

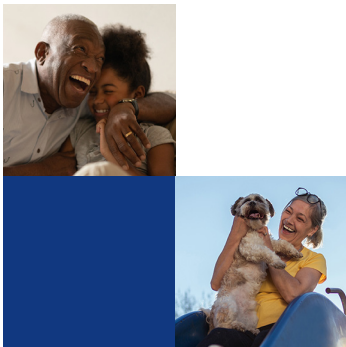


Medicare Supplement insurance that's got you covered

Introducing an affordable way to help pay your out-of-pocket Medicare expenses

A Medicare Supplement insurance plan helps you pay out-of-pocket expenses not covered by Medicare, such as coinsurance, copayments, and deductibles. When you enroll, you're getting an affordable plan with:

-  **Financial stability you can rely on** — Medico has an A (Excellent) rating from AM Best¹
-  **No pre-existing condition waiting period** — you're covered as soon as your policy is effective
-  **Freedom to choose** any doctor or hospital that accepts Medicare
-  **30-day right to return** that will refund any premium paid minus any claims paid
-  **A guarantee to renew for life**, as long as you keep paying your premiums²



1. An A (Excellent) rating represents the third highest of 15 possible ratings given by AM Best (March 2021). For the latest ratings, access ambest.com.

2. This is guaranteed as long as your premium is paid on time. Your premium rate is subject to change if a rate adjustment to all policyholders in the same plan, rate class, and state as yours is issued. Your premium will also increase with your age at the time of your renewal date.

Medico licensed insurance agents can help you understand your options

Medico offers Plans A, F, High-deductible F, G, High-deductible G, and N.

Plan benefits	Plan A	Plan G	HD Plan G ⁶	Plan N	Plan F	HD Plan F ^{3,6}
Part A deductible		✓	✓	✓	✓	✓
Part A hospital coinsurance and hospital costs	✓	✓	✓	✓	✓	✓
Part A and B: 3 pints of blood	✓	✓	✓	✓	✓	✓
Hospice Part A copayment or coinsurance	✓	✓	✓	✓	✓	✓
Skilled nursing facility copayment		✓	✓	✓	✓	✓
Part B deductible					✓	✓
Part B copayment or coinsurance	✓	✓	✓	✓ ⁴	✓	✓
Part B excess charges		✓	✓		✓	✓
Foreign travel emergency ⁵		✓	✓	✓	✓	✓



Learn more

Contact your agent to learn more about Medico's Medicare Supplement product or visit gomedico.com.

3. Only applicants first eligible for Medicare before Jan. 1, 2020, may purchase Plan F and High-deductible F.
4. Up to \$20 copayment for some office visits and up to \$50 copayment for an emergency room visit that does not result in an inpatient admission.
5. Plan pays a percentage of this benefit.
6. Plans F and G also have a high-deductible option which requires first paying a plan deductible before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High-deductible Plan G does not cover the Medicare Part B deductible. However, High-deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

Policy forms: MMS2021A; MMS2021F; MMS2021HF; MMS2021G; MMS2021HG; MMS2021N; MMS2021A(MI); MMS2021F(MI); MMS2021HF(MI); MMS2021G(MI); MMS2021HG(MI); MMS2021A(NC); MMS2021F(NC); MMS2021HF(NC); MMS2021G(NC); MMS2021HG(NC); MMS2021N(NC); MMS2021A(TN); MMS2021F(TN); MMS2021HF(TN); MMS2021G(TN); MMS2021HG(TN); MMS2021N(TN); MMS2021A(KS); MMS2021F(KS); MMS2021HF(KS); MMS2021G(KS); MMS2021HG(KS); MMS2021N(KS); MMS2021A(CO); MMS2021F(CO); MMS2021HF(CO); MMS2021G(CO); MMS2021HG(CO); MMS2021N(CO); MMS2021A(TX); MMS2021F(TX); MMS2021HF(TX); MMS2021G(TX); MMS2021HG(TX); MMS2021N(TX); MMS2021DISA(TX)

In GA, KY, KS, LA, NC, TN, TX and CO, coverage is available to qualified Medicare beneficiaries under the age of 65.

Medico Insurance Company is not connected with or endorsed by the United States government or the federal Medicare program.

This flyer is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy for further details. The outline of coverage available in your state must be provided in conjunction with this flyer. The policy has exclusions and terms under which the policy may be continued in force or discontinued. For costs and further details of coverage, see your producer or write to Medico. This is a solicitation of insurance and a licensed producer may contact you. If there is a discrepancy between the flyer and the contract, the contract language prevails.

We will NOT pay benefits for:

1. Any expense incurred for outpatient prescription drugs, other than drugs covered by Medicare Parts A and B
2. Non-Medicare eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions
3. Services for which you are not liable or for which no charge normally is made in the absence of insurance
4. Loss that occurs while this policy is not in force
5. Any expense incurred that duplicates any benefit paid by Medicare

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