

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F. We currently offer Plan A, Plan F, Plan G, High Deductible Plan G and Plan N.

Note: A ✓ means 100% of the benefit is paid.

| Benefits | Plans Available To All Applicants | | | | | | | | Medicare first eligible before 2020 only | |
|--|-----------------------------------|---|---|----------------|------------------------|------------------------|-----|---|--|----------------|
| | A | B | D | G ¹ | K | L | M | N | C | F ¹ |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | ✓ | ✓ |
| Medicare Part B excess charges | | | | ✓ | | | | | | ✓ |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket limit in [2026] ² | | | | | [\$8,000] ² | [\$4,000] ² | | | | |

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,950] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High Deductible Plan G does not cover the Medicare Part B deductible. However, High Deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

Physicians Mutual also offers a Deductible Discount Rider to add to Plan G. The addition of the rider will provide the same benefits as a High Deductible Plan G from the effective date of the policy until the Deductible Elimination Date as defined on the Policy Schedule. On or after the Deductible Elimination Date, the benefits provided will be Plan G benefits.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a copayment of up to [\$20] for some office visits and up to a [\$50] copayment for emergency room visits that do not result in an inpatient admission.

PREVENTIVE BENEFITS

We will pay the expenses incurred by You for Preventive Health Care services as defined below, if such expenses are determined to be medically appropriate by an attending Physician and such expenses are not paid for by Medicare or any other provision of this Policy.

Preventive Health Care: Expenses incurred by You for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs; supplements or tests including COVID tests and colonoscopy prep;
5. All vision services;
6. Experimental preventive services;
7. Any test, screening or procedure to determine the likelihood of developing or passing on to children any disease or disorder, including but not limited to genetic testing
8. Hearing loss testing

ADDITIONAL GOODS & SERVICES

From time to time We may arrange for third-party service providers to provide You access to discounted goods and/or services. There is no additional cost to You. We are not responsible for delivery, failure or negligence issues associated with these goods and services.

To access details about these discounts and third-party service providers, You may contact Us directly. Access to these goods and services will discontinue upon termination of Your insurance or termination of Our arrangements with the providers, whichever comes first.

Medicare Supplement Outline of Coverage

This is a brief description of the benefits you can receive under a Medicare Supplement Plan A, Plan F, Plan G, High Deductible Plan G (HDG), Plan G with the Deductible Discount Rider and Plan N. Be sure to look it over carefully. Please note, **bolded items** in the chart are benefits paid in addition to the basic benefits in Plan A.

NOTE: All Plans referenced in the charts below, with the exception of Plan A, are the Physicians Mutual Insurance Company, Inc. Wellness Plus Policies.

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 | IN [2026] MEDICARE PAYS |
|---|--|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days | All but [\$1,736] |
| 61st thru 90th day | All but [\$434] a day |
| 91st day and after: While using 60 lifetime reserve days | All but [\$868] a day |
| Once lifetime reserve days are used: Additional 365 days | \$0 |
| Beyond the additional 365 days | \$0 |
| 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 |
| 21st thru 100th day | All but [\$217] a day |
| 101st day and after | \$0 |
| BLOOD First 3 pints | \$0 |
| Additional amounts | 100% |
| HOSPICE CARE 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 respite care |

Medicare Part A (Hospital Services)

| PLAN A PAYS | YOU PAY | PLAN F PAYS | YOU PAY |
|------------------------------------|-------------------------------|--------------------------------------|-----------|
| \$0 | [\$1,736] (Part A deductible) | [\$1,736] (Part A deductible) | \$0 |
| [\$434] a day | \$0 | [\$434] a day | \$0 |
| [\$868] a day | \$0 | [\$868] a day | \$0 |
| 100% of Medicare eligible expenses | \$0** | 100% of Medicare eligible expenses | \$0** |
| \$0 | All costs | \$0 | All costs |
| \$0 | \$0 | \$0 | \$0 |
| \$0 | Up to [\$217] a day | Up to [\$217] a day | \$0 |
| \$0 | All costs | \$0 | All costs |
| 3 pints | \$0 | 3 pints | \$0 |
| \$0 | \$0 | \$0 | \$0 |
| Medicare copayment/coinsurance | \$0 | 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 Outline of Coverage

This is a brief description of the benefits you can receive under a Medicare Supplement Plan A, Plan F, Plan G, High Deductible Plan G (HDG), Plan G with the Deductible Discount Rider and Plan N. Be sure to look it over carefully. Please note, **bolded items** in the chart are benefits paid in addition to the basic benefits in Plan A.

NOTE: All Plans referenced in the charts below, with the exception of Plan A, are the Physicians Mutual Insurance Company, Inc. Wellness Plus Policies.

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 | IN [2026] MEDICARE PAYS |
|--|--|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies | |
| First 60 days | All but [\$1,736] |
| 61st thru 90th day | All but [\$434] a day |
| 91st day and after: While using 60 lifetime reserve days | All but [\$868] a day |
| Once lifetime reserve days are used: Additional 365 days | \$0 |
| Beyond the additional 365 days | \$0 |
| 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 |
| 21st thru 100th day | All but [\$217] a day |
| 101st day and after | \$0 |
| BLOOD | |
| First 3 pints | \$0 |
| Additional amounts | 100% |
| HOSPICE CARE 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 respite care |

Medicare Part A (Hospital Services)

¹ The High Deductible Plan G (HDG) pays the same benefits as Plan G after you have paid a calendar year [\$2,950] deductible. Benefits from the HDG will not begin until out-of-pocket expenses are [\$2,950]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency benefit.

² Plan G with Deductible Discount Rider pays the same Benefits as Plan HDG, except that on or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero.

| PLAN G, PLAN HDG ¹ , AND PLAN G WITH DEDUCTIBLE DISCOUNT RIDER ² PAYS | YOU PAY | PLAN N PAYS | YOU PAY |
|---|------------|--------------------------------------|------------|
| [\$1,736] (Part A deductible) | \$0 | [\$1,736] (Part A deductible) | \$0 |
| [\$434] a day | \$0 | [\$434] a day | \$0 |
| [\$868] a day | \$0 | [\$868] a day | \$0 |
| 100% of Medicare eligible expenses | \$0** | 100% of Medicare eligible expenses | \$0** |
| \$0 | All costs | \$0 | All costs |
| \$0 | \$0 | \$0 | \$0 |
| Up to [\$217] a day | \$0 | Up to [\$217] a day | \$0 |
| \$0 | All costs | \$0 | All costs |
| 3 pints | \$0 | 3 pints | \$0 |
| \$0 | \$0 | \$0 | \$0 |
| Medicare copayment/coinsurance | \$0 | 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 Outline of Coverage

This is a brief description of the benefits you can receive under a Medicare Supplement Plan A, Plan F, Plan G, High Deductible Plan G (HDG), Plan G with the Deductible Discount Rider and Plan N. Be sure to look it over carefully. Please note, **bolded items** in the chart are benefits paid in addition to the basic benefits in Plan A.

NOTE: All Plans referenced in the charts below, with the exception of Plan A, are the Physicians Mutual Insurance Company, Inc. Wellness Plus Policies.

MEDICARE PART B (MEDICAL SERVICES) – PER CALENDAR YEAR

*Once you have been billed [\$283] 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 | IN [2026] MEDICARE PAYS |
|--|-------------------------|
| 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 [\$283] of Medicare-approved amounts* (the Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% |
| Part B Excess Charges (Above Medicare-approved amounts) | \$0 |
| BLOOD First 3 pints | \$0 |
| Next [\$283] of Medicare-approved amounts* | \$0 |
| Remainder of Medicare-approved amounts | 80% |
| CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES | 100% |
| PARTS A & B | |
| HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies | 100% |
| Durable medical equipment First [\$283] of Medicare-approved amounts* | \$0 |
| Remainder of Medicare-approved amounts | 80% |
| 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 U.S.A. First \$250 each calendar year | \$0 |
| Remainder of charges | \$0 |

Medicare Part B (Medical Services)

| PLAN A PAYS | YOU PAY | PLAN F PAYS | YOU PAY |
|---|-----------------------------|--|---|
| \$0 | [\$283] (Part B deductible) | [\$283] (Part B deductible) | \$0 |
| Generally 20% | \$0 | Generally 20% | \$0 |
| \$0 | All costs | 100% | \$0 |
| All costs | \$0 | All costs | \$0 |
| \$0 | [\$283] (Part B deductible) | [\$283] (Part B deductible) | \$0 |
| 20% | \$0 | 20% | \$0 |
| \$0 | \$0 | \$0 | \$0 |
| PARTS A & B | | | |
| \$0 | \$0 | \$0 | \$0 |
| \$0 | [\$283] (Part B deductible) | [\$283] (Part B deductible) | \$0 |
| 20% | \$0 | 20% | \$0 |
| OTHER BENEFITS – NOT COVERED BY MEDICARE | | | |
| \$0 | \$250 | \$0 | \$250 |
| \$0 | All costs | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Medicare Supplement Outline of Coverage

This is a brief description of the benefits you can receive under a Medicare Supplement Plan A, Plan F, Plan G, High Deductible Plan G (HDG), Plan G with the Deductible Discount Rider and Plan N. Be sure to look it over carefully. Please note, **bolded items** in the chart are benefits paid in addition to the basic benefits in Plan A.

NOTE: All Plans referenced in the charts below, with the exception of Plan A, are the Physicians Mutual Insurance Company, Inc. Wellness Plus Policies.

MEDICARE PART B (MEDICAL SERVICES) – PER CALENDAR YEAR

*Once you have been billed [\$283] 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 | IN [2026] MEDICARE PAYS |
|---|-------------------------|
| 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 [\$283] of Medicare-approved amounts* (the Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% |
| Part B Excess Charges (Above Medicare-approved amounts) | \$0 |
| BLOOD First 3 pints | \$0 |
| Next [\$283] of Medicare-approved amounts* | \$0 |
| Remainder of Medicare-approved amounts | 80% |
| CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES | 100% |
| PARTS A & B | |
| HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies | 100% |
| Durable medical equipment First [\$283] of Medicare-approved amounts* | \$0 |
| Remainder of Medicare-approved amounts | 80% |
| 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 U.S.A. First \$250 each calendar year | \$0 |
| Remainder of charges | \$0 |

Medicare Part B (Medical Services)

¹ The High Deductible Plan G (HDG) pays the same benefits as Plan G after you have paid a calendar year [\$2,950] deductible. Benefits from the HDG will not begin until out-of-pocket expenses are [\$2,950]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency benefit.

² Plan G with Deductible Discount Rider pays the same Benefits as Plan HDG, except that on or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero.

**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.

| PLAN G, PLAN HDG ¹ , AND PLAN G WITH DEDUCTIBLE DISCOUNT RIDER ² PAYS | YOU PAY | PLAN N PAYS | YOU PAY |
|---|---|---|---|
| \$0 | [\$283] (Unless Part B deductible has been met) | \$0 | [\$283] (Unless Part B deductible has been met) |
| Generally 20% | \$0 | Balance, other than up to \$20 per office visit and up to \$50 per ER visit** | Up to \$20 per office visit and up to \$50 per ER visit** |
| 100% | \$0 | \$0 | All costs |
| All costs | \$0 | All costs | \$0 |
| \$0 | [\$283] (Unless Part B deductible has been met) | \$0 | [\$283] (Unless Part B deductible has been met) |
| 20% | \$0 | 20% | \$0 |
| \$0 | \$0 | \$0 | \$0 |
| PARTS A & B | | | |
| \$0 | \$0 | \$0 | \$0 |
| \$0 | [\$283] (Unless Part B deductible has been met) | \$0 | [\$283] (Unless Part B deductible has been met) |
| 20% | \$0 | 20% | \$0 |
| OTHER BENEFITS – NOT COVERED BY MEDICARE | | | |
| \$0 | \$250 | \$0 | \$250 |
| 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Additional Details for Medicare Supplement Plans

Zip Codes
85500-85799
85900-86099
86300-86599

With Early Enrollment Discount, only available for issue ages 65-74 on Plans F, G, HDG and N:

| FEMALE Non-Tobacco Rates | | | | | Age | MALE Non-Tobacco Rates | | | | |
|-----------------------------|----------|------------------|----------|----------|-------|---------------------------|----------|------------------|----------|----------|
| Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N | | Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N |
| \$264.85 | \$235.86 | \$152.05 | \$64.69 | \$218.52 | 65-68 | \$292.72 | \$260.69 | \$168.06 | \$71.50 | \$241.51 |
| \$273.68 | \$243.73 | \$157.13 | \$67.92 | \$225.81 | 69 | \$302.48 | \$269.38 | \$173.67 | \$75.07 | \$249.57 |
| \$282.51 | \$251.59 | \$162.20 | \$71.15 | \$233.08 | 70 | \$312.25 | \$278.06 | \$179.26 | \$78.64 | \$257.62 |
| \$291.33 | \$259.45 | \$167.26 | \$74.38 | \$240.36 | 71 | \$322.00 | \$286.76 | \$184.87 | \$82.21 | \$265.66 |
| \$300.17 | \$267.31 | \$172.33 | \$77.62 | \$247.65 | 72 | \$331.76 | \$295.44 | \$190.46 | \$85.79 | \$273.72 |
| \$309.00 | \$275.17 | \$177.40 | \$80.86 | \$254.93 | 73 | \$341.51 | \$304.13 | \$196.07 | \$89.37 | \$281.76 |
| \$317.82 | \$283.03 | \$182.46 | \$84.09 | \$262.22 | 74 | \$351.28 | \$312.83 | \$201.68 | \$92.94 | \$289.82 |

Without Early Enrollment Discount:

| FEMALE Non-Tobacco Rates | | | | | Age | MALE Non-Tobacco Rates | | | | |
|-----------------------------|----------|------------------|----------|----------|-----|---------------------------|----------|------------------|----------|----------|
| Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N | | Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N |
| \$441.42 | \$393.10 | \$253.43 | \$129.37 | \$364.19 | 75+ | \$487.88 | \$434.47 | \$280.09 | \$142.99 | \$402.52 |

*Rider is the optional Deductible Discount Rider, only available with Plan G.

| | | | | | |
|---------------|------------------------------------|-----------------|---------------|----------------------------------|-----------------|
| Plan A | Female Non-Tobacco: age 65+ | \$231.76 | Plan A | Male Non-Tobacco: age 65+ | \$256.16 |
|---------------|------------------------------------|-----------------|---------------|----------------------------------|-----------------|

Additional Details for Medicare Supplement Plans

Zip Codes
85000-85399

With Early Enrollment Discount, only available for issue ages 65-74 on Plans F, G, HDG and N:

| FEMALE Non-Tobacco Rates | | | | | Age | MALE Non-Tobacco Rates | | | | |
|-----------------------------|----------|------------------|----------|----------|-------|---------------------------|----------|------------------|----------|----------|
| Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N | | Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N |
| \$306.67 | \$273.10 | \$176.06 | \$74.91 | \$253.03 | 65-68 | \$338.95 | \$301.85 | \$194.60 | \$82.78 | \$279.65 |
| \$316.89 | \$282.21 | \$181.94 | \$78.64 | \$261.46 | 69 | \$350.24 | \$311.91 | \$201.08 | \$86.92 | \$288.97 |
| \$327.11 | \$291.31 | \$187.80 | \$82.39 | \$269.88 | 70 | \$361.55 | \$321.97 | \$207.56 | \$91.06 | \$298.30 |
| \$337.33 | \$300.42 | \$193.68 | \$86.13 | \$278.32 | 71 | \$372.84 | \$332.04 | \$214.06 | \$95.20 | \$307.61 |
| \$347.56 | \$309.51 | \$199.54 | \$89.88 | \$286.76 | 72 | \$384.14 | \$342.10 | \$220.55 | \$99.33 | \$316.93 |
| \$357.79 | \$318.62 | \$205.41 | \$93.63 | \$295.19 | 73 | \$395.43 | \$352.15 | \$227.02 | \$103.48 | \$326.26 |
| \$368.00 | \$327.72 | \$211.28 | \$97.37 | \$303.62 | 74 | \$406.75 | \$362.22 | \$233.52 | \$107.62 | \$335.58 |

Without Early Enrollment Discount:

| FEMALE Non-Tobacco Rates | | | | | Age | MALE Non-Tobacco Rates | | | | |
|-----------------------------|----------|------------------|----------|----------|-----|---------------------------|----------|------------------|----------|----------|
| Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N | | Plan F | Plan G | Plan G w/ Rider* | Plan HDG | Plan N |
| \$511.12 | \$455.17 | \$293.44 | \$149.80 | \$421.70 | 75+ | \$564.91 | \$503.08 | \$324.32 | \$165.56 | \$466.08 |

*Rider is the optional Deductible Discount Rider, only available with Plan G.

| | | | | | |
|---------------|------------------------------------|-----------------|---------------|----------------------------------|-----------------|
| Plan A | Female Non-Tobacco: age 65+ | \$268.35 | Plan A | Male Non-Tobacco: age 65+ | \$296.60 |
|---------------|------------------------------------|-----------------|---------------|----------------------------------|-----------------|

PREMIUM CALCULATION

The premium chart to the left shows the current monthly non-tobacco premiums with the ABW payment option. Determine other premiums as described below.

- **Tobacco Users:** To remove the 10% non-tobacco discount, divide the rates by 0.9.
- **Household Discount (if qualified):** Subtract 10% of the tobacco rate. See **Household Discount** below to determine if you're eligible. **You must complete the Household Discount Section in the application.**

After determining the appropriate rate for tobacco usage and/or household discount, other payment options are determined as follows:

- **Monthly Bill:** Add [\$5.00] to premium;
- **Annual Bill:** Multiply premium by 12.
- **Monthly Credit Card:** Add [\$5.00] to premium (not available with paper application).

PREMIUM INFORMATION

We, Physicians Mutual Insurance Company, Inc., can only raise your premium if we raise the premium for all policies of this form and class in your state. Premiums never increase because of your age, but can receive increases for Medicare changes and inflation, and Early Enrollment Discount reductions.

NOTE: All Plans referenced on the rate page, except for Plan A, are the Physicians Mutual Insurance Company, Inc. Wellness Plus Policies.

EARLY ENROLLMENT DISCOUNT*

If you are under the age of 75 on the effective date of your Policy, you qualify to receive the Early Enrollment Discount on your premiums. For Plans F, G and N the Early Enrollment Discount is 40% for ages 65 through 68. Beginning at age 69, the discount is reduced by 2% each year until it reaches 0% at age 88. The Early Enrollment Discount for Plan High Deductible G is 50% for ages 65 through 68. Beginning at age 69, the discount is reduced by 2.5% until it reaches 0% at age 88.

*Early Enrollment Discount available on Plan F, Plan G, Plan High Deductible G and Plan N.

HOUSEHOLD DISCOUNT

If you either reside in a household with your spouse, or with another person (but no more than three) that is age 60 or older and has continuously resided with you for the last 12 months, we will provide you a [10%] household discount off your Medicare Supplement premium. The discount is applied prior to adding [\$5.00] for monthly direct premiums if you select this mode. If you do not qualify for the household discount when your policy is first issued, you may qualify at a later date if the above qualifications are met and we receive a completed Household Discount Questionnaire that reflects an attestation to the resident information.

DISCLOSURES

Use this outline to compare benefits and premiums among policies for people living in your ZIP Code.

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 Physicians Mutual Insurance Company, Inc., 2600 Dodge St., Omaha, NE 68131. 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, 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 Physicians Mutual Insurance Company, Inc. 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.

LIMITATIONS AND EXCLUSIONS

We will not pay for:

- a) confinement that begins or expenses incurred while your policy is not in force, or
- b) services of the type not covered by Medicare, unless specifically provided by the policy.

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.