

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, and High Deductible Plan G.

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

Benefits	Plans Available To All Applicants			
	A	B	D	G 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	✓	✓	✓	✓
Blood (first three pints)	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓
Medicare Part A deductible		✓	✓	✓
Medicare Part B deductible				
Medicare Part B excess charges				✓
Foreign travel emergency (up to plan limits)			✓	✓
Out-of-pocket limit in 2025 ²				

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

Physicians Select 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.

Plans Available To All Applicants				Medicare first eligible before 2020 only	
K	L	M	N	C	F ¹
✓	✓	✓	✓	✓	✓
50%	75%	✓	✓ copays apply ³	✓	✓
50%	75%	✓	✓	✓	✓
50%	75%	✓	✓	✓	✓
50%	75%	✓	✓	✓	✓
50%	75%	50%	✓	✓	✓
				✓	✓
					✓
		✓	✓	✓	✓
\$7,220 ²	\$3,610 ²				

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), and Plan G with the Deductible Discount Rider. 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.

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 2025 MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,676	\$0	\$1,676 (Part A deductible)
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/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 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 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 \$2,870 deductible. Benefits from the HDG will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency 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 F PAYS	YOU PAY	PLAN G, PLAN HDG ¹ , AND PLAN G WITH DEDUCTIBLE DISCOUNT RIDER ² PAYS	YOU PAY
\$1,676 (Part A deductible)	\$0	\$1,676 (Part A deductible)	\$0
\$419 a day	\$0	\$419 a day	\$0
\$838 a day	\$0	\$838 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 \$209.50 a day	\$0	Up to \$209.50 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

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), and Plan G with the Deductible Discount Rider. 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.

MEDICARE PART B (MEDICAL SERVICES) – PER CALENDAR YEAR

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

SERVICES	IN 2025 MEDICARE PAYS	PLAN A PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$257 of Medicare-approved amounts* (the Part B deductible)	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare-approved amounts*	\$0	\$0	\$257 (Part B deductible)
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 \$257 of Medicare-approved amounts*	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS – NOT COVERED BY MEDICARE			
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	\$0	\$250
Remainder of charges	\$0	\$0	All costs

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 \$2,870 deductible. Benefits from the HDG will not begin until out-of-pocket expenses are \$2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency 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 F PAYS	YOU PAY	PLAN G, PLAN HDG ¹ , AND PLAN G WITH DEDUCTIBLE DISCOUNT RIDER ² PAYS	YOU PAY
\$257 (Part B deductible) Generally 20%	\$0 \$0	\$0 Generally 20%	\$257 (Unless Part B deductible has been met) \$0
100%	\$0	100%	\$0
All costs	\$0	All costs	\$0
\$257 (Part B deductible) 20%	\$0 \$0	\$0 20%	\$257 (Unless Part B deductible has been met) \$0
\$0	\$0	\$0	\$0
PARTS A & B			
\$0	\$0	\$0	\$0
\$257 (Part B deductible) 20%	\$0 \$0	\$0 20%	\$257 (Unless Part B deductible has been met) \$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
50000-51699
52000-52899

Monthly Premiums if paying by Automatic Bank Withdrawal (ABW)

Attained Age Rates:

Age	FEMALE Non-Tobacco Rates					MALE Non-Tobacco Rates				
	Plan A	Plan F	Plan G	Plan G w/Rider*	High Ded. Plan G	Plan A	Plan F	Plan G	Plan G w/Rider*	High Ded. Plan G
65-68	\$149.78	\$204.74	\$176.01	\$126.67	\$61.28	\$165.55	\$226.30	\$194.53	\$140.00	\$67.74
69	\$155.47	\$212.53	\$182.69	\$131.49	\$64.04	\$171.84	\$234.88	\$201.93	\$145.34	\$70.79
70	\$159.82	\$218.48	\$187.81	\$135.19	\$66.94	\$176.64	\$241.48	\$207.58	\$149.41	\$73.98
71	\$164.29	\$224.59	\$193.07	\$138.96	\$69.96	\$181.59	\$248.25	\$213.39	\$153.58	\$77.31
72	\$168.73	\$230.65	\$198.26	\$142.69	\$73.11	\$186.49	\$254.93	\$219.14	\$157.73	\$80.81
73	\$173.28	\$236.87	\$203.62	\$146.55	\$76.38	\$191.53	\$261.81	\$225.06	\$162.00	\$84.43
74	\$177.96	\$243.28	\$209.12	\$150.51	\$79.82	\$196.69	\$268.88	\$231.14	\$166.36	\$88.23
75	\$182.76	\$249.84	\$214.78	\$154.58	\$83.41	\$202.00	\$276.14	\$237.38	\$170.85	\$92.20
76	\$187.70	\$256.58	\$220.57	\$158.76	\$87.16	\$207.46	\$283.59	\$243.78	\$175.46	\$96.34
77	\$192.78	\$263.51	\$226.52	\$163.04	\$91.09	\$213.07	\$291.26	\$250.37	\$180.22	\$100.67
78	\$197.98	\$270.63	\$232.64	\$167.44	\$95.19	\$218.82	\$299.12	\$257.12	\$185.08	\$105.21
79	\$203.32	\$277.93	\$238.91	\$171.97	\$99.48	\$224.73	\$307.20	\$264.07	\$190.09	\$109.94
80	\$208.82	\$285.44	\$245.38	\$176.63	\$103.95	\$230.80	\$315.49	\$271.20	\$195.21	\$114.88
81	\$214.45	\$293.15	\$251.99	\$181.39	\$108.62	\$237.02	\$324.00	\$278.51	\$200.47	\$120.05
82	\$220.25	\$301.05	\$258.80	\$186.30	\$113.51	\$243.42	\$332.75	\$286.04	\$205.90	\$125.46
83	\$225.97	\$308.89	\$265.53	\$191.14	\$118.63	\$249.76	\$341.41	\$293.48	\$211.26	\$131.10
84	\$231.61	\$316.60	\$272.16	\$195.90	\$123.96	\$256.00	\$349.93	\$300.82	\$216.54	\$137.01
85	\$237.17	\$324.20	\$278.70	\$200.62	\$129.55	\$262.13	\$358.33	\$308.03	\$221.71	\$143.18
86	\$242.63	\$331.65	\$285.12	\$205.24	\$135.38	\$268.18	\$366.56	\$315.13	\$226.84	\$149.62
87	\$248.22	\$339.28	\$291.67	\$209.97	\$141.47	\$274.35	\$374.98	\$322.36	\$232.05	\$156.37
88	\$253.93	\$347.08	\$298.38	\$214.80	\$147.55	\$280.66	\$383.61	\$329.78	\$237.40	\$163.09
89	\$259.00	\$354.01	\$304.34	\$219.09	\$153.59	\$286.27	\$391.28	\$336.37	\$242.16	\$169.77
90	\$264.19	\$361.10	\$310.43	\$223.48	\$159.61	\$292.00	\$399.10	\$343.10	\$246.99	\$176.39
91	\$269.47	\$368.32	\$316.63	\$227.94	\$165.19	\$297.84	\$407.09	\$349.96	\$251.94	\$182.56
92	\$274.87	\$375.69	\$322.96	\$232.50	\$170.62	\$303.79	\$415.23	\$356.96	\$256.97	\$188.58
93	\$280.38	\$383.21	\$329.43	\$237.14	\$175.73	\$309.89	\$423.54	\$364.11	\$262.12	\$194.24
94	\$285.97	\$390.87	\$336.01	\$241.89	\$180.48	\$316.07	\$432.01	\$371.38	\$267.35	\$199.48
95	\$291.69	\$398.68	\$342.74	\$246.73	\$184.99	\$322.40	\$440.64	\$378.80	\$272.68	\$204.47
96	\$297.52	\$406.66	\$349.58	\$251.66	\$189.61	\$328.84	\$449.46	\$386.37	\$278.14	\$209.57
97	\$303.48	\$414.78	\$356.57	\$256.69	\$194.35	\$335.42	\$458.44	\$394.11	\$283.72	\$214.82
98	\$309.55	\$423.07	\$363.71	\$261.84	\$199.21	\$342.13	\$467.60	\$402.00	\$289.40	\$220.18
99+	\$315.76	\$431.54	\$371.00	\$267.09	\$204.19	\$348.99	\$476.97	\$410.03	\$295.17	\$225.69
F019IA Preventive Benefits Plus Rider \$9.53 (not available with Plan A)										

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

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.**
- **Preventive Benefits Plus Rider F019IA:** Add F019IA premium from rate page if selecting this rider. **You must select the Rider on 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 Select Insurance Company, can only raise your premium if we raise the premium for all policies of this form and class in your state. **Premiums based on attained age will also change on or after your birthday each year.** In addition, your premium may also increase to cover changes in Medicare benefits and inflation.

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.

PREVENTIVE BENEFITS PLUS RIDER

The Preventive Benefits Plus Rider provides benefits for preventive health services not covered by Medicare.

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 Select Insurance Company, 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 Select 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.

To receive a copy of *Medicare and You* please go to: www.medicare.gov/medicare-and-you

To request an audio version or a version in Braille please call 1-800-MEDICARE, TTY: 1-877-486-2048.

LIMITATIONS AND EXCLUSIONS

We will not pay for:

- confinement that begins or expenses incurred while your policy is not in force, or
- 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.