

BANKERS FIDELITY LIFE INSURANCE COMPANY*

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

Ins-Special, Inc

7808 State Hwy 37 / PO Box 218

Perdy, MO 65724

participations@bankersfidelity.com

800-790-9100

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 06-01-2010

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available in your state. [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 copayments for hospital outpatient services.
- **Blood** - First three (3) pints of blood each year.
- **Hospice** - Part A coinsurance.

* Bankers Fidelity Life Insurance Company does not currently offer the plans marked below.

PLANS													
A	B	C	D	F/F	G	K	L	M	N				
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%, other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%, other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
	Part A Deductible	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			50% Part A Deductible	Skilled Nursing Facility Coinsurance
		Part B Deductible	Part A Deductible	Part A Deductible	Part B Deductible	Part A Deductible	Part A Deductible						Part A Deductible
				Part B Excess (100%)	Part B Excess (100%)								
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Out-of-pocket limit \$[4,640] paid at 100% after limit reached	Out-of-pocket limit \$[2,320] paid at 100% after limit reached	Foreign Travel Emergency	Foreign Travel Emergency				

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as standard Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would normally be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

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PREMIUM INFORMATION

We, Bankers Fidelity Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in the same state where your policy was issued.

Household Premium Discount: You will be eligible for the Household Premium Discount if you lived in the same residence as at least one other Medicare eligible adult or were married to a Medicare-eligible adult and that other adult owns or is issued a Medicare Supplement policy underwritten by Bankers Fidelity Life Insurance Company. The discounted premium will be 5% lower than the rates illustrated. Your Household Premium Discount will be removed if your spouse or the other Medicare Supplement policyholder terminates their policy with Bankers Fidelity Life Insurance Company or that person no longer lives in the same residence as you (other than in the case of death).

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 06-01-2010. Policies sold for effective dates prior to 06-01-2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.]

READ YOUR POLICY 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 4370 Peachtree Road NE, Atlanta, Georgia 30319. 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 Bankers Fidelity 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.

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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 PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,132] All but \$[283] a day All but \$[566] a day \$[0] \$[0]	\$[0] \$[283] a day \$[566] a day 100% of Medicare-eligible expenses \$[0]	\$[1,132] (Part A deductible) \$[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 through 100th day 101st day and after	All approved amounts All but \$[141.50] a day \$[0]	\$[0] \$[0] \$[0]	\$[0] Up to \$[141.50] 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 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.

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PLAN A

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

*Once you have been billed \$[162] 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 services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$[0] Generally 80%	\$[0] Generally 20%	\$[162] (Part B deductible) \$[0]
Part B Excess Charges (above Medicare-approved amounts)	\$[0]	\$[0]	All Costs
BLOOD First 3 pints Next \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$[0] \$[0] 80%	All costs \$[0] 20%	\$[0] \$[162] (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 \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$[0] 80%	\$[0] \$[0] 20%	\$[0] \$[162] (Part B deductible) \$[0]
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PLAN F or HIGH DEDUCTIBLE 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.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE.** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE.** YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,132] All but \$[283] a day All but \$[566] a day \$[0] \$[0]	\$[1,132] (Part A deductible) \$[283] a day \$[566] 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 through 100th day 101st day and after	All approved amounts All but \$[141.50] a day \$[0]	\$[0] Up to \$[141.50] 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 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.

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PLAN F or HIGH DEDUCTIBLE PLAN F

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

*Once you have been billed \$[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE.** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE.** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$[0] Generally 80%	\$[162] (Part B deductible) Generally 20%	\$[0] \$[0]
Part B Excess Charges (above Medicare-approved amounts)	\$[0]	100%	\$[0]
BLOOD First 3 pints Next \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$[0] \$[0] 80%	All costs \$[162] (Part B deductible) 20%	\$[0] \$[0] \$[0]
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$[0]	\$[0]

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PLAN F or HIGH DEDUCTIBLE PLAN F

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,000] DEDUCTIBLE.** PLAN PAYS	IN ADDITION TO \$[2,000] DEDUCTIBLE.** YOU PAY
PARTS A & B			
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$(0)	\$(0)
- Durable medical equipment	\$(0)	\$(162) (Part B deductible)	\$(0)
First \$[162] of Medicare-approved amounts*			
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

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PLAN G

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* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,132] All but \$[283] a day All but \$[566] a day \$[0] \$[0]	\$[1,132] (Part A deductible) \$[283] a day \$[566] 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 through 100th day 101st day and after	All approved amounts All but \$[141.50] a day \$[0]	\$[0] Up to \$[141.50] 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 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.

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PLAN G

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

*Once you have been billed \$[162] 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 services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$[0] Generally 80%	\$[0] Generally 20%	\$[162] (Part B deductible) \$[0]
Part B Excess Charges (above Medicare-approved amounts)	\$[0]	100%	\$[0]
BLOOD First 3 pints Next \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$[0] \$[0] 80%	All costs \$[0] 20%	\$[0] \$[162] (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 \$[162] of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$[0] 80%	\$[0] \$[0] 20%	\$[0] \$[162] (Part B deductible) \$[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 K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[4,640] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the charts below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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** Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 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 \$[1,132] All but \$[283] a day All but \$[566] a day \$[0] \$[0]	\$[566] (50% of Part A deductible) \$[283] a day \$[566] a day 100% of Medicare-eligible expenses \$[0]	\$[566] (50% of 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 through 100th day 101st day and after	All approved amounts All but \$[141.50] a day \$[0]	\$[0] Up to \$[70.75] a day \$[0]	\$[0] \$Up to \$[70.75] a day♦ All costs
BLOOD First 3 pints Additional Amounts	\$[0] 100%	50% \$[0]	50%♦ \$[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	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

***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.

PLAN K

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

****Once you have been billed \$[162] 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 services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[162] of Medicare-approved amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare-approved amounts	\$[0] Generally 75% or more of Medicare approved amounts Generally 80%	\$[0] Remainder of Medicare approved amounts Generally 10%	\$[162] (Part B deductible)**** All costs above Medicare approved amounts Generally 10%
Part B Excess Charges (above Medicare-approved amounts)	\$[0]	\$[0]	All costs (and they do not count toward annual out-of-pocket limit of \$[4,640]*
BLOOD First 3 pints Next \$[162] of Medicare-approved amounts*** Remainder of Medicare-approved amounts	\$[0] \$[0] Generally 80%	50% \$[0] Generally 10%	50% \$[162] (Part B deductible)**** Generally 10%
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$[0]	\$[0]

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[4,640] per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[162] of Medicare-approved amounts**** Remainder of Medicare-approved amounts	100% \$[0] 80%	\$[0] \$[0] 10%	\$[0] \$[162] (Part B deductible) 10%
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****Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.