

**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, K, L, and N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. 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 <sup>3</sup>	✓	✓
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 <sup>2</sup>					\$7,060 <sup>2</sup>	\$3,530 <sup>2</sup>				

\* Denotes plans available by United American Insurance Company

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change.

Preferred rates will be used for all policies issued during open enrollment/guarantee issue periods and will stay in effect for the life of the policy.

## **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 370-372; 380-381)**  
**UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)**

**Male**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
<b>A</b>	7795	3898	1949	650	5EW	06/01/2020
<b>B</b>	15711	7856	3928	1310	5F0	01/01/2024
<b>C</b>	15376	7688	3844	1282	5F4	01/01/2024
<b>D</b>	14413	7207	3604	1202	5F8	01/01/2024
<b>F</b>	17643	8822	4411	1471	5FC	01/01/2024
<b>HDF</b>	2387	1194	597	199	5FG	01/01/2024
<b>G</b>	10639	5320	2660	887	5FK	01/01/2024
<b>HDG</b>	2387	1194	597	199	5I6	01/01/2024
<b>K</b>	4972	2486	1243	415	5FO	06/01/2020
<b>L</b>	6593	3297	1649	550	5FS	03/01/2015

**Female**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
<b>A</b>	6779	3390	1695	565	5EX	06/01/2020
<b>B</b>	13663	6832	3416	1139	5F1	01/01/2024
<b>C</b>	13372	6686	3343	1115	5F5	01/01/2024
<b>D</b>	12534	6267	3134	1045	5F9	01/01/2024
<b>F</b>	15343	7672	3836	1279	5FD	01/01/2024
<b>HDF</b>	2076	1038	519	173	5FH	01/01/2024
<b>G</b>	9252	4626	2313	771	5FL	01/01/2024
<b>HDG</b>	2076	1038	519	173	5I7	01/01/2024
<b>K</b>	4324	2162	1081	361	5FP	06/01/2020
<b>L</b>	5733	2867	1434	478	5FT	03/01/2015

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

**AREA 1 (ZIP 370-372; 380-381)**  
**UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)**

**Male**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	7795	3898	1949	650	5EW	06/01/2020
B	15711	7856	3928	1310	5F0	01/01/2024
C	15376	7688	3844	1282	5F4	01/01/2024
D	14413	7207	3604	1202	5F8	01/01/2024
F	17643	8822	4411	1471	5FC	01/01/2024
HDF	2387	1194	597	199	5FG	01/01/2024
G	10639	5320	2660	887	5FK	01/01/2024
HDG	2387	1194	597	199	5I6	01/01/2024
K	4972	2486	1243	415	5FO	06/01/2020
L	6593	3297	1649	550	5FS	03/01/2015
N	10577	5289	2645	882	5FW	01/01/2024

**Female**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	6779	3390	1695	565	5EX	06/01/2020
B	13663	6832	3416	1139	5F1	01/01/2024
C	13372	6686	3343	1115	5F5	01/01/2024
D	12534	6267	3134	1045	5F9	01/01/2024
F	15343	7672	3836	1279	5FD	01/01/2024
HDF	2076	1038	519	173	5FH	01/01/2024
G	9252	4626	2313	771	5FL	01/01/2024
HDG	2076	1038	519	173	5I7	01/01/2024
K	4324	2162	1081	361	5FP	06/01/2020
L	5733	2867	1434	478	5FT	03/01/2015
N	9198	4599	2300	767	5FX	01/01/2024

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

**AREA 2 (ZIP 373-374; 376-379; 382-385)**  
**UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)**

**Male**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
<b>A</b>	7052	3526	1763	588	5EW	06/01/2020
<b>B</b>	14215	7108	3554	1185	5F0	01/01/2024
<b>C</b>	13912	6956	3478	1160	5F4	01/01/2024
<b>D</b>	13040	6520	3260	1087	5F8	01/01/2024
<b>F</b>	15963	7982	3991	1331	5FC	01/01/2024
<b>HDF</b>	2160	1080	540	180	5FG	01/01/2024
<b>G</b>	9626	4813	2407	803	5FK	01/01/2024
<b>HDG</b>	2160	1080	540	180	5I6	01/01/2024
<b>K</b>	4499	2250	1125	375	5FO	06/01/2020
<b>L</b>	5965	2983	1492	498	5FS	03/01/2015

**Female**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
<b>A</b>	6133	3067	1534	512	5EX	06/01/2020
<b>B</b>	12362	6181	3091	1031	5F1	01/01/2024
<b>C</b>	12098	6049	3025	1009	5F5	01/01/2024
<b>D</b>	11341	5671	2836	946	5F9	01/01/2024
<b>F</b>	13882	6941	3471	1157	5FD	01/01/2024
<b>HDF</b>	1878	939	470	157	5FH	01/01/2024
<b>G</b>	8371	4186	2093	698	5FL	01/01/2024
<b>HDG</b>	1878	939	470	157	5I7	01/01/2024
<b>K</b>	3912	1956	978	326	5FP	06/01/2020
<b>L</b>	5187	2594	1297	433	5FT	03/01/2015

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

**AREA 2 (ZIP 373-374; 376-379; 382-385)**  
**UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)**

**Male**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
<b>A</b>	7052	3526	1763	588	5EW	06/01/2020
<b>B</b>	14215	7108	3554	1185	5F0	01/01/2024
<b>C</b>	13912	6956	3478	1160	5F4	01/01/2024
<b>D</b>	13040	6520	3260	1087	5F8	01/01/2024
<b>F</b>	15963	7982	3991	1331	5FC	01/01/2024
<b>HDF</b>	2160	1080	540	180	5FG	01/01/2024
<b>G</b>	9626	4813	2407	803	5FK	01/01/2024
<b>HDG</b>	2160	1080	540	180	5I6	01/01/2024
<b>K</b>	4499	2250	1125	375	5FO	06/01/2020
<b>L</b>	5965	2983	1492	498	5FS	03/01/2015
<b>N</b>	9569	4785	2393	798	5FW	01/01/2024

**Female**

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
<b>A</b>	6133	3067	1534	512	5EX	06/01/2020
<b>B</b>	12362	6181	3091	1031	5F1	01/01/2024
<b>C</b>	12098	6049	3025	1009	5F5	01/01/2024
<b>D</b>	11341	5671	2836	946	5F9	01/01/2024
<b>F</b>	13882	6941	3471	1157	5FD	01/01/2024
<b>HDF</b>	1878	939	470	157	5FH	01/01/2024
<b>G</b>	8371	4186	2093	698	5FL	01/01/2024
<b>HDG</b>	1878	939	470	157	5I7	01/01/2024
<b>K</b>	3912	1956	978	326	5FP	06/01/2020
<b>L</b>	5187	2594	1297	433	5FT	03/01/2015
<b>N</b>	8322	4161	2081	694	5FX	01/01/2024

**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 370-372; 380-381)

## Male

Preferred		Effective Date: 06/01/2020 Plan Code: 5A4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1725	863	432	144
66	1808	904	452	151
67	1873	937	469	157
68	1934	967	484	162
69	1998	999	500	167
70	2060	1030	515	172
71	2109	1055	528	176
72	2121	1061	531	177
73	2156	1078	539	180
74	2174	1087	544	182
75	2195	1098	549	183
76	2201	1101	551	184
77	2201	1101	551	184
78	2201	1101	551	184
79	2201	1101	551	184
80+	2201	1101	551	184

Standard		Effective Date: 06/01/2020 Plan Code: 5A6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1986	993	497	166
66	2080	1040	520	174
67	2156	1078	539	180
68	2226	1113	557	186
69	2300	1150	575	192
70	2371	1186	593	198
71	2427	1214	607	203
72	2441	1221	611	204
73	2481	1241	621	207
74	2502	1251	626	209
75	2526	1263	632	211
76	2533	1267	634	212
77	2533	1267	634	212
78	2533	1267	634	212
79	2533	1267	634	212
80+	2533	1267	634	212

## Female

Preferred		Effective Date: 06/01/2020 Plan Code: 5A5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1500	750	375	125
66	1572	786	393	131
67	1629	815	408	136
68	1682	841	421	141
69	1738	869	435	145
70	1792	896	448	150
71	1834	917	459	153
72	1845	923	462	154
73	1875	938	469	157
74	1891	946	473	158
75	1908	954	477	159
76	1914	957	479	160
77	1914	957	479	160
78	1914	957	479	160
79	1914	957	479	160
80+	1914	957	479	160

Standard		Effective Date: 06/01/2020 Plan Code: 5A7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1725	863	432	144
66	1808	904	452	151
67	1873	937	469	157
68	1934	967	484	162
69	1998	999	500	167
70	2060	1030	515	172
71	2109	1055	528	176
72	2121	1061	531	177
73	2156	1078	539	180
74	2174	1087	544	182
75	2195	1098	549	183
76	2201	1101	551	184
77	2201	1101	551	184
78	2201	1101	551	184
79	2201	1101	551	184
80+	2201	1101	551	184

## PLAN B - AREA 1 (ZIP 370-372; 380-381)

### Male

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AM</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3250	1625	813	271
66	3416	1708	854	285
67	3561	1781	891	297
68	3695	1848	924	308
69	3835	1918	959	320
70	3973	1987	994	332
71	4082	2041	1021	341
72	4141	2071	1036	346
73	4241	2121	1061	354
74	4318	2159	1080	360
75	4401	2201	1101	367
76	4453	2227	1114	372
77	4456	2228	1114	372
78	4458	2229	1115	372
79	4465	2233	1117	373
80+	4465	2233	1117	373

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AO</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3740	1870	935	312
66	3931	1966	983	328
67	4098	2049	1025	342
68	4253	2127	1064	355
69	4414	2207	1104	368
70	4572	2286	1143	381
71	4698	2349	1175	392
72	4766	2383	1192	398
73	4881	2441	1221	407
74	4969	2485	1243	415
75	5065	2533	1267	423
76	5125	2563	1282	428
77	5128	2564	1282	428
78	5130	2565	1283	428
79	5138	2569	1285	429
80+	5138	2569	1285	429

### Female

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AN</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2826	1413	707	236
66	2971	1486	743	248
67	3097	1549	775	259
68	3214	1607	804	268
69	3335	1668	834	278
70	3455	1728	864	288
71	3550	1775	888	296
72	3601	1801	901	301
73	3688	1844	922	308
74	3755	1878	939	313
75	3828	1914	957	319
76	3873	1937	969	323
77	3875	1938	969	323
78	3877	1939	970	324
79	3883	1942	971	324
80+	3883	1942	971	324

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AP</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3250	1625	813	271
66	3416	1708	854	285
67	3561	1781	891	297
68	3695	1848	924	308
69	3835	1918	959	320
70	3973	1987	994	332
71	4082	2041	1021	341
72	4141	2071	1036	346
73	4241	2121	1061	354
74	4318	2159	1080	360
75	4401	2201	1101	367
76	4453	2227	1114	372
77	4456	2228	1114	372
78	4458	2229	1115	372
79	4465	2233	1117	373
80+	4465	2233	1117	373



# PLAN C - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3542	1771	886	296		
66	3720	1860	930	310		
67	3880	1940	970	324		
68	4038	2019	1010	337		
69	4212	2106	1053	351		
70	4387	2194	1097	366		
71	4531	2266	1133	378		
72	4633	2317	1159	387		
73	4775	2388	1194	398		
74	4894	2447	1224	408		
75	5013	2507	1254	418		
76	5111	2556	1278	426		
77	5192	2596	1298	433		
78	5274	2637	1319	440		
79	5361	2681	1341	447		
80+	5493	2747	1374	458		

Standard		Effective Date: 01/01/2024			Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	4076	2038	1019	340		
66	4281	2141	1071	357		
67	4466	2233	1117	373		
68	4647	2324	1162	388		
69	4847	2424	1212	404		
70	5048	2524	1262	421		
71	5215	2608	1304	435		
72	5331	2666	1333	445		
73	5495	2748	1374	458		
74	5632	2816	1408	470		
75	5769	2885	1443	481		
76	5882	2941	1471	491		
77	5975	2988	1494	498		
78	6070	3035	1518	506		
79	6170	3085	1543	515		
80+	6322	3161	1581	527		

## Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5B5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3080	1540	770	257		
66	3235	1618	809	270		
67	3375	1688	844	282		
68	3512	1756	878	293		
69	3663	1832	916	306		
70	3815	1908	954	318		
71	3940	1970	985	329		
72	4029	2015	1008	336		
73	4152	2076	1038	346		
74	4256	2128	1064	355		
75	4359	2180	1090	364		
76	4445	2223	1112	371		
77	4515	2258	1129	377		
78	4587	2294	1147	383		
79	4662	2331	1166	389		
80+	4777	2389	1195	399		

Standard		Effective Date: 01/01/2024			Plan Code: 5B7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3542	1771	886	296		
66	3720	1860	930	310		
67	3880	1940	970	324		
68	4038	2019	1010	337		
69	4212	2106	1053	351		
70	4387	2194	1097	366		
71	4531	2266	1133	378		
72	4633	2317	1159	387		
73	4775	2388	1194	398		
74	4894	2447	1224	408		
75	5013	2507	1254	418		
76	5111	2556	1278	426		
77	5192	2596	1298	433		
78	5274	2637	1319	440		
79	5361	2681	1341	447		
80+	5493	2747	1374	458		

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

# PLAN D - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3320	1660	830	277		
66	3502	1751	876	292		
67	3663	1832	916	306		
68	3823	1912	956	319		
69	4004	2002	1001	334		
70	4177	2089	1045	349		
71	4327	2164	1082	361		
72	4430	2215	1108	370		
73	4572	2286	1143	381		
74	4697	2349	1175	392		
75	4815	2408	1204	402		
76	4915	2458	1229	410		
77	4998	2499	1250	417		
78	5080	2540	1270	424		
79	5168	2584	1292	431		
80+	5302	2651	1326	442		

Standard		Effective Date: 01/01/2024			Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3821	1911	956	319		
66	4030	2015	1008	336		
67	4215	2108	1054	352		
68	4400	2200	1100	367		
69	4608	2304	1152	384		
70	4807	2404	1202	401		
71	4980	2490	1245	415		
72	5098	2549	1275	425		
73	5261	2631	1316	439		
74	5405	2703	1352	451		
75	5542	2771	1386	462		
76	5656	2828	1414	472		
77	5752	2876	1438	480		
78	5847	2924	1462	488		
79	5948	2974	1487	496		
80+	6102	3051	1526	509		

## Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2887	1444	722	241		
66	3045	1523	762	254		
67	3185	1593	797	266		
68	3325	1663	832	278		
69	3482	1741	871	291		
70	3633	1817	909	303		
71	3763	1882	941	314		
72	3852	1926	963	321		
73	3976	1988	994	332		
74	4085	2043	1022	341		
75	4188	2094	1047	349		
76	4274	2137	1069	357		
77	4346	2173	1087	363		
78	4418	2209	1105	369		
79	4495	2248	1124	375		
80+	4611	2306	1153	385		

Standard		Effective Date: 01/01/2024			Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3320	1660	830	277		
66	3502	1751	876	292		
67	3663	1832	916	306		
68	3823	1912	956	319		
69	4004	2002	1001	334		
70	4177	2089	1045	349		
71	4327	2164	1082	361		
72	4430	2215	1108	370		
73	4572	2286	1143	381		
74	4697	2349	1175	392		
75	4815	2408	1204	402		
76	4915	2458	1229	410		
77	4998	2499	1250	417		
78	5080	2540	1270	424		
79	5168	2584	1292	431		
80+	5302	2651	1326	442		

## PLAN F - AREA 1 (ZIP 370-372; 380-381)

### Male

Preferred		Effective Date: <b>01/01/2024</b>			Plan Code: <b>5C4</b>	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	4183	2092	1046	349		
66	4394	2197	1099	367		
67	4580	2290	1145	382		
68	4765	2383	1192	398		
69	4968	2484	1242	414		
70	5176	2588	1294	432		
71	5350	2675	1338	446		
72	5465	2733	1367	456		
73	5632	2816	1408	470		
74	5768	2884	1442	481		
75	5910	2955	1478	493		
76	6022	3011	1506	502		
77	6121	3061	1531	511		
78	6216	3108	1554	518		
79	6316	3158	1579	527		
80+	6473	3237	1619	540		

Standard		Effective Date: <b>01/01/2024</b>			Plan Code: <b>5C6</b>	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	4814	2407	1204	402		
66	5056	2528	1264	422		
67	5270	2635	1318	440		
68	5483	2742	1371	457		
69	5717	2859	1430	477		
70	5957	2979	1490	497		
71	6157	3079	1540	514		
72	6289	3145	1573	525		
73	6481	3241	1621	541		
74	6638	3319	1660	554		
75	6802	3401	1701	567		
76	6930	3465	1733	578		
77	7044	3522	1761	587		
78	7153	3577	1789	597		
79	7269	3635	1818	606		
80+	7449	3725	1863	621		

### Female

Preferred		Effective Date: <b>01/01/2024</b>			Plan Code: <b>5C5</b>	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3637	1819	910	304		
66	3821	1911	956	319		
67	3983	1992	996	332		
68	4143	2072	1036	346		
69	4320	2160	1080	360		
70	4501	2251	1126	376		
71	4652	2326	1163	388		
72	4752	2376	1188	396		
73	4898	2449	1225	409		
74	5016	2508	1254	418		
75	5140	2570	1285	429		
76	5237	2619	1310	437		
77	5323	2662	1331	444		
78	5406	2703	1352	451		
79	5493	2747	1374	458		
80+	5629	2815	1408	470		

Standard		Effective Date: <b>01/01/2024</b>			Plan Code: <b>5C7</b>	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	4183	2092	1046	349		
66	4394	2197	1099	367		
67	4580	2290	1145	382		
68	4765	2383	1192	398		
69	4968	2484	1242	414		
70	5176	2588	1294	432		
71	5350	2675	1338	446		
72	5465	2733	1367	456		
73	5632	2816	1408	470		
74	5768	2884	1442	481		
75	5910	2955	1478	493		
76	6022	3011	1506	502		
77	6121	3061	1531	511		
78	6216	3108	1554	518		
79	6316	3158	1579	527		
80+	6473	3237	1619	540		

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

## PLAN HDF - AREA 1 (ZIP 370-372; 380-381)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	385	193	97	33
66	417	209	105	35
67	447	224	112	38
68	462	231	116	39
69	487	244	122	41
70	505	253	127	43
71	522	261	131	44
72	547	274	137	46
73	576	288	144	48
74	604	302	151	51
75	636	318	159	53
76	648	324	162	54
77	659	330	165	55
78	670	335	168	56
79	679	340	170	57
80+	716	358	179	60

Standard		Effective Date: 01/01/2024		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	443	222	111	37
66	480	240	120	40
67	514	257	129	43
68	532	266	133	45
69	561	281	141	47
70	581	291	146	49
71	601	301	151	51
72	629	315	158	53
73	663	332	166	56
74	696	348	174	58
75	732	366	183	61
76	746	373	187	63
77	758	379	190	64
78	771	386	193	65
79	781	391	196	66
80+	824	412	206	69

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	334	167	84	28
66	363	182	91	31
67	388	194	97	33
68	402	201	101	34
69	424	212	106	36
70	439	220	110	37
71	454	227	114	38
72	476	238	119	40
73	501	251	126	42
74	526	263	132	44
75	553	277	139	47
76	564	282	141	47
77	573	287	144	48
78	583	292	146	49
79	590	295	148	50
80+	623	312	156	52

Standard		Effective Date: 01/01/2024		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	385	193	97	33
66	417	209	105	35
67	447	224	112	38
68	462	231	116	39
69	487	244	122	41
70	505	253	127	43
71	522	261	131	44
72	547	274	137	46
73	576	288	144	48
74	604	302	151	51
75	636	318	159	53
76	648	324	162	54
77	659	330	165	55
78	670	335	168	56
79	679	340	170	57
80+	716	358	179	60

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

# PLAN G - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2747	1374	687	229
66	2898	1449	725	242
67	3030	1515	758	253
68	3163	1582	791	264
69	3311	1656	828	276
70	3454	1727	864	288
71	3579	1790	895	299
72	3664	1832	916	306
73	3780	1890	945	315
74	3878	1939	970	324
75	3977	1989	995	332
76	4057	2029	1015	339
77	4129	2065	1033	345
78	4197	2099	1050	350
79	4266	2133	1067	356
80+	4381	2191	1096	366

Standard		Effective Date: 01/01/2024 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3161	1581	791	264
66	3335	1668	834	278
67	3487	1744	872	291
68	3640	1820	910	304
69	3810	1905	953	318
70	3975	1988	994	332
71	4119	2060	1030	344
72	4217	2109	1055	352
73	4350	2175	1088	363
74	4463	2232	1116	372
75	4577	2289	1145	382
76	4669	2335	1168	390
77	4751	2376	1188	396
78	4830	2415	1208	403
79	4910	2455	1228	410
80+	5042	2521	1261	421

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2389	1195	598	200
66	2520	1260	630	210
67	2635	1318	659	220
68	2751	1376	688	230
69	2879	1440	720	240
70	3004	1502	751	251
71	3113	1557	779	260
72	3186	1593	797	266
73	3287	1644	822	274
74	3373	1687	844	282
75	3459	1730	865	289
76	3529	1765	883	295
77	3590	1795	898	300
78	3650	1825	913	305
79	3710	1855	928	310
80+	3810	1905	953	318

Standard		Effective Date: 01/01/2024 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2747	1374	687	229
66	2898	1449	725	242
67	3030	1515	758	253
68	3163	1582	791	264
69	3311	1656	828	276
70	3454	1727	864	288
71	3579	1790	895	299
72	3664	1832	916	306
73	3780	1890	945	315
74	3878	1939	970	324
75	3977	1989	995	332
76	4057	2029	1015	339
77	4129	2065	1033	345
78	4197	2099	1050	350
79	4266	2133	1067	356
80+	4381	2191	1096	366

# PLAN HDG - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	385	193	97	33		
66	417	209	105	35		
67	447	224	112	38		
68	462	231	116	39		
69	487	244	122	41		
70	505	253	127	43		
71	522	261	131	44		
72	547	274	137	46		
73	576	288	144	48		
74	604	302	151	51		
75	636	318	159	53		
76	648	324	162	54		
77	659	330	165	55		
78	670	335	168	56		
79	679	340	170	57		
80+	716	358	179	60		

Standard		Effective Date: 01/01/2024			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	443	222	111	37		
66	480	240	120	40		
67	514	257	129	43		
68	532	266	133	45		
69	561	281	141	47		
70	581	291	146	49		
71	601	301	151	51		
72	629	315	158	53		
73	663	332	166	56		
74	696	348	174	58		
75	732	366	183	61		
76	746	373	187	63		
77	758	379	190	64		
78	771	386	193	65		
79	781	391	196	66		
80+	824	412	206	69		

## Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	334	167	84	28		
66	363	182	91	31		
67	388	194	97	33		
68	402	201	101	34		
69	424	212	106	36		
70	439	220	110	37		
71	454	227	114	38		
72	476	238	119	40		
73	501	251	126	42		
74	526	263	132	44		
75	553	277	139	47		
76	564	282	141	47		
77	573	287	144	48		
78	583	292	146	49		
79	590	295	148	50		
80+	623	312	156	52		

Standard		Effective Date: 01/01/2024			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	385	193	97	33		
66	417	209	105	35		
67	447	224	112	38		
68	462	231	116	39		
69	487	244	122	41		
70	505	253	127	43		
71	522	261	131	44		
72	547	274	137	46		
73	576	288	144	48		
74	604	302	151	51		
75	636	318	159	53		
76	648	324	162	54		
77	659	330	165	55		
78	670	335	168	56		
79	679	340	170	57		
80+	716	358	179	60		

# PLAN K - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 06/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1332	666	333	111	
66	1432	716	358	120	
67	1519	760	380	127	
68	1598	799	400	134	
69	1678	839	420	140	
70	1778	889	445	149	
71	1828	914	457	153	
72	1864	932	466	156	
73	1907	954	477	159	
74	1940	970	485	162	
75	1989	995	498	166	
76	2019	1010	505	169	
77	2043	1022	511	171	
78	2066	1033	517	173	
79	2086	1043	522	174	
80+	2127	1064	532	178	

Standard		Effective Date: 06/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1533	767	384	128	
66	1648	824	412	138	
67	1748	874	437	146	
68	1839	920	460	154	
69	1931	966	483	161	
70	2047	1024	512	171	
71	2104	1052	526	176	
72	2145	1073	537	179	
73	2195	1098	549	183	
74	2232	1116	558	186	
75	2289	1145	573	191	
76	2323	1162	581	194	
77	2352	1176	588	196	
78	2378	1189	595	199	
79	2401	1201	601	201	
80+	2448	1224	612	204	

## Female

Preferred		Effective Date: 06/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1158	579	290	97	
66	1245	623	312	104	
67	1321	661	331	111	
68	1390	695	348	116	
69	1459	730	365	122	
70	1547	774	387	129	
71	1590	795	398	133	
72	1621	811	406	136	
73	1658	829	415	139	
74	1687	844	422	141	
75	1730	865	433	145	
76	1755	878	439	147	
77	1777	889	445	149	
78	1797	899	450	150	
79	1814	907	454	152	
80+	1850	925	463	155	

Standard		Effective Date: 06/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1332	666	333	111	
66	1432	716	358	120	
67	1519	760	380	127	
68	1598	799	400	134	
69	1678	839	420	140	
70	1778	889	445	149	
71	1828	914	457	153	
72	1864	932	466	156	
73	1907	954	477	159	
74	1940	970	485	162	
75	1989	995	498	166	
76	2019	1010	505	169	
77	2043	1022	511	171	
78	2066	1033	517	173	
79	2086	1043	522	174	
80+	2127	1064	532	178	

# PLAN L - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 03/15/2014			Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1766	883	442	148		
66	1899	950	475	159		
67	2013	1007	504	168		
68	2119	1060	530	177		
69	2228	1114	557	186		
70	2354	1177	589	197		
71	2426	1213	607	203		
72	2473	1237	619	207		
73	2528	1264	632	211		
74	2576	1288	644	215		
75	2631	1316	658	220		
76	2674	1337	669	223		
77	2712	1356	678	226		
78	2741	1371	686	229		
79	2763	1382	691	231		
80+	2820	1410	705	235		

Standard		Effective Date: 03/15/2014			Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2032	1016	508	170		
66	2185	1093	547	183		
67	2317	1159	580	194		
68	2439	1220	610	204		
69	2564	1282	641	214		
70	2709	1355	678	226		
71	2792	1396	698	233		
72	2846	1423	712	238		
73	2910	1455	728	243		
74	2964	1482	741	247		
75	3028	1514	757	253		
76	3077	1539	770	257		
77	3121	1561	781	261		
78	3155	1578	789	263		
79	3180	1590	795	265		
80+	3246	1623	812	271		

## Female

Preferred		Effective Date: 03/15/2014			Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1536	768	384	128		
66	1651	826	413	138		
67	1751	876	438	146		
68	1843	922	461	154		
69	1938	969	485	162		
70	2047	1024	512	171		
71	2109	1055	528	176		
72	2151	1076	538	180		
73	2199	1100	550	184		
74	2240	1120	560	187		
75	2288	1144	572	191		
76	2325	1163	582	194		
77	2359	1180	590	197		
78	2384	1192	596	199		
79	2403	1202	601	201		
80+	2453	1227	614	205		

Standard		Effective Date: 03/15/2014			Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1766	883	442	148		
66	1899	950	475	159		
67	2013	1007	504	168		
68	2119	1060	530	177		
69	2228	1114	557	186		
70	2354	1177	589	197		
71	2426	1213	607	203		
72	2473	1237	619	207		
73	2528	1264	632	211		
74	2576	1288	644	215		
75	2631	1316	658	220		
76	2674	1337	669	223		
77	2712	1356	678	226		
78	2741	1371	686	229		
79	2763	1382	691	231		
80+	2820	1410	705	235		



# PLAN N - AREA 1 (ZIP 370-372; 380-381)

## Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2835	1418	709	237		
66	2993	1497	749	250		
67	3133	1567	784	262		
68	3274	1637	819	273		
69	3429	1715	858	286		
70	3591	1796	898	300		
71	3716	1858	929	310		
72	3821	1911	956	319		
73	3947	1974	987	329		
74	4055	2028	1014	338		
75	4168	2084	1042	348		
76	4263	2132	1066	356		
77	4348	2174	1087	363		
78	4427	2214	1107	369		
79	4511	2256	1128	376		
80+	4655	2328	1164	388		

Standard		Effective Date: 01/01/2024			Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3263	1632	816	272		
66	3444	1722	861	287		
67	3605	1803	902	301		
68	3768	1884	942	314		
69	3947	1974	987	329		
70	4132	2066	1033	345		
71	4276	2138	1069	357		
72	4397	2199	1100	367		
73	4542	2271	1136	379		
74	4667	2334	1167	389		
75	4797	2399	1200	400		
76	4906	2453	1227	409		
77	5004	2502	1251	417		
78	5095	2548	1274	425		
79	5191	2596	1298	433		
80+	5357	2679	1340	447		

## Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2465	1233	617	206		
66	2603	1302	651	217		
67	2724	1362	681	227		
68	2847	1424	712	238		
69	2982	1491	746	249		
70	3123	1562	781	261		
71	3231	1616	808	270		
72	3323	1662	831	277		
73	3432	1716	858	286		
74	3527	1764	882	294		
75	3625	1813	907	303		
76	3707	1854	927	309		
77	3782	1891	946	316		
78	3850	1925	963	321		
79	3923	1962	981	327		
80+	4048	2024	1012	338		

Standard		Effective Date: 01/01/2024			Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2835	1418	709	237		
66	2993	1497	749	250		
67	3133	1567	784	262		
68	3274	1637	819	273		
69	3429	1715	858	286		
70	3591	1796	898	300		
71	3716	1858	929	310		
72	3821	1911	956	319		
73	3947	1974	987	329		
74	4055	2028	1014	338		
75	4168	2084	1042	348		
76	4263	2132	1066	356		
77	4348	2174	1087	363		
78	4427	2214	1107	369		
79	4511	2256	1128	376		
80+	4655	2328	1164	388		

# PLAN A - AREA 2 (ZIP 373-374; 376-379; 382-385)

## Male

Preferred		Effective Date: 06/01/2020 Plan Code: 5A4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1561	781	391	131
66	1636	818	409	137
67	1695	848	424	142
68	1750	875	438	146
69	1808	904	452	151
70	1864	932	466	156
71	1908	954	477	159
72	1919	960	480	160
73	1951	976	488	163
74	1967	984	492	164
75	1986	993	497	166
76	1992	996	498	166
77	1992	996	498	166
78	1992	996	498	166
79	1992	996	498	166
80+	1992	996	498	166

Standard		Effective Date: 06/01/2020 Plan Code: 5A6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1797	899	450	150
66	1882	941	471	157
67	1950	975	488	163
68	2014	1007	504	168
69	2081	1041	521	174
70	2145	1073	537	179
71	2196	1098	549	183
72	2209	1105	553	185
73	2245	1123	562	188
74	2264	1132	566	189
75	2285	1143	572	191
76	2292	1146	573	191
77	2292	1146	573	191
78	2292	1146	573	191
79	2292	1146	573	191
80+	2292	1146	573	191

## Female

Preferred		Effective Date: 06/01/2020 Plan Code: 5A5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1358	679	340	114
66	1422	711	356	119
67	1474	737	369	123
68	1522	761	381	127
69	1572	786	393	131
70	1621	811	406	136
71	1659	830	415	139
72	1669	835	418	140
73	1697	849	425	142
74	1711	856	428	143
75	1727	864	432	144
76	1732	866	433	145
77	1732	866	433	145
78	1732	866	433	145
79	1732	866	433	145
80+	1732	866	433	145

Standard		Effective Date: 06/01/2020 Plan Code: 5A7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1561	781	391	131
66	1636	818	409	137
67	1695	848	424	142
68	1750	875	438	146
69	1808	904	452	151
70	1864	932	466	156
71	1908	954	477	159
72	1919	960	480	160
73	1951	976	488	163
74	1967	984	492	164
75	1986	993	497	166
76	1992	996	498	166
77	1992	996	498	166
78	1992	996	498	166
79	1992	996	498	166
80+	1992	996	498	166

## PLAN B - AREA 2 (ZIP 373-374; 376-379; 382-385)

### Male

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AM</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2941	1471	736	246
66	3090	1545	773	258
67	3222	1611	806	269
68	3344	1672	836	279
69	3470	1735	868	290
70	3595	1798	899	300
71	3693	1847	924	308
72	3747	1874	937	313
73	3837	1919	960	320
74	3907	1954	977	326
75	3982	1991	996	332
76	4029	2015	1008	336
77	4031	2016	1008	336
78	4033	2017	1009	337
79	4039	2020	1010	337
80+	4039	2020	1010	337

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AO</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3384	1692	846	282
66	3557	1779	890	297
67	3708	1854	927	309
68	3848	1924	962	321
69	3993	1997	999	333
70	4137	2069	1035	345
71	4251	2126	1063	355
72	4312	2156	1078	360
73	4416	2208	1104	368
74	4496	2248	1124	375
75	4583	2292	1146	382
76	4637	2319	1160	387
77	4639	2320	1160	387
78	4642	2321	1161	387
79	4649	2325	1163	388
80+	4649	2325	1163	388

### Female

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AN</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2557	1279	640	214
66	2688	1344	672	224
67	2802	1401	701	234
68	2908	1454	727	243
69	3018	1509	755	252
70	3126	1563	782	261
71	3212	1606	803	268
72	3258	1629	815	272
73	3337	1669	835	279
74	3397	1699	850	284
75	3463	1732	866	289
76	3504	1752	876	292
77	3506	1753	877	293
78	3507	1754	877	293
79	3513	1757	879	293
80+	3513	1757	879	293

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5AP</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2941	1471	736	246
66	3090	1545	773	258
67	3222	1611	806	269
68	3344	1672	836	279
69	3470	1735	868	290
70	3595	1798	899	300
71	3693	1847	924	308
72	3747	1874	937	313
73	3837	1919	960	320
74	3907	1954	977	326
75	3982	1991	996	332
76	4029	2015	1008	336
77	4031	2016	1008	336
78	4033	2017	1009	337
79	4039	2020	1010	337
80+	4039	2020	1010	337

**PLAN C - AREA 2 (ZIP 373-374; 376-379; 382-385)**

**Male**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5B4</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3205	1603	802	268
66	3366	1683	842	281
67	3511	1756	878	293
68	3654	1827	914	305
69	3811	1906	953	318
70	3969	1985	993	331
71	4100	2050	1025	342
72	4191	2096	1048	350
73	4320	2160	1080	360
74	4428	2214	1107	369
75	4535	2268	1134	378
76	4624	2312	1156	386
77	4697	2349	1175	392
78	4772	2386	1193	398
79	4851	2426	1213	405
80+	4970	2485	1243	415

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5B6</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3688	1844	922	308
66	3874	1937	969	323
67	4040	2020	1010	337
68	4205	2103	1052	351
69	4386	2193	1097	366
70	4568	2284	1142	381
71	4718	2359	1180	394
72	4824	2412	1206	402
73	4972	2486	1243	415
74	5096	2548	1274	425
75	5219	2610	1305	435
76	5321	2661	1331	444
77	5406	2703	1352	451
78	5492	2746	1373	458
79	5582	2791	1396	466
80+	5720	2860	1430	477

**Female**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5B5</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2787	1394	697	233
66	2927	1464	732	244
67	3053	1527	764	255
68	3177	1589	795	265
69	3314	1657	829	277
70	3452	1726	863	288
71	3565	1783	892	298
72	3645	1823	912	304
73	3757	1879	940	314
74	3851	1926	963	321
75	3944	1972	986	329
76	4021	2011	1006	336
77	4085	2043	1022	341
78	4150	2075	1038	346
79	4218	2109	1055	352
80+	4322	2161	1081	361

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5B7</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3205	1603	802	268
66	3366	1683	842	281
67	3511	1756	878	293
68	3654	1827	914	305
69	3811	1906	953	318
70	3969	1985	993	331
71	4100	2050	1025	342
72	4191	2096	1048	350
73	4320	2160	1080	360
74	4428	2214	1107	369
75	4535	2268	1134	378
76	4624	2312	1156	386
77	4697	2349	1175	392
78	4772	2386	1193	398
79	4851	2426	1213	405
80+	4970	2485	1243	415

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

**PLAN D - AREA 2 (ZIP 373-374; 376-379; 382-385)**

**Male**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5BM</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3004	1502	751	251
66	3168	1584	792	264
67	3314	1657	829	277
68	3459	1730	865	289
69	3623	1812	906	302
70	3779	1890	945	315
71	3915	1958	979	327
72	4008	2004	1002	334
73	4136	2068	1034	345
74	4250	2125	1063	355
75	4357	2179	1090	364
76	4446	2223	1112	371
77	4522	2261	1131	377
78	4596	2298	1149	383
79	4676	2338	1169	390
80+	4797	2399	1200	400

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5BO</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3457	1729	865	289
66	3646	1823	912	304
67	3814	1907	954	318
68	3981	1991	996	332
69	4170	2085	1043	348
70	4349	2175	1088	363
71	4505	2253	1127	376
72	4612	2306	1153	385
73	4760	2380	1190	397
74	4891	2446	1223	408
75	5014	2507	1254	418
76	5117	2559	1280	427
77	5204	2602	1301	434
78	5290	2645	1323	441
79	5381	2691	1346	449
80+	5521	2761	1381	461

**Female**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5BN</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2755	1378	689	230
67	2882	1441	721	241
68	3008	1504	752	251
69	3151	1576	788	263
70	3287	1644	822	274
71	3405	1703	852	284
72	3485	1743	872	291
73	3597	1799	900	300
74	3696	1848	924	308
75	3789	1895	948	316
76	3867	1934	967	323
77	3933	1967	984	328
78	3997	1999	1000	334
79	4066	2033	1017	339
80+	4172	2086	1043	348

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5BP</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3004	1502	751	251
66	3168	1584	792	264
67	3314	1657	829	277
68	3459	1730	865	289
69	3623	1812	906	302
70	3779	1890	945	315
71	3915	1958	979	327
72	4008	2004	1002	334
73	4136	2068	1034	345
74	4250	2125	1063	355
75	4357	2179	1090	364
76	4446	2223	1112	371
77	4522	2261	1131	377
78	4596	2298	1149	383
79	4676	2338	1169	390
80+	4797	2399	1200	400

**PLAN F - AREA 2 (ZIP 373-374; 376-379; 382-385)**

**Male**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5C4</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3784	1892	946	316
66	3975	1988	994	332
67	4143	2072	1036	346
68	4311	2156	1078	360
69	4494	2247	1124	375
70	4683	2342	1171	391
71	4840	2420	1210	404
72	4944	2472	1236	412
73	5095	2548	1274	425
74	5219	2610	1305	435
75	5347	2674	1337	446
76	5448	2724	1362	454
77	5538	2769	1385	462
78	5624	2812	1406	469
79	5715	2858	1429	477
80+	5857	2929	1465	489

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5C6</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4355	2178	1089	363
66	4575	2288	1144	382
67	4768	2384	1192	398
68	4961	2481	1241	414
69	5172	2586	1293	431
70	5390	2695	1348	450
71	5570	2785	1393	465
72	5690	2845	1423	475
73	5864	2932	1466	489
74	6006	3003	1502	501
75	6154	3077	1539	513
76	6270	3135	1568	523
77	6374	3187	1594	532
78	6472	3236	1618	540
79	6577	3289	1645	549
80+	6740	3370	1685	562

**Female**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5C5</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3291	1646	823	275
66	3457	1729	865	289
67	3603	1802	901	301
68	3749	1875	938	313
69	3909	1955	978	326
70	4073	2037	1019	340
71	4209	2105	1053	351
72	4300	2150	1075	359
73	4431	2216	1108	370
74	4539	2270	1135	379
75	4650	2325	1163	388
76	4738	2369	1185	395
77	4816	2408	1204	402
78	4891	2446	1223	408
79	4970	2485	1243	415
80+	5093	2547	1274	425

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5C7</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3784	1892	946	316
66	3975	1988	994	332
67	4143	2072	1036	346
68	4311	2156	1078	360
69	4494	2247	1124	375
70	4683	2342	1171	391
71	4840	2420	1210	404
72	4944	2472	1236	412
73	5095	2548	1274	425
74	5219	2610	1305	435
75	5347	2674	1337	446
76	5448	2724	1362	454
77	5538	2769	1385	462
78	5624	2812	1406	469
79	5715	2858	1429	477
80+	5857	2929	1465	489

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

# PLAN HDF - AREA 2 (ZIP 373-374; 376-379; 382-385)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	348	174	87	29
66	378	189	95	32
67	404	202	101	34
68	418	209	105	35
69	441	221	111	37
70	457	229	115	39
71	472	236	118	40
72	495	248	124	42
73	521	261	131	44
74	547	274	137	46
75	575	288	144	48
76	587	294	147	49
77	596	298	149	50
78	606	303	152	51
79	614	307	154	52
80+	648	324	162	54

Standard		Effective Date: 01/01/2024 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	400	200	100	34
66	434	217	109	37
67	465	233	117	39
68	481	241	121	41
69	507	254	127	43
70	526	263	132	44
71	544	272	136	46
72	569	285	143	48
73	600	300	150	50
74	629	315	158	53
75	662	331	166	56
76	675	338	169	57
77	686	343	172	58
78	697	349	175	59
79	707	354	177	59
80+	746	373	187	63

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	303	152	76	26
66	328	164	82	28
67	351	176	88	30
68	364	182	91	31
69	383	192	96	32
70	398	199	100	34
71	411	206	103	35
72	430	215	108	36
73	453	227	114	38
74	476	238	119	40
75	500	250	125	42
76	510	255	128	43
77	518	259	130	44
78	527	264	132	44
79	534	267	134	45
80+	563	282	141	47

Standard		Effective Date: 01/01/2024 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	348	174	87	29
66	378	189	95	32
67	404	202	101	34
68	418	209	105	35
69	441	221	111	37
70	457	229	115	39
71	472	236	118	40
72	495	248	124	42
73	521	261	131	44
74	547	274	137	46
75	575	288	144	48
76	587	294	147	49
77	596	298	149	50
78	606	303	152	51
79	614	307	154	52
80+	648	324	162	54

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

# PLAN G - AREA 2 (ZIP 373-374; 376-379; 382-385)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2485	1243	622	208
66	2622	1311	656	219
67	2742	1371	686	229
68	2862	1431	716	239
69	2996	1498	749	250
70	3125	1563	782	261
71	3238	1619	810	270
72	3315	1658	829	277
73	3420	1710	855	285
74	3509	1755	878	293
75	3599	1800	900	300
76	3671	1836	918	306
77	3735	1868	934	312
78	3798	1899	950	317
79	3860	1930	965	322
80+	3964	1982	991	331

Standard		Effective Date: 01/01/2024 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2860	1430	715	239
66	3018	1509	755	252
67	3155	1578	789	263
68	3294	1647	824	275
69	3447	1724	862	288
70	3597	1799	900	300
71	3727	1864	932	311
72	3815	1908	954	318
73	3936	1968	984	328
74	4038	2019	1010	337
75	4141	2071	1036	346
76	4225	2113	1057	353
77	4299	2150	1075	359
78	4370	2185	1093	365
79	4442	2221	1111	371
80+	4562	2281	1141	381

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2161	1081	541	181
66	2280	1140	570	190
67	2384	1192	596	199
68	2489	1245	623	208
69	2605	1303	652	218
70	2718	1359	680	227
71	2816	1408	704	235
72	2883	1442	721	241
73	2974	1487	744	248
74	3051	1526	763	255
75	3130	1565	783	261
76	3193	1597	799	267
77	3248	1624	812	271
78	3303	1652	826	276
79	3357	1679	840	280
80+	3447	1724	862	288

Standard		Effective Date: 01/01/2024 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2485	1243	622	208
66	2622	1311	656	219
67	2742	1371	686	229
68	2862	1431	716	239
69	2996	1498	749	250
70	3125	1563	782	261
71	3238	1619	810	270
72	3315	1658	829	277
73	3420	1710	855	285
74	3509	1755	878	293
75	3599	1800	900	300
76	3671	1836	918	306
77	3735	1868	934	312
78	3798	1899	950	317
79	3860	1930	965	322
80+	3964	1982	991	331



# PLAN HDG - AREA 2 (ZIP 373-374; 376-379; 382-385)

## Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	348	174	87	29		
66	378	189	95	32		
67	404	202	101	34		
68	418	209	105	35		
69	441	221	111	37		
70	457	229	115	39		
71	472	236	118	40		
72	495	248	124	42		
73	521	261	131	44		
74	547	274	137	46		
75	575	288	144	48		
76	587	294	147	49		
77	596	298	149	50		
78	606	303	152	51		
79	614	307	154	52		
80+	648	324	162	54		

Standard		Effective Date: 01/01/2024			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	400	200	100	34		
66	434	217	109	37		
67	465	233	117	39		
68	481	241	121	41		
69	507	254	127	43		
70	526	263	132	44		
71	544	272	136	46		
72	569	285	143	48		
73	600	300	150	50		
74	629	315	158	53		
75	662	331	166	56		
76	675	338	169	57		
77	686	343	172	58		
78	697	349	175	59		
79	707	354	177	59		
80+	746	373	187	63		

## Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	303	152	76	26		
66	328	164	82	28		
67	351	176	88	30		
68	364	182	91	31		
69	383	192	96	32		
70	398	199	100	34		
71	411	206	103	35		
72	430	215	108	36		
73	453	227	114	38		
74	476	238	119	40		
75	500	250	125	42		
76	510	255	128	43		
77	518	259	130	44		
78	527	264	132	44		
79	534	267	134	45		
80+	563	282	141	47		

Standard		Effective Date: 01/01/2024			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	348	174	87	29		
66	378	189	95	32		
67	404	202	101	34		
68	418	209	105	35		
69	441	221	111	37		
70	457	229	115	39		
71	472	236	118	40		
72	495	248	124	42		
73	521	261	131	44		
74	547	274	137	46		
75	575	288	144	48		
76	587	294	147	49		
77	596	298	149	50		
78	606	303	152	51		
79	614	307	154	52		
80+	648	324	162	54		

# PLAN K - AREA 2 (ZIP 373-374; 376-379; 382-385)

## Male

Preferred		Effective Date: 06/01/2020 Plan Code: P44		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1205	603	302	101
66	1296	648	324	108
67	1374	687	344	115
68	1446	723	362	121
69	1518	759	380	127
70	1609	805	403	135
71	1654	827	414	138
72	1687	844	422	141
73	1725	863	432	144
74	1755	878	439	147
75	1800	900	450	150
76	1826	913	457	153
77	1849	925	463	155
78	1869	935	468	156
79	1888	944	472	158
80+	1924	962	481	161

Standard		Effective Date: 06/01/2020 Plan Code: P46		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1387	694	347	116
66	1491	746	373	125
67	1582	791	396	132
68	1664	832	416	139
69	1747	874	437	146
70	1852	926	463	155
71	1903	952	476	159
72	1941	971	486	162
73	1986	993	497	166
74	2020	1010	505	169
75	2071	1036	518	173
76	2102	1051	526	176
77	2128	1064	532	178
78	2151	1076	538	180
79	2172	1086	543	181
80+	2215	1108	554	185

## Female

Preferred		Effective Date: 06/01/2020 Plan Code: P45		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1048	524	262	88
66	1127	564	282	94
67	1195	598	299	100
68	1257	629	315	105
69	1320	660	330	110
70	1399	700	350	117
71	1438	719	360	120
72	1467	734	367	123
73	1500	750	375	125
74	1526	763	382	128
75	1565	783	392	131
76	1588	794	397	133
77	1608	804	402	134
78	1626	813	407	136
79	1642	821	411	137
80+	1673	837	419	140

Standard		Effective Date: 06/01/2020 Plan Code: P47		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1205	603	302	101
66	1296	648	324	108
67	1374	687	344	115
68	1446	723	362	121
69	1518	759	380	127
70	1609	805	403	135
71	1654	827	414	138
72	1687	844	422	141
73	1725	863	432	144
74	1755	878	439	147
75	1800	900	450	150
76	1826	913	457	153
77	1849	925	463	155
78	1869	935	468	156
79	1888	944	472	158
80+	1924	962	481	161

# PLAN L - AREA 2 (ZIP 373-374; 376-379; 382-385)

## Male

Preferred		Effective Date: 03/15/2014			Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1598	799	400	134		
66	1718	859	430	144		
67	1821	911	456	152		
68	1917	959	480	160		
69	2016	1008	504	168		
70	2129	1065	533	178		
71	2195	1098	549	183		
72	2238	1119	560	187		
73	2288	1144	572	191		
74	2330	1165	583	195		
75	2380	1190	595	199		
76	2419	1210	605	202		
77	2454	1227	614	205		
78	2480	1240	620	207		
79	2500	1250	625	209		
80+	2552	1276	638	213		

Standard		Effective Date: 03/15/2014			Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1839	920	460	154		
66	1977	989	495	165		
67	2096	1048	524	175		
68	2206	1103	552	184		
69	2320	1160	580	194		
70	2451	1226	613	205		
71	2526	1263	632	211		
72	2575	1288	644	215		
73	2633	1317	659	220		
74	2682	1341	671	224		
75	2739	1370	685	229		
76	2784	1392	696	232		
77	2824	1412	706	236		
78	2854	1427	714	238		
79	2877	1439	720	240		
80+	2937	1469	735	245		

## Female

Preferred		Effective Date: 03/15/2014			Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1390	695	348	116		
66	1494	747	374	125		
67	1584	792	396	132		
68	1667	834	417	139		
69	1753	877	439	147		
70	1852	926	463	155		
71	1909	955	478	160		
72	1946	973	487	163		
73	1989	995	498	166		
74	2027	1014	507	169		
75	2070	1035	518	173		
76	2104	1052	526	176		
77	2134	1067	534	178		
78	2157	1079	540	180		
79	2174	1087	544	182		
80+	2219	1110	555	185		

Standard		Effective Date: 03/15/2014			Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1598	799	400	134		
66	1718	859	430	144		
67	1821	911	456	152		
68	1917	959	480	160		
69	2016	1008	504	168		
70	2129	1065	533	178		
71	2195	1098	549	183		
72	2238	1119	560	187		
73	2288	1144	572	191		
74	2330	1165	583	195		
75	2380	1190	595	199		
76	2419	1210	605	202		
77	2454	1227	614	205		
78	2480	1240	620	207		
79	2500	1250	625	209		
80+	2552	1276	638	213		

**PLAN N - AREA 2 (ZIP 373-374; 376-379; 382-385)**

**Male**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5DM</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2565	1283	642	214
66	2708	1354	677	226
67	2834	1417	709	237
68	2962	1481	741	247
69	3103	1552	776	259
70	3249	1625	813	271
71	3362	1681	841	281
72	3457	1729	865	289
73	3571	1786	893	298
74	3669	1835	918	306
75	3771	1886	943	315
76	3857	1929	965	322
77	3934	1967	984	328
78	4006	2003	1002	334
79	4081	2041	1021	341
80+	4212	2106	1053	351

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5DO</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2952	1476	738	246
66	3116	1558	779	260
67	3262	1631	816	272
68	3409	1705	853	285
69	3571	1786	893	298
70	3739	1870	935	312
71	3869	1935	968	323
72	3978	1989	995	332
73	4110	2055	1028	343
74	4222	2111	1056	352
75	4340	2170	1085	362
76	4438	2219	1110	370
77	4528	2264	1132	378
78	4610	2305	1153	385
79	4697	2349	1175	392
80+	4847	2424	1212	404

**Female**

Preferred		Effective Date: <b>01/01/2024</b> Plan Code: <b>5DN</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2231	1116	558	186
66	2355	1178	589	197
67	2465	1233	617	206
68	2576	1288	644	215
69	2698	1349	675	225
70	2825	1413	707	236
71	2924	1462	731	244
72	3006	1503	752	251
73	3106	1553	777	259
74	3191	1596	798	266
75	3279	1640	820	274
76	3354	1677	839	280
77	3421	1711	856	286
78	3484	1742	871	291
79	3549	1775	888	296
80+	3663	1832	916	306

Standard		Effective Date: <b>01/01/2024</b> Plan Code: <b>5DP</b>		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2565	1283	642	214
66	2708	1354	677	226
67	2834	1417	709	237
68	2962	1481	741	247
69	3103	1552	776	259
70	3249	1625	813	271
71	3362	1681	841	281
72	3457	1729	865	289
73	3571	1786	893	298
74	3669	1835	918	306
75	3771	1886	943	315
76	3857	1929	965	322
77	3934	1967	984	328
78	4006	2003	1002	334
79	4081	2041	1021	341
80+	4212	2106	1053	351

## 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – 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**

<b>FOREIGN TRAVEL</b> – 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – 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**

<b>FOREIGN TRAVEL</b> – 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
<b>HOSPITALIZATION*</b> 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
<b>SKILLED NURSING FACILITY CARE*</b> 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
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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
<b>HOSPITALIZATION*</b> 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
<b>SKILLED NURSING FACILITY CARE*</b> 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
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
– Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

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

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL</b> – 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



## PLAN K

- \* You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$7060 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

### 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 *
<b>HOSPITALIZATION**</b> 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	\$816 (50% of Part A Deductible)  \$408 a day  \$816 a day  100% of Medicare-Eligible Expenses \$0	\$816 (50% of Part A Deductible) ♦  \$0  \$0  \$0 ***  All Costs
<b>SKILLED NURSING FACILITY CARE**</b> 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 \$102 a day (50% of Part A Coinsurance) \$0	\$0 Up to \$102 a day (50% of Part A Coinsurance) ♦ All Costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	50% \$0	50% ♦ \$0
<b>HOSPICE CARE</b> 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	50% of copayment/coinsurance	50% of copayment/coinsurance ♦

- \*\*\* **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 K

### 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
<b>MEDICAL EXPENSES</b> – 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 **** Preventive Benefits for Medicare-Covered Services  Remainder of Medicare-Approved Amounts	\$0 Generally 80% or more of Medicare-approved amounts Generally 80%	\$0 Remainder of Medicare-approved amounts Generally 10%	\$240 (Part B Deductible) **** ♦ All costs above Medicare-approved amounts  Generally 10% ♦
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$7060)*
<b>BLOOD</b> First 3 pints Next \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$240 (Part B Deductible) **** ♦ Generally 10% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> – 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 10%	\$0   \$240 (Part B Deductible) ♦ 10% ♦
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\* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$7060 per year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

## PLAN L

- \* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3530 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

### 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 *
<b>HOSPITALIZATION**</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1224 (75% of Part A Deductible)	\$408 (25% of 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
<b>SKILLED NURSING FACILITY CARE**</b>			
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 \$153 a day (75% of Part A Coinsurance)	Up to \$51 a day (25% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	75%	25% ♦
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

- \*\*\* **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 L

### 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
<b>MEDICAL EXPENSES</b> – 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 **** Preventive Benefits for Medicare-Covered Services  Remainder of Medicare-Approved Amounts	\$0 Generally 80% or more of Medicare-approved amounts Generally 80%	\$0 Remainder of Medicare-approved amounts Generally 15%	\$240 (Part B Deductible) **** ♦ All costs above Medicare-approved amounts  Generally 5% ♦
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3530)*
<b>BLOOD</b> First 3 pints Next \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$240 (Part B Deductible) **** ♦ Generally 5% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> – 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 15%	\$0   \$240 (Part B Deductible) ♦ 5% ♦
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\* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$3530 per year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

## 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as:</b> 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.
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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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