

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

<p><b>YOU PURCHASED PLAN:</b></p>
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**Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010  
Benefit Plans A, B<sup>1</sup>, C<sup>2</sup>, 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  
West Virginia Medicare Supplement  
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	\$1,110.12	\$1,332.48	\$1,138.56	65	\$1,276.56	\$1,532.28	\$1,309.08
66	\$1,147.80	\$1,377.72	\$1,174.56	66	\$1,320.00	\$1,584.12	\$1,350.96
67	\$1,198.80	\$1,423.68	\$1,224.72	67	\$1,378.56	\$1,637.64	\$1,407.72
68	\$1,237.20	\$1,471.32	\$1,264.80	68	\$1,422.84	\$1,692.00	\$1,454.64
69	\$1,274.88	\$1,521.48	\$1,307.40	69	\$1,466.28	\$1,749.72	\$1,503.96
70	\$1,311.60	\$1,572.48	\$1,349.28	70	\$1,508.04	\$1,808.16	\$1,552.44
71	\$1,345.08	\$1,633.44	\$1,390.20	71	\$1,547.40	\$1,879.20	\$1,599.24
72	\$1,377.72	\$1,697.88	\$1,429.56	72	\$1,584.12	\$1,952.04	\$1,644.36
73	\$1,406.04	\$1,763.88	\$1,466.28	73	\$1,617.60	\$2,028.84	\$1,686.12
74	\$1,431.12	\$1,833.24	\$1,500.60	74	\$1,646.04	\$2,108.28	\$1,725.48
75	\$1,452.12	\$1,904.28	\$1,532.28	75	\$1,670.28	\$2,190.24	\$1,762.20
76	\$1,472.16	\$1,952.76	\$1,563.24	76	\$1,692.84	\$2,246.28	\$1,798.20
77	\$1,490.52	\$2,002.92	\$1,593.36	77	\$1,714.56	\$2,303.04	\$1,832.40
78	\$1,508.04	\$2,053.92	\$1,620.96	78	\$1,733.76	\$2,361.60	\$1,864.20
79	\$1,523.16	\$2,106.60	\$1,648.56	79	\$1,752.24	\$2,421.84	\$1,895.16
80	\$1,539.00	\$2,160.12	\$1,675.32	80	\$1,769.76	\$2,483.64	\$1,926.96
81	\$1,553.28	\$2,203.56	\$1,702.08	81	\$1,786.44	\$2,534.64	\$1,956.96
82	\$1,566.60	\$2,248.80	\$1,728.00	82	\$1,801.56	\$2,586.48	\$1,987.08
83	\$1,592.36	\$2,294.76	\$1,752.24	83	\$1,814.88	\$2,639.16	\$2,015.52
84	\$1,589.16	\$2,341.56	\$1,777.32	84	\$1,827.48	\$2,692.68	\$2,043.12
85	\$1,598.40	\$2,389.20	\$1,800.72	85	\$1,838.28	\$2,747.04	\$2,070.72
86	\$1,607.52	\$2,419.32	\$1,824.12	86	\$1,849.20	\$2,782.08	\$2,097.48
87	\$1,616.76	\$2,447.76	\$1,848.36	87	\$1,860.00	\$2,814.72	\$2,125.08
88	\$1,626.00	\$2,474.52	\$1,871.76	88	\$1,870.08	\$2,845.68	\$2,152.56
89	\$1,635.12	\$2,499.60	\$1,896.00	89	\$1,880.88	\$2,874.84	\$2,180.16
90	\$1,644.36	\$2,523.84	\$1,921.08	90	\$1,891.80	\$2,902.44	\$2,209.44
91	\$1,654.32	\$2,547.24	\$1,946.16	91	\$1,901.88	\$2,929.20	\$2,238.72
92	\$1,663.56	\$2,568.12	\$1,972.08	92	\$1,912.68	\$2,953.44	\$2,268.00
93	\$1,672.80	\$2,588.16	\$1,998.84	93	\$1,923.60	\$2,976.00	\$2,298.12
94	\$1,681.92	\$2,606.52	\$2,026.44	94	\$1,934.40	\$2,997.72	\$2,330.64
95	\$1,692.00	\$2,623.32	\$2,053.92	95	\$1,945.32	\$3,017.04	\$2,362.44
96	\$1,701.24	\$2,639.16	\$2,083.20	96	\$1,956.96	\$3,035.40	\$2,395.92
97	\$1,711.20	\$2,655.00	\$2,111.64	97	\$1,967.88	\$3,052.92	\$2,428.44
98	\$1,720.44	\$2,670.96	\$2,141.76	98	\$1,978.68	\$3,071.40	\$2,463.60
99	\$1,730.40	\$2,686.80	\$2,172.72	99	\$1,990.44	\$3,089.76	\$2,498.76

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  
West Virginia Medicare Supplement  
Monthly 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	\$92.51	\$111.04	\$94.88	65	\$106.38	\$127.69	\$109.09
66	\$95.65	\$114.81	\$97.88	66	\$110.00	\$132.01	\$112.58
67	\$99.90	\$118.64	\$102.06	67	\$114.88	\$136.47	\$117.31
68	\$103.10	\$122.61	\$105.40	68	\$118.57	\$141.00	\$121.22
69	\$106.24	\$126.79	\$108.95	69	\$122.19	\$145.81	\$125.33
70	\$109.30	\$131.04	\$112.44	70	\$125.67	\$150.68	\$129.37
71	\$112.09	\$136.12	\$115.85	71	\$128.95	\$156.60	\$133.27
72	\$114.81	\$141.49	\$119.13	72	\$132.01	\$162.67	\$137.03
73	\$117.17	\$146.99	\$122.19	73	\$134.80	\$169.07	\$147.51
74	\$119.26	\$152.77	\$125.05	74	\$137.17	\$175.69	\$143.79
75	\$121.01	\$158.69	\$127.69	75	\$139.19	\$182.52	\$146.85
76	\$122.68	\$162.73	\$130.27	76	\$141.07	\$187.19	\$149.85
77	\$124.21	\$166.91	\$132.78	77	\$142.88	\$191.92	\$152.70
78	\$125.67	\$171.16	\$135.08	78	\$144.48	\$196.80	\$155.35
79	\$126.93	\$175.55	\$137.38	79	\$146.02	\$201.82	\$157.93
80	\$128.25	\$180.01	\$139.61	80	\$147.48	\$206.97	\$160.58
81	\$129.44	\$183.63	\$141.84	81	\$148.87	\$211.22	\$163.08
82	\$130.55	\$187.40	\$144.00	82	\$150.13	\$215.54	\$165.59
83	\$131.53	\$191.23	\$146.02	83	\$151.24	\$219.93	\$167.96
84	\$132.43	\$195.13	\$148.11	84	\$152.29	\$224.39	\$170.26
85	\$133.20	\$199.10	\$150.06	85	\$153.19	\$228.92	\$172.56
86	\$133.96	\$201.61	\$152.01	86	\$154.10	\$231.84	\$174.79
87	\$134.73	\$203.98	\$154.03	87	\$155.00	\$234.56	\$177.09
88	\$135.50	\$206.21	\$155.98	88	\$155.84	\$237.14	\$179.38
89	\$136.26	\$208.30	\$158.00	89	\$156.74	\$239.57	\$181.68
90	\$137.03	\$210.32	\$160.09	90	\$157.65	\$241.87	\$184.12
91	\$137.86	\$212.27	\$162.18	91	\$158.49	\$244.10	\$186.56
92	\$138.63	\$214.01	\$164.34	92	\$159.39	\$246.12	\$189.00
93	\$139.40	\$215.68	\$166.57	93	\$160.30	\$248.00	\$191.51
94	\$147.16	\$217.21	\$168.87	94	\$161.20	\$249.81	\$194.22
95	\$141.00	\$218.61	\$171.16	95	\$162.11	\$251.42	\$196.87
96	\$141.77	\$219.93	\$173.60	96	\$163.08	\$252.95	\$199.66
97	\$142.60	\$221.25	\$175.97	97	\$163.99	\$254.41	\$202.37
98	\$143.37	\$222.58	\$178.48	98	\$164.89	\$255.95	\$205.30
99	\$144.20	\$223.90	\$181.06	99	\$165.87	\$257.48	\$208.23

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West Virginia Medicare Supplement  
Annual 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	\$1,221.36	\$1,465.44	\$1,252.32	65	\$1,404.48	\$1,685.28	\$1,439.52
66	\$1,262.28	\$1,514.76	\$1,292.40	66	\$1,452.12	\$1,742.16	\$1,486.32
67	\$1,318.32	\$1,565.76	\$1,346.76	67	\$1,515.60	\$1,800.72	\$1,549.08
68	\$1,360.92	\$1,618.44	\$1,391.04	68	\$1,564.92	\$1,861.68	\$1,600.08
69	\$1,402.80	\$1,673.64	\$1,438.68	69	\$1,613.40	\$1,924.44	\$1,654.32
70	\$1,442.04	\$1,729.56	\$1,484.64	70	\$1,658.52	\$1,988.76	\$1,707.00
71	\$1,479.72	\$1,797.36	\$1,529.04	71	\$1,702.08	\$2,066.52	\$1,758.84
72	\$1,515.60	\$1,867.56	\$1,572.48	72	\$1,742.16	\$2,147.64	\$1,808.16
73	\$1,546.56	\$1,940.28	\$1,612.56	73	\$1,778.88	\$2,231.16	\$1,854.96
74	\$1,574.16	\$2,016.36	\$1,651.08	74	\$1,810.68	\$2,319.00	\$1,898.52
75	\$1,597.56	\$2,094.96	\$1,685.28	75	\$1,837.44	\$2,409.24	\$1,938.60
76	\$1,619.28	\$2,148.48	\$1,719.60	76	\$1,862.52	\$2,471.16	\$1,977.84
77	\$1,640.16	\$2,202.72	\$1,752.24	77	\$1,885.92	\$2,533.80	\$2,015.52
78	\$1,658.52	\$2,259.60	\$1,783.08	78	\$1,907.64	\$2,598.24	\$2,050.68
79	\$1,676.16	\$2,316.48	\$1,813.20	79	\$1,926.96	\$2,664.24	\$2,084.88
80	\$1,692.84	\$2,375.76	\$1,843.32	80	\$1,947.00	\$2,731.92	\$2,119.20
81	\$1,708.68	\$2,424.36	\$1,872.60	81	\$1,965.36	\$2,787.96	\$2,152.56
82	\$1,723.80	\$2,473.68	\$1,901.04	82	\$1,982.04	\$2,844.84	\$2,186.04
83	\$1,736.28	\$2,523.84	\$1,927.68	83	\$1,997.16	\$2,902.44	\$2,217.00
84	\$1,748.04	\$2,575.56	\$1,954.44	84	\$2,009.64	\$2,961.84	\$2,247.96
85	\$1,758.84	\$2,628.24	\$1,980.36	85	\$2,022.24	\$3,021.96	\$2,277.12
86	\$1,768.92	\$2,660.88	\$2,006.28	86	\$2,033.88	\$3,059.64	\$2,307.24
87	\$1,778.88	\$2,692.68	\$2,033.04	87	\$2,045.64	\$3,096.48	\$2,338.20
88	\$1,788.96	\$2,721.96	\$2,058.96	88	\$2,057.28	\$3,130.68	\$2,367.48
89	\$1,799.04	\$2,750.28	\$2,085.72	89	\$2,069.04	\$3,162.48	\$2,398.44
90	\$1,809.00	\$2,776.20	\$2,113.32	90	\$2,080.68	\$3,193.44	\$2,430.12
91	\$1,819.08	\$2,801.28	\$2,147.92	91	\$2,092.44	\$3,221.76	\$2,461.92
92	\$1,829.88	\$2,824.68	\$2,169.36	92	\$2,104.08	\$3,248.52	\$2,495.40
93	\$1,839.96	\$2,846.52	\$2,198.64	93	\$2,115.84	\$3,273.60	\$2,527.92
94	\$1,850.88	\$2,867.40	\$2,228.64	94	\$2,128.32	\$3,297.00	\$2,563.08
95	\$1,860.84	\$2,885.76	\$2,259.60	95	\$2,147.08	\$3,318.84	\$2,599.08
96	\$1,871.76	\$2,903.28	\$2,291.40	96	\$2,152.56	\$3,338.88	\$2,634.96
97	\$1,881.72	\$2,920.08	\$2,323.20	97	\$2,164.32	\$3,358.08	\$2,671.80
98	\$1,892.64	\$2,937.60	\$2,356.56	98	\$2,176.80	\$3,378.12	\$2,709.36
99	\$1,903.44	\$2,955.12	\$2,390.04	99	\$2,189.40	\$3,399.00	\$2,748.60

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  
West Virginia Medicare Supplement  
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	\$101.78	\$122.12	\$104.36	65	\$117.04	\$147.44	\$119.96
66	\$105.19	\$126.23	\$107.70	66	\$121.01	\$145.18	\$123.86
67	\$109.86	\$130.48	\$112.23	67	\$126.30	\$150.06	\$129.09
68	\$113.41	\$134.87	\$115.92	68	\$130.41	\$155.14	\$133.34
69	\$116.90	\$139.47	\$119.89	69	\$134.45	\$160.37	\$137.86
70	\$120.17	\$144.13	\$123.72	70	\$138.21	\$165.73	\$142.25
71	\$123.31	\$149.78	\$127.42	71	\$141.84	\$172.21	\$146.57
72	\$126.30	\$155.63	\$131.04	72	\$145.18	\$178.97	\$150.68
73	\$128.88	\$161.69	\$134.38	73	\$148.24	\$185.93	\$154.58
74	\$131.18	\$168.03	\$137.59	74	\$150.89	\$193.25	\$158.21
75	\$133.13	\$174.58	\$147.44	75	\$153.12	\$200.77	\$161.55
76	\$134.94	\$179.04	\$143.30	76	\$155.21	\$205.93	\$164.82
77	\$136.68	\$183.56	\$146.02	77	\$157.16	\$211.15	\$167.96
78	\$138.21	\$188.30	\$148.59	78	\$158.97	\$216.52	\$170.89
79	\$139.68	\$193.04	\$151.10	79	\$160.58	\$222.02	\$173.74
80	\$141.07	\$197.98	\$153.61	80	\$162.25	\$227.66	\$176.60
81	\$142.39	\$202.03	\$156.05	81	\$163.78	\$232.33	\$179.38
82	\$143.65	\$206.14	\$158.42	82	\$165.17	\$237.07	\$182.17
83	\$144.69	\$210.32	\$160.64	83	\$166.43	\$241.87	\$184.75
84	\$145.67	\$214.63	\$162.87	84	\$167.47	\$246.82	\$187.33
85	\$146.57	\$219.02	\$165.03	85	\$168.52	\$251.83	\$189.76
86	\$147.41	\$221.74	\$167.19	86	\$169.49	\$254.97	\$192.27
87	\$148.24	\$224.39	\$169.42	87	\$170.47	\$258.04	\$194.85
88	\$149.08	\$226.83	\$171.58	88	\$171.44	\$260.89	\$197.29
89	\$149.92	\$229.19	\$173.81	89	\$172.42	\$263.54	\$199.87
90	\$150.75	\$231.35	\$176.11	90	\$173.39	\$266.12	\$202.51
91	\$151.59	\$233.44	\$178.41	91	\$174.37	\$268.48	\$205.16
92	\$152.49	\$235.39	\$180.78	92	\$175.34	\$270.71	\$207.95
93	\$153.33	\$237.21	\$183.22	93	\$176.32	\$272.80	\$210.66
94	\$154.24	\$238.95	\$185.72	94	\$177.36	\$274.75	\$213.59
95	\$155.07	\$240.48	\$188.30	95	\$178.34	\$276.57	\$216.59
96	\$155.98	\$241.94	\$190.95	96	\$179.38	\$278.24	\$219.58
97	\$156.81	\$243.34	\$193.60	97	\$180.36	\$279.84	\$222.65
98	\$157.72	\$244.80	\$196.38	98	\$181.40	\$281.51	\$225.78
99	\$158.62	\$246.26	\$199.17	99	\$182.45	\$283.25	\$229.05

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