

**GERBER LIFE INSURANCE COMPANY
WHITE PLAINS, NEW YORK**

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE - COVER PAGE

BASIC AND EXTENDED BASIC PLANS

The Commissioner of Insurance of the State of Minnesota has established two categories of Medicare Supplements and minimum standards for each, with the extended basic Medicare Supplement being the most comprehensive and the basic Medicare Supplement being the least comprehensive. This chart shows the benefits in each plan.

Basic--Policy Form MTG26
Hospitalization: Part A Coinsurance
Medical Expenses: Part B Coinsurance
Blood: First 3 pints of blood each year
Skilled Nursing Coinsurance
_____ *
_____ *
_____ *
Foreign Travel Emergency
Hospice Care
_____ *

Extended Basic--Policy Form MTG27
Hospitalization: Part A Coinsurance
Medical Expenses: Part B Coinsurance
Blood: First 3 pints of blood each year
Skilled Nursing Coinsurance
Part A Deductible
Part B Deductible
Part B Excess (100%)
Foreign Travel Emergency
Hospice Care
Preventive Care

PREMIUM INFORMATION

We, Gerber Life, will renew the policy each time you pay us the premium. It must be by the date it is due or during the 31 days that follow. Your policy stays in force during this 31-day period. Your premium cannot be changed unless we make the same change on all policies of this form owned by persons in your classification which are renewed in the state where you live at the time we change the premium. Any such change can be made on any renewal date. Schedules of rates may vary depending on your Policy Date.

“Persons in Your Classification” means all persons having the same benefits.

*Optional riders available for Part A Deductible, Part B Excess, Medicare Part B Deductible and Preventive Health Services.

**GERBER LIFE INSURANCE COMPANY
WHITE PLAINS, NEW YORK
MONTHLY PREMIUMS**

ZIP CODES: 559-567

NON-TOBACCO—MONTHLY PREMIUMS		TOBACCO—MONTHLY PREMIUMS	
Basic—Policy Form MTG26 All Ages	\$ 140.86	Basic—Policy Form MTG26 All Ages	\$ 161.91
<u>Optional Riders</u>		<u>Optional Riders</u>	
Part A Deductible Rider 0MK18	\$ 22.12	Part A Deductible Rider 0MK18	\$ 25.42
Preventative Medical Care Rider 0MK38	\$ 5.07	Preventative Medical Care Rider 0MK38	\$ 5.83
Part B Excess Rider 0MK48	\$ 3.33	Part B Excess Rider 0MK48	\$ 3.83
Part B Deductible Rider 0MK28	\$ 12.24	Part B Deductible Rider 0MK28	\$ 12.24
Extended Basic—Policy Form MTG27 All Ages	\$ 345.12	Extended Basic—Policy Form MTG27 All Ages	\$ 396.69

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

The policy provides an anticipated loss ratio of 73%. This means that, on average, Policyholders may expect that \$73.00 of every \$100.00 in premium will be returned as benefits to the Policyholders over the life of the contract.

**GERBER LIFE INSURANCE COMPANY
WHITE PLAINS, NEW YORK
MONTHLY PREMIUMS**

ZIP CODES: 550, 553, 556-558

NON-TOBACCO—MONTHLY PREMIUMS		TOBACCO—MONTHLY PREMIUMS	
Basic—Policy Form MTG26 All Ages	\$ 160.58	Basic—Policy Form MTG26 All Ages	\$ 184.58
<u>Optional Riders</u>		<u>Optional Riders</u>	
Part A Deductible Rider 0MK18	\$ 25.21	Part A Deductible Rider 0MK18	\$ 28.98
Preventative Medical Care Rider 0MK38	\$ 5.78	Preventative Medical Care Rider 0MK38	\$ 6.65
Part B Excess Rider 0MK48	\$ 3.80	Part B Excess Rider 0MK48	\$ 4.37
Part B Deductible Rider 0MK28	\$ 12.24	Part B Deductible Rider 0MK28	\$ 12.24
Extended Basic—Policy Form MTG27 All Ages	\$ 393.44	Extended Basic—Policy Form MTG27 All Ages	\$ 452.23

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

The policy provides an anticipated loss ratio of 73%. This means that, on average, Policyholders may expect that \$73.00 of every \$100.00 in premium will be returned as benefits to the Policyholders over the life of the contract.

**GERBER LIFE INSURANCE COMPANY
WHITE PLAINS, NEW YORK
MONTHLY PREMIUMS**

ZIP CODES: 551, 554

NON-TOBACCO—MONTHLY PREMIUMS		TOBACCO—MONTHLY PREMIUMS	
Basic—Policy Form MTG26 All Ages	\$ 183.12	Basic—Policy Form MTG26 All Ages	\$ 210.48
<u>Optional Riders</u>		<u>Optional Riders</u>	
Part A Deductible Rider 0MK18	\$ 28.75	Part A Deductible Rider 0MK18	\$ 33.05
Preventative Medical Care Rider 0MK38	\$ 6.59	Preventative Medical Care Rider 0MK38	\$ 7.58
Part B Excess Rider 0MK48	\$ 4.33	Part B Excess Rider 0MK48	\$ 4.98
Part B Deductible Rider 0MK28	\$ 12.24	Part B Deductible Rider 0MK28	\$ 12.24
Extended Basic—Policy Form MTG27 All Ages	\$ 448.66	Extended Basic—Policy Form MTG27 All Ages	\$ 515.70

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

The policy provides an anticipated loss ratio of 73%. This means that, on average, Policyholders may expect that \$73.00 of every \$100.00 in premium will be returned as benefits to the Policyholders over the life of the contract.

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 Gerber Life Insurance Company at our administrative office, 3316 Farnam Street, Omaha, NE 68175. 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, within 10 days.

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

The policy may not fully cover all of your medical costs. Neither Gerber 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 & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy or certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy or certificate 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.

THE POLICY DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THE POLICY DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR POLICY.

We will not pay for services for which a charge is normally not made where there is no insurance. In addition, no benefits are payable for expense incurred before the coverage effective date.

LIMITATION ON OUT-OF-POCKET EXPENSE

When your out-of-pocket expense equals \$1,000.00 in a calendar year, we will pay 100% of additional covered expense you incur during the remainder of such calendar year (MTG27 only).

BASIC PLAN - MTG26
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 MTG26 Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,184	\$0 \$1,184 with Optional Part A Deductible Benefit Rider 0MK18	\$1,184 (Part A Deductible) \$0
61 st through 90 th day	All but \$296 a day	\$296 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Beyond the additional 150 days	\$0	100% of Medicare Eligible Expenses	\$0
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$148 a day	Up to \$148 a day	\$0
101 st 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

BASIC PLAN - MTG26
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

Services	Medicare Pays	Plan MTG26 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 \$147 of Medicare Approved Amounts**	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	\$147 with Optional Benefit Rider 0MK28	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
		100% with Rider 0MK48	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	\$147 with Optional Benefit Rider 0MK28	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

*Once you have been billed \$147 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

**Once you have been billed \$147 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

***Part B coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient department services under a prospective payment system, applicable copayments.

**BASIC PLAN - MTG26
PARTS A AND B**

Services	Medicare Pays	Plan MTG26 Pays	You Pay
HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
		\$147 with Optional Benefit Rider 0MJ2W	\$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 travel outside the USA (hospital, medical expense and supplies)	\$0	80% of covered expenses	Expenses not paid by Medicare or the policy
PREVENTIVE MEDICAL CARE BENEFIT-- NOT COVERED BY MEDICARE Annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare. First \$120 each calendar year	\$0	\$0	\$120
		\$120 with Optional Benefit Rider 0MK38	\$0
Additional Charges	\$0	\$0	All Costs
		\$0 with Optional Benefit Rider 0MK38	All Costs

EXTENDED BASIC PLAN - MTG27
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 MTG27 Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61 st through 90 th day	All but \$296 a day	\$296 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Beyond the additional 150 days	\$0	100% of Medicare Eligible Expenses	\$0
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$148 a day	Up to \$148 a day	\$0
101 st day and after	\$0	80% of covered expenses up to 120 days per year	Expenses not paid by policy
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

**EXTENDED BASIC PLAN - MTG27
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

Services	Medicare Pays	Plan MTG27 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 \$147 of Medicare Approved Amounts**	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%***	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**Once you have been billed \$147 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

***Part B coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient department services under a prospective payment system, applicable copayments.

**EXTENDED BASIC PLAN - MTG27
 MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR (continued)
 PARTS A AND B**

**Once you have been billed \$147 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan MTG27 Pays	You Pay
HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare Approved Amounts*	\$0	\$147 (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 during travel outside the USA	\$0	80% of covered expenses	Expenses not paid by Medicare or the policy
PREVENTIVE MEDICAL CARE BENEFIT-- NOT COVERED BY MEDICARE Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare. First \$120 each calendar year	\$0	\$120	\$0
Additional Charges	\$0	\$0	All Costs

The charts summarizing Medicare benefits only briefly describe the benefits. The Health Care Financing Administration or its Medicare publication should be consulted for further details and limitations.

Your Policy also provides the following benefits:

1. Alcoholism, Chemical Dependency, Drug Addiction. When you receive treatment in a licensed hospital, residential treatment program or nonresidential treatment program for alcoholism, chemical dependency or drug addiction, we will pay benefits on the same basis as coverage for any other condition. Coverage for confinement in a hospital and a residential treatment program is limited to 28 days of confinement each calendar year. Coverage for treatment in a nonresidential treatment program is limited to 130 hours in a calendar year. Benefits are not payable for that portion of expense that is paid by Medicare or paid under any other part of your policy.
2. Scalp Hair Prosthesis. We will pay the expense incurred on the same basis as any other Sickness or Injury and as if Medicare paid benefits for a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata. Only the first \$350.00 of expense incurred in a calendar year will be considered as expense under this part of your policy. Amounts in excess of the Usual and Customary Charge are not considered expense. Benefits are not payable for that portion of expense that is paid by Medicare or paid under any other part of this policy.
3. Routine Screening Procedures for Cancer. We will pay the expense incurred that is not paid by Medicare or paid under any other part of your policy for routine screening procedures for cancer, including mammograms and pap smear.
4. Temporomandibular Joint Disorder and Craniomandibular Disorder. Benefits are payable for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist. Benefits are not payable under this part of your policy for any expense payable under another part of the policy.
5. Reconstructive Surgery. Benefits are payable for reconstructive surgery on the same basis as that for any other surgery if the reconstructive surgery is incidental to or follows surgery resulting from Injury, Sickness or other disease of the involved part. Benefits are not payable under this policy for an expense payable under another part of the policy.
6. Surgical Center Services. Benefits are payable for surgical center services for health care treatment or service rendered by a freestanding ambulatory surgical center or facilities offering ambulatory medical service 24 hours a day, 7 days a week, which are not part of a hospital, but have been reviewed and approved by the state commissioner of commerce to provide the treatment or service on the same basis as coverage provided for the same health care treatment or service rendered by a hospital. Benefits are not payable under this part of your policy for an expense payable under another part of the policy.
7. Immunization Benefits. We will pay the expense incurred for an immunization received by you. Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other portion of the policy.
8. Phenylketonuria Treatment. Benefits are payable for special dietary treatment for phenylketonuria when recommended by a Physician.
9. Diabetes Equipment and Supplies. We will pay the Usual and Customary Charge for expense incurred for all Physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes, not otherwise covered under Medicare or Part D of the Medicare Program. Coverage must include persons with gestational, type I, or type II diabetes. Benefits will be limited to 80% of the Usual and Customary Charge not covered by Medicare or Part D of the Medicare Program.
10. Routine Prostate Cancer Screening. We will pay the expense incurred for prostate cancer screening. Benefits are limited to at least one screening per year for any insured male 50 years of age or older, and at least one screening per year for any insured male 40 years of age or older who is symptomatic.
11. Outpatient Mental Health Coverage. We will pay the allowable amount not paid by Medicare, less the Part B Deductible if applicable.
12. Physical and Occupational Therapy Services. We will pay the allowable amount not paid by Medicare, less the Part B Deductible if applicable.
13. Testing for Ovarian Cancer Benefits. Coverage will be provided, for the Usual and Customary Charge, for Surveillance Tests for women At Risk For Ovarian Cancer when ordered or provided by a Physician in accordance with the standard practice of medicine.
14. Treatment of Lyme Disease. We will pay benefits for diagnosed Lyme disease as any other medical service. Benefits will not be payable for that portion of expense that is paid by Medicare or under any other part of your policy.

ADDITIONAL BENEFITS UNDER EXTENDED BASIC PLAN - MTG27

We will pay 80% of the Usual and Customary Charges for the following articles and services prescribed by a physician which are not paid by Medicare or payable under any other provision of your policy.

1. Hospital services.
2. Professional services for the diagnosis or treatment of Injuries, Sickness or conditions when such services are given by a physician or are under a physician's direction. Outpatient mental or dental services are not covered.
3. Services of a nursing home for not more than 120 days each year. Such services must qualify as reimbursable under Medicare.
4. Services of a home health agency. Such services must qualify as reimbursable under Medicare.
5. Use of radium or other radioactive materials.
6. Oxygen.
7. Anesthetics.
8. Prosthetic devices other than dental.
9. Rental or purchase, as appropriate, of durable medical equipment other than eyeglasses and hearing aids.
10. Diagnostic X-rays and lab tests.
11. Oral surgery for: (a) partially or completely unerupted impacted teeth, (b) a tooth root without the extraction of the entire root or (c) the gums or tissues of the mouth when not performed in connection with the extraction or repair of teeth.
12. Services of a physical therapist.
13. Professional ambulance for service to the nearest facility qualified to treat the condition, or a reasonable mileage rate for transportation to a kidney dialysis center for treatment.
14. Well-baby care.
15. Up to \$500.00 for a second surgical opinion. Not included is the repetition of diagnostic tests.
16. Services of an occupational therapist.

The above Additional Benefits are not payable for: (a) Injuries or Sickness for which any benefits are provided for by workers' compensation or employer's liability laws, (b) cosmetic surgery, except for repair of an Injury or a birth defect, (c) care which is primarily for custodial or for domiciliary purposes which would not qualify as eligible services under Medicare, (d) any charge for confinement in a private room to the extent it is in excess of the institution's charge for its most common semiprivate room unless the private room is prescribed as medically necessary by a physician or (e) any charges for services or articles the provision of which is not within the scope of authorized practice of the institution or individual rendering the services or articles.

LIMITATIONS

The policy DOES NOT cover the following:

- a) Private Duty Nursing.
- b) Custodial nursing home care costs.
- c) Intermediate nursing home care costs.
- d) Physicians charges above Medicare's approved charges, except as explained in the Additional Benefits section of this outline.

OPTIONAL COVERAGE AVAILABLE FOR BASIC PLAN - MTG26 (check if applied for)

0MK48 - Part B Excess Rider

If you incur services or supplies, outside of Minnesota, that are eligible under the Medicare Part B, we will pay that portion of the Usual and Customary Charge which:

- a) is in excess of the Medicare Part B approved charge and
- b) you are required to pay.

0MK18 - Medicare Part A Hospital Deductible Benefits Rider

When you are hospital confined for a covered condition, we will pay the Medicare Part A Hospital Deductible of \$1,184 that you incur.

0MK38 - Preventive Medical Care Rider

We will pay the Medicare-approved amount for each of the following preventive health services, as if Medicare were to cover the service, as identified in the American Medical Association's current procedural terminology (AMA CPT) codes, to a maximum of \$120.00 annually under this benefit:

- a) an annual clinical preventive medical history and physical exam that may include tests and services from item (b) below and patient education to address preventive health care measures;
- b) any one or combination of the following preventive screening tests or preventive services, as often as medically necessary: fecal occult blood test and/or digital rectal exam; dipstick urinalysis for hematuria, bacteriuria, and proteinuria; pure tone (air only) hearing screening test, ordered or administered by a physician; serum cholesterol screening every five years; thyroid function test; diabetes screening; and/or any other tests or preventive measures determined appropriate by the attending physician.

Benefits for Preventive Health Services will not duplicate any payment for a procedure that is already covered by Medicare.

0MK28 - Medicare Part B Deductible Rider

When you incur expense that is applied to the Medicare Part B deductible and Medicare does not pay the deductible, we will pay the entire Medicare Part B annual deductible.