

SERFF Tracking Number: ANTX-126787834 State: Arkansas  
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 46648  
Company Tracking Number:  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: 2010 ANNUAL NOTICE OF CHANGE  
Project Name/Number: 2010 ANNUAL NOTICE OF CHANGE/2010 ANNUAL NOTICE OF CHANGE

## Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: 2010 ANNUAL NOTICE OF CHANGE SERFF Tr Num: ANTX-126787834 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved-Closed State Tr Num: 46648  
Closed

Sub-TOI: MS09.000 Medicare Supplement Other 2010 Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Sherry Wiegman

Date Submitted: 08/30/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 09/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 ANNUAL NOTICE OF CHANGE  
Project Number: 2010 ANNUAL NOTICE OF CHANGE  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 09/08/2010

Status of Filing in Domicile: Pending

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: 09/08/2010

Created By: Sherry Wiegman

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sherry Wiegman

Filing Description:

Attached for your review and consideration are Annual Notice of Change forms for use with our approved 2010 individual Medicare supplement products. This is a new submission that has not been previously reviewed or rejected.

These Annual Notice of Change forms will be provided to insured at least 30 days in advance of the annual changes in Medicare in accordance with Medicare supplement rules and regulations. The insured will receive the Notice that corresponds with their specific Plan.

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We trust this information is complete and look forward to receiving your favorable reply. Thank you for your time and consideration.

## Company and Contact

### Filing Contact Information

Sherry Wiegman, Sr. Compliance Analyst sherry.wiegman@anico.com  
 One Moody Plaza, SSH MP, Ste. 200 281-538-4842 [Phone]  
 Galveston, TX 77550 409-766-2950 [FAX]

### Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas  
 One Moody Plaza, SSH MP, Ste. 200 Group Code: 408 Company Type: Health Insurance  
 Galveston, TX 77550 Group Name: State ID Number:  
 (281) 538-4842 ext. [Phone] FEIN Number: 73-0994234  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$400.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

| COMPANY                                      | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| Standard Life and Accident Insurance Company | \$400.00 | 08/30/2010     | 39108228      |

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## Correspondence Summary

### Dispositions

| Status          | Created By       | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 09/08/2010 | 09/08/2010     |

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## Disposition

Disposition Date: 09/08/2010

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           | Yes           |
|                            |                                  | Informational Purposes |               |
| <b>Supporting Document</b> | Application                      |                        | Yes           |
| <b>Supporting Document</b> | Health - Actuarial Justification |                        | Yes           |
| <b>Supporting Document</b> | Outline of Coverage              |                        | Yes           |
| <b>Form</b>                | Notice of Change Plan A          | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan B          | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan C          | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan D          | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan F          | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan FHD        | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan G          | Approved               | Yes           |
| <b>Form</b>                | Notice of Change Plan N          | Approved               | Yes           |

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## Form Schedule

### Lead Form Number: SL-MSANOC

| Schedule Item          | Form Number               | Form Type | Form Name                    | Action  | Action Specific Data | Readability | Attachment                             |
|------------------------|---------------------------|-----------|------------------------------|---------|----------------------|-------------|--|
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANA   | Other     | Notice of Change<br>Plan A   | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN A.pdf      |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANB   | Other     | Notice of Change<br>Plan B   | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN B.pdf      |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANC   | Other     | Notice of Change<br>Plan C   | Initial |                      | 50.100      | NOTICE OF<br>CHANGE<br>PLAN C.pdf      |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLAND   | Other     | Notice of Change<br>Plan D   | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN D.pdf      |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANF   | Other     | Notice of Change<br>Plan F   | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN F.pdf      |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANFHD | Other     | Notice of Change<br>Plan FHD | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN<br>FHD.pdf |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANG   | Other     | Notice of Change<br>Plan G   | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN G.pdf      |
| Approved<br>09/08/2010 | SL-<br>MSANOC-<br>PLANN   | Other     | Notice of Change<br>Plan N   | Initial |                      | 50.000      | NOTICE OF<br>CHANGE<br>PLAN N.pdf      |



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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan A**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**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                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan A Pays              | Effective [January 1, 2011] Plan A Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | \$0                                | \$0                                     |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:  |                         |   |                                    |   |
| -While using 60 lifetime reserve days  | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:  |                         |   |                                    |   |
| -Additional 365 days   | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |  |  |
|--|---|---|--|--|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:<br/> First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>\$0</p> <p>\$0</p>       | <p>\$0</p> <p>\$0</p> <p>\$0</p>       |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>              | <p>3 pints</p> <p>\$0</p>              |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p> | <p>Medicare co-payment/coinsurance</p> |

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| SERVICES   | MEDICARE PAYS           |   | PLAN A                |   |
|--|-------------------------|---|-----------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan A Pays | Effective [January 1, 2011] Plan A Pays |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                     | \$0   | \$0                   | \$0                                     |
| Remainder of Medicare-Approved Amounts   | Generally, 80%          | Generally, 80%                                | Generally, 20%        | Generally, 20%                          |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                     | \$0   | \$0                   | \$0                                     |
| <b>BLOOD –</b><br>First 3 pints  | \$0                     | \$0   | All costs             | All costs                               |
| Next [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | \$0                   | \$0                                     |
| Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                   | 20%                                     |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                    | 100%  | \$0                   | \$0                                     |

**MEDICARE PARTS A & B**

| <b>SERVICES</b>   | <b>MEDICARE PAYS</b>           |  | <b>PLAN A</b>                |  |
|---|--------------------------------|--|------------------------------|--|
|   | <b>In [2010] Medicare Pays</b> | <b>Effective [January 1, 2011] Medicare Will Pay</b> | <b>In [2010] Plan A Pays</b> | <b>Effective [January 1, 2011] Plan A Pays</b> |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies | 100%                           | 100%   | \$0                          | \$0  |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*   | \$0                            | \$0  | \$0                          | \$0  |
| -Remainder of Medicare Approved Amounts   | 80%                            | 80%  | 20%                          | 20%  |

Benefits provided by your Policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

**THIS CHART SUMMARIZING THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SUPPLEMENT PROVIDED BY STANDARD LIFE AND ACCIDENT INSURANCE COMPANY ONLY BRIEFLY DESCRIBES SUCH BENEFITS. FOR INFORMATION ON YOUR MEDICARE BENEFITS CONTACT YOUR SOCIAL SECURITY OFFICE OR THE CENTERS FOR MEDICARE AND MEDICAID SERVICES. FOR INFORMATION ON YOUR MEDICARE SUPPLEMENT POLICY CONTACT:**

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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan B**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**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 B                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan B Pays              | Effective [January 1, 2011] Plan B Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | [\$1,100] (Part A Deductible)      | [\$1,100] (Part A Deductible)           |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:<br>-While using 60 lifetime reserve days   | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:<br>-Additional 365 days  | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |  |  |
|--|---|---|--|--|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:<br/> First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>\$0</p> <p>\$0</p>       | <p>\$0</p> <p>\$0</p> <p>\$0</p>       |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>              | <p>3 pints</p> <p>\$0</p>              |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p> | <p>Medicare co-payment/coinsurance</p> |

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| <b>SERVICES</b>  | <b>MEDICARE PAYS</b>           |  | <b>PLAN B</b>                |  |
|--|--------------------------------|--|------------------------------|--|
|  | <b>In [2010] Medicare Pays</b> | <b>Effective [January 1, 2011] Medicare Will Pay</b> | <b>In [2010] Plan B Pays</b> | <b>Effective [January 1, 2011] Plan B Pays</b> |
| <b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First [\$155] of Medicare-Approved Amounts* | \$0                            | \$0  | \$0                          | \$0  |
| Remainder of Medicare-Approved Amounts   | Generally, 80%                 | Generally, 80%                                       | Generally, 20%               | Generally, 20%                                 |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                            | \$0  | \$0                          | \$0  |
| <b>BLOOD –</b><br>First 3 pints  | \$0                            | \$0  | All costs                    | All costs                                      |
| Next [\$155] of Medicare Approved Amounts*   | \$0                            | \$0  | \$0                          | \$0  |
| Remainder of Medicare Approved Amounts   | 80%                            | 80%  | 20%                          | 20%  |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                           | 100%   | \$0                          | \$0  |

**MEDICARE PARTS A & B**

| <b>SERVICES</b>   | <b>MEDICARE PAYS</b>           |  | <b>PLAN B</b>                |  |
|---|--------------------------------|--|------------------------------|--|
|   | <b>In [2010] Medicare Pays</b> | <b>Effective [January 1, 2011] Medicare Will Pay</b> | <b>In [2010] Plan B Pays</b> | <b>Effective [January 1, 2011] Plan B Pays</b> |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies | 100%                           | 100%   | \$0                          | \$0  |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*   | \$0                            | \$0  | \$0                          | \$0  |
| -Remainder of Medicare Approved Amounts   | 80%                            | 80%  | 20%                          | 20%  |

Benefits provided by your Policy are tied to Medicare’s deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan C**

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**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                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan C Pays              | Effective [January 1, 2011] Plan C Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | [\$1,100] (Part A Deductible)      | [\$1,100] (Part A Deductible)           |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:<br>-While using 60 lifetime reserve days   | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:<br>-Additional 365 days  | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |   |   |
|--|---|---|---|---|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:<br/> First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>                           | <p>3 pints</p> <p>\$0</p>                           |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p>              | <p>Medicare co-payment/coinsurance</p>              |

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| SERVICES   | MEDICARE PAYS           |   | PLAN C                      |   |
|--|-------------------------|---|-----------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan C Pays       | Effective [January 1, 2011] Plan C Pays |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                     | \$0   | [\$155] (Part B Deductible) | [\$155] (Part B Deductible)             |
| Remainder of Medicare-Approved Amounts   | Generally, 80%          | Generally, 80%                                | Generally, 20%              | Generally, 20%                          |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                     | \$0   | \$0                         | \$0                                     |
| <b>BLOOD –</b><br>First 3 pints  | \$0                     | \$0   | All costs                   | All costs                               |
| Next [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | [\$155] (Part B Deductible) | [\$155] (Part B Deductible)             |
| Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                         | 20%                                     |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                    | 100%  | \$0                         | \$0                                     |

## MEDICARE PARTS A & B

| SERVICES  | MEDICARE PAYS           |   | PLAN C                      |   |
|---|-------------------------|---|-----------------------------|---|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan C Pays       | Effective [January 1, 2011] Plan C Pays |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies | 100%                    | 100%  | \$0                         | \$0                                     |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | [\$155] (Part B Deductible) | [\$155] (Part B Deductible)             |
| -Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                         | 20%                                     |

## OTHER BENEFITS NOT COVERED BY MEDICARE

| SERVICES   | MEDICARE PAYS           |   | PLAN C                                |   |
|--|-------------------------|---|---------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan C Pays                 | Effective [January 1, 2011] Plan C Pays |
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |                         |   |                                       |   |
| First \$250.00 each calendar year  | \$0                     | \$0   | \$0                                   | \$0                                     |
| Remainder of charges   | \$0                     | \$0   | 80% to a lifetime maximum of \$50,000 | 80% to a lifetime maximum of \$50,000   |

Benefits provided by your Policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan D**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**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 D                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan D Pays              | Effective [January 1, 2011] Plan D Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | [\$1,100] (Part A Deductible)      | [\$1,100] (Part A Deductible)           |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:<br>-While using 60 lifetime reserve days   | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:<br>-Additional 365 days  | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |   |   |
|--|---|---|---|---|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:</p> <p>First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>                           | <p>3 pints</p> <p>\$0</p>                           |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p>              | <p>Medicare co-payment/coinsurance</p>              |

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| SERVICES   | MEDICARE PAYS           |   | PLAN D                |   |
|--|-------------------------|---|-----------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan D Pays | Effective [January 1, 2011] Plan D Pays |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                     | \$0   | \$0                   | \$0                                     |
| Remainder of Medicare-Approved Amounts   | Generally, 80%          | Generally, 80%                                | Generally, 20%        | Generally, 20%                          |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                     | \$0   | \$0                   | \$0                                     |
| <b>BLOOD –</b><br>First 3 pints  | \$0                     | \$0   | All costs             | All costs                               |
| Next [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | \$0                   | \$0                                     |
| Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                   | 20%                                     |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                    | 100%  | \$0                   | \$0                                     |

**MEDICARE PARTS A & B**

| SERVICES   | MEDICARE PAYS           |   | PLAN D                |   |
|--|-------------------------|---|-----------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan D Pays | Effective [January 1, 2011] Plan D Pays |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b><br>Medically necessary skilled care services and medical supplies | 100%                    | 100%  | \$0                   | \$0                                     |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*  | \$0                     | \$0   | \$0                   | \$0                                     |
| -Remainder of Medicare Approved Amounts  | 80%                     | 80%   | 20%                   | 20%                                     |

**OTHER BENEFITS NOT COVERED BY MEDICARE**

| SERVICES  | MEDICARE PAYS           |   | PLAN D                                |   |
|---|-------------------------|---|---------------------------------------|---|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan D Pays                 | Effective [January 1, 2011] Plan D Pays |
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>First \$250.00 each calendar year | \$0                     | \$0   | \$0                                   | \$0                                     |
| Remainder of charges  | \$0                     | \$0   | 80% to a lifetime maximum of \$50,000 | 80% to a lifetime maximum of \$50,000   |

Benefits provided by your Policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan F**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**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                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan F Pays              | Effective [January 1, 2011] Plan F Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | [\$1,100] (Part A Deductible)      | [\$1,100] (Part A Deductible)           |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:<br>-While using 60 lifetime reserve days   | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:<br>-Additional 365 days  | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |   |   |
|--|---|---|---|---|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:<br/> First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>                           | <p>3 pints</p> <p>\$0</p>                           |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p>              | <p>Medicare co-payment/coinsurance</p>              |

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| SERVICES   | MEDICARE PAYS                 |   | PLAN F                      |  |
|--|-------------------------------|---|-----------------------------|--|
|  | In [2010]<br>Medicare<br>Pays | Effective<br>[January 1,<br>2011]<br>Medicare<br>Will Pay | In [2010]<br>Plan F Pays    | Effective<br>[January 1,<br>2011]<br>Plan F Pays |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                           | \$0   | [\$155] (Part B Deductible) | [\$155] (Part B Deductible)                      |
| Remainder of Medicare-Approved Amounts   | Generally,<br>80%             | Generally,<br>80%   | Generally,<br>20%           | Generally,<br>20%                                |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                           | \$0   | 100%                        | 100%   |
| <b>BLOOD –</b><br>First 3 pints  | \$0                           | \$0   | All costs                   | All costs  |
| Next [\$155] of Medicare Approved Amounts*   | \$0                           | \$0   | [\$155] (Part B Deductible) | [\$155] (Part B Deductible)                      |
| Remainder of Medicare Approved Amounts   | 80%                           | 80%   | 20%                         | 20%  |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                          | 100%  | \$0                         | \$0  |

## MEDICARE PARTS A & B

| SERVICES  | MEDICARE PAYS           |   | PLAN F                      |   |
|---|-------------------------|---|-----------------------------|---|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan F Pays       | Effective [January 1, 2011] Plan F Pays |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies | 100%                    | 100%  | \$0                         | \$0                                     |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | [\$155] (Part B Deductible) | [\$155] (Part B Deductible)             |
| -Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                         | 20%                                     |

## OTHER BENEFITS NOT COVERED BY MEDICARE

| SERVICES  | MEDICARE PAYS           |   | PLAN F                                |   |
|---|-------------------------|---|---------------------------------------|---|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan F Pays                 | Effective [January 1, 2011] Plan F Pays |
| <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 \$250.00 each calendar year   | \$0                     | \$0   | \$0                                   | \$0                                     |
| Remainder of charges  | \$0                     | \$0   | 80% to a lifetime maximum of \$50,000 | 80% to a lifetime maximum of \$50,000   |

Benefits provided by your Policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan F High Deductible**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**MEDICARE (PART A) HOSPITAL SERVICES – PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

|                 | <b>MEDICARE PAYS</b>                   |  | <b>PLAN FHD</b>   |   |
|-----------------|--|--|---|---|
| <b>SERVICES</b> | <b>In [2010]<br/>Medicare<br/>Pays</b> | <b>Effective<br/>[January 1,<br/>2011]<br/>Medicare Will<br/>Pay</b> | <b>In [2010]<br/>After You Pay<br/>[\$2,000]<br/>Deductible†,<br/>Plan FHD Pays</b> | <b>Effective<br/>[January 1,<br/>2011] After<br/>You Pay<br/>[\$2,000]<br/>Deductible†,<br/>Plan FHD Pays</b> |

|  |  |  |   |   |
|--|--|--|---|---|
| <p><b>HOSPITALIZATION*</b><br/>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br/>First 60 days</p> <p>61<sup>st</sup> thru 90<sup>th</sup> day</p> <p>91<sup>st</sup> and after:<br/>-While using 60 lifetime reserve days</p> <p>-Once lifetime reserve days are used:<br/>-Additional 365 days</p> <p>-Beyond the Additional 365 days</p> | <p>All but [\$1,100]</p> <p>All but [\$275] a day</p> <p>All but [\$550] a day</p> <p>\$0</p> <p>\$0</p> | <p>All but [\$1,100]</p> <p>All but [\$275] a day</p> <p>All but [\$550] a day</p> <p>\$0</p> <p>\$0</p> | <p>[\$1,100] (Part A Deductible)</p> <p>[\$275] a day</p> <p>[\$550] a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p> | <p>[\$1,100] (Part A Deductible)</p> <p>[\$275] a day</p> <p>[\$550] a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p> |
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/>You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:<br/>First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p>                                     | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                                   | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                                   | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p>   | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p>   |
| <p><b>BLOOD –</b><br/>First 3 pints</p> <p>Additional Amounts</p>  | <p>\$0</p> <p>100%</p>   | <p>\$0</p> <p>100%</p>   | <p>3 pints</p> <p>\$0</p>   | <p>3 pints</p> <p>\$0</p>   |
| <p><b>HOSPICE CARE –</b><br/>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>   | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>                  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>                  | <p>Medicare co-payment/ coinsurance</p>   | <p>Medicare co-payment/ coinsurance</p>   |

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

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

| SERVICES   | MEDICARE PAYS           |   | PLAN FHD   |  |
|--|-------------------------|---|--|--|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] After You Pay [\$2,000] Deductible†, Plan FHD Pays | Effective [January 1, 2011] After You Pay [\$2,000] Deductible†, Plan FHD Pays |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                     | \$0   | [\$155] (Part B Deductible)                                  | [\$155] (Part B Deductible)  |
| Remainder of Medicare-Approved Amounts   | Generally, 80%          | Generally, 80%                                | Generally, 20%   | Generally, 20%   |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                     | \$0   | 100%   | 100%   |
| <b>BLOOD –</b><br>First 3 pints  | \$0                     | \$0   | All costs  | All costs  |
| Next [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | [\$155] (Part B Deductible)                                  | [\$155] (Part B Deductible)  |
| Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%  | 20%  |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                    | 100%  | \$0  | \$0  |

**MEDICARE PARTS A & B**

| SERVICES  | MEDICARE PAYS           |   | PLAN FHD   |  |
|---|-------------------------|---|--|--|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] After You Pay [\$2,000] Deductible†, Plan FHD Pays | Effective [January 1, 2011] After You Pay [\$2,000] Deductible†, Plan FHD Pays |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies | 100%                    | 100%  | \$0  | \$0  |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | [\$155] (Part B Deductible)                                  | [\$155] (Part B Deductible)  |
| -Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%  | 20%  |

**OTHER BENEFITS NOT COVERED BY MEDICARE**

| SERVICES  | MEDICARE PAYS           |   | PLAN FHD   |  |
|---|-------------------------|---|--|--|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] After You Pay [\$2,000] Deductible†, Plan FHD Pays | Effective [January 1, 2011] After You Pay [\$2,000] Deductible†, Plan FHD Pays |
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>First \$250.00 each calendar year | \$0                     | \$0   | \$0  | \$0  |
| Remainder of charges  | \$0                     | \$0   | 80% to a lifetime maximum of \$50,000                        | 80% to a lifetime maximum of \$50,000  |

Benefits provided by your Policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

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**Standard Life and Accident Insurance Company  
Home Office: One Moody Plaza  
Galveston, Texas 77550**

**1-888-350-1488**



A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES

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1-888-350-1488

**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan G**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**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 G                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan G Pays              | Effective [January 1, 2011] Plan G Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | [\$1,100] (Part A Deductible)      | [\$1,100] (Part A Deductible)           |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:<br>-While using 60 lifetime reserve days   | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:<br>-Additional 365 days  | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |   |   |
|--|---|---|---|---|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:<br/> First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>                           | <p>3 pints</p> <p>\$0</p>                           |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p>              | <p>Medicare co-payment/coinsurance</p>              |

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| SERVICES   | MEDICARE PAYS           |   | PLAN G                |   |
|--|-------------------------|---|-----------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan G Pays | Effective [January 1, 2011] Plan G Pays |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                     | \$0   | \$0                   | \$0                                     |
| Remainder of Medicare-Approved Amounts   | Generally, 80%          | Generally, 80%                                | Generally, 20%        | Generally, 20%                          |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                     | \$0   | 100%                  | 100%                                    |
| <b>BLOOD –</b><br>First 3 pints  | \$0                     | \$0   | All costs             | All costs                               |
| Next [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | \$0                   | \$0                                     |
| Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                   | 20%                                     |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                    | 100%  | \$0                   | \$0                                     |

**MEDICARE PARTS A & B**

| SERVICES  | MEDICARE PAYS           |   | PLAN G                |   |
|---|-------------------------|---|-----------------------|---|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan G Pays | Effective [January 1, 2011] Plan G Pays |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies | 100%                    | 100%  | \$0                   | \$0                                     |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | \$0                   | \$0                                     |
| -Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%                   | 20%                                     |

**OTHER BENEFITS NOT COVERED BY MEDICARE**

| SERVICES   | MEDICARE PAYS           |   | PLAN G                                |   |
|--|-------------------------|---|---------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan G Pays                 | Effective [January 1, 2011] Plan G Pays |
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA |                         |   |                                       |   |
| First \$250.00 each calendar year  | \$0                     | \$0   | \$0                                   | \$0                                     |
| Remainder of charges   | \$0                     | \$0   | 80% to a lifetime maximum of \$50,000 | 80% to a lifetime maximum of \$50,000   |

Benefits provided by your Policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We may change Your premium if We change it for all Policies like Yours in Your state of issue on a class basis. We will give you at least 30 days notice if this happens.

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**NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE  
Medicare Supplement Policy – Plan N**

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!!

**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 N                             |   |
|--|-------------------------|---|------------------------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan N Pays              | Effective [January 1, 2011] Plan N Pays |
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies:<br>First 60 days | All but [\$1,100]       | All but [\$1,100]                             | [\$1,100] (Part A Deductible)      | [\$1,100] (Part A Deductible)           |
| 61 <sup>st</sup> thru 90 <sup>th</sup> day   | All but [\$275] a day   | All but [\$275] a day                         | [\$275] a day                      | [\$275] a day                           |
| 91 <sup>st</sup> and after:<br>-While using 60 lifetime reserve days   | All but [\$550] a day   | All but [\$550] a day                         | [\$550] a day                      | [\$550] a day                           |
| -Once lifetime reserve days are used:<br>-Additional 365 days  | \$0                     | \$0   | 100% of Medicare Eligible Expenses | 100% of Medicare Eligible Expenses      |
| -Beyond the Additional 365 days  | \$0                     | \$0   | \$0                                | \$0                                     |

|  |   |   |   |   |
|--|---|---|---|---|
| <p><b>SKILLED NURSING FACILITY CARE*</b><br/> You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:</p> <p>First 20 days</p> <p>21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p> | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>All approved amounts</p> <p>All but [\$137.50] a day</p> <p>\$0</p>                  | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> | <p>\$0</p> <p>Up to [\$137.50] a day</p> <p>\$0</p> |
| <p><b>BLOOD –</b><br/> First 3 pints</p> <p>Additional Amounts</p>   | <p>\$0</p> <p>100%</p>  | <p>\$0</p> <p>100%</p>  | <p>3 pints</p> <p>\$0</p>                           | <p>3 pints</p> <p>\$0</p>                           |
| <p><b>HOSPICE CARE –</b><br/> Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>  | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p> | <p>Medicare co-payment/coinsurance</p>              | <p>Medicare co-payment/coinsurance</p>              |

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*Once you have been billed [\$155] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

| SERVICES   | MEDICARE PAYS           |   | PLAN N   |  |
|--|-------------------------|---|--|--|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan N Pays  | Effective [January 1, 2011] Plan N Pays  |
| <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<br>First [\$155] of Medicare-Approved Amounts* | \$0                     | \$0   | \$0  | \$0  |
| Remainder of Medicare-Approved Amounts   | Generally, 80%          | Generally, 80%                                | Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| Part B Excess Charges (Above Medicare Approved Amounts)  | \$0                     | \$0   | \$0  | \$0  |
| <b>BLOOD –</b><br>First 3 pints  | \$0                     | \$0   | All costs  | All costs  |
| Next [\$155] of Medicare Approved Amounts*   | \$0                     | \$0   | \$0  | \$0  |
| Remainder of Medicare Approved Amounts   | 80%                     | 80%   | 20%  | 20%  |
| <b>CLINICAL LABORATORY SERVICES – BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%                    | 100%  | \$0  | \$0  |

**MEDICARE PARTS A & B**

| SERVICES   | MEDICARE PAYS           |   | PLAN N                |   |
|--|-------------------------|---|-----------------------|---|
|  | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan N Pays | Effective [January 1, 2011] Plan N Pays |
| <b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b><br>Medically necessary skilled care services and medical supplies | 100%                    | 100%  | \$0                   | \$0                                     |
| Durable medical equipment<br>-First [\$155] of Medicare Approved Amounts*  | \$0                     | \$0   | \$0                   | \$0                                     |
| -Remainder of Medicare Approved Amounts  | 80%                     | 80%   | 20%                   | 20%                                     |

**OTHER BENEFITS NOT COVERED BY MEDICARE**

| SERVICES  | MEDICARE PAYS           |   | PLAN N                                |   |
|---|-------------------------|---|---------------------------------------|---|
|   | In [2010] Medicare Pays | Effective [January 1, 2011] Medicare Will Pay | In [2010] Plan N Pays                 | Effective [January 1, 2011] Plan N Pays |
| <b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>First \$250.00 each calendar year | \$0                     | \$0   | \$0                                   | \$0                                     |
| Remainder of charges  | \$0                     | \$0   | 80% to a lifetime maximum of \$50,000 | 80% to a lifetime maximum of \$50,000   |

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SERFF Tracking Number: ANTX-126787834 State: Arkansas  
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 46648  
 Company Tracking Number:  
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
 Product Name: 2010 ANNUAL NOTICE OF CHANGE  
 Project Name/Number: 2010 ANNUAL NOTICE OF CHANGE/2010 ANNUAL NOTICE OF CHANGE

## Supporting Document Schedules

|                          |                      |                                     |               |
|--------------------------|----------------------|-------------------------------------|---------------|
|                          |                      | <b>Item Status:</b>                 | <b>Status</b> |
|                          |                      |                                     | <b>Date:</b>  |
| <b>Satisfied - Item:</b> | Flesch Certification | Accepted for Informational Purposes | 09/08/2010    |

**Comments:**

**Attachment:**

AR Readability Certification.pdf

|  |  |                     |               |
|--|--|---------------------|---------------|
|  |  | <b>Item Status:</b> | <b>Status</b> |
|  |  |                     | <b>Date:</b>  |

**Bypassed - Item:** Application

**Bypass Reason:** N/A

**Comments:**

|  |  |                     |               |
|--|--|---------------------|---------------|
|  |  | <b>Item Status:</b> | <b>Status</b> |
|  |  |                     | <b>Date:</b>  |

**Bypassed - Item:** Health - Actuarial Justification

**Bypass Reason:** N/A

**Comments:**

|  |  |                     |               |
|--|--|---------------------|---------------|
|  |  | <b>Item Status:</b> | <b>Status</b> |
|  |  |                     | <b>Date:</b>  |

**Bypassed - Item:** Outline of Coverage

**Bypass Reason:** N/A

**Comments:**



**READABILITY CERTIFICATION**

I, James P. Stelling, an Officer of the Standard Life and Accident Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet or exceed the reading ease requirements of the Statutes and Regulations of your state.

| FORM              | READABILITY SCORE |
|-------------------|-------------------|
| SL-MSANOC-PLANA   | 50.1              |
| SL-MSANOC-PLANB   | 50.1              |
| SL-MSANOC-PLANC   | 50.1              |
| SL-MSANOC-PLAND   | 50.1              |
| SL-MSANOC-PLANF   | 50.1              |
| SL-MSANOC-PLANFHD | 50.1              |
| SL-MSANOC-PLANG   | 50.1              |
| SL-MSANOC-PLANN   | 50.1              |

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James P. Stelling  
Vice President, Health Compliance

08/30/2010

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Date