

**COMBINED INSURANCE COMPANY OF AMERICA
OUTLINE OF COVERAGE**

YOU PURCHASED
PLAN:

**Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010
Benefit Plans A, B¹, C², F, and N are offered by Combined Insurance***

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A and either C or F available. Some plans may not be available in your state.

Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses), or copayment 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 coinsurance.

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

K	L	M	N*
Hospitalization and preventive care paid at 100%; other basic benefits Paid at 50%	Hospitalization And preventive care paid at 100%; other basic benefits Paid at 75%	Basic, Including 100% Part B 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 \$4,800; paid at 100% after limit reached	Out-of-pocket limit \$2,400; paid at 100% after limit reached		

**Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,110. Out-of-Pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**Combined Insurance Company of America Medicare Supplement
South Dakota**

Annual Standard Non-Tobacco Rates for All Zip Codes

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$1,064.76	\$1,278.24	\$1,092.48	65	\$1,224.24	\$1,469.64	\$1,256.04
66	\$1,101.24	\$1,321.20	\$1,126.68	66	\$1,266.36	\$1,519.68	\$1,295.64
67	\$1,149.60	\$1,365.60	\$1,175.04	67	\$1,321.92	\$1,571.28	\$1,350.48
68	\$1,186.92	\$1,411.68	\$1,213.20	68	\$1,364.76	\$1,622.88	\$1,394.88
69	\$1,222.68	\$1,459.32	\$1,254.36	69	\$1,406.88	\$1,678.44	\$1,442.52
70	\$1,258.44	\$1,508.52	\$1,294.08	70	\$1,446.60	\$1,734.84	\$1,489.44
71	\$1,290.12	\$1,567.32	\$1,333.80	71	\$1,484.64	\$1,802.28	\$1,533.84
72	\$1,321.08	\$1,628.40	\$1,371.12	72	\$1,519.56	\$1,872.12	\$1,577.64
73	\$1,348.92	\$1,692.00	\$1,406.88	73	\$1,551.36	\$1,946.04	\$1,617.24
74	\$1,372.68	\$1,758.60	\$1,439.40	74	\$1,579.08	\$2,022.24	\$1,655.28
75	\$1,392.60	\$1,826.88	\$1,469.52	75	\$1,602.12	\$2,100.84	\$1,690.32
76	\$1,412.40	\$1,872.96	\$1,499.76	76	\$1,623.60	\$2,154.84	\$1,725.24
77	\$1,429.92	\$1,921.44	\$1,528.32	77	\$1,645.08	\$2,209.56	\$1,757.76
78	\$1,446.60	\$1,970.64	\$1,554.48	78	\$1,663.32	\$2,265.24	\$1,788.00
79	\$1,460.88	\$2,020.68	\$1,581.48	79	\$1,680.72	\$2,323.20	\$1,818.12
80	\$1,475.88	\$2,072.28	\$1,606.92	80	\$1,697.40	\$2,382.72	\$1,848.24
81	\$1,490.16	\$2,113.56	\$1,632.36	81	\$1,713.36	\$2,431.08	\$1,876.80
82	\$1,502.88	\$2,157.24	\$1,657.68	82	\$1,728.36	\$2,481.12	\$1,906.32
83	\$1,514.04	\$2,200.92	\$1,680.72	83	\$1,741.08	\$2,532.00	\$1,933.20
84	\$1,524.36	\$2,246.16	\$1,704.60	84	\$1,752.96	\$2,582.76	\$1,959.48
85	\$1,533.12	\$2,292.24	\$1,727.64	85	\$1,763.40	\$2,635.20	\$1,986.36
86	\$1,541.88	\$2,320.80	\$1,749.84	86	\$1,773.72	\$2,668.56	\$2,011.80
87	\$1,550.52	\$2,347.80	\$1,772.88	87	\$1,783.92	\$2,700.24	\$2,038.08
88	\$1,559.28	\$2,373.96	\$1,795.08	88	\$1,793.52	\$2,729.64	\$2,064.96
89	\$1,568.76	\$2,397.84	\$1,818.96	89	\$1,804.68	\$2,757.48	\$2,091.24
90	\$1,577.64	\$2,420.76	\$1,842.72	90	\$1,814.88	\$2,784.48	\$2,119.08
91	\$1,587.12	\$2,443.08	\$1,866.60	91	\$1,824.48	\$2,809.80	\$2,147.64
92	\$1,595.76	\$2,463.72	\$1,892.04	92	\$1,834.80	\$2,832.84	\$2,175.36
93	\$1,604.52	\$2,482.68	\$1,917.36	93	\$1,845.12	\$2,855.16	\$2,203.92
94	\$1,613.28	\$2,500.20	\$1,943.52	94	\$1,855.44	\$2,875.80	\$2,235.72
95	\$1,622.88	\$2,516.04	\$1,970.64	95	\$1,865.76	\$2,894.04	\$2,265.84
96	\$1,631.52	\$2,532.00	\$1,998.36	96	\$1,876.80	\$2,911.44	\$2,298.48
97	\$1,641.00	\$2,547.00	\$2,025.24	97	\$1,887.96	\$2,928.96	\$2,329.44
98	\$1,650.60	\$2,562.12	\$2,054.76	98	\$1,898.28	\$2,946.36	\$2,362.80
99	\$1,660.08	\$2,577.24	\$2,084.04	99	\$1,909.44	\$2,963.88	\$2,396.88
Eligible due to Disability	\$1,392.60	\$1,826.88	\$1,469.52	Eligible due to Disability	\$1,602.12	\$2,100.84	\$1,690.32

Policies may be issued on an annual, semi-annual or monthly mode. Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement
South Dakota**

Monthly Standard Non-Tobacco Rates for All Zip Codes

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$88.73	\$106.52	\$91.04	65	\$102.02	\$122.47	\$104.67
66	\$91.77	\$110.10	\$93.89	66	\$105.53	\$126.64	\$107.97
67	\$95.80	\$113.80	\$97.92	67	\$110.16	\$130.94	\$112.54
68	\$98.91	\$117.64	\$101.10	68	\$113.73	\$135.24	\$116.24
69	\$101.89	\$121.61	\$104.53	69	\$117.24	\$139.87	\$120.21
70	\$104.87	\$125.71	\$107.84	70	\$120.55	\$144.57	\$124.12
71	\$107.51	\$130.61	\$111.15	71	\$123.72	\$150.19	\$127.82
72	\$110.09	\$135.70	\$114.26	72	\$126.63	\$156.01	\$131.47
73	\$112.41	\$141.00	\$117.24	73	\$129.28	\$162.17	\$134.77
74	\$114.39	\$146.55	\$119.95	74	\$131.59	\$168.52	\$137.94
75	\$116.05	\$152.24	\$122.46	75	\$133.51	\$175.07	\$140.86
76	\$117.70	\$156.08	\$124.98	76	\$135.30	\$179.57	\$143.77
77	\$119.16	\$160.12	\$127.36	77	\$137.09	\$184.13	\$146.48
78	\$120.55	\$164.22	\$129.54	78	\$138.61	\$188.77	\$149.00
79	\$121.74	\$168.39	\$131.79	79	\$140.06	\$193.60	\$151.51
80	\$122.99	\$172.69	\$133.91	80	\$141.45	\$198.56	\$154.02
81	\$124.18	\$176.13	\$136.03	81	\$142.78	\$202.59	\$156.40
82	\$125.24	\$179.77	\$138.14	82	\$144.03	\$206.76	\$158.86
83	\$126.17	\$183.41	\$140.06	83	\$145.09	\$211.00	\$161.10
84	\$127.03	\$187.18	\$142.05	84	\$146.08	\$215.23	\$163.29
85	\$127.76	\$191.02	\$143.97	85	\$146.95	\$219.60	\$165.53
86	\$128.49	\$193.40	\$145.82	86	\$147.81	\$222.38	\$167.65
87	\$129.21	\$195.65	\$147.74	87	\$148.66	\$225.02	\$169.84
88	\$129.94	\$197.83	\$149.59	88	\$149.46	\$227.47	\$172.08
89	\$130.73	\$199.82	\$151.58	89	\$150.39	\$229.79	\$174.27
90	\$131.47	\$201.73	\$153.56	90	\$151.24	\$232.04	\$176.59
91	\$132.26	\$203.59	\$155.55	91	\$152.04	\$234.15	\$178.97
92	\$132.98	\$205.31	\$157.67	92	\$152.90	\$236.07	\$181.28
93	\$133.71	\$206.89	\$159.78	93	\$153.76	\$237.93	\$183.66
94	\$134.44	\$208.35	\$161.96	94	\$154.62	\$239.65	\$186.31
95	\$135.24	\$209.67	\$164.22	95	\$155.48	\$241.17	\$188.82
96	\$135.96	\$211.00	\$166.53	96	\$156.40	\$242.62	\$191.54
97	\$136.75	\$212.25	\$168.77	97	\$157.33	\$244.08	\$194.12
98	\$137.55	\$213.51	\$171.23	98	\$158.19	\$245.53	\$196.90
99	\$138.34	\$214.77	\$173.67	99	\$159.12	\$246.99	\$199.74
Eligible due to Disability	\$116.05	\$152.24	\$122.46	Eligible due to Disability	\$133.51	\$175.07	\$140.86

Policies may be issued on an annual, semi-annual or monthly mode. Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement
South Dakota**

Annual Standard Tobacco Rates for All Zip Codes

Attained Age	Female Rates			Age Attained	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$1,171.92	\$1,406.16	\$1,201.20	65	\$1,347.36	\$1,616.52	\$1,380.60
66	\$1,210.80	\$1,452.96	\$1,239.36	66	\$1,392.60	\$1,671.36	\$1,425.96
67	\$1,264.68	\$1,502.16	\$1,291.80	67	\$1,453.68	\$1,727.64	\$1,486.20
68	\$1,305.24	\$1,552.20	\$1,334.64	68	\$1,501.32	\$1,785.60	\$1,534.68
69	\$1,345.68	\$1,605.36	\$1,379.88	69	\$1,547.40	\$1,845.96	\$1,587.12
70	\$1,383.00	\$1,659.36	\$1,424.28	70	\$1,590.96	\$1,907.88	\$1,637.16
71	\$1,419.48	\$1,724.52	\$1,466.40	71	\$1,632.36	\$1,982.52	\$1,687.20
72	\$1,453.68	\$1,791.24	\$1,508.52	72	\$1,671.24	\$2,060.40	\$1,734.84
73	\$1,483.80	\$1,861.08	\$1,546.56	73	\$1,706.16	\$2,140.56	\$1,779.24
74	\$1,510.08	\$1,934.16	\$1,583.88	74	\$1,737.12	\$2,224.68	\$1,821.24
75	\$1,532.28	\$2,009.52	\$1,616.40	75	\$1,762.56	\$2,311.20	\$1,859.40
76	\$1,552.92	\$2,061.12	\$1,649.76	76	\$1,786.32	\$2,370.84	\$1,897.56
77	\$1,573.56	\$2,112.72	\$1,680.72	77	\$1,809.36	\$2,430.36	\$1,933.20
78	\$1,590.96	\$2,167.56	\$1,710.12	78	\$1,830.12	\$2,492.28	\$1,967.40
79	\$1,607.64	\$2,222.28	\$1,739.52	79	\$1,848.24	\$2,555.76	\$1,999.92
80	\$1,623.60	\$2,278.68	\$1,768.08	80	\$1,867.32	\$2,620.92	\$2,032.44
81	\$1,638.60	\$2,325.48	\$1,795.92	81	\$1,885.56	\$2,674.08	\$2,064.96
82	\$1,653.84	\$2,373.12	\$1,823.64	82	\$1,901.52	\$2,728.92	\$2,096.76
83	\$1,665.72	\$2,420.76	\$1,849.08	83	\$1,915.80	\$2,784.48	\$2,127.00
84	\$1,676.76	\$2,470.80	\$1,874.52	84	\$1,927.68	\$2,840.76	\$2,156.28
85	\$1,687.20	\$2,520.84	\$1,899.96	85	\$1,939.68	\$2,898.72	\$2,184.12
86	\$1,696.68	\$2,552.64	\$1,924.44	86	\$1,950.72	\$2,935.32	\$2,213.40
87	\$1,706.16	\$2,582.76	\$1,949.88	87	\$1,961.88	\$2,970.24	\$2,242.92
88	\$1,715.76	\$2,611.32	\$1,975.32	88	\$1,973.76	\$3,002.76	\$2,270.64
89	\$1,726.08	\$2,638.32	\$2,000.76	89	\$1,984.92	\$3,033.72	\$2,300.88
90	\$1,735.56	\$2,662.92	\$2,026.92	90	\$1,995.96	\$3,063.12	\$2,331.00
91	\$1,745.04	\$2,687.64	\$2,053.92	91	\$2,007.12	\$3,090.96	\$2,361.12
92	\$1,755.36	\$2,709.84	\$2,080.92	92	\$2,018.16	\$3,116.28	\$2,393.76
93	\$1,764.84	\$2,730.48	\$2,108.64	93	\$2,029.32	\$3,140.16	\$2,424.72
94	\$1,775.28	\$2,750.28	\$2,138.04	94	\$2,041.20	\$3,162.36	\$2,458.80
95	\$1,784.76	\$2,768.52	\$2,167.44	95	\$2,053.08	\$3,183.84	\$2,493.00
96	\$1,795.08	\$2,785.20	\$2,197.68	96	\$2,064.96	\$3,202.92	\$2,527.92
97	\$1,805.40	\$2,801.16	\$2,228.64	97	\$2,076.12	\$3,221.16	\$2,562.84
98	\$1,815.72	\$2,817.84	\$2,260.32	98	\$2,088.12	\$3,240.24	\$2,598.60
99	\$1,826.04	\$2,834.52	\$2,292.96	99	\$2,100.00	\$3,260.88	\$2,636.64

Policies may be issued on an annual, semi-annual or monthly mode. Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement
South Dakota**

Monthly Standard Tobacco Rates for All Zip Codes

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$97.66	\$117.18	\$100.10	65	\$112.28	\$134.71	\$115.05
66	\$100.90	\$121.08	\$103.28	66	\$116.05	\$139.28	\$118.83
67	\$105.39	\$125.18	\$107.65	67	\$121.14	\$143.97	\$123.85
68	\$108.77	\$129.35	\$111.22	68	\$125.11	\$148.80	\$127.89
69	\$112.14	\$133.78	\$114.99	69	\$128.95	\$153.83	\$132.26
70	\$115.25	\$138.28	\$118.69	70	\$132.58	\$158.99	\$136.43
71	\$118.29	\$143.71	\$122.20	71	\$136.03	\$165.21	\$140.60
72	\$121.14	\$149.27	\$125.71	72	\$139.27	\$171.70	\$144.57
73	\$123.65	\$155.09	\$128.88	73	\$142.18	\$178.38	\$148.27
74	\$125.84	\$161.18	\$131.99	74	\$144.76	\$185.39	\$151.77
75	\$127.69	\$167.46	\$134.70	75	\$146.88	\$192.60	\$154.95
76	\$129.41	\$171.76	\$137.48	76	\$148.86	\$197.57	\$158.13
77	\$131.13	\$176.06	\$140.06	77	\$150.78	\$202.53	\$161.10
78	\$132.58	\$180.63	\$142.51	78	\$152.51	\$207.69	\$163.95
79	\$133.97	\$185.19	\$144.96	79	\$154.02	\$212.98	\$166.66
80	\$135.30	\$189.89	\$147.34	80	\$155.61	\$218.41	\$169.37
81	\$136.55	\$193.79	\$149.66	81	\$157.13	\$222.84	\$172.08
82	\$137.82	\$197.76	\$151.97	82	\$158.46	\$227.41	\$174.73
83	\$138.81	\$201.73	\$154.09	83	\$159.65	\$232.04	\$177.25
84	\$139.73	\$205.90	\$156.21	84	\$160.64	\$236.73	\$179.69
85	\$140.60	\$210.07	\$158.33	85	\$161.64	\$241.56	\$182.01
86	\$141.39	\$212.72	\$160.37	86	\$162.56	\$244.61	\$184.45
87	\$142.18	\$215.23	\$162.49	87	\$163.49	\$247.52	\$186.91
88	\$142.98	\$217.61	\$164.61	88	\$164.48	\$250.23	\$189.22
89	\$143.84	\$219.86	\$166.73	89	\$165.41	\$252.81	\$191.74
90	\$144.63	\$221.91	\$168.91	90	\$166.33	\$255.26	\$194.25
91	\$145.42	\$223.97	\$171.16	91	\$167.26	\$257.58	\$196.76
92	\$146.28	\$225.82	\$173.41	92	\$168.18	\$259.69	\$199.48
93	\$147.07	\$227.54	\$175.72	93	\$169.11	\$261.68	\$202.06
94	\$147.94	\$229.19	\$178.17	94	\$170.10	\$263.53	\$204.90
95	\$148.73	\$230.71	\$180.62	95	\$171.09	\$265.32	\$207.75
96	\$149.59	\$232.10	\$183.14	96	\$172.08	\$266.91	\$210.66
97	\$150.45	\$233.43	\$185.72	97	\$173.01	\$268.43	\$213.57
98	\$151.31	\$234.82	\$188.36	98	\$174.01	\$270.02	\$216.55
99	\$152.17	\$236.21	\$191.08	99	\$175.00	\$271.74	\$219.72

Policies may be issued on an annual, semi-annual or monthly mode. Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333