

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. Plans E, H, I and J are no longer available for sale.

Basic Benefits:

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

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses), or copayment 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
Basic, including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance
		Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	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

K	L	M	N
Basic, Including 100% Part B Co-Insurance; other basic benefits paid at 50%	Basic, Including 100% Part B Co-Insurance; other basic benefits paid at 75%	Basic, Including 100% Part B Co-Insurance	Basic, including 100% Part B Co-Insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Co-Insurance	75% Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-Pocket limit \$4800; paid at 100% after limit reached	Out-of-Pocket limit \$2400; paid at 100% after limit reached		

Plans C, D, F and N are also offered as Medicare Supplement Select Plans. If you choose a Medicare Select plan, when medical care is provided in a Participating Hospital, the Initial Part A Deductible is waived. If medical care is not provided in a Participating Hospital, you are responsible for payment of the Initial Part A Deductible. Medicare Supplement Select Plans are not available in all states.

* 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 \$2,110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

SENTINEL SECURITY LIFE INSURANCE COMPANY

Administrative Office P.O. Box 16960, Clearwater, FL 33766-6960 (888) 510-0668

PREMIUM INFORMATION

We, Sentinel Security Life Insurance Company, can only raise Your premium if (a) We change the premium rates which apply to all policies of this form issued by Us and in-force in Your state; (b) coverage under Medicare changes; or (c) You move to a different ZIP code location. We will send You the advance written notice required by your state when There will be a one-time enrollment fee of \$25.00 added to the first premium.

DISCLOSURES

Use this Outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans, E, H, I and J are no longer available for sale.

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

If You find that You are not satisfied with Your Policy, You may return it to Sentinel Security Life Insurance Company, P.O. Box 16960, Clearwater, FL 33766-6960. 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 premiums.

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 Sentinel Security 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*.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

LIMITATIONS AND EXCLUSIONS

Your Medicare Supplement policy will not contain limitations and exclusions that are more restrictive than the limitations and exclusions contained in Medicare. The limitations and exclusions include:

- (a) Expense incurred while your policy is not in force, except as provided in the Extension of Benefits section of the policy;
- (b) Hospital or skilled nursing facility confinement charges incurred prior to the effective date of coverage of your policy;
- (c) That portion of any expense incurred which is paid for by Medicare;
- (d) Services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) Services for which a charge is not normally made in the absence of insurance; or
- (f) Loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

REFUND OF PREMIUM

This policy contains a provision providing for a refund or partial refund of premium upon your death or the surrender of the policy.

SENTINEL SECURITY LIFE INSURANCE COMPANY
MONTHLY RATES*

SELECT PLANS - NON-TOBACCO
ZIP CODES: 755-756, 758-760, 762-769,
778-781, 783, 785-792, 795-799

Female				Attained Age	Male			
Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX		Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX
\$106.18	\$91.11	\$110.77	\$71.85	65	\$122.11	\$104.77	\$127.39	\$82.62
106.18	91.11	110.77	71.85	66	122.11	104.77	127.39	82.62
110.74	94.99	115.53	74.89	67	127.35	109.23	132.86	86.12
114.39	98.12	119.34	77.36	68	131.55	112.84	137.24	88.97
118.17	101.39	123.28	79.96	69	135.90	116.60	141.78	91.96
121.85	104.58	127.12	82.51	70	140.12	120.27	146.18	94.89
125.39	107.67	130.82	84.98	71	144.20	123.82	150.44	97.72
128.81	110.65	134.38	87.36	72	148.13	127.25	154.53	100.47
131.95	113.40	137.65	89.56	73	151.74	130.41	158.29	103.00
134.86	115.97	140.68	91.64	74	155.09	133.36	161.79	105.39
138.86	119.49	144.86	94.48	75	159.69	137.41	166.59	108.65
144.26	124.21	150.48	98.26	76	165.89	142.84	173.05	113.00
146.78	126.47	153.11	100.11	77	168.80	145.44	176.08	115.12
150.61	129.85	157.11	102.83	78	173.20	149.33	180.67	118.26
152.94	131.94	159.53	104.55	79	175.88	151.73	183.46	120.23
155.28	134.04	161.97	106.27	80	178.58	154.15	186.27	122.21
157.56	136.09	164.35	107.95	81	181.20	156.51	189.00	124.15
161.31	139.43	168.26	110.66	82	185.51	160.34	193.50	127.26
163.41	141.33	170.44	112.23	83	187.92	162.53	196.00	129.07
165.47	143.21	172.59	113.80	84	190.29	164.69	198.48	130.87
169.07	146.42	176.33	116.41	85	194.43	168.38	202.78	133.88
171.08	148.26	178.43	117.95	86	196.74	170.50	205.19	135.64
173.17	150.18	180.61	119.55	87	199.15	172.71	207.70	137.49
175.20	152.05	182.71	121.11	88	201.48	174.86	210.12	139.28
177.25	153.98	184.85	122.72	89	203.84	177.08	212.58	141.13
181.08	157.46	188.84	125.58	90	208.24	181.08	217.17	144.41
183.27	159.52	191.12	127.29	91	210.76	183.45	219.79	146.39
185.54	161.66	193.49	129.08	92	213.37	185.91	222.51	148.44
187.88	163.85	195.92	130.91	93	216.06	188.42	225.31	150.54
190.34	166.15	198.48	132.84	94	218.88	191.08	228.25	152.76
194.60	170.04	202.93	136.03	95	223.80	195.55	233.36	156.44
197.08	172.37	205.50	137.99	96	226.64	198.23	236.33	158.68
199.45	174.61	207.97	139.86	97	229.36	200.80	239.16	160.84
201.85	176.88	210.47	141.78	98	232.13	203.41	242.04	163.05
204.33	179.22	213.04	143.75	99	234.98	206.10	245.00	165.32

To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premiums Amount by 12, 6, or 3, respectively.

SENTINEL SECURITY LIFE INSURANCE COMPANY
MONTHLY RATES*

SELECT PLANS - TOBACCO
ZIP CODES: 755-756, 758-760, 762-769,
778-781, 783, 785-792, 795-799

Female				Attained Age	Male			
Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX		Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX
\$121.50	\$104.25	\$126.76	\$82.62	65	\$139.72	\$119.89	\$145.77	\$95.02
121.50	104.25	126.76	82.62	66	139.72	119.89	145.77	95.02
126.71	108.69	132.20	86.13	67	145.72	124.99	152.03	99.04
130.90	112.27	136.56	88.97	68	150.53	129.11	157.04	102.31
135.22	116.02	141.07	91.96	69	155.50	133.42	162.23	105.75
139.43	119.67	145.46	94.89	70	160.34	137.62	167.28	109.12
143.48	123.20	149.69	97.72	71	165.01	141.69	172.14	112.38
147.39	126.62	153.76	100.47	72	169.50	145.61	176.83	115.54
150.98	129.76	157.51	103.00	73	173.63	149.22	181.13	118.45
154.32	132.70	160.98	105.39	74	177.46	152.61	185.13	121.20
158.90	136.73	165.76	108.65	75	182.73	157.24	190.62	124.94
165.07	142.13	172.19	113.00	76	189.83	163.45	198.02	129.95
167.96	144.72	175.20	115.12	77	193.15	166.42	201.48	132.39
172.34	148.58	179.77	118.26	78	198.19	170.87	206.74	136.00
175.01	150.97	182.55	120.23	79	201.26	173.62	209.93	138.26
177.69	153.38	185.34	122.21	80	204.34	176.39	213.14	140.54
180.30	155.73	188.06	124.15	81	207.34	179.09	216.27	142.77
184.59	159.54	192.53	127.26	82	212.28	183.47	221.41	146.35
186.99	161.72	195.03	129.07	83	215.03	185.98	224.28	148.43
189.35	163.87	197.49	130.87	84	217.75	188.45	227.11	150.50
193.46	167.54	201.77	133.88	85	222.48	192.67	232.04	153.96
195.76	169.65	204.17	135.64	86	225.13	195.10	234.80	155.99
198.16	171.85	206.67	137.49	87	227.88	197.63	237.67	158.11
200.48	173.99	209.08	139.28	88	230.55	200.09	240.44	160.17
202.82	176.20	211.52	141.13	89	233.24	202.63	243.25	162.30
207.20	180.18	216.09	144.41	90	238.28	207.21	248.50	166.07
209.71	182.54	218.69	146.39	91	241.16	209.92	251.50	168.35
212.31	184.98	221.40	148.44	92	244.16	212.73	254.61	170.70
214.98	187.49	224.19	150.54	93	247.23	215.61	257.82	173.12
217.80	190.13	227.11	152.76	94	250.47	218.64	261.18	175.68
222.68	194.58	232.20	156.44	95	256.08	223.76	267.03	179.90
225.51	197.24	235.15	158.68	96	259.34	226.83	270.42	182.49
228.22	199.80	237.97	160.85	97	262.46	229.77	273.66	184.97
230.98	202.40	240.84	163.05	98	265.62	232.76	276.96	187.51
233.81	205.08	243.78	165.32	99	268.88	235.84	280.35	190.12

To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premiums Amount by 12, 6, or 3, respectively.

SENTINEL SECURITY LIFE INSURANCE COMPANY
MONTHLY RATES*

SELECT PLANS - NON-TOBACCO
ZIP CODES: 750-751, 753-754, 757, 761, 784

Female				Attained Age	Male			
Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX		Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX
\$118.92	\$102.04	\$124.07	\$80.47	65	\$136.76	\$117.35	\$142.68	\$92.54
118.92	102.04	124.07	80.47	66	136.76	117.35	142.68	92.54
124.03	106.38	129.39	83.88	67	142.63	122.34	148.80	96.46
128.12	109.89	133.66	86.65	68	147.34	126.37	153.71	99.64
132.35	113.56	138.08	89.56	69	152.21	130.59	158.79	102.99
136.47	117.13	142.37	92.41	70	156.94	134.70	163.73	106.27
140.44	120.59	146.51	95.17	71	161.51	138.68	168.49	109.45
144.27	123.93	150.50	97.85	72	165.91	142.52	173.08	112.52
147.78	127.00	154.17	100.31	73	169.94	146.05	177.29	115.36
151.04	129.89	157.57	102.64	74	173.70	149.37	181.20	118.04
155.53	133.83	162.24	105.81	75	178.85	153.90	186.58	121.69
161.57	139.12	168.54	110.06	76	185.80	159.99	193.82	126.56
164.39	141.64	171.49	112.12	77	189.05	162.89	197.21	128.94
168.68	145.43	175.96	115.17	78	193.99	167.25	202.35	132.45
171.29	147.77	178.67	117.09	79	196.99	169.94	205.48	134.66
173.92	150.12	181.41	119.02	80	200.00	172.64	208.62	136.87
176.47	152.43	184.07	120.91	81	202.94	175.29	211.68	139.05
180.67	156.16	188.45	123.94	82	207.77	179.58	216.72	142.53
183.02	158.29	190.89	125.70	83	210.47	182.03	219.53	144.56
185.33	160.40	193.30	127.45	84	213.13	184.46	222.29	146.57
189.35	163.99	197.49	130.38	85	217.76	188.59	227.11	149.94
191.61	166.05	199.84	132.11	86	220.35	190.96	229.82	151.92
193.95	168.20	202.28	133.90	87	223.05	193.43	232.62	153.99
196.22	170.30	204.64	135.65	88	225.66	195.84	235.34	155.99
198.52	172.46	207.03	137.45	89	228.30	198.33	238.09	158.07
202.81	176.36	211.50	140.64	90	233.23	202.81	243.23	161.74
205.26	178.66	214.05	142.57	91	236.05	205.46	246.16	163.95
207.81	181.06	216.71	144.57	92	238.98	208.21	249.21	166.25
210.42	183.51	219.43	146.62	93	241.99	211.04	252.34	168.61
213.18	186.09	222.30	148.78	94	245.15	214.00	255.64	171.09
217.96	190.45	227.28	152.36	95	250.65	219.02	261.37	175.21
220.73	193.06	230.16	154.54	96	253.84	222.01	264.69	177.73
223.38	195.56	232.92	156.65	97	256.89	224.89	267.86	180.14
226.07	198.11	235.73	158.80	98	259.99	227.82	271.09	182.61
228.84	200.73	238.61	161.01	99	263.17	230.84	274.40	185.16

To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premiums Amount by 12, 6, or 3, respectively.

SENTINEL SECURITY LIFE INSURANCE COMPANY
MONTHLY RATES*

SELECT PLANS - TOBACCO
ZIP CODES: 750-751, 753-754, 757, 761, 784

Female				Attained Age	Male			
Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX		Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX
\$136.08	\$116.76	\$141.97	\$92.54	65	\$156.49	\$134.28	\$163.26	\$106.42
136.08	116.76	141.97	92.54	66	156.49	134.28	163.26	106.42
141.92	121.73	148.06	96.46	67	163.21	139.99	170.27	110.93
146.60	125.75	152.95	99.64	68	168.59	144.61	175.89	114.59
151.45	129.94	158.00	102.99	69	174.16	149.43	181.70	118.44
156.16	134.03	162.91	106.27	70	179.58	154.14	187.35	122.21
160.70	137.99	167.65	109.45	71	184.81	158.69	192.80	125.87
165.08	141.81	172.22	112.52	72	189.84	163.08	198.05	129.40
169.10	145.33	176.41	115.36	73	194.46	167.13	202.87	132.66
172.83	148.63	180.30	118.03	74	198.76	170.92	207.35	135.74
177.97	153.14	185.65	121.69	75	204.66	176.11	213.50	139.94
184.88	159.19	192.85	126.56	76	212.61	183.07	221.78	145.55
188.11	162.08	196.23	128.94	77	216.33	186.39	225.66	148.28
193.02	166.41	201.34	132.45	78	221.98	191.38	231.55	152.32
196.01	169.09	204.45	134.66	79	225.41	194.46	235.12	154.85
199.01	171.78	207.58	136.87	80	228.86	197.55	238.72	157.40
201.93	174.42	210.63	139.05	81	232.22	200.58	242.22	159.90
206.74	178.69	215.64	142.53	82	237.75	205.49	247.98	163.91
209.42	181.12	218.43	144.56	83	240.84	208.29	251.20	166.24
212.07	183.54	221.19	146.57	84	243.88	211.07	254.36	168.56
216.67	187.65	225.98	149.94	85	249.18	215.79	259.88	172.43
219.26	190.01	228.67	151.92	86	252.14	218.51	262.97	174.71
221.94	192.47	231.47	153.99	87	255.23	221.34	266.19	177.08
224.53	194.87	234.17	155.99	88	258.21	224.10	269.29	179.39
227.16	197.34	236.90	158.07	89	261.23	226.94	272.44	181.78
232.07	201.80	242.02	161.74	90	266.88	232.07	278.32	186.00
234.87	204.44	244.94	163.95	91	270.10	235.11	281.68	188.55
237.79	207.18	247.97	166.25	92	273.46	238.25	285.17	191.19
240.78	209.99	251.09	168.61	93	276.90	241.48	288.75	193.90
243.93	212.94	254.37	171.09	94	280.52	244.88	292.52	196.76
249.40	217.93	260.07	175.21	95	286.81	250.61	299.08	201.49
252.58	220.91	263.37	177.73	96	290.46	254.05	302.87	204.38
255.61	223.77	266.52	180.15	97	293.95	257.34	306.50	207.17
258.69	226.69	269.74	182.61	98	297.50	260.69	310.20	210.01
261.86	229.69	273.03	185.16	99	301.14	264.14	313.99	212.93

To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premiums Amount by 12, 6, or 3, respectively.

SENTINEL SECURITY LIFE INSURANCE COMPANY
MONTHLY RATES*

SELECT PLANS - NON-TOBACCO
ZIP CODES:752, 770-777, 782, 793-794

Female				Attained Age	Male			
Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX		Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX
\$131.66	\$112.97	\$137.36	\$89.09	65	\$151.41	\$129.92	\$157.96	\$102.45
131.66	112.97	137.36	89.09	66	151.41	129.92	157.96	102.45
137.31	117.78	143.25	92.87	67	157.91	135.45	164.74	106.79
141.84	121.67	147.98	95.93	68	163.12	139.92	170.18	110.32
146.53	125.72	152.87	99.16	69	168.51	144.58	175.80	114.03
151.09	129.68	157.62	102.31	70	173.75	149.13	181.27	117.66
155.49	133.51	162.21	105.37	71	178.81	153.54	186.54	121.17
159.72	137.21	166.63	108.33	72	183.68	157.79	191.62	124.58
163.61	140.61	170.68	111.06	73	188.15	161.70	196.28	127.72
167.23	143.80	174.45	113.63	74	192.31	165.37	200.62	130.68
172.19	148.17	179.62	117.15	75	198.02	170.39	206.57	134.72
178.88	154.02	186.60	121.85	76	205.71	177.13	214.58	140.12
182.01	156.82	189.86	124.13	77	209.31	180.34	218.34	142.75
186.76	161.01	194.81	127.51	78	214.77	185.16	224.03	146.64
189.64	163.60	197.82	129.64	79	218.09	188.14	227.49	149.08
192.55	166.21	200.84	131.77	80	221.43	191.14	230.97	151.54
195.38	168.76	203.79	133.86	81	224.68	194.07	234.36	153.94
200.03	172.89	208.64	137.22	82	230.04	198.82	239.93	157.80
202.63	175.25	211.35	139.17	83	233.02	201.53	243.05	160.05
205.19	177.58	214.01	141.11	84	235.96	204.22	246.11	162.28
209.64	181.56	218.65	144.35	85	241.09	208.79	251.45	166.01
212.14	183.85	221.25	146.26	86	243.96	211.42	254.44	168.20
214.74	186.23	223.95	148.25	87	246.95	214.16	257.55	170.48
217.25	188.55	226.57	150.18	88	249.83	216.83	260.55	172.71
219.79	190.94	229.21	152.17	89	252.76	219.58	263.60	175.00
224.54	195.25	234.16	155.71	90	258.22	224.54	269.28	179.07
227.25	197.81	236.99	157.85	91	261.34	227.48	272.53	181.52
230.07	200.45	239.92	160.06	92	264.58	230.52	275.91	184.06
232.97	203.17	242.94	162.32	93	267.92	233.65	279.38	186.67
236.02	206.03	246.11	164.72	94	271.42	236.93	283.03	189.42
241.31	210.85	251.63	168.68	95	277.51	242.48	289.37	193.98
244.38	213.74	254.82	171.10	96	281.03	245.80	293.04	196.77
247.31	216.51	257.88	173.43	97	284.41	248.99	296.56	199.45
250.30	219.33	260.98	175.81	98	287.84	252.23	300.13	202.18
253.36	222.23	264.17	178.26	99	291.37	255.57	303.80	204.99

To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premiums Amount by 12, 6, or 3, respectively.

SENTINEL SECURITY LIFE INSURANCE COMPANY
MONTHLY RATES*

SELECT PLANS - TOBACCO
ZIP CODES:752, 770-777, 782, 793-794

Female				Attained Age	Male			
Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX		Select Plan C SSLC10SL- TX	Select Plan D SSLD10SL- TX	Select Plan F SSLF10SL- TX	Select Plan N SSLN10SL- TX
\$150.66	\$129.27	\$157.18	\$102.45	65	\$173.26	\$148.66	\$180.75	\$117.82
150.66	129.27	157.18	102.45	66	173.26	148.66	180.75	117.82
157.12	134.78	163.92	106.80	67	180.69	154.99	188.51	122.81
162.31	139.22	169.33	110.32	68	186.66	160.10	194.73	126.87
167.67	143.86	174.93	114.03	69	192.83	165.44	201.17	131.13
172.89	148.39	180.37	117.66	70	198.82	170.65	207.42	135.31
177.92	152.77	185.62	121.17	71	204.61	175.69	213.46	139.35
182.77	157.00	190.67	124.58	72	210.18	180.55	219.27	143.27
187.22	160.90	195.31	127.72	73	215.30	185.03	224.60	146.88
191.35	164.55	199.62	130.68	74	220.06	189.23	229.56	150.28
197.03	169.54	205.54	134.72	75	226.59	194.97	236.37	154.93
204.68	176.24	213.52	140.12	76	235.39	202.68	245.54	161.14
208.27	179.45	217.25	142.75	77	239.51	206.36	249.84	164.16
213.70	184.24	222.92	146.64	78	245.76	211.88	256.36	168.64
217.01	187.21	226.36	149.08	79	249.56	215.29	260.31	171.45
220.33	190.19	229.82	151.54	80	253.38	218.72	264.30	174.27
223.57	193.10	233.19	153.94	81	257.10	222.07	268.17	177.03
228.89	197.83	238.74	157.80	82	263.22	227.51	274.55	181.47
231.86	200.53	241.84	160.05	83	266.64	230.61	278.11	184.05
234.79	203.20	244.88	162.28	84	270.01	233.68	281.62	186.62
239.89	207.75	250.20	166.01	85	275.87	238.91	287.73	190.91
242.75	210.37	253.17	168.20	86	279.16	241.92	291.15	193.43
245.72	213.09	256.26	170.48	87	282.57	245.06	294.71	196.05
248.59	215.75	259.26	172.71	88	285.88	248.11	298.14	198.62
251.50	218.49	262.29	175.00	89	289.22	251.26	301.63	201.25
256.93	223.43	267.95	179.07	90	295.47	256.94	308.14	205.93
260.04	226.34	271.18	181.52	91	299.04	260.29	311.86	208.75
263.27	229.37	274.54	184.06	92	302.76	263.78	315.72	211.67
266.58	232.48	277.99	186.67	93	306.57	267.36	319.69	214.67
270.07	235.76	281.62	189.42	94	310.58	271.12	323.86	217.84
276.13	241.28	287.93	193.98	95	317.55	277.46	331.12	223.08
279.64	244.58	291.59	196.77	96	321.58	281.27	335.33	226.28
282.99	247.75	295.08	199.45	97	325.44	284.91	339.35	229.36
286.41	250.98	298.64	202.18	98	329.37	288.62	343.43	232.51
289.92	254.30	302.29	204.99	99	333.41	292.44	347.63	235.74

To obtain annual, semiannual, or quarterly premiums, multiply the Monthly Premiums Amount by 12, 6, or 3, respectively.

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

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

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$0 \$296 a day \$592 a day 100% of Medicare Eligible Expenses \$0	\$1,184 (Part A Deductible) \$0 \$0 \$0** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 \$0 \$0	\$0 Up to \$148 a day All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

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

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

* Once You have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare approved amounts* (the Part B Deductible) Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$147 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$147 of Medicare approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$147 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES • Medically necessary skilled care services and medical supplies • Durable medical equipment	100%	\$0	\$0
- First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B Deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: • While using 60 lifetime reserve days • Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A Deductible) \$296 a day \$592 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 \$0 \$0	\$0 Up to \$148 a day All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited Co-Insurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

****NOTICE:** When Your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 B MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once You have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare approved amounts* (the Part B Deductible) Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$147 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$147 of Medicare approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$147 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES • Medically necessary skilled care services and medical supplies • Durable medical equipment - First \$147 of Medicare-approved amounts* - Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$147 (Part B Deductible) \$0
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PLAN C MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A Deductible) \$296 a day \$592 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 Up to \$148 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited Co-Insurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

****NOTICE:** When Your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 C MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once You have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$147 of Medicare approved amounts* (the Part B Deductible)	\$0	\$147 (Part B Deductible)	\$0
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 \$147 of Medicare approved amounts*	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment			
- First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B Deductible)	\$0
- Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: • While using 60 lifetime reserve days • Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A Deductible) \$296 a day \$592 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 Up to \$148 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited Co-Insurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

****NOTICE:** When Your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 D MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once You have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare approved amounts* (the Part B Deductible) Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$147 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$147 of Medicare approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$147 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES • Medically necessary skilled care services and medical supplies • Durable medical equipment	100%	\$0	\$0
- First \$147 of Medicare-approved amounts* - Remainder of Medicare-approved amounts	\$0 80%	\$0 20%	\$147 (Part B Deductible) \$0

PLAN D

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN F MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A Deductible) \$296 a day \$592 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 Up to \$148 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited Co-Insurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

****NOTICE:** When Your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once You have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare approved amounts* (the Part B Deductible) Remainder of Medicare-approved amounts	\$0 Generally 80%	\$147 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$147 of Medicare approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$147 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES • Medically necessary skilled care services and medical supplies • Durable medical equipment - First \$147 of Medicare-approved amounts* - Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$147 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN N MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A Deductible) \$296 a day \$592 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 Up to \$148 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited Co-Insurance / Co-Insurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

PLAN N

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

* Once You have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>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.</p> <p>First \$147 of Medicare approved amounts* (the Part B Deductible)</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>	<p>\$147 (Part B Deductible)</p> <p>Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All Costs
<p>BLOOD</p> <p>First 3 pints</p> <p>Next \$147 of Medicare approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$147 (Part B Deductible)</p> <p>\$0</p>
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

<p>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</p> <ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment <ul style="list-style-type: none"> - First \$147 of Medicare-approved amounts* - Remainder of Medicare-approved amounts 	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$147 (Part B Deductible)</p> <p>\$0</p>
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OTHER BENEFITS – NOT COVERED BY MEDICARE

<p>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</p> <p>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each calendar year</p> <p>Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime maximum</p>
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**Sentinel Security Life Insurance Company
Medicare Select Hospital Network**

WELCOME

Welcome to the individual Medicare SELECT Medicare supplement program from Sentinel Security Life Insurance Company. We are pleased to offer these hospitals to our policyholders. Medicare SELECT has a participating hospital network that is serving the medical needs of your community by containing costs while maintaining quality health care.

For information on hospitals located in a specific area, please refer to the provider listings on the following pages.

IMPORTANT DIRECTORY INFORMATION

With Medicare SELECT Medicare supplement coverage, you have the freedom to choose any participating network hospital in your area. If you need emergency care, your policy pays the Medicare Part A deductible no matter what hospital you use. For non-emergency care, you must use a participating network hospital for the Medicare Part A deductible to be covered.

IDENTIFICATION CARD (ID)

When you're issued your Medicare SELECT policy, you will receive an ID card. Please present your card whenever you receive medical services.

PARTICIPATING HOSPITALS

Please understand that this directory lists participating hospitals as of the publication date. From time to time, hospitals may be added or removed from the participating hospital network. Before receiving care from a hospital, ask the hospital if it's still participating in our Medicare SELECT network.

For current information on participating hospitals call (888) 510-0668.

IF YOU HAVE QUESTIONS

Our Customer Service staff will be glad to help with your questions or concerns about your coverage, participating hospitals or the care you receive. Please call Customer Service whenever you have a question, (888) 510-0668.

For details about your coverage, please read your policy.

Sentinel Security Life Insurance Company does not supervise, control or guarantee the health care services of any hospital, including those participating in its Medicare SELECT hospital network.

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Sentinel Security Life

Medicare Select Provider Network

by State and County

ARIZONA

Pima

El Dorado Hospital

1400 N Wilmot
Tucson AZ 85712

Northwest Medical Center

6200 North La Cholla Blvd
Tucson AZ 85741

Northwest Medical Center Ina Urgent Care

2945 W Ina Rd
Tucson AZ 85741

Northwest Medical Center Outpatient Therapy

2945 W Ina Rd
Tucson AZ 85741

Northwest Medical Center Rancho Vistoso Urgent Care

13101 N Oracle Rd
Tucson AZ 85737

Northwest Rancho Vistoso Imaging Services

13101 N Oracle Rd
Tucson AZ 85737

CALIFORNIA

Alameda

City Of Alameda Health Care District

2070 Clinton Ave
Alameda CA 94501

Eden Medical Center

20103 Lake Chabot Rd
Castro Valley CA 94546

Laurel Grove Hospital

19933 Lake Chabot Rd
Castro Valley CA 94546

San Leandro Hospital

13855 E 14th St
San Leandro CA 94578

Colusa

Colusa Regional Medical Center

199 Webster St
Colusa CA 95932

Fresno

Coalinga Regional Medical Center

1191 Phelps Ave
Coalinga CA 93210

Kingsburg District Hospital

1200 Smith St
Kingsburg CA 93631

Sanger General Hospital

2558 Jensen Ave
Sanger CA 93657

Imperial

Palo Verde Hospital

250 N 1st St
Blythe CA 92225

Kern

Bakersfield Memorial Hospital

420 34th St
Bakersfield CA 93301

Good Samaritan Hospital

901 Olive Dr
Bakersfield CA 93308

Los Angeles

Beverly Hospital

309 W Beverly Blvd
Montebello CA 90640

Brotman Medical Center

3828 Delmas Ter
Culver City CA 90232

Coast Plaza Doctors Hospital

13100 Studebaker Rd
Norwalk CA 90650



Sentinel Security Life

Medicare Select Provider Network

by State and County

Covina Valley Community Hospital

845 N Lark Ellen Ave
West Covina CA 91791

Doctors Hospital Of West Covina

725 S Orange Ave
West Covina CA 91790

Miracle Mile Medical Center

6000 San Vicente Blvd
Los Angeles CA 90036

Pacifica Hospital Of The Valley

9449 San Fernando Rd
Sun Valley CA 91352

Silver Lake Medical Center

1711 W Temple St
Los Angeles CA 90026

St Johns Hospital & Health Care Center

1328 22nd St
Santa Monica CA 90404

Temple Community Hospital

235 N Hoover St
Los Angeles CA 90004

USC University Hospital

1500 San Pablo St
Los Angeles CA 90033

Orange

Western Medical Center Anaheim

1025 S Anaheim Blvd
Anaheim CA 92805

Western Medical Center Santa Ana

1001 N Tustin Ave
Santa Ana CA 92705

Riverside

San Gorgonio Memorial Hospital

600 N Highland Springs Ave
Banning CA 92220

San Bernardino

Doctors Hospital

5000 San Bernardino St
Montclair CA 91763

Mountains Community Hospital

29101 Hospital Rd
Lake Arrowhead CA 92352

San Diego

Fallbrook Hospital

624 E Elder St
Fallbrook CA 92028

San Francisco

UCSF Medical Center

505 Parnassus Ave
San Francisco CA 94143

Santa Clara

Stanford Medical Center

300 Pasteur Dr
Stanford CA 94305

Stanislaus

Oak Valley District Hospital

350 S Oak Ave
Oakdale CA 95361

COLORADO

Alamosa

San Luis Valley Regional Medical Center

106 Blanca Ave
Alamosa CO 81101

IDAHO

Ada

Complex Care Hospital Of Idaho

2131 S Bonito Way
Meridian ID 83642



Sentinel Security Life

Medicare Select Provider Network

by State and County

IOWA

Delaware

Regional Medical Center Of Ne Ia And Del

709 W Main St
Manchester IA 52057

Polk

Broadlawns Medical Center

1801 Hickman Rd
Des Moines IA 50314

Pottawattamie

Jennie Edmundson Memorial Hospital

933 E Pierce St
Council Bluffs IA 51503

Scott

Trinity At Terrace Park

4500 Utica Ridge Rd
Bettendorf IA 52722

Story

Story County Hospital

630 6th St
Nevada IA 50201

KANSAS

Greenwood

Greenwood County Hospital

100 W 16th St
Eureka KS 67045

Johnson

Heartland Spine and Specialty Hospital

10720 Nall Ave
Overland Park KS 66211

Sedgwick

Kansas Surgery and Recovery Center

2770 N Webb Rd
Wichita KS 67226

Shawnee

St Francis Hospital and Medical Center

1700 SW 7th St
Topeka KS 66606

LOUISIANA

Acadia

American Legion Hospital

1305 Crowley Rayne Hwy
Crowley LA 70526

Bossier

CHRISTUS Schumpert Bossier

2105 Airline Drive
Bossier City LA 71111

Caddo

CHRISTUS Schumpert - St Mary Place

One St Mary Place
Shreveport LA 71101

CHRISTUS Schumpert Highland

1453 E Bert Kouns
Shreveport LA 71105

Calcasieu

CHRISTUS St Patrick Hospital

524 S Ryan St
Lake Charles LA 70601

Evangeline Parish

Savoy Medical Center

801 Poinciana Ave
Mamou LA 70554

Jefferson

Doctors Hospital of Jefferson

4320 Houma Blvd
Metairie LA 70006



Sentinel Security Life

Medicare Select Provider Network

by State and County

Kenner Regional Medical Center

180 W Esplanade Ave
Kenner LA 70065

Meadowcrest Hospital

2500 Belle Chasse Hwy
Gretna LA 70056

Lafayette

Lafayette General Medical Center

1214 Coolidge St
Lafayette LA 70503

Lafayette General Surgical Center

1000 West Pinhook Rd
Lafayette LA 70503

Rehabilitation Hospital of Acadiana

310 Youngsville Highway
Lafayette LA 70508

Lincoln

Green Clinic Surgical Hospital

1118 S Farmerville St
Ruston LA 71270

Orleans

Memorial Medical Center - Baptist

2700 Napoleon Ave
New Orleans LA 70115

Memorial Medical Center - Mercy

301 N Jefferson Davis Pkwy
New Orleans LA 70119

Methodist Hospital

5620 Read Blvd
New Orleans LA 70127

Ouachita

P & S Surgical Hospital

312 Grammont St
Monroe LA 71201

St Francis Medical Center

309 Jackson St
Monroe LA 71210

St Francis North Hospital

3421 Medical Park Dr
Monroe LA 71203

Rapides

CHRISTUS St Frances Cabrini Hospital

3330 Masonic Dr
Alexandria LA 71301

Red River

CHRISTUS Coushatta Health Care Center

1635 Marvelle St
Coushatta LA 71019

Saint Landry

Opelousas General Hospital

539 E Prudhomme St
Opelousas LA 70570

St John The Baptist

River Parishes Hospital

500 Rue De Sante
La Place LA 70068

St Martin

St Martin Hospital

210 Champagne Blvd
Breaux Bridge LA 70517

St Tammany Parish

Oschner Medical Center - North Shore

100 Medical Center Dr
Slidell LA 70461

Terrebonne

Terrebonne General Medical Center

8166 Main St
Houma LA 70360



Sentinel Security Life

Medicare Select Provider Network

by State and County

Vermilion

Abrom Kaplan Memorial

1310 W 7th St
Kaplan LA 70548

Webster

Springhill Medical Center

2001 Doctors Dr
Springhill LA 71075

NEBRASKA

Douglas

Nebraska Methodist Hospital

8303 Dodge St
Omaha NE 68114

Garden

Garden County Health Services

1100 W 2nd St
Oshkosh NE 69154

NEVADA

Clark

Desert Springs Hospital Medical Center

2075 E Flamingo Rd
Las Vegas NV 89119

Spring Valley Hospital Medical Center

5400 S Rainbow Blvd
Las Vegas NV 89118

Summerlin Hospital Medical Center

657 Town Center Drive
Las Vegas NV 89134

Valley Hospital Medical Center

620 Shadow Ln
Las Vegas NV 89106

Washoe

St Marys Regional Medical Center

235 W 6th St
Reno NV 89503

NORTH CAROLINA

Orange

University of North Carolina Hospitals

101 Manning Dr
Chapel Hill NC 27514

Rockingham

Annie Penn Memorial Hospital

618 S Main St
Reidsville NC 27320

OKLAHOMA

Oklahoma

Edmond Medical Center

One S Bryant St
Edmond OK 73034

Midwest Regional Medical Center

2825 Parklawn Dr
Midwest City OK 73110

OU Medical Center

1200 N Everett Dr
Oklahoma City OK 73104

Presbyterian Tower Hospital

700 NE 13th St
Oklahoma City OK 73104

Tulsa

Hillcrest Medical Center

1120 S Utica Ave
Tulsa OK 74104

Oklahoma State University Medical Center

744 W 9th St
Tulsa OK 74127



Sentinel Security Life

Medicare Select Provider Network

by State and County

TEXAS

Anderson

Palestine Regional Medical Center - E Campus

2900 S Loop 256
Palestine TX 75802

Palestine Regional Medical Center - W Campus

4000 S Loop 256
Palestine TX 75802

Angelina

Memorial Medical Center of East Texas

1201 Frank
Lufkin TX 75904

Memorial Specialty Hospital

1201 Frank
Lufkin TX 75904

Bee

CHRISTUS Spohn Hospital Beeville

1500 E Houston St
Beeville TX 78102

Bexar

CHRISTUS Santa Rosa Hospital

519 W Houston St
San Antonio TX 78207

CHRISTUS Santa Rosa Medical Center

2827 Babcock Rd
San Antonio TX 78229

CHRISTUS Santa Rosa Rehab Hospital

2827 Babcock Rd, 1st Floor
San Antonio TX 78229

Brazos

St Josephs Home Health

3030 E 29th St, Suite 108
Bryan TX 77802

St Josephs Regional Health Center

2801 Franciscan Dr
Bryan TX 77802

St Josephs Regional Rehabilitation Ctr

1600 Joseph Dr
Bryan TX 77802

Burleson

Burleson St Joseph Health Center

1101 Woodson Dr
Caldwell TX 77836

Somerville Family Medicine Clinic

600 Avenue C
Somerville TX 77879

St Joseph - Caldwell Family Medicine Clinic

1103 Woodson Dr
Caldwell TX 77836

Cherokee

Mother Frances Hospital - Jacksonville

2026 S Jackson
Jacksonville TX 75766

Colorado

Rice Medical Center

600 S Austin Rd
Eagle Lake TX 77434

Ector

Medical Center Hospital - Odessa

500 W 4th St
Odessa TX 79760

Gregg

Good Shepherd Medical Center

700 E Marshall Ave
Longview TX 75601

Allegiance Specialty Hospital of Kilgore

1612 S Henderson Blvd
Kilgore TX 75662



Sentinel Security Life

Medicare Select Provider Network

by State and County

Longview Regional Medical Ctr.

2901 N 4th St
Longview TX 75605

Grimes

Grimes St Joseph Health Center

210 S Judson St
Navasota TX 77868

Harris

CHRISTUS St Catherine Health & Wellness Center

701 S Fry Rd
Katy TX 77450

CHRISTUS St John Hospital

18300 St John Dr
Nassau Bay TX 77058

St Joseph Medical Center

1401 St Joseph Parkway
Houston TX 77002

Hidalgo

Edinburg Regional Medical Center

1102 W Trenton
Edinburg TX 78539

McAllen Medical Center

301 W Expwy 83
McAllen TX 78503

Jasper

CHRISTUS Jasper Memorial Hospital

1275 Marvin Hancock Dr
Jasper TX 75951

Jefferson

CHRISTUS Hospital St Mary

3600 Gates Blvd
Port Arthur TX 77642

CHRISTUS Outpatient Center

3701 Highway 73
Port Arthur TX 77642

Memorial Hermann Baptist Beaumont Hospital

3576 College St
Beaumont TX 77701

Jim Wells

CHRISTUS Spohn Hospital

Alice
2500 E Main St
Alice TX 78332

Jones

Anson General Hospital

101 Ave J
Anson TX 79501

Kaufman

Medical Center at Terrell

1551 Highway 34 S
Terrell TX 75160

Kleberg

CHRISTUS Spohn Hospital Kleberg

1300 General Cavazos Blvd
Kingsville TX 78363

Lee

Burleson St Joseph Lexington Family Medical Clinic

609 Main St
Lexington TX 78947

Leon

Powell Memorial Health Center

102 E Main
Centerville TX 75833

St Joseph - Normangee Family Medical Clinic

Highway 3 W, Main and 9th St
Normangee TX 77871

Lubbock

University Medical Center

602 Indiana Ave
Lubbock TX 79415



Sentinel Security Life

Medicare Select Provider Network

by State and County

Madison

J B Heath Family Health Center

100 W Cross St
Madisonville TX 77864

Madison St Joseph Health Center

100 W Cross St
Madisonville TX 77864

Nacogdoches

Nacogdoches Medical Center

4920 NE Stallings Dr
Nacogdoches TX 75965

Nueces

CHRISTUS Spohn Hospital Corpus Christi - Memorial

2606 Hospital Blvd
Corpus Christi TX 78405

CHRISTUS Spohn Hospital Corpus Christi - Shoreline

600 Elizabeth St
Corpus Christi TX 78404

CHRISTUS Spohn Hospital Corpus Christi - South

5920 Saratoga Blvd
Corpus Christi TX 78405

Corpus Christi Medical Center Bay Area Surgery

7101 S Padre Island Dr
Corpus Christi TX 78469

Corpus Christi Medical Center - The Heart Hospital

7002 Williams Dr
Corpus Christi TX 78412

Corpus Christi Medical Center

7101 S Padre Island Dr
Corpus Christi TX 78469

Doctors Regional Medical Center

3315 S Alameda St
Corpus Christi TX 78469

Northwest Regional Hospital

13725 Northwest Blvd
Corpus Christi TX 78469

Orange

Mem. Hermann Baptist Orange Hospital

608 Strickland
Orange TX 77630

Panola

East Texas Medical Center Carthage

409 W Cottage Rd
Carthage TX 75633

Polk

Memorial Medical Center Livingston

1717 Hwy 59 Bypass
Livingston TX 77351

Potter

Baptist St Anthonys Health System - Baptist Campus

1600 Wallace Blvd
Amarillo TX 79106

Baptist St Anthonys Health System - St Anthonys Campus

200 NW 7th
Amarillo TX 79107

Physicians Surgical Hospital

7100 W 9th
Amarillo TX 79106

Physicians Surgical Hospital

6819 Plum Crk
Amarillo TX 79124

Robertson

St Joseph - Franklin Family Medicine Clinic

305 Gay St
Franklin TX 77856



Sentinel Security Life

Medicare Select Provider Network

by State and County

**St Joseph - Hearne Family
Medicine Clinic**
709 Barton St
Hearne TX 77859

San Augustine

**Memorial Medical Center -
San Augustine**
511 Hospital St
San Augustine TX 75972

San Patricio

North Bay Hospital
1711 W Wheeler Ave
Aransas Pass TX 78336

Shelby

**Shelby Regional Medical
Center**
602 Hurst St
Center TX 75935

Smith

**Trinity Mother Frances Health
Systems**
800 E Dawson
Tyler TX 75701

Tyler ContinueCARE Hospital
800 E Dawson
Tyler TX 75701

UT Health Center at Tyler
11937 US Hwy 271
Tyler TX 75708

UTAH

Davis

**Davis Hospital & Medical
Center**
1600 W Antelope Dr
Layton UT 84041

Salt Lake

Jordan Valley Hospital
3580 W 9000 S
West Jordan UT 84088

Pioneer Valley Hospital
3460 S Pioneer Parkway
West Valley City UT 84120

**Salt Lake Regional Medical
Center**
1050 E S Temple
Salt Lake City UT 84102

**University of Utah Hospitals
and Clinics**
50 N Medical Dr
Salt Lake City UT 84132

WASHINGTON

Kittitas

**Kittitas Valley Community
Hospital**
603 S Chestnut St
Ellensburg WA 98926

Pacific

Willapa Harbor Hospital
800 Alder St
South Bend WA 98586