PRIMETIME Choices

Medicare Supplement Insurance offered by AultCare Insurance Company
Canton, Ohio

June 1, 2024 - December 31, 2024

Dear Medicare Beneficiary:

Thank you for your interest in PrimeTime Choices Medicare Supplement Insurance!

When it comes to making a decision about your health insurance, we understand there is a lot to consider. Finding a plan that meets your needs is very important.

Inside this packet you will see a set of products we offer that can help you continue to enjoy your healthy lifestyle. The rates quoted in this book may be adjusted around June 1st and prices are based on your age as of June 1st.

Please take some time to read the enclosed materials, which include summaries of our Ohio Medicare Supplement insurance plans, and an outline of coverage and enrollment forms. We offer 6 plans: Plans A, F, High Deductible F, G, High Deductible G, and N. If you need help filling out the enrollment forms or have questions, contact us.

Our representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Our telephone number is 330-363-4031, or toll free at 1-877-863-1791.

If you would like to meet with a customer service representative, you can visit us during our office hours, Monday through Friday, 8:00 a.m. to 4:30 p.m.

This is the prime of your life, and PrimeTime Choices is here to help you get the most out of your Medicare plan. Thank you for considering PrimeTime Choices.

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PrimeTime Choices is located at:

Morrow House Building
2600 6th St. SW
Canton, Ohio 44710

PrimeTime Choices Medicare Supplement Insurance is underwritten by AultCare Insurance Company. PrimeTime Choices is the trade name of AultCare Insurance Company, Canton, Ohio.

PrimeTime Choices and AultCare Insurance Company are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

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.

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	K	L	M	N	C	F*
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%	✓	✓ copays apply***	✓	✓
Blood (first 3 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 2024					$7,060**	$3,530**				

*Plans F and G also have a high deductible options which require first paying a plan deductible of $2,800 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.

**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.

***Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

Shaded plans A, F, High Deductible F, G, High Deductible G, and N are currently available through PrimeTime Choices Medicare Supplement Insurance, offered by AultCare Insurance Company.

Area 1*

Area 1 includes the Ohio counties of Adams, Ashland, Carroll, Columbiana, Coshocton, Crawford, Darke, Delaware, Fairfield, Franklin, Greene, Hancock, Holmes, Lawrence, Licking, Madison, Montgomery, Morrow, Noble, Pickaway, Portage, Richland, Sandusky, Scioto, Stark, Summit, Tuscarawas, Union, and Wayne.

Age	Plan A	Plan F	Plan F#	Plan G	Plan G #	Plan N
65	$121	$180	$69	$144	$63	$143
66	$127	$189	$72	$151	$66	$150
67	$133	$199	$76	$158	$69	$158
68	$140	$208	$79	$166	$73	$165
69	$146	$219	$83	$174	$77	$173
70	$154	$230	$88	$183	$80	$182
71	$160	$240	$91	$191	$84	$190
72	$167	$250	$95	$199	$87	$198
73	$174	$260	$99	$207	$91	$206
74	$181	$271	$103	$216	$95	$215
75	$191	$285	$109	$227	$100	$226
76	$196	$293	$111	$233	$102	$232
77	$201	$300	$114	$239	$105	$238
78	$206	$308	$117	$245	$108	$244
79	$212	$316	$120	$252	$111	$251
80	$216	$323	$123	$257	$113	$256
81	$220	$329	$125	$262	$115	$261
82	$225	$335	$128	$267	$117	$266
83	$229	$342	$130	$272	$120	$271
84	$233	$349	$133	$278	$122	$276
85	$238	$356	$135	$283	$124	$282
86	$243	$363	$138	$289	$127	$288
87	$248	$370	$141	$295	$129	$293
88+	$253	$377	$144	$300	$132	$299

**If you move permanently outside the state of Ohio, your policy remains in force, but Area 3 rates apply.*

For consideration for PrimeTime Choices Medicare Supplement Insurance offered by AultCare Insurance Company, you must be at least 65 years of age.

Area 2*

Area 2 includes the Ohio counties of Allen, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Champaign, Clark, Clermont, Clinton, Cuyahoga, Defiance, Erie, Fayette, Fulton, Gallia, Geauga, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Huron, Jackson, Jefferson, Knox, Lake, Logan, Lorain, Lucas, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Muskingum, Ottawa, Paulding, Perry, Pike, Preble, Putnam, Ross, Seneca, Shelby, Trumbull, Van Wert, Vinton, Warren, Washington, Williams, Wood, and Wyandot.

Age	Plan A	Plan F	Plan F#	Plan G	Plan G #	Plan N
65	$127	$189	$72	$151	$66	$150
66	$133	$199	$76	$158	$69	$158
67	$140	$208	$79	$166	$73	$165
68	$147	$219	$83	$174	$77	$174
69	$154	$230	$87	$183	$80	$182
70	$162	$241	$92	$192	$84	$191
71	$168	$251	$96	$200	$88	$199
72	$175	$262	$100	$209	$92	$208
73	$183	$273	$104	$217	$95	$216
74	$190	$284	$108	$226	$99	$225
75	$200	$299	$114	$238	$105	$237
76	$206	$307	$117	$245	$107	$244
77	$211	$315	$120	$251	$110	$250
78	$216	$323	$123	$257	$113	$256
79	$222	$332	$126	$264	$116	$263
80	$227	$339	$129	$270	$118	$269
81	$231	$345	$131	$275	$121	$274
82	$236	$352	$134	$280	$123	$279
83	$240	$359	$137	$286	$126	$285
84	$245	$366	$139	$291	$128	$290
85	$250	$373	$142	$297	$131	$296
86	$255	$381	$145	$303	$133	$302
87	$260	$388	$148	$309	$136	$308
88+	$265	$396	$151	$315	$139	$314

**If you move permanently outside the state of Ohio, your policy remains in force, but Area 3 rates apply.*

For consideration for PrimeTime Choices Medicare Supplement Insurance offered by AultCare Insurance Company, you must be at least 65 years of age.

Area 3*

Area 3 rates apply to policyholders who permanently move outside the state of Ohio.

Age	Plan A	Plan F	Plan F#	Plan G	Plan G #	Plan N
65	$138	$206	$79	$164	$72	$164
66	$145	$217	$82	$172	$76	$172
67	$152	$227	$87	$181	$79	$180
68	$160	$238	$91	$190	$83	$189
69	$168	$250	$95	$199	$88	$198
70	$176	$263	$100	$210	$92	$209
71	$184	$274	$104	$218	$96	$217
72	$191	$286	$109	$227	$100	$226
73	$199	$297	$113	$237	$104	$236
74	$207	$310	$118	$247	$108	$246
75	$218	$326	$124	$260	$114	$259
76	$224	$335	$127	$267	$117	$265
77	$230	$343	$131	$273	$120	$272
78	$236	$352	$134	$281	$123	$279
79	$242	$361	$138	$288	$126	$287
80	$247	$369	$141	$294	$129	$293
81	$252	$376	$143	$300	$132	$298
82	$257	$384	$146	$306	$134	$304
83	$262	$391	$149	$311	$137	$310
84	$267	$399	$152	$318	$139	$316
85	$272	$407	$155	$324	$142	$323
86	$278	$415	$158	$330	$145	$329
87	$283	$423	$161	$337	$148	$336
88+	$289	$432	$164	$344	$151	$342

**If you move permanently outside the state of Ohio, your policy remains in force, but Area 3 rates apply.*

For consideration for PrimeTime Choices Medicare Supplement Insurance offered by AultCare Insurance Company, you must be at least 65 years of age.

PREMIUM INFORMATION

We, PrimeTime Choices, can only raise your premium if we raise the premium for all policies like yours in this State. We determine your premium based upon attained age. This means your premium will increase each year on or around June 1st based upon your age on that date.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

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 PrimeTime Choices, P.O. Box 9975 Canton, OH 44711. If you send the policy back to us within 30 days of the date 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 PrimeTime Choices 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 & 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.

This is an outline of coverage. Consult your plan document for contractual provisions.

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	All but $1,632	$0	$1,632 (Part A deductible)
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:	All but $816 a day	$816 a day	$0
- While using 60 lifetime reserve days			
- Once lifetime reserve days are used:		100% of Medicare	
- Additional 365 days	$0	eligible expense	$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 $204 a day	$0	Up to $204 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	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			

**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 $240 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 OUT-PATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $240 of Medicare approved amounts*	$0	$0	$240(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 $240 of Medicare approved amounts*	$0	$0	$240 (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 $240 of Medicare approved amounts	$0	$0	$240 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	$0

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* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after: - While using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 a day	$0
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 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 $240 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 $240 of Medicare approved amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare approved amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Plan F (continued)

Parts A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	$0	$0
- Durable medical equipment			
First $240 of Medicare approved amounts*	$0	$240(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

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 $2,800 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2,800. 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 B, but does not include the Plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2,800 DEDUCTIBLE, ** YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:	All but $816 a day	$816 a day	$0
-While using 60 lifetime reserve days			
-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 $204 a day	Up to $204 a day	$0
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.

High Deductible Plan F

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

* Once you have been billed $240 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 $2,800 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2,800. 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 B, but does not include the Plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,800 DEDUCTIBLE, **PLAN PAYS	IN ADDITION TO $2,800 DEDUCTIBLE, ** 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 $240 of Medicare approved amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare approved amounts	$0	$240 (Part B deductible)	$0
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

High Deductible Plan F

Parts A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,800 DEDUCTIBLE, **PLAN PAYS	IN ADDITION TO $2,800 DEDUCTIBLE, **YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	$0	$0
- Durable medical equipment			
First $240 of Medicare approved amounts*	$0	$240 (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 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	All but $1,632	$1,632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after: - While using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 a day,	$0
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.

Plan G

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

* Once you have been billed $240 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 TREATEMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $240 of Medicare approved amounts*	$0	$0	$240 (Unless Part B deductible has been met)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare approved amounts*	$0	$0	$240 (Unless Part B deductible has been met)
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 $240 of Medicare approved amounts*	$0	$0	$240 (Unless Part B deductible has been met
Remainder of Medicare approved amounts	80%	0%	$0

Other Benefits - Not Covered by Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

High Deductible 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.

****This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,800. 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 deductible.**

SERVICES	MEDICARE PAYS	YOU PAY PAY $2,800 DEDUCTIBLE,* * PLAN PAYS	IN ADDITION TO $2,800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
- While using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 a day	$0
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.

High Deductible Plan G (continued)

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

* Once you have been billed $240 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 G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,800. 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 deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,800 DEDUCTIBLE, ** PLAN PAYS	IN ADDITION TO $2,800 DEDUCTIBLE, ** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATEMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $240 of Medicare approved amounts*	$0	$0	$240 (Unless Part B deductible has been met)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare approved amounts*	$0	$0	$240(Unless Part B deductible has been met)
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

High Deductible Plan G (Continued)

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

****This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible Plan G will not begin until out-of pocket expenses are $2,800. 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 deductible.**

Parts A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2,800 DEDUCTIBLE, ** YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$0	$0
- Durable medical equipment			
First $240 of Medicare approved amounts*	$0	$0	$240 (Unless Part B deductible has been met)
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 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* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st thru 90th day	All but $408 a day	$408 a day	$0
91st day and after: - While using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 a day	$0
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.

Plan N

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

* Once you have been billed $240 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 $240 of Medicare approved amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	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.	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.
Part B Excess Charges (above Medicare approved amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare approved amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Plan N (continued)

* Once you have been billed $240 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.

Parts A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$0	$0
- Durable medical equipment			
First $240 of Medicare approved amounts*	$0	$0	$240 (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 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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PRIMETIME Choices

Medicare Supplement Insurance offered by AultCare Insurance Company

Canton, Ohio