

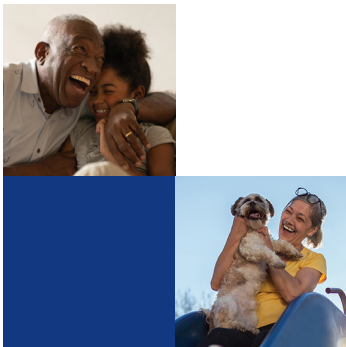


Medicare Supplement insurance that's got you covered

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](https://www.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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P.O. Box 10386 | Des Moines, IA 50306 | 800-228-6080 | gomedico.com

The importance of good oral health

An essential part of protecting an individual's overall health is ensuring oral health. Regular brushing and flossing are important but cannot be relied on alone. Without regular cleanings, bacteria can build up and lead to decay, cavities, and possible tooth loss. Regular visits to a dentist are essential to prevent these problems before they become painful and expensive.

Freedom to choose

Choose any provider and have confidence that the plan will cover dental care. Additional savings may occur if an in-network dental provider is used. The Maximum Care® Plus Connection Dental Network is one of the largest dental networks nationally and focuses on neighborhood dentists.

Did you know among U.S. adults:

90% Ages 20+ have had at least one cavity.¹

26% Ages 65+ have eight or fewer teeth.²

46% Ages 30+ show signs of gum disease.³

Plan benefits	Gold \$1,000	Gold \$1,500	Platinum \$1,000	Platinum \$1,500
Calendar year maximum	\$1,000	\$1,500	\$1,000	\$1,500
Calendar year deductible	\$0 for preventive services; \$50 for basic and major services		\$0 for preventive services; \$50 for basic and major services	
Preventive services Evaluations, cleaning, and X-rays	100% (no waiting period)		100% (no waiting period)	
Medico pays the following coinsurance percentages after the deductible:				
Basic services Diagnostic X-rays, fillings, and nonsurgical extractions	50% (no waiting period)		80% (no waiting period)	
Major services Bridges, crowns, dentures, implants, surgical extractions, root canals, and periodontal services	20% within first 12 months; 50% after 12 months		20% within first 12 months; 50% after 12 months	

1. Centers for Disease Control and Prevention. "Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016." 2019 data. <https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>. Viewed January 2021.

2. Centers for Disease Control and Prevention. "Oral Health Fast Facts: Gum Disease." 2018 data. <https://www.cdc.gov/oralhealth/fast-facts/gum-disease/index.html>. Viewed January 2021.

3. Centers for Disease Control and Prevention. "Oral Health Fast Facts: Tooth Loss." 2019 data. <https://www.cdc.gov/oralhealth/fast-facts/tooth-loss/index.html>. Viewed January 2021.

Optional rider benefits

Choose one of two additional benefits for an additional fee at the time of application.

Buyup benefit

Add \$1,000 of coverage (buyup) to maximize policy benefits. For example, the Gold \$1,000 plan plus \$1,000 buyup is \$2,000 of coverage. The buyup is available for both levels in each plan.

Carry-over benefit

The Carry-over benefit rider allows unused plan benefit to carryover for use in the following year. The carry-over amount accumulates until it reaches a max of \$3,000. For example, if the Gold \$1,000 plan has an unused benefit balance of \$500, the extra \$500 can be used in the next calendar year.

Ways to save money

1. Add a spouse to the dental policy at time of application.
2. Include a 5% discount if either the applicant or spouse (if applicable) are applying for and issued a Medicare Supplement or Final Expense plan at the time of the dental plan or already have an existing Medicare Supplement or Final Expense plan with any of our companies.¹

Policy highlights



Issue age
18 to 89



Underwriting
Guaranteed issue



Billing options
Monthly, quarterly, semi-annually, or annually through a bank draft or credit card



1. Includes Medico® Insurance Company, Medico® Corp Life Insurance Company, Medico® Life and Health Insurance Company, American Republic® Insurance Company, American Republic® Corp Insurance Company, and Great Western Insurance Company (GWIC®).

Policy forms: DEN2021, DEN2021(FL), DEN2021(KS), DEN2021(MI), DEN2021(MO), DEN2021(NC), DEN2021(OH), DEN2021(OK), DEN2021(OR), DEN2021(PA), DEN2021(TX), DEN2021(VA), and DEN2021(WI).

THIS IS A LIMITED POLICY. This flyer is intended to provide a general description of the plan benefits. Plan provisions and benefits may vary from state to state. This plan has exclusions and limitations. For costs and further details of coverage, see your producer or write to Medico Insurance Company, P.O. Box 10386, Des Moines, IA 50306-0686 or call 800-228-6080. If there is a discrepancy between the flyer and the contract, the contract language prevails. This is a solicitation of insurance and a licensed producer may contact you. American Republic® is a registered trademark owned and licensed by American Republic Insurance Company. GWIC® is a registered trademark owned and licensed by Great Western Insurance Company. Medico® is a registered trademark owned and licensed by Medico Insurance Company. © 2022 Medico Insurance Company.

Hospital Indemnity Insurance¹

Policy Highlights



Hospitalization can be costly

A hospital stay can be traumatic — to one's health, wallet, and family. Even with additional medical insurance, many people will most likely have costs that aren't covered. That's when Medico's Hospital Indemnity insurance plan can provide individuals and families with supplemental cash benefits to use as needed.

Base plan benefits²

Hospital Confinement benefit

Pays for each day of confinement in a hospital. Applicants can choose the number of days per period of confinement (3, 6, 7, 8, 9, 10, 21, or 31 days) and the amount per day (from \$100 to \$600 in \$25 increments). After release from hospital confinement and remaining out of the hospital for 60 continuous days, the benefit period resets.

Observation Unit benefit

Pays 100% of the Hospital Confinement benefit amount per day for a maximum of six days per calendar year while receiving services in a hospital observation unit as a result of a covered loss due to sickness or injury.

Emergency Room benefit

Pays \$150 per day while receiving services in a hospital emergency room as a result of a covered loss due to an injury for a maximum of four days per calendar year.

Transportation and Lodging benefit

Pays \$100 per day for a maximum of 10 days per calendar year to cover expenses incurred for transportation or lodging while receiving treatment in a hospital or medical facility located more than 50 miles from the insured's residence.

Inpatient Mental Health benefit

Pays \$175 per day of confinement in a hospital due to a covered mental or nervous disorder for a maximum of seven days per calendar year.

Did you know?

In 2018, there were more than 35.5 million hospital stays, with the average length of stay being 4.7 days.³

Below are the percentages of adults in the U.S. who said in a 2016 study that their health care costs over two years caused a very or somewhat serious problem for their overall financial situation.⁴

44%

Set up a payment plan with a hospital or health care professional

42%

Spent all or most of their personal savings

27%

Unable to pay for basic necessities, like housing, food, or heat

23%

Took on credit card debt that may be hard to pay back

7%

Declared bankruptcy

1. This policy is called Hospital Confinement Insurance in AR, Fixed Indemnity Insurance Policy in CO, Hospital Limited Benefit Indemnity Insurance Policy in UT, and Limited Benefit Hospital Indemnity Insurance Policy in VA.

2. Benefit options may vary by state.

3. <https://www.hcup-us.ahrq.gov/faststats/NationalTrendsServlet>

4. "Patient's Perspectives on Health Care in the United States," National Public Radio, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health, February 2016. Used with permission.

Policy highlights



Issue age⁵

18 to 85



Guarantee issue period

Applicants who are between ages 64 and 67. Based on date application is signed.



Underwriting

Simplified issue with limited health questions



Rates⁶

Gender specific



Billing options

Monthly, quarterly, semi-annually, and annually



Household discount⁷

Eligible to receive a 7% discount on premiums if the applicant lives with another adult, regardless of whether they sign up for coverage.

Optional rider benefits⁸

Ambulance Services benefit rider

Pays \$250 per day for ground or air transportation for a combined maximum of four days per calendar year. Subject to a lifetime maximum of \$2,500.

Outpatient Therapy/Chiropractic Services benefit rider

Pays \$50 per day with a choice of 15 or 30 days per calendar year for outpatient therapy services for charges incurred as a result of a covered sickness or injury. Pays \$50 per day for up to five days per calendar year for chiropractic services.

Skilled Nursing Facility benefit rider⁹

Pays \$100, \$150, or \$200 per day for up to 50 days when the insured is confined to a skilled nursing facility. Restoration of benefit is allowed once during the lifetime of this rider.

Lump Sum Cancer benefit rider

Pays \$1,000; \$2,500; \$5,000; \$7,500; or \$10,000 with first diagnosis of internal cancer or malignant melanoma. Maximum of one payment. Coverage will terminate after payment of benefit. Only available up to age 80.

Lump Sum Hospital Confinement benefit rider

Pays \$250, \$500, or \$750 for up to three benefit periods each calendar year when the insured is confined to a hospital.

Outpatient Surgery benefit rider

Pays \$250, \$500, \$750, or \$1,000 for up to two days each calendar year when insured has outpatient surgery.

Urgent Care Center benefit rider

Pays \$50 per day for up to four days each calendar year when insured obtains urgent care services.

Footnotes

5. In KS and MT, the issue ages are 50 to 85 years old.
6. In Colorado, rates are unisex.
7. May vary by state.
8. Optional riders and benefit options may not be available in all states.
9. This rider is called Nursing Facility Benefit Rider in IA and Nursing Facility Indemnity Benefit Rider in WA.

Policy forms

HIA63; HIA63(CO); HIA63(FL); HIA63(IL); HIA63(KS); HIA63(MI); HIA63(MO); HIA63(MT); HIA63(NC); HIA63(OK); HIA63(TN); HIA63(TX)-1; HIA63(VA); HIA63(WI)

Disclaimers

The policyholder has 30 days after receiving the policy to examine it and return it to Medico or to the producer if they are dissatisfied. Medico will refund the premium, less any claims paid, and void the policy (may vary

by state). 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 and riders for complete details. For costs and further details of the coverage, including exclusions, restrictions, or limitations and the terms under which the policy may be continued in force or discontinued, see your producer or contact Medico. Preexisting conditions are not covered during the first six months after the policy date (may vary by state). To be eligible for benefits, you must receive medically necessary covered care, as defined in the policy.

This is a solicitation of insurance, and a licensed agent/producer may contact you. THIS IS A LIMITED POLICY. If there is a discrepancy between the flyer and the contract, the contract language prevails. This policy is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act. If you purchase this policy only, you will not satisfy the federal requirement that you have health coverage, which is in effect beginning Jan. 1, 2014.

First Diagnosis Cancer Insurance

Policy Highlights



Nearly everyone has experienced or knows someone who has experienced a cancer diagnosis. The good news is cancer screening and medical technology have greatly improved in recent years. However, with more advanced technology comes higher costs. With a lump-sum cash benefit from Medico's® First Diagnosis Cancer insurance, you can have the peace of mind knowing that the financial burden may be less.

Frequently asked questions

Q Who needs First Diagnosis Cancer insurance?

A First Diagnosis Cancer insurance can help anyone 18-79 years old, but you may especially want to consider getting coverage if you:

- Have a family history of cancer
- Are the sole wage earner of the family
- May not have enough savings to cover expenses
- Have health insurance that doesn't cover cancer-related expenses or treatments
- Strive to protect family assets

Q How can First Diagnosis Cancer insurance help me?

A Medico's First Diagnosis Cancer insurance can help with the direct and indirect costs of cancer treatment. It's a lump-sum cash benefit that allows you to choose when and where to spend the money to cover a wide-range of expenses, such as:

Direct costs

- Surgery
- Chemotherapy
- Radiation

Indirect costs

- Deductibles and copays
- Experimental medicine and treatments
- Lost income due to working less
- Mortgage or rent, utilities, groceries, and home goods
- Travel, meals, gas, parking fees, and lodging during treatment
- Caregiving or home care

Did you know?

More than 16.9 million Americans alive today have a history of cancer.¹

About 1.8 million new cancer cases are expected to be diagnosed in 2020.¹

62%

Face medical debt after treatment²

55%

Withdraw from savings or investment accounts²

37%

Modify work plans or delay retirement³

\$35,761 =

3 months of radiation

&

\$61,661 =

6 months of chemotherapy³

1. American Cancer Society. Cancer Facts and Figures 2020. Atlanta: American Cancer Society; 2020.

2. Washington National Institute for Wellness Solutions 2014 Consumer Study

3. <https://www.drugwatch.com/2015/10/07/cost-of-cancer/>

Policy highlights



Issue age
18 to 79



Underwriting
Three questions
on the application



Rates
Unisex



Billing options
Monthly, quarterly,
semi-annually,
and annually



Waiting period
30-day period
beginning on
the policy date

Couples discount

Receive a 10% discount on your premiums if you live in the same household as another person over 18 years old and are both issued coverage (varies by state).

Plan benefits

Covered benefits	Pays cash in one lump sum upon pathological diagnosis of internal cancer or malignant melanoma (This excludes all other skin cancers) ¹ .
Lump-Sum benefit	\$10,000; \$15,000; \$20,000; or \$25,000 ²
Inflation Protection optional benefit	Automatically increases the cash benefit amount by 5% of the original cash benefit amount each year the policy is in force. ³
30-day right to examine	If you cancel your policy within 30 days, we will refund the premium paid and void the policy.

Exceptions and limitations

This policy pays only for first diagnosis of internal cancer or malignant melanoma. We will NOT pay benefits for:

1. Skin cancer, other than malignant melanoma
2. Any disease, sickness, or incapacity, other than internal cancer or malignant melanoma
3. More than one first diagnosis benefit
4. Loss that occurs while this policy is not in force
5. A first diagnosis made outside the United States
6. Cancer first diagnosed during the 30-day waiting period. Cancer will not be a covered condition:⁴
 - a. When any medical advice, care, treatment, or clinical diagnosis received within the waiting period leads to first diagnosis of cancer.
 - b. If tissue extracted during the waiting period leads to a first diagnosis of cancer.
 - c. If cancer manifests itself before the policy has been in force for at least 30 days following the policy date. Cancer is manifested when symptoms exist.

1. In Idaho and Maine, the amount paid equals 1% of the amount shown in the schedule if you are first diagnosed as having skin cancer other than malignant melanoma. If you are later diagnosed with internal cancer or malignant melanoma, we will pay the full benefit amount less any amount already paid for skin cancer.
2. In South Carolina, a one lump sum of only \$25,000 is available.
3. In Georgia, the Inflation Protection optional benefit is not available.
4. In Arizona, if you are first diagnosed as having internal cancer or malignant melanoma during the 30-day waiting period, we will pay an amount equal to 10% of the benefit amount shown in the schedule, in lieu of the full benefit.

Policy forms: MI-CAA28, MI-CAA29, MI-CAA28(AR), MI-CAA29(AR), MI-CAA28(AZ), MI-CAA29(AZ), MI-CAA28(ID), MI-CAA29(ID), MI-CAA28(IL), MI-CAA29(IL), MI-CAA28(KY), MI-CAA29(KY), MI-CAA28(ME), MI-CAA29(ME), MI-CAA28(NE), MI-CAA29(NE), MI-CAA28(OH), MI-CAA29(OH), MI-CAA28(OK), MI-CAA29(OK), MI-CAA28(OR), MI-CAA29(OR), MI-CAA28(PA), MI-CAA29(PA), MI-CAA28(TX), MI-CAA29(TX), MI-CAA28(WA), MI-CAA29(WA), MI-CAA28(WI), MI-CAA29(WI), MI-CAA28(WY), and MI-CAA29(WY).

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