Filing at a Glance

Company: Madison National Life Insurance Company, Inc.
Product Name: Individual Medicare Supplement
SERFF Tr Num: MADS-127842022
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
SERFF Status: Closed-Approved-Closed
State Tr Num: 50355
Sub-TOI: MS08I.001 Plan A 2010
Co Tr Num: MNL STD A 0810
State Status: Approved-Closed
Filing Type: Form/Rate/Advertisement
Reviewer(s): Stephanie Fowler
Authors: Julie Guess, Sue Long
Disposition Date: 01/17/2012
Date Submitted: 11/29/2011
Disposition Status: Approved-Closed
Implementation Date Requested: On Approval
Implementation Date:
State Filing Description:

General Information

Project Name: Medicare Supplement
Status of Filing in Domicile: Not Filed
Project Number: MNL MS
Date Approved in Domicile:
Requested Filing Mode: Review & Approval
Domicile Status Comments:
Explanation for Combination/Other:
Market Type: Individual
Submission Type: New Submission
Individual Market Type:
Overall Rate Impact:
Filing Status Changed: 01/17/2012
State Status Changed: 01/17/2012
Deemer Date:
Created By: Julie Guess
Submitted By: Julie Guess
Corresponding Filing Tracking Number:
Filing Description:
We are submitting the individual Medicare Supplement forms in this filing for approval in your state.

Form Information:
The forms are new and do not replace any previously filed forms. The list below shows all of the forms included in this filing:

Form Number	Form Description
MNL STD A SS 0810	Medicare Supplement Plan A Policy
MNL STD B SS 0810	Medicare Supplement Plan B Policy

MNL STD F SS 0810 Medicare Supplement Plan F Policy
MNL STD G SS 0810 Medicare Supplement Plan G Policy
MNL STD K SS 0810 Medicare Supplement Plan K Policy
MNL STD N SS 0810 Medicare Supplement Plan N Policy

MNL APP 0311 T Policy application

MNL OC SS 0810 Medicare Supplement Outline of Coverage
AD-MNLMedSupp A-1010 Brochure – Plan A
AD-MNLMedSupp B-1010 Brochure – Plan B
AD-MNLMedSupp F-1010 Brochure – Plan F
AD-MNLMedSupp G-1010 Brochure – Plan G
AD-MNLMedSupp K-1010 Brochure – Plan K
AD-MNLMedSupp N-1010 Brochure – Plan N

GIR 0810 Notice of Guarantee Issue Rights
MNL Replace 1010 Notice to Applicant Regarding Replacement

Company and Contact

Filing Contact Information

Julie Guess, Compliance Specialist jag@madisonlife.com
PO Box 5008 800-356-9601 [Phone] 2062 [Ext]
Madison, WI 53705 608-830-2710 [FAX]

Filing Company Information

Madison National Life Insurance Company, Inc.	CoCode: 65781	State of Domicile: Wisconsin
1241 John Q. Hammons Drive	Group Code: 450	Company Type: Life and Health
Madison, WI 53717	Group Name:	State ID Number:
(800) 356-9601 ext. [Phone]	FEIN Number: 39-0990296	

Filing Fees

Fee Required?	Yes
Fee Amount:	$600.00
Retaliatory?	No
Fee Explanation:	6 policy forms x $50 = $300

SERFF Tracking Number:	*MADS-127842022*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company, Inc.*	*State Tracking Number:*	*50355*
Company Tracking Number:	*MNL STD A 0810*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Individual Medicare Supplement*		
Project Name/Number:	*Medicare Supplement/MNL MS*		

6 adv brochures x $50 = $300

$300 + $300 = $600.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	$600.00	11/29/2011	54105166

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/17/2012	01/17/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Stephanie Fowler	01/04/2012	01/04/2012	Julie Guess	01/17/2012	01/17/2012
Pending Industry Response	Stephanie Fowler	12/30/2011	12/30/2011	Julie Guess	01/03/2012	01/03/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Outline of Coverage	Julie Guess	12/06/2011	12/06/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Description	Note To Reviewer	Julie Guess	11/29/2011	11/29/2011

Disposition

Disposition Date: 01/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MADS-127842022*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company, Inc.*	*State Tracking Number:*	*50355*
Company Tracking Number:	*MNL STD A 0810*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Individual Medicare Supplement*		
Project Name/Number:	*Medicare Supplement/MNL MS*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document *(revised)*	Application	Approved-Closed	Yes
Supporting Document *(revised)*	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document *(revised)*	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Deemer letter	Approved-Closed	Yes
Supporting Document	Application	Disapproved	No
Supporting Document	Outline of Coverage	Disapproved	No
Supporting Document	Outline of Coverage	Disapproved	No
Form *(revised)*	Med Supp Plan A Policy	Approved-Closed	Yes
Form *(revised)*	Med Supp Plan B Policy	Approved-Closed	Yes
Form *(revised)*	Med Supp Plan F Policy	Approved-Closed	Yes
Form *(revised)*	Med Supp Plan G Policy	Approved-Closed	Yes
Form *(revised)*	Med Supp Plan K Policy	Approved-Closed	Yes
Form *(revised)*	Med Supp Plan N Policy	Approved-Closed	Yes
Form	Notice of Guarantee Issue Rights	Approved-Closed	Yes
Form	Notice Regarding Replacement	Approved-Closed	Yes
Form	Med Supp Brochure - A	Approved-Closed	Yes
Form	Med Supp Brochure - B	Approved-Closed	Yes
Form	Med Supp Brochure - F	Approved-Closed	Yes
Form	Med Supp Brochure - G	Approved-Closed	Yes
Form	Med Supp Brochure - K	Approved-Closed	Yes
Form	Med Supp Brochure - N	Approved-Closed	Yes
Form	Med Supp Plan A Policy	Disapproved	No
Form	Med Supp Plan B Policy	Disapproved	No
Form	Med Supp Plan F Policy	Disapproved	No
Form	Med Supp Plan G Policy	Disapproved	No
Form	Med Supp Plan K Policy	Disapproved	No
Form	Med Supp Plan N Policy	Disapproved	No
Rate	Rate Sheet	Approved-Closed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/04/2012
Submitted Date	01/04/2012
Respond By Date	02/06/2012

Dear Julie Guess,

This will acknowledge receipt of the captioned filing.

Objection 1

- Med Supp Plan A Policy, MNL STD A AR 0810 (Form)
- Med Supp Plan B Policy, MNL STD B AR 0810 (Form)
- Med Supp Plan F Policy, MNL STD F AR 0810 (Form)
- Med Supp Plan G Policy, MNL STD G AR 0810 (Form)
- Med Supp Plan K Policy, MNL STD K AR 0810 (Form)
- Med Supp Plan N Policy, MNL STD N AR 0810 (Form)

Comment: Please remove the fifth sentence of the "Renewal Premium" provision. This statement does not accurately reflect when the company can increase the rates and can be misleading to the insured.

Objection 2

- Application (Supporting Document)

Comment: R&R 27, Sec. 11 prohibits discrimination of pricing during Open Enrollment. The Tobacco Use question is an underwriting question and we ask that it be moved to the Medical Question section since it is not required to be answered during Open Enrollment.

Objection 3

- Health - Actuarial Justification (Supporting Document)

Comment: AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

Objection 4

- Outline of Coverage (Supporting Document)

Comment: AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

Objection 5

- Outline of Coverage (Supporting Document)

Comment: Please remove the fourth sentence of the "Premium Information" section. This statement does not accurately reflect when the company can increase the rates and can be misleading to the insured.

Objection 6

- Outline of Coverage (Supporting Document)

Comment: Under the 'Complete Answers are very Important" section, please clarifiy that the health questions do not apply to applicants that are in their oen erollment or in a guaranteed issue situation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.
Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/17/2012
Submitted Date	01/17/2012

Dear Stephanie Fowler,

Comments:

Response 1

Comments: The fifth sentence has been removed from each of the policies.

Related Objection 1

Applies To:

- Med Supp Plan A Policy, MNL STD A AR 0810 (Form)
- Med Supp Plan B Policy, MNL STD B AR 0810 (Form)
- Med Supp Plan F Policy, MNL STD F AR 0810 (Form)
- Med Supp Plan G Policy, MNL STD G AR 0810 (Form)
- Med Supp Plan K Policy, MNL STD K AR 0810 (Form)
- Med Supp Plan N Policy, MNL STD N AR 0810 (Form)

Comment:

Please remove the fifth sentence of the "Renewal Premium" provision. This statement does not accurately reflect when the company can increase the rates and can be misleading to the insured.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Med Supp Plan A Policy	MNL STD A AR 0810		Policy/Contract/Fraternal Certificate	Initial		46.000	MNL STD A AR 0810.pdf

Previous Version					
Med Supp Plan A Policy	*MNL STD A AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*46.000*	MNL STD A AR 0810 7-12-11.pdf
Med Supp Plan B Policy	MNL STD B AR 0810	Policy/Contract/Fraternal Certificate	Initial	46.000	MNL STD B AR 0810.pdf
Previous Version					
Med Supp Plan B Policy	*MNL STD B AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*46.000*	MNL STD B AR 0810 7-12-11.pdf
Med Supp Plan F Policy	MNL STD F AR 0810	Policy/Contract/Fraternal Certificate	Initial	44.200	MNL STD F AR 0810.pdf
Previous Version					
Med Supp Plan F Policy	*MNL STD F AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*44.200*	MNL STD F AR 0810 7-12-11.pdf
Med Supp Plan G Policy	MNL STD G AR 0810	Policy/Contract/Fraternal Certificate	Initial	44.500	MNL STD G AR 0810.pdf
Previous Version					
Med Supp Plan G Policy	*MNL STD G AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*44.500*	MNL STD G AR 0810 7-12-11.pdf
Med Supp Plan K Policy	MNL STD K AR 0810	Policy/Contract/Fraternal Certificate	Initial	46.800	MNL STD K AR 0810.pdf
Previous Version					
Med Supp Plan K Policy	*MNL STD K AR*	*Policy/Contract/Fraternal Certificate*	*Initial*	*46.800*	MNL STD K AR

					0810 7-12-11 w-redlines.pdf
Med Supp Plan N Policy	MNL STD N AR 0810	Policy/Contract/Fraternal Certificate	Initial	44.700	MNL STD N AR 0810.pdf
Previous Version					
Med Supp Plan N Policy	*MNL STD N AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*44.700*	MNL STD N AR 0810 7-12-11.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: The tobacco use question has been moved to the Medical Question section.

Related Objection 1

Applies To:

- Application (Supporting Document)

Comment:

R&R 27, Sec. 11 prohibits discrimination of pricing during Open Enrollment. The Tobacco Use question is an underwriting question and we ask that it be moved to the Medical Question section since it is not required to be answered during Open Enrollment.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Application

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: The fee has been removed.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments: The fee has been removed.

Related Objection 1

Applies To:

- Outline of Coverage (Supporting Document)

Comment:

AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Outline of Coverage
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments: The fourth sentence has been removed from the Premium Information section of the Outline of Coverage.

Related Objection 1

Applies To:

- Outline of Coverage (Supporting Document)

Comment:

Please remove the fourth sentence of the "Premium Information" section. This statement does not accurately reflect when the company can increase the rates and can be misleading to the insured.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Outline of Coverage
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments: We've added clarification that open enrollment or guarantee issue applicants are not required to complete the health questions on the application.

Related Objection 1

Applies To:

- Outline of Coverage (Supporting Document)

Comment:

Under the 'Complete Answers are very Important" section, please clarifiy that the health questions do not apply to applicants that are in their oen erollment or in a guaranteed issue situation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Application
Comment:
Satisfied -Name: Health - Actuarial Justification
Comment:
Satisfied -Name: Outline of Coverage
Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Med Supp Plan A Policy	MNL STD A AR 0810		Policy/Contract/Fraternal Certificate	Initial		46.000	MNL STD A AR 0810.pdf
Previous Version							
Med Supp Plan A Policy	*MNL STD A AR 0810*		*Policy/Contract/Fraternal Certificate*	*Initial*		*46.000*	MNL STD A AR 0810 7-12-11.pdf
Med Supp Plan B Policy	MNL STD B AR 0810		Policy/Contract/Fraternal Certificate	Initial		46.000	MNL STD B AR 0810.pdf
Previous Version							
Med Supp Plan B Policy	*MNL STD B AR 0810*		*Policy/Contract/Fraternal Certificate*	*Initial*		*46.000*	MNL STD B AR 0810 7-12-11.pdf
Med Supp Plan F Policy	MNL STD F AR 0810		Policy/Contract/Fraternal Certificate	Initial		44.200	MNL STD F AR 0810.pdf
Previous Version							
Med Supp Plan F	*MNL STD*		*Policy/Contract/Fraternal*	*Initial*		*44.200*	MNL STD

Policy	*F AR 0810*	*Certificate*			F AR 0810 7-12-11.pdf
Med Supp Plan G Policy	MNL STD G AR 0810	Policy/Contract/Fraternal Certificate	Initial	44.500	MNL STD G AR 0810.pdf
Previous Version					
Med Supp Plan G Policy	*MNL STD G AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*44.500*	MNL STD G AR 0810 7-12-11.pdf
Med Supp Plan K Policy	MNL STD K AR 0810	Policy/Contract/Fraternal Certificate	Initial	46.800	MNL STD K AR 0810.pdf
Previous Version					
Med Supp Plan K Policy	*MNL STD K AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*46.800*	MNL STD K AR 0810 7-12-11 w-redlines.pdf
Med Supp Plan N Policy	MNL STD N AR 0810	Policy/Contract/Fraternal Certificate	Initial	44.700	MNL STD N AR 0810.pdf
Previous Version					
Med Supp Plan N Policy	*MNL STD N AR 0810*	*Policy/Contract/Fraternal Certificate*	*Initial*	*44.700*	MNL STD N AR 0810 7-12-11.pdf

No Rate/Rule Schedule items changed.

Sincerely,
Julie Guess, Sue Long

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/30/2011
Submitted Date	12/30/2011
Respond By Date	01/06/2012

Dear Julie Guess,

This will acknowledge receipt of the captioned filing. Please see our letter attached.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.
Sincerely,
Stephanie Fowler

Arkansas Insurance Department

Mike Beebe
Governor

Jay Bradford
Commissioner

Ms. Julie Guess
Madison National Life Insurance Company, Inc.
PO Box 5008
Madison, WI 53705

RE: Medicare Supplement Form Filing
Your submission of November 29, 2011

Dear Ms. Guess:

Thank you for the rate increase filing which we received in our office on November 29, 2011.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until January 28, 2012.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Sincerely,
Stephanie Fowler
Stephanie Fowler
Compliance Officer
Life and Health Division

SRF

I, _____, representing _____, do hereby acknowledge

receipt of this letter and waive all rights to deemer on this filing.

_____, _____
Dated Signature and Title

1200 West Third Street, Little Rock, AR 72201-1904 · (501) 371-2600 · (501) 371-2618 fax · www.insurance.arkansas.gov
Information (800) 282-9134 · Consumer Services (800) 852-5494 · Seniors (800) 224-6330 · Criminal Inv. (866) 660-0888

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/03/2012
Submitted Date	01/03/2012

Dear Stephanie Fowler,

Comments:

Response 1

Comments: The signed letter is attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Deemer letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Julie Guess, Sue Long

Amendment Letter

Submitted Date: 12/06/2011

Comments:

The Outline of Coverage included a reference to Medicare Select on page 2. We have deleted the reference in the corrected Outline of Coverage.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Outline of Coverage

Comment:

MNL OC AR 0810 7-12-11 correction.pdf

Note To Reviewer

Created By:
Julie Guess on 11/29/2011 11:51 AM
Last Edited By:
Stephanie Fowler
Submitted On:
01/17/2012 02:25 PM
Subject:
Filing Description
Comments:
The filing description is missing a block of text that should have been at the end of the list of forms numbers/form descriptions. The text is pasted below:

Rates are included under the Rate/Rule Schedule. An Actuarial Memorandum is attached under Supporting Documentation.

We are filing all of the Standard Medicare Supplement Standard forms that we plan to offer in this one filing under Medicare Supplement Standard Plan A.

Variable information in the policy forms includes the address and telephone information for Madison National Life Insurance Company, Inc. (MNL). The MNL address and phone information are marked as variable so re-filing is not required in the event the information would change. Amounts in the Outline of Coverage are bracketed to allow for updates to the amounts that are set annually.

We reserve the right to alter the format of the form submitted herein without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. We also retain the right to correct grammar and spelling errors as long as those corrections do not change the intent or purpose of this filing.

Form Schedule

Lead Form Number: MNL STD A AR 0810

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/17/2012	MNL STD A AR 0810	Policy/Contract/Fraternal Certificate	Med Supp Plan A Policy	Initial		46.000	MNL STD A AR 0810.pdf
Approved-Closed 01/17/2012	MNL STD B AR 0810	Policy/Contract/Fraternal Certificate	Med Supp Plan B Policy	Initial		46.000	MNL STD B AR 0810.pdf
Approved-Closed 01/17/2012	MNL STD F AR 0810	Policy/Contract/Fraternal Certificate	Med Supp Plan F Policy	Initial		44.200	MNL STD F AR 0810.pdf
Approved-Closed 01/17/2012	MNL STD G AR 0810	Policy/Contract/Fraternal Certificate	Med Supp Plan G Policy	Initial		44.500	MNL STD G AR 0810.pdf
Approved-Closed 01/17/2012	MNL STD K AR 0810	Policy/Contract/Fraternal Certificate	Med Supp Plan K Policy	Initial		46.800	MNL STD K AR 0810.pdf
Approved-Closed 01/17/2012	MNL STD N AR 0810	Policy/Contract/Fraternal Certificate	Med Supp Plan N Policy	Initial		44.700	MNL STD N AR 0810.pdf
Approved-Closed 01/17/2012	GIR-0810	Other	Notice of Guarantee Issue Rights	Initial		0.000	GIR 0810 Notification of Guarantee Issue Rights.pdf
Approved-	MNL	Other	Notice Regarding	Initial		0.000	MNL Replace

Closed 01/17/2012	Replace 1010		Replacement			1010.pdf
Approved-Closed 01/17/2012	AD-MNLMedSupp A-1010	Advertising	Med Supp Brochure - A	Initial	0.000	AD-MNLMedSupp A-1010.pdf
Approved-Closed 01/17/2012	AD-MNLMedSupp B-1010	Advertising	Med Supp Brochure - B	Initial	0.000	AD-MNLMedSupp B-1010.pdf
Approved-Closed 01/17/2012	AD-MNLMedSupp F-1010	Advertising	Med Supp Brochure - F	Initial	0.000	AD-MNLMedSupp F-1010.pdf
Approved-Closed 01/17/2012	AD-MNLMedSupp G-1010	Advertising	Med Supp Brochure - G	Initial	0.000	AD-MNLMedSupp G-1010.pdf
Approved-Closed 01/17/2012	AD-MNLMedSupp K-1010	Advertising	Med Supp Brochure - K	Initial	0.000	AD-MNLMedSupp K-1010.pdf
Approved-Closed 01/17/2012	AD-MNLMedSupp N-1010	Advertising	Med Supp Brochure - N	Initial	0.000	AD-MNLMedSupp N-1010.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

MEDICARE SUPPLEMENT PLAN A

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION
Please read the copy of the application which is a part of this policy. Check to see that all medical history requested is listed. Write Us if any information shown is not right or complete. We issued this policy on the basis that the answers to all questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

We, MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**,** promise to pay You, the insured/policyholder, the benefits provided by this policy. All benefits are subject to its definitions, provisions, limitations and exceptions. We have issued this policy in consideration of the payment of the first premium and the statements made in Your application.

RENEWAL CONDITIONS

You may renew Your policy for Yourself as long as You may live. To renew, just pay the renewal premiums on or before the renewal date or during the thirty-one (31) days that follow. We cannot refuse to renew this policy or place any restrictions on it if You pay the premiums on time.

RENEWAL PREMIUM

We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can only change Your premium rate if We change it for all policies of the same class. We will tell You in advance of any change in premium rate.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

READ YOUR POLICY CAREFULLY
THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.

Signed by Our President and Secretary.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
THIS POLICY IS RENEWABLE FOR LIFE. Premium Rates are expected to increase each year.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

TABLE OF CONTENTS

RENEWAL CONDITIONS 1

RENEWAL PREMIUM 1

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CONTINUATION OF COVERAGE 5

UNIFORM PROVISIONS 5

TERMINATION 8

LIMITATIONS OF COVERAGE 8

ELIGIBILITY AND EFFECTIVE DATE

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must be:

1. Eligible for Medicare; and
2. Enrolled in both Medicare Parts A and B.

EFFECTIVE DATE OF INSURANCE

The effective date of insurance for You shall be: «effective_date»

POLICYHOLDER INFORMATION

Policyholder:	«first_name» «last_name»
Policy Number:	«policy_id»
Initial Premium Mode:	«cycle_code»
Initial Premium Amount:	«initial_prem»

DEFINITIONS

Benefit Period
is the time used to measure in-Hospital benefits for expenses covered by Medicare. It begins after the effective date of coverage with the first day You are confined in a Hospital. The date it ends is determined by Medicare.

Calendar Year
is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Emergency Care
means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention, as determined by a prudent layperson, could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospice
You must meet Medicare's requirement, including a doctor's certification of terminal illness.

Hospital
means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare.

Injury
means bodily Injury to You caused by an accident which results in a loss covered by this policy. The loss must begin while the policy is in force.

Inpatient Lifetime Reserve Days
means the additional non-renewable sixty (60) days of hospital coverage provided under Medicare Part A for an admission which exceeds ninety (90) days. **Important Note:** Once You use an Inpatient Lifetime Reserve Day, it is not replaced because Inpatient Lifetime Reserve Days are non-renewable.

Medicare
means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses
means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician
means a person who is licensed to practice the healing arts. The Physician must perform only those services permitted by his or her license. Services rendered otherwise are not covered by this Policy. "Physician" does not include You or any of Your immediate family members.

Provider
is the general term We use for Physicians, hospitals and health care facilities that are licensed by the state to deliver or furnish healthcare services.

Sickness
means illness or disease which results in loss covered by this policy. The loss must begin while the policy is in force.

Total Disability or Totally Disabled
means Your total inability or incapacity, as a result of injury or sickness, to which extent You are no longer physically or mentally capable of managing Your affairs and lack a third party with authority to act on your behalf.

We, **Us**, and **Our**
refers to Madison National Life Insurance Company, Inc.

You, **Your**, and **Yours**
refers to the Policyholder referred to on Page 3.

BASIC BENEFITS

We will pay as follows:

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The Provider shall accept Our payment as payment in full and may not bill You for any balance.

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

5. Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

The Part A deductible amount, copayment amounts, and Part B Calendar Year deductible are determined by Medicare.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

UNIFORM PROVISIONS

UNEARNED PREMIUM REFUND

Upon the death of the insured, any unearned premiums paid for any period beyond the end of the policy month in which the death occurred, shall be refunded and paid to Your estate or Your beneficiary in lump sum on a date no later than thirty (30) days after the proof of death has been furnished to us.

CHANGES IN MEDICARE COST SHARING AMOUNTS

If Medicare changes its deductible and coinsurance amounts, Your policy will automatically change to cover the amounts determined by Medicare. Your premium may also be changed at this time. We will give You appropriate notice of such change.

ENTIRE CONTRACT: CHANGES

This policy, with the attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions. The application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Effective Date of this policy, only fraudulent misstatements on Your application may be used to void this policy or deny any claim for loss incurred or disability that starts after the two (2) year period. No claim for loss incurred after the Effective Date of coverage shall be reduced or denied on the ground that a medical condition had existed before the Effective Date of coverage.

GRACE PERIOD

This policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the thirty-one (31) days that follow. During the grace period this policy will stay in force.

REINSTATEMENT

If the premium is not paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated policy will cover only loss which results from an Injury sustained after the date of reinstatement and loss due to Sickness that starts after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

NOTICE OF CLAIM

Written notice of claim must be given within sixty (60) days after a covered loss starts or as soon as possible. The notice can be given to Us at Our Administrative Office address shown on Page 1. Notice should include Your name and the policy number.

We will accept notice from a Medicare Part B carrier on claims submitted on Your behalf by physicians and suppliers or You may submit the Explanation of Medicare Benefits (EOMB). If You are traveling outside Your home state, You should submit to Us a copy of Your EOMB. When You use a Hospital, they may submit Your

claim for You, or You may have to submit the EOMB when You receive it. Notice of claims should include Your name and policy number.

NOTICE OF CLAIM-TIME LIMIT

Except in the absence of legal capacity, written notice of claim must be received by Us within fifteen (15) months from the time Medicare has determined the eligibility of the claim. If notice is not given in time, the claims may be reduced or denied. The notice can be given to Us at Our Administrative Office. The notice should contain Your name and policy number.

CLAIM FORMS

When We receive notice of claim, We will send You forms for filing proof of loss. You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

PROOFS OF LOSS

If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within ninety (90) days after the end of each period for which We are liable. For any other loss, written proof must be given within ninety (90) days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed when reasonably possible. In any event, the proof required must be given within one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Benefits payable under this policy will be paid within fifteen (15) business days of when We receive proper written proof of loss. We shall have fifteen (15) business days within which to mail a letter of notice giving the reasons We have for not paying the claims, either in whole or in part. Such notice can be used to itemize any information needed to process the claim or any portions not being paid. After We have received all information needed to process the claim, We then have fifteen (15) business days to either pay or deny a claim giving You written notice of such action.

PAYMENT OF CLAIMS

All benefits will be paid to You or, if dually assigned, to the Provider. Any unassigned benefits due and unpaid at Your death may be paid, at Our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who cannot give valid release, We may pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY

We, at Our expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

SUBROGATION RIGHTS

The benefits of this policy will be available to You if You are injured by the act or omission of another person, firm, or corporation. If You receive benefits under this policy for treatment of such injuries, You, or Your personal representative in the event of Your death, shall subrogate Your rights to Us to the extent of all payment made by Us for such benefits. You or Your representative agree to cooperate fully with us to secure these rights of subrogation; and to otherwise help us recover benefits we have paid to the extent that such sums exceed the

amount required to fully compensate You, including an equitable apportionment of collection costs and legal expenses.

LEGAL ACTION

No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

OTHER INSURANCE WITH US

You may have only one policy like this one with Us. If through error, We issue more than one like policy to You, only one policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We will return the money You paid for the other policies.

CONFORMITY WITH STATE STATUTES

Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

SUSPENSION AVAILABLE DURING MEDICAID ELIGIBILITY

If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of eligibility for Medicaid. Any refund will be subject to adjustment for paid claims.

If You lose entitlement to Medicaid benefits during the suspension period and notify Us within ninety (90) days, then effective the date Medicaid entitlement terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

SUSPENSION AVAILABLE DURING COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN

If You are eligible for Medicare by reason of disability and become covered under an Employer Group Health Plan and, within ninety (90) days after the inception of such coverage, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Employer Group Health Plan coverage.

Suspension of policy benefits and premiums will begin from the effective date of Your Employer Group Health Plan coverage. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of Employer Group Health Plan coverage. Any refund will be subject to adjustment for paid claims.

If You lose coverage under the Employer Group Health Plan during the suspension period and notify Us within ninety (90) days, then effective the date coverage terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

Your insurance will terminate in the event:

1. You fail to pay the required premium within the time allowed to keep the coverage in force;
2. You cease to be eligible for this plan; or
3. We receive written notice that You wish to terminate Your coverage.

If termination is due to an event described in either item 2 or 3 above, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

Pending Claims
If We terminate coverage for You, it will not affect any pending claim.

A pending claim will include only those medical services and supplies rendered or furnished prior to the date coverage ends.

Extension Of Coverage
If Your coverage ends while You are totally disabled, coverage will be continued for the disabling condition until the earlier of the following dates:

1. The date You are no longer totally disabled; (**Benefit is conditioned upon the continuous total disability**) or
2. The date that You exhaust Your policy benefit or reach any coverage maximum or limit.

LIMITATIONS OF COVERAGE

This is a Medicare supplement policy. Your coverage is conditional on Medicare's approval of Medicare Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions, except as otherwise noted in this policy.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

MEDICARE SUPPLEMENT PLAN B

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION
Please read the copy of the application which is a part of this policy. Check to see that all medical history requested is listed. Write Us if any information shown is not right or complete. We issued this policy on the basis that the answers to all questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

We, MADISON NATIONAL LIFE INSURANCE COMPANY, INC., promise to pay You, the insured/policyholder, the benefits provided by this policy. All benefits are subject to its definitions, provisions, limitations and exceptions. We have issued this policy in consideration of the payment of the first premium and the statements made in Your application.

RENEWAL CONDITIONS

You may renew Your policy for Yourself as long as You may live. To renew, just pay the renewal premiums on or before the renewal date or during the thirty-one (31) days that follow. We cannot refuse to renew this policy or place any restrictions on it if You pay the premiums on time.

RENEWAL PREMIUM

We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can only change Your premium rate if We change it for all policies of the same class. We will tell You in advance of any change in premium rate.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

READ YOUR POLICY CAREFULLY
THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.

Signed by Our President and Secretary.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
THIS POLICY IS RENEWABLE FOR LIFE. Premium Rates are expected to increase each year.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

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ELIGIBILITY AND EFFECTIVE DATE

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must be:

1. Eligible for Medicare; and
2. Enrolled in both Medicare Parts A and B.

EFFECTIVE DATE OF INSURANCE

The effective date of insurance for You shall be: «effective_date»

POLICYHOLDER INFORMATION

Policyholder:	«first_name» «last_name»
Policy Number:	«policy_id»
Initial Premium Mode:	«cycle_code»
Initial Premium Amount:	«initial_prem»

DEFINITIONS

Benefit Period
is the time used to measure in-Hospital benefits for expenses covered by Medicare. It begins after the effective date of coverage with the first day You are confined in a Hospital. The date it ends is determined by Medicare.

Calendar Year
is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Emergency Care
means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention, as determined by a prudent layperson, could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospice
You must meet Medicare's requirement, including a doctor's certification of terminal illness.

Hospital
means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare.

Injury
means bodily Injury to You caused by an accident which results in a loss covered by this policy. The loss must begin while the policy is in force.

Inpatient Lifetime Reserve Days
means the additional non-renewable sixty (60) days of hospital coverage provided under Medicare Part A for an admission which exceeds ninety (90) days. **Important Note:** Once You use an Inpatient Lifetime Reserve Day, it is not replaced because Inpatient Lifetime Reserve Days are non-renewable.

Medicare
means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses
means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician
means a person who is licensed to practice the healing arts. The Physician must perform only those services permitted by his or her license. Services rendered otherwise are not covered by this Policy. "Physician" does not include You or any of Your immediate family members.

Provider
is the general term We use for Physicians, hospitals and health care facilities that are licensed by the state to deliver or furnish healthcare services.

Sickness
means illness or disease which results in loss covered by this policy. The loss must begin while the policy is in force.

Total Disability or Totally Disabled
means Your total inability or incapacity, as a result of injury or sickness, to which extent You are no longer physically or mentally capable of managing Your affairs and lack a third party with authority to act on your behalf.

We, **Us**, and **Our**
refers to Madison National Life Insurance Company, Inc.

You, **Your**, and **Yours**
refers to the Policyholder referred to on Page 3.

BASIC BENEFITS

We will pay as follows:

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The Provider shall accept Our payment as payment in full and may not bill You for any balance.

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

5. Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

The Part A deductible amount, copayment amounts, and Part B Calendar Year deductible are determined by Medicare.

ADDITIONAL BENEFITS

We will pay as follows:

1. Medicare Part A Deductible: Coverage for all of the Medicare Part A inpatient Hospital deductible amount per Benefit Period.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total

disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

UNIFORM PROVISIONS

UNEARNED PREMIUM REFUND

Upon the death of the insured, any unearned premiums paid for any period beyond the end of the policy month in which the death occurred, shall be refunded and paid to Your estate or Your beneficiary in lump sum on a date no later than thirty (30) days after the proof of death has been furnished to us.

CHANGES IN MEDICARE COST SHARING AMOUNTS

If Medicare changes its deductible and coinsurance amounts, Your policy will automatically change to cover the amounts determined by Medicare. Your premium may also be changed at this time. We will give You appropriate notice of such change.

ENTIRE CONTRACT: CHANGES

This policy, with the attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions. The application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Effective Date of this policy, only fraudulent misstatements on Your application may be used to void this policy or deny any claim for loss incurred or disability that starts after the two (2) year period. No claim for loss incurred after the Effective Date of coverage shall be reduced or denied on the ground that a medical condition had existed before the Effective Date of coverage.

GRACE PERIOD

This policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the thirty-one (31) days that follow. During the grace period this policy will stay in force.

REINSTATEMENT

If the premium is not paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated policy will cover only loss which results from an Injury sustained after the date of reinstatement and loss due to Sickness that starts after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

NOTICE OF CLAIM

Written notice of claim must be given within sixty (60) days after a covered loss starts or as soon as possible. The notice can be given to Us at Our Administrative Office address shown on Page 1. Notice should include Your name and the policy number.

We will accept notice from a Medicare Part B carrier on claims submitted on Your behalf by physicians and suppliers or You may submit the Explanation of Medicare Benefits (EOMB). If You are traveling outside Your

home state, You should submit to Us a copy of Your EOMB. When You use a Hospital, they may submit Your claim for You, or You may have to submit the EOMB when You receive it. Notice of claims should include Your name and policy number.

NOTICE OF CLAIM-TIME LIMIT

Except in the absence of legal capacity, written notice of claim must be received by Us within fifteen (15) months from the time Medicare has determined the eligibility of the claim. If notice is not given in time, the claims may be reduced or denied. The notice can be given to Us at Our Administrative Office. The notice should contain Your name and policy number.

CLAIM FORMS

When We receive notice of claim, We will send You forms for filing proof of loss. You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

PROOFS OF LOSS

If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within ninety (90) days after the end of each period for which We are liable. For any other loss, written proof must be given within ninety (90) days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed when reasonably possible. In any event, the proof required must be given within one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Benefits payable under this policy will be paid within fifteen (15) business days of when We receive proper written proof of loss. We shall have fifteen (15) business days within which to mail a letter of notice giving the reasons We have for not paying the claims, either in whole or in part. Such notice can be used to itemize any information needed to process the claim or any portions not being paid. After We have received all information needed to process the claim, We then have fifteen (15) business days to either pay or deny a claim giving You written notice of such action.

PAYMENT OF CLAIMS

All benefits will be paid to You or, if dually assigned, to the Provider. Any unassigned benefits due and unpaid at Your death may be paid, at Our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who cannot give valid release, We may pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY

We, at Our expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

SUBROGATION RIGHTS

The benefits of this policy will be available to You if You are injured by the act or omission of another person, firm, or corporation. If You receive benefits under this policy for treatment of such injuries, You, or Your personal representative in the event of Your death, shall subrogate Your rights to Us to the extent of all payment made by Us for such benefits. You or Your representative agree to cooperate fully with us to secure these rights of subrogation; and to otherwise help us recover benefits we have paid to the extent that such sums

exceed the amount required to fully compensate You, including an equitable apportionment of collection costs and legal expenses.

LEGAL ACTION

No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

OTHER INSURANCE WITH US

You may have only one policy like this one with Us. If through error, We issue more than one like policy to You, only one policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We will return the money You paid for the other policies.

CONFORMITY WITH STATE STATUTES

Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

SUSPENSION AVAILABLE DURING MEDICAID ELIGIBILITY

If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of eligibility for Medicaid. Any refund will be subject to adjustment for paid claims.

If You lose entitlement to Medicaid benefits during the suspension period and notify Us within ninety (90) days, then effective the date Medicaid entitlement terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

SUSPENSION AVAILABLE DURING COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN

If You are eligible for Medicare by reason of disability and become covered under an Employer Group Health Plan and, within ninety (90) days after the inception of such coverage, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Employer Group Health Plan coverage.

Suspension of policy benefits and premiums will begin from the effective date of Your Employer Group Health Plan coverage. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of Employer Group Health Plan coverage. Any refund will be subject to adjustment for paid claims.

If You lose coverage under the Employer Group Health Plan during the suspension period and notify Us within ninety (90) days, then effective the date coverage terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

Your insurance will terminate in the event:

1. You fail to pay the required premium within the time allowed to keep the coverage in force;
2. You cease to be eligible for this plan; or
3. We receive written notice that You wish to terminate Your coverage.

If termination is due to an event described in either item 2 or 3 above, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

Pending Claims
If We terminate coverage for You, it will not affect any pending claim.

A pending claim will include only those medical services and supplies rendered or furnished prior to the date coverage ends.

Extension Of Coverage
If Your coverage ends while You are totally disabled, coverage will be continued for the disabling condition until the earlier of the following dates:

1. The date You are no longer totally disabled; (**Benefit is conditioned upon the continuous total disability**) or
2. The date that You exhaust Your policy benefit or reach any coverage maximum or limit.

LIMITATIONS OF COVERAGE

This is a Medicare supplement policy. Your coverage is conditional on Medicare's approval of Medicare Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions, except as otherwise noted in this policy.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

MEDICARE SUPPLEMENT PLAN F

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION
Please read the copy of the application which is a part of this policy. Check to see that all medical history requested is listed. Write Us if any information shown is not right or complete. We issued this policy on the basis that the answers to all questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

We, MADISON NATIONAL LIFE INSURANCE COMPANY, INC., promise to pay You, the insured/policyholder, the benefits provided by this policy. All benefits are subject to its definitions, provisions, limitations and exceptions. We have issued this policy in consideration of the payment of the first premium and the statements made in Your application.

RENEWAL CONDITIONS

You may renew Your policy for Yourself as long as You may live. To renew, just pay the renewal premiums on or before the renewal date or during the thirty-one (31) days that follow. We cannot refuse to renew this policy or place any restrictions on it if You pay the premiums on time.

RENEWAL PREMIUM

We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can only change Your premium rate if We change it for all policies of the same class. We will tell You in advance of any change in premium rate.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

READ YOUR POLICY CAREFULLY
THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.

Signed by Our President and Secretary.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
THIS POLICY IS RENEWABLE FOR LIFE. Premium Rates are expected to increase each year.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

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ELIGIBILITY AND EFFECTIVE DATE

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must be:

1. Eligible for Medicare; and
2. Enrolled in both Medicare Parts A and B.

EFFECTIVE DATE OF INSURANCE

The effective date of insurance for You shall be: «effective_date»

POLICYHOLDER INFORMATION

Policyholder:	«first_name» «last_name»
Policy Number:	«policy_id»
Initial Premium Mode:	«cycle_code»
Initial Premium Amount:	«initial_prem»

DEFINITIONS

Benefit Period
is the time used to measure in-Hospital benefits for expenses covered by Medicare. It begins after the effective date of coverage with the first day You are confined in a Hospital. The date it ends is determined by Medicare.

Calendar Year
is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Emergency Care
means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention, as determined by a prudent layperson, could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospice
You must meet Medicare's requirement, including a doctor's certification of terminal illness.

Hospital
means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare.

Injury
means bodily Injury to You caused by an accident which results in a loss covered by this policy. The loss must begin while the policy is in force.

Inpatient Lifetime Reserve Days
means the additional non-renewable sixty (60) days of hospital coverage provided under Medicare Part A for an admission which exceeds ninety (90) days. **Important Note:** Once You use an Inpatient Lifetime Reserve Day, it is not replaced because Inpatient Lifetime Reserve Days are non-renewable.

Medicare
means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses
means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician
means a person who is licensed to practice the healing arts. The Physician must perform only those services permitted by his or her license. Services rendered otherwise are not covered by this Policy. "Physician" does not include You or any of Your immediate family members.

Provider
is the general term We use for Physicians, hospitals and health care facilities that are licensed by the state to deliver or furnish healthcare services.

Sickness
means illness or disease which results in loss covered by this policy. The loss must begin while the policy is in force.

Skilled Nursing Facility
means a place which, by law, provides care and treatment to persons who are convalescing as resident bed patients from a Sickness or Injury after a Hospital stay. It must also:

1. Qualify as a Skilled Nursing Facility under Medicare; or be qualified to receive such approval if requested;
2. Have a registered graduate nurse (R.N.) on duty or on call in the place at all times to supervise 24-hour nursing service;
3. Have a Physician to supervise the operation of the place; and
4. Maintain daily medical records for all patients.

Its main purpose must not be to provide Custodial Care, rest-care for the aged or treatment such as that provided by a clinic or sanitarium.

Total Disability or Totally Disabled
means Your total inability or incapacity, as a result of injury or sickness, to which extent You are no longer physically or mentally capable of managing Your affairs and lack a third party with authority to act on your behalf. .

We, **Us**, and **Our**
refers to Madison National Life Insurance Company, Inc.

You, **Your**, and **Yours**
refers to the Policyholder referred to on Page 3.

BASIC BENEFITS

We will pay as follows:

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The Provider shall accept Our payment as payment in full and may not bill You for any balance.

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

5. Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

The Part A deductible amount, copayment amounts, and Part B Calendar Year deductible are determined by Medicare.

ADDITIONAL BENEFITS

We will pay as follows:

1. Medicare Part A Deductible: Coverage for all of the Medicare Part A inpatient Hospital deductible amount per Benefit Period.

2. Skilled Nursing Facility Care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital skilled nursing facility care eligible under Medicare Part A.

3. Medicare Part B Deductible: Coverage for all of the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

4. One hundred percent (100%) of the Medicare Part B Excess Charges: Coverage for all the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

5. Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare Eligible Expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Injury or sickness of sudden and unexpected onset.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

UNIFORM PROVISIONS

UNEARNED PREMIUM REFUND

Upon the death of the insured, any unearned premiums paid for any period beyond the end of the policy month in which the death occurred, shall be refunded and paid to Your estate or Your beneficiary in lump sum on a date no later than thirty (30) days after the proof of death has been furnished to us.

CHANGES IN MEDICARE COST SHARING AMOUNTS

If Medicare changes its deductible and coinsurance amounts, Your policy will automatically change to cover the amounts determined by Medicare. Your premium may also be changed at this time. We will give You appropriate notice of such change.

ENTIRE CONTRACT: CHANGES
This policy, with the attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions. The application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES
After two (2) years from the Effective Date of this policy, only fraudulent misstatements on Your application may be used to void this policy or deny any claim for loss incurred or disability that starts after the two (2) year period. No claim for loss incurred after the Effective Date of coverage shall be reduced or denied on the ground that a medical condition had existed before the Effective Date of coverage.

GRACE PERIOD
This policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the thirty-one (31) days that follow. During the grace period this policy will stay in force.

REINSTATEMENT
If the premium is not paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated policy will cover only loss which results from an Injury sustained after the date of reinstatement and loss due to Sickness that starts after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

NOTICE OF CLAIM
Written notice of claim must be given within sixty (60) days after a covered loss starts or as soon as possible. The notice can be given to Us at Our Administrative Office address shown on Page 1. Notice should include Your name and the policy number.

We will accept notice from a Medicare Part B carrier on claims submitted on Your behalf by physicians and suppliers or You may submit the Explanation of Medicare Benefits (EOMB). If You are traveling outside Your home state, You should submit to Us a copy of Your EOMB. When You use a Hospital, they may submit Your claim for You, or You may have to submit the EOMB when You receive it. Notice of claims should include Your name and policy number.

NOTICE OF CLAIM-TIME LIMIT
Except in the absence of legal capacity, written notice of claim must be received by Us within fifteen (15) months from the time Medicare has determined the eligibility of the claim. If notice is not given in time, the claims may be reduced or denied. The notice can be given to Us at Our Administrative Office. The notice should contain Your name and policy number.

CLAIM FORMS
When We receive notice of claim, We will send You forms for filing proof of loss. You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

PROOFS OF LOSS
If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within ninety (90) days after the end of each period for which We are liable. For any other loss, written proof must be given within ninety (90) days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed when reasonably possible. In any event, the proof required must be given within one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS
Benefits payable under this policy will be paid within fifteen (15) business days of when We receive proper written proof of loss. We shall have fifteen (15) business days within which to mail a letter of notice giving the reasons We have for not paying the claims, either in whole or in part. Such notice can be used to itemize any information needed to process the claim or any portions not being paid. After We have received all information needed to process the claim, We then have fifteen (15) business days to either pay or deny a claim giving You written notice of such action.

PAYMENT OF CLAIMS
All benefits will be paid to You or, if dually assigned, to the Provider. Any unassigned benefits due and unpaid at Your death may be paid, at Our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who cannot give valid release, We may pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY
We, at Our expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

SUBROGATION RIGHTS
The benefits of this policy will be available to You if You are injured by the act or omission of another person, firm, or corporation. If You receive benefits under this policy for treatment of such injuries, You, or Your personal representative in the event of Your death, shall subrogate Your rights to Us to the extent of all payment made by Us for such benefits. You or Your representative agree to cooperate fully with us to secure these rights of subrogation; and to otherwise help us recover benefits we have paid to the extent that such sums exceed the amount required to fully compensate You, including an equitable apportionment of collection costs and legal expenses.

LEGAL ACTION
No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

OTHER INSURANCE WITH US
You may have only one policy like this one with Us. If through error, We issue more than one like policy to You, only one policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We will return the money You paid for the other policies.

CONFORMITY WITH STATE STATUTES
Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

SUSPENSION AVAILABLE DURING MEDICAID ELIGIBILITY
If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of eligibility for Medicaid. Any refund will be subject to adjustment for paid claims.

If You lose entitlement to Medicaid benefits during the suspension period and notify Us within ninety (90) days, then effective the date Medicaid entitlement terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

SUSPENSION AVAILABLE DURING COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN
If You are eligible for Medicare by reason of disability and become covered under an Employer Group Health Plan and, within ninety (90) days after the inception of such coverage, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Employer Group Health Plan coverage.

Suspension of policy benefits and premiums will begin from the effective date of Your Employer Group Health Plan coverage. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of Employer Group Health Plan coverage. Any refund will be subject to adjustment for paid claims.

If You lose coverage under the Employer Group Health Plan during the suspension period and notify Us within ninety (90) days, then effective the date coverage terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

Your insurance will terminate in the event:

1. You fail to pay the required premium within the time allowed to keep the coverage in force;
2. You cease to be eligible for this plan; or
3. We receive written notice that You wish to terminate Your coverage.

If termination is due to an event described in either item 2 or 3 above, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

Pending Claims
If We terminate coverage for You, it will not affect any pending claim.

A pending claim will include only those medical services and supplies rendered or furnished prior to the date coverage ends.

Extension Of Coverage
If Your coverage ends while You are totally disabled, coverage will be continued for the disabling condition until the earlier of the following dates:

1. The date You are no longer totally disabled; (**Benefit is conditioned upon the continuous total disability**) or
2. The date that You exhaust Your policy benefit or reach any coverage maximum or limit.

LIMITATIONS OF COVERAGE

This is a Medicare supplement policy. Your coverage is conditional on Medicare's approval of Medicare Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions, except as otherwise noted in this policy.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

MEDICARE SUPPLEMENT PLAN G

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION
Please read the copy of the application which is a part of this policy. Check to see that all medical history requested is listed. Write Us if any information shown is not right or complete. We issued this policy on the basis that the answers to all questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

We, MADISON NATIONAL LIFE INSURANCE COMPANY, INC., promise to pay You, the insured/policyholder, the benefits provided by this policy. All benefits are subject to its definitions, provisions, limitations and exceptions. We have issued this policy in consideration of the payment of the first premium and the statements made in Your application.

RENEWAL CONDITIONS

You may renew Your policy for Yourself as long as You may live. To renew, just pay the renewal premiums on or before the renewal date or during the thirty-one (31) days that follow. We cannot refuse to renew this policy or place any restrictions on it if You pay the premiums on time.

RENEWAL PREMIUM

We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can only change Your premium rate if We change it for all policies of the same class. We will tell You in advance of any change in premium rate.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

READ YOUR POLICY CAREFULLY
THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.

Signed by Our President and Secretary.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
THIS POLICY IS RENEWABLE FOR LIFE. Premium Rates are expected to increase each year.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

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ELIGIBILITY AND EFFECTIVE DATE

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must be:

1. Eligible for Medicare; and
2. Enrolled in both Medicare Parts A and B.

EFFECTIVE DATE OF INSURANCE

The effective date of insurance for You shall be: «effective_date»

POLICYHOLDER INFORMATION

Policyholder:	«first_name» «last_name»
Policy Number:	«policy_id»
Initial Premium Mode:	«cycle_code»
Initial Premium Amount:	«initial_prem»

DEFINITIONS

Benefit Period
is the time used to measure in-Hospital benefits for expenses covered by Medicare. It begins after the effective date of coverage with the first day You are confined in a Hospital. The date it ends is determined by Medicare.

Calendar Year
is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Emergency Care
means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention, as determined by a prudent layperson, could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospice
You must meet Medicare's requirement, including a doctor's certification of terminal illness.

Hospital
means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare.

Injury
means bodily Injury to You caused by an accident which results in a loss covered by this policy. The loss must begin while the policy is in force.

Inpatient Lifetime Reserve Days
means the additional non-renewable sixty (60) days of hospital coverage provided under Medicare Part A for an admission which exceeds ninety (90) days. **Important Note:** Once You use an Inpatient Lifetime Reserve Day, it is not replaced because Inpatient Lifetime Reserve Days are non-renewable.

Medicare
means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses
means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician
means a person who is licensed to practice the healing arts. The Physician must perform only those services permitted by his or her license. Services rendered otherwise are not covered by this Policy. "Physician" does not include You or any of Your immediate family members.

Provider
is the general term We use for Physicians, hospitals and health care facilities that are licensed by the state to deliver or furnish healthcare services.

Sickness

means illness or disease which results in loss covered by this policy. The loss must begin while the policy is in force.

Skilled Nursing Facility
means a place which, by law, provides care and treatment to persons who are convalescing as resident bed patients from a Sickness or Injury after a Hospital stay. It must also:

1. Qualify as a Skilled Nursing Facility under Medicare; or be qualified to receive such approval if requested;
2. Have a registered graduate nurse (R.N.) on duty or on call in the place at all times to supervise 24-hour nursing service;
3. Have a Physician to supervise the operation of the place; and
4. Maintain daily medical records for all patients.

Its main purpose must not be to provide Custodial Care, rest-care for the aged or treatment such as that provided by a clinic or sanitarium.

Total Disability or Totally Disabled
means Your total inability or incapacity, as a result of injury or sickness, to which extent You are no longer physically or mentally capable of managing Your affairs and lack a third party with authority to act on your behalf. .

We, **Us**, and **Our**
refers to Madison National Life Insurance Company, Inc.

You, **Your**, and **Yours**
refers to the Policyholder referred to on Page 3.

BASIC BENEFITS

We will pay as follows:

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The Provider shall accept Our payment as payment in full and may not bill You for any balance.

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

5. Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

The Part A deductible amount, copayment amounts, and Part B Calendar Year deductible are determined by Medicare.

ADDITIONAL BENEFITS

We will pay as follows:

1. Medicare Part A Deductible: Coverage for one hundred percent (100%) of the Medicare Part A inpatient Hospital deductible amount per Benefit Period.

2. Skilled Nursing Facility Care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital skilled nursing facility care eligible under Medicare Part A.

3. Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare Eligible Expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Injury or Sickness of sudden and unexpected onset.

4. Coverage for one hundred percent (100%) of the Medicare Part B Excess Charges; or the difference between the actual Medicare Part B charges as billed, not to exceed maximum state or federal billing limitations, and the Medicare approved Part B charge.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

UNIFORM PROVISIONS

UNEARNED PREMIUM REFUND

Upon the death of the insured, any unearned premiums paid for any period beyond the end of the policy month in which the death occurred, shall be refunded and paid to Your estate or Your beneficiary in lump sum on a date no later than thirty (30) days after the proof of death has been furnished to us.

CHANGES IN MEDICARE COST SHARING AMOUNTS

If Medicare changes its deductible and coinsurance amounts, Your policy will automatically change to cover the amounts determined by Medicare. Your premium may also be changed at this time. We will give You appropriate notice of such change.

ENTIRE CONTRACT: CHANGES

This policy, with the attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions. The application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Effective Date of this policy, only fraudulent misstatements on Your application may be used to void this policy or deny any claim for loss incurred or disability that starts after the two (2) year period. No claim for loss incurred after the Effective Date of coverage shall be reduced or denied on the ground that a medical condition had existed before the Effective Date of coverage.

GRACE PERIOD
This policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the thirty-one (31) days that follow. During the grace period this policy will stay in force.

REINSTATEMENT
If the premium is not paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated policy will cover only loss which results from an Injury sustained after the date of reinstatement and loss due to Sickness that starts after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

NOTICE OF CLAIM
Written notice of claim must be given within sixty (60 days after a covered loss starts or as soon as possible. The notice can be given to Us at Our Administrative Office address shown on Page 1. Notice should include Your name and the policy number.

We will accept notice from a Medicare Part B carrier on claims submitted on Your behalf by physicians and suppliers or You may submit the Explanation of Medicare Benefits (EOMB). If You are traveling outside Your home state, You should submit to Us a copy of Your EOMB. When You use a Hospital, they may submit Your claim for You, or You may have to submit the EOMB when You receive it. Notice of claims should include Your name and policy number.

NOTICE OF CLAIM-TIME LIMIT
Except in the absence of legal capacity, written notice of claim must be received by Us within fifteen (15) months from the time Medicare has determined the eligibility of the claim. If notice is not given in time, the claims may be reduced or denied. The notice can be given to Us at Our Administrative Office. The notice should contain Your name and policy number.

CLAIM FORMS
When We receive notice of claim, We will send You forms for filing proof of loss. You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

PROOFS OF LOSS
If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within ninety (90) days after the end of each period for which We are liable. For any other loss, written proof must be given within ninety (90) days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed when reasonably possible. In any event, the proof required must be given within one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Benefits payable under this policy will be paid within fifteen (15) business days of when We receive proper written proof of loss. We shall have fifteen (15) business days within which to mail a letter of notice giving the reasons We have for not paying the claims, either in whole or in part. Such notice can be used to itemize any information needed to process the claim or any portions not being paid. After We have received all information needed to process the claim, We then have fifteen (15) business days to either pay or deny a claim giving You written notice of such action.

PAYMENT OF CLAIMS

All benefits will be paid to You or, if dually assigned, to the Provider. Any unassigned benefits due and unpaid at Your death may be paid, at Our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who cannot give valid release, We may pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY

We, at Our expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

SUBROGATION RIGHTS

The benefits of this policy will be available to You if You are injured by the act or omission of another person, firm, or corporation. If You receive benefits under this policy for treatment of such injuries, You, or Your personal representative in the event of Your death, shall subrogate Your rights to Us to the extent of all payment made by Us for such benefits. You or Your representative agree to cooperate fully with us to secure these rights of subrogation; and to otherwise help us recover benefits we have paid to the extent that such sums exceed the amount required to fully compensate You, including an equitable apportionment of collection costs and legal expenses.

LEGAL ACTION

No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

OTHER INSURANCE WITH US

You may have only one policy like this one with Us. If through error, We issue more than one like policy to You, only one policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We will return the money You paid for the other policies.

CONFORMITY WITH STATE STATUTES

Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

SUSPENSION AVAILABLE DURING MEDICAID ELIGIBILITY

If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of eligibility for Medicaid. Any refund will be subject to adjustment for paid claims.

If You lose entitlement to Medicaid benefits during the suspension period and notify Us within ninety (90) days, then effective the date Medicaid entitlement terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

SUSPENSION AVAILABLE DURING COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN

If You are eligible for Medicare by reason of disability and become covered under an Employer Group Health Plan and, within ninety (90) days after the inception of such coverage, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Employer Group Health Plan coverage.

Suspension of policy benefits and premiums will begin from the effective date of Your Employer Group Health Plan coverage. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of Employer Group Health Plan coverage. Any refund will be subject to adjustment for paid claims.

If You lose coverage under the Employer Group Health Plan during the suspension period and notify Us within ninety (90) days, then effective the date coverage terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

Your insurance will terminate in the event:

1. You fail to pay the required premium within the time allowed to keep the coverage in force;
2. You cease to be eligible for this plan; or
3. We receive written notice that You wish to terminate Your coverage.

If termination is due to an event described in either item 2 or 3 above, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

Pending Claims

If We terminate coverage for You, it will not affect any pending claim.

A pending claim will include only those medical services and supplies rendered or furnished prior to the date coverage ends.

Extension Of Coverage

If Your coverage ends while You are totally disabled, coverage will be continued for the disabling condition until the earlier of the following dates:

1. The date You are no longer totally disabled; (**Benefit is conditioned upon the continuous total disability**) or
2. The date that You exhaust Your policy benefit or reach any coverage maximum or limit.

LIMITATIONS OF COVERAGE

This is a Medicare supplement policy. Your coverage is conditional on Medicare's approval of Medicare

Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions, except as otherwise noted in this policy.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

MEDICARE SUPPLEMENT PLAN K

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION
Please read the copy of the application which is a part of this policy. Check to see that all medical history requested is listed. Write Us if any information shown is not right or complete. We issued this policy on the basis that the answers to all questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

We, MADISON NATIONAL LIFE INSURANCE COMPANY, INC., promise to pay You, the insured/policyholder, the benefits provided by this policy. All benefits are subject to its definitions, provisions, limitations and exceptions. We have issued this policy in consideration of the payment of the first premium and the statements made in Your application.

RENEWAL CONDITIONS

You may renew Your policy for Yourself as long as You may live. To renew, just pay the renewal premiums on or before the renewal date or during the thirty-one (31) days that follow. We cannot refuse to renew this policy or place any restrictions on it if You pay the premiums on time.

RENEWAL PREMIUM

We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can only change Your premium rate if We change it for all policies of the same class. We will tell You in advance of any change in premium rate.

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

READ YOUR POLICY CAREFULLY
THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.

Signed by Our President and Secretary.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
THIS POLICY IS RENEWABLE FOR LIFE. Premium Rates are expected to increase each year.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

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ELIGIBILITY AND EFFECTIVE DATE

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must be:

1. Eligible for Medicare; and
2. Enrolled in both Medicare Parts A and B.

EFFECTIVE DATE OF INSURANCE

The effective date of insurance for You shall be: «effective_date»

POLICYHOLDER INFORMATION

Policyholder:	«first_name» «last_name»
Policy Number:	«policy_id»
Initial Premium Mode:	«cycle_code»
Initial Premium Amount:	«initial_prem»

DEFINITIONS

Benefit Period
is the time used to measure in-Hospital benefits for expenses covered by Medicare. It begins after the effective date of coverage with the first day You are confined in a Hospital. The date it ends is determined by Medicare.

Calendar Year
is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Emergency Care
means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention, as determined by a prudent layperson, could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospice
You must meet Medicare's requirement, including a doctor's certification of terminal illness.

Hospital
means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare.

Injury
means bodily Injury to You caused by an accident which results in a loss covered by this policy. The loss must begin while the policy is in force.

Inpatient Lifetime Reserve Days
means the additional non-renewable sixty (60) days of hospital coverage provided under Medicare Part A for an admission which exceeds ninety (90) days. **Important Note:** Once You use an Inpatient Lifetime Reserve Day, it is not replaced because Inpatient Lifetime Reserve Days are non-renewable.

Medicare
means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses
means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician
means a person who is licensed to practice the healing arts. The Physician must perform only those services permitted by his or her license. Services rendered otherwise are not covered by this Policy. "Physician" does not include You or any of Your immediate family members.

Provider
is the general term We use for Physicians, hospitals and health care facilities that are licensed by the state to deliver or furnish healthcare services.

Sickness
means illness or disease which results in loss covered by this policy. The loss must begin while the policy is in force.

Skilled Nursing Facility
means a place which, by law, provides care and treatment to persons who are convalescing as resident bed patients from a Sickness or Injury after a Hospital stay. It must also:

1. Qualify as a Skilled Nursing Facility under Medicare; or be qualified to receive such approval if requested;
2. Have a registered graduate nurse (R.N.) on duty or on call in the place at all times to supervise 24-hour nursing service;
3. Have a Physician to supervise the operation of the place; and
4. Maintain daily medical records for all patients.

Its main purpose must not be to provide Custodial Care, rest-care for the aged or treatment such as that provided by a clinic or sanitarium.

Total Disability or Totally Disabled
means Your total inability or incapacity, as a result of injury or sickness, to which extent You are no longer physically or mentally capable of managing Your affairs and lack a third party with authority to act on your behalf.

We, **Us**, and **Our**
refers to Madison National Life Insurance Company, Inc.

You, **Your**, and **Yours**
refers to the Policyholder referred to on Page 3.

PLAN BENEFITS

We will pay as follows:

1. Coverage of One Hundred Percent (100%) of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;

2. Coverage of One Hundred Percent (100%) of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the insured for any balance;

4. Medicare Part A Deductible: Coverage for fifty percent (50%) of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in Section #10 below;

5. Skilled Nursing Facility Care: Coverage for fifty percent (50%) of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post-hospital

skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in Section #10 below;

6. Hospice Care: Coverage for fifty percent (50%) of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in Section #10 below;

7. Coverage for fifty percent (50%) under Medicare Part A or B, of the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulation) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in Section #10 below;

8. Except for coverage provided in Section #9 below, coverage for fifty percent (50%) of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in Section #10 below;

9. Coverage of one hundred percent (100%) of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

10. Coverage of one hundred percent (100%) of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of $4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

The Part A deductible amount, copayment amounts, and Part B Calendar Year deductible are determined by Medicare.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

UNIFORM PROVISIONS

UNEARNED PREMIUM REFUND

Upon the death of the insured, any unearned premiums paid for any period beyond the end of the policy month in which the death occurred, shall be refunded and paid to Your estate or Your beneficiary in lump sum on a date no later than thirty (30) days after the proof of death has been furnished to us.

CHANGES IN MEDICARE COST SHARING AMOUNTS

If Medicare changes its deductible and coinsurance amounts, Your policy will automatically change to cover the amounts determined by Medicare. Your premium may also be changed at this time. We will give You appropriate notice of such change.

ENTIRE CONTRACT: CHANGES

This policy, with the attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions. The application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Effective Date of this policy, only fraudulent misstatements on Your application may be used to void this policy or deny any claim for loss incurred or disability that starts after the two (2) year period. No claim for loss incurred after the Effective Date of coverage shall be reduced or denied on the ground that a medical condition had existed before the Effective Date of coverage.

GRACE PERIOD

This policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the thirty-one (31) days that follow. During the grace period this policy will stay in force.

REINSTATEMENT

If the premium is not paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated policy will cover only loss which results from an Injury sustained after the date of reinstatement and loss due to Sickness that starts after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

NOTICE OF CLAIM

Written notice of claim must be given within sixty (60) days after a covered loss starts or as soon as possible. The notice can be given to Us at Our Administrative Office address shown on Page 1. Notice should include Your name and the policy number.

We will accept notice from a Medicare Part B carrier on claims submitted on Your behalf by physicians and suppliers or You may submit the Explanation of Medicare Benefits (EOMB). If You are traveling outside Your home state, You should submit to Us a copy of Your EOMB. When You use a Hospital, they may submit Your claim for You, or You may have to submit the EOMB when You receive it. Notice of claims should include Your name and policy number.

NOTICE OF CLAIM-TIME LIMIT

Except in the absence of legal capacity, written notice of claim must be received by Us within fifteen (15) months from the time Medicare has determined the eligibility of the claim. If notice is not given in time, the claims may be reduced or denied. The notice can be given to Us at Our Administrative Office. The notice should contain Your name and policy number.

CLAIM FORMS

When We receive notice of claim, We will send You forms for filing proof of loss. You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

PROOFS OF LOSS

If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within ninety (90) days after the end of each period for which We are liable. For any other loss, written proof must be given within ninety (90) days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed when reasonably

possible. In any event, the proof required must be given within one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS
Benefits payable under this policy will be paid within fifteen (15) business days of when We receive proper written proof of loss. We shall have fifteen (15) business days within which to mail a letter of notice giving the reasons We have for not paying the claims, either in whole or in part. Such notice can be used to itemize any information needed to process the claim or any portions not being paid. After We have received all information needed to process the claim, We then have fifteen (15) business days to either pay or deny a claim giving You written notice of such action.

PAYMENT OF CLAIMS
All benefits will be paid to You or, if dually assigned, to the Provider. Any unassigned benefits due and unpaid at Your death may be paid, at Our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who cannot give valid release, We may pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY
We, at Our expense have the right to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

SUBROGATION RIGHTS
The benefits of this policy will be available to You if You are injured by if the act or omission of another person, firm, or corporation. If You receive benefits under this policy for treatment of such injuries, You, or Your personal representative in the event of Your death, shall subrogate Your rights to Us to the extent of all payment made by Us for such benefits. You or Your representative agree to cooperate fully with us to secure these rights of subrogation; and to otherwise help us recover benefits we have paid to the extent that such sums exceed the amount required to fully compensate You, including an equitable apportionment of collection costs and legal expenses.

LEGAL ACTION
No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

OTHER INSURANCE WITH US
You may have only one policy like this one with Us. If through error, We issue more than one like policy to You, only one policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We will return the money You paid for the other policies.

CONFORMITY WITH STATE STATUTES
Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

SUSPENSION AVAILABLE DURING MEDICAID ELIGIBILITY
If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of eligibility for Medicaid. Any refund will be subject to adjustment for paid claims.

If You lose entitlement to Medicaid benefits during the suspension period and notify Us within ninety (90) days, then effective the date Medicaid entitlement terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

SUSPENSION AVAILABLE DURING COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN

If You are eligible for Medicare by reason of disability and become covered under an Employer Group Health Plan and, within ninety (90) days after the inception of such coverage, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Employer Group Health Plan coverage.

Suspension of policy benefits and premiums will begin from the effective date of Your Employer Group Health Plan coverage. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of Employer Group Health Plan coverage. Any refund will be subject to adjustment for paid claims.

If You lose coverage under the Employer Group Health Plan during the suspension period and notify Us within ninety (90) days, then effective the date coverage terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

Your insurance will terminate in the event:

1. You fail to pay the required premium within the time allowed to keep the coverage in force;
2. You cease to be eligible for this plan; or
3. We receive written notice that You wish to terminate Your coverage.

If termination is due to an event described in either item 2 or 3 above, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

Pending Claims

If We terminate coverage for You, it will not affect any pending claim.

A pending claim will include only those medical services and supplies rendered or furnished prior to the date coverage ends.

Extension Of Coverage

If Your coverage ends while You are totally disabled, coverage will be continued for the disabling condition until the earlier of the following dates:

1. The date You are no longer totally disabled; (**Benefit is conditioned upon the continuous total disability**) or
2. The date that You exhaust Your policy benefit or reach any coverage maximum or limit.

LIMITATIONS OF COVERAGE

This is a Medicare supplement policy. Your coverage is conditional on Medicare's approval of Medicare Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions, except as otherwise noted in this policy.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service
[P.O. Box 5008, Madison, WI 53705]
(XXX) XXX-XXXX]

MEDICARE SUPPLEMENT PLAN N

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION
Please read the copy of the application which is a part of this policy. Check to see that all medical history requested is listed. Write Us if any information shown is not right or complete. We issued this policy on the basis that the answers to all questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

We, MADISON NATIONAL LIFE INSURANCE COMPANY, INC., promise to pay You, the insured/policyholder, the benefits provided by this policy. All benefits are subject to its definitions, provisions, limitations and exceptions. We have issued this policy in consideration of the payment of the first premium and the statements made in Your application.

RENEWAL CONDITIONS

You may renew Your policy for Yourself as long as You may live. To renew, just pay the renewal premiums on or before the renewal date or during the thirty-one (31) days that follow. We cannot refuse to renew this policy or place any restrictions on it if You pay the premiums on time.

RENEWAL PREMIUM

We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can only change Your premium rate if We change it for all policies of the same class. We will tell You in advance of any change in premium rate. (Your rate changes automatically on the policy anniversary of each year for a new age increment as well as for any class changes.)

YOUR THIRTY (30) DAY RIGHT TO RETURN THIS POLICY

If You are not satisfied with this policy, You may return it to Us within thirty (30) days after You receive it. You may return it to Us by mail or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

READ YOUR POLICY CAREFULLY
THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.

Signed by Our President and Secretary.

Larry R. Graber
President

Adam C. Vandervoort
Secretary

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.
THIS POLICY IS RENEWABLE FOR LIFE. Premium Rates are expected to increase each year.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

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ELIGIBILITY AND EFFECTIVE DATE

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must be:

1. Eligible for Medicare; and
2. Enrolled in both Medicare Parts A and B.

EFFECTIVE DATE OF INSURANCE

The effective date of insurance for You shall be: «effective_date»

POLICYHOLDER INFORMATION

Policyholder:	«first_name» «last_name»
Policy Number:	«policy_id»
Initial Premium Mode:	«cycle_code»
Initial Premium Amount:	«initial_prem»

DEFINITIONS

Benefit Period
is the time used to measure in-Hospital benefits for expenses covered by Medicare. It begins after the effective date of coverage with the first day You are confined in a Hospital. The date it ends is determined by Medicare.

Calendar Year
is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Emergency Care
means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention, as determined by a prudent layperson, could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospice
You must meet Medicare's requirement, including a doctor's certification of terminal illness.

Hospital
means a place which is defined as a Hospital and approved for payment as a Hospital by Medicare.

Injury
means bodily Injury to You caused by an accident which results in a loss covered by this policy. The loss must begin while the policy is in force.

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means the additional non-renewable sixty (60) days of hospital coverage provided under Medicare Part A for an admission which exceeds ninety (90) days. **Important Note:** Once You use an Inpatient Lifetime Reserve Day, it is not replaced because Inpatient Lifetime Reserve Days are non-renewable.

Medicare
means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

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Skilled Nursing Facility
means a place which, by law, provides care and treatment to persons who are convalescing as resident bed patients from a Sickness or Injury after a Hospital stay. It must also:

1. Qualify as a Skilled Nursing Facility under Medicare; or be qualified to receive such approval if requested;
2. Have a registered graduate nurse (R.N.) on duty or on call in the place at all times to supervise 24-hour nursing service;
3. Have a Physician to supervise the operation of the place; and
4. Maintain daily medical records for all patients.

Its main purpose must not be to provide Custodial Care, rest-care for the aged or treatment such as that provided by a clinic or sanitarium.

Total Disability or Totally Disabled
means Your total inability or incapacity, as a result of injury or sickness, to which extent You are no longer physically or mentally capable of managing Your affairs and lack a third party with authority to act on your behalf. .

We, **Us**, and **Our**
refers to Madison National Life Insurance Company, Inc.

You, **Your**, and **Yours**
refers to the Policyholder referred to on Page 3.

PLAN BENEFITS

We will pay as follows:

1. Coverage of the Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

2. Coverage of Part A Medicare eligible expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime reserve day used.

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept Our payment as payment in full and may not bill You for any balance.

4. Coverage under Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed read blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

5. Coverage for the Medicare Part B coinsurance of Medicare eligible expenses regardless of hospital confinement, other than a copayment of up to $20 per office visit and up to $50 per emergency room

visit, subject to the Medicare Part B deductible. The copayment is waived if the policyholder is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

6. Hospice Care: Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

7. Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.

8. Coverage for Medicare eligible expenses up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for skilled nursing facility care.

9. Coverage, to the extent not covered by Medicare, for eighty percent (80%) of the billed charges for Medicare eligible expenses of medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which is begun during the first sixty (60) consecutive days of a trip outside the United States, subject to a calendar year deductible of two hundred fifty dollars ($250) and a lifetime maximum benefit of fifty thousand dollars ($50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

The Part A deductible amount, copayment amounts, and Part B Calendar Year deductible are determined by Medicare.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

UNIFORM PROVISIONS

UNEARNED PREMIUM REFUND

Upon the death of the insured, any unearned premiums paid for any period beyond the end of the policy month in which the death occurred, shall be refunded and paid to Your estate or Your beneficiary in lump sum on a date no later than thirty (30) days after the proof of death has been furnished to us.

CHANGES IN MEDICARE COST SHARING AMOUNTS

If Medicare changes its deductible and coinsurance amounts, Your policy will automatically change to cover the amounts determined by Medicare. Your premium may also be changed at this time. We will give You appropriate notice of such change.

ENTIRE CONTRACT: CHANGES

This policy, with the attached papers, is the entire contract between You and Us. No change in this policy will be effective until approved by one of Our executive officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions. The application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Effective Date of this policy, only fraudulent misstatements on Your application may be used to void this policy or deny any claim for loss incurred or disability that starts after the two (2) year period. No claim for loss incurred after the Effective Date of coverage shall be reduced or denied on the ground that a medical condition had existed before the Effective Date of coverage.

GRACE PERIOD

This policy has a thirty-one (31) day grace period. This means that if a premium is not paid on or before its due date, it may be paid during the thirty-one (31) days that follow. During the grace period this policy will stay in force.

REINSTATEMENT

If the premium is not paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We require an application, You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated policy will cover only loss which results from an Injury sustained after the date of reinstatement and loss due to Sickness that starts after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

NOTICE OF CLAIM

Written notice of claim must be given within sixty (60) days after a covered loss starts or as soon as possible. The notice can be given to Us at Our Administrative Office address shown on Page 1. Notice should include Your name and the policy number.

We will accept notice from a Medicare Part B carrier on claims submitted on Your behalf by physicians and suppliers or You may submit the Explanation of Medicare Benefits (EOMB). If You are traveling outside Your home state, You should submit to Us a copy of Your EOMB. When You use a Hospital, they may submit Your claim for You, or You may have to submit the EOMB when You receive it. Notice of claims should include Your name and policy number.

NOTICE OF CLAIM-TIME LIMIT

Except in the absence of legal capacity, written notice of claim must be received by Us within fifteen (15) months from the time Medicare has determined the eligibility of the claim. If notice is not given in time, the claims may be reduced or denied. The notice can be given to Us at Our Administrative Office. The notice should contain Your name and policy number.

CLAIM FORMS

When We receive notice of claim, We will send You forms for filing proof of loss. You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

PROOFS OF LOSS

If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Us within ninety (90) days after the end of each period for which We are liable. For any other loss, written proof must be given within ninety (90) days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed when reasonably possible. In any event, the proof required must be given within one (1) year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIMS
Benefits payable under this policy will be paid within fifteen (15) business days of when We receive proper written proof of loss. We shall have fifteen (15) business days within which to mail a letter of notice giving the reasons We have for not paying the claims, either in whole or in part. Such notice can be used to itemize any information needed to process the claim or any portions not being paid. After We have received all information needed to process the claim, We then have fifteen (15) business days to either pay or deny a claim giving You written notice of such action.

PAYMENT OF CLAIMS
All benefits will be paid to You or, if dually assigned, to the Provider. Any unassigned benefits due and unpaid at Your death may be paid, at Our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who cannot give valid release, We may pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY
We at Our expense, have the right to have the Insured examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made unless prohibited by law.

SUBROGATION RIGHTS
The benefits of this policy will be available to You if You are injured by the act or omission of another person, firm, or corporation. If You receive benefits under this policy for treatment of such injuries, You, or Your personal representative in the event of Your death, shall subrogate Your rights to Us to the extent of all payment made by Us for such benefits. You or Your representative agree to cooperate fully with us to secure these rights of subrogation; and to otherwise help us recover benefits we have paid to the extent that such sums exceed the amount required to fully compensate You, including an equitable apportionment of collection costs and legal expenses.

LEGAL ACTION
No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

OTHER INSURANCE WITH US
You may have only one policy like this one with Us. If through error, We issue more than one like policy to You, only one policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We will return the money You paid for the other policies.

CONFORMITY WITH STATE STATUTES
Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

SUSPENSION AVAILABLE DURING MEDICAID ELIGIBILITY
If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid

covering a period beyond the date of eligibility for Medicaid. Any refund will be subject to adjustment for paid claims.

If You lose entitlement to Medicaid benefits during the suspension period and notify Us within ninety (90) days, then effective the date Medicaid entitlement terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

SUSPENSION AVAILABLE DURING COVERAGE UNDER AN EMPLOYER GROUP HEALTH PLAN

If You are eligible for Medicare by reason of disability and become covered under an Employer Group Health Plan and, within ninety (90) days after the inception of such coverage, notify Us and request a suspension, We will suspend benefits and premiums for You for the period of Employer Group Health Plan coverage.

Suspension of policy benefits and premiums will begin from the effective date of Your Employer Group Health Plan coverage. When We get the timely notice, to the extent permitted by applicable law or regulation, We will refund any premium paid covering a period beyond the date of Employer Group Health Plan coverage. Any refund will be subject to adjustment for paid claims.

If You lose coverage under the Employer Group Health Plan during the suspension period and notify Us within ninety (90) days, then effective the date coverage terminated, We will: (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; (b) waive any waiting periods with respect to treatment of pre-existing conditions; and (c) charge a premium at least as favorable as if coverage had not been suspended.

TERMINATION

Your insurance will terminate in the event:

1. You fail to pay the required premium within the time allowed to keep the coverage in force;
2. You cease to be eligible for this plan; or
3. We receive written notice that You wish to terminate Your coverage.

If termination is due to an event described in either item 2 or 3 above, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

Pending Claims

If We terminate coverage for You, it will not affect any pending claim.

A pending claim will include only those medical services and supplies rendered or furnished prior to the date coverage ends.

Extension Of Coverage

If Your coverage ends while You are totally disabled, coverage will be continued for the disabling condition until the earlier of the following dates:

1. The date You are no longer totally disabled; (**Benefit is conditioned upon the continuous total disability**) or
2. The date that You exhaust Your policy benefit or reach any coverage maximum or limit.

LIMITATIONS OF COVERAGE

This is a Medicare supplement policy. Your coverage is conditional on Medicare's approval of Medicare Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions, except as otherwise noted in this policy.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Notification of Guarantee Issue Rights and Responsibilities upon Termination of Coverage

A. Introduction

Under certain circumstances, you may be eligible to receive a Medicare Supplement policy on a Guaranteed Issue basis upon termination of your current coverage. In order to receive such policy on a Guaranteed Issue basis, you must: (a) be an Eligible Person as described in Section B below; (b) apply to enroll under your new policy during the period of time beginning upon receipt of notice of termination of your current coverage, if any, and ending not later than 63 days after the date of the termination of enrollment from your current coverage, and (c) submit evidence of the date of termination or disenrollment to your new insurer.

With respect to an Eligible Person, insurance carriers cannot deny or condition the issuance or effectiveness of a Medicare supplement policy described in Section C that is available for issuance to new enrollees. Further, insurance carriers cannot discriminate in the pricing of a policy because of health status, claims experience, receipt of healthcare, or medical condition, and may not impose an exclusion of benefits based on a preexisting condition.

B. Eligible Persons

An Eligible Person is an individual described in any of the following paragraphs:

1. You were enrolled under an employee welfare benefit plan that provided health benefits that supplemented the benefits under Medicare, and the plan terminated or the plan ceased to provide all such supplemental health benefits to you; or you were enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminated or the plan ceased to provide all health benefits to you because you left the plan.

2. You were enrolled with a Medicare+Choice organization under a Medicare+Choice plan under part C of Medicare, and any of the following circumstances apply, or if you are 65 years of age or older and were enrolled with a Program of All Inclusive Care for the Elderly (PACE) provider under section 1894 of the Social Security Act, and there are circumstances similar to those set forth below that would permit discontinuance of your enrollment with the provider if you were enrolled in a Medicare+Choice plan:

   (a) The certification of the organization or plan under this part has been terminated, or the organization or plan has notified you of an impending termination of the certification; or
   (b) The organization has terminated or otherwise discontinued providing the plan in the area in which you reside, or has notified you of an impending termination or discontinuance of the plan; or
   (c) You are no longer eligible to elect the plan because of a change in your place of residence or other change in circumstances specified by the Secretary of Health & Human Services, but not including termination of your enrollment on the basis

described in section 1851(g)(3)(B) of the Federal Social Security Act (where you have not paid premiums on a timely basis or have engaged in disruptive behavior as specified in standards under section 1856), or the plan is terminated for all individuals within a residence area; or

(d) You demonstrate, in accordance with guidelines established by the Secretary of Health and Human Services, that:

(i) The organization offering the plan substantially violated a material provision of the organization's contract under this part in relation to you, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or

(ii) The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to you; or

(e) You meet such other exceptional conditions as the Secretary of Health & Human Services may provide.

3. You were enrolled with:
   (a) An eligible organization under a contract under Section 1876 (Medicare risk or cost); or
   (b) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999; or
   (c) An organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or
   (d) An organization under a Medicare Select policy; and the enrollment ceases under the same circumstances that would permit discontinuance of your election of coverage under section 2(a)(b) and (c).

4. You were enrolled under a Medicare supplement policy and the enrollment ceases because:
   (a) Of the insolvency of the issuer or bankruptcy of the nonissuer organization; or
   (b) The issuer of the policy substantially violated a material provision of the policy; or
   (c) The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to you.

5. You were enrolled under a Medicare supplement policy and terminated enrollment and subsequently enrolled, for the first time, with any Medicare+Choice organization under a Medicare+Choice plan under part C of Medicare, any eligible organization under a contract under Section 1876 (Medicare risk or cost), any similar organization operating under demonstration project authority, any PACE program under Section 1894 of the Social Security Act**,** an organization under an agreement under section 1833(a)(1)(A) (health care prepayment plan), or a Medicare Select policy; and the subsequent is terminated by you during any period within the first 12 months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under section 1851 (e) of the federal Social Security Act); or

6. You, upon first becoming enrolled for benefits under Medicare Part A, enroll in a Medicare+Choice plan under part C of Medicare, or in a PACE program under Section 1894, and disenroll from the plan or program by not later than 12 months after the effective date of enrollment.

C. <u>Guaranteed Issue Policies</u>

As an Eligible Person, you are entitled to the following policies on a Guaranteed Issue basis under the following circumstances as listed above in Section B:

(a) If you are an Eligible Person under subsection 1 through 4 of Section B, you are eligible for a Guaranteed Issue Medicare supplement policy that has a benefit package classified as Plan A, B, C or F offered by any issuer;

(b) If you are an Eligible Person under subsection 5 of Section B, you are entitled to the same benefit plan that you were enrolled in or, if that plan is unavailable, any Medicare supplement plan with a benefit package classified as A, B, C or F, offered by any insurer;

(c) If you are an Eligible Person under subsection 6 of Section B, you are entitled to any Medicare Supplement plan offered by any insurer. If you are under the age of 65 you are entitled to any Medicare Supplement plan with a benefit package classified as A, B, C or F normally offered to persons under the age of 65 available from any insurer.

Madison National Life Insurance Company, Inc.

NOTICE TO APPLICANT Regarding Replacement of Medicare Supplement or Medicare Advantage Insurance

Madison National Life Insurance Company
Independence Holding Group

Save this notice: It may be important to you in the future.

Applicant Information

Last name	First name	MI

If covered, Medicare claim number (as it appears on your red, white and blue Medicare card)
— —

According to information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Madison National Life Insurance Company, Inc. Your new policy will provide thirty (30) days within which you may decide, without cost, whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:
I have reviewed your current medical or health insurance coverage. To the best of my knowledge this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s): *(Check one)*

- ❑ Additional benefits
- ❑ No change in benefits but lower premiums
- ❑ Fewer benefits and lower premiums
- ❑ My plan has outpatient prescription drug coverage and I am enrolling in Medicare Part D
- ❑ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment: _____
- ❑ Other, please specify: _____

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been inforce. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Required Signatures and Information

_____ _____
Signature of Agent, Broker or Other Representative — Date

_____ _____
Print name of Issuer, Agent or Broker — Address of Issuer, Agent or Broker

_____ _____
Signature of Applicant — Date

2011 *Plan A*

Medicare Supplement Insurance

Marketed by The IHC Group

Not connected with or endorsed by the U.S. government or the federal Medicare program.

AD-MNLMedSupp A-1010

Madison National Life Insurance Company
Independence Holding Group

Safeguarding Your Lifelong Dreams

You want to protect what you have worked hard to build over your lifetime. That is why many covered by Medicare choose to purchase the additional security a Medicare Supplement insurance policy can provide.

Fulfilling a Legacy

At Madison National Life Insurance Company, Inc. we understand the value of hard work. Since our founding in 1961, people have trusted us for life, health and disability insurance products.

Securing Your Future

There is a lot to know about Medicare Supplement insurance, and this brochure will help you understand the options Madison National Life offers. Each policy is backed by our commitment to providing exceptional customer service and helping you select coverage that meets your needs.

- Guaranteed issue if you apply during your open enrollment period — This is the six-month period beginning the first day of the first month you are enrolled in Medicare Part B, you cannot be denied coverage in most instances.
- Guaranteed renewable — Your coverage will never be cancelled due to age or health status.
- No network restrictions — You may choose any Hospital or Physician.
- Automatic adjustments — If the federal Medicare program changes the Medicare cost-sharing amounts, your Medicare Supplement benefits will be adjusted to coincide with Medicare's changes.

Medicare Supplement Benefit	Plan					
	A	B	F	G	K*	N**
Hospital, office visit, preventive care	x	x	x	x	x	x
Part A deductible		x	x	x	[50%]	x
Part B deductible			x			
Part A coinsurance	x	x	x	x	x	x
Part B coinsurance	x	x	x	x	[10%]	x**
Part B excess charges			[100%]	[100%]		
Blood benefit	x	x	x	x	[50%]	x
Skilled Nursing Facility care			x	x	[50%]	x
Foreign travel emergency services			x	x		x
Coverage for preventive care coinsurance amounts					x	

* Plan K has an annual out-of-pocket limit. Once you meet your out-of-pocket limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the Calendar Year. This does not include charges that exceed Medicare-approved amounts.

** Plan N pays 100 percent of the Part B coinsurance; however, you are responsible for each copay for Physician office visits and for emergency room treatment.

Medicare (Part A) - Hospital Services - Per Benefit Period

A Benefit Period begins on the first day you receive Hospital inpatient services and ends after you have been out of the Hospital and have not received Skilled Care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but [$1,132]	[$0]	[$1,132] (Part A Deductible)
Days 61–90	All but [$283] a day	[$283] a day	[$0]
Day 91 and after:			
While using 60 Lifetime Reserve Days	All but [$566] a day	[$566] a day	[$0]
Once Lifetime Reserve Days are used:			
Additional 365 days	[$0]	[100%] of Medicare Eligible Expenses	[$0**]
Beyond the additional 365 days	[$0]	[$0]	All costs
Skilled Nursing Facility Care You must meet Medicare requirements, including hospitalization for at least 3 days and admission to a Medicare-approved facility within 30 days of Hospital discharge.			
First 20 days	All approved amounts	[$0]	[$0]
Days 21–100	All but [$141.50] a day	[$0]	Up to [$141.50] a day
Day 101 and after	[$0]	[$0]	All costs
Blood			
First [3] pints	[$0]	[3] pints	[$0]
Additional amounts	[100%]	[$0]	[$0]
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	[$0]

** NOTICE: When your Medicare Part A Hospital benefits are exhausted, Madison National Life will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Basic 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.

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

Once you pay for the first [$162] of Part B covered services or items, your Medicare Part B Deductible will have been met for the Calendar Year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses **In or out of the hospital and outpatient hospital treatment**, such as Physician's services,inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	Generally [80%]	Generally [20%]	[$0]
Part B Excess Charges (Above Medicare-approved amounts)	[$0]	[$0]	[100%]
Blood			
First [3] pints	[$0]	All Costs	[$0]
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Clinical Laboratory Services Tests for diagnostic services	[100%]	[$0]	[$0]
Home Health Care - Parts A and B Medicare-approved services: (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	[100%]	[$0]	[$0]
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]

This is only a brief description of coverage. For a complete summary of benefits, limitations and exclusions, please review the Outline of Coverage.

Your premium
$ _____

Important Information

Customer Service

If you have any questions about an existing policy or need additional details prior to purchasing a policy, please contact your agent or call [800-688-0010] to speak with a customer service representative.

Limitations and Exclusions

Your benefits are conditional on Medicare's approval of Medicare-Eligible Expenses. Services eligible for coverage must be deemed medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A that duplicate payments under Medicare Part B. No benefits will be paid under Medicare Part B that duplicate payment under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Renewability and Premium

You may renew your policy by paying your renewal premium. We cannot refuse to renew this policy or place any restrictions on it if you pay your premium on time.

This advertisment is for Policy form number MNL STD A [0810 et al].

Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc., a member of The IHC Group, is domiciled in Madison, Wisconsin. Founded in 1961, Madison National Life is licensed in 49 states and the District of Columbia and is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency of insurance companies that rate insurers on their relative financial strength and ability to meet their obligations to their insureds.

The IHC Group

The IHC Group is an organization of insurance carriers, managing general underwriters, third-party administrators and marketing affiliates that has been providing life, health, disability, dental, vision and medical stop-loss insurance solutions to groups and individuals for nearly 30 years. For more information on Independence Holding Company and The IHC Group, visit www.ihcgroup.com.

Madison National
Life Insurance Company
Independence Holding Group

2011 *Plan B*

Medicare Supplement Insurance

Marketed by The IHC Group

Not connected with or endorsed by the U.S. government or the federal Medicare program.

AD-MNLMedSupp B-1010

Madison National Life Insurance Company
Independence Holding Group

Safeguarding Your Lifelong Dreams

You want to protect what you have worked hard to build over your lifetime. That is why many covered by Medicare choose to purchase the additional security a Medicare Supplement insurance policy can provide.

Fulfilling a Legacy

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Securing Your Future

There is a lot to know about Medicare Supplement insurance, and this brochure will help you understand the options Madison National Life offers. Each policy is backed by our commitment to providing exceptional customer service and helping you select coverage that meets your needs.

- Guaranteed issue if you apply during your open enrollment period — This is the six-month period beginning the first day of the first month you are enrolled in Medicare Part B, you cannot be denied coverage in most instances.
- Guaranteed renewable — Your coverage will never be cancelled due to age or health status.
- No network restrictions — You may choose any Hospital or Physician.
- Automatic adjustments — If the federal Medicare program changes the Medicare cost-sharing amounts, your Medicare Supplement benefits will be adjusted to coincide with Medicare's changes.

Medicare Supplement Benefit	Plan					
	A	B	F	G	K*	N**
Hospital, office visit, preventive care	x	x	x	x	x	x
Part A deductible		x	x	x	[50%]	x
Part B deductible			x			
Part A coinsurance	x	x	x	x	x	x
Part B coinsurance	x	x	x	x	[10%]	x**
Part B excess charges			[100%]	[100%]		
Blood benefit	x	x	x	x	[50%]	x
Skilled Nursing Facility care			x	x	[50%]	x
Foreign travel emergency services			x	x		x
Coverage for preventive care coinsurance amounts					x	

* Plan K has an annual out-of-pocket limit. Once you meet your out-of-pocket limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the Calendar Year. This does not include charges that exceed Medicare-approved amounts.

** Plan N pays 100 percent of the Part B coinsurance; however, you are responsible for each copay for Physician office visits and for emergency room treatment.

Medicare (Part A) - Hospital Services - Per Benefit Period

A Benefit Period begins on the first day you receive Hospital inpatient services and ends after you have been out of the Hospital and have not received Skilled Care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but [$1,132]	[$1,132] (Part A Deductible)	[$0]
Days 61–90	All but [$283] a day	[$283] a day	[$0]
Day 91 and after:			
While using 60 Lifetime Reserve Days	All but [$566] a day	[$566] a day	[$0]
Once Lifetime Reserve Days are used:			
Additional 365 days	[$0]	[100%] of Medicare Eligible Expenses	[$0**]
Beyond the additional 365 days	[$0]	[$0]	All costs
Skilled Nursing Facility Care You must meet Medicare requirements, including hospitalization for at least 3 days and admission to a Medicare-approved facility within 30 days of Hospital discharge.			
First 20 days	All approved amounts	[$0]	[$0]
Days 21–100	All but [$141.50] a day	[$0]	Up to [$141.50] a day
Day 101 and after	[$0]	[$0]	All costs
Blood			
First [3] pints	[$0]	[3] pints	[$0]
Additional amounts	[100%]	[$0]	[$0]
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	[$0]

** NOTICE: When your Medicare Part A Hospital benefits are exhausted, Madison National Life will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Basic 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.

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

Once you pay for the first [$162] of Part B covered services or items, your Medicare Part B Deductible will have been met for the Calendar Year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses **In or out of the hospital and outpatient hospital treatment**, such as Physician's services,inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	Generally [80%]	Generally [20%]	[$0]
Part B Excess Charges (Above Medicare-approved amounts)	[$0]	[$0]	[100%]
Blood			
First [3] pints	[$0]	All Costs	[$0]
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Clinical Laboratory Services Tests for diagnostic services	[100%]	[$0]	[$0]
Home Health Care - Parts A and B Medicare-approved services: (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	[100%]	[$0]	[$0]
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]

This is only a brief description of coverage. For a complete summary of benefits, limitations and exclusions, please review the Outline of Coverage.

Your premium
$ _____

Important Information

Customer Service

If you have any questions about an existing policy or need additional details prior to purchasing a policy, please contact your agent or call [800-688-0010] to speak with a customer service representative.

Limitations and Exclusions

Your benefits are conditional on Medicare's approval of Medicare-Eligible Expenses. Services eligible for coverage must be deemed medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A that duplicate payments under Medicare Part B. No benefits will be paid under Medicare Part B that duplicate payment under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Renewability and Premium

You may renew your policy by paying your renewal premium. We cannot refuse to renew this policy or place any restrictions on it if you pay your premium on time.

This advertisment is for Policy form number MNL STD B [0810 et al].

Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc., a member of The IHC Group, is domiciled in Madison, Wisconsin. Founded in 1961, Madison National Life is licensed in 49 states and the District of Columbia and is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency of insurance companies that rate insurers on their relative financial strength and ability to meet their obligations to their insureds.

The IHC Group

The IHC Group is an organization of insurance carriers, managing general underwriters, third-party administrators and marketing affiliates that has been providing life, health, disability, dental, vision and medical stop-loss insurance solutions to groups and individuals for nearly 30 years. For more information on Independence Holding Company and The IHC Group, visit www.ihcgroup.com.

Madison National
Life Insurance Company
Independence Holding Group

2011 *Plan F*

Medicare Supplement Insurance

Marketed by The IHC Group

Not connected with or endorsed by the U.S. government or the federal Medicare program.

AD-MNLMedSupp F-1010

Madison National Life Insurance Company
Independence Holding Group

Safeguarding Your Lifelong Dreams

You want to protect what you have worked hard to build over your lifetime. That is why many covered by Medicare choose to purchase the additional security a Medicare Supplement insurance policy can provide.

Fulfilling a Legacy

At Madison National Life Insurance Company, Inc. we understand the value of hard work. Since our founding in 1961, people have trusted us for life, health and disability insurance products.

Securing Your Future

There is a lot to know about Medicare Supplement insurance, and this brochure will help you understand the options Madison National Life offers. Each policy is backed by our commitment to providing exceptional customer service and helping you select coverage that meets your needs.

- Guaranteed issue if you apply during your open enrollment period — This is the six-month period beginning the first day of the first month you are enrolled in Medicare Part B, you cannot be denied coverage in most instances.
- Guaranteed renewable — Your coverage will never be cancelled due to age or health status.
- No network restrictions — You may choose any Hospital or Physician.
- Automatic adjustments — If the federal Medicare program changes the Medicare cost-sharing amounts, your Medicare Supplement benefits will be adjusted to coincide with Medicare's changes.

Medicare Supplement Benefit	Plan					
	A	B	F	G	K*	N**
Hospital, office visit, preventive care	x	x	x	x	x	x
Part A deductible		x	x	x	[50%]	x
Part B deductible			x			
Part A coinsurance	x	x	x	x	x	x
Part B coinsurance	x	x	x	x	[10%]	x**
Part B excess charges			[100%]	[100%]		
Blood benefit	x	x	x	x	[50%]	x
Skilled Nursing Facility care			x	x	[50%]	x
Foreign travel emergency services			x	x		x
Coverage for preventive care coinsurance amounts					x	

* Plan K has an annual out-of-pocket limit. Once you meet your out-of-pocket limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the Calendar Year. This does not include charges that exceed Medicare-approved amounts.

** Plan N pays 100 percent of the Part B coinsurance; however, you are responsible for each copay for Physician office visits and for emergency room treatment.

Medicare (Part A) - Hospital Services - Per Benefit Period

A Benefit Period begins on the first day you receive Hospital inpatient services and ends after you have been out of the Hospital and have not received Skilled Care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but [$1,132]	[$1,132] (Part A Deductible)	[$0]
Days 61–90	All but [$283] a day	[$283] a day	[$0]
Day 91 and after:			
While using 60 Lifetime Reserve Days	All but [$566] a day	[$566] a day	[$0]
Once Lifetime Reserve Days are used:			
Additional 365 days	[$0]	[100%] of Medicare Eligible Expenses	[$0**]
Beyond the additional 365 days	[$0]	[$0]	All costs
Skilled Nursing Facility Care You must meet Medicare requirements, including hospitalization for at least 3 days and admission to a Medicare-approved facility within 30 days of Hospital discharge.			
First 20 days	All approved amounts	[$0]	[$0]
Days 21–100	All but [$141.50] a day	Up to [$141.50] a day	[$0]
Day 101 and after	[$0]	[$0]	All costs
Blood			
First [3] pints	[$0]	[3] pints	[$0]
Additional amounts	[100%]	[$0]	[$0]
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	[$0]

** NOTICE: When your Medicare Part A Hospital benefits are exhausted, Madison National Life will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Basic 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.

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

Once you pay for the first [$162] of Part B covered services or items, your Medicare Part B Deductible will have been met for the Calendar Year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses **In or out of the hospital and outpatient hospital treatment**, such as Physician's services,inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First [$162] of Medicare-approved amounts	[$0]	[$162] (Part B Deductible)	[$0]
Remainder of Medicare-approved amounts	Generally [80%]	Generally [20%]	[$0]
Part B Excess Charges (Above Medicare-approved amounts)	[$0]	[100%]	[$0]
Blood			
First [3] pints	[$0]	All Costs	[$0]
First [$162] of Medicare-approved amounts	[$0]	[$162] (Part B Deductible)	[$0]
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Clinical Laboratory Services Tests for diagnostic services	[100%]	[$0]	[$0]
Home Health Care - Parts A and B Medicare-approved services: (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	[100%]	[$0]	[$0]
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Foreign Travel - Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First [$250] each calendar year	[$0] (Not Covered)	[$0]	[$250]
Remainder of charges	[$0] (Not Covered)	[80%] to a lifetime maximum of [$50,000]	[20%] and amounts over the [$50,000] lifetime maximum

This is only a brief description of coverage. For a complete summary of benefits, limitations and exclusions, please review the Outline of Coverage.

Your premium
$ _____

Important Information

Customer Service

If you have any questions about an existing policy or need additional details prior to purchasing a policy, please contact your agent or call [800-688-0010] to speak with a customer service representative.

Limitations and Exclusions

Your benefits are conditional on Medicare's approval of Medicare-Eligible Expenses. Services eligible for coverage must be deemed medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A that duplicate payments under Medicare Part B. No benefits will be paid under Medicare Part B that duplicate payment under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Renewability and Premium

You may renew your policy by paying your renewal premium. We cannot refuse to renew this policy or place any restrictions on it if you pay your premium on time.

This advertisment is for Policy form number MNL STD F [0810 et al].

Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc., a member of The IHC Group, is domiciled in Madison, Wisconsin. Founded in 1961, Madison National Life is licensed in 49 states and the District of Columbia and is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency of insurance companies that rate insurers on their relative financial strength and ability to meet their obligations to their insureds.

The IHC Group

The IHC Group is an organization of insurance carriers, managing general underwriters, third-party administrators and marketing affiliates that has been providing life, health, disability, dental, vision and medical stop-loss insurance solutions to groups and individuals for nearly 30 years. For more information on Independence Holding Company and The IHC Group, visit www.ihcgroup.com.

Madison National
Life Insurance Company
Independence Holding Group

2011 *Plan G*

Medicare Supplement Insurance

Marketed by The IHC Group

Not connected with or endorsed by the U.S. government or the federal Medicare program.

AD-MNLMedSupp G-1010

Madison National Life Insurance Company
Independence Holding Group

Safeguarding Your Lifelong Dreams

You want to protect what you have worked hard to build over your lifetime. That is why many covered by Medicare choose to purchase the additional security a Medicare Supplement insurance policy can provide.

Fulfilling a Legacy

At Madison National Life Insurance Company, Inc. we understand the value of hard work. Since our founding in 1961, people have trusted us for life, health and disability insurance products.

Securing Your Future

There is a lot to know about Medicare Supplement insurance, and this brochure will help you understand the options Madison National Life offers. Each policy is backed by our commitment to providing exceptional customer service and helping you select coverage that meets your needs.

- Guaranteed issue if you apply during your open enrollment period — This is the six-month period beginning the first day of the first month you are enrolled in Medicare Part B, you cannot be denied coverage in most instances.
- Guaranteed renewable — Your coverage will never be cancelled due to age or health status.
- No network restrictions — You may choose any Hospital or Physician.
- Automatic adjustments — If the federal Medicare program changes the Medicare cost-sharing amounts, your Medicare Supplement benefits will be adjusted to coincide with Medicare's changes.

Medicare Supplement Benefit	Plan					
	A	B	F	G	K*	N**
Hospital, office visit, preventive care	x	x	x	x	x	x
Part A deductible		x	x	x	[50%]	x
Part B deductible			x			
Part A coinsurance	x	x	x	x	x	x
Part B coinsurance	x	x	x	x	[10%]	x**
Part B excess charges			[100%]	[100%]		
Blood benefit	x	x	x	x	[50%]	x
Skilled Nursing Facility care			x	x	[50%]	x
Foreign travel emergency services			x	x		x
Coverage for preventive care coinsurance amounts					x	

* Plan K has an annual out-of-pocket limit. Once you meet your out-of-pocket limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the Calendar Year. This does not include charges that exceed Medicare-approved amounts.

** Plan N pays 100 percent of the Part B coinsurance; however, you are responsible for each copay for Physician office visits and for emergency room treatment.

Medicare (Part A) - Hospital Services - Per Benefit Period

A Benefit Period begins on the first day you receive Hospital inpatient services and ends after you have been out of the Hospital and have not received Skilled Care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but [$1,132]	[$1,132] (Part A Deductible)	[$0]
Days 61–90	All but [$283] a day	[$283] a day	[$0]
Day 91 and after:			
While using 60 Lifetime Reserve Days	All but [$566] a day	[$566] a day	[$0]
Once Lifetime Reserve Days are used:			
Additional 365 days	[$0]	[100%] of Medicare Eligible Expenses	[$0**]
Beyond the additional 365 days	[$0]	[$0]	All costs
Skilled Nursing Facility Care You must meet Medicare requirements, including hospitalization for at least 3 days and admission to a Medicare-approved facility within 30 days of Hospital discharge.			
First 20 days	All approved amounts	[$0]	[$0]
Days 21–100	All but [$141.50] a day	Up to [$141.50] a day	[$0]
Day 101 and after	[$0]	[$0]	All costs
Blood			
First [3] pints	[$0]	[3] pints	[$0]
Additional amounts	[100%]	[$0]	[$0]
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	[$0]

** NOTICE: When your Medicare Part A Hospital benefits are exhausted, Madison National Life will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Basic 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.

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

Once you pay for the first [$162] of Part B covered services or items, your Medicare Part B Deductible will have been met for the Calendar Year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses **In or out of the hospital and outpatient hospital treatment**, such as Physician's services,inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	Generally [80%]	Generally [20%]	[$0]
Part B Excess Charges (Above Medicare-approved amounts)	[$0]	[100%]	[$0]
Blood			
First [3] pints	[$0]	All Costs	[$0]
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Clinical Laboratory Services Tests for diagnostic services	[100%]	[$0]	[$0]
Home Health Care - Parts A and B Medicare-approved services: (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	[100%]	[$0]	[$0]
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Foreign Travel - Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First [$250] each calendar year	[$0] (Not Covered)	[$0]	[$250]
Remainder of charges	[$0] (Not Covered)	[80%] to a lifetime maximum of [$50,000]	[20%] and amounts over the [$50,000] lifetime maximum

This is only a brief description of coverage. For a complete summary of benefits, limitations and exclusions, please review the Outline of Coverage.

Your premium
$ _____

Important Information

Customer Service

If you have any questions about an existing policy or need additional details prior to purchasing a policy, please contact your agent or call [800-688-0010] to speak with a customer service representative.

Limitations and Exclusions

Your benefits are conditional on Medicare's approval of Medicare-Eligible Expenses. Services eligible for coverage must be deemed medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A that duplicate payments under Medicare Part B. No benefits will be paid under Medicare Part B that duplicate payment under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Renewability and Premium

You may renew your policy by paying your renewal premium. We cannot refuse to renew this policy or place any restrictions on it if you pay your premium on time.

This advertisment is for Policy form number MNL STD G [0810 et al].

Madison National Life Insurance Company, Inc.

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Madison National
Life Insurance Company
Independence Holding Group

2011 *Plan K*

Medicare Supplement Insurance

Marketed by The IHC Group

Not connected with or endorsed by the U.S. government or the federal Medicare program.

AD-MNLMedSupp K-1010

Madison National Life Insurance Company
Independence Holding Group

Safeguarding Your Lifelong Dreams

You want to protect what you have worked hard to build over your lifetime. That is why many covered by Medicare choose to purchase the additional security a Medicare Supplement insurance policy can provide.

Fulfilling a Legacy

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Securing Your Future

There is a lot to know about Medicare Supplement insurance, and this brochure will help you understand the options Madison National Life offers. Each policy is backed by our commitment to providing exceptional customer service and helping you select coverage that meets your needs.

- Guaranteed issue if you apply during your open enrollment period — This is the six-month period beginning the first day of the first month you are enrolled in Medicare Part B, you cannot be denied coverage in most instances.
- Guaranteed renewable — Your coverage will never be cancelled due to age or health status.
- No network restrictions — You may choose any Hospital or Physician.
- Automatic adjustments — If the federal Medicare program changes the Medicare cost-sharing amounts, your Medicare Supplement benefits will be adjusted to coincide with Medicare's changes.

Medicare Supplement Benefit	Plan					
	A	B	F	G	K*	N**
Hospital, office visit, preventive care	x	x	x	x	x	x
Part A deductible		x	x	x	[50%]	x
Part B deductible			x			
Part A coinsurance	x	x	x	x	x	x
Part B coinsurance	x	x	x	x	[10%]	x**
Part B excess charges			[100%]	[100%]		
Blood benefit	x	x	x	x	[50%]	x
Skilled Nursing Facility care			x	x	[50%]	x
Foreign travel emergency services			x	x		x
Coverage for preventive care coinsurance amounts					x	

* Plan K has an annual out-of-pocket limit. Once you meet your out-of-pocket limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the Calendar Year. This does not include charges that exceed Medicare-approved amounts.

** Plan N pays 100 percent of the Part B coinsurance; however, you are responsible for each copay for Physician office visits and for emergency room treatment.

Medicare (Part A) - Hospital Services - Per Benefit Period

A Benefit Period begins on the first day you receive Hospital inpatient services 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.

* You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of [$4,640] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once your reach the annual limit, the plans pays [100%] of your Medicare copayment and coinsurance for the rest of the Calendar Year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but [$1,132] (Part A Deductible)	[$566] ([50%] of Deductible)	[$566] ([50%] of Deductible)♦
Days 61–90	All but [$283] a day	[$283] a day	[$0]
Day 91 and after:			
While using 60 Lifetime Reserve Days	All but [$566] a day	[$566] a day	[$0]
Once Lifetime Reserve Days are used:			
Additional 365 days	[$0]	[100%] of Medicare Eligible Expenses	[$0**]
Beyond the additional 365 days	[$0]	[$0]	All costs
Skilled Nursing Facility Care You must meet Medicare requirements, including hospitalization for at least 3 days and admission to a Medicare-approved facility within 30 days of Hospital discharge.			
First 20 days	All approved amounts	[$0]	[$0]
Days 21–100	All but [$141.50] a day	Up to [$70.75] a day	Up to [$70.75] a day♦
Day 101 and after	[$0]	[$0]	All costs
Blood			
First [3] pints	[$0]	[50%]	[50%♦]
Additional amounts	[100%]	[$0]	[$0]
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	[50%] of copayment/ coinsurance	[50%] of copayment/ coinsurance♦

** NOTICE: When your Medicare Part A Hospital benefits are exhausted, Madison National Life will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Basic 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.

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

Once you pay for the first [$162] of Part B covered services or items, your Medicare Part B Deductible will have been met for the Calendar Year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses **In or out of the hospital and outpatient hospital treatment**, such as Physician's services,inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)*♦
Medicare covered Preventive Services	Generally [75%] or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare-approved amounts	Generally [80%]	Generally [10%]	Generally [10%♦]
Part B Excess Charges (Above Medicare-approved amounts)	[$0]	[$0]	All Costs (and they do not count toward annual out-of-pocket limit of [$4,640])*
Blood			
First [3] pints	[$0]	[50%]	[50%*♦]
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)*♦
Remainder of Medicare-approved amounts	Generally [80%]	Generally [10%]	Generally [10%*♦]
Clinical Laboratory Services Tests for diagnostic services	[100%]	[$0]	[$0]

* This plan limits your annual out-of-pocket payments for Medicare-approve amount to [$4,640] per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called " Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Home Health Care - Parts A and B Medicare-approved services: (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	[100%]	[$0]	[$0]
Remainder of Medicare-approved amounts	[80%]	[10%]	[10%]

* Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

Your premium
$ _____

This is only a brief description of coverage. For a complete summary of benefits, limitations and exclusions, please review the Outline of Coverage.

Important Information

Customer Service

If you have any questions about an existing policy or need additional details prior to purchasing a policy, please contact your agent or call [800-688-0010] to speak with a customer service representative.

Limitations and Exclusions

Your benefits are conditional on Medicare's approval of Medicare-Eligible Expenses. Services eligible for coverage must be deemed medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A that duplicate payments under Medicare Part B. No benefits will be paid under Medicare Part B that duplicate payment under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Renewability and Premium

You may renew your policy by paying your renewal premium. We cannot refuse to renew this policy or place any restrictions on it if you pay your premium on time.

This advertisment is for Policy form number MNL STD K [0810 et al].

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Madison National
Life Insurance Company
Independence Holding Group

2011 *Plan N*

Medicare Supplement Insurance

Marketed by The IHC Group

Not connected with or endorsed by the U.S. government or the federal Medicare program.

AD-MNLMedSupp N-1010

Madison National Life Insurance Company
Independence Holding Group

Safeguarding Your Lifelong Dreams

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Fulfilling a Legacy

At Madison National Life Insurance Company, Inc. we understand the value of hard work. Since our founding in 1961, people have trusted us for life, health and disability insurance products.

Securing Your Future

There is a lot to know about Medicare Supplement insurance, and this brochure will help you understand the options Madison National Life offers. Each policy is backed by our commitment to providing exceptional customer service and helping you select coverage that meets your needs.

- Guaranteed issue if you apply during your open enrollment period — This is the six-month period beginning the first day of the first month you are enrolled in Medicare Part B, you cannot be denied coverage in most instances.
- Guaranteed renewable — Your coverage will never be cancelled due to age or health status.
- No network restrictions — You may choose any Hospital or Physician.
- Automatic adjustments — If the federal Medicare program changes the Medicare cost-sharing amounts, your Medicare Supplement benefits will be adjusted to coincide with Medicare's changes.

Medicare Supplement Benefit	Plan					
	A	B	F	G	K*	N**
Hospital, office visit, preventive care	x	x	x	x	x	x
Part A deductible		x	x	x	[50%]	x
Part B deductible			x			
Part A coinsurance	x	x	x	x	x	x
Part B coinsurance	x	x	x	x	[10%]	x**
Part B excess charges			[100%]	[100%]		
Blood benefit	x	x	x	x	[50%]	x
Skilled Nursing Facility care			x	x	[50%]	x
Foreign travel emergency services			x	x		x
Coverage for preventive care coinsurance amounts					x	

* Plan K has an annual out-of-pocket limit. Once you meet your out-of-pocket limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the Calendar Year. This does not include charges that exceed Medicare-approved amounts.

** Plan N pays 100 percent of the Part B coinsurance; however, you are responsible for each copay for Physician office visits and for emergency room treatment.

Medicare (Part A) - Hospital Services - Per Benefit Period

A Benefit Period begins on the first day you receive Hospital inpatient services and ends after you have been out of the Hospital and have not received Skilled Care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but [$1,132]	[$1,132] (Part A Deductible)	[$0]
Days 61–90	All but [$283] a day	[$283] a day	[$0]
Day 91 and after:			
While using 60 Lifetime Reserve Days	All but [$566] a day	[$566] a day	[$0]
Once Lifetime Reserve Days are used:			
Additional 365 days	[$0]	[100%] of Medicare Eligible Expenses	[$0**]
Beyond the additional 365 days	[$0]	[$0]	All costs
Skilled Nursing Facility Care You must meet Medicare requirements, including hospitalization for at least 3 days and admission to a Medicare-approved facility within 30 days of Hospital discharge.			
First 20 days	All approved amounts	[$0]	[$0]
Days 21–100	All but [$141.50] a day	Up to [$141.50] a day	[$0]
Day 101 and after	[$0]	[$0]	All costs
Blood			
First [3] pints	[$0]	[3] pints	[$0]
Additional amounts	[100%]	[$0]	[$0]
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	[$0]

** NOTICE: When your Medicare Part A Hospital benefits are exhausted, Madison National Life will pay whatever amount Medicare would have paid for an additional 365 days as provided in the policy's "Basic 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.

This is only a brief description of coverage. For a complete summary of benefits, limitations and exclusions, please review the Outline of Coverage.

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

Once you pay for the first [$162] of Part B covered services or items, your Medicare Part B Deductible will have been met for the Calendar Year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses **In or out of the hospital and outpatient hospital treatment**, such as Physician's services,inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	Generally [80%]	Balance, other than up to [$20] per office visit and up to [$50] per emergency room visit. The copayment of up to [$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to [$20] per office visit and up to [$50] per emergency room visit. The copayment of up to [$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-approved amounts)	[$0]	[$0]	[100%]
Blood			
First [3] pints	[$0]	All Costs	[$0]
First [$162] of Medicare-approved amounts	[$0]	[$0]	[$162] (Part B Deductible)
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Clinical Laboratory Services Tests for diagnostic services	[100%]	[$0]	[$0]
Home Health Care - Parts A and B Medicare-approved services: (includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	[100%]	[$0]	[$0]
Remainder of Medicare-approved amounts	[80%]	[20%]	[$0]
Foreign Travel - Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First [$250] each calendar year	[$0] (Not Covered)	[$0]	[$250]
Remainder of charges	[$0] (Not Covered)	[80%] to a lifetime maximum of [$50,000]	[20%] and amounts over the [$50,000] lifetime maximum

Your premium
$ _____

Important Information

Customer Service

If you have any questions about an existing policy or need additional details prior to purchasing a policy, please contact your agent or call [800-688-0010] to speak with a customer service representative.

Limitations and Exclusions

Your benefits are conditional on Medicare's approval of Medicare-Eligible Expenses. Services eligible for coverage must be deemed medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A that duplicate payments under Medicare Part B. No benefits will be paid under Medicare Part B that duplicate payment under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

Renewability and Premium

You may renew your policy by paying your renewal premium. We cannot refuse to renew this policy or place any restrictions on it if you pay your premium on time.

This advertisment is for Policy form number MNL STD N [0810 et al].

Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc., a member of The IHC Group, is domiciled in Madison, Wisconsin. Founded in 1961, Madison National Life is licensed in 49 states and the District of Columbia and is rated A- (Excellent) by A.M. Best Company, Inc., a widely recognized rating agency of insurance companies that rate insurers on their relative financial strength and ability to meet their obligations to their insureds.

The IHC Group

The IHC Group is an organization of insurance carriers, managing general underwriters, third-party administrators and marketing affiliates that has been providing life, health, disability, dental, vision and medical stop-loss insurance solutions to groups and individuals for nearly 30 years. For more information on Independence Holding Company and The IHC Group, visit www.ihcgroup.com.

Madison National
Life Insurance Company
Independence Holding Group

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 01/17/2012	Rate Sheet	MNL STD A AR 0810, et al	New		AR MNL Rate Sheet as of 11-14-11.pdf

Madison National Life Insurance Company Inc.
Independence Holding Company
Rate Calculation

Premium Rate =

Base Annual Rate
X
Area Factor
X
Preferred/Standard Factor
X
Payment Mode Factor

Madison National Life Insurance Company Inc.
Independence Holding Company
Base Rate and Payment Factors

Annual Base Rates by Plan

	A	B	F	G	K	N
Base Rate	1,629.88	1,989.85	2,406.75	2,168.19	1,029.64	1,906.97

Preferred / Standard

Type	Factor
Preferred	1.000
Standard	1.162

Payment Modes

Mode	Payments / Year	Factor
Annual	1	1.000
Semi- Annual	2	0.520
Quarterly	4	0.265
Monthly	12	0.090
PAC	12	0.086

PAC - Pre-Authorized Check Plan (Monthly)
Semi-annual, quarterly, monthly premiums and
PAC payments are rounded to the nearest penny.

Madison National Life Insurance Company Inc.
Independence Holding Company
Area Factors

State	Area	A	B	F	G	K	N
AR	1	0.770	0.797	0.788	0.782	0.782	0.784
AR	2	0.837	0.867	0.857	0.850	0.850	0.852
AR	3	0.946	0.961	0.928	0.931	0.936	0.930

County	State	Area
Arkansas County	AR	2
Ashley County	AR	2
Baxter County	AR	2
Benton County	AR	1
Boone County	AR	2
Bradley County	AR	2
Calhoun County	AR	2
Carroll County	AR	2
Chicot County	AR	2
Clark County	AR	2
Clay County	AR	2
Cleburne County	AR	2
Cleveland County	AR	1
Columbia County	AR	2
Conway County	AR	2
Craighead County	AR	2
Crawford County	AR	1
Crittenden County	AR	3
Cross County	AR	2

Madison National Life Insurance Company Inc.
Independence Holding Company
Area Factors

State	Area	A	B	F	G	K	N
AR	1	0.770	0.797	0.788	0.782	0.782	0.784
AR	2	0.837	0.867	0.857	0.850	0.850	0.852
AR	3	0.946	0.961	0.928	0.931	0.936	0.930

County	State	Area
Dallas County	AR	2
Desha County	AR	2
Drew County	AR	2
Faulkner County	AR	3
Franklin County	AR	1
Fulton County	AR	2
Garland County	AR	3
Grant County	AR	3
Greene County	AR	2
Hempstead County	AR	2
Hot Spring County	AR	2
Howard County	AR	2
Independence County	AR	2
Izard County	AR	2
Jackson County	AR	2
Jefferson County	AR	1
Johnson County	AR	2
Lafayette County	AR	2
Lawrence County	AR	2
Lee County	AR	2
Lincoln County	AR	1
Little River County	AR	2
Logan County	AR	2
Lonoke County	AR	3
Madison County	AR	1
Marion County	AR	2
Miller County	AR	3
Mississippi County	AR	2
Monroe County	AR	2
Montgomery County	AR	2
Nevada County	AR	2
Newton County	AR	2
Ouachita County	AR	2
Perry County	AR	3
Phillips County	AR	2
Pike County	AR	2
Poinsett County	AR	2
Polk County	AR	2
Pope County	AR	2
Prairie County	AR	2
Pulaski County	AR	3
Randolph County	AR	2
Saline County	AR	3
Scott County	AR	2
Searcy County	AR	2
Sebastian County	AR	1
Sevier County	AR	2
Sharp County	AR	2
St. Francis County	AR	2
Stone County	AR	2
Union County	AR	2
Van Buren County	AR	2
Washington County	AR	1
White County	AR	2
Woodruff County	AR	2
Yell County	AR	2

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/17/2012

Comments:

Attachment:

Certif 23-79-138.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/17/2012

Comments:

Attachment:

Med sup app MNL AR 1-10-12 AA.pdf

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	01/17/2012

Comments:

Attachment:

Med Supp MNL 2012 Act Memo AR.pdf

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	01/17/2012

Comments:

Attachment:

MNL OC AR 0810.pdf

		Item Status:	Status Date:
Satisfied - Item:	Deemer letter	Approved-Closed	01/17/2012

SERFF Tracking Number:	*MADS-127842022*	*State:*	*Arkansas*
Filing Company:	*Madison National Life Insurance Company, Inc.*	*State Tracking Number:*	*50355*
Company Tracking Number:	*MNL STD A 0810*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Individual Medicare Supplement*		
Project Name/Number:	*Medicare Supplement/MNL MS*		

Comments:

Attachment:

Deemer extension letter.pdf

Madison National
Life Insurance Company
Independence Holding Group

CERTIFICATION

Re: **Arkansas 23-79-138**
Rule and Regulation 49
ACA 23-80-206

I certify that the accompanying product is in compliance with Arkansas Insurance Code 23-79-138. Our complete address and 800 phone number is shown in the Arkansas Department of Insurance Complaint Notice that is attached to each Policy at the time of issuance.

I certify that the accompanying product is in compliance with Rule and Regulation 49. The Life and Health Guaranty Association Notice will be attached to the policy at the time of issue.

I certify that the Flesch score of the policy forms included in this filing is at least 40.

Hereby certified on this 29th day of November, 2011.

By:

Julie Guess
Compliance Specialist
Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc.

Application for

Medicare Supplement Insurance

A. Applicant Information (If currently covered by Medicare, provide information as it appears on your Medicare card.)

Last name	First name	MI

Social Security number	Date of birth	Sex ❑ Male ❑ Female

Street address

City	County	State	ZIP

Billing address (if different from street address)

Telephone number	E-mail address

B. Medicare Information

Are you covered under Medicare?

Medicare Part A: ❑ Yes ❑ No If "Yes," effective date: _____

Medicare Part B: ❑ Yes ❑ No If "Yes," effective date: _____

If covered, Medicare claim number (as it appears on your red, white and blue Medicare card) — —	If not covered, Medicare eligibility date

C. Medicare Supplement Coverage

Plan selection (Standard Plans) ❑ A ❑ B [❑C] [❑D] ❑ F ❑ G ❑ K [❑L] [❑M] ❑ N	Quoted premium amount	Requested effective date

Payment ❑ Monthly automatic bank draft [❑ Monthly credit card] ❑ Monthly coupons
❑ Quarterly statement ❑ Semi-annual statement ❑ Annual statement

Will this coverage replace or change an existing policy or contract?	❑ Yes ❑ No

D. Power of Attorney/Guardian

Have you authorized any person to legally act on your behalf and take over your personal business transactions? If "Yes," include Power of Attorney or Guardianship documentation.	❑ Yes ❑ No

If "Yes," name of authorized person	Do you wish for this person to receive all mailings? ❑ Yes ❑ No

Street address

City	State	ZIP

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application.

E. Medicare and Other Insurance

To the best of your knowledge:

1. Did you turn age 65 in the last six months?	❑ Yes ❑ No
A) Did you enroll in Medicare Part B in the last six months?	❑ Yes ❑ No
If "Yes," what is the effective date of Part B? _____	
2. Are you covered for medical assistance through the state Medicaid program?	❑ Yes ❑ No
(Note to applicant: Please answer "No" to this question if you are participating in a "Spend-Down Program" and you have not met your "Share of Cost.")	
If "Yes,"	
A) Will Medicaid pay your premiums for this Medicare supplement policy?	❑ Yes ❑ No
B) Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium?	
3. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO)?	❑ Yes ❑ No
If "Yes," fill in your start and end dates below. If you are still covered under this plan, leave "End" blank.	
Start: _____ End: _____	
A) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?	❑ Yes ❑ No
B) Was this your first time in this type of Medicare plan?	❑ Yes ❑ No
C) Did you drop a Medicare supplement policy to enroll in the Medicare plan?	
4. Do you have another Medicare supplement policy inforce?	❑ Yes ❑ No
If "Yes,"	
A) With what company and what plan do you have? _____	
_____	
B) Do you intend to replace your current Medicare supplement policy with this policy?	❑ Yes ❑ No
5. Have you had coverage under any other health insurance plan within the past 63 days (for example, an employer, union or individual plan)?	❑ Yes ❑ No
If "Yes,"	
A) With what company and what kind of policy? _____	
_____	
B) What are your dates of coverage under the policy? (if you are still covered under the other policy, leave "End" blank.)	
Start: _____ End: _____	

I understand that it is my obligation and responsibility to disenroll myself from my present Medicare supplement coverage or Medicare Advantage program. Neither the agent nor the insurance company has the authority to disenroll me from the program.

Applicant's signature: ✕ _____

F. Health/Medical Questions

If you are applying during an open enrollment or guaranteed issue period, you do not have to answer the health questions below.

1. Provide your height and weight. _____ ft _____ in _____lbs	
2. Have you used tobacco products in the past two years?	❑ Yes ❑ No
3. Do you currently have diabetes?	❑ Yes ❑ No
4. **If any of the following questions are answered "Yes," you do not qualify for this policy.**	
A) Within the past two years, have you received any medical advice or treatment by a member of the medical profession or been hospitalized for any of the following:	
1. Stroke, heart attack, coronary artery disease including angina, arteriosclerosis, atherosclerosis or congestive heart failure?	❑ Yes ❑ No
2. Cancer (excluding non-melanoma skin cancer), Leukemia, Hodgkins' Disease or Melanoma?	❑ Yes ❑ No
3. Alzheimer's Disease, Parkinson's Disease, Lou Gehrig's Disease or ALS, Multiple Sclerosis or Muscular Dystrophy?	❑ Yes ❑ No
4. Chronic obstructive lung/pulmonary disease or emphysema?	❑ Yes ❑ No
5. Alcoholism, drug addiction, cirrhosis of the liver or renal failure?	❑ Yes ❑ No
6. Degenerative bone disease, disabling/crippling or rheumatoid arthritis?	❑ Yes ❑ No
7. Have you required oxygen therapy, kidney dialysis, a defibrillator, bypass surgery, angioplasty, pacemaker or stent placement?	❑ Yes ❑ No
8. Diabetes that has ever required more than 50 units of insulin daily?	❑ Yes ❑ No
B) Have you been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or tested positive for HIV?	❑ Yes ❑ No
5. Within the past two years, have you been confined to or utilized: a hospital, skilled nursing facility, nursing home, ambulatory surgery center or another similar facility? **If "Yes,"** please provide details below.	❑ Yes ❑ No

Condition	Onset Date	Operation Date	Recovery Date	Days in Hospital	Days in Nursing Facility

6. Have you taken any prescription medications within the past 12 months? **If "Yes,"** please provide details below.	❑ Yes ❑ No

Medication	Dosage	Medication	Dosage

G. Applicant Acknowledgements - To the best of your knowledge and belief, you represent and agree to the following:

A) I do not need more than one Medicare supplement policy. If I purchase this policy, I understand that I may want to evaluate my existing health coverage and decide if multiple coverages are needed.
B) I may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
C) If, after purchasing this policy, I become eligible for Medicaid, benefits and premiums under the Medicare supplement policy will be suspended during entitlement to benefits under Medicaid for 24 months, as long as suspension is requested within 90 days of becoming eligible for Medicaid. When I am no longer entitled to Medicaid, my suspended Medicare supplement policy (or if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.
D) If I am eligible for, and have enrolled in, a Medicare supplement policy by reason of disability and later become covered by an employer or union-based group health plan, the benefits and premiums under my Medicare supplement policy can be suspended, if requested, while I am covered under the employer or union-based group health plan. If I suspend my Medicare supplement policy under these circumstances, and later lose my employer or union-based group health plan, my suspended Medicare supplement policy (or if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing my employer or union-based group health plan.
E) Counseling services may be available in my state to provide advice concerning the purchase of Medicare Supplement coverage and concerning medical assistance through the state Medicaid program, including benefits as a "Qualified Medicare Beneficiary" (QMB) and a "Specified Low-Income Medicare Beneficiary" (SLMB).
F) The statements contained in the application concerning past and present health conditions are complete, true and correct.
G) No agent or other person is authorized to accept risks, pass upon insurability, make or modify contracts or waive any of the company's rights or requirements.
H) The effective date of coverage is conditional upon the payment of the first premium, the receipt of a fully completed application, and verification of the applicant's eligibility by Madison National Life Insurance Company or its authorized administrator.
I) Plan provisions concerning exceptions, exclusions, limitations and renewal which have been applied for have been explained and understood.
J) I acknowledge receipt of the Outline of Coverage and the Guide to Health Insurance for People with Medicare.

Representation: I, the undersigned applicant, (and agent if applicable) acknowledge that I have read or have had read to me the completed application and that I realize that any false statements or misrepresentation therein may result in loss of coverage under the policy.

Payment of premium: I understand that payment of the first month's premium does not guarantee my acceptance or provide insurance coverage until a policy is issued by Madison National Life Insurance Company.

Release for claims processing: I further authorize Madison National Life Insurance Company or its authorized administrator, at its option, to pay providers directly for services rendered. In addition, I hereby authorize the Centers for Medicare and Medicaid Services (CMS), or its duly appointed Part A intermediaries or Part B carriers to release to Madison National Life Insurance Company or its authorized administrator information they may require in the processing of my supplement insurance or other insurance coverage I may have through them. This information may include EOMB's, "deduct-not-met" or denial letter, Part B billing forms, and information date of enrollment in Part B of Medicare. I further authorize ongoing release of this information to Madison National Life Insurance Company or its authorized administrator for as long as I am enrolled under the supplement coverage. I understand I may revoke this authorization for release of Title XVIII (Medicare) information for supplement insurance coverage at any time by notifying Madison National Life Insurance Company or its authorized administrator in writing. I understand that if I do rescind my authorization for the release of Title XVIII information, that I will need to fill out claims forms and some records could be released before the rescission has time to take effect.

Dated at: City:_____ State: _____ ZIP: _____

Applicant's signature: X_____ Date: _____

AGENT: If this application is being made through an agent, he or she must complete the following information.

Last name	First name	MI

Agent number	E-mail address	Phone number

Agency/company name

Have you sold any other health insurance policies to this applicant in the past five years? If "Yes," list all policies below, including those no longer inforce.	❑ Yes ❑ No

Name of company	Description of benefits	Effective date of coverage	Currently inforce?
			❑ Yes ❑ No
			❑ Yes ❑ No

Agent Acknowledgement. To the best of my knowledge and belief, the information contained in this completed application is true and accurate, and the applicant was provided with disclosures explaining that any false statement or misrepresentation may result in loss of coverage.

Signature of licensed agent: X _____

NOTICE: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the appropriate State Agency.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service [P.O. Box 5008, Madison, WI 53705] **(XXX) XXX-XXXX]**

Outline of Medicare Supplement Coverage - Cover Page 1 of 2

Standard Medicare Supplement Plans A, B, F, G, K and N are available.

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in Your state.

See Outlines of Coverage sections for details about ALL plans

BASIC BENEFITS for Plans A-N

- **Hospitalization –** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses –** Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood –** First three pints of blood each year.
- **Hospice –** Part A cost sharing

A	**B**	C	D	**F**	F*	**G**
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	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

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 Plans 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. The expenses include the Medicare deductibles for Part A and Part B, but doe not include the plan's separate foreign travel emergency deductible.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

[ABC Administrative Offices/Customer Service [P.O. Box 5008, Madison, WI 53705] **(XXX) XXX-XXXX]**

Outline of Medicare Supplement Coverage - Cover Page 2

Basic Benefits for Plans K and L include similar services as Plans A-G, but cost sharing for the basic benefits are at different levels.

K**	L**	M	**N**
Hospitalization and preventative care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventative care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit $4,620; benefits paid at 100% after limit reached	Out-of -pocket limit $2,310; benefits paid at 100% after limit reached		

Once you reach the annual limit, the plan pays 100% of the Medicare co-payments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges". You will be responsible for paying excess charges.

*****The out-of-pocket annual limit will increase each year for inflation.**

See Outlines of Coverage for details and exceptions.

PREMIUM INFORMATION

Madison National Life Insurance Company, Inc. may raise Your premium if it raises the premium for all policies in Your class. Premiums are community rated and based on the mode of the premium payment selected. **Premium in the chart below is subject to change.**

- **Annual Premiums applicable to Rate Area I:** Benton, Cleveland, Crawford, Franklin, Jefferson, Lincoln, Madison, Sebastian and Washington Counties.

(11/16/11)

	STD A	STD B	STD F	STD G	STD K	STD N
Standard	[1,458.32]	[1,842.83]	[2,203.76]	[1,970.19]	[935.62]	[1,737.26]
Preferred	[1,255.01]	[1,585.91]	[1,896.52]	[1,695.52]	[805.18]	[1,495.06]

- **Annual Premiums applicable to Rate Area II:** Arkansas, Ashley, Baxter, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Columbia, Conway, Craighead, Cross, Dallas, Desha, Drew, Fulton, Greene, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Johnson, Lafayette, Lawrence, Lee, Little River, Logan, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Randolph, Scott, Searcy, Sevier, Sharp, St. Francis, Stone, Union, Van Buren, White, Woodruff and Yell Counties.

(11/16/11)

	STD A	STD B	STD F	STD G	STD K	STD N
Standard	[1,585.21]	[2,004.68]	[2,396.72]	[2,141.52]	[1,016.97]	[1,887.95]
Preferred	[1,364.21]	[1,725.20]	[2,062.58]	[1,842.96]	[875.19]	[1,624.74]

- **Annual Premiums applicable to Rate Area III:** Crittenden, Faulkner, Garland, Grant, Lonoke, Miller, Perry, Pulaski and Saline Counties.

(11/16/11)

	STD A	STD B	STD F	STD G	STD K	STD N
Standard	[1,791.65]	[2,222.03]	[2,595.28]	[2,345.59]	[1,119.87]	[2,060.78]
Preferred	[1,541.87]	[1,912.25]	[2,233.46]	[2,018.58]	[963.74]	[1,773.48]

Annual premium conversion formulas:

Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900, Preauthorized Check Plan X .0855.
Semi-annual, quarterly, monthly premiums and PAC payments are rounded to the nearest penny.

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE DISCLOSURES

DISCLOSURES Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY This is only an outline describing Your policy's most important features. The policy is Your insurance contract. You must read the policy itself to understand all of the rights and duties of both You and Your insurance company.

RIGHT TO RETURN POLICY If You are not satisfied with Your policy, You may return it to us within thirty (30) days after You receive it. You may return it to us or to the agent who sold it. We will refund to You any premium paid and this policy will be void.

POLICY REPLACEMENT If You are replacing another health insurance policy, do NOT cancel it until You have actually received Your new policy and are sure You want to keep it.

NOTICE This policy may not fully cover all of Your medical costs. Neither Madison National Life Insurance Company, Inc. nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact Your local Social Security Office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. If you are applying during an open enrollment or guaranteed issue period, you do not have to answer the questions in the Health/Medical Questions section of the application. Review the application carefully before You sign it. Be certain that all information has been properly recorded.

REFUND OF PREMIUM

If termination is due to You ceasing to be eligible for this plan or We receive written notice that You wish to terminate Your coverage, the date of termination will be the first day of the month following the event. Any premium paid beyond the termination date will be refunded to You.

LIMITATIONS AND EXCLUSIONS

Your coverage is conditional on Medicare's approval of Medicare Eligible Expenses. Services eligible for coverage must therefore be deemed as medically necessary by Medicare. If Medicare does not consider services rendered or expenses incurred as medically necessary, no benefits will be paid. We will not place any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

No benefits will be paid under Medicare Part A which duplicates payments under Medicare Part B. No benefits will be paid under Medicare Part B which duplicates payments under Medicare Part A. No benefits will duplicate payment made directly by Medicare.

CONTINUATION OF COVERAGE

Any claim for a continuous loss that begins while this policy is in force will not be affected by the ending of this policy. However, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

PLAN A - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$0	$[1,100] (Part A Deductible)
61st thru 90th day	All but $[275] a day	$[275] a day	$0
91st day and after:			
-While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$0
-Once lifetime reserve days are used:			
-Additional 365 days	$0	100% of Medicare Eligible Expenses	$0 ✓See NOTICE below
(✓**See your policy, page 5 or 6 for details of coverage**.) -Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[137.50] a day	$0	Up to $[137.50] a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare cost sharing	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 Generally 80%	$0 Generally 20%	$[155] (Part B Deductible) $0
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	$0	$0	All costs
BLOOD First 3 pints Next $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 $0 80%	All costs $0 20%	$0 $[155] (Part B Deductible) $0
CLINICAL LABORATORY SERVICES Tests For Diagnostic Services	100%	$0	$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First $155 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% $0 80%	$0 $0 20%	$0 $[155] (Part B Deductible) $0

PLAN B - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A Deductible)	$0
61st thru 90th day	All but $[275] a day	$[275] a day	$0
91st day and after:			
-While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$0
-Once lifetime reserve days are used:			
-Additional 365 days	$0	100% of Medicare Eligible Expenses	$0 ➢See NOTICE below
(➢**See your policy, page 5 or 6 for details of coverage**.)			
-Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[137.50] a day	$0	Up to $[137.50] a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
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 cost sharing	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 Generally 80%	$0 Generally 20%	$[155] (Part B Deductible) $0
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	$0	$0	All costs
BLOOD First 3 pints Next $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 $0 80%	All costs $0 20%	$0 $[155] (Part B Deductible) $0
CLINICAL LABORATORY SERVICES Tests For Diagnostic Services	100%	$0	$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% $0 80%	$0 $0 20%	$0 $[155] (Part B Deductible) $0

PLAN F - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A Deductible)	$0
61st thru 90th day	All but $[275] a day	$[275] a day	$0
91st day and after:			
-While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$0
-Once lifetime reserve days are used:			
-Additional 365 days	$0	100% of Medicare Eligible Expenses	$0 ✓See NOTICE below
(✓**See your policy, page 5 or 6 for details of coverage**.)			
-Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[137.50] a day	Up to $[137.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare cost sharing	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-Approved Amounts*	$0	$[155] (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $[155] of Medicare-Approved Amounts*	$0	$[155] (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	$0	$0

PARTS A & B

HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
-Medically Necessary skilled care services and medical supplies	100%	$0	$0
-Durable medical equipment			
First $[155] of Medicare-Approved Amounts*	$0	$[155] (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0

(Continued) PLAN F - BENEFITS CHART

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA First $250 each Calendar Year Remainder of Charges	 $0 $0	 $0 80% to a Lifetime Maximum Benefit of $50,000	 $250 20% and amounts over the $50,000 Lifetime Maximum Benefit

PLAN G - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A Deductible)	$0
61st thru 90th day	All but $[275] a day	$[275] a day	$0
91st day and after:			
-While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$0
-Once lifetime reserve days are used:			
-Additional 365 days	$0	100% of Medicare Eligible Expenses	$0 ➢See NOTICE below
(➢**See your policy, page 5 or 6 for details of coverage**.) -Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[137.50] a day	Up to $[137.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare cost sharing	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 Generally 80%	$0 Generally 20%	$[155] (Part B Deductible) $0
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	$0	100%	$0
BLOOD First 3 pints Next $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 $0 80%	All costs $0 20%	$0 $[155] (Part B Deductible) $0
CLINICAL LABORATORY SERVICES Tests For Diagnostic Services	100%	$0	$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES -Medically Necessary skilled care services and medical supplies -Durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% $0 80%	$0 $0 20%	$0 $[155] (Part B Deductible) $0

(Continued) PLAN G - BENEFITS CHART

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA First $250 each Calendar Year Remainder of Charges	 $0 $0	 $0 80% to a Lifetime Maximum Benefit of $50,000	 $250 20% and amounts over the $50,000 Lifetime Maximum Benefit

PLAN K - BENEFITS CHART

You will pay half the cost sharing of some covered services until you reach the annual out-of-pocket limit of $4,620 each calendar year. The amounts that count toward your annual limit are noted with the diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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. **** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[550] (50% of Part A Deductible)	$[550] (50% of Part A Deductible)◆
61st thru 90th day	All but $[275] a day	$[275] a day	$0
91st day and after:			
-While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$0
-Once lifetime reserve days are used:			
-Additional 365 days (**See your policy, page 5 or 6 for details of coverage.**)	$0	100% of Medicare Eligible Expenses	$0 See NOTICE below
-Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[137.50] a day	Up to $[68.75] a day	Up to $[68.75] a day◆
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	50%	50%◆
Additional amounts	100%	$0	$0

(Continued) PLAN K - BENEFITS CHART

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of cost sharing	50% of cost sharing◆

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN K - BENEFITS CHART

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.

**** Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY **
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-Approved Amounts*	$0	$0	$[155] (Part B Deductible)*◆
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-Approved amounts	Remainder of Medicare-Approved amounts	All costs above Medicare - Approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10%◆
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $[4,620])***
BLOOD			
First 3 pints	$0	50%	50%◆
Next $[155] of Medicare-Approved Amounts*	$0	$0	$155 (Part B Deductible)*◆
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10%◆
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	$0	$0

(Continued) PLAN K - BENEFITS CHART

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR
PARTS A & B

HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
-Medically Necessary skilled care services and medical supplies	100%	$0	$0
-Durable medical equipment			
First $[155] of Medicare-Approved Amounts****	$0	$0	$[155] (Part B Deductible)*◆
Remainder of Medicare-Approved Amounts	80%	10%	10%◆

***__This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $[4,620] per year.__ However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

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****Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People With Medicare*.

PLAN N - BENEFITS CHART

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.

** **Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY**
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A Deductible)	$0
61st thru 90th day	All but $[275] a day	$[275] a day	$0
91st day and after:			
-While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$0
-Once lifetime reserve days are used:			
-Additional 365 days	$0	100% of Medicare Eligible Expenses	$0 ⮟See NOTICE below
(⮟**See your policy, page 5 or 6 for details of coverage**.)			
-Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[137.50] a day	Up to $[137.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare cost sharing	$0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N - BENEFITS CHART

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.

** **Indicates your liability for covered charges. You are responsible for all other non-covered charges.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY**
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 Generally 80%	$0 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.	$[155] (Part B Deductible) $Up to $20 per office visit and up to $50 per emergency visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency room visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	$0	$0	All costs
BLOOD First 3 pints Next $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	$0 $0 80%	All costs $0 20%	$0 $[155] (Part B Deductible) $0
CLINICAL LABORATORY SERVICES Tests For Diagnostic Services	100%	$0	$0

PARTS A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES -Medically Necessary skilled care services and medical supplies -Durable medical equipment First $[155] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% $0 80%	$0 $0 20%	$0 $[155] (Part B Deductible) $0

(Continued) PLAN N – BENEFITS CHART

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA First $250 each Calendar Year Remainder of Charges	 $0 $0	 $0 80% to a Lifetime Maximum Benefit of $50,000	 $250 20% and amounts over the $50,000 Lifetime Maximum Benefit

Arkansas Insurance Department

Mike Beebe
Governor

Jay Bradford
Commissioner

Ms. Julie Guess
Madison National Life Insurance Company, Inc.
PO Box 5008
Madison, WI 53705

RE: Medicare Supplement Form Filing
Your submission of November 29, 2011

Dear Ms. Guess:

Thank you for the rate increase filing which we received in our office on November 29, 2011.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until January 28, 2012.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Sincerely,
Stephanie Fowler
Stephanie Fowler
Compliance Officer
Life and Health Division

SRF

I, Julie Guess, representing Madison National Life Ins Co, Inc, do hereby acknowledge receipt of this letter and waive all rights to deemer on this filing.

1/3/12, Julie Ann Guess
Dated Signature and Title

1200 West Third Street, Little Rock, AR 72201-1904 · (501) 371-2600 · (501) 371-2618 fax · www.insurance.arkansas.gov
Information (800) 282-9134 · Consumer Services (800) 852-5494 · Seniors (800) 224-6330 · Criminal Inv. (866) 660-0888

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/22/2011	Supporting Document	Health - Actuarial Justification	01/17/2012	Med Supp MNL 2012 Act Memo AR.pdf (Superceded)
11/22/2011	Supporting Document	Application	01/10/2012	Med sup app MNL Generic 8-31-11 T AA.pdf (Superceded)
12/06/2011	Supporting Document	Outline of Coverage	01/05/2012	MNL OC AR 0810 7-12-11 correction.pdf (Superceded)
11/22/2011	Supporting Document	Outline of Coverage	12/06/2011	MNL OC AR 0810 7-12-11.pdf (Superceded)