

Outline of Medicare Supplement Coverage

**Benefit Plans A and F Only are being offered by the company at this time.**

**Benefit Plans A and F are available to individuals on Medicare by reason of disability who reside in North Carolina.**

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state.

**BASIC BENEFITS:**

- Hospitalization: Part A Coinsurance plus coverage for 365 additional days after Medicare Benefits end.
- Medical Expenses: Part B Coinsurance (Generally 20% of Medicare-approved days after Medicare approved expenses), or co-payments for hospital outpatient services. Plans K, L and N require insured to pay a portion of Part B coinsurance or copayments.
- Blood: First three pints of blood each year.
- Hospice: Part A Coinsurance.

| A  | B  | C  | D  | F  | F* | G  | K  | L  | M  | N   |
|--|--|--|--|--|----|--|--|--|--|---|
| Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance |    | Basic, including 100% Part B coinsurance | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance, Except up to \$ 20 copayment for office visit, and up to \$ 50 copayment for ER |
|  |  | Skilled Nursing Facility Coinsurance     | Skilled Nursing Facility Coinsurance     | Skilled Nursing Facility Coinsurance     |    | Skilled Nursing Facility Coinsurance     | 50% Skilled Nursing Facility Coinsurance   | 75% Skilled Nursing Facility Coinsurance   | Skilled Nursing Facility Coinsurance     | Skilled Nursing Facility Coinsurance  |
|  | Part A Deductible                        | Part A Deductible                        | Part A Deductible                        | Part A Deductible                        |    | Part A Deductible                        | 50% Part A Deductible  | 75% Part A Deductible  | 50% Part A Deductible                    | Part A Deductible   |
|  |  | Part B Deductible                        |  | Part B Deductible                        |    |  |  |  |  |   |
|  |  |  |  | Part B Excess (100%)                     |    | Part B Excess (100%)                     |  |  |  |   |
|  |  | Foreign Travel Emergency                 | Foreign Travel Emergency                 | Foreign Travel Emergency                 |    | Foreign Travel Emergency                 |  |  | Foreign Travel Emergency                 | Foreign Travel Emergency  |
|  |  |  |  |  |    |  | Out-of pocket limit \$[4,960]; paid at 100% after limit reached                    | Out-of pocket limit \$[2,480]; paid at 100% after limit reached                    |  |   |

\* Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [ \$ 2,180 ] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed [ \$ 2,180 ]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include, the plan's separate foreign travel emergency deductible.

# OLD SURETY LIFE INSURANCE COMPANY

P.O. Box 54407 OKC, OK 73154 1-800-272-5466

## 2016 MEDICARE SUPPLEMENT RATES for NORTH CAROLINA

( Effective 10-1-2016 )

ALL Zip Codes

### PLAN A

| FEMALE RATES |             |           |              |               | Issue Age | MALE RATES |             |           |              |               |
|--------------|-------------|-----------|--------------|---------------|-----------|------------|-------------|-----------|--------------|---------------|
| Annual       | Semi Annual | Quarterly | Monthly Bill | Monthly Draft |           | Annual     | Semi Annual | Quarterly | Monthly Bill | Monthly Draft |
| \$2,724.02   | \$1,362.01  | \$681.01  | \$249.70     | \$227.00      | under 65* | \$3,026.69 | \$1,513.35  | \$756.67  | \$277.45     | \$252.22      |
| \$1,014.14   | \$507.07    | \$253.54  | \$92.96      | \$84.51       | 65        | \$1,168.11 | \$584.06    | \$292.03  | \$107.08     | \$97.34       |
| \$1,060.54   | \$530.27    | \$265.14  | \$97.22      | \$88.38       | 66        | \$1,220.50 | \$610.25    | \$305.13  | \$111.88     | \$101.71      |
| \$1,107.65   | \$553.83    | \$276.91  | \$101.53     | \$92.30       | 67        | \$1,273.34 | \$636.67    | \$318.34  | \$116.72     | \$106.11      |
| \$1,151.52   | \$575.76    | \$287.88  | \$105.56     | \$95.96       | 68        | \$1,324.81 | \$662.41    | \$331.20  | \$121.44     | \$110.40      |
| \$1,195.37   | \$597.69    | \$298.84  | \$109.58     | \$99.61       | 69        | \$1,374.32 | \$687.16    | \$343.58  | \$125.98     | \$114.53      |
| \$1,239.14   | \$619.57    | \$309.79  | \$113.59     | \$103.26      | 70        | \$1,423.17 | \$711.59    | \$355.79  | \$130.46     | \$118.60      |
| \$1,282.85   | \$641.43    | \$320.71  | \$117.59     | \$106.90      | 71        | \$1,474.00 | \$737.00    | \$368.50  | \$135.12     | \$122.83      |
| \$1,325.64   | \$662.82    | \$331.41  | \$121.52     | \$110.47      | 72        | \$1,523.99 | \$762.00    | \$381.00  | \$139.70     | \$127.00      |
| \$1,368.30   | \$684.15    | \$342.08  | \$125.43     | \$114.03      | 73        | \$1,570.73 | \$785.37    | \$392.68  | \$143.98     | \$130.89      |
| \$1,407.31   | \$703.66    | \$351.83  | \$129.00     | \$117.28      | 74        | \$1,618.02 | \$809.01    | \$404.51  | \$148.32     | \$134.84      |
| \$1,447.13   | \$723.57    | \$361.78  | \$132.65     | \$120.59      | 75        | \$1,664.29 | \$832.15    | \$416.07  | \$152.56     | \$138.69      |
| \$1,485.11   | \$742.56    | \$371.28  | \$136.14     | \$123.76      | 76        | \$1,707.75 | \$853.88    | \$426.94  | \$156.54     | \$142.31      |
| \$1,520.99   | \$760.50    | \$380.25  | \$139.42     | \$126.75      | 77        | \$1,747.99 | \$874.00    | \$437.00  | \$160.23     | \$145.67      |
| \$1,553.21   | \$776.61    | \$388.30  | \$142.38     | \$129.43      | 78        | \$1,785.57 | \$892.79    | \$446.39  | \$163.68     | \$148.80      |
| \$1,583.29   | \$791.65    | \$395.82  | \$145.13     | \$131.94      | 79        | \$1,821.79 | \$910.90    | \$455.45  | \$167.00     | \$151.82      |
| \$1,612.85   | \$806.43    | \$403.21  | \$147.84     | \$134.40      | 80        | \$1,853.89 | \$926.95    | \$463.47  | \$169.94     | \$154.49      |
| \$1,641.43   | \$820.72    | \$410.36  | \$150.46     | \$136.79      | 81        | \$1,883.98 | \$941.99    | \$471.00  | \$172.70     | \$157.00      |
| \$1,663.79   | \$831.90    | \$415.95  | \$152.51     | \$138.65      | 82        | \$1,912.69 | \$956.35    | \$478.17  | \$175.33     | \$159.39      |
| \$1,686.89   | \$843.45    | \$421.72  | \$154.63     | \$140.57      | 83        | \$1,940.40 | \$970.20    | \$485.10  | \$177.87     | \$161.70      |
| \$1,710.92   | \$855.46    | \$427.73  | \$156.83     | \$142.58      | 84        | \$1,965.94 | \$982.97    | \$491.49  | \$180.21     | \$163.83      |
| \$1,728.97   | \$864.49    | \$432.24  | \$158.49     | \$144.08      | 85        | \$1,987.87 | \$993.94    | \$496.97  | \$182.22     | \$165.66      |
| \$1,747.87   | \$873.94    | \$436.97  | \$160.22     | \$145.66      | 86        | \$2,009.22 | \$1,004.61  | \$502.31  | \$184.18     | \$167.44      |
| \$1,762.98   | \$881.49    | \$440.75  | \$161.61     | \$146.92      | 87        | \$2,028.31 | \$1,014.16  | \$507.08  | \$185.93     | \$169.03      |
| \$1,782.07   | \$891.04    | \$445.52  | \$163.36     | \$148.51      | 88        | \$2,045.42 | \$1,022.71  | \$511.36  | \$187.50     | \$170.45      |
| \$1,795.04   | \$897.52    | \$448.76  | \$164.55     | \$149.59      | 89        | \$2,060.96 | \$1,030.48  | \$515.24  | \$188.92     | \$171.75      |
| \$1,820.79   | \$910.40    | \$455.20  | \$166.91     | \$151.73      | 90        | \$2,095.05 | \$1,047.53  | \$523.76  | \$192.05     | \$174.59      |

Add One Time \$20 Policy Fee for each Applicant

\* persons on Medicare due to Disability

**TOBACCO USE - ADD 10% to premium mode selected**

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## 2016 MEDICARE SUPPLEMENT RATES for NORTH CAROLINA

( Effective 10-1-2016 )

ALL Zip Codes

### PLAN F

| FEMALE RATES |             |            |              |               | Issue Age | MALE RATES |             |            |              |               |
|--------------|-------------|------------|--------------|---------------|-----------|------------|-------------|------------|--------------|---------------|
| Annual       | Semi Annual | Quarterly  | Monthly Bill | Monthly Draft |           | Annual     | Semi Annual | Quarterly  | Monthly Bill | Monthly Draft |
| \$4,207.28   | \$2,103.64  | \$1,051.82 | \$385.67     | \$350.61      | under 65* | \$4,722.81 | \$2,361.41  | \$1,180.70 | \$432.92     | \$393.57      |
| \$1,446.17   | \$723.09    | \$361.54   | \$132.57     | \$120.51      | 65        | \$1,645.45 | \$822.73    | \$411.36   | \$150.83     | \$137.12      |
| \$1,446.17   | \$723.09    | \$361.54   | \$132.57     | \$120.51      | 66        | \$1,645.45 | \$822.73    | \$411.36   | \$150.83     | \$137.12      |
| \$1,446.17   | \$723.09    | \$361.54   | \$132.57     | \$120.51      | 67        | \$1,645.45 | \$822.73    | \$411.36   | \$150.83     | \$137.12      |
| \$1,480.45   | \$740.23    | \$370.11   | \$135.71     | \$123.37      | 68        | \$1,674.08 | \$837.04    | \$418.52   | \$153.46     | \$139.51      |
| \$1,506.52   | \$753.26    | \$376.63   | \$138.10     | \$125.54      | 69        | \$1,702.84 | \$851.42    | \$425.71   | \$156.09     | \$141.90      |
| \$1,538.10   | \$769.05    | \$384.53   | \$140.99     | \$128.18      | 70        | \$1,729.16 | \$864.58    | \$432.29   | \$158.51     | \$144.10      |
| \$1,585.74   | \$792.87    | \$396.44   | \$145.36     | \$132.15      | 71        | \$1,793.11 | \$896.56    | \$448.28   | \$164.37     | \$149.43      |
| \$1,638.64   | \$819.32    | \$409.66   | \$150.21     | \$136.55      | 72        | \$1,851.01 | \$925.51    | \$462.75   | \$169.68     | \$154.25      |
| \$1,696.81   | \$848.41    | \$424.20   | \$155.54     | \$141.40      | 73        | \$1,914.70 | \$957.35    | \$478.68   | \$175.51     | \$159.56      |
| \$1,749.96   | \$874.98    | \$437.49   | \$160.41     | \$145.83      | 74        | \$1,988.79 | \$994.40    | \$497.20   | \$182.31     | \$165.73      |
| \$1,796.19   | \$898.10    | \$449.05   | \$164.65     | \$149.68      | 75        | \$2,049.65 | \$1,024.83  | \$512.41   | \$187.88     | \$170.80      |
| \$1,839.07   | \$919.54    | \$459.77   | \$168.58     | \$153.26      | 76        | \$2,101.14 | \$1,050.57  | \$525.29   | \$192.60     | \$175.10      |
| \$1,887.22   | \$943.61    | \$471.81   | \$173.00     | \$157.27      | 77        | \$2,150.96 | \$1,075.48  | \$537.74   | \$197.17     | \$179.25      |
| \$1,929.08   | \$964.54    | \$482.27   | \$176.83     | \$160.76      | 78        | \$2,219.91 | \$1,109.96  | \$554.98   | \$203.49     | \$184.99      |
| \$1,985.06   | \$992.53    | \$496.27   | \$181.96     | \$165.42      | 79        | \$2,262.66 | \$1,131.33  | \$565.67   | \$207.41     | \$188.56      |
| \$2,045.03   | \$1,022.52  | \$511.26   | \$187.46     | \$170.42      | 80        | \$2,306.19 | \$1,153.10  | \$576.55   | \$211.40     | \$192.18      |
| \$2,085.86   | \$1,042.93  | \$521.47   | \$191.20     | \$173.82      | 81        | \$2,354.60 | \$1,177.30  | \$588.65   | \$215.84     | \$196.22      |
| \$2,109.48   | \$1,054.74  | \$527.37   | \$193.37     | \$175.79      | 82        | \$2,403.01 | \$1,201.51  | \$600.75   | \$220.28     | \$200.25      |
| \$2,137.60   | \$1,068.80  | \$534.40   | \$195.95     | \$178.13      | 83        | \$2,463.74 | \$1,231.87  | \$615.94   | \$225.84     | \$205.31      |
| \$2,158.66   | \$1,079.33  | \$539.67   | \$197.88     | \$179.89      | 84        | \$2,516.38 | \$1,258.19  | \$629.10   | \$230.67     | \$209.70      |
| \$2,181.77   | \$1,090.89  | \$545.44   | \$200.00     | \$181.81      | 85        | \$2,562.22 | \$1,281.11  | \$640.56   | \$234.87     | \$213.52      |
| \$2,231.21   | \$1,115.61  | \$557.80   | \$204.53     | \$185.93      | 86        | \$2,595.35 | \$1,297.68  | \$648.84   | \$237.91     | \$216.28      |
| \$2,262.66   | \$1,131.33  | \$565.67   | \$207.41     | \$188.56      | 87        | \$2,629.50 | \$1,314.75  | \$657.38   | \$241.04     | \$219.13      |
| \$2,310.94   | \$1,155.47  | \$577.74   | \$211.84     | \$192.58      | 88        | \$2,658.78 | \$1,329.39  | \$664.70   | \$243.72     | \$221.57      |
| \$2,348.31   | \$1,174.16  | \$587.08   | \$215.26     | \$195.69      | 89        | \$2,684.07 | \$1,342.04  | \$671.02   | \$246.04     | \$223.67      |
| \$2,384.00   | \$1,192.00  | \$596.00   | \$218.53     | \$198.67      | 90        | \$2,712.84 | \$1,356.42  | \$678.21   | \$248.68     | \$226.07      |

Add One Time \$20 Policy Fee for each Applicant

\* persons on Medicare due to Disability

**TOBACCO USE - ADD 10% to premium mode selected**

## **PREMIUM INFORMATION**

We, OLD SURETY LIFE INS. CO. can only raise your premium if we raise the premium for all policies like yours in this state.

## **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 Old Surety Life Insurance Company.

## **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to **Old Surety Life Insurance Company, P.O. Box 54407, Oklahoma City, OK 73154**. 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.

## **POLICY REPLACEMENT**

If you are replacing another health insurance policy or other health coverage, 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 Old Surety Life Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "*Medicare and You*" for more details.

## **PRE-EXISTING CONDITION LIMITATIONS**

Your policy with Old Surety, if issued, will contain a six month waiting period on pre-existing conditions, as defined in the policy, if you are not replacing an existing Medicare Supplement policy or other Creditable Coverage. If you are replacing existing Medicare Supplement or other Creditable Coverage, Old Surety will waive the pre-existing waiting period to the extent it was satisfied with the coverage you are replacing.

Under certain circumstances you may be eligible for Guarantee Issue of your policy if you are replacing an Employee Welfare Benefit Plan, a Medicare Advantage Plan, a PACE plan, a Medicare Select Plan, a Medicare Risk or Cost Plan or a Medicare Supplement plan for which your coverage terminated and you experienced loss of coverage for 63 days or less. For more details see the Guarantee Issue Determination Form which is made a part of the application. If you qualify for the Guarantee Issue, Old Surety will waive the Pre-Existing Condition waiting period.

## **REFUND OF PREMIUM**

Your policy, if issued, will not contain a provision for refund of premium after the initial 30-day "Right to Return Policy" period. In the event you cancel this policy prior to its renewal date, Old Surety will refund the unearned premium for any period beyond the end of the policy month in which the cancellation occurred. In the event of your death, Old Surety, upon proper notification, will refund to your estate the unearned premium for any period beyond the end of the policy month in which the death occurred.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

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

**\*\*\* Medicare Supplement - Plan A ( Core Policy) \*\*\***

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

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

| Services   | Medicare Pays   | Plan Pays                          | You Pay                       |
|--|---|------------------------------------|-------------------------------|
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies   |   |                                    |                               |
| - First 60 days  | All but \$[1,288]   | \$ 0                               | \$[1,288] (Part A deductible) |
| - 61st thru 90 <sup>th</sup> day   | All but \$[322] a day   | \$[322] a day                      | \$ 0                          |
| - 91 <sup>st</sup> day and after:<br>- While using 60 lifetime reserve days  | All but \$[644] a day   | \$[644] 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                     |
| <b>SKILLED NURSING FACILITY CARE*</b><br>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 <sup>st</sup> thru 100 <sup>th</sup> day  | All but \$[161.00] a day  | \$ 0                               | Up to \$[161.00] a day        |
| - 101 <sup>st</sup> day and after  | \$ 0  | \$ 0                               | All costs                     |
| <b>Blood</b>   |   |                                    |                               |
| - First 3 pints  | \$ 0  | 3 pints                            | \$ 0                          |
| - Additional amounts   | 100%  | \$ 0                               | \$ 0                          |
| <b>HOSPICE CARE</b><br>You must meet Medicare[s requirements including a doctor's certification of terminal illness.   | All but very limited copayment/ coinsurance for outpatient drugs and inpatient care | Medicare copayment/ coinsurance    | \$ 0                          |

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

**\*\*\* Medicare Supplement – Plan A (Core Policy) \*\*\***

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

\* Once you have been billed \$ [166] of Medicare-Approved amounts for covered services (which are noted with an asterisk) you Part B Deductible will have been met for the calendar year.

| Services   | Medicare Pays | Plan Pays     | You Pay                     |
|--|---------------|---------------|-----------------------------|
| <b>MEDICAL EXPENSES –</b><br>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. |               |               |                             |
| - First \$[166] of Medicare Approved Amounts   | \$ 0          | \$ 0          | \$[166] (Part B deductible) |
| - Remainder of Medicare Approved Amounts   | Generally 80% | Generally 20% | \$ 0                        |
| <b>Part B Excess Charges</b><br>(Above Medicare Approved Amounts)  | \$ 0          | \$ 0          | All costs                   |
| <b>BLOOD</b>   |               |               |                             |
| - First 3 pints  | \$ 0          | All costs     | \$ 0                        |
| - Next \$[166] of Medicare Approved Amounts *  | \$ 0          | \$ 0          | \$[166] (Part B deductible) |
| - Remainder of Medicare Approved Amounts   | 80%           | 20%           | \$ 0                        |
| <b>CLINICAL LABORATORY SERVICES</b>  |               |               |                             |
| - TESTS FOR DIAGNOSTIC SERVICES  | 100%          | \$ 0          | \$ 0                        |

**\*\*\*\*\* MEDICARE (PARTS A and B) \*\*\*\*\***

| Services   | Medicare Pays | Plan Pays | You Pay                     |
|--|---------------|-----------|-----------------------------|
| <b>HOME HEALTH CARE</b><br>MEDICARE APPROVED SERVICES<br>Medicare necessary skilled care services and medical supplies | 100%          | \$ 0      | \$ 0                        |
| Durable medical equipment  |               |           |                             |
| - First \$[166] of Medicare Approved Amounts *   | \$ 0          | \$ 0      | \$[166] (Part B deductible) |
| - Remainder of Medicare Approved Amounts   | 80%           | 20%       | \$ 0                        |

**\*\*\* Medicare Supplement - Plan F \*\*\***

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

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

| Services   | Medicare Pays   | Plan Pays                          | You Pay   |
|--|---|------------------------------------|-----------|
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies   |   |                                    |           |
| - First 60 days  | All but \$[1,288]   | \$[1,288] (Part A deductible)      | \$ 0      |
| - 61-st thru 90 <sup>th</sup> day  | All but \$[322] a day   | \$[322] a day                      | \$ 0      |
| - 91 <sup>st</sup> day and after: While using 60 lifetime reserve days   | All but \$[644] a day   | \$[644] 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 |
| <b>SKILLED NURSING FACILITY CARE*</b><br>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 <sup>st</sup> thru 100 <sup>th</sup> day  | All but \$[161.00] a day  | Up to \$[161.00] a day             | \$ 0      |
| - 101 <sup>st</sup> day and after  | \$ 0  | \$ 0                               | All costs |
| Blood  |   |                                    |           |
| - First 3 pints  | \$ 0  | 3 pints                            | \$ 0      |
| - Additional amounts   | 100%  | \$ 0                               | \$ 0      |
| <b>HOSPICE CARE</b><br>You must meet Medicare[s requirements including a doctor's certification of terminal illness.   | All but very limited copayment/ coinsurance for outpatient drugs and inpatient care | Medicare copayment/ Coinsurance    | \$ 0      |

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

**\*\*\* Medicare Supplement – Plan F \*\*\***

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

\* Once you have been billed \$ [166] of Medicare-Approved amounts for covered services (which are noted with an asterisk) you Part B Deductible will have been met for the calendar year.

| Services   | Medicare Pays | Plan Pays                   | You Pay |
|--|---------------|-----------------------------|---------|
| <b>MEDICAL EXPENSES –</b><br>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. |               |                             |         |
| - First \$[166] of Medicare Approved Amounts   | \$ 0          | \$[166] (Part B deductible) | \$ 0    |
| - Remainder of Medicare Approved Amounts   | Generally 80% | Generally 20%               | \$ 0    |
| <b>Part B Excess Charges</b><br>(Above Medicare Approved Amounts)  | \$ 0          | All costs                   | \$ 0    |
| <b>BLOOD</b>   |               |                             |         |
| - First 3 pints  | \$ 0          | All costs                   | \$ 0    |
| - Next \$[166] of Medicare Approved Amounts *  | \$ 0          | \$[166] (Part B deductible) | \$ 0    |
| - Remainder of Medicare Approved Amounts   | 80%           | 20%                         | \$ 0    |
| <b>CLINICAL LABORATORY SERVICES</b>  |               |                             |         |
| - TESTS FOR DIAGNOSTIC SERVICES  | 100%          | \$ 0                        | \$ 0    |

**\*\*\*\*\* MEDICARE (PARTS A and B) \*\*\*\*\***

| Services   | Medicare Pays | Plan Pays                   | You Pay |
|--|---------------|-----------------------------|---------|
| <b>HOME HEALTH CARE</b><br>MEDICARE APPROVED SERVICES<br>Medicare necessary skilled care services and medical supplies | 100%          | \$ 0                        | \$ 0    |
| Durable medical equipment  |               |                             |         |
| - First \$[166] of Medicare Approved Amounts *   | \$ 0          | \$[166] (Part B deductible) | \$ 0    |
| - Remainder of Medicare Approved Amounts   | 80%           | 20%                         | \$ 0    |

**\*\*\*\*\* OTHER BENEFITS - NOT COVERED BY MEDICARE \*\*\*\*\***

| Services  | Medicare Pays | Plan Pays                                      | You Pay   |
|---|---------------|--|---|
| <b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |               |  |   |
| - First \$ 250 each calendar year   | \$ 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 |



**NOTE PAGE**

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\*\*\*\*\* **RECEIPT** \*\*\*\*\*

Received of \_\_\_\_\_ the sum of \$ \_\_\_\_\_ for Plan \_\_\_\_\_

If for any reason the application is not approved and contract issued, this payment is to be refunded. No liability is created or assumed by the Company except for refund of this payment, until the contract applied for has been delivered and accepted by the owner during the insured's lifetime while health of the proposed insured remains as described in the application. If you do not receive your contract within sixty (60) days from the date of application, please write to:

OLD SURETY LIFE INSURANCE COMPANY  
P. O. BOX 54407 - OKLAHOMA CITY, OKLAHOMA 73154

\_\_\_\_\_  
Dated at

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

**NOTICE TO APPLICANT REGARDING REPLACEMENT  
OF MEDICARE SUPPLEMENT INSURANCE or MEDICARE ADVANTAGE**

OLD SURETY LIFE INSURANCE COMPANY  
5235 N. Lincoln - P. O. Box 54407, Oklahoma City, OK 73154  
405-523-2112 - Toll Free # 1-800-272-5466

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.**

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage coverage and replace it with a policy to be issued by Old Surety Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy or Medicare Advantage coverage only if, after due consideration and acceptance by the replacing issuer, you find that purchase of this Medicare supplement coverage is a wise decision. You should evaluate the need for other accident and sickness coverage you have that may duplicate the benefits provided under this policy.

**STATEMENT TO APPLICANT BY AGENT**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy (if issued) will not duplicate your existing Medicare supplement coverage or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s):

(please check one)

- Additional benefits
- Same benefits, but lower premiums
- Fewer benefits and lower premiums
- My plan has outpatient prescription drug coverage and I am enrolling in Part D,
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

Other (please specify)

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I call to your attention the following items for your consideration.

Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy to the extent such time was spent under the original policy.

If, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the issuer to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

**Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.**

\* \* \* \* \*

\_\_\_\_\_  
(agent's signature)

Type or print name and address of Agent or Broker:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

The above "Notice to applicant ..." was delivered to me on

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(applicant's signature)