

MEDMUTUAL LIFE INSURANCE COMPANY Outline of Medicare Supplement Coverage

Outline of Medicare Supplement Coverage Benefit Plans A, D, F, G, N and High Deductible Plan G

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

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

In Colorado, it is a requirement that all plans offered by MedMutual Life Insurance Company are available to under age 65 Medicare qualified individuals.

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

Benefits	Plans Available to All Applicants								
	Α	В	D	G	G ¹	K	L	М	N
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 apply³
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 2025 ²				-		\$7220 ²	\$3610 ²		

Medicare									
first eligible									
	before 2020 only								
С	F	F.							
✓	✓								
✓	✓								
✓	✓								
✓	~	/							
✓	~	/							
✓	>	/							
√	٧	/							
	~	/							
√	v								

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$2870 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.

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

³Plan 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.

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Colorado Monthly Premiums

For Use in Zip Codes: 800-802 Female Rates

Attained			Prefe	rred					Stand	lard		
Age	Α	D	F	G	GHD	N	Α	D	F	G	GHD	N
Under 65	\$230.37	\$368.45	\$232.94	\$214.55	\$76.57	\$142.32	\$258.01	\$412.66	\$260.89	\$240.30	\$85.75	\$159.40
65	\$153.58	\$245.63	\$155.29	\$143.03	\$51.04	\$94.88	\$172.01	\$275.11	\$173.93	\$160.20	\$57.17	\$106.27
66	\$153.58	\$245.63	\$155.29	\$143.03	\$51.04	\$94.88	\$172.01	\$275.11	\$173.93	\$160.20	\$57.17	\$106.27
67	\$153.58	\$245.63	\$155.29	\$143.03	\$51.04	\$94.88	\$172.01	\$275.11	\$173.93	\$160.20	\$57.17	\$106.27
68	\$153.58	\$245.63	\$155.29	\$143.03	\$51.04	\$94.88	\$172.01	\$275.11	\$173.93	\$160.20	\$57.17	\$106.27
69	\$158.57	\$253.61	\$160.34	\$147.68	\$52.70	\$97.97	\$177.60	\$284.05	\$179.58	\$165.40	\$59.03	\$109.72
70	\$163.72	\$261.86	\$165.55	\$152.48	\$54.42	\$101.15	\$183.37	\$293.28	\$185.41	\$170.78	\$60.95	\$113.29
71	\$169.04	\$270.37	\$170.93	\$157.44	\$56.18	\$104.44	\$189.33	\$302.81	\$191.44	\$176.33	\$62.93	\$116.97
72	\$174.54	\$279.15	\$176.48	\$162.55	\$58.01	\$107.83	\$195.48	\$312.65	\$197.66	\$182.06	\$64.97	\$120.77
73	\$180.21	\$288.23	\$182.22	\$167.84	\$59.90	\$111.34	\$201.83	\$322.81	\$204.09	\$187.98	\$67.08	\$124.70
74	\$186.07	\$297.59	\$188.14	\$173.29	\$61.84	\$114.95	\$208.39	\$333.30	\$210.72	\$194.09	\$69.26	\$128.75
75	\$192.11	\$307.26	\$194.26	\$178.92	\$63.85	\$118.69	\$215.17	\$344.14	\$217.57	\$200.40	\$71.52	\$132.93
76	\$198.36	\$317.25	\$200.57	\$184.74	\$65.93	\$122.55	\$222.16	\$355.32	\$224.64	\$206.91	\$73.84	\$137.25
77 78	\$204.80 \$211.46	\$327.56 \$338.21	\$207.09 \$213.82	\$190.74 \$196.94	\$68.07 \$70.28	\$126.53 \$130.64	\$229.38 \$236.84	\$366.87 \$378.79	\$231.94 \$239.48	\$213.63 \$220.58	\$76.24 \$78.72	\$141.71 \$146.32
79	\$211.40	\$349.20	\$220.77	\$203.34	\$70.20	\$134.89	\$244.53	\$370.77	\$247.26	\$227.74	\$81.28	\$151.08
80	\$225.43	\$347.20	\$220.77	\$203.34	\$74.93	\$134.07	\$252.48	\$403.81	\$255.30	\$235.15	\$83.92	\$155.99
81	\$232.75	\$372.27	\$235.35	\$216.78	\$77.36	\$143.80	\$260.69	\$416.94	\$263.59	\$242.79	\$86.64	\$161.05
82	\$240.32	\$384.36	\$243.00	\$223.82	\$79.87	\$148.47	\$269.16	\$430.49	\$272.16	\$250.68	\$89.46	\$166.29
83	\$248.13	\$396.86	\$250.90	\$231.09	\$82.47	\$153.30	\$277.91	\$444.48	\$281.00	\$258.83	\$92.37	\$171.69
84	\$256.19	\$409.75	\$259.05	\$238.60	\$85.15	\$158.28	\$286.94	\$458.92	\$290.14	\$267.24	\$95.37	\$177.27
85	\$264.52	\$423.07	\$267.47	\$246.36	\$87.92	\$163.42	\$296.26	\$473.84	\$299.57	\$275.92	\$98.47	\$183.03
86	\$273.12	\$436.82	\$276.16	\$254.37	\$90.78	\$168.74	\$305.89	\$489.24	\$309.30	\$284.89	\$101.67	\$188.98
87	\$281.99	\$451.02	\$285.14	\$262.63	\$93.73	\$174.22	\$315.83	\$505.14	\$319.36	\$294.15	\$104.97	\$195.13
88	\$291.16	\$465.68	\$294.41	\$271.17	\$96.77	\$179.88	\$326.10	\$521.56	\$329.73	\$303.71	\$108.38	\$201.47
89	\$300.62	\$480.81	\$303.97	\$279.98	\$99.92	\$185.73	\$336.70	\$538.51	\$340.45	\$313.58	\$111.91	\$208.01
90	\$310.39	\$496.44	\$313.85	\$289.08	\$103.16	\$191.76	\$347.64	\$556.01	\$351.52	\$323.77	\$115.54	\$214.78
91	\$320.48	\$512.57	\$324.05	\$298.48	\$106.52	\$198.00	\$358.94	\$574.08	\$362.94	\$334.29	\$119.30	\$221.76
92	\$330.89	\$529.23	\$334.58	\$308.18	\$109.98	\$204.43	\$370.60	\$592.74	\$374.74	\$345.16	\$123.18	\$228.96
93	\$341.65	\$546.43	\$345.46	\$318.19	\$113.55	\$211.07	\$382.65	\$612.00	\$386.91	\$356.38	\$127.18	\$236.40
94	\$352.75	\$564.19	\$356.69	\$328.53	\$117.24	\$217.93	\$395.08	\$631.89	\$399.49	\$367.96	\$131.31	\$244.09
95	\$364.22	\$582.52	\$368.28	\$339.21	\$121.05	\$225.02	\$407.92	\$652.43	\$412.47	\$379.92	\$135.58	\$252.02
96	\$376.05	\$601.46	\$380.25	\$350.24	\$124.99	\$232.33	\$421.18	\$673.63	\$425.88	\$392.26	\$139.99	\$260.21
97	\$388.28	\$621.00	\$392.61	\$361.62	\$129.05	\$239.88	\$434.87	\$695.52	\$439.72	\$405.01	\$144.54	\$268.67
98	\$400.89	\$641.19	\$405.37	\$373.37	\$133.24	\$247.68	\$449.00	\$718.13	\$454.01	\$418.18	\$149.23	\$277.40
99+	\$413.92	\$662.02	\$418.54	\$385.51	\$137.58	\$255.73	\$463.59	\$741.47	\$468.76	\$431.77	\$154.08	\$286.41

Modal Factors: Annual = Monthly*12; Semi-Annual = Monthly*6; Quarterly = Monthly*3 The rates above do not include a one time \$15 policy fee.

To calculate a Household discount of 7%: Monthly premium X modal factor = modal premium (round to the nearest whole cent) Modal premium X 0.93 = discounted premium

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Colorado Monthly Premiums

For Use in Zip Codes: 800-802 Male Rates

Attained Age	A	D	Prefer F	red G	GHD	N	A	D	Stand F	lard G	GHD	N
Under 65	\$253.40	\$405.29	\$256.23	\$236.01	\$84.22	\$156.56	\$283.81	\$453.92	\$286.98	\$264.33	\$94.33	\$175.34
65	\$168.94	\$270.19	\$170.82	\$157.34	\$56.15	\$104.37	\$189.21	\$302.62	\$191.32	\$176.22	\$62.89	\$116.89
66	\$168.94	\$270.19	\$170.82	\$157.34	\$56.15	\$104.37	\$189.21	\$302.62	\$191.32	\$176.22	\$62.89	\$116.89
67	\$168.94	\$270.19	\$170.82	\$157.34	\$56.15	\$104.37	\$189.21	\$302.62	\$191.32	\$176.22	\$62.89	\$116.89
68	\$168.94	\$270.19	\$170.82	\$157.34	\$56.15	\$104.37	\$189.21	\$302.62	\$191.32	\$176.22	\$62.89	\$116.89
69	\$174.43	\$278.97	\$176.37	\$162.45	\$57.97	\$107.76	\$195.36	\$312.45	\$197.54	\$181.94	\$64.93	\$120.69
70	\$180.09	\$288.04	\$182.10	\$167.73	\$59.86	\$111.26	\$201.71	\$322.61	\$203.96	\$187.86	\$67.04	\$124.62
71	\$185.95	\$297.40	\$188.02	\$173.18	\$61.80	\$114.88	\$208.26	\$333.09	\$210.58	\$193.96	\$69.22	\$128.67
72	\$191.99	\$307.07	\$194.13	\$178.81	\$63.81	\$118.61	\$215.03	\$343.92	\$217.43	\$200.27	\$71.47	\$132.85
73	\$198.23	\$317.05	\$200.44	\$184.62	\$65.89	\$122.47	\$222.02	\$355.09	\$224.49	\$206.78	\$73.79	\$137.17
74	\$204.67	\$327.35	\$206.96	\$190.62	\$68.03	\$126.45	\$229.23	\$366.63	\$231.79	\$213.50	\$76.19	\$141.62
75	\$211.33	\$337.99	\$213.68	\$196.82	\$70.24	\$130.56	\$236.68	\$378.55	\$239.32	\$220.43	\$78.67	\$146.23
76	\$218.19	\$348.98	\$220.63	\$203.21	\$72.52	\$134.80	\$244.38	\$390.85	\$247.10	\$227.60	\$81.22	\$150.98
77	\$225.28	\$360.32	\$227.80	\$209.82	\$74.88	\$139.18	\$252.32	\$403.56	\$255.13	\$235.00	\$83.86	\$155.89
78	\$232.61	\$372.03	\$235.20	\$216.64	\$77.31	\$143.71	\$260.52	\$416.67	\$263.42	\$242.63	\$86.59	\$160.95
79	\$240.17	\$384.12	\$242.84	\$223.68	\$79.82	\$148.38	\$268.99	\$430.21	\$271.99	\$250.52	\$89.40	\$166.18
80	\$247.97	\$396.60	\$250.74	\$230.95	\$82.42	\$153.20	\$277.73	\$444.19	\$280.83	\$258.66	\$92.31	\$171.58
81	\$256.03	\$409.49	\$258.89	\$238.45	\$85.10	\$158.18	\$286.75	\$458.63	\$289.95	\$267.07	\$95.31	\$177.16
82	\$264.35	\$422.80	\$267.30	\$246.20	\$87.86	\$163.32	\$296.07	\$473.54	\$299.38	\$275.75	\$98.41	\$182.92
83	\$272.94	\$436.54	\$275.99	\$254.20	\$90.72	\$168.63	\$305.70	\$488.93	\$309.11	\$284.71	\$101.60	\$188.86
84	\$281.81	\$450.73	\$284.96	\$262.47	\$93.67	\$174.11	\$315.63	\$504.82	\$319.15	\$293.96	\$104.91	\$195.00
85	\$290.97	\$465.38	\$294.22	\$271.00	\$96.71	\$179.77	\$325.89	\$521.22	\$329.52	\$303.52	\$108.32	\$201.34
86 87	\$300.43	\$480.50	\$303.78	\$279.80	\$99.85	\$185.61	\$336.48	\$538.16	\$340.23	\$313.38	\$111.84	\$207.88
	\$310.19	\$496.12	\$313.65	\$288.90	\$103.10	\$191.64	\$347.42	\$555.65	\$351.29	\$323.56	\$115.47	\$214.64
88 89	\$320.27	\$512.24	\$323.85	\$298.29	\$106.45	\$197.87	\$358.71	\$573.71	\$362.71	\$334.08	\$119.22	\$221.61
90	\$330.68 \$341.43	\$528.89 \$546.08	\$334.37 \$345.24	\$307.98 \$317.99	\$109.91	\$204.30 \$210.94	\$370.37 \$382.40	\$592.36 \$611.61	\$374.50 \$386.67	\$344.94 \$356.15	\$123.10 \$127.10	\$228.82 \$236.25
91	\$352.53	\$546.06	\$356.46	\$317.77	\$113.48 \$117.17	\$210.94	\$394.83	\$631.49	\$399.23	\$367.72	\$131.23	\$236.23
92	\$363.98	\$582.15	\$368.04	\$338.99	\$120.98	\$224.87	\$407.66	\$652.01	\$412.21	\$379.67	\$135.49	\$251.86
93	\$375.81	\$601.07	\$380.00	\$350.01	\$124.91	\$232.18	\$420.91	\$673.20	\$425.61	\$392.01	\$139.90	\$260.04
94	\$388.03	\$620.61	\$392.36	\$361.39	\$128.97	\$239.73	\$434.59	\$695.08	\$439.44	\$404.75	\$144.44	\$268.50
95	\$400.64	\$640.78	\$405.11	\$373.13	\$133.16	\$247.52	\$448.71	\$717.67	\$453.72	\$417.91	\$149.14	\$277.22
96	\$413.66	\$661.60	\$418.27	\$385.26	\$137.49	\$255.56	\$463.30	\$740.99	\$468.47	\$431.49	\$153.99	\$286.23
97	\$427.10	\$683.10	\$431.87	\$397.78	\$141.96	\$263.87	\$478.36	\$765.08	\$483.69	\$445.51	\$158.99	\$295.53
98	\$440.98	\$705.30	\$445.90	\$410.71	\$146.57	\$272.45	\$493.90	\$789.94	\$499.41	\$459.99	\$164.16	\$305.14
99+	\$455.32	\$728.23	\$460.39	\$424.06	\$151.33	\$281.30	\$509.95	\$815.61	\$515.64	\$474.94	\$169.49	\$315.06

Modal Factors: Annual = Monthly*12; Semi-Annual = Monthly*6; Quarterly = Monthly*3

The rates above do not include a one time \$15 policy fee.

To calculate a Household discount of 7%:

Monthly premium X modal factor = modal premium (round to the nearest whole cent)

Modal premium X 0.93 = discounted premium

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Colorado Monthly Premiums

For Use in Zip Codes: Rest of State Female Rates

Attained			Prefer	red					Stand	ard		
Age	Α	D	F	G	GHD	N	Α	D	F	G	GHD	N
Under 65	\$210.84	\$337.22	\$213.20	\$196.37	\$70.08	\$130.26	\$236.15	\$377.69	\$238.78	\$219.93	\$78.49	\$145.89
65	\$140.56	\$224.81	\$142.13	\$130.91	\$46.72	\$86.84	\$157.43	\$251.79	\$159.19	\$146.62	\$52.32	\$97.26
66	\$140.56	\$224.81	\$142.13	\$130.91	\$46.72	\$86.84	\$157.43	\$251.79	\$159.19	\$146.62	\$52.32	\$97.26
67	\$140.56	\$224.81	\$142.13	\$130.91	\$46.72	\$86.84	\$157.43	\$251.79	\$159.19	\$146.62	\$52.32	\$97.26
68	\$140.56	\$224.81	\$142.13	\$130.91	\$46.72	\$86.84	\$157.43	\$251.79	\$159.19	\$146.62	\$52.32	\$97.26
69	\$145.13	\$232.12	\$146.75	\$135.17	\$48.24	\$89.66	\$162.55	\$259.98	\$164.36	\$151.39	\$54.03	\$100.42
70	\$149.85	\$239.66	\$151.52	\$139.56	\$49.80	\$92.58	\$167.83	\$268.42	\$169.70	\$156.31	\$55.78	\$103.69
71	\$154.72	\$247.45	\$156.44	\$144.10	\$51.42	\$95.59	\$173.28	\$277.15	\$175.22	\$161.39	\$57.59	\$107.06
72	\$159.75	\$255.50	\$161.53	\$148.78	\$53.09	\$98.69	\$178.92	\$286.16	\$180.91	\$166.63	\$59.47	\$110.54
73	\$164.94	\$263.80	\$166.78	\$153.61	\$54.82	\$101.90	\$184.73	\$295.46	\$186.79	\$172.05	\$61.40	\$114.13
74	\$170.30	\$272.37	\$172.20	\$158.61	\$56.60	\$105.21	\$190.73	\$305.06	\$192.86	\$177.64	\$63.39	\$117.84
75 76	\$175.83 \$181.55	\$281.23 \$290.36	\$177.79 \$183.57	\$163.76 \$169.08	\$58.44 \$60.34	\$108.63 \$112.16	\$196.93 \$203.33	\$314.97 \$325.21	\$199.13 \$205.60	\$183.41 \$189.37	\$65.45 \$67.58	\$121.67 \$125.62
77	\$187.45	\$299.80	\$189.54	\$174.58	\$62.30	\$115.81	\$209.94	\$335.78	\$203.80	\$195.53	\$69.78	\$129.70
78	\$193.54	\$309.55	\$107.34	\$180.25	\$64.33	\$119.57	\$207.74	\$333.76	\$212.28	\$201.88	\$72.05	\$133.92
79	\$199.83	\$319.61	\$202.06	\$186.11	\$66.42	\$123.46	\$223.81	\$357.96	\$226.31	\$208.44	\$74.39	\$138.27
80	\$206.32	\$329.99	\$208.63	\$192.16	\$68.58	\$127.47	\$231.08	\$369.59	\$233.66	\$215.22	\$76.81	\$142.77
81	\$213.03	\$340.72	\$215.41	\$198.40	\$70.80	\$131.61	\$238.59	\$381.60	\$241.25	\$222.21	\$79.30	\$147.41
82	\$219.95	\$351.79	\$222.41	\$204.85	\$73.11	\$135.89	\$246.35	\$394.01	\$249.10	\$229.43	\$81.88	\$152.20
83	\$227.10	\$363.22	\$229.63	\$211.51	\$75.48	\$140.31	\$254.35	\$406.81	\$257.19	\$236.89	\$84.54	\$157.14
84	\$234.48	\$375.03	\$237.10	\$218.38	\$77.93	\$144.87	\$262.62	\$420.03	\$265.55	\$244.59	\$87.29	\$162.25
85	\$242.10	\$387.22	\$244.80	\$225.48	\$80.47	\$149.57	\$271.16	\$433.68	\$274.18	\$252.54	\$90.12	\$167.52
86	\$249.97	\$399.80	\$252.76	\$232.81	\$83.08	\$154.44	\$279.97	\$447.78	\$283.09	\$260.75	\$93.05	\$172.97
87	\$258.10	\$412.80	\$260.97	\$240.38	\$85.78	\$159.45	\$289.07	\$462.33	\$292.29	\$269.22	\$96.08	\$178.59
88	\$266.48	\$426.21	\$269.46	\$248.19	\$88.57	\$164.64	\$298.46	\$477.36	\$301.79	\$277.97	\$99.20	\$184.39
89	\$275.14	\$440.06	\$278.21	\$256.25	\$91.45	\$169.99	\$308.16	\$492.87	\$311.60	\$287.01	\$102.42	\$190.39
90	\$284.09	\$454.37	\$287.26	\$264.58	\$94.42	\$175.51	\$318.18	\$508.89	\$321.73	\$296.33	\$105.75	\$196.57
91	\$293.32	\$469.13	\$296.59	\$273.18	\$97.49	\$181.22	\$328.52	\$525.43	\$332.18	\$305.96	\$109.19	\$202.96
92	\$302.85	\$484.38	\$306.23	\$282.06	\$100.66	\$187.11	\$339.19	\$542.50	\$342.98	\$315.91	\$112.74	\$209.56
93	\$312.70	\$500.12	\$316.18	\$291.23	\$103.93	\$193.19	\$350.22	\$560.14	\$354.12	\$326.17	\$116.40	\$216.37
94	\$322.86	\$516.38	\$326.46	\$300.69	\$107.31	\$199.47	\$361.60	\$578.34	\$365.63	\$336.78	\$120.19	\$223.40
95	\$333.35	\$533.16	\$337.07	\$310.46	\$110.80	\$205.95	\$373.35	\$597.14	\$377.52	\$347.72	\$124.09	\$230.66
96	\$344.18	\$550.48	\$348.02	\$320.55	\$114.40	\$212.64	\$385.49	\$616.54	\$389.79	\$359.02	\$128.12	\$238.16
97	\$355.37	\$568.38	\$359.33	\$330.97	\$118.11	\$219.55	\$398.02	\$636.58	\$402.45	\$370.69	\$132.29	\$245.90
98	\$366.92	\$586.85	\$371.01	\$341.73	\$121.95	\$226.69	\$410.95	\$657.27	\$415.53	\$382.74	\$136.59	\$253.89
99+	\$378.85	\$605.92	\$383.07	\$352.84	\$125.92	\$234.06	\$424.31	\$678.63	\$429.04	\$395.18	\$141.03	\$262.14

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Monthly premium X modal factor = modal premium (round to the nearest whole cent) Modal premium X 0.93 = discounted premium

Colorado Monthly Premiums

For Use in Zip Codes: Rest of State Male Rates

Uncler 65 \$231,93 \$370,94 \$234,52 \$216,01 \$77.09 \$143,29 \$259,76 \$415,46 \$262,66 \$241,93 \$86,34 \$160,48 65 \$1314,62 \$247,30 \$156,34 \$144,00 \$51,39 \$95,53 \$173,17 \$276,97 \$175,10 \$161,28 \$75,56 \$106,99 67 \$154,62 \$247,30 \$156,34 \$144,00 \$51,39 \$95,53 \$173,17 \$276,97 \$175,10 \$161,28 \$75,56 \$106,99 67 \$154,62 \$247,30 \$156,34 \$144,00 \$51,39 \$95,53 \$173,17 \$276,97 \$175,10 \$161,28 \$75,56 \$106,99 68 \$154,62 \$247,30 \$156,34 \$144,00 \$51,39 \$95,53 \$173,17 \$276,97 \$175,10 \$161,28 \$75,56 \$106,99 69 \$159,64 \$255,53 \$161,42 \$146,68 \$53,06 \$99,53 \$173,17 \$276,97 \$175,10 \$161,28 \$37,56 \$106,99 69 \$159,64 \$255,53 \$161,42 \$146,68 \$53,06 \$986,3 \$178,80 \$286,57 \$175,10 \$161,28 \$37,56 \$106,99 69 \$159,64 \$255,33 \$161,42 \$146,68 \$53,06 \$986,3 \$178,80 \$286,57 \$151,80 \$161,28 \$37,56 \$106,99 69 \$159,64 \$255,33 \$161,42 \$146,68 \$53,06 \$986,3 \$178,80 \$286,57 \$175,10 \$161,28 \$37,56 \$106,99 69 \$159,64 \$253,33 \$164,67 \$153,52 \$54,79 \$101,84 \$184,61 \$295,27 \$186,67 \$171,94 \$61,33 \$110,47 70 \$144,83 \$223,63 \$166,67 \$153,52 \$54,79 \$101,84 \$184,61 \$295,27 \$186,67 \$171,94 \$61,33 \$114,06 71 \$170,19 \$272,20 \$177,09 \$176,85 \$165,65 \$166,81 \$314,77 \$199,00 \$183,30 \$46,41 \$121,59 73 \$116,14 \$46,98 \$40,30 \$112,09 \$203,20 \$325,00 \$205,47 \$189,25 \$47,54 \$121,59 73 \$193,42 \$309,35 \$194,40 \$201,93 \$186,59 \$46,37 \$123,88 \$223,67 \$357,73 \$226,16 \$200,37 \$72,20 \$133,83 \$76,41 \$197,00 \$116,32 \$190,40 \$201,75 \$72,00 \$133,83 \$76,41 \$197,00 \$116,32 \$190,40 \$201,75 \$72,00 \$133,83 \$77,9 \$212,89 \$340,50 \$215,27 \$198,28 \$70,76 \$131,53 \$238,44 \$381,36 \$241,10 \$222,07 \$79,25 \$147,31 \$99,99,55 \$226,89 \$299,99 \$244,65 \$225,34 \$80,42 \$119,48 \$270,99 \$333,54 \$221,50 \$326,54 \$344,43 \$37,23 \$162,15 \$226,89 \$229,99 \$229,49 \$211,38 \$155,10 \$335,49 \$246,19 \$399,75 \$226,16 \$306,31 \$162,15 \$208,31 \$162,15 \$208,31 \$246,81 \$324,33 \$374,79 \$236,95 \$244,65 \$225,34 \$80,42 \$149,48 \$270,99 \$434,99 \$355,99 \$331,99 \$360,00 \$316,42 \$390,99 \$360,99 \$329,95 \$326,64 \$344,30 \$326,50 \$316,40 \$326,99 \$324,44 \$383,41 \$324,81 \$326,89 \$322,91 \$326,89 \$322,91 \$326,89 \$322,91 \$326,89 \$322,91 \$326,89 \$	Attained Age	Α -	D _	Prefei F	rred G	GHD	, <u> </u>	A	D	Stand F	lard G	CHD	N
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71 \$170.19 \$272.20 \$172.09 \$158.51 \$56.57 \$105.15 \$190.61 \$304.86 \$192.74 \$177.53 \$63.35 \$117.76 72 \$175.72 \$281.05 \$177.68 \$163.66 \$\$8.8.40 \$108.56 \$196.81 \$314.77 \$199.00 \$183.30 \$65.81 \$121.59 73 \$181.43 \$290.18 \$183.46 \$168.98 \$60.30 \$112.09 \$203.20 \$205.20 \$205.47 \$189.25 \$67.54 \$125.54 74 \$187.33 \$299.61 \$189.42 \$174.47 \$62.26 \$115.73 \$209.81 \$335.56 \$212.15 \$195.60 \$69.73 \$129.62 75 \$193.42 \$309.35 \$195.57 \$180.14 \$64.29 \$119.49 \$216.63 \$346.47 \$219.04 \$201.75 \$72.00 \$133.83 76 \$199.70 \$319.40 \$201.93 \$185.99 \$46.37 \$123.38 \$223.67 \$357.73 \$226.16 \$208.31 \$74.34 \$138.18 77 \$206.19 \$329.78 \$208.49 \$192.04 \$68.53 \$127.39 \$230.94 \$369.36 \$233.51 \$215.08 \$76.76 \$142.67 78 \$212.89 \$340.50 \$215.27 \$198.28 \$70.76 \$131.53 \$238.44 \$381.36 \$241.10 \$222.07 \$79.25 \$147.31 79 \$219.81 \$351.57 \$222.26 \$204.72 \$73.06 \$135.80 \$246.19 \$393.75 \$248.94 \$229.29 \$818.33 \$152.10 80 \$226.96 \$362.99 \$229.49 \$211.38 \$75.43 \$140.22 \$254.19 \$406.55 \$257.03 \$236.74 \$84.49 \$157.04 81 \$234.33 \$374.79 \$236.95 \$218.24 \$77.89 \$144.77 \$262.45 \$417.6 \$222.07 \$79.25 \$147.31 82 \$241.95 \$386.97 \$244.65 \$225.54 \$80.42 \$149.48 \$279.98 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 83 \$249.81 \$399.55 \$252.60 \$232.66 \$83.03 \$154.34 \$279.79 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 84 \$257.79 \$412.53 \$260.81 \$240.22 \$85.73 \$159.35 \$288.88 \$462.04 \$292.10 \$260.58 \$92.99 \$172.86 85 \$266.31 \$425.94 \$269.28 \$240.02 \$85.73 \$159.35 \$288.88 \$462.04 \$292.10 \$260.58 \$92.99 \$172.86 86 \$274.77 \$449.78 \$278.04 \$256.09 \$91.39 \$169.88 \$307.97 \$472.56 \$331.60 \$277.79 \$99.14 \$184.28 87 \$283.91 \$454.07 \$287.07 \$264.41 \$94.36 \$175.40 \$317.97 \$508.56 \$331.52 \$296.14 \$105.68 \$190.26 \$99 \$331.57 \$280.68 \$102.36 \$190.26 \$99 \$331.97 \$305.77 \$109.12 \$202.83 \$99 \$302.66 \$840.07 \$300.60 \$326.25 \$300.50 \$107.24 \$199.34 \$361.37 \$579.79 \$385.49 \$335.71 \$112.67 \$209.42 \$90 \$331.25 \$448.83 \$296.00 \$315.98 \$291.04 \$100.86 \$193.06 \$349.99 \$389.54 \$385.79 \$385.97 \$386.50 \$305.79 \$492.50 \$333.41 \$532.20 \$336.65 \$310.05 \$330.50 \$107.24 \$199.34 \$361.09 \$335.14 \$3	69	\$159.64	\$255.33	\$161.42	\$148.68	\$53.06	\$98.63	\$178.80	\$285.97	\$180.80	\$166.53	\$59.43	\$110.47
72 \$175.72 \$281.05 \$177.68 \$163.66 \$58.40 \$108.56 \$196.81 \$314.77 \$199.00 \$183.30 \$65.41 \$121.59 73 \$181.43 \$290.18 \$183.46 \$168.98 \$60.30 \$112.09 \$203.20 \$325.00 \$205.47 \$189.25 \$67.54 \$125.54 74 \$187.33 \$299.61 \$189.42 \$174.47 \$62.26 \$115.73 \$209.81 \$335.56 \$212.15 \$195.40 \$69.73 \$129.62 75 \$193.42 \$309.35 \$195.57 \$180.14 \$64.29 \$119.49 \$216.63 \$346.47 \$219.04 \$201.75 \$72.00 \$133.83 76 \$199.70 \$319.40 \$201.93 \$185.99 \$66.37 \$123.38 \$223.67 \$357.73 \$226.16 \$208.31 \$74.34 \$138.18 77 \$206.19 \$329.78 \$208.49 \$192.04 \$68.53 \$127.39 \$230.94 \$369.36 \$233.51 \$215.08 \$76.76 \$142.67 78 \$212.89 \$340.50 \$215.27 \$198.28 \$70.76 \$131.53 \$238.44 \$318.10 \$222.07 \$79.25 \$147.31 79 \$219.81 \$351.57 \$222.26 \$204.72 \$73.06 \$135.80 \$246.19 \$393.75 \$248.94 \$229.29 \$81.83 \$152.10 80 \$226.96 \$362.99 \$229.49 \$211.38 \$75.43 \$140.22 \$254.19 \$406.55 \$257.03 \$236.74 \$84.49 \$157.04 81 \$234.33 \$374.79 \$236.95 \$218.24 \$77.89 \$144.77 \$262.45 \$419.76 \$265.38 \$244.45 \$87.23 \$162.15 82 \$241.95 \$388.97 \$244.65 \$225.54 \$80.02 \$149.48 \$270.98 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 83 \$249.81 \$399.55 \$252.60 \$232.66 \$83.03 \$154.34 \$279.79 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 84 \$257.93 \$412.53 \$260.81 \$240.22 \$85.73 \$169.88 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 85 \$266.31 \$425.94 \$269.28 \$240.82 \$824.03 \$88.51 \$164.53 \$298.27 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 86 \$274.97 \$439.78 \$278.04 \$256.09 \$91.39 \$169.88 \$303.79 \$472.56 \$331.40 \$220.50 \$86.02 \$170.36 \$190.26 87 \$283.91 \$454.07 \$287.07 \$264.41 \$94.36 \$175.40 \$317.97 \$508.56 \$321.52 \$296.14 \$105.68 \$190.24 88 \$274.97 \$439.78 \$278.04 \$256.09 \$91.39 \$164.53 \$289.27 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 89 \$302.66 \$484.07 \$206.00 \$273.01 \$97.43 \$181.10 \$238.31 \$525.09 \$331.97 \$305.77 \$109.12 \$202.83 89 \$302.66 \$484.07 \$306.03 \$281.88 \$100.59 \$186.99 \$333.89 \$542.16 \$342.76 \$335.70 \$335.77 \$109.12 \$202.83 89 \$302.66 \$484.07 \$306.03 \$281.88 \$100.59 \$180.99 \$338.99 \$542.16 \$342.76 \$335.70 \$335.77 \$109.12 \$203.82 91 \$322.65 \$510.60 \$335.80 \$336.81 \$110.72 \$205.82 \$333.11 \$596.	70	\$164.83	\$263.63	\$166.67	\$153.52	\$54.79	\$101.84	\$184.61	\$295.27	\$186.67	\$171.94	\$61.36	\$114.06
73 \$181.43 \$290.18 \$183.46 \$168.98 \$60.30 \$112.09 \$203.20 \$325.00 \$205.47 \$189.25 \$67.54 \$125.54 74 \$1817.33 \$299.61 \$189.42 \$174.47 \$62.26 \$115.73 \$209.81 \$335.56 \$212.15 \$195.40 \$69.73 \$129.62 \$174.47 \$62.26 \$115.73 \$209.81 \$335.56 \$212.15 \$195.40 \$69.73 \$129.62 \$195.75 \$193.42 \$309.35 \$195.57 \$180.14 \$64.29 \$119.49 \$216.63 \$346.47 \$219.04 \$201.75 \$72.00 \$1338.36 \$76 \$199.70 \$319.40 \$201.93 \$185.99 \$66.37 \$123.38 \$223.67 \$357.73 \$222.61 \$208.31 \$74.34 \$138.18 \$77 \$206.19 \$329.78 \$208.49 \$192.04 \$68.53 \$127.39 \$230.94 \$369.36 \$233.51 \$215.08 \$76.76 \$142.67 \$78 \$212.89 \$340.50 \$215.27 \$198.28 \$70.76 \$131.53 \$238.44 \$381.36 \$241.10 \$222.07 \$79.25 \$147.31 \$79 \$219.81 \$351.57 \$222.26 \$204.72 \$73.06 \$135.80 \$246.19 \$393.75 \$248.94 \$222.29 \$81.83 \$152.10 \$80 \$226.96 \$362.99 \$229.49 \$211.38 \$75.43 \$140.22 \$254.19 \$406.55 \$257.03 \$236.74 \$84.49 \$157.04 \$81 \$234.33 \$374.79 \$236.95 \$218.24 \$77.89 \$144.77 \$262.45 \$419.76 \$265.38 \$244.43 \$87.23 \$162.15 \$82 \$244.95 \$386.97 \$244.65 \$225.34 \$80.42 \$149.86 \$270.99 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 \$83 \$249.81 \$399.55 \$252.60 \$232.66 \$83.03 \$154.34 \$279.79 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 \$84 \$257.93 \$412.55 \$262.60 \$232.66 \$83.03 \$154.34 \$279.79 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 \$85 \$260.81 \$425.94 \$269.28 \$248.03 \$88.51 \$164.53 \$298.27 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 \$86.42 \$274.97 \$439.78 \$278.04 \$250.90 \$91.39 \$164.53 \$298.27 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 \$88 \$279.31 \$464.07 \$267.07 \$264.41 \$94.36 \$175.40 \$328.31 \$525.09 \$331.97 \$305.77 \$109.12 \$202.83 \$99.29 \$333.14 \$25.20 \$340.00 \$288.88 \$100.59 \$186.99 \$338.99 \$542.16 \$342.76 \$315.71 \$112.67 \$209.42 \$99.3 \$342.50 \$499.80 \$315.98 \$291.04 \$103.86 \$193.06 \$349.99 \$559.78 \$353.90 \$325.97 \$116.33 \$216.23 \$91.20 \$333.14 \$332.50 \$349.80 \$336.56 \$107.24 \$199.34 \$349.99 \$355.14 \$366.69 \$366.69 \$366.47 \$330.78 \$331.97 \$305.77 \$109.12 \$202.83 \$91.30 \$342.66 \$484.07 \$336.50 \$326.25 \$300.50 \$107.24 \$199.34 \$335.15 \$250.99 \$331.97 \$305.77 \$109.12 \$202.83 \$91.20 \$333.14 \$336.66 \$336.66 \$336.69 \$336.85 \$	71	\$170.19	\$272.20	\$172.09	\$158.51	\$56.57	\$105.15	\$190.61	\$304.86	\$192.74	\$177.53	\$63.35	\$117.76
74 \$187.33 \$299.61 \$189.42 \$174.47 \$62.26 \$115.73 \$209.81 \$335.56 \$212.15 \$195.40 \$69.73 \$129.62 \$75 \$193.42 \$309.35 \$195.57 \$180.14 \$64.29 \$119.49 \$216.63 \$346.47 \$219.04 \$201.75 \$72.00 \$133.83 \$76 \$199.70 \$319.40 \$201.93 \$185.99 \$66.37 \$123.38 \$223.67 \$357.73 \$226.16 \$208.31 \$74.34 \$138.18 \$77 \$206.19 \$329.78 \$208.49 \$192.04 \$68.53 \$127.39 \$230.94 \$369.36 \$233.51 \$215.08 \$76.76 \$142.67 \$78 \$212.89 \$340.50 \$215.27 \$198.28 \$70.76 \$131.53 \$228.44 \$381.36 \$241.10 \$222.07 \$79.25 \$147.31 \$79 \$219.81 \$351.57 \$222.26 \$204.72 \$73.06 \$135.80 \$246.19 \$393.75 \$248.94 \$229.29 \$81.83 \$152.10 \$80 \$224.96 \$362.99 \$229.49 \$211.38 \$75.43 \$140.22 \$254.19 \$406.55 \$257.03 \$236.74 \$84.49 \$157.04 \$81 \$234.33 \$374.79 \$236.95 \$212.82 \$77.89 \$144.477 \$262.45 \$419.76 \$265.38 \$244.43 \$87.23 \$162.15 \$82 \$241.95 \$386.97 \$244.65 \$225.34 \$80.42 \$149.48 \$279.99 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 \$83 \$249.81 \$399.55 \$252.60 \$232.66 \$83.03 \$154.34 \$279.79 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 \$84 \$257.93 \$412.53 \$260.81 \$240.22 \$85.73 \$159.35 \$288.88 \$462.04 \$292.10 \$269.05 \$96.02 \$178.48 \$257.93 \$412.53 \$260.81 \$240.02 \$857.03 \$181.10 \$328.31 \$525.09 \$331.40 \$286.82 \$102.36 \$190.26 \$87.49 \$190.36 \$10.59 \$190.26 \$87.49 \$190.36 \$10.59 \$190.26 \$87.49 \$10.26	72	\$175.72	\$281.05	\$177.68	\$163.66	\$58.40	\$108.56	\$196.81	\$314.77	\$199.00	\$183.30	\$65.41	\$121.59
75 \$193.42 \$309.35 \$195.57 \$180.14 \$64.29 \$119.49 \$216.63 \$346.47 \$219.04 \$201.75 \$72.00 \$133.83 76 \$199.70 \$319.40 \$201.93 \$185.99 \$66.37 \$123.38 \$223.67 \$357.73 \$226.16 \$208.31 \$74.34 \$138.18 77 \$206.19 \$329.78 \$208.49 \$192.04 \$68.53 \$127.39 \$230.94 \$369.36 \$233.51 \$215.08 \$76.76 \$142.67 78 \$212.89 \$340.50 \$215.27 \$198.28 \$70.76 \$131.53 \$238.44 \$381.36 \$241.10 \$222.07 \$79.25 \$147.31 79 \$219.81 \$351.57 \$222.26 \$204.72 \$73.06 \$135.80 \$246.19 \$399.75 \$248.94 \$229.29 \$81.83 \$152.10 80 \$226.96 \$362.99 \$229.49 \$211.38 \$75.43 \$140.22 \$254.19 \$406.55 \$257.03 \$236.74 \$84.49 \$157.04 81 \$234.33 \$374.79 \$234.65 \$218.24 \$77.89 \$144.77 \$262.45 \$419.76 \$265.38 \$244.43 \$87.23 \$162.15 82 \$241.95 \$386.97 \$244.65 \$225.34 \$80.42 \$149.48 \$270.98 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 83 \$249.81 \$399.55 \$252.60 \$232.66 \$83.03 \$154.34 \$277.99 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 84 \$257.93 \$412.53 \$260.81 \$240.22 \$85.73 \$159.35 \$288.88 \$462.04 \$292.10 \$269.05 \$96.02 \$178.48 85 \$266.31 \$425.94 \$269.28 \$248.03 \$88.51 \$164.53 \$298.27 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 86 \$274.97 \$439.78 \$278.04 \$256.09 \$91.39 \$169.88 \$307.97 \$492.56 \$311.40 \$288.62 \$102.36 \$190.26 87 \$283.91 \$454.07 \$287.07 \$224.41 \$94.36 \$175.40 \$313.97 \$492.56 \$311.40 \$288.62 \$102.36 \$190.26 88 \$293.13 \$468.83 \$296.40 \$273.01 \$97.43 \$181.10 \$328.31 \$525.09 \$331.97 \$305.77 \$109.12 \$202.83 89 \$302.66 \$484.07 \$306.03 \$281.88 \$100.59 \$186.99 \$338.98 \$542.16 \$342.76 \$335.97 \$305.77 \$109.12 \$202.83 90 \$312.50 \$499.80 \$315.98 \$291.04 \$103.86 \$193.06 \$349.99 \$559.78 \$335.90 \$325.97 \$116.33 \$216.23 \$91.02 \$20.04 \$335.14 \$332.26 \$336.85 \$310.27 \$110.72 \$205.82 \$373.11 \$596.75 \$372.82 \$249.49 \$335.14 \$332.20 \$245.74 \$300.59 \$343.96 \$350.13 \$347.80 \$330.76 \$118.04 \$219.41 \$395.77 \$366.07 \$397.97 \$305.77 \$109.12 \$202.83 \$90.07 \$330.90 \$325.97 \$116.33 \$216.23 \$91.02 \$330.76 \$118.04 \$219.41 \$395.77 \$366.07 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.09 \$347.	73	\$181.43	\$290.18	\$183.46	\$168.98	\$60.30	\$112.09	\$203.20	\$325.00	\$205.47	\$189.25	\$67.54	\$125.54
76 \$199.70 \$319.40 \$201.93 \$185.99 \$66.37 \$123.38 \$223.67 \$357.73 \$226.16 \$208.31 \$74.34 \$138.18 \$77 \$206.19 \$329.78 \$208.49 \$192.04 \$68.53 \$127.39 \$230.94 \$369.36 \$233.51 \$215.08 \$76.76 \$142.67 \$78 \$212.89 \$340.50 \$215.27 \$198.28 \$70.76 \$131.53 \$238.44 \$381.36 \$241.10 \$222.07 \$79.25 \$147.31 \$79 \$219.81 \$351.57 \$222.26 \$204.72 \$73.06 \$135.80 \$246.19 \$393.75 \$248.94 \$222.09 \$81.83 \$152.10 \$80 \$226.96 \$362.99 \$229.49 \$211.38 \$75.43 \$140.22 \$254.19 \$406.55 \$257.03 \$236.74 \$84.49 \$157.04 \$81 \$234.33 \$374.79 \$236.95 \$218.24 \$77.89 \$144.77 \$262.45 \$419.76 \$265.38 \$244.43 \$87.23 \$162.15 \$82 \$241.95 \$386.97 \$244.65 \$225.34 \$80.42 \$149.48 \$270.98 \$433.41 \$274.00 \$252.38 \$90.07 \$167.42 \$83 \$224.98 \$399.55 \$252.60 \$232.66 \$830.3 \$154.34 \$279.79 \$447.49 \$282.91 \$260.58 \$92.99 \$172.86 \$84 \$257.93 \$412.53 \$260.81 \$240.22 \$85.73 \$159.35 \$288.88 \$462.04 \$292.10 \$266.05 \$92.99 \$172.86 \$85.25 \$266.31 \$425.94 \$266.28 \$248.03 \$88.51 \$164.53 \$298.27 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 \$86 \$274.97 \$439.78 \$278.04 \$256.09 \$91.39 \$169.88 \$307.97 \$477.05 \$301.60 \$277.79 \$99.14 \$184.28 \$86 \$274.97 \$439.78 \$278.04 \$256.09 \$91.39 \$169.88 \$307.97 \$492.56 \$311.40 \$286.82 \$102.36 \$190.26 \$87 \$283.91 \$454.07 \$287.07 \$264.41 \$94.36 \$175.40 \$317.97 \$508.56 \$321.52 \$296.14 \$105.68 \$190.45 \$190.45 \$100.59 \$186.99 \$338.98 \$542.16 \$342.76 \$315.71 \$112.67 \$209.42 \$90 \$332.50 \$499.80 \$315.98 \$291.04 \$103.86 \$190.05 \$186.99 \$338.98 \$542.16 \$342.76 \$315.71 \$112.67 \$209.42 \$91.39 \$326.65 \$516.05 \$326.25 \$300.50 \$107.24 \$199.36 \$349.99 \$559.78 \$335.90 \$335.97 \$116.33 \$216.23 \$91.04 \$103.86 \$199.36 \$349.99 \$559.78 \$335.90 \$335.97 \$116.33 \$290.94 \$91.39 \$346.80 \$355.14 \$568.01 \$359.10 \$330.63 \$381.84 \$291.04 \$103.86 \$199.36 \$349.99 \$559.78 \$335.90 \$335.97 \$116.33 \$200.51 \$93 \$333.14 \$532.82 \$336.85 \$310.27 \$110.72 \$205.82 \$373.11 \$596.75 \$377.28 \$347.50 \$124.01 \$230.51 \$93 \$343.96 \$550.13 \$347.80 \$330.35 \$114.32 \$212.51 \$385.24 \$616.15 \$389.54 \$336.59 \$124.01 \$230.51 \$93 \$343.96 \$550.13 \$347.80 \$330.76 \$118.04 \$219.41 \$397.76 \$636.17 \$402.20 \$370.45 \$13	74	\$187.33	\$299.61	\$189.42	\$174.47	\$62.26	\$115.73	\$209.81	\$335.56	\$212.15	\$195.40	\$69.73	\$129.62
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			\$666.51			\$134.13	\$247.36			\$471.94		\$155.13	

Modal Factors: Annual = Monthly*12; Semi-Annual = Monthly*6; Quarterly = Monthly*3

The rates above do not include a one time \$15 policy fee.

To calculate a Household discount of 7%:

Monthly premium X modal factor = modal premium (round to the nearest whole cent)

Modal premium X 0.93 = discounted premium

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PREMIUM INFORMATION

We, MedMutual Life Insurance Company, can only raise the premium for all policies like yours in this State. The change in the table of rates will apply to all covered persons in the same class. Class is defined as attained age, sex, underwriting class, state of issue, and your most recent zip code of residence in the state of issue. If you move out of Colorado, your premium will continue to be based on the most recent zip code of your residence in Colorado. Premiums are based on your attained age and will change on your policy anniversary date.

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 MedMutual Life Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to: MedMutual Life Insurance Company, Medicare Supplement Administration, P.O. Box 10863, Clearwater, Florida 33757-8863. 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 of your medical costs. Neither MedMutual Life 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. MedMutual Life Insurance Company may cancel your policy and refuse to pay any 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. Please refer to your policy for details.

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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	All but \$1676	\$0	\$1676 (Port A doductible)
First 60 days 61 st thru 90 th day	All but \$419 a day	\$0 \$419 a day	\$1676 (Part A deductible)
91 st day and after:	All but \$419 a day	ψ+19 a day	Ψ0
 While using 60 lifetime reserve days 	All but \$838 a day	\$838 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 21st thru 100th day 101st day and after	All approved amounts All but \$209.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$209.50 a day 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 co- payment/ 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$257 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 \$257 of Medicare	\$0	\$0	COET (Dort D. doductible)
Approved Amounts* Remainder of Medicare	Φ0	φ0	\$257 (Part B deductible)
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES		•	
(Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES - TESTS FOR DIAGNOSTIC	100%	\$0	\$0
SERVICES			

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
 Medically necessary skilled care services and 			
medical supplies	100%	\$0	\$0
 Durable medical equipment 			
First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare			
Approved Amounts	80%	20%	\$0

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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 \$1676	\$1676 (Part A deductible)	\$0
61 st thru 90 th day	All but \$419 a day	\$419 a day	\$0
91 st day and after:			
— While using 60 lifetime reserve			
days	All but \$838 a day	\$838 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 \$209.50 a day	Up to \$209.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
	10070	\	
HOSPICE CARE			
You must meet Medicare's requirements,	All but very limited copayment/	Medicare	\$0
including a doctor's certification of terminal	coinsurance for outpatient	copayment/coinsurance	
illness.	drugs and inpatient respite care		

^{**}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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

*Once you have been billed \$257 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 \$257 of Medicare	\$0	\$0	\$257 (Unless Part B deductible has
Approved Amounts* Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	0%	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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PLAN D PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services			
and medical supplies	100%	\$0	\$0
Durable medical equipment			
 First \$257 of Medicare Approved 	\$0	\$0	\$257 (Part B deductible)
Amounts*			
 Remainder of Medicare Approved 			
Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general			
nursing and miscellaneous services			
and supplies			
First 60 days	All but \$1676	\$1676 (Part A deductible)	\$0
61 st thru 90 th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
 While using 60 lifetime reserve 			
days	All but \$838 a day	\$838 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
21 st thru 100 th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101 st 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	All but very limited copayment/	Medicare	\$0
requirements, including a doctor's	coinsurance for outpatient drugs	copayment/coinsurance	
certification of terminal illness.	and inpatient respite care		

^{**}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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

*Once you have been billed \$257 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 \$257 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$257 (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$257 of Medicare Approved amounts* Remainder of Medicare Approved amounts	\$0 \$0 80%	All costs \$257 (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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PLAN F PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services			
and medical supplies	100%	\$0	\$0
Durable medical equipment			
 First \$257 of Medicare Approved 			
Amounts*	\$0	\$257 (Part B deductible)	\$0
 Remainder of Medicare Approved 			
Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of	20% and amounts over the
		\$50,000	\$50,000 lifetime maximum

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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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days 61 st thru 90 th day 91 st day and after:	All but \$1676 All but \$419 a day	\$1676 (Part A deductible) \$419 a day	\$0 \$0
 While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days 	All but \$838 a day \$0	\$838 a day 100% of Medicare eligible expenses	\$0 \$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 21st thru 100th day 101st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

*Once you have been billed \$257 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 \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (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	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (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

(continued)

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PLAN G PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services			
and medical supplies	100%	\$0	\$0
Durable medical equipment			
 First \$257 of Medicare Approved 	\$0	\$0	\$257 (Unless Part B deductible has
Amounts*			been met)
 Remainder of Medicare Approved 			
Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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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 you have paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. 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 \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general			
nursing and miscellaneous services			
and supplies			
First 60 days	All but \$1676	\$1676 (Part A deductible)	\$0
61 st thru 90 th day	All but \$419 a day	\$419 a day	\$0
91 st day and after:			
 While using 60 lifetime reserve 			
days	All but \$838 a day	\$838 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
21 st thru 100 th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101 st 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	All but very limited copayment/	Medicare	\$0
requirements, including a doctor's	coinsurance for outpatient drugs	copayment/coinsurance	
certification of terminal illness.	and inpatient respite care		

^{***}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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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HIGH DEDUCTIBLE PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$257 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 you have paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. 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 \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 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 \$257 of Medicare Approved Amounts* Remainder of Medicare	\$0	\$0	\$257 (Unless Part B deductible has been met)
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved amounts*	\$0	\$0	\$257 (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

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HIGH DEDUCTIBLE PLAN G PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services			
and medical supplies Durable medical equipment	100%	\$0	\$0
- First \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE ** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE ** YOU PAY
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	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	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 61 st thru 90 th day 91 st day and after:	All but \$1676 All but \$419 a day	\$1676 (Part A deductible) \$419 a day	\$0 \$0
 While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days 	All but \$838 a day \$0 \$0	\$838 a day 100% of Medicare eligible expenses \$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 \$209.50 a day \$0	\$0 Up to \$209.50 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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PLAN N

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$257 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 \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	per emergency room visit. The	\$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
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

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PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment - First \$257 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$257 (Part B deductible)
	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum	20% and amounts over the \$50,000
		benefit of \$50,000.	lifetime maximum.

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