98	2,124.12	98	685.16	98	58.00	98	49.49	98	35.83
99 and over	2,147.42	99 and over	699.44	99 and over	58.38	99 and over	50.62	99 and over	36.45

Part B Deductible Attained Age Annual Premium All Ages \$155.00

BASIC MEDICARE SUPPLEMENT COVERAGE

TOBACCO* FEMALE ZIP CODES: 532, 534, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$2,942.58	Through 64	\$680.65	Through 64	\$88.32	Through 64	\$49.10	Through 64	\$42.35
65	1,252.18	65	289.64	65	37.58	65	20.92	65	18.04
66	1,291.01	66	296.41	66	38.96	66	21.42	66	18.42
67	1,342.38	67	306.31	67	40.72	67	22.18	67	18.79
68	1,383.10	68	315.46	68	42.10	68	22.80	68	19.16
69	1,423.68	69	327.61	69	43.34	69	23.68	69	19.55
70	1,462.76	70	340.14	70	44.47	70	24.55	70	19.92
71	1,500.35	71	352.54	71	45.60	71	25.43	71	20.42
72	1,536.31	72	365.06	72	46.73	72	26.44	72	20.80
73	1,569.25	73	376.97	73	47.74	73	27.31	73	21.17
74	1,599.20	74	389.50	74	48.48	74	28.19	74	21.67
75	1,625.63	75	401.90	75	49.24	75	29.06	75	22.18
76	1,651.19	76	414.43	76	49.86	76	29.94	76	22.55
77	1,675.74	77	426.71	77	50.36	77	30.82	77	23.05
78	1,699.04	78	438.11	78	50.99	78	31.69	78	23.56
79	1,721.59	79	449.63	79	51.49	79	32.45	79	23.93
80	1,744.27	80	461.03	80	52.00	80	33.32	80	24.43
81	1,766.20	81	472.68	81	52.49	81	34.20	81	24.94
82	1,787.24	82	484.45	82	52.87	82	34.96	82	25.56
83	1,807.16	83	495.61	83	53.24	83	35.83	83	26.06
84	1,826.46	84	507.38	84	53.62	84	36.71	84	26.56
85	1,845.12	85	518.66	85	53.87	85	37.46	85	27.18
86	1,863.79	86	530.32	86	54.25	86	38.34	86	27.68
87	1,883.21	87	542.34	87	54.49	87	39.22	87	28.31
88	1,902.50	88	553.74	88	54.88	88	39.96	88	28.94
89	1,922.29	89	565.51	89	55.13	89	40.84	89	29.57
90	1,942.85	90	577.92	90	55.50	90	41.72	90	30.19
91	1,963.88	91	590.32	91	55.75	91	42.72	91	30.82
92	1,985.69	92	603.10	92	56.12	92	43.60	92	31.44
93	2,008.24	93	616.13	93	56.50	93	44.47	93	32.20
94	2,031.79	94	629.90	94	56.75	94	45.48	94	32.95
95	2,055.47	95	643.81	95	57.13	95	46.48	95	33.58
96	2,079.02	96	657.84	96	57.50	96	47.48	96	34.33
97	2,101.45	97	671.26	97	57.76	97	48.48	97	35.08
98	2,124.12	98	685.15	98	58.01	98	49.49	98	35.83
99 and over	2,147.42	99 and over	699.44	99 and over	58.38	99 and over	50.62	99 and over	36.46

Part B Deductible Attained Age Annual Premium All Ages \$155.00

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

BASIC MEDICARE SUPPLEMENT COVERAGE

TOBACCO* MALE ZIP CODES: 532, 534, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194

Basic		Part A Deductible		Part B Excess Charges		Additional Home Health Care		Foreign Travel Rider	
Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium	Attained Age	Annual Premium
Through 64	\$3,382.27	Through 64	\$782.35	Through 64	\$101.52	Through 64	\$56.45	Through 64	\$48.67
65	1,439.28	65	332.93	65	43.20	65	24.05	65	20.74
66	1,483.92	66	340.70	66	44.78	66	24.62	66	21.17
67	1,542.96	67	352.08	67	46.80	67	25.49	67	21.60
68	1,589.76	68	362.59	68	48.38	68	26.21	68	22.03
69	1,636.42	69	376.56	69	49.82	69	27.22	69	22.46
70	1,681.34	70	390.96	70	51.12	70	28.22	70	22.90
71	1,724.54	71	405.22	71	52.42	71	29.23	71	23.47
72	1,765.87	72	419.62	72	53.71	72	30.38	72	23.90
73	1,803.74	73	433.30	73	54.86	73	31.39	73	24.34
74	1,838.16	74	447.70	74	55.73	74	32.40	74	24.91
75	1,868.54	75	461.95	75	56.59	75	33.41	75	25.49
76	1,897.92	76	476.35	76	57.31	76	34.42	76	25.92
77	1,926.14	77	490.46	77	57.89	77	35.42	77	26.50
78	1,952.93	78	503.57	78	58.61	78	36.43	78	27.07
79	1,978.85	79	516.82	79	59.18	79	37.30	79	27.50
80	2,004.91	80	529.92	80	59.76	80	38.30	80	28.08
81	2,030.11	81	543.31	81	60.34	81	39.31	81	28.66
82	2,054.30	82	556.85	82	60.77	82	40.18	82	29.38
83	2,077.20	83	569.66	83	61.20	83	41.18	83	29.95
84	2,099.38	84	583.20	84	61.63	84	42.19	84	30.53
85	2,120.83	85	596.16	85	61.92	85	43.06	85	31.25
86	2,142.29	86	609.55	86	62.35	86	44.06	86	31.82
87	2,164.61	87	623.38	87	62.64	87	45.07	87	32.54
88	2,186.78	88	636.48	88	63.07	88	45.94	88	33.26
89	2,209.54	89	650.02	89	63.36	89	46.94	89	33.98
90	2,233.15	90	664.27	90	63.79	90	47.95	90	34.70
91	2,257.34	91	678.53	91	64.08	91	49.10	91	35.42
92	2,282.40	92	693.22	92	64.51	92	50.11	92	36.14
93	2,308.32	93	708.19	93	64.94	93	51.12	93	37.01
94	2,335.39	94	724.03	94	65.23	94	52.27	94	37.87
95	2,362.61	95	740.02	95	65.66	95	53.42	95	38.59
96	2,389.68	96	756.14	96	66.10	96	54.58	96	39.46
97	2,415.46	97	771.55	97	66.38	97	55.73	97	40.32
98	2,441.52	98	787.54	98	66.67	98	56.88	98	41.18
99 and over	2,468.30	99 and over	803.95	99 and over	67.10	99 and over	58.18	99 and over	41.90

Part B Deductible Attained Age Annual Premium All Ages \$155.00

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

MEDICARE SUPPLEMENT POLICIES - PART A BENEFITS

Services	Per Benefit Period	Medicare Pays	The Policy Pays	You Pay
MEDICARE PART A BENEFITS HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but a \$1,100.00 deductible	\$0	\$1,100.00
			<input type="checkbox"/> OPTIONAL PART A DEDUCTIBLE RIDER OMK58	\$0
	61 ST to 90 TH day	All but \$275 per day	\$275 per day	\$0
	91 ST day and after: While using 60 lifetime reserve days	All but \$550 per day	\$550 per day	\$0
	Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses**	\$0
	Beyond the additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21 ST through 100 TH day	All but \$137.50 per day	Up to \$137.50 per day	\$0
	101 ST day and after	\$0	\$0	All costs
INPATIENT PSYCHIATRIC CARE In a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	The expense you incurred after Medicare has paid 190 days and we have paid 175 additional days
BLOOD	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

MEDICARE SUPPLEMENT POLICIES - PART B BENEFITS

Services	Per Calendar year	Medicare Pays	The Policy Pays	You Pay
MEDICARE PART B BENEFITS MEDICAL EXPENSES...Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
			<input type="checkbox"/> OPTIONAL PART B DEDUCTIBLE Rider 0MK68**	\$0
	Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	Expense incurred above the Medicare approved charges
			<input type="checkbox"/> OPTIONAL MEDICARE PART B EXCESS CHARGES Rider 0MK98**	Expenses not paid by Medicare or the policy
BLOOD	First 3 pints	\$0	All costs	The expenses not paid by Medicare or the policy
	Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	
	Remainder of Medicare Approved Amounts	80%	20%	
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits	Expense not covered by Medicare or your policy
			<input type="checkbox"/> OPTIONAL ADDITIONAL HOME HEALTHCARE Rider 0MK78**	

PART B BENEFITS (continued)

Services	Per Calendar Year	Medicare Pays	The Policy Pays	You Pay
PREVENTIVE MEDICAL CARE BENEFIT Not Covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$150.00 each calendar year	\$0	\$150	\$0
	Additional charges	\$0	\$0	All Costs

*Once you have been billed \$155.00 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

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

ADDITIONAL BENEFITS

KIDNEY DISEASE BENEFITS:

We will pay the expense incurred up to a maximum of \$30,000 during any one calendar year for the necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, transplantation and donor related services as stated in the policy.

CHIROPRACTIC BENEFITS:

When Medicare Part B does not pay for medically necessary services received from a chiropractor, we will provide payment in full for all usual and customary charges for chiropractic services. Benefits are not payable for any charges paid by Medicare.

DIABETES BENEFITS:

We will provide payment in full for all usual and customary expenses incurred, not payable under Medicare, while this policy is in force for:

(a) the installation or purchase of an insulin infusion pump; (b) other non-prescription equipment or supplies for treatment of diabetes; and (c) diabetes self-management education program.

Benefits for an insulin infusion pump are limited to the purchase of one pump each year. No benefits are payable for an insulin infusion pump used less than 30 days.

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

BREAST RECONSTRUCTION BENEFIT RIDER:

We will provide payment in full for all usual and customary expenses incurred, in the manner recommended by the attending physician or oncologist to be appropriate for reconstruction of the affected tissue incident to a mastectomy.

HOSPITAL OR AMBULATORY DENTAL RIDER:

We will provide payment in full for all usual and customary expenses incurred for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care if any of the following applies: (a) the insured person has a chronic health condition; or (b) the insured person has a medical condition that requires hospitalization or general anesthesia for dental care.

LIMITATIONS AND EXCLUSIONS:

The policy DOES NOT cover the following:

- (a) nursing home care costs beyond what is covered by Medicare and the additional 30-dayskilled nursing care mandated by 632.895(3), Stats;
- (b) home health care above the number of visits covered by Medicare and the 40 visits mandated by 632.895(2) Stats, except if Rider form 0MJ7H is selected;
- (c) physician charges above Medicare's approved charge, except if Rider Form 0MK98 is selected;
- (d) most care received outside the U.S.A.;
- (e) dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids unless eligible under Medicare;
- (f) outpatient prescription drugs;
- (g) expense incurred while this policy is not in force, except as provided in the Extension of Benefits section;
- (h) hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (i) that portion of any expense incurred which is paid for by Medicare;
- (j) services for which a charge is not normally made in the absence of insurance;
- (k) loss or expense that is payable under any other Medicare supplement insurance policy or certificate;
- (l) usual, customary and reasonable limitations.

PREMIUM CHANGE:

The premium for this policy will change. Because the premium rate is based upon your attained age, the premium will increase as you age from Age 67 through Age 99. This annual change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date. The premium may also change for reasons other than attained age. If you cease to be eligible for the household premium discount described in the Household Premium Discount provision, your policy's premium discount will be removed. This premium change will occur on the first Policy Renewal Date coinciding with or following the date we learn your eligibility ended.

A premium change for any other reason can only be made if we make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of your state. This type of premium change can occur on any Policy Renewal Date. We will give you the advance written notice required by your state prior to any premium change.

"Persons in Your Classification" means all persons having the same age and benefits.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

BENEFITS APPEAL:

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

GRIEVANCE:

Grievance means dissatisfaction with the administration or claims practices or, or provisions of services by the health benefit plan. Such grievance must be expressed in writing by or on behalf of the insured person.

**MEDICARE SUPPLEMENT PREMIUM INFORMATION
ANNUAL PREMIUM**

**\$() BASIC MEDICARE SUPPLEMENT COVERAGE
OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY**

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

\$() 1. Part A Deductible - 0MK58
100% of Part A Deductible

\$() 2. Additional Home Health Care - 0MK78
An aggregate of 365 visits per year including those covered by Medicare

\$() 3. Part B Deductible - 0MK68
100% of Part B Deductible

\$() 4. Part B Excess Charges - 0MK98
Difference between what Medicare pays and the amount charged by the provider which shall be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less

\$() 5. Foreign Travel Rider - 0MK88
After a deductible of not greater than \$250.00, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip with a lifetime maximum of at least \$50,000.00

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

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

