



**MEDICO**  
INSURANCE COMPANY

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Outline of Medicare Supplement Coverage – Benefit Plans A, D, and F

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 copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

| A  | B  | C  | D  | F   | F*                                       | G  | K  | L  | M  | N   |
|--|--|--|--|---|--|--|--|--|--|---|
| Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance | Basic, including 100% Part B coinsurance* | Basic, including 100% Part B coinsurance | 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      | Part A Deductible                        | Skilled Nursing Facility Coinsurance     | 50% Skilled Nursing Facility Coinsurance   | 75% Skilled Nursing Facility Coinsurance   | Skilled Nursing Facility Coinsurance     | Skilled Nursing Facility Coinsurance  |
|  | Part B Deductible                        | Part A Deductible                        | Part A Deductible                        | Part B Deductible                         | Part A Deductible                        | Part A Deductible                        | 50% Part A Deductible  | 75% Part A Deductible  | 50% Part A Deductible                    | Part A Deductible   |
|  |  | Part B Deductible                        |  | Part B Excess (100%)                      | Part B Excess (100%)                     | Part B Excess (100%)                     |  |  |  |   |
|  |  | Foreign Travel Emergency                 | Foreign Travel Emergency                 | Foreign Travel Emergency                  | Foreign Travel Emergency                 | Foreign Travel Emergency                 |  |  | Foreign Travel Emergency                 | Foreign Travel Emergency  |
|  |  |  |  |   |  |  | Out-of-pocket \$4620; paid at 100% after limit reached                             | Out-of-pocket \$2310; paid at 100% after limit reached                             |  |   |

\* Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## Premium Information

We, Medico Insurance Company, can only raise your premium if we raise the premium for all certificates like yours in this state.

## 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 Certificate Very Carefully

This is only an outline describing your certificate's most important features. The group policy is the insurance contract and the certificate issued to you is evidence of coverage under the policy. You must read the policy itself to understand all of the rights and duties of both you and your insurance company. You may review the group policy during usual business hours at the group policyholder's office.

## Right To Return Certificate

If you find that you are not satisfied with your certificate, you may return it to 1515 South 75th Street, Omaha, NE 68124. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate 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 certificate and are sure you want to keep it.

## Notice

This certificate may not fully cover all of your medical costs.

Neither Medico Insurance Company nor its producers 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 certificate, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information.

Review the enrollment 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   |
|---|--|---|---|
| <b>Hospitalization*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days<br>61st thru 90th day<br>91st day and after:<br>-While using 60 lifetime reserve days<br>-Once lifetime reserve days are used:<br>-Additional lifetime maximum of 365 days<br>-Beyond the additional 365 days | All but \$1,100<br>All but \$275 a day<br>All but \$550 a day<br>\$0<br>\$0                    | \$0<br>\$275 a day<br>\$550 a day<br>100% of Medicare eligible expense<br>\$0 | \$1,100 (Part A Deductible)<br>\$0<br>\$0<br>\$0**<br>All costs |
| <b>Skilled Nursing Facility Care*</b><br>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.<br>First 20 days<br>21st thru 100th day<br>101st day and after  | All approved amounts<br>All but \$137.50 a day<br>\$0  | \$0<br>\$0<br>\$0   | \$0<br>Up to \$137.50 a day<br>All costs                        |
| <b>Blood</b><br>First 3 pints<br>Additional amounts   | \$0<br>100%  | 3 pints<br>\$0  | \$0<br>\$0  |
| <b>Hospice Care</b><br>You must meet Medicare's requirements, including a doctor's certification of terminal illness.   | All but very limited copayment and coinsurance for outpatient drugs and inpatient respite care | Medicare copayment and 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.

**Plan A**

**Medicare (Part B) - Medical Services - Per Calendar Year**

\*Once you have been billed \$155 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                   |
|--|---------------|---------------|---------------------------|
| <b>Medical Expenses – In Or Out Of The Hospital And Outpatient Hospital Treatment</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. |               |               |                           |
| First \$155 of Medicare-Approved Amounts*  | \$0           | \$0           | \$155 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts   | Generally 80% | Generally 20% | \$0                       |
| <b>Part B Excess Charges – Above Medicare-Approved Amounts</b>   | \$0           | \$0           | All costs                 |
| <b>Blood</b>   |               |               |                           |
| First 3 Pints  | \$0           | All costs     | \$0                       |
| Next \$155 of Medicare-Approved Amounts*   | \$0           | \$0           | \$155 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts   | 80%           | 20%           | \$0                       |
| <b>Clinical Laboratory Services – Tests For Diagnostic Services</b>  | 100%          | \$0           | \$0                       |

**Parts A & B**

| Services  | Medicare Pays | Plan Pays | You Pay                   |
|---|---------------|-----------|---------------------------|
| <b>Home Health Care – Medicare-Approved Services</b>            |               |           |                           |
| -Medically necessary skilled care services and medical supplies | 100%          | \$0       | \$0                       |
| -Durable medical equipment:                                     |               |           |                           |
| -First \$155 of Medicare-Approved Amounts*                      | \$0           | \$0       | \$155 (Part B Deductible) |
| -Remainder of Medicare-Approved Amounts                         | 80%           | 20%       | \$0                       |

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**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.

| <b>Services</b>   | <b>Medicare Pays</b>   | <b>Plan Pays</b>  | <b>You Pay</b>                          |
|---|--|---|---|
| <b>Hospitalization*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days<br>61st thru 90th day<br>91st day and after:<br>-While using 60 lifetime reserve days<br>-Once lifetime reserve days are used:<br>-Additional lifetime maximum of 365 days<br>-Beyond the additional 365 days | All but \$1,100<br>All but \$275 a day<br>All but \$550 a day<br>\$0<br>\$0                    | \$1,100 (Part A Deductible)<br>\$275 a day<br>\$550 a day<br>100% of Medicare eligible expense<br>\$0 | \$0<br>\$0<br>\$0<br>\$0**<br>All costs |
| <b>Skilled Nursing Facility Care*</b><br>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.<br>First 20 days<br>21st thru 100th day<br>101st day and after  | All approved amounts<br>All but \$137.50 a day<br>\$0  | \$0<br>Up to \$137.50 a day<br>\$0  | \$0<br>\$0<br>All costs                 |
| <b>Blood</b><br>First 3 pints<br>Additional amounts   | \$0<br>100%  | 3 pints<br>\$0  | \$0<br>\$0                              |
| <b>Hospice Care</b><br>You must meet Medicare's requirements, including a doctor's certification of terminal illness.   | All but very limited copayment and coinsurance for outpatient drugs and inpatient respite care | Medicare copayment and 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.

**Plan D**

**Medicare (Part B) - Medical Services - Per Calendar Year**

\*Once you have been billed \$155 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.

| <b>Services</b>  | <b>Medicare Pays</b> | <b>Plan Pays</b> | <b>You Pay</b>            |
|--|----------------------|------------------|---------------------------|
| <b>Medical Expenses – In Or Out Of The Hospital And Outpatient Hospital Treatment</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. |                      |                  |                           |
| First \$155 of Medicare-Approved Amounts*  | \$0                  | \$0              | \$155 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts   | Generally 80%        | Generally 20%    | \$0                       |
| <b>Part B Excess Charges – Above Medicare-Approved Amounts</b>   | \$0                  | \$0              | All costs                 |
| <b>Blood</b>   |                      |                  |                           |
| First 3 Pints  | \$0                  | All costs        | \$0                       |
| Next \$155 of Medicare-Approved Amounts*   | \$0                  | \$0              | \$155 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts   | 80%                  | 20%              | \$0                       |
| <b>Clinical Laboratory Services – Tests For Diagnostic Services</b>  | 100%                 | \$0              | \$0                       |

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Parts A & B

| Services  | Medicare Pays | Plan Pays | You Pay                   |
|---|---------------|-----------|---------------------------|
| <b>Home Health Care – Medicare-Approved Services</b>            |               |           |                           |
| -Medically necessary skilled care services and medical supplies | 100%          | \$0       | \$0                       |
| -Durable medical equipment:                                     |               |           |                           |
| -First \$155 of Medicare-Approved Amounts*                      | \$0           | \$0       | \$155 (Part B Deductible) |
| -Remainder of Medicare-Approved Amounts                         | 80%           | 20%       | \$0                       |

Other Benefits – Not Covered By Medicare

| Services  | Medicare Pays | Plan Pays                                     | You Pay  |
|---|---------------|---|--|
| <b>Foreign Travel – Not Covered By Medicare</b>   |               |   |  |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |               |   |  |
| -First \$250 each calendar year   | \$0           | \$0   | \$250  |
| -Remainder of charges   | \$0           | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

**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  |
|---|---|--|--|
| <p><b>Hospitalization*</b></p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>-While using 60 lifetime reserve days</li> <li>-Once lifetime reserve days are used:                             <ul style="list-style-type: none"> <li>-Additional lifetime maximum of 365 days</li> <li>-Beyond the additional 365 days</li> </ul> </li> </ul> | <p>All but \$1,100</p> <p>All but \$275 a day</p> <p>All but \$550 a day</p> <p>\$0</p> <p>\$0</p>    | <p>\$1,100 (Part A Deductible)</p> <p>\$275 a day</p> <p>\$550 a day</p> <p>100% of Medicare eligible expense</p> <p>\$0</p> | <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p> |
| <p><b>Skilled Nursing Facility Care*</b></p> <p>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.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>   | <p>All approved amounts</p> <p>All but \$137.50 a day</p> <p>\$0</p>                                  | <p>\$0</p> <p>Up to \$137.50 a day</p> <p>\$0</p>  | <p>\$0</p> <p>\$0</p> <p>All costs</p>                         |
| <p><b>Blood</b></p> <p>First 3 pints</p> <p>Additional amounts</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>  | <p>\$0</p> <p>\$0</p>  |
| <p><b>Hospice Care</b></p> <p>You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>  | <p>All but very limited copayment and coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare copayment and coinsurance</p>  | <p>\$0</p>   |

\*\*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**

**Medicare (Part B) - Medical Services - Per Calendar Year**

\*Once you have been billed \$155 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 |
|--|---------------|---------------------------|---------|
| <b>Medical Expenses – In Or Out Of The Hospital And Outpatient Hospital Treatment</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. |               |                           |         |
| First \$155 of Medicare-Approved Amounts*  | \$0           | \$155 (Part B Deductible) | \$0     |
| Remainder of Medicare-Approved Amounts   | Generally 80% | Generally 20%             | \$0     |
| <b>Part B Excess Charges – Above Medicare-Approved Amounts</b>   | \$0           | 100%                      | \$0     |
| <b>Blood</b>   |               |                           |         |
| First 3 Pints  | \$0           | All costs                 | \$0     |
| Next \$155 of Medicare-Approved Amounts*   | \$0           | \$155 (Part B Deductible) | \$0     |
| Remainder of Medicare-Approved Amounts   | 80%           | 20%                       | \$0     |
| <b>Clinical Laboratory Services – Tests For Diagnostic Services</b>  | 100%          | \$0                       | \$0     |

**Parts A & B**

| Services  | Medicare Pays | Plan Pays                 | You Pay |
|---|---------------|---------------------------|---------|
| <b>Home Health Care – Medicare-Approved Services</b>            |               |                           |         |
| -Medically necessary skilled care services and medical supplies | 100%          | \$0                       | \$0     |
| -Durable medical equipment:                                     |               |                           |         |
| -First \$155 of Medicare-Approved Amounts*                      | \$0           | \$155 (Part B Deductible) | \$0     |
| -Remainder of Medicare-Approved Amounts                         | 80%           | 20%                       | \$0     |

