

SERFF Tracking Number: MUTM-126310701 State: Arkansas  
 Filing Company: Assured Life Association State Tracking Number: 43539  
 Company Tracking Number: THEA SHEPHERD  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: Administration Medicare Supplement Insurance - 2010 - MTA20-21856  
 Project Name/Number: Administration Medicare Supplement Insurance/MTA20-21856

## Filing at a Glance

Company: Assured Life Association

Product Name: Administration Medicare Supplement Insurance - 2010 - MTA20-21856

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

Sub-TOI: MS08I.001 Plan A 2010

Filing Type: Form/Rate

SERFF Tr Num: MUTM-126310701 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 43539

Co Tr Num: THEA SHEPHERD

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Authors: Shelly Kaipust, Jan

Disposition Date: 11/09/2009

Serafini, Thea Shepherd, Kurt

Vangreen, Mary Gregg, Krysia

Gannon, Ellen Cochrane, Melanie

Schultz, Robyn Gonzales, Luther

Mardock, Neil Sandhoefner

Date Submitted: 09/18/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Administration Medicare Supplement Insurance

Project Number: MTA20-21856

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/09/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/09/2009

Created By: Shelly Kaipust

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Shelly Kaipust

Filing Description:

September 18, 2009

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Arkansas Department of Insurance  
Attn: Compliance - Life & Health  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Assured Life Association  
NAIC # 614-56499 FEIN 84-0356870  
Individual Medicare Supplement Insurance  
Policy Forms MTA20-21856, MTG21-21857, MTA22-21858, MTA23-21859, MTA24-21860,  
and MTA25-21861  
Outline of Coverage Forms CP1, RP1.1.T01-AR, DP2.T01-AR and BC1  
Actuarial Memorandum and Rate Schedules

Enclosed for filing with your Department are copies of the following individual 2010 Standardized Medicare Supplement Benefit Plans. These forms were developed for compliance with the amended NAIC Medigap model as required by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

#### FORM NUMBER DESCRIPTION RATE SCHEDULE

MTA20-21856 Medicare Supplement Insurance Policy (Plan A) MTA20 AR Base Rate 07/22/2009 0001  
MTA21-21857 Medicare Supplement Insurance Policy (Plan B) MTA21 AR Base Rate 07/22/2009 0001  
MTA22-21858 Medicare Supplement Insurance Policy (Plan C) MTA22 AR Base Rate 07/22/2009 0001  
MTA23-21859 Medicare Supplement Insurance Policy (Plan D) MTA23 AR Base Rate 07/22/2009 0001  
MTA24-21860 Medicare Supplement Insurance Policy (Plan F) MTA24 AR Base Rate 07/22/2009 0001  
MTA25-21861 Medicare Supplement Insurance Policy (Plan G) MTA25 AR Base Rate 07/22/2009 0001  
CP1 Outline of Coverage Cover Page Not Applicable  
RP1.1.T01-AR Outline of Coverage Rate Page (Agency & Direct Response) Not Applicable  
DP2.T01-AR Outline of Coverage Disclosure Page Not Applicable  
BC1 Outline of Coverage Benefit Charts Not Applicable

These new 2010 plan forms will be used for new business sales with a coverage effective date of June 1, 2010, or later. As of June 1, 2010, we will cease to market our 1990 Standardized Medicare Supplement Benefit Plans approved by your Department on July 21, 2009.

The new 2010 plans are identical to the previously approved 1990 plans except they include all 2010 Plan changes,

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including the new Hospice Care Benefit. Additionally, we have made the following language updates:

- The word "Traditional" was added to the Medicare definition;
- Language was added to the Termination section to address replacement by another Medicare supplement policy;
- The Reinstatement provision was brought into compliance with the model regulation by removing the 10-day waiting period for loss due to a sickness.

Previously approved application T01-2008-03, approved on July 21, 2009, will be used to apply for these revised Medicare supplement plans. No changes have been made to the application except to reflect the 2010 policy form number changes. Solicitation of the Medicare Supplement policies will be conducted by our career agents, independent brokers/producers and through direct-to-consumer marketing.

The Outline of Coverage Forms, CP1, DP2.T01-AR, RP1.1.T01-AR and BC1, are being filed as separate module forms that together will comprise our new Medicare supplement outline of coverage. These cover page, disclosure page, rate page and benefit chart modules will be bundled together as a single document to be presented to the applicant at time of application.

Please note the outline cover page has been shaded and bolded to show the plans approved for sale in your state. The outline rate page shows the format used for displaying rates. The outline rate page shows the format used for displaying rates. Each rate page will illustrate rates based on ZIP code, gender and tobacco or non-tobacco usage. The disclosure and benefit chart pages contain all necessary information required by the NAIC model.

Any variable information within these forms is shown in brackets and explained in the enclosed Outline of Coverage Memorandum of Variable Material. We further request these outline forms be filed variable to the extent that rates, addresses, dates, federal co-payments, deductibles and other variable material can be changed over time when appropriate and when amended by regulation.

Variability is also requested for bracketed text shown on all policy schedules and for the bracketed telephone numbers shown on the face page of each policy.

An actuarial memorandum and rate schedule pages reflecting rates for the 2010 plans are also attached.

These forms meet or exceed your state's FLESCHE score requirements.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me. Thank you.

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Sincerely,

Thea Shepherd  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-4020  
Fax: 402-351-5298  
E-mail: thea.shepherd@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Thea Shepherd, Policy Drafting and Regulatory thea.shepherd@mutualofomaha.com  
Specialist  
Regulatory Affairs 402-351-4020 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

### Filing Company Information

Assured Life Association CoCode: 56499 State of Domicile: Colorado  
9777 South Yosemite, Suite 200 Group Code: Company Type: Fraternal Benefit  
Society  
Lone Tree, CO 80124 Group Name: State ID Number:  
(800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$430.00  
Retaliatory? No  
Fee Explanation: 6 policies at \$50.00 each for a total of \$300.00; Rates Total of \$50.00; 4 Outline pieces at \$20.00 for a total of \$80.00 = \$430.00  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$430.00	09/18/2009	30657317

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/09/2009	11/09/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Filer	Stephanie Fowler	11/06/2009	11/06/2009
Status Request	Note To Reviewer	Thea Shepherd	11/06/2009	11/06/2009

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## **Disposition**

Disposition Date: 11/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Flesch Certification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	No
<b>Supporting Document</b>	Outline of Coverage	Approved	Yes
<b>Form</b>	Medicare Supplement Insurance Policy Plan A	Approved	Yes
<b>Form</b>	Medicare Supplement Insurance Policy Plan B	Approved	Yes
<b>Form</b>	Medicare Supplement Insurance Policy Plan C	Approved	Yes
<b>Form</b>	Medicare Supplement Insurance Policy Plan D	Approved	Yes
<b>Form</b>	Medicare Supplement Insurance Policy Plan F	Approved	Yes
<b>Form</b>	Medicare Supplement Insurance Policy Plan G	Approved	Yes
<b>Form</b>	Outline of Coverage Cover Page	Approved	Yes
<b>Form</b>	Outline of Coverage Rate Page (Agency and Direct Response)	Approved	Yes
<b>Form</b>	Outline of Coverage Disclosure Page	Approved	Yes
<b>Form</b>	Outline of Coverage Benefit Charts	Approved	Yes
<b>Rate</b>	MTA20 Base Rate.Rating Factors Exhibit 1	Approved	Yes
<b>Rate</b>	MTA21 Base Rate.Rating Factors Exhibit 1	Approved	Yes
<b>Rate</b>	MTA22 Base Rate.Rating Factors Exhibit 1	Approved	Yes
<b>Rate</b>	MTA23 Base Rate.Rating Factors Exhibit 1	Approved	Yes
<b>Rate</b>	MTA24 Base Rate.Rating Factors Exhibit 1	Approved	Yes
<b>Rate</b>	MTA25 Base Rate.Rating Factors Exhibit 1	Approved	Yes

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**Note To Filer**

**Created By:**

Stephanie Fowler on 11/06/2009 04:33 PM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

11/09/2009 01:02 PM

**Subject:**

Status

**Comments:**

I am currently looking at this filing, I should have something for you on Monday.

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**Note To Reviewer**

**Created By:**

Thea Shepherd on 11/06/2009 08:53 AM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

11/09/2009 01:02 PM

**Subject:**

Status Request

**Comments:**

I would greatly appreciate it if you could give me an update on the status of the review of this submission. Thank you.  
Thea Shepherd

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## Form Schedule

### Lead Form Number: MTA20-21856

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/09/2009	MTA20-21856	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement Policy Plan A	Initial		0.000	MTA20-21856 ALA PLAN A 2010.pdf CERT SCHED-- PLAN A--.pdf
Approved 11/09/2009	MTA21-21857	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement Policy Plan B	Initial		0.000	MTA21-21857 ALA PLAN B 2010.pdf CERT SCHED-- PLAN B--.pdf
Approved 11/09/2009	MTA22-21858	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement Policy Plan C	Initial		0.000	MTA22-21858 ALA PLAN C 2010.pdf CERT SCHED-- PLAN C--.pdf
Approved 11/09/2009	MTA23-21859	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement Policy Plan D	Initial		0.000	MTA23-21859 ALA PLAN D 2010.pdf CERT SCHED-- PLAN D--.pdf
Approved 11/09/2009	MTA24-21860	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement Policy Plan F	Initial		0.000	MTA24-21860 ALA PLAN F 2010.pdf CERT SCHED-- PLAN F--.pdf

<i>SERFF Tracking Number:</i>	<i>MUTM-126310701</i>	<i>State:</i>	<i>Arkansas</i>			
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>43539</i>			
<i>Company Tracking Number:</i>	<i>THEA SHEPHERD</i>					
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>			
<i>Product Name:</i>	<i>Administration Medicare Supplement Insurance - 2010 - MTA20-21856</i>					
<i>Project Name/Number:</i>	<i>Administration Medicare Supplement Insurance/MTA20-21856</i>					
Approved 11/09/2009	MTA25- 21861	Policy/Cont ract/Fratern al Insurance Certificate	Medicare Supplement Plan G	Initial	0.000	MTA25-21861 ALA PLAN G 2010.pdf CERT SCHED-- PLAN G--.pdf
Approved 11/09/2009	CP1	Outline of Coverage	Outline of Coverage Cover Page	Initial	0.000	CP1 (Outline Cover Page).pdf
Approved 11/09/2009	RP1.1.T01- AR	Outline of Coverage	Outline of Coverage Rate Page (Agency and Direct Response)	Initial	0.000	RP1.1.T01- AR (Outline rate page).pdf
Approved 11/09/2009	DP2.T01- AR	Outline of Coverage	Outline of Coverage Disclosure Page	Initial	0.000	DP2.T01-AR (Outline Disclosure Page).pdf
Approved 11/09/2009	BC1	Outline of Coverage	Outline of Coverage Benefit Charts	Initial		BC1 (Outline Benefit Charts).pdf

**ASSURED LIFE ASSOCIATION**  
8000 East Maplewood Ave., Suite 105  
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

## **MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN A**

### **CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

### **30-DAY RIGHT TO EXAMINE CERTIFICATE**

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

### **PLEASE READ YOUR APPLICATION**

**Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.**

### **GUARANTEED RENEWABLE FOR LIFE**

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

### **PREMIUM CHANGES**

The premium for this policy may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.  
READ YOUR CERTIFICATE CAREFULLY.**

#### **NOTICE TO BUYER:**

**THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

**To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:**

**Customer Service [1-XXX-XXX-XXXX]**

**Claims Service [1-XXX-XXX-XXXX]**

**Administrative Office:  
Assured Life Association  
[3316 Farnam Street  
Omaha, NE 68175]**



**Secretary**

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## DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

**Benefit Period** means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

**Hospital** means a place defined as a hospital and approved for payment as a hospital by Medicare.

**Injury** means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

**Material Misrepresentation** means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

**Medicare Eligible Expenses** mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** means a physician as defined by Medicare.

**Certificate Date** means the date coverage starts under this certificate as shown on the certificate schedule.

**Certificate Renewal Date** means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

**Sickness** means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

**We, Us or Our** means Assured Life Association.

**You or Your** means the person named as the Insured on the certificate schedule.

## **BASIC CORE BENEFITS**

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

### **Inpatient Hospital Confinement Benefits (Medicare Part A)**

**Coinsurance Benefit:** We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

**Lifetime Reserve Days Benefit:** We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

**Medicare Exhaustion Benefit:** After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

### **Blood Deductible Benefit (Medicare Part A or Part B)**

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

### **Medicare Part B Coinsurance Benefit**

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

### **Hospice Care Benefit**

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

## **AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE**

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also

adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

## **EXTENSION OF BENEFITS**

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

## **SUSPENSION OF COVERAGE**

### **Suspension Available During Medicaid Entitlement**

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

### **Suspension Available While Covered Under a Group Health Plan**

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

## **TERMINATION**

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

## **EXCLUSIONS**

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

## **CLAIMS FILING PROCEDURES**

### **Notice of Claim**

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

**Electronic Claim Filing Process:** Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes

benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

### **Claim Forms**

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

### **Proof of Loss**

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

## **TIME OF PAYMENT OF CLAIMS**

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

## **PAYMENT OF CLAIMS**

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

## **TERM OF COVERAGE**

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

## **CERTIFICATE PROVISIONS**

### **Entire Contract and Changes**

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

### **Time Limit on Certain Defenses**

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

### **Grace Period**

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

### **Reinstatement**

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

### **Physical Examinations and Autopsy**

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

### **Legal Actions**

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

### **Other Insurance with Us**

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

### **Unpaid Premium**

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

### **Conformity with State Statutes**

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

---

**CERTIFICATE SCHEDULE**

---

<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE DATE</b>	<b>FIRST RENEWAL DATE</b>
MTA20-[000000-007]	[6-1-10]	[6-1-11]

---

<b>INITIAL PREMIUM</b>	<b>RENEWAL PREMIUM</b>	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

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<b>CERTIFICATE BENEFIT</b>	<b>SERIES</b> [21856]
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AS SPECIFIED IN THE CERTIFICATE

**INSURED**

[James J. Jones]  
[123 Main Street]  
[Anytown, XX 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT  
INCLUDE FRATERNAL DUES OF [\$1.00]  
PER MONTH

**INITIAL PREMIUM** \$[0,000.00]

**MGR** [Don Jones]  
[J Brown 09999]

**ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW**  
**(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)**

\*\*Renewal Premium Subject To Change

**CLAIM INFORMATION CALL [1-877-223-4244]**  
**OTHER SERVICE QUESTIONS CALL [1-877-223-3666]**

MTA20-21856

**ASSURED LIFE ASSOCIATION**  
8000 East Maplewood Ave., Suite 105  
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

## **MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN B**

### **CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

### **30-DAY RIGHT TO EXAMINE CERTIFICATE**

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

### **PLEASE READ YOUR APPLICATION**

**Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.**

### **GUARANTEED RENEWABLE FOR LIFE**

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

### **PREMIUM CHANGES**

The premium for this policy may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.  
READ YOUR CERTIFICATE CAREFULLY.**

### **NOTICE TO BUYER:**

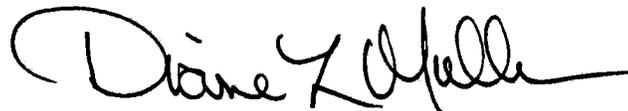
**THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

**To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:**

**Customer Service [1-XXX-XXX-XXXX]**

**Claims Service [1-XXX-XXX-XXXX]**

**Administrative Office:  
Assured Life Association  
[3316 Farnam Street  
Omaha, NE 68175]**



**Secretary**

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## DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

**Benefit Period** means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

**Hospital** means a place defined as a hospital and approved for payment as a hospital by Medicare.

**Injury** means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

**Material Misrepresentation** means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

**Medicare Eligible Expenses** mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** means a physician as defined by Medicare.

**Certificate Date** means the date coverage starts under this certificate as shown on the certificate schedule.

**Certificate Renewal Date** means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

**Sickness** means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

**We, Us or Our** means Assured Life Association.

**You or Your** means the person named as the Insured on the certificate schedule.

## **BASIC CORE BENEFITS**

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

### **Inpatient Hospital Confinement Benefits (Medicare Part A)**

**Coinsurance Benefit:** We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

**Lifetime Reserve Days Benefit:** We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

**Medicare Exhaustion Benefit:** After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

### **Blood Deductible Benefit (Medicare Part A or Part B)**

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

### **Medicare Part B Coinsurance Benefit**

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

### **Hospice Care Benefit**

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

## **PLAN B ADDITIONAL BENEFITS**

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan B as follows. Plan B Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

## **Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)**

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

## **AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE**

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

## **EXTENSION OF BENEFITS**

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

## **SUSPENSION OF COVERAGE**

### **Suspension Available During Medicaid Entitlement**

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

### **Suspension Available While Covered Under a Group Health Plan**

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

## **TERMINATION**

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

## **EXCLUSIONS**

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

## **CLAIMS FILING PROCEDURES**

### **Notice of Claim**

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

**Electronic Claim Filing Process:** Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

### **Claim Forms**

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

### **Proof of Loss**

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

## **TIME OF PAYMENT OF CLAIMS**

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

## **PAYMENT OF CLAIMS**

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

## **TERM OF COVERAGE**

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

## **CERTIFICATE PROVISIONS**

### **Entire Contract and Changes**

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

### **Time Limit on Certain Defenses**

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

### **Grace Period**

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

### **Reinstatement**

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

### **Physical Examinations and Autopsy**

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

### **Legal Actions**

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

### **Other Insurance with Us**

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

### **Unpaid Premium**

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

### **Conformity with State Statutes**

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

---

**CERTIFICATE SCHEDULE**

---

<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE DATE</b>	<b>FIRST RENEWAL DATE</b>
MTA21-[000000-007]	[6-1-10]	[6-1-11]

<b>INITIAL PREMIUM</b>	<b>RENEWAL PREMIUM</b>	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

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<b>CERTIFICATE BENEFIT</b>	<b>SERIES</b> [21857]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

**INSURED**

[James J. Jones]  
[123 Main Street]  
[Anytown, XX 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT  
INCLUDE FRATERNAL DUES OF [\$1.00]  
PER MONTH

**INITIAL PREMIUM** \$[0,000.00]

**MGR** [Don Jones]  
[J Brown 09999]

**ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW**  
**(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)**

\*\*Renewal Premium Subject To Change

**CLAIM INFORMATION CALL [1-877-223-4244]**  
**OTHER SERVICE QUESTIONS CALL [1-877-223-3666]**

MTA21-21857

**ASSURED LIFE ASSOCIATION**  
8000 East Maplewood Ave., Suite 105  
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

# **MEDICARE SUPPLEMENT INSURANCE CERTIFICATE**

## **PLAN C**

### **CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

### **30-DAY RIGHT TO EXAMINE CERTIFICATE**

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

### **PLEASE READ YOUR APPLICATION**

**Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.**

### **GUARANTEED RENEWABLE FOR LIFE**

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

### **PREMIUM CHANGES**

The premium for this policy may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.  
READ YOUR CERTIFICATE CAREFULLY.**

### **NOTICE TO BUYER:**

**THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

**To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:**

**Customer Service [1-XXX-XXX-XXXX]**

**Claims Service [1-XXX-XXX-XXXX]**

**Administrative Office:  
Assured Life Association  
[3316 Farnam Street  
Omaha, NE 68175]**



**Secretary**

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## DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

**Benefit Period** means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

**Emergency Care** means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

**Hospital** means a place defined as a hospital and approved for payment as a hospital by Medicare.

**Injury** means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

**Material Misrepresentation** means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

**Medicare Eligible Expenses** mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** means a physician as defined by Medicare.

**Certificate Date** means the date coverage starts under this certificate as shown on the certificate schedule.

**Certificate Renewal Date** means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

**Sickness** means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

**We, Us or Our** means Assured Life Association.

**You or Your** means the person named as the Insured on the certificate schedule.

## **BASIC CORE BENEFITS**

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

### **Inpatient Hospital Confinement Benefits (Medicare Part A)**

**Coinsurance Benefit:** We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

**Lifetime Reserve Days Benefit:** We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

**Medicare Exhaustion Benefit:** After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

### **Blood Deductible Benefit (Medicare Part A or Part B)**

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

### **Medicare Part B Coinsurance Benefit**

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the copayment amount.

### **Hospice Care Benefit**

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

## **PLAN C ADDITIONAL BENEFITS**

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan C as follows. Plan C Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

### **Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)**

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

### **Skilled Nursing Facility Confinement Benefit (Medicare Part A)**

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

### **Medicare Part B Deductible Benefit**

We will pay 100% of the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

### **Emergency Care in a Foreign Country Benefit**

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

## **AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE**

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

## **EXTENSION OF BENEFITS**

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

## **SUSPENSION OF COVERAGE**

### **Suspension Available During Medicaid Entitlement**

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

### **Suspension Available While Covered Under a Group Health Plan**

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

## **TERMINATION**

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination of coverage will not affect any claim originating while this certificate was in force.

## **EXCLUSIONS**

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

## **CLAIMS FILING PROCEDURES**

### **Notice of Claim**

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

**Electronic Claim Filing Process:** Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

### **Claim Forms**

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

### **Proof of Loss**

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be

furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

## **TIME OF PAYMENT OF CLAIMS**

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

## **PAYMENT OF CLAIMS**

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

## **TERM OF COVERAGE**

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

## **CERTIFICATE PROVISIONS**

### **Entire Contract and Changes**

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

### **Time Limit on Certain Defenses**

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

## **Grace Period**

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

## **Reinstatement**

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

## **Physical Examinations and Autopsy**

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

## **Legal Actions**

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

## **Other Insurance with Us**

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

## **Unpaid Premium**

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

## **Conformity with State Statutes**

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

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**CERTIFICATE SCHEDULE**

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<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE DATE</b>	<b>FIRST RENEWAL DATE</b>
MTA22-[000000-007]	[6-1-10]	[6-1-11]

---

<b>INITIAL PREMIUM</b>	<b>RENEWAL PREMIUM</b>	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

---

<b>CERTIFICATE BENEFIT</b>	<b>SERIES</b> [21858]
----------------------------	-----------------------

AS SPECIFIED IN THE CERTIFICATE

**INSURED**

[James J. Jones]  
[123 Main Street]  
[Anytown, XX 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT  
INCLUDE FRATERNAL DUES OF [\$1.00]  
PER MONTH

**INITIAL PREMIUM** \$[0,000.00]

**MGR** [Don Jones]  
[J Brown 09999]

**ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW**  
**(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)**

\*\*Renewal Premium Subject To Change

**CLAIM INFORMATION CALL [1-877-223-4244]**  
**OTHER SERVICE QUESTIONS CALL [1-877-223-3666]**

MTA22-21858

**ASSURED LIFE ASSOCIATION**  
8000 East Maplewood Ave., Suite 105  
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

## **MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN D**

### **CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

### **30-DAY RIGHT TO EXAMINE CERTIFICATE**

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

### **PLEASE READ YOUR APPLICATION**

**Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.**

### **GUARANTEED RENEWABLE FOR LIFE**

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

### **PREMIUM CHANGES**

The premium for this policy may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.  
READ YOUR CERTIFICATE CAREFULLY.**

### **NOTICE TO BUYER:**

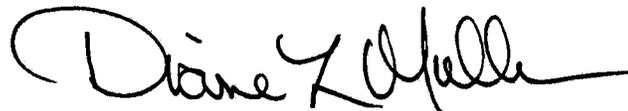
**THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

**To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:**

**Customer Service [1-XXX-XXX-XXXX]**

**Claims Service [1-XXX-XXX-XXXX]**

**Administrative Office:  
Assured Life Association  
[3316 Farnam Street  
Omaha, NE 68175]**



**Secretary**

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## DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

**Benefit Period** means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

**Emergency Care** means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

**Hospital** means a place defined as a hospital and approved for payment as a hospital by Medicare.

**Injury** means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

**Material Misrepresentation** means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

**Medicare Eligible Expenses** mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** means a physician as defined by Medicare.

**Certificate Date** means the date coverage starts under this certificate as shown on the certificate schedule.

**Certificate Renewal Date** means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

**Sickness** means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

**We, Us or Our** means Assured Life Association.

**You or Your** means the person named as the Insured on the certificate schedule.

## **BASIC CORE BENEFITS**

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

### **Inpatient Hospital Confinement Benefits (Medicare Part A)**

**Coinsurance Benefit:** We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

**Lifetime Reserve Days Benefit:** We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

**Medicare Exhaustion Benefit:** After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

### **Blood Deductible Benefit (Medicare Part A or Part B)**

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

### **Medicare Part B Coinsurance Benefit**

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

### **Hospice Care Benefit**

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

## **PLAN D ADDITIONAL BENEFITS**

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan D as follows. Plan D Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

### **Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)**

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

### **Skilled Nursing Facility Confinement Benefit (Medicare Part A)**

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

### **Emergency Care in a Foreign Country Benefit**

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

## **AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE**

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

## **EXTENSION OF BENEFITS**

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

## **SUSPENSION OF COVERAGE**

### **Suspension Available During Medicaid Entitlement**

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

### **Suspension Available While Covered Under a Group Health Plan**

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

## **TERMINATION**

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

## EXCLUSIONS

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

## CLAIMS FILING PROCEDURES

### **Notice of Claim**

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

**Electronic Claim Filing Process:** Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

### **Claim Forms**

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

### **Proof of Loss**

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

## **TIME OF PAYMENT OF CLAIMS**

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

## **PAYMENT OF CLAIMS**

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

## **TERM OF COVERAGE**

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

## **CERTIFICATE PROVISIONS**

### **Entire Contract and Changes**

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

### **Time Limit on Certain Defenses**

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

### **Grace Period**

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

## **Reinstatement**

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

## **Physical Examinations and Autopsy**

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

## **Legal Actions**

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

## **Other Insurance with Us**

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

## **Unpaid Premium**

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

## **Conformity with State Statutes**

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

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**CERTIFICATE SCHEDULE**

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<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE DATE</b>	<b>FIRST RENEWAL DATE</b>
MTA23-[000000-007]	[6-1-10]	[6-1-11]

<b>INITIAL PREMIUM</b>	<b>RENEWAL PREMIUM</b>	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

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<b>CERTIFICATE BENEFIT</b>	<b>SERIES</b> [21859]
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AS SPECIFIED IN THE CERTIFICATE

**INSURED**

[James J. Jones]  
[123 Main Street]  
[Anytown, XX 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT  
INCLUDE FRATERNAL DUES OF [\$1.00]  
PER MONTH

**INITIAL PREMIUM** \$[0,000.00]

**MGR** [Don Jones]  
[J Brown 09999]

**ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW**  
**(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)**

\*\*Renewal Premium Subject To Change

**CLAIM INFORMATION CALL [1-877-223-4244]**  
**OTHER SERVICE QUESTIONS CALL [1-877-223-3666]**

MTA23-21859

**ASSURED LIFE ASSOCIATION**  
8000 East Maplewood Ave., Suite 105  
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

## **MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN F**

### **CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

### **30-DAY RIGHT TO EXAMINE CERTIFICATE**

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

### **PLEASE READ YOUR APPLICATION**

**Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.**

### **GUARANTEED RENEWABLE FOR LIFE**

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

### **PREMIUM CHANGES**

The premium for this policy may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.  
READ YOUR CERTIFICATE CAREFULLY.**

### **NOTICE TO BUYER:**

**THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

**To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:**

**Customer Service [1-XXX-XXX-XXXX]**

**Claims Service [1-XXX-XXX-XXXX]**

**Administrative Office:  
Assured Life Association  
[3316 Farnam Street  
Omaha, NE 68175]**



**Secretary**

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## DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

**Accept(s) Assignment** means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill you for the excess charge difference between the actual charge and the amount approved by Medicare.

**Benefit Period** means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

**Emergency Care** means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

**Hospital** means a place defined as a hospital and approved for payment as a hospital by Medicare.

**Injury** means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

**Material Misrepresentation** means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

**Medicare Eligible Expenses** mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** means a physician as defined by Medicare.

**Certificate Date** means the date coverage starts under this certificate as shown on the certificate schedule.

**Certificate Renewal Date** means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

**Sickness** means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

**We, Us or Our** means Assured Life Association.

**You or Your** means the person named as the Insured on the certificate schedule.

## **BASIC CORE BENEFITS**

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

### **Inpatient Hospital Confinement Benefits (Medicare Part A)**

**Coinsurance Benefit:** We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

**Lifetime Reserve Days Benefit:** We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

**Medicare Exhaustion Benefit:** After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

### **Blood Deductible Benefit (Medicare Part A or Part B)**

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

### **Medicare Part B Coinsurance Benefit**

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

### **Hospice Care Benefit**

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

## **PLAN F ADDITIONAL BENEFITS**

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan F as follows. Plan F Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

### **Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)**

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

### **Skilled Nursing Facility Confinement Benefit (Medicare Part A)**

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

### **Medicare Part B Deductible Benefit**

We will pay 100% of the Medicare Part B deductible amount due each calendar year for Part B Medicare Eligible Expenses incurred.

### **Medicare Part B Excess Charges Benefit**

We will pay 100% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference we will consider cannot exceed any charge limitation established by the Medicare program or state law.

### **Emergency Care in a Foreign Country Benefit**

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

## **AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE**

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

## **EXTENSION OF BENEFITS**

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

## **SUSPENSION OF COVERAGE**

### **Suspension Available During Medicaid Entitlement**

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

### **Suspension Available While Covered Under a Group Health Plan**

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

## **TERMINATION**

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

## **EXCLUSIONS**

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

## **CLAIMS FILING PROCEDURES**

### **Notice of Claim**

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

**Electronic Claim Filing Process:** Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes

benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

### **Claim Forms**

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

### **Proof of Loss**

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

## **TIME OF PAYMENT OF CLAIMS**

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

## **PAYMENT OF CLAIMS**

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

## **TERM OF COVERAGE**

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

## **CERTIFICATE PROVISIONS**

### **Entire Contract and Changes**

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

### **Time Limit on Certain Defenses**

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

### **Grace Period**

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

### **Reinstatement**

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

### **Physical Examinations and Autopsy**

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

### **Legal Actions**

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

### **Other Insurance with Us**

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

### **Unpaid Premium**

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

### **Conformity with State Statutes**

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

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**CERTIFICATE SCHEDULE**

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<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE DATE</b>	<b>FIRST RENEWAL DATE</b>
MTA24-[000000-007]	[6-1-10]	[6-1-11]

---

<b>INITIAL PREMIUM</b>	<b>RENEWAL PREMIUM</b>	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

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<b>CERTIFICATE BENEFIT</b>	<b>SERIES</b> [21860]
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AS SPECIFIED IN THE CERTIFICATE

**INSURED**

[James J. Jones]  
[123 Main Street]  
[Anytown, XX 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT  
INCLUDE FRATERNAL DUES OF [\$1.00]  
PER MONTH

**INITIAL PREMIUM** \$[0,000.00]

**MGR** [Don Jones]  
[J Brown 09999]

**ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW**  
**(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)**

\*\*Renewal Premium Subject To Change

**CLAIM INFORMATION CALL [1-877-223-4244]**  
**OTHER SERVICE QUESTIONS CALL [1-877-223-3666]**

MTA24-21860

**ASSURED LIFE ASSOCIATION**  
8000 East Maplewood Ave., Suite 105  
Greenwood Village, Colorado 80111

A Legal Reserve Fraternal Benefit Society

## **MEDICARE SUPPLEMENT INSURANCE CERTIFICATE PLAN G**

### **CONSIDERATION**

In consideration of the first premium you paid, the application you completed and our reliance on your answers to the application questions, we have put this certificate in force as of the Certificate Date. That date is shown on the certificate schedule. A copy of your application is attached.

### **30-DAY RIGHT TO EXAMINE CERTIFICATE**

Please read your certificate. If, for any reason, you are not satisfied with it, you may return your certificate to us at the administrative office shown below or your agent within 30 days of its delivery. We will then promptly refund all premiums paid less any claims paid. The certificate will then be considered never to have been issued.

### **PLEASE READ YOUR APPLICATION**

**Please read the attached copy of your application immediately. If anything is not correct or if any past medical history has been left out, you should tell us. Your certificate was issued on the basis that all information in the application is correct and complete. If not, your certificate may not be valid.**

### **GUARANTEED RENEWABLE FOR LIFE**

This certificate is guaranteed renewable for life. This means you have the right to continue your certificate in force for as long as you live. Unless there has been a Material Misrepresentation, we cannot cancel your coverage as long as you pay the required premium payment when it is due.

### **PREMIUM CHANGES**

The premium for this policy may change. This type of premium change can occur on any Certificate Renewal Date. However, such premium change cannot be made unless we make the same change to all certificates of this form issued to persons of the same classification living in the same geographic area of your state. We will give you the advance written notice required by your state prior to any premium change.

**This Is a Legal Contract Between You and Us.  
READ YOUR CERTIFICATE CAREFULLY.**

### **NOTICE TO BUYER:**

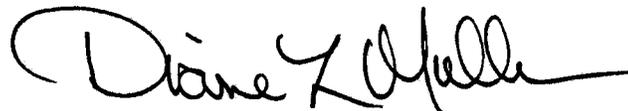
**THIS CERTIFICATE MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

**To Inquire About Your Coverage, or To Express a Concern, Call Us Toll-Free At:**

**Customer Service [1-XXX-XXX-XXXX]**

**Claims Service [1-XXX-XXX-XXXX]**

**Administrative Office:  
Assured Life Association  
[3316 Farnam Street  
Omaha, NE 68175]**



**Secretary**

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## DEFINITIONS

Shown below are the defined terms used in your certificate. These terms are capitalized wherever they appear in the certificate.

**Accept(s) Assignment** means a Physician or provider of medical services receives payment directly from Medicare Part B and agrees to charge no more for services performed than the amount approved by Medicare. When a Physician or provider accepts assignment, he or she will not bill you for the excess charge difference between the actual charge and the amount approved by Medicare.

**Benefit Period** means the period of time defined by Medicare as a benefit period under Medicare Part A. A benefit period begins on the first day you are Hospital confined as an inpatient. A benefit period generally ends after you have not been confined in a Hospital or skilled nursing facility for 60 days in a row.

**Emergency Care** means care needed immediately because of a Sickness or Injury of sudden and unexpected onset.

**Hospital** means a place defined as a hospital and approved for payment as a hospital by Medicare.

**Injury** means bodily harm sustained by you which:

- (a) is the direct result of an accident or trauma that occurs while your certificate is in force; and
- (b) is not related to Sickness, bodily infirmity or any other cause.

**Material Misrepresentation** means a condition or combination of conditions you were requested to disclose on the application were not disclosed and which, if disclosed, would have required a different premium or caused us to deny issuing your certificate. Any material misrepresentation is subject to the Time Limit on Certain Defenses provision.

**Medicare** means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended. Traditional Medicare is divided into two parts, Part A (Hospital/skilled nursing facility coverage) and Part B (medical/surgical coverage).

**Medicare Eligible Expenses** mean expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**Physician** means a physician as defined by Medicare.

**Certificate Date** means the date coverage starts under this certificate as shown on the certificate schedule.

**Certificate Renewal Date** means the month and day this certificate's premium payment is due. The frequency of the certificate renewal date can vary depending on whether the premiums are paid on a monthly, quarterly, semiannual, or annual basis.

**Sickness** means an illness, disease or physical condition incurred by you which causes loss beginning while your certificate is in force.

**We, Us or Our** means Assured Life Association.

**You or Your** means the person named as the Insured on the certificate schedule.

## **BASIC CORE BENEFITS**

Your Medicare Supplement Insurance Certificate is designed to coordinate with benefits provided by the federal Medicare program. We will consider our benefits:

- (a) as if you are enrolled in both Part A and Part B of Medicare (even if you are not enrolled in Part B); and
- (b) as if Medicare has paid its portion of the expense incurred.

When you receive services for Medicare Eligible Expenses, we will pay basic core benefits as follows:

### **Inpatient Hospital Confinement Benefits (Medicare Part A)**

**Coinsurance Benefit:** We will pay the Part A Medicare coinsurance amount for each day of inpatient Hospital confinement you incur from the 61st day through the 90th day in each Medicare Benefit Period to the extent not covered by Medicare.

**Lifetime Reserve Days Benefit:** We will pay the Part A Medicare coinsurance amount for each lifetime reserve day of inpatient Hospital confinement you incur to the extent not covered by Medicare. Lifetime reserve days are nonrenewable and limited to 60 days during your lifetime.

**Medicare Exhaustion Benefit:** After all Medicare inpatient Hospital confinement benefits are exhausted, including your lifetime reserve days, we will pay 100% of the Part A Medicare Eligible Expenses you incur for inpatient Hospital confinement. Benefits are payable at the same rate Medicare would have paid had Medicare Part A Hospital days not been exhausted. Medicare exhaustion benefits are limited to a maximum of 365 days of inpatient Hospital confinement payable during your lifetime.

### **Blood Deductible Benefit (Medicare Part A or Part B)**

We will pay the expense incurred for the reasonable cost of the first three pints of unreplaced blood (or equivalent quantities of packed red blood cells) per calendar year under Medicare Part A or Part B. Once this three-pint calendar year blood deductible is met under either Part A or Part B of Medicare, it does not have to be met under the other Part. You or someone else may donate blood to replace the blood you use, in accordance with federal regulations.

### **Medicare Part B Coinsurance Benefit**

After the Medicare Part B calendar year deductible has been satisfied, we will pay the coinsurance amount not paid by Medicare applicable to Part B Medicare Eligible Expenses. The coinsurance amount is generally 20% of the total amount approved by Medicare for medical services. In the case of Hospital outpatient department services under a prospective payment system, we will pay the co-payment amount.

### **Hospice Care Benefit**

We will pay the copayment/coinsurance amount for all Part A Medicare eligible hospice care and respite care expenses.

## **PLAN G ADDITIONAL BENEFITS**

When you receive services for Medicare Eligible Expenses, we will pay additional benefits applicable to Plan G as follows. Plan G Additional Benefits are subject to the same terms and conditions as Basic Core Benefits.

### **Inpatient Hospital Confinement Deductible Benefit (Medicare Part A)**

When you are confined in a Hospital as an inpatient, we will pay 100% of the Medicare Part A inpatient Hospital deductible amount due for each Benefit Period.

### **Skilled Nursing Facility Confinement Benefit (Medicare Part A)**

When you are confined in a skilled nursing facility for post-Hospital care eligible under Medicare Part A, we will pay the actual billed charges, up to the daily coinsurance amount, for each day of confinement from the 21st day through the 100th day, during each Medicare Benefit Period.

### **Medicare Part B Excess Charges Benefit**

We will pay 100% of the difference between the actual charge billed to Medicare Part B for medical expenses incurred and the amount approved by Medicare Part B. When a provider of medical services Accepts Assignment, no excess charges will be payable by us. When a provider of medical services does not Accept Assignment, the amount of excess charge difference we will consider cannot exceed any charge limitation established by the Medicare program or state law.

### **Emergency Care in a Foreign Country Benefit**

If you receive Emergency Care while in a foreign country, we will pay 80% of the billed Medicare Eligible Expenses incurred for Hospital, Physician and medical services to the extent such expenses are not covered by Medicare, after a \$250 calendar year deductible has been satisfied by you. Benefits are payable only for Emergency Care that would have been covered by Medicare to the extent such Emergency Care would have been covered by Medicare if provided in the United States. Benefits are limited to:

- (a) Emergency Care which begins during the first 60 days in a row of each trip you make outside of the United States; and
- (b) a maximum payable of \$50,000 during your lifetime.

## **AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE**

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, your certificate's benefits will automatically adjust to coordinate with such changes. Your certificate's premium may also adjust to correspond with these benefit changes. Likewise, if Medicare changes the period of time or number of days applicable to a particular benefit, your certificate will adjust accordingly.

## **EXTENSION OF BENEFITS**

If you incur expense for a continuous loss which began while this certificate was in force, coverage for such loss will continue beyond the date insurance ends. This extension of coverage is:

- (a) subject to your continuous total disability; and
- (b) limited to the duration of the Medicare Benefit Period or, if none is applicable, payment of the maximum benefits.

Benefits are payable during this extension on the same basis as if coverage had not ended. However, coverage is extended only for those covered Sicknesses or Injuries causing the continuous loss. Receipt of Medicare Part D outpatient prescription drug benefits will not be considered in determining a continuous loss.

## **SUSPENSION OF COVERAGE**

### **Suspension Available During Medicaid Entitlement**

If you apply for and become entitled to medical assistance under Medicaid, we will suspend benefits and premiums under this certificate at your request, as long as you notify us within 90 days after the onset of Medicaid entitlement. This suspension of coverage can last for up to 24 months while your Medicaid entitlement continues.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose entitlement to Medicaid benefits during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of the loss of entitlement within 90 days after it occurs. Automatic reinstatement of coverage will be effective as of the date of Medicaid termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

### **Suspension Available While Covered Under a Group Health Plan**

If you are entitled to benefits under Section 226(b) of the Social Security Act and covered under a group health plan, we will suspend benefits and premiums under this certificate at your request. This suspension of coverage can last as long as the period provided by federal regulation.

Upon our receipt of your timely notification, we will refund any unearned premium for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period you are eligible.

If you lose coverage under the group health plan during this suspension of coverage, your certificate will be automatically reinstated as long as you notify us of such loss of coverage within 90 days after it occurs. Automatic reinstatement of your certificate's coverage will be effective as of the date of group health plan termination. You must pay the applicable certificate premium. Upon reinstatement, we will:

- (a) provide coverage substantially equivalent to the coverage in effect prior to the date of suspension; and
- (b) charge a premium at least as favorable as if coverage had not been suspended.

## **TERMINATION**

This certificate will terminate on the earliest of:

- (a) the date we receive your written or verbal request to cancel the certificate (in which case the grace period will not apply);
- (b) the date this policy is replaced by another Medicare supplement or Medicare Select policy (in which case the grace period will not apply);
- (c) the Certificate Renewal Date, if sufficient premium has not been paid before the end of the grace period; or
- (d) the date of your death.

In the event of cancellation or death, we will promptly return the unearned portion of any premium paid.

Termination of coverage will not affect any claim originating while this certificate was in force.

## **EXCLUSIONS**

We will not pay benefits for:

- (a) expense incurred while this certificate is not in force, except as provided in the Extension of Benefits section;
- (b) Hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this certificate is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for non-Medicare Eligible Expenses, including, but not limited to, routine exams, take-home drugs and eye refractions;
- (e) services for which a charge is not normally made in the absence of insurance; or
- (f) loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

## **CLAIMS FILING PROCEDURES**

### **Notice of Claim**

Written notice of a claim must be given to us within 20 days after a loss occurs or starts, or as soon as is reasonably possible. You may give the required notice or someone else may do it for you. The notice should give your name and certificate number as shown on the certificate schedule. Notice should be mailed to us at our administrative office address shown on the face page of this certificate, or to any of our agents.

**Electronic Claim Filing Process:** Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes your claim

electronically to us for consideration of benefits under your Medicare supplement certificate. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf.

### **Claim Forms**

When we receive notice of claim, we will send you forms for filing proof of loss. If we do not send them within 15 days after the giving of such notice, you can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

### **Proof of Loss**

Written proof of loss must be given to us within 90 days after the date of such loss. If it was not reasonably possible to give us written proof within the required time, we will not reduce or deny the claim for this reason if the proof is supplied as soon as reasonably possible. In any case, proof must be furnished no later than 12 months from the time otherwise specified, except in the absence of legal capacity.

## **TIME OF PAYMENT OF CLAIMS**

Benefits for a covered loss will be paid as soon as we receive proper written proof of loss.

## **PAYMENT OF CLAIMS**

All benefits will be paid to you, if living, unless we receive an assignment of benefits by you to pay your health care provider. Benefits unpaid at your death, which are not assigned, will be paid to your estate.

If any benefits are payable to your estate, to a minor or to any person not legally able to give a valid release, we may pay up to \$1,000 to any relative of yours who we find entitled to the payment. Payment made in good faith will fully discharge us to the extent of the payment.

## **TERM OF COVERAGE**

Your coverage starts on the Certificate Date at 12:01 A.M. where you live. It ends at 12:01 A.M. where you live on the first Certificate Renewal Date. Each time you renew your certificate by paying the premium within the 31-day grace period, the new term begins when the old term ends.

## **CERTIFICATE PROVISIONS**

### **Entire Contract and Changes**

The entire contract of insurance is:

- (a) the certificate;
- (b) the attached signed application;
- (c) any supplemental applications made part of the certificate;
- (d) any riders and amendment riders;
- (e) any endorsements and amendments; and
- (f) our Articles of Incorporation and Bylaws.

Our Articles of Incorporation and Bylaws shall govern and control this certificate at all times. Any duly enacted changes, addition or amendment to such documents, which take effect after the Certificate Date, shall be binding and will, thereafter, govern and control this certificate; except, no such change will reduce or destroy any benefit provided by this certificate on the Certificate Date. No agent may change the contract of insurance in any way. Only an executive officer of ours can approve a change. Any such change must be shown in or attached to the certificate. Any rider, endorsement or application added after the Certificate Date which reduces or eliminates coverage under this certificate will require your signed acceptance in order to be valid.

### **Time Limit on Certain Defenses**

After two years from the date you become covered under this certificate, we cannot use misstatements, except fraudulent misstatements in your application, to void coverage or deny a claim for loss incurred or disability that starts after the two-year period.

### **Grace Period**

Your certificate's premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your certificate stays in force during the grace period.

### **Reinstatement**

Your certificate will lapse if you do not pay the premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this certificate back in force. If we require an application for reinstatement, this certificate will be put back in force when we approve the application. If we do not approve the application, this certificate will be put back in force on the 45th day following the date of the application if we do not give you prior written notice of its disapproval.

The reinstated certificate will only cover loss due to an Injury or Sickness that occurs after the date of reinstatement. In all other respects, you and we have the same rights under this certificate as were in effect before it lapsed. Premium accepted in connection with this provision will be used for a period for which premium has not been paid, but not for any period more than 60 days before the date of reinstatement.

### **Physical Examinations and Autopsy**

We, at our expense, may have you examined when and as often as is reasonable while a claim is pending. We may also have an autopsy done, at our expense, where it is not prohibited by law.

### **Legal Actions**

No legal action can be brought to recover under this certificate until at least 60 days after we have been given satisfactory written proof of loss. Legal action cannot be brought after the expiration of three years from the date proof of loss is required.

### **Other Insurance with Us**

You can be insured under only one of our Medicare supplement certificates at any one time. If you are insured under more than one such certificate, you can select the one that is to remain in effect. In the event of death, this selection will be made by your estate. We will return all premiums paid (less any claims paid) for any certificate that does not remain in effect.

**Unpaid Premium**

When benefits are paid for a claim under this certificate, any premium then due and unpaid may be deducted from the benefits payable.

**Conformity with State Statutes**

If any provision of this certificate conflicts with the laws of the state where you reside on that provision's effective date, it is amended to conform to the minimum requirements of those laws.

---

**CERTIFICATE SCHEDULE**

---

<b>CERTIFICATE NUMBER</b>	<b>CERTIFICATE DATE</b>	<b>FIRST RENEWAL DATE</b>
MTA25-[000000-007]	[6-1-10]	[6-1-11]

---

<b>INITIAL PREMIUM</b>	<b>RENEWAL PREMIUM</b>	
[\$0,000.00]	[\$0,000.00**]	[Annual, Semiannual, Quarterly, Monthly]

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<b>CERTIFICATE BENEFIT</b>	<b>SERIES</b> [21561]
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AS SPECIFIED IN THE CERTIFICATE

**INSURED**

[James J. Jones]  
[123 Main Street]  
[Anytown, XX 00000]

INITIAL AND RENEWAL PREMIUMS DO NOT  
INCLUDE FRATERNAL DUES OF [\$1.00]  
PER MONTH

**INITIAL PREMIUM** \$[0,000.00]

**MGR** [Don Jones]  
[J Brown 09999]

**ADDITIONAL COVERAGE AND CERTIFICATE ADJUSTMENTS SHOWN BELOW**  
**(NOTE: INFORMATION MAY CONTINUE ON REVERSE--PLEASE READ)**

\*\*Renewal Premium Subject To Change

**CLAIM INFORMATION CALL [1-877-223-4244]**  
**OTHER SERVICE QUESTIONS CALL [1-877-223-3666]**

MTA25-21861

**ASSURED LIFE ASSOCIATION**  
**A Legal Reserve Fraternal Benefit Society**  
**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE**  
**BENEFIT PLANS A, B, C, D, F AND G**

These charts show 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. See Outlines of Coverage sections for details about ALL plans. 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 3 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 co-insurance *		Basic, including 100% Part B co-insurance	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 co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER				
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A 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 Deductible						
				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
							Out-of-pocket limit \$4,620; paid at 100% after limit reached	Out-of-pocket limit \$2,310; 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 \$2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

**ZIP CODES: 716-717, 724-729**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>83.52</b>	Attained Age 65 and Over	<b>96.57</b>	Attained Age 65 and Over	<b>116.58</b>	Attained Age 65 and Over	<b>99.18</b>	Attained Age 65 and Over	<b>119.19</b>	Attained Age 65 and Over	<b>99.18</b>

**NON-TOBACCO QUARTERLY RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>250.56</b>	Attained Age 65 and Over	<b>289.71</b>	Attained Age 65 and Over	<b>349.74</b>	Attained Age 65 and Over	<b>297.54</b>	Attained Age 65 and Over	<b>357.57</b>	Attained Age 65 and Over	<b>297.54</b>

**NON-TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>501.12</b>	Attained Age 65 and Over	<b>579.42</b>	Attained Age 65 and Over	<b>699.48</b>	Attained Age 65 and Over	<b>595.08</b>	Attained Age 65 and Over	<b>715.14</b>	Attained Age 65 and Over	<b>595.08</b>

**NON-TOBACCO ANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>1,002.24</b>	Attained Age 65 and Over	<b>1,158.84</b>	Attained Age 65 and Over	<b>1,398.96</b>	Attained Age 65 and Over	<b>1,190.16</b>	Attained Age 65 and Over	<b>1,430.28</b>	Attained Age 65 and Over	<b>1,190.16</b>

**ZIP CODES: 716-717, 724-729**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>96.00</b>	Attained Age 65 and Over	<b>111.00</b>	Attained Age 65 and Over	<b>134.00</b>	Attained Age 65 and Over	<b>114.00</b>	Attained Age 65 and Over	<b>137.00</b>	Attained Age 65 and Over	<b>114.00</b>

**TOBACCO QUARTERLY RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>288.00</b>	Attained Age 65 and Over	<b>333.00</b>	Attained Age 65 and Over	<b>402.00</b>	Attained Age 65 and Over	<b>342.00</b>	Attained Age 65 and Over	<b>411.00</b>	Attained Age 65 and Over	<b>342.00</b>

**TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>576.00</b>	Attained Age 65 and Over	<b>666.00</b>	Attained Age 65 and Over	<b>804.00</b>	Attained Age 65 and Over	<b>684.00</b>	Attained Age 65 and Over	<b>822.00</b>	Attained Age 65 and Over	<b>684.00</b>

**TOBACCO ANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>1,152.00</b>	Attained Age 65 and Over	<b>1,332.00</b>	Attained Age 65 and Over	<b>1,608.00</b>	Attained Age 65 and Over	<b>1,368.00</b>	Attained Age 65 and Over	<b>1,644.00</b>	Attained Age 65 and Over	<b>1,368.00</b>

**ZIP CODES: 718-721**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>91.04</b>	Attained Age 65 and Over	<b>105.26</b>	Attained Age 65 and Over	<b>127.07</b>	Attained Age 65 and Over	<b>108.11</b>	Attained Age 65 and Over	<b>129.92</b>	Attained Age 65 and Over	<b>108.11</b>

**NON-TOBACCO QUARTERLY RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>273.11</b>	Attained Age 65 and Over	<b>315.79</b>	Attained Age 65 and Over	<b>381.22</b>	Attained Age 65 and Over	<b>324.32</b>	Attained Age 65 and Over	<b>389.75</b>	Attained Age 65 and Over	<b>324.32</b>

**NON-TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>546.22</b>	Attained Age 65 and Over	<b>631.57</b>	Attained Age 65 and Over	<b>762.44</b>	Attained Age 65 and Over	<b>648.64</b>	Attained Age 65 and Over	<b>779.51</b>	Attained Age 65 and Over	<b>648.64</b>

**NON-TOBACCO ANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>1,092.44</b>	Attained Age 65 and Over	<b>1,263.14</b>	Attained Age 65 and Over	<b>1,524.87</b>	Attained Age 65 and Over	<b>1,297.27</b>	Attained Age 65 and Over	<b>1,559.01</b>	Attained Age 65 and Over	<b>1,297.27</b>

**ZIP CODES: 718-721**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>104.64</b>	Attained Age 65 and Over	<b>120.99</b>	Attained Age 65 and Over	<b>146.06</b>	Attained Age 65 and Over	<b>124.26</b>	Attained Age 65 and Over	<b>149.33</b>	Attained Age 65 and Over	<b>124.26</b>

**TOBACCO QUARTERLY RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>313.92</b>	Attained Age 65 and Over	<b>362.97</b>	Attained Age 65 and Over	<b>438.18</b>	Attained Age 65 and Over	<b>372.78</b>	Attained Age 65 and Over	<b>447.99</b>	Attained Age 65 and Over	<b>372.78</b>

**TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>627.84</b>	Attained Age 65 and Over	<b>725.94</b>	Attained Age 65 and Over	<b>876.36</b>	Attained Age 65 and Over	<b>745.56</b>	Attained Age 65 and Over	<b>895.98</b>	Attained Age 65 and Over	<b>745.56</b>

**TOBACCO ANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>1,255.68</b>	Attained Age 65 and Over	<b>1,451.88</b>	Attained Age 65 and Over	<b>1,752.72</b>	Attained Age 65 and Over	<b>1,491.12</b>	Attained Age 65 and Over	<b>1,791.96</b>	Attained Age 65 and Over	<b>1,491.12</b>

**ZIP CODES: 722-723**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>97.72</b>	Attained Age 65 and Over	<b>112.99</b>	Attained Age 65 and Over	<b>136.40</b>	Attained Age 65 and Over	<b>116.04</b>	Attained Age 65 and Over	<b>139.45</b>	Attained Age 65 and Over	<b>116.04</b>

**NON-TOBACCO QUARTERLY RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>293.16</b>	Attained Age 65 and Over	<b>338.96</b>	Attained Age 65 and Over	<b>409.20</b>	Attained Age 65 and Over	<b>348.12</b>	Attained Age 65 and Over	<b>418.36</b>	Attained Age 65 and Over	<b>348.12</b>

**NON-TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>586.31</b>	Attained Age 65 and Over	<b>677.92</b>	Attained Age 65 and Over	<b>818.39</b>	Attained Age 65 and Over	<b>696.25</b>	Attained Age 65 and Over	<b>836.72</b>	Attained Age 65 and Over	<b>696.25</b>

**NON-TOBACCO ANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>1,172.62</b>	Attained Age 65 and Over	<b>1,355.84</b>	Attained Age 65 and Over	<b>1,636.78</b>	Attained Age 65 and Over	<b>1,392.49</b>	Attained Age 65 and Over	<b>1,673.43</b>	Attained Age 65 and Over	<b>1,392.49</b>

**ZIP CODES: 722-723**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>112.32</b>	Attained Age 65 and Over	<b>129.87</b>	Attained Age 65 and Over	<b>156.78</b>	Attained Age 65 and Over	<b>133.38</b>	Attained Age 65 and Over	<b>160.29</b>	Attained Age 65 and Over	<b>133.38</b>

**TOBACCO QUARTERLY RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>336.96</b>	Attained Age 65 and Over	<b>389.61</b>	Attained Age 65 and Over	<b>470.34</b>	Attained Age 65 and Over	<b>400.14</b>	Attained Age 65 and Over	<b>480.87</b>	Attained Age 65 and Over	<b>400.14</b>

**TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>673.92</b>	Attained Age 65 and Over	<b>779.22</b>	Attained Age 65 and Over	<b>940.68</b>	Attained Age 65 and Over	<b>800.28</b>	Attained Age 65 and Over	<b>961.74</b>	Attained Age 65 and Over	<b>800.28</b>

**TOBACCO ANNUAL RATES**

<b>Policy Form MTA20 (Plan A)</b>		<b>Policy Form MTA21 (Plan B)</b>		<b>Policy Form MTA22 (Plan C)</b>		<b>Policy Form MTA23 (Plan D)</b>		<b>Policy Form MTA24 (Plan F)</b>		<b>Policy Form MTA25 (Plan G)</b>	
Attained Age 65 and Over	<b>1,347.84</b>	Attained Age 65 and Over	<b>1,558.44</b>	Attained Age 65 and Over	<b>1,881.36</b>	Attained Age 65 and Over	<b>1,600.56</b>	Attained Age 65 and Over	<b>1,923.48</b>	Attained Age 65 and Over	<b>1,600.56</b>

### **Disclosures**

Use this outline to compare benefits and premiums among certificates or policies.

This outline shows benefits and premiums of certificates sold for effective dates on or after June 1, 2010. Certificates 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.

### **Premium Information**

We, Assured Life Association, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

Premiums do not include dues.

### **Read Your Certificate Very Carefully**

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

### **Right to Return Certificate**

If you find that you are not satisfied with your certificate, you may return it to Assured Life Association at our administrative office, 3316 Farnam Street, Omaha, NE 68175. 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.

### **Certificate Replacement**

If you are replacing another health insurance certificate, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

### **Notice**

The certificate may not fully cover all of your medical costs. Neither Assured Life Association 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 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 application carefully before you sign it. Be certain that all information has been properly recorded.

**PLANS A AND B**  
**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 A Pays	You Pay	Plan B Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,068	\$0	\$1,068 (Part A Deductible)	\$1,068 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$267 a day	\$267 a day	\$0	\$267 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0	\$534 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$133.50 a day	\$0	Up to \$133.50 a day	\$0	Up to \$133.50 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b> 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	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/certificate'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.

**PLANS A AND B  
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$135 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 A Pays	You Pay	Plan B 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 \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS C AND 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.

Services	Medicare Pays	Plan C Pays	You Pay	Plan D Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0	\$1,068 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$267 a day	\$267 a day	\$0	\$267 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0	\$534 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$133.50 a day	Up to \$133.50 a day	\$0	Up to \$133.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b> 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	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/certificate'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.

**PLANS C AND D**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$135 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 C Pays	You Pay	Plan D 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 \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS C AND D  
 MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan C Pays</b>	<b>You Pay</b>	<b>Plan D Pays</b>	<b>You Pay</b>
<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	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

**PLANS F AND 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 F Pays	You Pay	Plan G Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0	\$1,068 (Part A Deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$267 a day	\$267 a day	\$0	\$267 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0	\$534 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$133.50 a day	Up to \$133.50 a day	\$0	Up to \$133.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs	\$0	All costs
<b>BLOOD</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>HOSPICE CARE</b> 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	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/certificate'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.

**PLANS F AND G**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$135 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 F Pays	You Pay	Plan G 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 \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
<b>BLOOD</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0	\$0	\$0

**PARTS A AND B**

<b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$135 of Medicare Approved Amounts*	\$0	\$135 (Part B Deductible)	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS F AND G  
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>You Pay</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<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	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

SERFF Tracking Number: MUTM-126310701 State: Arkansas  
 Filing Company: Assured Life Association State Tracking Number: 43539  
 Company Tracking Number: THEA SHEPHERD  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: Administration Medicare Supplement Insurance - 2010 - MTA20-21856  
 Project Name/Number: Administration Medicare Supplement Insurance/MTA20-21856

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 11/09/2009	MTA20 Base Rate.Rating Factors Exhibit 1	MTA20-21856	New		AR MTA20 Base Rate.Rating Factors Exhibit 1.pdf
Approved 11/09/2009	MTA21 Base Rate.Rating Factors Exhibit 1	MTA21-21857	New		AR MTA21 Base Rate.Rating Factors Exhibit 1.pdf
Approved 11/09/2009	MTA22 Base Rate.Rating Factors Exhibit 1	MTA22-21858	New		AR MTA22 Base Rate.Rating Factors Exhibit 1.pdf
Approved 11/09/2009	MTA23 Base Rate.Rating Factors Exhibit 1	MTA23-21859	New		AR MTA23 Base Rate.Rating Factors Exhibit 1.pdf
Approved 11/09/2009	MTA24 Base Rate.Rating Factors Exhibit 1	MTA24-21860	New		AR MTA24 Base Rate.Rating Factors Exhibit 1.pdf
Approved	MTA25 Base	MTA25-21861	New		AR MTA25 Base Rate.Rating

*SERFF Tracking Number:* MUTM-126310701      *State:* Arkansas  
*Filing Company:* Assured Life Association      *State Tracking Number:* 43539  
*Company Tracking Number:* THEA SHEPHERD  
*TOI:* MS081 Individual Medicare Supplement -      *Sub-TOI:* MS081.001 Plan A 2010  
Standard Plans 2010  
*Product Name:* Administration Medicare Supplement Insurance - 2010 - MTA20-21856  
*Project Name/Number:* Administration Medicare Supplement Insurance/MTA20-21856

11/09/2009 Rate.Rating Factors  
Exhibit 1

Factors Exhibit  
1.pdf

**Assured Life Association**  
**Actuarial Memorandum**  
**Form MTA20 (Arkansas)**

Exhibit I - Tobacco User Monthly Premiums \*  
(Plan A)

<i>Issue Age</i>	Premium Rate
All Ages	\$96

- \* Non-tobacco premiums are 13% lower than tobacco premiums  
Area rating factor of 1.00 for zip codes: 716-717, 724-729  
Area rating factor of 1.09 for zip codes: 718-721  
Area rating factor of 1.17 for zip codes: 722-723

**Assured Life Association**  
**Actuarial Memorandum**  
**Form MTA21 (Arkansas)**

Exhibit I - Tobacco User Monthly Premiums \*  
(Plan B)

<i>Issue Age</i>	Premium Rate
All Ages	\$111

- \* Non-tobacco premiums are 13% lower than tobacco premiums  
Area rating factor of 1.00 for zip codes: 716-717, 724-729  
Area rating factor of 1.09 for zip codes: 718-721  
Area rating factor of 1.17 for zip codes: 722-723

**Assured Life Association**  
**Actuarial Memorandum**  
**Form MTA22 (Arkansas)**

**Exhibit I - Tobacco User Monthly Premiums \***  
**(Plan C)**

<i>Issue Age</i>	Premium Rate
All Ages	\$134

\* Non-tobacco premiums are 13% lower than tobacco premiums  
Area rating factor of 1.00 for zip codes: 716-717, 724-729  
Area rating factor of 1.09 for zip codes: 718-721  
Area rating factor of 1.17 for zip codes: 722-723

**Assured Life Association**  
**Actuarial Memorandum**  
**Form MTA23 (Arkansas)**

Exhibit I - Tobacco User Monthly Premiums \*  
(Plan D)

<i>Issue Age</i>	Premium Rate
All Ages	\$114

\* Non-tobacco premiums are 13% lower than tobacco premiums  
Area rating factor of 1.00 for zip codes: 716-717, 724-729  
Area rating factor of 1.09 for zip codes: 718-721  
Area rating factor of 1.17 for zip codes: 722-723

**Assured Life Association**  
**Actuarial Memorandum**  
**Form MTA24 (Arkansas)**

**Exhibit I - Tobacco User Monthly Premiums \***  
**(Plan F)**

<i>Issue Age</i>	Premium Rate
All Ages	\$137

- \* Non-tobacco premiums are 13% lower than tobacco premiums  
Area rating factor of 1.00 for zip codes: 716-717, 724-729  
Area rating factor of 1.09 for zip codes: 718-721  
Area rating factor of 1.17 for zip codes: 722-723

**Assured Life Association**  
**Actuarial Memorandum**  
**Form MTA25 (Arkansas)**

Exhibit I - Tobacco User Monthly Premiums \*  
(Plan G)

<i>Issue Age</i>	Premium Rate
All Ages	\$114

- \* Non-tobacco premiums are 13% lower than tobacco premiums
- Area rating factor of 1.00 for zip codes: 716-717, 724-729
- Area rating factor of 1.09 for zip codes: 718-721
- Area rating factor of 1.17 for zip codes: 722-723

SERFF Tracking Number: MUTM-126310701 State: Arkansas  
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 Standard Plans 2010  
 Product Name: Administration Medicare Supplement Insurance - 2010 - MTA20-21856  
 Project Name/Number: Administration Medicare Supplement Insurance/MTA20-21856

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Accepted for Informational Purposes	11/09/2009

**Comments:**

**Attachment:**

AR Read Cert.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	Approved	11/09/2009

**Comments:**

Application Form T01-2008-03 approved on July 21, 2009 will be used with this Medicare Supplement policy, outline and rate filing.

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Outline of Coverage	Approved	11/09/2009

**Comments:**

See the Form Schedule tab for the Outline of Coverage.

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
MTA20-21856	Medicare Supplement Plan A	43.8
MTA21-21857	Medicare Supplement Plan B	43.4
MTA22-21858	Medicare Supplement Plan C	42.6
MTA23-21859	Medicare Supplement Plan D	42.6
MTA24-21860	Medicare Supplement Plan F	42.7
MTA25-21861	Medicare Supplement Plan G	42.7
CP1	Outline	N/A
DP2.T01-AR	Outline	N/A
RP1.1.T01-AR	Outline	N/A
BC1	Outline	N/A

Assured Life Association

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Date: September 18, 2009




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Daniel J. Kennelly  
 Vice President & Chief Compliance Officer  
 Mutual of Omaha Insurance Company  
 as Administrator for Assured Life Association