

UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Nebraska Stock Company • Administrative Offices: McKinney, Texas

Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020

Benefit Plans A, B, C, D, F, HDF, G, HDG, and N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plans A, B, and D or G. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare First Eligible Before 2020 Only	
	A*	B*	D*	G*1*	K	L	M	N*	C*	F*1*
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 ²					\$7,060 ²	\$3,530 ²				

* Denotes plans available by United American Insurance Company

¹ Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 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.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

PREMIUM INFORMATION

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. If you select an attained age policy, until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, DO NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all your medical costs.

Neither United American Insurance Company nor its agents are connected with Medicare.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy provides a 31-day grace period.

AREA 1 (ZIP 150-154; 189-194)
UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I) *

Male						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1819	910	455	152	5EW	06/01/2020
B	2482	1241	621	207	5F0	07/15/2023
C	3933	1967	984	328	5F4	06/01/2022
D	2531	1266	633	211	5F8	07/15/2023
F	3412	1706	853	285	5FC	06/01/2022
HDF	436	218	109	37	5FG	06/01/2014
G	2536	1268	634	212	5FK	07/15/2023
HDG	436	218	109	37	5I6	01/01/2020
N	2652	1326	663	221	5FW	07/15/2023

Female						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1582	791	396	132	5EX	06/01/2020
B	2159	1080	540	180	5F1	07/15/2023
C	3420	1710	855	285	5F5	06/01/2022
D	2201	1101	551	184	5F9	07/15/2023
F	2967	1484	742	248	5FD	06/01/2022
HDF	379	190	95	32	5FH	06/01/2014
G	2206	1103	552	184	5FL	07/15/2023
HDG	379	190	95	32	5I7	01/01/2020
N	2307	1154	577	193	5FX	07/15/2023

*** NOTE: In PENNSYLVANIA, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**
Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 1 (ZIP 150-154; 189-194)
UNDER AGE 65 DURING OPEN ENROLLMENT (O/E) *

Male						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1819	910	455	152	5EW	06/01/2020
B	2482	1241	621	207	5F0	07/15/2023
C	3933	1967	984	328	5F4	06/01/2022
D	2531	1266	633	211	5F8	07/15/2023
F	3412	1706	853	285	5FC	06/01/2022
HDF	436	218	109	37	5FG	06/01/2014
G	2536	1268	634	212	5FK	07/15/2023
HDG	436	218	109	37	5I6	01/01/2020
N	2652	1326	663	221	5FW	07/15/2023

Female						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1582	791	396	132	5EX	06/01/2020
B	2159	1080	540	180	5F1	07/15/2023
C	3420	1710	855	285	5F5	06/01/2022
D	2201	1101	551	184	5F9	07/15/2023
F	2967	1484	742	248	5FD	06/01/2022
HDF	379	190	95	32	5FH	06/01/2014
G	2206	1103	552	184	5FL	07/15/2023
HDG	379	190	95	32	5I7	01/01/2020
N	2307	1154	577	193	5FX	07/15/2023

*** NOTE: In PENNSYLVANIA, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**
Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 155-167)
UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I) *

Male						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1819	910	455	152	5EW	06/01/2020
B	2482	1241	621	207	5F0	07/15/2023
C	3933	1967	984	328	5F4	06/01/2022
D	2531	1266	633	211	5F8	07/15/2023
F	3412	1706	853	285	5FC	06/01/2022
HDF	436	218	109	37	5FG	06/01/2014
G	2536	1268	634	212	5FK	07/15/2023
HDG	436	218	109	37	5I6	01/01/2020
N	2652	1326	663	221	5FW	07/15/2023

Female						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1582	791	396	132	5EX	06/01/2020
B	2159	1080	540	180	5F1	07/15/2023
C	3420	1710	855	285	5F5	06/01/2022
D	2201	1101	551	184	5F9	07/15/2023
F	2967	1484	742	248	5FD	06/01/2022
HDF	379	190	95	32	5FH	06/01/2014
G	2206	1103	552	184	5FL	07/15/2023
HDG	379	190	95	32	5I7	01/01/2020
N	2307	1154	577	193	5FX	07/15/2023

*** NOTE: In PENNSYLVANIA, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**
Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 155-167)
UNDER AGE 65 DURING OPEN ENROLLMENT (O/E) *

Male						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1819	910	455	152	5EW	06/01/2020
B	2482	1241	621	207	5F0	07/15/2023
C	3933	1967	984	328	5F4	06/01/2022
D	2531	1266	633	211	5F8	07/15/2023
F	3412	1706	853	285	5FC	06/01/2022
HDF	436	218	109	37	5FG	06/01/2014
G	2536	1268	634	212	5FK	07/15/2023
HDG	436	218	109	37	5I6	01/01/2020
N	2652	1326	663	221	5FW	07/15/2023

Female						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1582	791	396	132	5EX	06/01/2020
B	2159	1080	540	180	5F1	07/15/2023
C	3420	1710	855	285	5F5	06/01/2022
D	2201	1101	551	184	5F9	07/15/2023
F	2967	1484	742	248	5FD	06/01/2022
HDF	379	190	95	32	5FH	06/01/2014
G	2206	1103	552	184	5FL	07/15/2023
HDG	379	190	95	32	5I7	01/01/2020
N	2307	1154	577	193	5FX	07/15/2023

*** NOTE: In PENNSYLVANIA, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**
Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 168-188; 195-196)
UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I) *

Male						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1571	786	393	131	5EW	06/01/2020
B	2144	1072	536	179	5F0	07/15/2023
C	3397	1699	850	284	5F4	06/01/2022
D	2185	1093	547	183	5F8	07/15/2023
F	2947	1474	737	246	5FC	06/01/2022
HDF	376	188	94	32	5FG	06/01/2014
G	2191	1096	548	183	5FK	07/15/2023
HDG	376	188	94	32	5I6	01/01/2020
N	2291	1146	573	191	5FW	07/15/2023

Female						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1366	683	342	114	5EX	06/01/2020
B	1864	932	466	156	5F1	07/15/2023
C	2954	1477	739	247	5F5	06/01/2022
D	1901	951	476	159	5F9	07/15/2023
F	2563	1282	641	214	5FD	06/01/2022
HDF	327	164	82	28	5FH	06/01/2014
G	1905	953	477	159	5FL	07/15/2023
HDG	327	164	82	28	5I7	01/01/2020
N	1992	996	498	166	5FX	07/15/2023

*** NOTE: In PENNSYLVANIA, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**
Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 168-188; 195-196)
UNDER AGE 65 DURING OPEN ENROLLMENT (O/E) *

Male						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1571	786	393	131	5EW	06/01/2020
B	2144	1072	536	179	5F0	07/15/2023
C	3397	1699	850	284	5F4	06/01/2022
D	2185	1093	547	183	5F8	07/15/2023
F	2947	1474	737	246	5FC	06/01/2022
HDF	376	188	94	32	5FG	06/01/2014
G	2191	1096	548	183	5FK	07/15/2023
HDG	376	188	94	32	5I6	01/01/2020
N	2291	1146	573	191	5FW	07/15/2023

Female						
Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	1366	683	342	114	5EX	06/01/2020
B	1864	932	466	156	5F1	07/15/2023
C	2954	1477	739	247	5F5	06/01/2022
D	1901	951	476	159	5F9	07/15/2023
F	2563	1282	641	214	5FD	06/01/2022
HDF	327	164	82	28	5FH	06/01/2014
G	1905	953	477	159	5FL	07/15/2023
HDG	327	164	82	28	5I7	01/01/2020
N	1992	996	498	166	5FX	07/15/2023

*** NOTE: In PENNSYLVANIA, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**
Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

PLAN A - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 06/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1819	910	455	152	
66	1921	961	481	161	
67	2018	1009	505	169	
68	2096	1048	524	175	
69	2194	1097	549	183	
70	2287	1144	572	191	
71	2364	1182	591	197	
72	2401	1201	601	201	
73	2430	1215	608	203	
74	2445	1223	612	204	
75	2463	1232	616	206	
76	2466	1233	617	206	
77	2466	1233	617	206	
78	2466	1233	617	206	
79	2466	1233	617	206	
80+	2466	1233	617	206	

Standard		Effective Date: 06/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2094	1047	524	175	
66	2211	1106	553	185	
67	2322	1161	581	194	
68	2412	1206	603	201	
69	2525	1263	632	211	
70	2632	1316	658	220	
71	2721	1361	681	227	
72	2763	1382	691	231	
73	2797	1399	700	234	
74	2814	1407	704	235	
75	2835	1418	709	237	
76	2837	1419	710	237	
77	2837	1419	710	237	
78	2837	1419	710	237	
79	2837	1419	710	237	
80+	2837	1419	710	237	

Female

Preferred		Effective Date: 06/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1582	791	396	132	
66	1671	836	418	140	
67	1755	878	439	147	
68	1823	912	456	152	
69	1908	954	477	159	
70	1989	995	498	166	
71	2056	1028	514	172	
72	2088	1044	522	174	
73	2113	1057	529	177	
74	2127	1064	532	178	
75	2142	1071	536	179	
76	2144	1072	536	179	
77	2144	1072	536	179	
78	2144	1072	536	179	
79	2144	1072	536	179	
80+	2144	1072	536	179	

Standard		Effective Date: 06/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1819	910	455	152	
66	1921	961	481	161	
67	2018	1009	505	169	
68	2096	1048	524	175	
69	2194	1097	549	183	
70	2287	1144	572	191	
71	2364	1182	591	197	
72	2401	1201	601	201	
73	2430	1215	608	203	
74	2445	1223	612	204	
75	2463	1232	616	206	
76	2466	1233	617	206	
77	2466	1233	617	206	
78	2466	1233	617	206	
79	2466	1233	617	206	
80+	2466	1233	617	206	

PLAN B - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2482	1241	621	207	
66	2657	1329	665	222	
67	2819	1410	705	235	
68	2971	1486	743	248	
69	3148	1574	787	263	
70	3322	1661	831	277	
71	3477	1739	870	290	
72	3582	1791	896	299	
73	3667	1834	917	306	
74	3728	1864	932	311	
75	3788	1894	947	316	
76	3829	1915	958	320	
77	3868	1934	967	323	
78	3913	1957	979	327	
79	3958	1979	990	330	
80+	4017	2009	1005	335	

Standard		Effective Date: 07/15/2023		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2857	1429	715	239	
66	3058	1529	765	255	
67	3244	1622	811	271	
68	3419	1710	855	285	
69	3623	1812	906	302	
70	3823	1912	956	319	
71	4001	2001	1001	334	
72	4122	2061	1031	344	
73	4220	2110	1055	352	
74	4291	2146	1073	358	
75	4359	2180	1090	364	
76	4406	2203	1102	368	
77	4451	2226	1113	371	
78	4503	2252	1126	376	
79	4555	2278	1139	380	
80+	4623	2312	1156	386	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2159	1080	540	180	
66	2311	1156	578	193	
67	2451	1226	613	205	
68	2584	1292	646	216	
69	2738	1369	685	229	
70	2889	1445	723	241	
71	3024	1512	756	252	
72	3115	1558	779	260	
73	3189	1595	798	266	
74	3242	1621	811	271	
75	3294	1647	824	275	
76	3330	1665	833	278	
77	3364	1682	841	281	
78	3403	1702	851	284	
79	3442	1721	861	287	
80+	3493	1747	874	292	

Standard		Effective Date: 07/15/2023		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2482	1241	621	207	
66	2657	1329	665	222	
67	2819	1410	705	235	
68	2971	1486	743	248	
69	3148	1574	787	263	
70	3322	1661	831	277	
71	3477	1739	870	290	
72	3582	1791	896	299	
73	3667	1834	917	306	
74	3728	1864	932	311	
75	3788	1894	947	316	
76	3829	1915	958	320	
77	3868	1934	967	323	
78	3913	1957	979	327	
79	3958	1979	990	330	
80+	4017	2009	1005	335	

PLAN C - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 06/01/2022		Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3933	1967	984	328	
66	4172	2086	1043	348	
67	4392	2196	1098	366	
68	4604	2302	1151	384	
69	4859	2430	1215	405	
70	5108	2554	1277	426	
71	5340	2670	1335	445	
72	5508	2754	1377	459	
73	5651	2826	1413	471	
74	5762	2881	1441	481	
75	5879	2940	1470	490	
76	5967	2984	1492	498	
77	6058	3029	1515	505	
78	6152	3076	1538	513	
79	6246	3123	1562	521	
80+	6365	3183	1592	531	

Standard		Effective Date: 06/01/2022		Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	4526	2263	1132	378	
66	4801	2401	1201	401	
67	5055	2528	1264	422	
68	5298	2649	1325	442	
69	5592	2796	1398	466	
70	5879	2940	1470	490	
71	6145	3073	1537	513	
72	6338	3169	1585	529	
73	6503	3252	1626	542	
74	6631	3316	1658	553	
75	6765	3383	1692	564	
76	6867	3434	1717	573	
77	6972	3486	1743	581	
78	7079	3540	1770	590	
79	7188	3594	1797	599	
80+	7326	3663	1832	611	

Female

Preferred		Effective Date: 06/01/2022		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3420	1710	855	285
66	3628	1814	907	303
67	3820	1910	955	319
68	4004	2002	1001	334
69	4226	2113	1057	353
70	4442	2221	1111	371
71	4644	2322	1161	387
72	4790	2395	1198	400
73	4914	2457	1229	410
74	5011	2506	1253	418
75	5112	2556	1278	426
76	5189	2595	1298	433
77	5269	2635	1318	440
78	5350	2675	1338	446
79	5432	2716	1358	453
80+	5536	2768	1384	462

Standard		Effective Date: 06/01/2022		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3933	1967	984	328
66	4172	2086	1043	348
67	4392	2196	1098	366
68	4604	2302	1151	384
69	4859	2430	1215	405
70	5108	2554	1277	426
71	5340	2670	1335	445
72	5508	2754	1377	459
73	5651	2826	1413	471
74	5762	2881	1441	481
75	5879	2940	1470	490
76	5967	2984	1492	498
77	6058	3029	1515	505
78	6152	3076	1538	513
79	6246	3123	1562	521
80+	6365	3183	1592	531

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN D - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2531	1266	633	211	
66	2703	1352	676	226	
67	2863	1432	716	239	
68	3018	1509	755	252	
69	3200	1600	800	267	
70	3382	1691	846	282	
71	3550	1775	888	296	
72	3671	1836	918	306	
73	3773	1887	944	315	
74	3855	1928	964	322	
75	3939	1970	985	329	
76	4004	2002	1001	334	
77	4069	2035	1018	340	
78	4137	2069	1035	345	
79	4206	2103	1052	351	
80+	4291	2146	1073	358	

Standard		Effective Date: 07/15/2023		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2912	1456	728	243	
66	3111	1556	778	260	
67	3294	1647	824	275	
68	3474	1737	869	290	
69	3683	1842	921	307	
70	3893	1947	974	325	
71	4086	2043	1022	341	
72	4224	2112	1056	352	
73	4343	2172	1086	362	
74	4436	2218	1109	370	
75	4533	2267	1134	378	
76	4608	2304	1152	384	
77	4682	2341	1171	391	
78	4761	2381	1191	397	
79	4840	2420	1210	404	
80+	4938	2469	1235	412	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2201	1101	551	184	
66	2351	1176	588	196	
67	2489	1245	623	208	
68	2625	1313	657	219	
69	2783	1392	696	232	
70	2941	1471	736	246	
71	3087	1544	772	258	
72	3192	1596	798	266	
73	3282	1641	821	274	
74	3352	1676	838	280	
75	3425	1713	857	286	
76	3482	1741	871	291	
77	3538	1769	885	295	
78	3598	1799	900	300	
79	3658	1829	915	305	
80+	3732	1866	933	311	

Standard		Effective Date: 07/15/2023		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2531	1266	633	211	
66	2703	1352	676	226	
67	2863	1432	716	239	
68	3018	1509	755	252	
69	3200	1600	800	267	
70	3382	1691	846	282	
71	3550	1775	888	296	
72	3671	1836	918	306	
73	3773	1887	944	315	
74	3855	1928	964	322	
75	3939	1970	985	329	
76	4004	2002	1001	334	
77	4069	2035	1018	340	
78	4137	2069	1035	345	
79	4206	2103	1052	351	
80+	4291	2146	1073	358	

PLAN F - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 06/01/2022 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3412	1706	853	285
66	3617	1809	905	302
67	3806	1903	952	318
68	3993	1997	999	333
69	4211	2106	1053	351
70	4427	2214	1107	369
71	4626	2313	1157	386
72	4768	2384	1192	398
73	4891	2446	1223	408
74	4989	2495	1248	416
75	5088	2544	1272	424
76	5166	2583	1292	431
77	5243	2622	1311	437
78	5323	2662	1331	444
79	5406	2703	1352	451
80+	5508	2754	1377	459

Standard		Effective Date: 06/01/2022 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3927	1964	982	328
66	4163	2082	1041	347
67	4381	2191	1096	366
68	4595	2298	1149	383
69	4846	2423	1212	404
70	5094	2547	1274	425
71	5324	2662	1331	444
72	5487	2744	1372	458
73	5629	2815	1408	470
74	5742	2871	1436	479
75	5856	2928	1464	488
76	5946	2973	1487	496
77	6034	3017	1509	503
78	6126	3063	1532	511
79	6222	3111	1556	519
80+	6338	3169	1585	529

Female

Preferred		Effective Date: 06/01/2022 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2967	1484	742	248
66	3146	1573	787	263
67	3310	1655	828	276
68	3473	1737	869	290
69	3662	1831	916	306
70	3850	1925	963	321
71	4023	2012	1006	336
72	4147	2074	1037	346
73	4253	2127	1064	355
74	4339	2170	1085	362
75	4425	2213	1107	369
76	4493	2247	1124	375
77	4560	2280	1140	380
78	4629	2315	1158	386
79	4701	2351	1176	392
80+	4790	2395	1198	400

Standard		Effective Date: 06/01/2022 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3412	1706	853	285
66	3617	1809	905	302
67	3806	1903	952	318
68	3993	1997	999	333
69	4211	2106	1053	351
70	4427	2214	1107	369
71	4626	2313	1157	386
72	4768	2384	1192	398
73	4891	2446	1223	408
74	4989	2495	1248	416
75	5088	2544	1272	424
76	5166	2583	1292	431
77	5243	2622	1311	437
78	5323	2662	1331	444
79	5406	2703	1352	451
80+	5508	2754	1377	459

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN HDF - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 06/01/2014 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	436	218	109	37
66	473	237	119	40
67	512	256	128	43
68	538	269	135	45
69	567	284	142	48
70	594	297	149	50
71	623	312	156	52
72	658	329	165	55
73	692	346	173	58
74	723	362	181	61
75	755	378	189	63
76	783	392	196	66
77	815	408	204	68
78	847	424	212	71
79	880	440	220	74
80+	923	462	231	77

Standard		Effective Date: 06/01/2014 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	502	251	126	42
66	544	272	136	46
67	589	295	148	50
68	619	310	155	52
69	653	327	164	55
70	684	342	171	57
71	717	359	180	60
72	757	379	190	64
73	797	399	200	67
74	832	416	208	70
75	869	435	218	73
76	901	451	226	76
77	938	469	235	79
78	975	488	244	82
79	1013	507	254	85
80+	1062	531	266	89

Female

Preferred		Effective Date: 06/01/2014 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	379	190	95	32
66	411	206	103	35
67	445	223	112	38
68	467	234	117	39
69	493	247	124	42
70	517	259	130	44
71	541	271	136	46
72	572	286	143	48
73	602	301	151	51
74	629	315	158	53
75	657	329	165	55
76	681	341	171	57
77	709	355	178	60
78	737	369	185	62
79	765	383	192	64
80+	802	401	201	67

Standard		Effective Date: 06/01/2014 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	436	218	109	37
66	473	237	119	40
67	512	256	128	43
68	538	269	135	45
69	567	284	142	48
70	594	297	149	50
71	623	312	156	52
72	658	329	165	55
73	692	346	173	58
74	723	362	181	61
75	755	378	189	63
76	783	392	196	66
77	815	408	204	68
78	847	424	212	71
79	880	440	220	74
80+	923	462	231	77

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN G - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2536	1268	634	212	
66	2708	1354	677	226	
67	2868	1434	717	239	
68	3024	1512	756	252	
69	3206	1603	802	268	
70	3389	1695	848	283	
71	3555	1778	889	297	
72	3675	1838	919	307	
73	3778	1889	945	315	
74	3861	1931	966	322	
75	3944	1972	986	329	
76	4010	2005	1003	335	
77	4073	2037	1019	340	
78	4142	2071	1036	346	
79	4212	2106	1053	351	
80+	4297	2149	1075	359	

Standard		Effective Date: 07/15/2023		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2919	1460	730	244	
66	3116	1558	779	260	
67	3301	1651	826	276	
68	3481	1741	871	291	
69	3690	1845	923	308	
70	3901	1951	976	326	
71	4091	2046	1023	341	
72	4230	2115	1058	353	
73	4348	2174	1087	363	
74	4443	2222	1111	371	
75	4538	2269	1135	379	
76	4614	2307	1154	385	
77	4688	2344	1172	391	
78	4767	2384	1192	398	
79	4847	2424	1212	404	
80+	4945	2473	1237	413	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2206	1103	552	184	
66	2355	1178	589	197	
67	2495	1248	624	208	
68	2630	1315	658	220	
69	2788	1394	697	233	
70	2948	1474	737	246	
71	3091	1546	773	258	
72	3196	1598	799	267	
73	3286	1643	822	274	
74	3358	1679	840	280	
75	3429	1715	858	286	
76	3487	1744	872	291	
77	3542	1771	886	296	
78	3602	1801	901	301	
79	3663	1832	916	306	
80+	3737	1869	935	312	

Standard		Effective Date: 07/15/2023		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2536	1268	634	212	
66	2708	1354	677	226	
67	2868	1434	717	239	
68	3024	1512	756	252	
69	3206	1603	802	268	
70	3389	1695	848	283	
71	3555	1778	889	297	
72	3675	1838	919	307	
73	3778	1889	945	315	
74	3861	1931	966	322	
75	3944	1972	986	329	
76	4010	2005	1003	335	
77	4073	2037	1019	340	
78	4142	2071	1036	346	
79	4212	2106	1053	351	
80+	4297	2149	1075	359	

PLAN HDG - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	436	218	109	37	
66	473	237	119	40	
67	512	256	128	43	
68	538	269	135	45	
69	567	284	142	48	
70	594	297	149	50	
71	623	312	156	52	
72	658	329	165	55	
73	692	346	173	58	
74	723	362	181	61	
75	755	378	189	63	
76	783	392	196	66	
77	815	408	204	68	
78	847	424	212	71	
79	880	440	220	74	
80+	923	462	231	77	

Standard		Effective Date: 01/01/2020		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	502	251	126	42	
66	544	272	136	46	
67	589	295	148	50	
68	619	310	155	52	
69	653	327	164	55	
70	684	342	171	57	
71	717	359	180	60	
72	757	379	190	64	
73	797	399	200	67	
74	832	416	208	70	
75	869	435	218	73	
76	901	451	226	76	
77	938	469	235	79	
78	975	488	244	82	
79	1013	507	254	85	
80+	1062	531	266	89	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	379	190	95	32	
66	411	206	103	35	
67	445	223	112	38	
68	467	234	117	39	
69	493	247	124	42	
70	517	259	130	44	
71	541	271	136	46	
72	572	286	143	48	
73	602	301	151	51	
74	629	315	158	53	
75	657	329	165	55	
76	681	341	171	57	
77	709	355	178	60	
78	737	369	185	62	
79	765	383	192	64	
80+	802	401	201	67	

Standard		Effective Date: 01/01/2020		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	436	218	109	37	
66	473	237	119	40	
67	512	256	128	43	
68	538	269	135	45	
69	567	284	142	48	
70	594	297	149	50	
71	623	312	156	52	
72	658	329	165	55	
73	692	346	173	58	
74	723	362	181	61	
75	755	378	189	63	
76	783	392	196	66	
77	815	408	204	68	
78	847	424	212	71	
79	880	440	220	74	
80+	923	462	231	77	

PLAN N - AREA 1 (ZIP 150-154; 189-194)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2652	1326	663	221	
66	2827	1414	707	236	
67	2990	1495	748	250	
68	3150	1575	788	263	
69	3337	1669	835	279	
70	3528	1764	882	294	
71	3697	1849	925	309	
72	3828	1914	957	319	
73	3940	1970	985	329	
74	4029	2015	1008	336	
75	4118	2059	1030	344	
76	4188	2094	1047	349	
77	4267	2134	1067	356	
78	4348	2174	1087	363	
79	4423	2212	1106	369	
80+	4542	2271	1136	379	

Standard		Effective Date: 07/15/2023		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3052	1526	763	255	
66	3254	1627	814	272	
67	3441	1721	861	287	
68	3625	1813	907	303	
69	3841	1921	961	321	
70	4060	2030	1015	339	
71	4254	2127	1064	355	
72	4405	2203	1102	368	
73	4534	2267	1134	378	
74	4636	2318	1159	387	
75	4740	2370	1185	395	
76	4820	2410	1205	402	
77	4911	2456	1228	410	
78	5003	2502	1251	417	
79	5090	2545	1273	425	
80+	5228	2614	1307	436	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2307	1154	577	193	
66	2459	1230	615	205	
67	2600	1300	650	217	
68	2739	1370	685	229	
69	2902	1451	726	242	
70	3068	1534	767	256	
71	3215	1608	804	268	
72	3329	1665	833	278	
73	3426	1713	857	286	
74	3503	1752	876	292	
75	3582	1791	896	299	
76	3642	1821	911	304	
77	3711	1856	928	310	
78	3781	1891	946	316	
79	3847	1924	962	321	
80+	3950	1975	988	330	

Standard		Effective Date: 07/15/2023		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2652	1326	663	221	
66	2827	1414	707	236	
67	2990	1495	748	250	
68	3150	1575	788	263	
69	3337	1669	835	279	
70	3528	1764	882	294	
71	3697	1849	925	309	
72	3828	1914	957	319	
73	3940	1970	985	329	
74	4029	2015	1008	336	
75	4118	2059	1030	344	
76	4188	2094	1047	349	
77	4267	2134	1067	356	
78	4348	2174	1087	363	
79	4423	2212	1106	369	
80+	4542	2271	1136	379	

PLAN A - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 06/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1819	910	455	152	
66	1921	961	481	161	
67	2018	1009	505	169	
68	2096	1048	524	175	
69	2194	1097	549	183	
70	2287	1144	572	191	
71	2364	1182	591	197	
72	2401	1201	601	201	
73	2430	1215	608	203	
74	2445	1223	612	204	
75	2463	1232	616	206	
76	2466	1233	617	206	
77	2466	1233	617	206	
78	2466	1233	617	206	
79	2466	1233	617	206	
80+	2466	1233	617	206	

Standard		Effective Date: 06/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2094	1047	524	175	
66	2211	1106	553	185	
67	2322	1161	581	194	
68	2412	1206	603	201	
69	2525	1263	632	211	
70	2632	1316	658	220	
71	2721	1361	681	227	
72	2763	1382	691	231	
73	2797	1399	700	234	
74	2814	1407	704	235	
75	2835	1418	709	237	
76	2837	1419	710	237	
77	2837	1419	710	237	
78	2837	1419	710	237	
79	2837	1419	710	237	
80+	2837	1419	710	237	

Female

Preferred		Effective Date: 06/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1582	791	396	132	
66	1671	836	418	140	
67	1755	878	439	147	
68	1823	912	456	152	
69	1908	954	477	159	
70	1989	995	498	166	
71	2056	1028	514	172	
72	2088	1044	522	174	
73	2113	1057	529	177	
74	2127	1064	532	178	
75	2142	1071	536	179	
76	2144	1072	536	179	
77	2144	1072	536	179	
78	2144	1072	536	179	
79	2144	1072	536	179	
80+	2144	1072	536	179	

Standard		Effective Date: 06/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1819	910	455	152	
66	1921	961	481	161	
67	2018	1009	505	169	
68	2096	1048	524	175	
69	2194	1097	549	183	
70	2287	1144	572	191	
71	2364	1182	591	197	
72	2401	1201	601	201	
73	2430	1215	608	203	
74	2445	1223	612	204	
75	2463	1232	616	206	
76	2466	1233	617	206	
77	2466	1233	617	206	
78	2466	1233	617	206	
79	2466	1233	617	206	
80+	2466	1233	617	206	

PLAN B - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2482	1241	621	207	
66	2657	1329	665	222	
67	2819	1410	705	235	
68	2971	1486	743	248	
69	3148	1574	787	263	
70	3322	1661	831	277	
71	3477	1739	870	290	
72	3582	1791	896	299	
73	3667	1834	917	306	
74	3728	1864	932	311	
75	3788	1894	947	316	
76	3829	1915	958	320	
77	3868	1934	967	323	
78	3913	1957	979	327	
79	3958	1979	990	330	
80+	4017	2009	1005	335	

Standard		Effective Date: 07/15/2023		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2857	1429	715	239	
66	3058	1529	765	255	
67	3244	1622	811	271	
68	3419	1710	855	285	
69	3623	1812	906	302	
70	3823	1912	956	319	
71	4001	2001	1001	334	
72	4122	2061	1031	344	
73	4220	2110	1055	352	
74	4291	2146	1073	358	
75	4359	2180	1090	364	
76	4406	2203	1102	368	
77	4451	2226	1113	371	
78	4503	2252	1126	376	
79	4555	2278	1139	380	
80+	4623	2312	1156	386	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2159	1080	540	180	
66	2311	1156	578	193	
67	2451	1226	613	205	
68	2584	1292	646	216	
69	2738	1369	685	229	
70	2889	1445	723	241	
71	3024	1512	756	252	
72	3115	1558	779	260	
73	3189	1595	798	266	
74	3242	1621	811	271	
75	3294	1647	824	275	
76	3330	1665	833	278	
77	3364	1682	841	281	
78	3403	1702	851	284	
79	3442	1721	861	287	
80+	3493	1747	874	292	

Standard		Effective Date: 07/15/2023		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2482	1241	621	207	
66	2657	1329	665	222	
67	2819	1410	705	235	
68	2971	1486	743	248	
69	3148	1574	787	263	
70	3322	1661	831	277	
71	3477	1739	870	290	
72	3582	1791	896	299	
73	3667	1834	917	306	
74	3728	1864	932	311	
75	3788	1894	947	316	
76	3829	1915	958	320	
77	3868	1934	967	323	
78	3913	1957	979	327	
79	3958	1979	990	330	
80+	4017	2009	1005	335	

PLAN C - AREA 2 (ZIP 155-167)

Male				
Preferred		Effective Date: 06/01/2022 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3933	1967	984	328
66	4172	2086	1043	348
67	4392	2196	1098	366
68	4604	2302	1151	384
69	4859	2430	1215	405
70	5108	2554	1277	426
71	5340	2670	1335	445
72	5508	2754	1377	459
73	5651	2826	1413	471
74	5762	2881	1441	481
75	5879	2940	1470	490
76	5967	2984	1492	498
77	6058	3029	1515	505
78	6152	3076	1538	513
79	6246	3123	1562	521
80+	6365	3183	1592	531

Standard				
		Effective Date: 06/01/2022 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4526	2263	1132	378
66	4801	2401	1201	401
67	5055	2528	1264	422
68	5298	2649	1325	442
69	5592	2796	1398	466
70	5879	2940	1470	490
71	6145	3073	1537	513
72	6338	3169	1585	529
73	6503	3252	1626	542
74	6631	3316	1658	553
75	6765	3383	1692	564
76	6867	3434	1717	573
77	6972	3486	1743	581
78	7079	3540	1770	590
79	7188	3594	1797	599
80+	7326	3663	1832	611

Female				
Preferred		Effective Date: 06/01/2022 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3420	1710	855	285
66	3628	1814	907	303
67	3820	1910	955	319
68	4004	2002	1001	334
69	4226	2113	1057	353
70	4442	2221	1111	371
71	4644	2322	1161	387
72	4790	2395	1198	400
73	4914	2457	1229	410
74	5011	2506	1253	418
75	5112	2556	1278	426
76	5189	2595	1298	433
77	5269	2635	1318	440
78	5350	2675	1338	446
79	5432	2716	1358	453
80+	5536	2768	1384	462

Standard				
		Effective Date: 06/01/2022 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3933	1967	984	328
66	4172	2086	1043	348
67	4392	2196	1098	366
68	4604	2302	1151	384
69	4859	2430	1215	405
70	5108	2554	1277	426
71	5340	2670	1335	445
72	5508	2754	1377	459
73	5651	2826	1413	471
74	5762	2881	1441	481
75	5879	2940	1470	490
76	5967	2984	1492	498
77	6058	3029	1515	505
78	6152	3076	1538	513
79	6246	3123	1562	521
80+	6365	3183	1592	531

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN D - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2531	1266	633	211	
66	2703	1352	676	226	
67	2863	1432	716	239	
68	3018	1509	755	252	
69	3200	1600	800	267	
70	3382	1691	846	282	
71	3550	1775	888	296	
72	3671	1836	918	306	
73	3773	1887	944	315	
74	3855	1928	964	322	
75	3939	1970	985	329	
76	4004	2002	1001	334	
77	4069	2035	1018	340	
78	4137	2069	1035	345	
79	4206	2103	1052	351	
80+	4291	2146	1073	358	

Standard		Effective Date: 07/15/2023		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2912	1456	728	243	
66	3111	1556	778	260	
67	3294	1647	824	275	
68	3474	1737	869	290	
69	3683	1842	921	307	
70	3893	1947	974	325	
71	4086	2043	1022	341	
72	4224	2112	1056	352	
73	4343	2172	1086	362	
74	4436	2218	1109	370	
75	4533	2267	1134	378	
76	4608	2304	1152	384	
77	4682	2341	1171	391	
78	4761	2381	1191	397	
79	4840	2420	1210	404	
80+	4938	2469	1235	412	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2201	1101	551	184	
66	2351	1176	588	196	
67	2489	1245	623	208	
68	2625	1313	657	219	
69	2783	1392	696	232	
70	2941	1471	736	246	
71	3087	1544	772	258	
72	3192	1596	798	266	
73	3282	1641	821	274	
74	3352	1676	838	280	
75	3425	1713	857	286	
76	3482	1741	871	291	
77	3538	1769	885	295	
78	3598	1799	900	300	
79	3658	1829	915	305	
80+	3732	1866	933	311	

Standard		Effective Date: 07/15/2023		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2531	1266	633	211	
66	2703	1352	676	226	
67	2863	1432	716	239	
68	3018	1509	755	252	
69	3200	1600	800	267	
70	3382	1691	846	282	
71	3550	1775	888	296	
72	3671	1836	918	306	
73	3773	1887	944	315	
74	3855	1928	964	322	
75	3939	1970	985	329	
76	4004	2002	1001	334	
77	4069	2035	1018	340	
78	4137	2069	1035	345	
79	4206	2103	1052	351	
80+	4291	2146	1073	358	

PLAN F - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 06/01/2022 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3412	1706	853	285
66	3617	1809	905	302
67	3806	1903	952	318
68	3993	1997	999	333
69	4211	2106	1053	351
70	4427	2214	1107	369
71	4626	2313	1157	386
72	4768	2384	1192	398
73	4891	2446	1223	408
74	4989	2495	1248	416
75	5088	2544	1272	424
76	5166	2583	1292	431
77	5243	2622	1311	437
78	5323	2662	1331	444
79	5406	2703	1352	451
80+	5508	2754	1377	459

Standard		Effective Date: 06/01/2022 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3927	1964	982	328
66	4163	2082	1041	347
67	4381	2191	1096	366
68	4595	2298	1149	383
69	4846	2423	1212	404
70	5094	2547	1274	425
71	5324	2662	1331	444
72	5487	2744	1372	458
73	5629	2815	1408	470
74	5742	2871	1436	479
75	5856	2928	1464	488
76	5946	2973	1487	496
77	6034	3017	1509	503
78	6126	3063	1532	511
79	6222	3111	1556	519
80+	6338	3169	1585	529

Female

Preferred		Effective Date: 06/01/2022 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2967	1484	742	248
66	3146	1573	787	263
67	3310	1655	828	276
68	3473	1737	869	290
69	3662	1831	916	306
70	3850	1925	963	321
71	4023	2012	1006	336
72	4147	2074	1037	346
73	4253	2127	1064	355
74	4339	2170	1085	362
75	4425	2213	1107	369
76	4493	2247	1124	375
77	4560	2280	1140	380
78	4629	2315	1158	386
79	4701	2351	1176	392
80+	4790	2395	1198	400

Standard		Effective Date: 06/01/2022 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3412	1706	853	285
66	3617	1809	905	302
67	3806	1903	952	318
68	3993	1997	999	333
69	4211	2106	1053	351
70	4427	2214	1107	369
71	4626	2313	1157	386
72	4768	2384	1192	398
73	4891	2446	1223	408
74	4989	2495	1248	416
75	5088	2544	1272	424
76	5166	2583	1292	431
77	5243	2622	1311	437
78	5323	2662	1331	444
79	5406	2703	1352	451
80+	5508	2754	1377	459

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN HDF - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 06/01/2014 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	436	218	109	37
66	473	237	119	40
67	512	256	128	43
68	538	269	135	45
69	567	284	142	48
70	594	297	149	50
71	623	312	156	52
72	658	329	165	55
73	692	346	173	58
74	723	362	181	61
75	755	378	189	63
76	783	392	196	66
77	815	408	204	68
78	847	424	212	71
79	880	440	220	74
80+	923	462	231	77

Standard		Effective Date: 06/01/2014 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	502	251	126	42
66	544	272	136	46
67	589	295	148	50
68	619	310	155	52
69	653	327	164	55
70	684	342	171	57
71	717	359	180	60
72	757	379	190	64
73	797	399	200	67
74	832	416	208	70
75	869	435	218	73
76	901	451	226	76
77	938	469	235	79
78	975	488	244	82
79	1013	507	254	85
80+	1062	531	266	89

Female

Preferred		Effective Date: 06/01/2014 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	379	190	95	32
66	411	206	103	35
67	445	223	112	38
68	467	234	117	39
69	493	247	124	42
70	517	259	130	44
71	541	271	136	46
72	572	286	143	48
73	602	301	151	51
74	629	315	158	53
75	657	329	165	55
76	681	341	171	57
77	709	355	178	60
78	737	369	185	62
79	765	383	192	64
80+	802	401	201	67

Standard		Effective Date: 06/01/2014 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	436	218	109	37
66	473	237	119	40
67	512	256	128	43
68	538	269	135	45
69	567	284	142	48
70	594	297	149	50
71	623	312	156	52
72	658	329	165	55
73	692	346	173	58
74	723	362	181	61
75	755	378	189	63
76	783	392	196	66
77	815	408	204	68
78	847	424	212	71
79	880	440	220	74
80+	923	462	231	77

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN G - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2536	1268	634	212	
66	2708	1354	677	226	
67	2868	1434	717	239	
68	3024	1512	756	252	
69	3206	1603	802	268	
70	3389	1695	848	283	
71	3555	1778	889	297	
72	3675	1838	919	307	
73	3778	1889	945	315	
74	3861	1931	966	322	
75	3944	1972	986	329	
76	4010	2005	1003	335	
77	4073	2037	1019	340	
78	4142	2071	1036	346	
79	4212	2106	1053	351	
80+	4297	2149	1075	359	

Standard		Effective Date: 07/15/2023		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2919	1460	730	244	
66	3116	1558	779	260	
67	3301	1651	826	276	
68	3481	1741	871	291	
69	3690	1845	923	308	
70	3901	1951	976	326	
71	4091	2046	1023	341	
72	4230	2115	1058	353	
73	4348	2174	1087	363	
74	4443	2222	1111	371	
75	4538	2269	1135	379	
76	4614	2307	1154	385	
77	4688	2344	1172	391	
78	4767	2384	1192	398	
79	4847	2424	1212	404	
80+	4945	2473	1237	413	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2206	1103	552	184	
66	2355	1178	589	197	
67	2495	1248	624	208	
68	2630	1315	658	220	
69	2788	1394	697	233	
70	2948	1474	737	246	
71	3091	1546	773	258	
72	3196	1598	799	267	
73	3286	1643	822	274	
74	3358	1679	840	280	
75	3429	1715	858	286	
76	3487	1744	872	291	
77	3542	1771	886	296	
78	3602	1801	901	301	
79	3663	1832	916	306	
80+	3737	1869	935	312	

Standard		Effective Date: 07/15/2023		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2536	1268	634	212	
66	2708	1354	677	226	
67	2868	1434	717	239	
68	3024	1512	756	252	
69	3206	1603	802	268	
70	3389	1695	848	283	
71	3555	1778	889	297	
72	3675	1838	919	307	
73	3778	1889	945	315	
74	3861	1931	966	322	
75	3944	1972	986	329	
76	4010	2005	1003	335	
77	4073	2037	1019	340	
78	4142	2071	1036	346	
79	4212	2106	1053	351	
80+	4297	2149	1075	359	

PLAN HDG - AREA 2 (ZIP 155-167)

Male				
Preferred		Effective Date: 01/01/2020		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	436	218	109	37
66	473	237	119	40
67	512	256	128	43
68	538	269	135	45
69	567	284	142	48
70	594	297	149	50
71	623	312	156	52
72	658	329	165	55
73	692	346	173	58
74	723	362	181	61
75	755	378	189	63
76	783	392	196	66
77	815	408	204	68
78	847	424	212	71
79	880	440	220	74
80+	923	462	231	77

Standard		Effective Date: 01/01/2020		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	502	251	126	42
66	544	272	136	46
67	589	295	148	50
68	619	310	155	52
69	653	327	164	55
70	684	342	171	57
71	717	359	180	60
72	757	379	190	64
73	797	399	200	67
74	832	416	208	70
75	869	435	218	73
76	901	451	226	76
77	938	469	235	79
78	975	488	244	82
79	1013	507	254	85
80+	1062	531	266	89

Female				
Preferred		Effective Date: 01/01/2020		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	379	190	95	32
66	411	206	103	35
67	445	223	112	38
68	467	234	117	39
69	493	247	124	42
70	517	259	130	44
71	541	271	136	46
72	572	286	143	48
73	602	301	151	51
74	629	315	158	53
75	657	329	165	55
76	681	341	171	57
77	709	355	178	60
78	737	369	185	62
79	765	383	192	64
80+	802	401	201	67

Standard		Effective Date: 01/01/2020		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	436	218	109	37
66	473	237	119	40
67	512	256	128	43
68	538	269	135	45
69	567	284	142	48
70	594	297	149	50
71	623	312	156	52
72	658	329	165	55
73	692	346	173	58
74	723	362	181	61
75	755	378	189	63
76	783	392	196	66
77	815	408	204	68
78	847	424	212	71
79	880	440	220	74
80+	923	462	231	77

PLAN N - AREA 2 (ZIP 155-167)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2652	1326	663	221	
66	2827	1414	707	236	
67	2990	1495	748	250	
68	3150	1575	788	263	
69	3337	1669	835	279	
70	3528	1764	882	294	
71	3697	1849	925	309	
72	3828	1914	957	319	
73	3940	1970	985	329	
74	4029	2015	1008	336	
75	4118	2059	1030	344	
76	4188	2094	1047	349	
77	4267	2134	1067	356	
78	4348	2174	1087	363	
79	4423	2212	1106	369	
80+	4542	2271	1136	379	

Standard		Effective Date: 07/15/2023		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3052	1526	763	255	
66	3254	1627	814	272	
67	3441	1721	861	287	
68	3625	1813	907	303	
69	3841	1921	961	321	
70	4060	2030	1015	339	
71	4254	2127	1064	355	
72	4405	2203	1102	368	
73	4534	2267	1134	378	
74	4636	2318	1159	387	
75	4740	2370	1185	395	
76	4820	2410	1205	402	
77	4911	2456	1228	410	
78	5003	2502	1251	417	
79	5090	2545	1273	425	
80+	5228	2614	1307	436	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2307	1154	577	193	
66	2459	1230	615	205	
67	2600	1300	650	217	
68	2739	1370	685	229	
69	2902	1451	726	242	
70	3068	1534	767	256	
71	3215	1608	804	268	
72	3329	1665	833	278	
73	3426	1713	857	286	
74	3503	1752	876	292	
75	3582	1791	896	299	
76	3642	1821	911	304	
77	3711	1856	928	310	
78	3781	1891	946	316	
79	3847	1924	962	321	
80+	3950	1975	988	330	

Standard		Effective Date: 07/15/2023		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2652	1326	663	221	
66	2827	1414	707	236	
67	2990	1495	748	250	
68	3150	1575	788	263	
69	3337	1669	835	279	
70	3528	1764	882	294	
71	3697	1849	925	309	
72	3828	1914	957	319	
73	3940	1970	985	329	
74	4029	2015	1008	336	
75	4118	2059	1030	344	
76	4188	2094	1047	349	
77	4267	2134	1067	356	
78	4348	2174	1087	363	
79	4423	2212	1106	369	
80+	4542	2271	1136	379	

PLAN A - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 06/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1571	786	393	131	
66	1659	830	415	139	
67	1743	872	436	146	
68	1810	905	453	151	
69	1895	948	474	158	
70	1975	988	494	165	
71	2042	1021	511	171	
72	2073	1037	519	173	
73	2099	1050	525	175	
74	2112	1056	528	176	
75	2127	1064	532	178	
76	2129	1065	533	178	
77	2129	1065	533	178	
78	2129	1065	533	178	
79	2129	1065	533	178	
80+	2129	1065	533	178	

Standard		Effective Date: 06/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1808	904	452	151	
66	1909	955	478	160	
67	2006	1003	502	168	
68	2083	1042	521	174	
69	2180	1090	545	182	
70	2273	1137	569	190	
71	2350	1175	588	196	
72	2386	1193	597	199	
73	2415	1208	604	202	
74	2431	1216	608	203	
75	2448	1224	612	204	
76	2451	1226	613	205	
77	2451	1226	613	205	
78	2451	1226	613	205	
79	2451	1226	613	205	
80+	2451	1226	613	205	

Female

Preferred		Effective Date: 06/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1366	683	342	114	
66	1443	722	361	121	
67	1516	758	379	127	
68	1574	787	394	132	
69	1648	824	412	138	
70	1718	859	430	144	
71	1775	888	444	148	
72	1803	902	451	151	
73	1825	913	457	153	
74	1837	919	460	154	
75	1850	925	463	155	
76	1852	926	463	155	
77	1852	926	463	155	
78	1852	926	463	155	
79	1852	926	463	155	
80+	1852	926	463	155	

Standard		Effective Date: 06/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1571	786	393	131	
66	1659	830	415	139	
67	1743	872	436	146	
68	1810	905	453	151	
69	1895	948	474	158	
70	1975	988	494	165	
71	2042	1021	511	171	
72	2073	1037	519	173	
73	2099	1050	525	175	
74	2112	1056	528	176	
75	2127	1064	532	178	
76	2129	1065	533	178	
77	2129	1065	533	178	
78	2129	1065	533	178	
79	2129	1065	533	178	
80+	2129	1065	533	178	

PLAN B - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2144	1072	536	179	
66	2295	1148	574	192	
67	2434	1217	609	203	
68	2566	1283	642	214	
69	2719	1360	680	227	
70	2869	1435	718	240	
71	3003	1502	751	251	
72	3094	1547	774	258	
73	3167	1584	792	264	
74	3220	1610	805	269	
75	3271	1636	818	273	
76	3307	1654	827	276	
77	3340	1670	835	279	
78	3379	1690	845	282	
79	3418	1709	855	285	
80+	3469	1735	868	290	

Standard		Effective Date: 07/15/2023		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2467	1234	617	206	
66	2641	1321	661	221	
67	2802	1401	701	234	
68	2953	1477	739	247	
69	3129	1565	783	261	
70	3302	1651	826	276	
71	3456	1728	864	288	
72	3560	1780	890	297	
73	3645	1823	912	304	
74	3706	1853	927	309	
75	3764	1882	941	314	
76	3806	1903	952	318	
77	3844	1922	961	321	
78	3889	1945	973	325	
79	3934	1967	984	328	
80+	3992	1996	998	333	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1864	932	466	156	
66	1996	998	499	167	
67	2117	1059	530	177	
68	2232	1116	558	186	
69	2365	1183	592	198	
70	2495	1248	624	208	
71	2611	1306	653	218	
72	2690	1345	673	225	
73	2754	1377	689	230	
74	2800	1400	700	234	
75	2845	1423	712	238	
76	2876	1438	719	240	
77	2905	1453	727	243	
78	2939	1470	735	245	
79	2972	1486	743	248	
80+	3017	1509	755	252	

Standard		Effective Date: 07/15/2023		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2144	1072	536	179	
66	2295	1148	574	192	
67	2434	1217	609	203	
68	2566	1283	642	214	
69	2719	1360	680	227	
70	2869	1435	718	240	
71	3003	1502	751	251	
72	3094	1547	774	258	
73	3167	1584	792	264	
74	3220	1610	805	269	
75	3271	1636	818	273	
76	3307	1654	827	276	
77	3340	1670	835	279	
78	3379	1690	845	282	
79	3418	1709	855	285	
80+	3469	1735	868	290	

PLAN C - AREA 3 (ZIP 168-188; 195-196)

Male				
Preferred		Effective Date: 06/01/2022		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3397	1699	850	284
66	3603	1802	901	301
67	3793	1897	949	317
68	3976	1988	994	332
69	4196	2098	1049	350
70	4412	2206	1103	368
71	4612	2306	1153	385
72	4757	2379	1190	397
73	4880	2440	1220	407
74	4976	2488	1244	415
75	5077	2539	1270	424
76	5154	2577	1289	430
77	5232	2616	1308	436
78	5313	2657	1329	443
79	5394	2697	1349	450
80+	5497	2749	1375	459

Standard		Effective Date: 06/01/2022		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3909	1955	978	326
66	4146	2073	1037	346
67	4366	2183	1092	364
68	4576	2288	1144	382
69	4829	2415	1208	403
70	5077	2539	1270	424
71	5307	2654	1327	443
72	5474	2737	1369	457
73	5616	2808	1404	468
74	5727	2864	1432	478
75	5843	2922	1461	487
76	5931	2966	1483	495
77	6021	3011	1506	502
78	6114	3057	1529	510
79	6208	3104	1552	518
80+	6327	3164	1582	528

Female				
Preferred		Effective Date: 06/01/2022		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2954	1477	739	247
66	3133	1567	784	262
67	3299	1650	825	275
68	3458	1729	865	289
69	3649	1825	913	305
70	3837	1919	960	320
71	4011	2006	1003	335
72	4137	2069	1035	345
73	4244	2122	1061	354
74	4327	2164	1082	361
75	4415	2208	1104	368
76	4482	2241	1121	374
77	4550	2275	1138	380
78	4620	2310	1155	385
79	4691	2346	1173	391
80+	4781	2391	1196	399

Standard		Effective Date: 06/01/2022		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3397	1699	850	284
66	3603	1802	901	301
67	3793	1897	949	317
68	3976	1988	994	332
69	4196	2098	1049	350
70	4412	2206	1103	368
71	4612	2306	1153	385
72	4757	2379	1190	397
73	4880	2440	1220	407
74	4976	2488	1244	415
75	5077	2539	1270	424
76	5154	2577	1289	430
77	5232	2616	1308	436
78	5313	2657	1329	443
79	5394	2697	1349	450
80+	5497	2749	1375	459

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN D - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2185	1093	547	183	
66	2334	1167	584	195	
67	2472	1236	618	206	
68	2607	1304	652	218	
69	2764	1382	691	231	
70	2921	1461	731	244	
71	3066	1533	767	256	
72	3170	1585	793	265	
73	3259	1630	815	272	
74	3329	1665	833	278	
75	3402	1701	851	284	
76	3458	1729	865	289	
77	3514	1757	879	293	
78	3573	1787	894	298	
79	3632	1816	908	303	
80+	3706	1853	927	309	

Standard		Effective Date: 07/15/2023		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2515	1258	629	210	
66	2687	1344	672	224	
67	2845	1423	712	238	
68	3000	1500	750	250	
69	3181	1591	796	266	
70	3362	1681	841	281	
71	3528	1764	882	294	
72	3648	1824	912	304	
73	3750	1875	938	313	
74	3831	1916	958	320	
75	3915	1958	979	327	
76	3979	1990	995	332	
77	4044	2022	1011	337	
78	4112	2056	1028	343	
79	4180	2090	1045	349	
80+	4265	2133	1067	356	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1901	951	476	159	
66	2030	1015	508	170	
67	2150	1075	538	180	
68	2267	1134	567	189	
69	2404	1202	601	201	
70	2540	1270	635	212	
71	2666	1333	667	223	
72	2757	1379	690	230	
73	2834	1417	709	237	
74	2895	1448	724	242	
75	2958	1479	740	247	
76	3007	1504	752	251	
77	3056	1528	764	255	
78	3107	1554	777	259	
79	3159	1580	790	264	
80+	3223	1612	806	269	

Standard		Effective Date: 07/15/2023		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2185	1093	547	183	
66	2334	1167	584	195	
67	2472	1236	618	206	
68	2607	1304	652	218	
69	2764	1382	691	231	
70	2921	1461	731	244	
71	3066	1533	767	256	
72	3170	1585	793	265	
73	3259	1630	815	272	
74	3329	1665	833	278	
75	3402	1701	851	284	
76	3458	1729	865	289	
77	3514	1757	879	293	
78	3573	1787	894	298	
79	3632	1816	908	303	
80+	3706	1853	927	309	

PLAN F - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 06/01/2022 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2947	1474	737	246
66	3124	1562	781	261
67	3287	1644	822	274
68	3449	1725	863	288
69	3636	1818	909	303
70	3823	1912	956	319
71	3995	1998	999	333
72	4118	2059	1030	344
73	4224	2112	1056	352
74	4309	2155	1078	360
75	4394	2197	1099	367
76	4462	2231	1116	372
77	4528	2264	1132	378
78	4597	2299	1150	384
79	4669	2335	1168	390
80+	4757	2379	1190	397

Standard		Effective Date: 06/01/2022 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3391	1696	848	283
66	3595	1798	899	300
67	3783	1892	946	316
68	3969	1985	993	331
69	4185	2093	1047	349
70	4400	2200	1100	367
71	4598	2299	1150	384
72	4739	2370	1185	395
73	4861	2431	1216	406
74	4959	2480	1240	414
75	5057	2529	1265	422
76	5135	2568	1284	428
77	5211	2606	1303	435
78	5291	2646	1323	441
79	5373	2687	1344	448
80+	5474	2737	1369	457

Female

Preferred		Effective Date: 06/01/2022 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2563	1282	641	214
66	2717	1359	680	227
67	2859	1430	715	239
68	2999	1500	750	250
69	3162	1581	791	264
70	3325	1663	832	278
71	3475	1738	869	290
72	3581	1791	896	299
73	3673	1837	919	307
74	3747	1874	937	313
75	3822	1911	956	319
76	3880	1940	970	324
77	3938	1969	985	329
78	3998	1999	1000	334
79	4060	2030	1015	339
80+	4137	2069	1035	345

Standard		Effective Date: 06/01/2022 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2947	1474	737	246
66	3124	1562	781	261
67	3287	1644	822	274
68	3449	1725	863	288
69	3636	1818	909	303
70	3823	1912	956	319
71	3995	1998	999	333
72	4118	2059	1030	344
73	4224	2112	1056	352
74	4309	2155	1078	360
75	4394	2197	1099	367
76	4462	2231	1116	372
77	4528	2264	1132	378
78	4597	2299	1150	384
79	4669	2335	1168	390
80+	4757	2379	1190	397

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN HDF - AREA 3 (ZIP 168-188; 195-196)

Male				
Preferred		Effective Date: 06/01/2014		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	376	188	94	32
66	408	204	102	34
67	442	221	111	37
68	464	232	116	39
69	490	245	123	41
70	513	257	129	43
71	538	269	135	45
72	568	284	142	48
73	598	299	150	50
74	624	312	156	52
75	652	326	163	55
76	676	338	169	57
77	704	352	176	59
78	732	366	183	61
79	760	380	190	64
80+	797	399	200	67

Standard		Effective Date: 06/01/2014		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	433	217	109	37
66	470	235	118	40
67	508	254	127	43
68	534	267	134	45
69	564	282	141	47
70	591	296	148	50
71	619	310	155	52
72	654	327	164	55
73	688	344	172	58
74	719	360	180	60
75	750	375	188	63
76	778	389	195	65
77	810	405	203	68
78	842	421	211	71
79	875	438	219	73
80+	917	459	230	77

Female				
Preferred		Effective Date: 06/01/2014		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	327	164	82	28
66	355	178	89	30
67	384	192	96	32
68	404	202	101	34
69	426	213	107	36
70	446	223	112	38
71	468	234	117	39
72	494	247	124	42
73	520	260	130	44
74	543	272	136	46
75	567	284	142	48
76	588	294	147	49
77	612	306	153	51
78	636	318	159	53
79	661	331	166	56
80+	693	347	174	58

Standard		Effective Date: 06/01/2014		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	376	188	94	32
66	408	204	102	34
67	442	221	111	37
68	464	232	116	39
69	490	245	123	41
70	513	257	129	43
71	538	269	135	45
72	568	284	142	48
73	598	299	150	50
74	624	312	156	52
75	652	326	163	55
76	676	338	169	57
77	704	352	176	59
78	732	366	183	61
79	760	380	190	64
80+	797	399	200	67

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F.

PLAN G - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2191	1096	548	183	
66	2339	1170	585	195	
67	2477	1239	620	207	
68	2612	1306	653	218	
69	2769	1385	693	231	
70	2927	1464	732	244	
71	3070	1535	768	256	
72	3174	1587	794	265	
73	3263	1632	816	272	
74	3334	1667	834	278	
75	3406	1703	852	284	
76	3463	1732	866	289	
77	3518	1759	880	294	
78	3577	1789	895	299	
79	3637	1819	910	304	
80+	3711	1856	928	310	

Standard		Effective Date: 07/15/2023		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2521	1261	631	211	
66	2691	1346	673	225	
67	2851	1426	713	238	
68	3006	1503	752	251	
69	3187	1594	797	266	
70	3369	1685	843	281	
71	3533	1767	884	295	
72	3653	1827	914	305	
73	3755	1878	939	313	
74	3837	1919	960	320	
75	3919	1960	980	327	
76	3985	1993	997	333	
77	4049	2025	1013	338	
78	4117	2059	1030	344	
79	4186	2093	1047	349	
80+	4271	2136	1068	356	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1905	953	477	159	
66	2034	1017	509	170	
67	2154	1077	539	180	
68	2271	1136	568	190	
69	2408	1204	602	201	
70	2546	1273	637	213	
71	2670	1335	668	223	
72	2760	1380	690	230	
73	2838	1419	710	237	
74	2900	1450	725	242	
75	2962	1481	741	247	
76	3011	1506	753	251	
77	3059	1530	765	255	
78	3111	1556	778	260	
79	3163	1582	791	264	
80+	3227	1614	807	269	

Standard		Effective Date: 07/15/2023		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2191	1096	548	183	
66	2339	1170	585	195	
67	2477	1239	620	207	
68	2612	1306	653	218	
69	2769	1385	693	231	
70	2927	1464	732	244	
71	3070	1535	768	256	
72	3174	1587	794	265	
73	3263	1632	816	272	
74	3334	1667	834	278	
75	3406	1703	852	284	
76	3463	1732	866	289	
77	3518	1759	880	294	
78	3577	1789	895	299	
79	3637	1819	910	304	
80+	3711	1856	928	310	

PLAN HDG - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	376	188	94	32	
66	408	204	102	34	
67	442	221	111	37	
68	464	232	116	39	
69	490	245	123	41	
70	513	257	129	43	
71	538	269	135	45	
72	568	284	142	48	
73	598	299	150	50	
74	624	312	156	52	
75	652	326	163	55	
76	676	338	169	57	
77	704	352	176	59	
78	732	366	183	61	
79	760	380	190	64	
80+	797	399	200	67	

Standard		Effective Date: 01/01/2020		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	433	217	109	37	
66	470	235	118	40	
67	508	254	127	43	
68	534	267	134	45	
69	564	282	141	47	
70	591	296	148	50	
71	619	310	155	52	
72	654	327	164	55	
73	688	344	172	58	
74	719	360	180	60	
75	750	375	188	63	
76	778	389	195	65	
77	810	405	203	68	
78	842	421	211	71	
79	875	438	219	73	
80+	917	459	230	77	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	327	164	82	28	
66	355	178	89	30	
67	384	192	96	32	
68	404	202	101	34	
69	426	213	107	36	
70	446	223	112	38	
71	468	234	117	39	
72	494	247	124	42	
73	520	260	130	44	
74	543	272	136	46	
75	567	284	142	48	
76	588	294	147	49	
77	612	306	153	51	
78	636	318	159	53	
79	661	331	166	56	
80+	693	347	174	58	

Standard		Effective Date: 01/01/2020		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	376	188	94	32	
66	408	204	102	34	
67	442	221	111	37	
68	464	232	116	39	
69	490	245	123	41	
70	513	257	129	43	
71	538	269	135	45	
72	568	284	142	48	
73	598	299	150	50	
74	624	312	156	52	
75	652	326	163	55	
76	676	338	169	57	
77	704	352	176	59	
78	732	366	183	61	
79	760	380	190	64	
80+	797	399	200	67	

PLAN N - AREA 3 (ZIP 168-188; 195-196)

Male

Preferred		Effective Date: 07/15/2023		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2291	1146	573	191	
66	2442	1221	611	204	
67	2582	1291	646	216	
68	2720	1360	680	227	
69	2882	1441	721	241	
70	3047	1524	762	254	
71	3193	1597	799	267	
72	3306	1653	827	276	
73	3403	1702	851	284	
74	3479	1740	870	290	
75	3557	1779	890	297	
76	3617	1809	905	302	
77	3685	1843	922	308	
78	3755	1878	939	313	
79	3820	1910	955	319	
80+	3923	1962	981	327	

Standard		Effective Date: 07/15/2023		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2636	1318	659	220	
66	2810	1405	703	235	
67	2972	1486	743	248	
68	3130	1565	783	261	
69	3317	1659	830	277	
70	3506	1753	877	293	
71	3674	1837	919	307	
72	3804	1902	951	317	
73	3916	1958	979	327	
74	4004	2002	1001	334	
75	4093	2047	1024	342	
76	4163	2082	1041	347	
77	4241	2121	1061	354	
78	4321	2161	1081	361	
79	4396	2198	1099	367	
80+	4515	2258	1129	377	

Female

Preferred		Effective Date: 07/15/2023		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1992	996	498	166	
66	2123	1062	531	177	
67	2246	1123	562	188	
68	2366	1183	592	198	
69	2507	1254	627	209	
70	2649	1325	663	221	
71	2776	1388	694	232	
72	2875	1438	719	240	
73	2959	1480	740	247	
74	3026	1513	757	253	
75	3093	1547	774	258	
76	3145	1573	787	263	
77	3205	1603	802	268	
78	3265	1633	817	273	
79	3322	1661	831	277	
80+	3412	1706	853	285	

Standard		Effective Date: 07/15/2023		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2291	1146	573	191	
66	2442	1221	611	204	
67	2582	1291	646	216	
68	2720	1360	680	227	
69	2882	1441	721	241	
70	3047	1524	762	254	
71	3193	1597	799	267	
72	3306	1653	827	276	
73	3403	1702	851	284	
74	3479	1740	870	290	
75	3557	1779	890	297	
76	3617	1809	905	302	
77	3685	1843	922	308	
78	3755	1878	939	313	
79	3820	1910	955	319	
80+	3923	1962	981	327	

PLAN A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$0	\$1632 (Part A Deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- * Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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PLAN B
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- * Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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PLAN C

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- * Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$240 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$240 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$240 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN D

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN F or HIGH DEDUCTIBLE PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A Deductible) \$408 a day \$816 a day 100% of Medicare-Eligible Expenses \$0	\$0 \$0 \$0 \$0 *** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

*** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- * Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- ** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$240 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$240 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$240 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN G or HIGH DEDUCTIBLE PLAN G
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ** This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. 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. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A Deductible) \$408 a day \$816 a day 100% of Medicare-Eligible Expenses \$0	\$0 \$0 \$0 \$0 *** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

*** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G or HIGH DEDUCTIBLE PLAN G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- * Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- ** This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. 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. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts*	100% \$0	\$0 \$0	\$0 \$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN N
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$240 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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