NOTICE TO BUYER: This policy may not cover all of Your medical expenses.

MEDICARE SUPPLEMENT POLICY

HIGH DEDUCTIBLE BENEFIT PLAN G+

GUARANTEED RENEWABLE FOR LIFE.
COMPANY MAY CHANGE PREMIUMS RATES BY CLASS AND AS MEDICARE BENEFITS CHANGE AS PROVIDED IN THE GUARANTEED RENEWAL PROVISION.

GLOBE LIFE INSURANCE COMPANY OF NEW YORK

Home Office: 301 Plainfield Road, Suite 150, Syracuse, New York 13212
P.O. Box 3125, Syracuse, New York 13220-3125 * A New York Stock Company

30-DAY RIGHT TO EXAMINE POLICY

If You are not satisfied with this policy for any reason, return it to Our Home Office or to the agent within 30 days after You receive it. Any premium You paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

GUARANTEED RENEWAL PROVISION

You can renew and continue this policy in force during Your lifetime, for successive renewal terms by paying appropriate renewal premiums before the end of the grace period. The appropriate renewal premiums will be those under Our applicable table of premium rates that is in effect on the respective due dates of such premiums.

We have the right to change the renewal premiums for this policy when We change, and in accordance with, Our table of premium rates applicable to all policies of this form and class. Class is based on the geographic rating area in which You currently reside. We also have the right to change the renewal premiums for this policy when You move to a different geographic rating area, in accordance with the table of premium rates applicable to all policies of this form and class. Such change to Your renewal premium will be effective on the next premium due date following Your notification to Us of Your change in residence. Your premiums may also be increased due to increasing health care costs for all policies in Your class.

The benefits provided by this policy, which are designed to cover cost sharing amounts under Medicare, will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts which You are required to pay under Medicare. We have the right to amend this policy to meet the minimum standards of Medicare supplement insurance. The renewal premiums for this policy may change on the renewal date following the effective date of any such applicable changes. Any such premium change will be based on the actuarial computations which We then use to determine the renewal premium. Any such premium change must be filed with and approved by the New York State Department of Financial Services. We will notify You of such a change in accordance with the laws and regulations of New York.

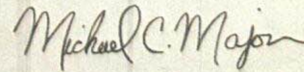
POLICY SCHEDULE

INSURED: Seth Sultan **POLICY NUMBER:** 634148907

Effective Date	Initial Term Expires On	Initial Premium	Annual High Deductible
01/01/25	01/01/26	$ 864.00	$ 2,870

This policy is signed for Us by Our President and Secretary.

Secretary



President

TABLE OF CONTENTS

	Page
30-Day Right To Examine Policy	1
Guaranteed Renewal Provision	1
Pre-Existing Conditions Limitations Provision	2
The Insuring Clause	2
Extended Benefit Provision	2
Persons Eligible For Coverage	2
Definitions	2
Basic Core Benefits	4
Benefits for Hospital Stays - Medicare Part A	4
Medicare Blood Deductible Benefit	4
Benefits for Medical Expense - Medicare Part B	4
Hospice Care Benefit	5
Additional Benefits	5
Medicare Part A Deductible Benefit	5
Benefits for Skilled Nursing Facility Stays - Medicare Part A	5
100% Excess Expense Benefit- Medicare Part B	5
Medically Necessary Emergency Care in a Foreign Country	5
Limitations and Exclusions	5
Policy Provisions	5
Policy Provisions - Claims	7

PRE-EXISTING CONDITIONS LIMITATIONS PROVISION

Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the policy effective date.

If You have a Pre-Existing Condition and have had a Continuous Period Of Creditable Coverage for at least 60 days, We cannot exclude coverage based on the Pre-Existing Condition. If the period of Creditable Coverage is less than 60 days, We will give credit for the amount of time of Creditable Coverage You have had towards fulfilling the 60-day Pre-Existing Condition exclusion period.

THE INSURING CLAUSE

The Company insures You against specified losses incurred by You. Benefits stated in this policy, subject to all its provisions, limitations, and exclusions, will be paid for the losses which are incurred while this policy is in force or are payable under the terms of the Extended Benefit Provision.

EXTENDED BENEFIT PROVISION

If this policy is terminated while You are totally disabled, You will receive extended benefits until the earliest of: a) the end of the maximum Benefit Period, b) the payment of the maximum benefit, or c) the end of continuous total disability. If a benefit payable under this policy has no stated applicable maximum Benefit Period, it shall be deemed to be 12 months. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

PERSONS ELIGIBLE FOR COVERAGE

To be eligible for coverage under this policy, You must:

1. be eligible for Medicare;
2. be enrolled in both Medicare Parts A and B at all times while Your policy is in effect; and
3. have no other Medicare Supplement coverage.

DEFINITIONS

Where used in this policy:

ANNUAL HIGH DEDUCTIBLE means the amount of out-of-pocket expenses for services covered by Medicare, other than premiums, You must incur in the Calendar Year before We will begin to pay benefits during that same Calendar Year. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the Policy. Expenses incurred for the separate foreign travel emergency deductible and expenses prior to the effective date of Your policy will not be applied to this deductible.

The amount of the annual high deductible for the Calendar Year in which this policy was effective is shown in the Policy Schedule. This amount is subject to change each Calendar Year as determined by the Secretary of the United States Department of Health and Human Services pursuant to applicable federal laws and regulations.

BENEFIT PERIOD means the unit of time used in the Medicare program to measure use of services and availability of services under Medicare Part A hospital insurance.

CALENDAR YEAR means the period beginning on each January 1 and ending on the following December 31.

COINSURANCE AMOUNTS means the portion of Medicare-approved expense You are obligated to pay, but not including the Medicare Part A inpatient hospital deductible or Part B Calendar Year deductible.

CONTINUOUS PERIOD OF CREDITABLE COVERAGE means the period during which an individual was covered by Creditable Coverage if, during the period of the coverage, the individual had no breaks in coverage greater than sixty-three (63) days.

CREDITABLE COVERAGE means, with respect to an individual, coverage of the individual provided under any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928;
4. Chapter 55 of Title 10, United States Code (CHAMPUS and TRICARE health care programs for the uniformed military services);
5. A medical care program of the Indian Health Service or of a tribal organization;
6. A state health benefits risk pool;
7. A health plan offered under Chapter 89 of Title 5 United States Code (Federal Employees Health Benefits Program);
8. A public health plan;
9. A health benefit plan under Section 5(e) of the Peace Corps Act (22 United States Code 2504(e)); and
10. Medicare Supplement insurance, Medicare Select coverage, or Medicare Advantage Plan.

In addition, if You were 65 or older and within 6 months of Your enrollment in Medicare Part B at the time You applied for this policy, Creditable Coverage also means coverage of an individual provided by Part A or Part B of Title XVIII of the Social Security Act (Medicare).

EMERGENCY CARE means hospital, physician, and medical care needed immediately because of an Injury or a Sickness of sudden and unexpected onset.

HOSPITAL STAY means one day or more of confinement within a hospital, as a resident patient under the care of a Physician, due to Injury or Sickness.

IMMEDIATE FAMILY means spouse, parent, grandparent, child, grandchild, brother, or sister of Insured or spouse.

INJURY means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause.

MEDICARE means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

MEDICARE ADVANTAGE PLAN means a plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. 1395w-28(b)(1), and includes: (1) Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; (2) Medical savings account plans coupled with a contribution into a Medicare Advantage Plan medical savings account; and (3) Medicare Advantage private fee-for-service plans.

MEDICARE-ELIGIBLE EXPENSES means expenses of the kinds covered by Medicare Parts A and B to the extent recognized as reasonable and medically necessary by Medicare.

PHYSICIAN means a person legally licensed to treat Injury or Sickness in the state in which the procedure was performed, other than You or any member of Your Immediate Family.

PRE-EXISTING CONDITION means an Injury or Sickness for which medical advice or treatment was recommended or given by a Physician within 6 months prior to the policy effective date.

SICKNESS means illness or disease of the insured person.

SKILLED NURSING FACILITY means a facility certified by Medicare as a Skilled Nursing Facility.

SKILLED NURSING FACILITY STAY means one day or more of confinement within a Skilled Nursing Facility, as a resident patient under the care of a Physician, following a Hospital Stay of at least 3 days. The Skilled Nursing Facility Stay must be for further treatment of the Injury or Sickness requiring the Hospital Stay and begin within 30 days of Hospital discharge.

WE, US, OUR, and COMPANY mean the Globe Life Insurance Company of New York.

YOU, YOUR, YOURS, and INSURED mean the person whose name is shown in the Policy Schedule.

BASIC CORE BENEFITS

We will pay the following benefits for covered expenses incurred by You due to Injury or Sickness as long as this policy is in force:

PART 1 BENEFITS FOR HOSPITAL STAYS - MEDICARE PART A

Subject to the Annual High Deductible, We will pay the following benefits when You have a Hospital Stay for which benefits are paid by Medicare Part A:

1) Coverage of Part A Medicare-Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period;
2) Coverage of Part A Medicare-Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime reserve day used; and
3) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the costs incurred for hospitalization expenses of the kind covered by Medicare and recognized as medically necessary by Medicare, subject to a lifetime maximum benefit of an additional 365 days. The issuer may enter into contracts with provider hospitals to stand in the place of Medicare and to make payment for the hospitalization expenses at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, so long as there continues to be no cost to the insured person.

PART 2 MEDICARE BLOOD DEDUCTIBLE BENEFIT

Subject to the Annual High Deductible, We will pay the expense You incur for coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under Federal regulations), unless replaced in accordance with Federal regulations.

PART 3 BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

Subject to the Annual High Deductible, if You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare-approved charge:

Coverage for the coinsurance amount, or, in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare-Eligible Expenses under Part B regardless of Hospital confinement, subject to the Medicare Part B deductible.

Under this PART 3 of this policy, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under PART 2 of this policy, or (b) any portion of the Medicare Part B Calendar Year deductible.

PART 4 HOSPICE CARE BENEFIT

Subject to the Annual High Deductible, We will pay the expense You incur for cost sharing for all Part A Medicare-eligible hospice care and respite care expenses.

ADDITIONAL BENEFITS

We will pay the following benefits for covered expenses incurred by You due to Injury or Sickness as long as this policy is in force:

PART 5 MEDICARE PART A DEDUCTIBLE BENEFIT

Subject to the Annual High Deductible, We will pay the expense You incur for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per Benefit Period.

PART 6 BENEFITS FOR SKILLED NURSING FACILITY STAYS - MEDICARE PART A

Subject to the Annual High Deductible, when You have a post-hospital Skilled Nursing Facility Stay which is eligible under Medicare Part A, We will pay the following benefit:

> Coverage for the actual billed charges up to the Coinsurance Amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A .

PART 7 100% EXCESS EXPENSE BENEFIT - MEDICARE PART B

Subject to the Annual High Deductible, We will pay one hundred percent (100%) of the difference between the actual incurred Medicare Part B charge as billed not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

PART 8 MEDICALLY NECESSARY EMERGENCY CARE IN A FOREIGN COUNTRY

Subject to the Annual High Deductible, We will pay benefits for coverage to the extent not covered by Medicare for eighty (80%) of the billed charges for Medicare-Eligible Expenses for medically necessary Emergency Care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside of the United States, subject to a Calendar Year deductible of $250 and a lifetime maximum benefit of $50,000.

PART 9 LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this policy for:

1) Any expense which You are not legally obligated to pay; or
2) Any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a Physician; or
3) Any portion of any expense for which payment is made by Medicare; or
4) Custodial or intermediate level care or rest cures; or
5) Any type of expense not eligible for coverage under Medicare, except as provided under PART 8.

POLICY PROVISIONS

PREMIUM PAYMENT: This policy is issued based on the application and the payment of the first premium. A copy of the application is a part of this policy. This policy takes effect on the Effective Date shown in the policy schedule on Page 1, at 12:01 a.m., Standard Time, of the place where You reside, and remains in effect until the same hour on the date on which the initial term expires.

The effective date of this policy, the first premium, and the date the initial term expires are shown in the POLICY SCHEDULE. All premiums, except the first premium, shall be due and payable at Our Home Office.

ENTIRE CONTRACT; CHANGES: This policy, with the application, endorsements, and attached papers, if any, is the entire contract between You and Us. No change in this policy will be effective until approved by Us. This approval must be noted on or attached to this policy.

All statements made by, or by the authority of, the applicant for the issuance, reinstatement, or renewal of this policy shall be deemed representations and not warranties.

No agent may change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After 2 years from the effective date, only fraudulent misstatements made by the applicant in the application may be used to void this policy or deny any claim for loss incurred after the 2-year period.

No claim for loss incurred after 60 days from the effective date of this policy will be reduced or denied because a Sickness or physical condition had existed before the effective date of this policy.

GRACE PERIOD: This policy has a 31-day grace period. This means that, if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, this policy will stay in force.

REINSTATEMENT: If the renewal premium is not paid before the grace period ends, this policy will lapse. Later acceptance of the premium by Us (or by Our agent authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If We or Our agent requires an application, this policy will be reinstated when We approve the application, or on the 45th day after We receive it unless We have previously written You of its disapproval.

The reinstated policy will cover only loss incurred after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions endorsed on or attached to the reinstated policy.

SUSPENSION OF COVERAGE WHILE ENTITLED TO MEDICAID: By written notice to Us, You may request that benefits and premiums for You under this policy be suspended for the period in which You have been determined to be entitled to Medicaid. Written notice must be received by Us within 90 days after the date You become entitled to Medicaid. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid. The suspension period shall not exceed 24 months.

If Your entitlement to Medicaid ends, You must send Us written notice of the loss of such entitlement within 90 days and pay the premium attributable to the period, effective as of the date of termination of entitlement. We will automatically reinstitute Your benefits and premiums under this policy as of the date Your entitlement ended. The reinstituted coverage shall be the same as if no suspension has occurred.

SUSPENSION OF COVERAGE WHILE ENTITLED TO BENEFITS UNDER A GROUP HEALTH PLAN: By written notice to Us, You may request that benefits and premiums for You under this policy be suspended (for any period that may be provided by federal regulation) if You are entitled to benefits under Section 226(b) of the Social Security Act and are covered under a group health plan (as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act). Written notice must be received by Us within 90 days after the date You become entitled to coverage under the group health plan. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid.

If Your entitlement to coverage under the group health plan ends, You must send Us written notice of the loss of such entitlement within 90 days and pay the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan. We will automatically reinstitute Your benefits and premiums under this policy as of the date Your entitlement ended. The reinstituted coverage shall be the same as if no suspension had occurred.

Reinstitution of such coverages as described above: (1) Shall not provide for any waiting period with respect to treatment of Pre-Existing Conditions; (2) Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of such suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension; and (3) Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder had the coverage not been suspended.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to You and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

NOTICE OF CLAIM: Written notice of claim must be given to Us within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Us at Our Home Office in Syracuse, New York or to Our agent.

Notice should include Your name and Your Policy Number.

CLAIM FORMS: When We receive the notice of claim, We will send You any required forms for filing proof of loss, if applicable. If these forms are not given to You within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the occurrence, the character, and the extent of Your loss within the time fixed in the policy for filing proofs of loss.

PROOF OF LOSS: You must give written proof of loss to Us within 6 months after the date of such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS: After receiving written proof of loss, We immediately will pay all benefits then due for such loss.

PAYMENT OF CLAIMS: Any benefits unpaid at Your death may be paid to Your beneficiary or, if no beneficiary designation is effective at the time of Your death, to Your estate. All other benefits will be paid to You.

If benefits are payable to Your estate or a beneficiary who is not competent to execute a valid release, We can pay benefits up to $1,000.00 to someone related to You or the beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

PHYSICAL EXAMINATIONS AND AUTOPSY: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after 3 years from the time written proof of loss is filed with Us.

Globe Life
Insurance Co. of New York

PO Box 3125
Syracuse, NY 13220-3125
315-451-2544

Name: John L. Smith

Policy Number: 1EG4-TE4-MK72
Policy Effective: 01/01/2025

Medicare Supplement: PLAN G+
Automatic Claims Effective: 01/01/2025
MEDICARE SUPPLEMENT I.D. Card
Globe Life Insurance Company of New York

MEDICARE SUPPLEMENT CLAIM FILING

Hospital Instructions:

Send copy of UB-04 and hospital's MEDICARE REMITTANCE ADVICE.

Part B Provider Instructions:

After the Automatic Claims Filing effective date shown on the front of the card, we will receive most claims automatically from Medicare Part B. Your Remittance Advice will indicate if Medicare has sent us the claim. Payment will be sent directly to the provider if Medicare assignment is accepted.

Call our Toll-Free Member Services: 877-238-4581 | claims@accesshmo.com

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment under this policy shall be binding upon Us unless the original (or a copy of it) is on file at Our Home Office. We do not assume any responsibility for the validity of any assignment.

REFUND OF UNEARNED PREMIUMS ON DEATH: Upon Your death, We will refund any premiums paid on Your behalf, for any period beyond the ending of the policy month in which death occurred, within 30 days after We receive proof of death.

RIGHT TO TERMINATE COVERAGE: You have the right to terminate this coverage upon any policy anniversary and have issued to You in its place a policy that only meets New York's standards for Medicare Supplement Standardized Plans A or B or any other Medicare Supplement Plans offered by Us provided that the request for replacement is received before the end of the grace period following the anniversary date of this policy. Upon application and payment of the required premium, the benefits provided under such policy will become effective upon the date that coverage is terminated under this policy.

We may not cancel or non-renew this policy for any reason other than non-payment of premium or material misrepresentation.