



# Medicare Supplement Insurance Plans

**NO WORRIES. NO HASSLES.**

Rates effective Jan. 1, 2023

**Choose peace-of-mind coverage  
with caring customer support.**

1-800-221-5696 ▪ [wpshealth.com/fl](https://wpshealth.com/fl)

**Plans A, G, K, L, and N**

**The EPIC Life  
Insurance Company<sup>®</sup>**  
**A WPS Company**

Medicare Supplement Insurance Plans



said their Medicare supplement coverage allows them to receive high-quality care.<sup>1</sup>



## Get to know us

The EPIC Life Insurance Company® is a wholly owned subsidiary of Wisconsin Physicians Service Insurance Corporation (WPS), which is the plan administrator for our Medicare supplement insurance plans. WPS was founded in 1946 by Wisconsin's State Medical Society. The EPIC Life Insurance Company is based in Madison, Wis., and has been doing business in select states across the country for more than 35 years.

## Choose freedom

With Medicare supplement insurance plans, you can visit any doctor in the United States who accepts Medicare. There are no networks, no worries, and no hassles.

## Get more with us

Our customers get special programs and services included at no additional cost.

- Fitness center membership program<sup>2</sup>
- Wellness program<sup>2</sup>
- Vision care program<sup>2</sup>
- Hearing care program<sup>2</sup>
- 2% discount when you use automatic bank withdrawal
- 2% household discount<sup>3</sup>
- Option to purchase dental coverage<sup>4</sup>

<sup>1</sup>AHIP Medicare Supplemental Survey, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2021. Contact us at 1-800-221-5696 for a copy of the survey report. <sup>2</sup>Fitness, vision, hearing, and wellness programs are not part of the insurance policy, are offered at no additional charge, and can be changed or discontinued at any time. Enrollment in these programs is subject to contract renewal. <sup>3</sup>Household: Two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex. <sup>4</sup>Underwritten by Ameritas Life Insurance Corp., 5900 O Street, Lincoln, NE 68510.

**Note:** Fitness and wellness programs are not available with Medicare supplement Plan K and Plan L.

“We take the time to help seniors understand Medicare, the products, and their choices.”

—Tracey  
Sales Agent



# Our company by the numbers

# 75<sup>+</sup>

Years making health care easier  
for our customers

# 55<sup>+</sup>

Years serving  
Medicare beneficiaries

Providing  
**Medicare  
supplement  
insurance**  
across the U.S.



## 8 million beneficiaries<sup>5</sup>

Served through WPS Government Health  
Administrators' Medicare administrative contracts



## 10 million beneficiaries<sup>6</sup>

Served through WPS Military and Veterans Health



## Over 55,000 policies<sup>7</sup>

Issued and administered by WPS for Medicare  
supplement insurance

<sup>5</sup>Centers for Medicare & Medicaid Services/CMS Program Statistics, 2021. <sup>6</sup>Humana Government Business, Inc. PMPM Reporting; health.mil reporting; and Wisconsin Physicians Service Insurance Corporation member IDs reports, 2021. <sup>7</sup>Based on enrollment data submitted to NAIC, 2021. Contact us at 1-800-221-5696 for copies of these survey reports.

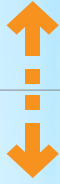
**“I don't ever see wanting to  
change to another company.  
Don't go anywhere else!”**

—Dean  
Customer since 2019



## Part A

Inpatient/hospital insurance



## Part B

Outpatient/medical insurance

## Part C

Medicare Advantage plans replace Parts A and B and may include prescription drug coverage

## Part D

Prescription drug plans can be used with Medicare supplement insurance

Medicare supplement plans work with Part A and Part B to enhance coverage. With Original Medicare Part A and Part B, you can also add any stand-alone Medicare prescription drug plan you choose.

**Find out more about how Medicare works**

1-800-221-5696  
wpshealth.com/fl



## Quick look at your plan options

| Coverage of                                  | Plan A | Plan G | Plan K | Plan L | Plan N         |
|--|--------|--------|--------|--------|----------------|
| Part A coinsurance                           | ✓      | ✓      | ✓      | ✓      | ✓              |
| Part A hospice care coinsurance or copayment | ✓      | ✓      | 50%    | 75%    | ✓              |
| Blood (first three pints)                    | ✓      | ✓      | 50%    | 75%    | ✓              |
| Part B coinsurance                           | ✓      | ✓      | 50%    | 75%    | ✓ <sup>1</sup> |
| Part A deductible                            |        | ✓      | 50%    | 75%    | ✓              |
| Skilled nursing facility coinsurance         |        | ✓      | 50%    | 75%    | ✓              |
| Foreign travel emergency <sup>2</sup>        |        | ✓      |        |        | ✓              |
| Part B excess charges                        |        | ✓      |        |        |                |

**If you were eligible for Medicare prior to Jan. 1, 2020, please call us for more plan options**

<sup>1</sup>Plan N pays 100% of the Medicare Part B coinsurance, except for copayments of up to \$20 for some office visits and up to \$50 copayments for emergency room visits that do not result in inpatient admissions. <sup>2</sup>Foreign travel coverage for emergency care that is not covered by Medicare is subject to a \$250 calendar year deductible. Benefits are payable at 80% up to a lifetime maximum of \$50,000 for services beginning during the first 60 days of each trip outside of the USA. The level of benefits under the plan directly corresponds to the premium amount.

**“WPS makes you feel good, they make you feel relaxed, they make you feel special. That’s what service is all about.”**

—Ike  
Customer since 2016



# Medicare supplement insurance plan overview

Medicare supplement insurance plans are designed to work with Original Medicare to pay some of the out-of-pocket costs that Original Medicare (Part A and Part B) doesn't pay, such as coinsurance, copayments, and deductibles. This overview will get you started. Take a moment to learn about the coverage available through our plans. The plan you choose may include the options below. See the chart on the previous page.

**Part A coinsurance:** Plan pays Part A coinsurance for hospitalization plus 365 days after Medicare ends.

**Part A hospice care coinsurance or copayment:** Plan pays Part A coinsurance for hospice.

**Blood:** Plan pays first three pints each year.

**Part B coinsurance:** Plan pays medical expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) for hospital outpatient services. When selecting Plan N, individual copayments may apply up to a \$20 office visit copayment or \$50 ER visit copayment.

**Part A deductible:** Plan pays Medicare Part A hospital deductible.

**Skilled nursing facility coinsurance:** Plan pays Medicare copayments for 21st through 100th day of stay in a Medicare-approved facility.

**Foreign travel emergency:** After a \$250 calendar year deductible, plan covers 80% of expenses for emergency medical care received outside the United States, beginning during the first 60 consecutive days of a trip, up to a lifetime maximum of \$50,000.

**Part B excess charges:** Plan pays the difference between the Medicare-eligible charge and the amount charged by the provider (no greater than the limiting charge allowed by Medicare), whichever is less.

# Determine your rate area

Medicare supplement insurance plan rate areas  
Effective Jan. 1, 2023.

## Determine your rate area using your ZIP code:

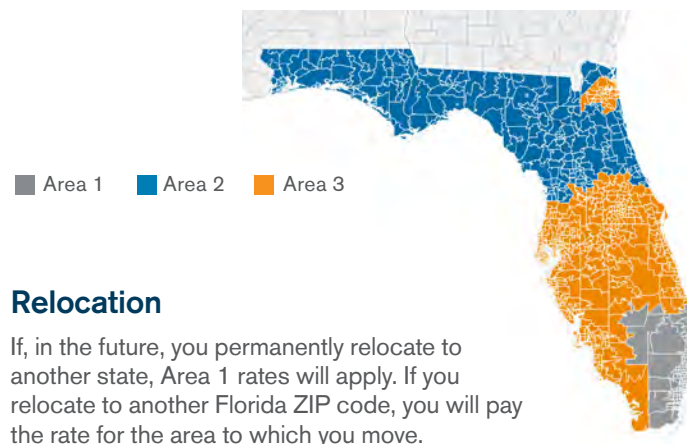
**Area 1**  
**Miami, Fort Lauderdale, West Palm Beach, and surrounding areas**

330\_\_ : All ZIPs that begin with these 3 numbers  
331\_\_ : All ZIPs that begin with these 3 numbers  
332\_\_ : All ZIPs that begin with these 3 numbers  
333\_\_ : All ZIPs that begin with these 3 numbers  
334\_\_ : All ZIPs that begin with these 3 numbers

**Area 2**  
**Central and southwest Florida, and Jacksonville area**

322\_\_ : All ZIPs that begin with these 3 numbers  
327\_\_-329\_\_ : All ZIPs that begin with these 3 numbers  
335\_\_-339\_\_ : All ZIPs that begin with these 3 numbers  
341\_\_-342\_\_ : All ZIPs that begin with these 3 numbers  
346\_\_-347\_\_ : All ZIPs that begin with these 3 numbers  
349\_\_ : All ZIPs that begin with these 3 numbers  
334\_\_ : All ZIPs that begin with these 3 numbers

**Area 3**  
**All other Florida ZIP codes**



## Relocation

If, in the future, you permanently relocate to another state, Area 1 rates will apply. If you relocate to another Florida ZIP code, you will pay the rate for the area to which you move.



said their plan makes it easier to handle medical bills and paperwork.<sup>3</sup>

<sup>3</sup>AHIP Medicare Supplemental Survey, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2021. Contact us at 1-800-221-5696 for a copy of the survey report.

# Design your plan

## 1. Determine your rate area (see previous page)

**Area 1**  
See rates on page 7-8

**Area 2**  
See rates on page 9-10

**Area 3**  
See rates on page 11-12

## 2. Select your plan (choose one)

**Plan A**  
**Basic benefits:** Hospitalization—Part A coinsurance plus 365 days after Medicare ends; Hospice—Part A coinsurance; and Blood—first three pints each year.

**Part B coinsurance:** Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) for hospital outpatient services.

**Plan G**  
**Basic benefits:** Hospitalization—Part A coinsurance plus 365 days after Medicare ends; Hospice—Part A coinsurance; and Blood—first three pints each year.

**Part B coinsurance:** Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) for hospital outpatient services.

**Part A deductible:** Plan pays 100% of Medicare Part A hospital deductible.

**Skilled nursing facility coinsurance:** Plan pays Medicare copayments for 21st through 100th day of stay in a Medicare-approved facility.

**Foreign travel emergency:** After a \$250 calendar year deductible, plan covers 80% of expenses for emergency medical care received outside the United States, beginning during the first 60 consecutive days of a trip, up to a lifetime maximum of \$50,000.

**Part B excess charges:** Plan pays the difference between the Medicare-eligible charge and the amount charged by the provider (no greater than the limiting charge allowed by Medicare, and whichever is less).

**Plan K**  
Plan pays hospitalization and preventive care at 100% and pays 50% of the following (up to an annual out-of-pocket maximum) for:

- Part A deductible
- Skilled nursing facility coinsurance
- Hospice Part A coinsurance
- Blood: first three pints each year
- Part B Medical Expense coinsurance/copayments

**Plan L**  
Plan pays hospitalization and preventive care at 100% and pays 75% of the following (up to an annual out-of-pocket maximum) for:

- Part A deductible
- Skilled nursing facility coinsurance
- Hospice Part A coinsurance
- Blood: first three pints each year
- Part B Medical Expense coinsurance/copayments

**Plan N**  
**Basic benefits:** Hospitalization—Part A coinsurance plus 365 days after Medicare ends; Hospice—Part A coinsurance; and Blood—first three pints each year.

**Part A deductible:** Plan pays 100% of Medicare Part A hospital deductible.

**Part B coinsurance:** Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services; copayments of up to \$20 for office visits or up to \$50 for ER visits may apply.

**Skilled nursing facility coinsurance:** Plan pays Medicare copayments for 21st through 100th day of stay in a Medicare-approved facility.

**Foreign travel emergency:** After a \$250 calendar year deductible, plan covers 80% of expenses for emergency medical care received outside the United States, beginning during the first 60 consecutive days of a trip, up to a lifetime maximum of \$50,000.

## 3. Apply discounts for which you qualify

**2% Automatic Bank Withdrawal Discount**—Receive a 2% discount when you pay your premium by automatic bank withdrawal each month.

**2% Household Discount**—Receive a 2% discount when you and another member of your household enroll in our Medicare supplement insurance plan. Household is defined as two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex.

# Area 1 Monthly Rates—Male

| Age at Time of Enrollment | Plan A | Plan G | Plan K | Plan L | Plan N |
|---------------------------|--------|--------|--------|--------|--------|
| 65                        | 225.87 | 269.77 | 162.15 | 212.43 | 240.92 |
| 66                        | 229.82 | 274.49 | 164.98 | 216.14 | 245.13 |
| 67                        | 233.76 | 279.21 | 167.82 | 219.86 | 249.35 |
| 68                        | 239.60 | 286.17 | 172.00 | 225.34 | 255.57 |
| 69                        | 245.43 | 293.13 | 176.19 | 230.82 | 261.79 |
| 70                        | 251.25 | 300.09 | 180.38 | 236.30 | 268.00 |
| 71                        | 257.08 | 307.06 | 184.56 | 241.79 | 274.22 |
| 72                        | 262.91 | 314.01 | 188.75 | 247.27 | 280.43 |
| 73                        | 268.43 | 320.60 | 192.70 | 252.46 | 286.31 |
| 74                        | 273.94 | 327.19 | 196.66 | 257.65 | 292.20 |
| 75                        | 279.46 | 333.78 | 200.62 | 262.83 | 298.08 |
| 76                        | 284.97 | 340.36 | 204.58 | 268.01 | 303.97 |
| 77                        | 290.49 | 346.95 | 208.54 | 273.20 | 309.85 |
| 78                        | 295.30 | 352.70 | 212.00 | 277.73 | 314.98 |
| 79                        | 300.11 | 358.45 | 215.45 | 282.26 | 320.11 |
| 80                        | 304.93 | 364.20 | 218.91 | 286.79 | 325.25 |
| 81                        | 309.75 | 369.95 | 222.36 | 291.32 | 330.39 |
| 82                        | 314.56 | 375.70 | 225.82 | 295.84 | 335.52 |
| 83                        | 321.47 | 383.95 | 230.78 | 302.34 | 342.88 |
| 84                        | 328.38 | 392.22 | 235.75 | 308.85 | 350.27 |
| 85+                       | 335.29 | 400.47 | 240.71 | 315.34 | 357.64 |
| under 65                  | 790.55 | 944.21 | 567.54 | 743.51 | 843.24 |

## Calculate your plan cost—Area 1

Please refer to page 6 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

Plan A     Plan G     Plan K     Plan L     Plan N

Your total per month

Total = \$ \_\_\_\_\_

2. **Apply discounts** for which you qualify.<sup>1</sup>

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, 2% Household Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, BOTH Discounts

Total x 0.96 = \$ \_\_\_\_\_

<sup>1</sup>Discounts are approximate; actual discount amount will be determined when your application is approved.

# Area 1 Monthly Rates—Female

| Age at Time of Enrollment | Plan A | Plan G | Plan K | Plan L | Plan N |
|---------------------------|--------|--------|--------|--------|--------|
| 65                        | 225.87 | 269.77 | 162.15 | 212.43 | 240.92 |
| 66                        | 229.82 | 274.49 | 164.98 | 216.14 | 245.13 |
| 67                        | 233.76 | 279.21 | 167.82 | 219.86 | 249.35 |
| 68                        | 239.60 | 286.17 | 172.00 | 225.34 | 255.57 |
| 69                        | 245.43 | 293.13 | 176.19 | 230.82 | 261.79 |
| 70                        | 251.25 | 300.09 | 180.38 | 236.30 | 268.00 |
| 71                        | 257.08 | 307.06 | 184.56 | 241.79 | 274.22 |
| 72                        | 262.91 | 314.01 | 188.75 | 247.27 | 280.43 |
| 73                        | 268.43 | 320.60 | 192.70 | 252.46 | 286.31 |
| 74                        | 273.94 | 327.19 | 196.66 | 257.65 | 292.20 |
| 75                        | 279.46 | 333.78 | 200.62 | 262.83 | 298.08 |
| 76                        | 284.97 | 340.36 | 204.58 | 268.01 | 303.97 |
| 77                        | 290.49 | 346.95 | 208.54 | 273.20 | 309.85 |
| 78                        | 295.30 | 352.70 | 212.00 | 277.73 | 314.98 |
| 79                        | 300.11 | 358.45 | 215.45 | 282.26 | 320.11 |
| 80                        | 304.93 | 364.20 | 218.91 | 286.79 | 325.25 |
| 81                        | 309.75 | 369.95 | 222.36 | 291.32 | 330.39 |
| 82                        | 314.56 | 375.70 | 225.82 | 295.84 | 335.52 |
| 83                        | 321.47 | 383.95 | 230.78 | 302.34 | 342.88 |
| 84                        | 328.38 | 392.22 | 235.75 | 308.85 | 350.27 |
| 85+                       | 335.29 | 400.47 | 240.71 | 315.34 | 357.64 |
| under 65                  | 790.55 | 944.21 | 567.54 | 743.51 | 843.24 |

## Calculate your plan cost—Area 1

Please refer to page 6 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

Plan A     Plan G     Plan K     Plan L     Plan N

Your total per month

Total = \$ \_\_\_\_\_

2. **Apply discounts** for which you qualify.<sup>1</sup>

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, 2% Household Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, BOTH Discounts

Total x 0.96 = \$ \_\_\_\_\_

<sup>1</sup>Discounts are approximate; actual discount amount will be determined when your application is approved.



# Area 2 Monthly Rates—Male

| Age at Time of Enrollment | Plan A | Plan G | Plan K | Plan L | Plan N |
|---------------------------|--------|--------|--------|--------|--------|
| 65                        | 154.88 | 184.98 | 111.19 | 145.66 | 165.20 |
| 66                        | 157.59 | 188.22 | 113.13 | 148.21 | 168.09 |
| 67                        | 160.30 | 191.45 | 115.07 | 150.76 | 170.98 |
| 68                        | 164.29 | 196.23 | 117.94 | 154.52 | 175.24 |
| 69                        | 168.30 | 201.00 | 120.81 | 158.28 | 179.51 |
| 70                        | 172.29 | 205.78 | 123.68 | 162.04 | 183.77 |
| 71                        | 176.29 | 210.55 | 126.56 | 165.79 | 188.04 |
| 72                        | 180.28 | 215.33 | 129.43 | 169.56 | 192.30 |
| 73                        | 184.06 | 219.84 | 132.14 | 173.12 | 196.33 |
| 74                        | 187.85 | 224.36 | 134.85 | 176.67 | 200.37 |
| 75                        | 191.63 | 228.88 | 137.57 | 180.23 | 204.40 |
| 76                        | 195.41 | 233.39 | 140.28 | 183.78 | 208.44 |
| 77                        | 199.19 | 237.91 | 143.00 | 187.34 | 212.46 |
| 78                        | 202.49 | 241.85 | 145.37 | 190.44 | 215.99 |
| 79                        | 205.79 | 245.80 | 147.74 | 193.55 | 219.51 |
| 80                        | 209.10 | 249.74 | 150.11 | 196.65 | 223.03 |
| 81                        | 212.40 | 253.68 | 152.48 | 199.76 | 226.55 |
| 82                        | 215.69 | 257.63 | 154.85 | 202.86 | 230.07 |
| 83                        | 220.43 | 263.28 | 158.25 | 207.31 | 235.12 |
| 84                        | 225.18 | 268.95 | 161.65 | 211.78 | 240.18 |
| 85+                       | 229.92 | 274.60 | 165.06 | 216.24 | 245.24 |
| under 65                  | 542.09 | 647.46 | 389.17 | 509.84 | 578.22 |

## Calculate your plan cost—Area 2

Please refer to page 6 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

Plan A     Plan G     Plan K     Plan L     Plan N

Your total per month

Total = \$ \_\_\_\_\_

2. **Apply discounts** for which you qualify.<sup>1</sup>

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, 2% Household Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, BOTH Discounts

Total x 0.96 = \$ \_\_\_\_\_

<sup>1</sup>Discounts are approximate; actual discount amount will be determined when your application is approved.

# Area 2 Monthly Rates—Female

| Age at Time of Enrollment | Plan A | Plan G | Plan K | Plan L | Plan N |
|---------------------------|--------|--------|--------|--------|--------|
| 65                        | 145.59 | 173.89 | 104.52 | 136.92 | 155.30 |
| 66                        | 148.14 | 176.93 | 106.34 | 139.32 | 158.01 |
| 67                        | 150.68 | 179.97 | 108.17 | 141.72 | 160.72 |
| 68                        | 154.44 | 184.46 | 110.87 | 145.25 | 164.73 |
| 69                        | 158.19 | 188.94 | 113.56 | 148.78 | 168.74 |
| 70                        | 161.95 | 193.43 | 116.27 | 152.32 | 172.75 |
| 71                        | 165.71 | 197.92 | 118.97 | 155.85 | 176.75 |
| 72                        | 169.46 | 202.41 | 121.66 | 159.38 | 180.76 |
| 73                        | 173.02 | 206.65 | 124.21 | 162.73 | 184.55 |
| 74                        | 176.58 | 210.90 | 126.77 | 166.07 | 188.34 |
| 75                        | 180.13 | 215.14 | 129.32 | 169.41 | 192.13 |
| 76                        | 183.69 | 219.39 | 131.86 | 172.76 | 195.92 |
| 77                        | 187.24 | 223.63 | 134.42 | 176.10 | 199.71 |
| 78                        | 190.34 | 227.34 | 136.65 | 179.01 | 203.03 |
| 79                        | 193.45 | 231.05 | 138.87 | 181.94 | 206.34 |
| 80                        | 196.55 | 234.76 | 141.10 | 184.86 | 209.65 |
| 81                        | 199.65 | 238.46 | 143.33 | 187.77 | 212.96 |
| 82                        | 202.76 | 242.17 | 145.56 | 190.69 | 216.26 |
| 83                        | 207.20 | 247.48 | 148.75 | 194.87 | 221.01 |
| 84                        | 211.67 | 252.82 | 151.96 | 199.08 | 225.78 |
| 85+                       | 216.12 | 258.12 | 155.15 | 203.26 | 230.52 |
| under 65                  | 509.56 | 608.62 | 365.82 | 479.25 | 543.53 |

## Calculate your plan cost—Area 2

Please refer to page 6 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

Plan A     Plan G     Plan K     Plan L     Plan N

Your total per month

Total = \$ \_\_\_\_\_

2. **Apply discounts** for which you qualify.<sup>1</sup>

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, 2% Household Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, BOTH Discounts

Total x 0.96 = \$ \_\_\_\_\_

# Area 3 Monthly Rates—Male

| Age at Time of Enrollment | Plan A | Plan G | Plan K | Plan L | Plan N |
|---------------------------|--------|--------|--------|--------|--------|
| 65                        | 148.43 | 177.28 | 106.55 | 139.60 | 158.32 |
| 66                        | 151.03 | 180.38 | 108.42 | 142.04 | 161.09 |
| 67                        | 153.62 | 183.48 | 110.28 | 144.48 | 163.85 |
| 68                        | 157.45 | 188.06 | 113.03 | 148.08 | 167.95 |
| 69                        | 161.28 | 192.63 | 115.78 | 151.68 | 172.03 |
| 70                        | 165.11 | 197.20 | 118.53 | 155.29 | 176.12 |
| 71                        | 168.94 | 201.78 | 121.28 | 158.89 | 180.20 |
| 72                        | 172.77 | 206.36 | 124.03 | 162.49 | 184.29 |
| 73                        | 176.39 | 210.68 | 126.64 | 165.90 | 188.15 |
| 74                        | 180.02 | 215.01 | 129.23 | 169.31 | 192.01 |
| 75                        | 183.64 | 219.34 | 131.84 | 172.72 | 195.89 |
| 76                        | 187.27 | 223.67 | 134.44 | 176.12 | 199.75 |
| 77                        | 190.89 | 227.99 | 137.04 | 179.54 | 203.61 |
| 78                        | 194.06 | 231.78 | 139.32 | 182.51 | 206.99 |
| 79                        | 197.22 | 235.56 | 141.59 | 185.48 | 210.36 |
| 80                        | 200.39 | 239.33 | 143.85 | 188.46 | 213.73 |
| 81                        | 203.55 | 243.11 | 146.12 | 191.43 | 217.11 |
| 82                        | 206.71 | 246.89 | 148.40 | 194.41 | 220.49 |
| 83                        | 211.25 | 252.31 | 151.65 | 198.67 | 225.33 |
| 84                        | 215.80 | 257.75 | 154.92 | 202.96 | 230.17 |
| 85+                       | 220.33 | 263.17 | 158.18 | 207.22 | 235.01 |
| under 65                  | 519.51 | 620.48 | 372.95 | 488.59 | 554.13 |

## Calculate your plan cost—Area 3

Please refer to page 6 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

Plan A     Plan G     Plan K     Plan L     Plan N

Your total per month

Total = \$ \_\_\_\_\_

2. **Apply discounts** for which you qualify.<sup>1</sup>

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, 2% Household Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, BOTH Discounts

Total x 0.96 = \$ \_\_\_\_\_

<sup>1</sup>Discounts are approximate; actual discount amount will be determined when your application is approved.

# Area 3 Monthly Rates—Female

| Age at Time of Enrollment | Plan A | Plan G | Plan K | Plan L | Plan N |
|---------------------------|--------|--------|--------|--------|--------|
| 65                        | 139.53 | 166.64 | 100.16 | 131.22 | 148.82 |
| 66                        | 141.97 | 169.56 | 101.92 | 133.52 | 151.42 |
| 67                        | 144.40 | 172.47 | 103.67 | 135.81 | 154.03 |
| 68                        | 148.00 | 176.77 | 106.25 | 139.20 | 157.86 |
| 69                        | 151.61 | 181.07 | 108.84 | 142.58 | 161.71 |
| 70                        | 155.20 | 185.37 | 111.42 | 145.97 | 165.54 |
| 71                        | 158.80 | 189.68 | 114.01 | 149.35 | 169.39 |
| 72                        | 162.41 | 193.97 | 116.59 | 152.74 | 173.23 |
| 73                        | 165.81 | 198.04 | 119.04 | 155.95 | 176.86 |
| 74                        | 169.22 | 202.11 | 121.49 | 159.15 | 180.49 |
| 75                        | 172.63 | 206.18 | 123.92 | 162.35 | 184.13 |
| 76                        | 176.03 | 210.25 | 126.37 | 165.55 | 187.76 |
| 77                        | 179.44 | 214.31 | 128.82 | 168.76 | 191.40 |
| 78                        | 182.41 | 217.87 | 130.95 | 171.56 | 194.57 |
| 79                        | 185.39 | 221.43 | 133.09 | 174.36 | 197.74 |
| 80                        | 188.36 | 224.98 | 135.22 | 177.16 | 200.91 |
| 81                        | 191.33 | 228.53 | 137.36 | 179.95 | 204.08 |
| 82                        | 194.30 | 232.08 | 139.49 | 182.75 | 207.26 |
| 83                        | 198.57 | 237.17 | 142.55 | 186.76 | 211.80 |
| 84                        | 202.85 | 242.28 | 145.63 | 190.78 | 216.37 |
| 85+                       | 207.11 | 247.37 | 148.69 | 194.79 | 220.92 |
| under 65                  | 488.34 | 583.25 | 350.58 | 459.27 | 520.88 |

## Calculate your plan cost—Area 3

Please refer to page 6 for descriptions of benefit options.

1. **Select your plan (choose one)** and add the premium from the chart above to the line labeled **Total** at right.

Plan A     Plan G     Plan K     Plan L     Plan N

Your total per month

Total = \$ \_\_\_\_\_

2. **Apply discounts** for which you qualify.<sup>1</sup>

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, 2% Household Discount

Total x 0.98 = \$ \_\_\_\_\_

OR, BOTH Discounts

Total x 0.96 = \$ \_\_\_\_\_

## Limitations and exclusion

No insurance policy covers everything. Here's a list of things our Medicare supplements do not cover:

- A. Expenses you incur while your policy is not in force, except as provided in the Extension of Benefits section of the Medicare supplement policy.
- B. That portion of any expense you incur which is paid for by Medicare.
- C. Non-Medicare-eligible expenses, including routine exams, take-home drugs, and eye refractions.
- D. Services for which a charge is not normally made in the absence of insurance.
- E. Medically necessary skilled care services and medical supplies for home health care covered under Medicare.

## Initial period of coverage and renewal periods

Our policies' initial period of coverage and renewal periods of coverage are equivalent to the mode of premium payment you select (i.e., quarterly, semiannual, annual); however, if you choose a monthly mode of payment, your initial period of coverage and renewal period will be quarterly, provided you pay premium for all three months. Our policies also provide for midterm cancellation at your request and that, if you cancel your policy midterm or the policy terminates midterm because of your death, we shall issue a pro rata refund to you or to your estate.

## Cancellation and termination

Your policy may be revised to comply with federal or state law. This policy cannot be canceled or non-renewed solely on the grounds of deterioration of health. As long as you pay your premium on time, your plan is guaranteed renewable for life. We will not cancel nor non-renew your policy for any reason other than nonpayment of premium or material misrepresentation on your application. Of course, you can end your policy at any time by writing to us. No refusal of renewal will affect an existing valid claim for Medicare-approved expenses covered under this policy and incurred prior to the date on which this policy ends.

## Preexisting conditions limitation

You are not covered for preexisting conditions until after a six-month waiting period. A preexisting condition is a disease or a physical condition for which: (1) medical advice was given from a physician within six months prior to your effective date; or (2) treatment was recommended or received from a physician within six months prior to your effective date. If the cause of the condition was earlier but the condition started after the effective date, you are covered right away.

However, you will not have a waiting period for preexisting conditions if on the day preceding your effective date under this policy, you had a continuous period of creditable coverage of at least six months. If your continuous period of creditable coverage was less than six months, we will shorten the six-month waiting period by the time served under the prior coverage.

If the existence of a health condition was specifically disclosed in the application for this policy in reply to questions therein, and EPIC did not exclude the condition under the policy by name or specific description on the date of loss, a waiting period will not apply to the health condition.



**“You want an insurer that’s going to be there, somebody that’s been around for a while, has a track record.”**

—Brende  
Customer since 2014

## Guaranteed issue

Guaranteed issue rights (sometimes called “Medigap protections”) are rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy even if you have health problems (called “preexisting conditions”). In these situations, an insurance company:

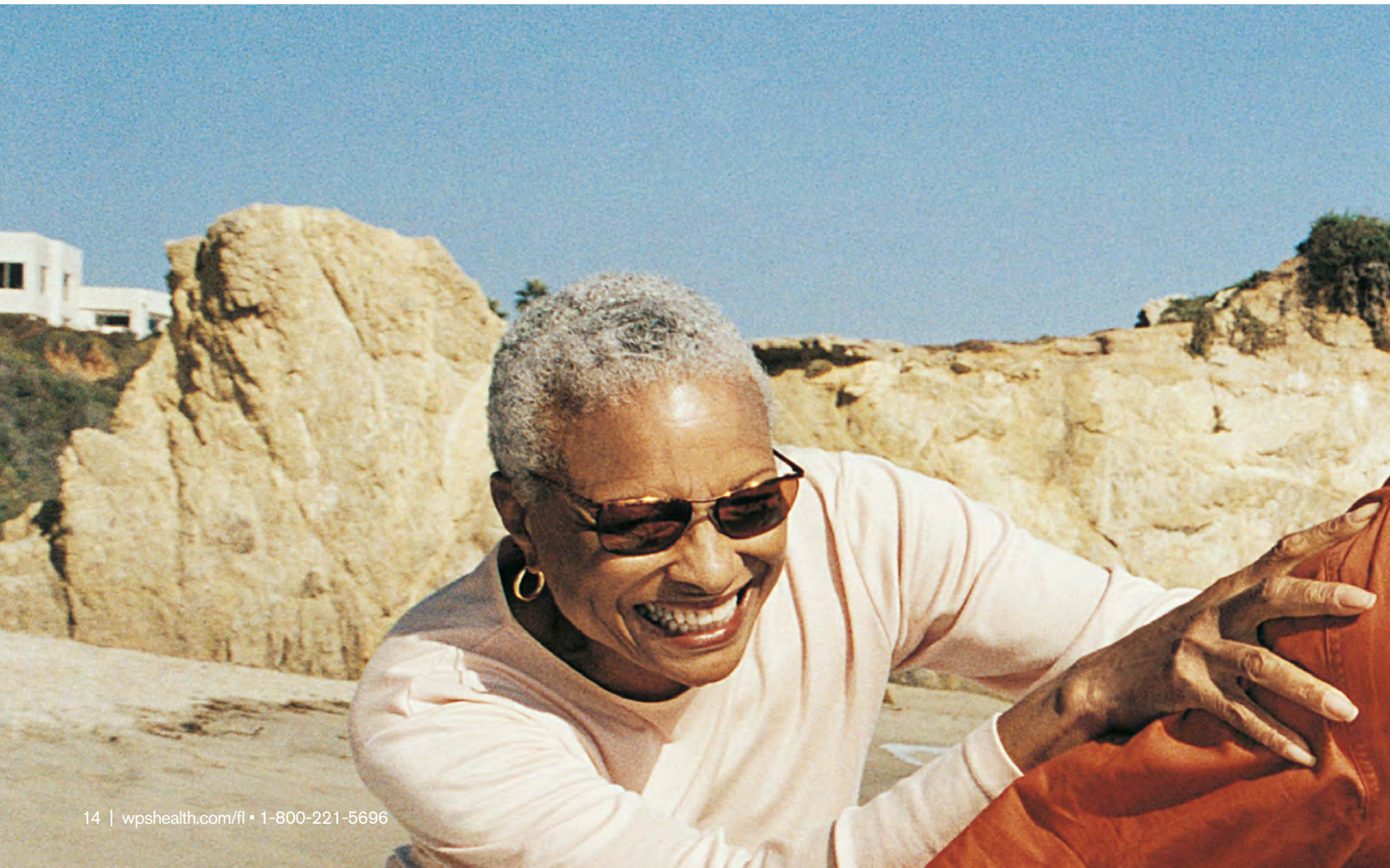
- Must sell you a Medigap policy,
- Must cover all your preexisting conditions, and
- Can’t charge you more for a Medigap policy because of past or present health problems.

In many cases, you have a guaranteed issue right when you have other health coverage that changes in some way, such as when you lose or drop the other health care coverage. In other cases you have a “trial right” to try a Medicare Advantage Plan and still buy a Medigap policy if you change your mind. More information can be found in the Centers for Medicare & Medicaid Services booklet, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*. You can also ask your agent or call us at 1-800-221-5696 for more information.

**In some states, all Medicare supplement standardized insurance plans are offered to qualified individuals under the age of 65 and/or to Medicare qualified individuals due to disability.**

### Policies Available in Florida:

EPIC FL\_PlanA\_1710, EPIC FL\_PlanC\_1710, EPIC FL\_PlanF\_1710, EPIC FL\_PlanG\_1710, EPIC FL\_PlanK\_1710, EPIC FL\_PlanL\_1710, and EPIC FL\_PlanN\_1710



## We offer plans with perks

Our Medicare supplement insurance plans include access to an impressive collection of value-added programs and services that can help you live better and save money.

### Programs and services to help you stay fit and healthy

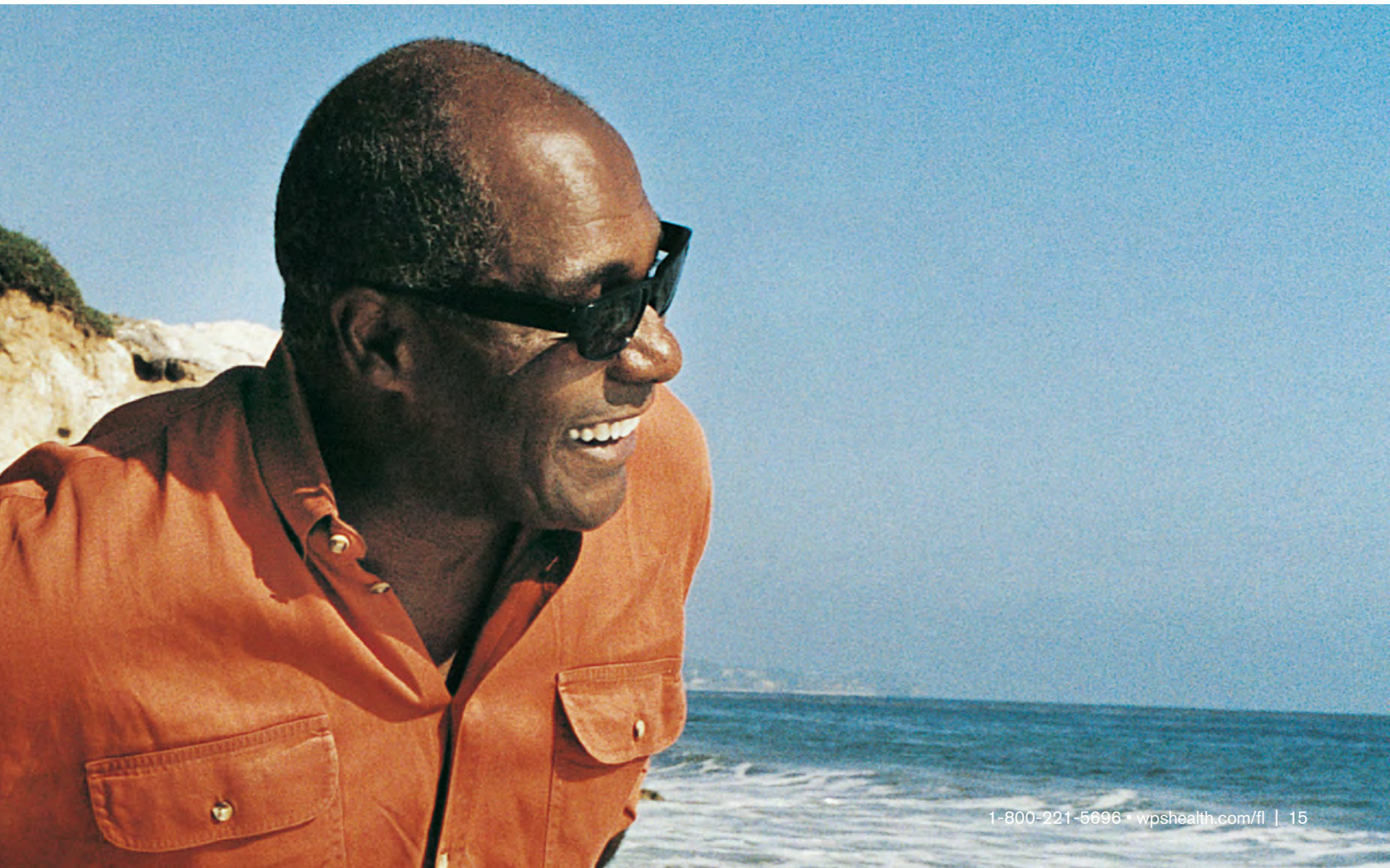
These programs include the The Silver&Fit® Healthy Aging and Exercise Program, the ChooseHealthy® program, the EyeMed Vision Care program, and the Hearing Care Solutions program.

The wellness and vision programs provide for discounts from participating specialty health care providers. You are not obligated to participate in the programs. When you use these programs, you are obligated to pay for all services, but you will receive a discount from those providers who have contracted with the program. These programs do not make any payments directly to the participating providers.

### Information to note

Please note that these programs are not insurance and are not part of the insurance policy. You should check any insurance benefits you have before using these programs, as those benefits may result in lower costs to you than using these discount programs.

The programs have no liability for providing or guaranteeing services and assume no liability for the quality of services rendered. Discounts on products available through the ChooseHealthy program are subject to change. Please consult the website for current availability. Enrollment in these programs is subject to contract renewal and can be changed or discontinued at any time.



## The Silver&Fit® Healthy Aging and Exercise Program<sup>1</sup>

When you choose our Medicare supplement insurance plans (not available with Plan K or L), you also get this great perk! At no extra cost, the Silver&Fit program gives you a fitness center membership.



The Silver&Fit network includes national fitness chains as well as dozens of regional and local gyms.

The Silver&Fit network is continually growing, including new fitness centers nominated by current customers.

### The Silver&Fit program also offers:

- Digital library with thousands of workout videos
- Home Fitness Kits—You're eligible to receive one home fitness kit per benefit year. You can choose from a variety of kit options such as wearable fitness tracker, Pilates, strength, swim, and yoga
- Healthy Aging Coaching—This program provides remote telephone sessions with a trained coach to guide you. Discuss active living, brain health, nutrition, aging well, and more!
- Free Silver&Fit ASHConnect mobile app—Download the app and use the many health and fitness features to help you reach your goals. Sync your wearable tracker and access an online library of digital workout classes, healthy aging classes, and more!

For a complete list of participating facilities visit [silverandfit.com](https://silverandfit.com) or call 1-800-221-5696 for more information!

## The ChooseHealthy® Program<sup>1</sup>

Our Medicare supplement insurance plan options (not available with Plan K or L) include access to the ChooseHealthy program at no additional cost for membership.



### The ChooseHealthy Program offers:

- Savings on services from thousands of participating specialty health care providers
- Expanded discounts on popular health and fitness brands—plus free shipping and handling are available on most orders
- Learning opportunities from evidence-based, online health classes and articles



**“If a company encourages me to take care of my own health, then that’s gonna work for both of us.”**

**—Kay**

Customer since 2020

<sup>1</sup>Fitness and wellness programs are not part of the insurance policy, are offered at no additional charge, and can be changed or discontinued at any time. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change. The ChooseHealthy program is provided by American Specialty Health Group, Inc. and ASH Technologies, Inc. (dba ASH Technologies of Delaware, Inc., in the state of Pennsylvania); all are subsidiaries of American Specialty Health Incorporated (ASH), a national provider of fitness, health education, musculoskeletal provider networks, and health management programs. Silver&Fit, ChooseHealthy, and the Silver&Fit and ChooseHealthy logos are trademarks of ASH and used with permission herein. ChooseHealthy programs must be made available in conjunction with a health plan policy issued by a licensed carrier at no additional cost to the plan's enrollees. ChooseHealthy programs do not provide covered services under such policies and are not insurance. No providers are paid or benefits reimbursed by ASH under ChooseHealthy programs. The Silver&Fit and ChooseHealthy programs are not included with Medicare supplement cost-sharing plans (Plans K and L). The people in this piece are not Silver&Fit or ChooseHealthy members. For the most current fitness center locations, please check the searchable online directory on the Silver&Fit website.



# Hearing Care Solutions makes better hearing affordable

Available to all our Medicare supplement customers, the Hearing Care Solutions program offers fixed prices for hearing aids. Plus, you're eligible for:

- Free comprehensive hearing exam
- Free hearing aid evaluation and fitting
- Three-year manufacturer's warranty including loss, damage, and repair
- Three-year supply of batteries (up to 64 cells per aid, per year)
- One year of follow-up care at no charge
- A 60-day evaluation period for your hearing aid
- 12-month interest-free financing (to those who qualify)

## Find out more about this program

Call 1-800-221-5696 today!

### Examples of how you can save

| Sample Savings                                    | MSRP or Average Price | You Pay <sup>2</sup> |
|---|-----------------------|----------------------|
| Three-year repair, loss, and damage warranty      | \$500                 | \$0                  |
| Three years of hearing aid batteries              | \$360                 | \$0                  |
| One year of office service with original provider | \$300                 | \$0                  |
| Basic digital hearing aid                         | \$1,300               | \$450                |
| Mid-level hearing aid                             | \$1,800               | \$750                |
| Premium digital hearing aid                       | \$3,000               | \$1,350              |

<sup>2</sup>These are savings examples only. May be used in conjunction with your existing insurance coverage. Hearing program is not part of the insurance policy, is offered at no additional charge, and can be changed or discontinued at any time. Hearing program is administered by Hearing Care Solutions, Inc.



**“It’s just incredible,  
the peace of mind you  
get from knowing that  
you’re covered.”**

**—Rick**  
Customer since 2020

# EyeMed Vision Care Program

All our Medicare supplement insurance plan customers receive access to the EyeMed



Vision Care program at no additional cost.<sup>1</sup> EyeMed offers substantial savings on eye care and eyewear at thousands of provider locations nationwide.

EyeMed's provider network includes many familiar national optical retailers.

Call 1-800-221-5696 or visit [wpshealth.com/fl](https://wpshealth.com/fl) for a link to the EyeMed website for more information.

| Vision Care Services  | Customer Benefits                                 |
|---|---|
| Eye exam (with dilation, as necessary)  | \$5 off routine exam<br>\$5 off contact lens exam |
| <b>Complete Pair Eyeglass Purchase<sup>2</sup></b>                            |   |
| <b>Frames</b>   |   |
| Any available frame at provider location                                      | 35% off retail price                              |
| <b>Standard Plastic Lenses</b>  |   |
| Single vision   | \$50 patient responsibility                       |
| Bifocal   | \$70 patient responsibility                       |
| Trifocal  | \$105 patient responsibility                      |
| <b>Lens Options</b>   |   |
| UV coating  | \$15 patient responsibility                       |
| Tint (solid and gradient)   | \$15 patient responsibility                       |
| Standard scratch-resistant coating  | \$15 patient responsibility                       |
| Standard polycarbonate  | \$40 patient responsibility                       |
| Standard anti-reflective coating  | \$45 patient responsibility                       |
| Standard progressive (add-on to bifocal)                                      | \$65 patient responsibility                       |
| Other add-ons and services  | 20% off retail price                              |
| <b>Contact Lenses (discount applies to materials only)</b>                    |   |
| Conventional  | 15% off retail price                              |
| <b>Laser Vision Correction</b>  |   |
| LASIK or PRK from U.S. Laser Network  | 15% off retail price<br>5% off promotional price  |
| Frequency of use for examination, frames, lenses, or contact lenses unlimited |   |

## Does your vision provider accept EyeMed?

We would be happy to explain how this valuable program works and help you find a provider.



Contact your local agent or call us today at 1-800-221-5696.

<sup>1</sup>Vision program is not part of the insurance policy, is offered at no additional charge, and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. <sup>2</sup>Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, customers receive 20% off the retail price. Benefits may not be combined with any discount, promotional offering, or other group benefit plans, except as indicated. Discount plan is effective Oct. 1, 2021, through Dec. 31, 2023.

# Ameritas Life Insurance Corp. optional dental coverage



Research shows that good dental health is essential to your overall health. Protecting your smile starts with regular visits to the dentist and a good dental plan.

When you take advantage of Ameritas dental coverage, you can choose a plan from one of the largest nationwide networks. Or, choose a plan that allows you and your family members to receive care from any licensed dental provider, regardless of whether they are in or out of network.

If you would like to find out more about these affordable plans, please call 1-800-221-5696. We can walk you through all your options and give you an immediate quote.

## Call 1-800-221-5696 today!

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Underwritten by Ameritas Life Insurance Corp. | 5900 O Street | Lincoln, NE 68510

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision, and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The dental and vision networks are not available in Rhode Island. In Texas, our dental network and plans are referred to as the Ameritas Dental Network.

Ameritas, the bison design, and “fulfilling life” are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company, or Ameritas Mutual Holding Company. ©2022 Ameritas Mutual Holding Company.





## Medicare supplement insurance plans help give you peace of mind.

Original Medicare covers a lot—about 80% of your approved health care costs. But covering even just the 20% that Medicare leaves behind can be a real burden and hassle. Our Medicare supplement insurance plans help reduce these out-of-pocket costs when you need medical care. Join our Medicare supplement insurance plan family today and get worry-free peace of mind you'll enjoy for years to come!

**Keenan Jones**  
Medicare Market Sales Director

**The EPIC Life  
Insurance Company<sup>®</sup>**  
**A WPS Company**

Medicare Supplement Insurance Plans

**IMPORTANT INFORMATION:**

The intent of this advertisement is solicitation of insurance, and contact may be made by the insurer or a licensed agent. Neither Wisconsin Physicians Service Insurance Corporation, nor The EPIC Life Insurance Company, nor their products, nor agents are connected with or endorsed by the United States government or the federal Medicare program.

Medicare supplement insurance plans are insured by The EPIC Life Insurance Company, a wholly owned subsidiary of Wisconsin Physicians Service Insurance Corporation, the plan administrator. All policies have exclusions, limitations, and reductions. For costs and complete details of the coverage, call or write your insurance agent or the insurer. The amount of benefits corresponds with the premium. The EPIC Life Insurance Company and Wisconsin Physicians Service Insurance Corporation comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.