

ManhattanLife Insurance and Annuity Company
Outline of Medicare Supplement Coverage-Cover Page
Benefit Plans A, B, F, G, and N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plans A, B and D or G. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F. ManhattanLife Insurance and Annuity Company offers five of the twelve plans available.

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

1 Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL PREFERRED ATTAINED AGE PREMIUMS
FOR USE IN PENNSYLVANIA ZIP CODES
155, 157-188, 195-196

Attained Age Form	Female					Male				
	Plan A	Plan B	Plan F	Plan G	Plan N	Plan A	Plan B	Plan F	Plan G	Plan N
	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA
0-64	1,591	1,593	1,880	1,600	1,056	1,830	1,833	2,161	1,840	1,214
65	1,591	1,593	1,880	1,600	1,056	1,830	1,833	2,161	1,840	1,214
66	1,591	1,593	1,880	1,600	1,056	1,830	1,833	2,161	1,840	1,214
67	1,591	1,593	1,880	1,600	1,056	1,830	1,833	2,161	1,840	1,214
68	1,595	1,600	1,915	1,604	1,083	1,834	1,838	2,201	1,845	1,247
69	1,649	1,651	1,979	1,656	1,117	1,894	1,899	2,274	1,904	1,283
70	1,704	1,706	2,041	1,712	1,151	1,959	1,962	2,350	1,969	1,322
71	1,760	1,763	2,108	1,770	1,201	2,024	2,028	2,425	2,035	1,378
72	1,820	1,824	2,173	1,830	1,248	2,094	2,098	2,498	2,105	1,435
73	1,880	1,885	2,239	1,892	1,296	2,164	2,167	2,575	2,174	1,491
74	1,951	1,955	2,327	1,961	1,350	2,244	2,249	2,676	2,256	1,553
75	2,034	2,037	2,429	2,043	1,413	2,337	2,342	2,793	2,349	1,625
76	2,106	2,112	2,524	2,118	1,466	2,423	2,428	2,903	2,434	1,686
77	2,193	2,198	2,626	2,204	1,519	2,522	2,528	3,022	2,534	1,747
78	2,289	2,292	2,733	2,301	1,573	2,631	2,637	3,144	2,645	1,809
79	2,395	2,400	2,850	2,407	1,628	2,754	2,759	3,278	2,767	1,872
80	2,511	2,517	2,973	2,524	1,693	2,890	2,894	3,420	2,903	1,946
81	2,640	2,646	3,102	2,652	1,784	3,036	3,044	3,567	3,051	2,051
82	2,780	2,786	3,241	2,794	1,882	3,196	3,204	3,727	3,214	2,165
83	2,932	2,938	3,387	2,947	1,989	3,371	3,379	3,894	3,390	2,288
84	3,097	3,103	3,542	3,112	2,106	3,561	3,567	4,072	3,580	2,422
85	3,276	3,284	3,707	3,293	2,233	3,768	3,776	4,262	3,788	2,567
86	3,448	3,458	3,864	3,467	2,356	3,967	3,975	4,444	3,988	2,709
87	3,632	3,637	4,033	3,649	2,486	4,176	4,183	4,639	4,197	2,860
88	3,814	3,822	4,213	3,833	2,618	4,385	4,395	4,845	4,408	3,011
89	3,997	4,006	4,404	4,019	2,751	4,597	4,607	5,063	4,621	3,164
90	4,182	4,191	4,585	4,204	2,884	4,810	4,819	5,273	4,834	3,317
91	4,355	4,364	4,753	4,378	3,010	5,008	5,019	5,467	5,034	3,461
92	4,526	4,536	4,926	4,550	3,133	5,207	5,215	5,666	5,232	3,604
93	4,695	4,705	5,088	4,718	3,256	5,400	5,410	5,849	5,427	3,745
94	4,860	4,869	5,247	4,883	3,377	5,587	5,599	6,034	5,616	3,883
95	5,020	5,029	5,406	5,044	3,493	5,772	5,785	6,217	5,800	4,018
96	5,129	5,140	5,520	5,155	3,570	5,899	5,912	6,347	5,930	4,106
97	5,233	5,242	5,631	5,258	3,643	6,017	6,029	6,474	6,049	4,189
98	5,333	5,342	5,737	5,359	3,711	6,131	6,144	6,597	6,163	4,268
99	5,428	5,439	5,840	5,454	3,778	6,242	6,254	6,716	6,273	4,345

Premium payable other than annual will be determined according to the following factors:

Semi Annual: 1/2

Quarterly: 1/4

Monthly: 1/12

A discount factor of .93 is applied for household discount applicants.

There is a one-time \$25.00 policy fee.

Open enrollees and guaranteed issues will be offered preferred rates.

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL STANDARD ATTAINED AGE PREMIUMS
FOR USE IN PENNSYLVANIA ZIP CODES
155, 157-188, 195-196

Attained Age Form	Female					Male				
	Plan A	Plan B	Plan F	Plan G	Plan N	Plan A	Plan B	Plan F	Plan G	Plan N
	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA
0-64	1,830	1,833	2,161	1,840	1,214	2,106	2,108	2,487	2,115	1,397
65	1,830	1,833	2,161	1,840	1,214	2,106	2,108	2,487	2,115	1,397
66	1,830	1,833	2,161	1,840	1,214	2,106	2,108	2,487	2,115	1,397
67	1,830	1,833	2,161	1,840	1,214	2,106	2,108	2,487	2,115	1,397
68	1,834	1,838	2,201	1,845	1,247	2,110	2,114	2,531	2,120	1,433
69	1,894	1,899	2,274	1,904	1,283	2,179	2,184	2,617	2,190	1,476
70	1,959	1,962	2,350	1,969	1,322	2,252	2,257	2,701	2,264	1,522
71	2,024	2,028	2,425	2,035	1,378	2,328	2,332	2,787	2,339	1,586
72	2,094	2,098	2,498	2,105	1,435	2,408	2,413	2,875	2,421	1,650
73	2,164	2,167	2,575	2,174	1,491	2,487	2,493	2,960	2,501	1,714
74	2,244	2,249	2,676	2,256	1,553	2,581	2,587	3,078	2,593	1,787
75	2,337	2,342	2,793	2,349	1,625	2,689	2,693	3,213	2,702	1,869
76	2,423	2,428	2,903	2,434	1,686	2,786	2,792	3,340	2,800	1,939
77	2,522	2,528	3,022	2,534	1,747	2,901	2,906	3,474	2,915	2,009
78	2,631	2,637	3,144	2,645	1,809	3,026	3,034	3,616	3,043	2,080
79	2,754	2,759	3,278	2,767	1,872	3,167	3,173	3,770	3,182	2,152
80	2,890	2,894	3,420	2,903	1,946	3,322	3,329	3,933	3,339	2,239
81	3,036	3,044	3,567	3,051	2,051	3,492	3,499	4,105	3,509	2,358
82	3,196	3,204	3,727	3,214	2,165	3,677	3,683	4,285	3,696	2,489
83	3,371	3,379	3,894	3,390	2,288	3,877	3,886	4,478	3,897	2,630
84	3,561	3,567	4,072	3,580	2,422	4,096	4,105	4,684	4,117	2,784
85	3,768	3,776	4,262	3,788	2,567	4,333	4,342	4,901	4,354	2,951
86	3,967	3,975	4,444	3,988	2,709	4,562	4,571	5,111	4,586	3,116
87	4,176	4,183	4,639	4,197	2,860	4,803	4,811	5,334	4,826	3,288
88	4,385	4,395	4,845	4,408	3,011	5,043	5,054	5,571	5,069	3,461
89	4,597	4,607	5,063	4,621	3,164	5,287	5,298	5,823	5,314	3,637
90	4,810	4,819	5,273	4,834	3,317	5,531	5,543	6,065	5,559	3,815
91	5,008	5,019	5,467	5,034	3,461	5,760	5,772	6,286	5,788	3,980
92	5,207	5,215	5,666	5,232	3,604	5,985	5,998	6,516	6,015	4,145
93	5,400	5,410	5,849	5,427	3,745	6,209	6,222	6,729	6,240	4,306
94	5,587	5,599	6,034	5,616	3,883	6,426	6,439	6,939	6,459	4,465
95	5,772	5,785	6,217	5,800	4,018	6,638	6,651	7,149	6,671	4,621
96	5,899	5,912	6,347	5,930	4,106	6,784	6,798	7,300	6,818	4,723
97	6,017	6,029	6,474	6,049	4,189	6,921	6,932	7,446	6,955	4,817
98	6,131	6,144	6,597	6,163	4,268	7,051	7,066	7,587	7,088	4,908
99	6,242	6,254	6,716	6,273	4,345	7,180	7,194	7,724	7,215	4,995

Premium payable other than annual will be determined according to the following factors:

Semi Annual: 1/2

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Monthly: 1/12

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Open enrollees and guaranteed issues will be offered preferred rates.

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL PREFERRED ATTAINED AGE PREMIUMS
FOR USE IN PENNSYLVANIA ZIP CODES
150-154, 156

Attained Age Form	Female					Male				
	Plan A	Plan B	Plan F	Plan G	Plan N	Plan A	Plan B	Plan F	Plan G	Plan N
	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA
0-64	1,882	1,884	2,224	1,892	1,249	2,165	2,168	2,556	2,177	1,436
65	1,882	1,884	2,224	1,892	1,249	2,165	2,168	2,556	2,177	1,436
66	1,882	1,884	2,224	1,892	1,249	2,165	2,168	2,556	2,177	1,436
67	1,882	1,884	2,224	1,892	1,249	2,165	2,168	2,556	2,177	1,436
68	1,887	1,892	2,265	1,898	1,282	2,169	2,174	2,604	2,182	1,475
69	1,950	1,953	2,341	1,959	1,321	2,241	2,246	2,690	2,252	1,518
70	2,015	2,017	2,415	2,025	1,362	2,317	2,321	2,780	2,329	1,564
71	2,081	2,086	2,494	2,093	1,420	2,394	2,399	2,868	2,407	1,630
72	2,153	2,157	2,571	2,165	1,476	2,477	2,482	2,955	2,489	1,697
73	2,224	2,230	2,648	2,237	1,533	2,560	2,563	3,046	2,572	1,763
74	2,308	2,312	2,752	2,320	1,597	2,654	2,660	3,165	2,669	1,837
75	2,406	2,409	2,873	2,417	1,671	2,764	2,770	3,303	2,779	1,922
76	2,492	2,498	2,985	2,505	1,734	2,866	2,872	3,433	2,879	1,994
77	2,594	2,599	3,106	2,607	1,796	2,983	2,990	3,574	2,998	2,066
78	2,707	2,712	3,233	2,721	1,860	3,112	3,119	3,719	3,128	2,140
79	2,833	2,839	3,372	2,847	1,926	3,257	3,264	3,878	3,273	2,214
80	2,970	2,977	3,517	2,985	2,002	3,418	3,423	4,045	3,434	2,302
81	3,123	3,130	3,670	3,137	2,110	3,592	3,600	4,220	3,609	2,426
82	3,288	3,296	3,834	3,304	2,226	3,781	3,790	4,408	3,802	2,561
83	3,468	3,475	4,006	3,486	2,353	3,988	3,996	4,606	4,010	2,706
84	3,663	3,671	4,190	3,681	2,490	4,212	4,220	4,817	4,234	2,864
85	3,875	3,884	4,385	3,895	2,641	4,457	4,466	5,041	4,480	3,036
86	4,079	4,090	4,571	4,101	2,786	4,693	4,701	5,257	4,717	3,204
87	4,296	4,302	4,771	4,316	2,940	4,939	4,948	5,487	4,964	3,383
88	4,511	4,521	4,983	4,533	3,097	5,187	5,199	5,731	5,214	3,562
89	4,728	4,739	5,209	4,753	3,254	5,437	5,449	5,988	5,466	3,742
90	4,947	4,957	5,423	4,972	3,411	5,689	5,700	6,237	5,718	3,924
91	5,151	5,162	5,622	5,178	3,561	5,924	5,937	6,466	5,954	4,093
92	5,354	5,365	5,827	5,381	3,706	6,159	6,169	6,702	6,189	4,263
93	5,553	5,565	6,018	5,580	3,851	6,387	6,399	6,918	6,419	4,430
94	5,749	5,760	6,206	5,776	3,994	6,609	6,622	7,137	6,643	4,593
95	5,938	5,948	6,394	5,966	4,132	6,827	6,842	7,354	6,861	4,752
96	6,067	6,080	6,529	6,097	4,223	6,977	6,993	7,508	7,014	4,857
97	6,190	6,201	6,661	6,219	4,309	7,117	7,131	7,657	7,154	4,954
98	6,307	6,318	6,786	6,338	4,389	7,252	7,267	7,803	7,290	5,048
99	6,421	6,433	6,908	6,452	4,468	7,383	7,398	7,943	7,420	5,139

Premium payable other than annual will be determined according to the following factors:

Semi Annual: 1/2

Quarterly: 1/4

Monthly: 1/12

A discount factor of .93 is applied for household discount applicants.
There is a one-time \$25.00 policy fee.
Open enrollees and guaranteed issues will be offered preferred rates.

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL STANDARD ATTAINED AGE PREMIUMS
FOR USE IN PENNSYLVANIA ZIP CODES
150-154, 156

Attained Age Form	Female					Male				
	Plan A	Plan B	Plan F	Plan G	Plan N	Plan A	Plan B	Plan F	Plan G	Plan N
	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA
0-64	2,165	2,168	2,556	2,177	1,436	2,490	2,494	2,941	2,501	1,652
65	2,165	2,168	2,556	2,177	1,436	2,490	2,494	2,941	2,501	1,652
66	2,165	2,168	2,556	2,177	1,436	2,490	2,494	2,941	2,501	1,652
67	2,165	2,168	2,556	2,177	1,436	2,490	2,494	2,941	2,501	1,652
68	2,169	2,174	2,604	2,182	1,475	2,496	2,500	2,994	2,508	1,695
69	2,241	2,246	2,690	2,252	1,518	2,577	2,583	3,095	2,591	1,746
70	2,317	2,321	2,780	2,329	1,564	2,663	2,670	3,194	2,677	1,801
71	2,394	2,399	2,868	2,407	1,630	2,753	2,759	3,297	2,767	1,876
72	2,477	2,482	2,955	2,489	1,697	2,848	2,855	3,400	2,863	1,951
73	2,560	2,563	3,046	2,572	1,763	2,941	2,949	3,501	2,958	2,027
74	2,654	2,660	3,165	2,669	1,837	3,053	3,060	3,641	3,067	2,113
75	2,764	2,770	3,303	2,779	1,922	3,180	3,186	3,801	3,196	2,211
76	2,866	2,872	3,433	2,879	1,994	3,296	3,302	3,950	3,312	2,294
77	2,983	2,990	3,574	2,998	2,066	3,431	3,438	4,109	3,447	2,376
78	3,112	3,119	3,719	3,128	2,140	3,579	3,588	4,277	3,599	2,461
79	3,257	3,264	3,878	3,273	2,214	3,746	3,753	4,459	3,763	2,545
80	3,418	3,423	4,045	3,434	2,302	3,929	3,938	4,652	3,949	2,648
81	3,592	3,600	4,220	3,609	2,426	4,131	4,138	4,855	4,150	2,790
82	3,781	3,790	4,408	3,802	2,561	4,349	4,356	5,069	4,371	2,944
83	3,988	3,996	4,606	4,010	2,706	4,586	4,597	5,297	4,609	3,111
84	4,212	4,220	4,817	4,234	2,864	4,844	4,855	5,541	4,870	3,293
85	4,457	4,466	5,041	4,480	3,036	5,125	5,136	5,797	5,150	3,490
86	4,693	4,701	5,257	4,717	3,204	5,396	5,407	6,046	5,424	3,686
87	4,939	4,948	5,487	4,964	3,383	5,680	5,690	6,310	5,708	3,889
88	5,187	5,199	5,731	5,214	3,562	5,965	5,977	6,589	5,996	4,094
89	5,437	5,449	5,988	5,466	3,742	6,254	6,267	6,887	6,285	4,302
90	5,689	5,700	6,237	5,718	3,924	6,542	6,556	7,173	6,575	4,512
91	5,924	5,937	6,466	5,954	4,093	6,813	6,827	7,435	6,846	4,708
92	6,159	6,169	6,702	6,189	4,263	7,080	7,094	7,707	7,115	4,903
93	6,387	6,399	6,918	6,419	4,430	7,344	7,359	7,959	7,381	5,093
94	6,609	6,622	7,137	6,643	4,593	7,601	7,616	8,207	7,640	5,281
95	6,827	6,842	7,354	6,861	4,752	7,852	7,867	8,456	7,890	5,466
96	6,977	6,993	7,508	7,014	4,857	8,025	8,041	8,634	8,064	5,586
97	7,117	7,131	7,657	7,154	4,954	8,186	8,199	8,807	8,226	5,698
98	7,252	7,267	7,803	7,290	5,048	8,340	8,358	8,974	8,383	5,805
99	7,383	7,398	7,943	7,420	5,139	8,492	8,509	9,136	8,534	5,908

Premium payable other than annual will be determined according to the following factors:

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ANNUAL PREFERRED ATTAINED AGE PREMIUMS
FOR USE IN PENNSYLVANIA ZIP CODES
189-194

Attained Age Form	Female					Male				
	Plan A	Plan B	Plan F	Plan G	Plan N	Plan A	Plan B	Plan F	Plan G	Plan N
	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA
0-64	2,070	2,073	2,447	2,081	1,373	2,381	2,385	2,812	2,395	1,579
65	2,070	2,073	2,447	2,081	1,373	2,381	2,385	2,812	2,395	1,579
66	2,070	2,073	2,447	2,081	1,373	2,381	2,385	2,812	2,395	1,579
67	2,070	2,073	2,447	2,081	1,373	2,381	2,385	2,812	2,395	1,579
68	2,075	2,081	2,491	2,087	1,410	2,386	2,391	2,864	2,401	1,623
69	2,145	2,148	2,575	2,155	1,453	2,465	2,471	2,958	2,477	1,670
70	2,217	2,219	2,656	2,228	1,498	2,548	2,553	3,058	2,562	1,721
71	2,289	2,294	2,743	2,303	1,562	2,633	2,639	3,154	2,647	1,793
72	2,368	2,373	2,828	2,381	1,624	2,725	2,730	3,250	2,738	1,867
73	2,447	2,453	2,912	2,461	1,687	2,816	2,819	3,350	2,829	1,940
74	2,539	2,543	3,027	2,552	1,757	2,920	2,926	3,481	2,935	2,021
75	2,646	2,650	3,161	2,658	1,838	3,041	3,047	3,634	3,056	2,114
76	2,741	2,748	3,284	2,755	1,907	3,152	3,159	3,776	3,167	2,194
77	2,853	2,859	3,417	2,868	1,976	3,282	3,289	3,931	3,297	2,272
78	2,978	2,983	3,556	2,994	2,046	3,423	3,430	4,091	3,441	2,353
79	3,116	3,123	3,709	3,131	2,119	3,583	3,590	4,265	3,600	2,436
80	3,267	3,274	3,868	3,284	2,202	3,759	3,766	4,449	3,778	2,533
81	3,435	3,442	4,037	3,451	2,321	3,951	3,960	4,642	3,970	2,668
82	3,617	3,625	4,217	3,635	2,449	4,159	4,168	4,848	4,182	2,817
83	3,815	3,822	4,407	3,834	2,588	4,386	4,396	5,066	4,410	2,977
84	4,029	4,038	4,609	4,049	2,739	4,633	4,642	5,299	4,657	3,151
85	4,263	4,273	4,823	4,285	2,905	4,903	4,913	5,545	4,928	3,340
86	4,487	4,499	5,028	4,511	3,065	5,162	5,172	5,783	5,188	3,525
87	4,725	4,732	5,248	4,748	3,234	5,433	5,443	6,035	5,461	3,721
88	4,962	4,973	5,481	4,986	3,406	5,705	5,718	6,304	5,735	3,918
89	5,201	5,213	5,729	5,228	3,579	5,981	5,994	6,587	6,012	4,116
90	5,441	5,452	5,965	5,469	3,752	6,258	6,270	6,861	6,290	4,316
91	5,666	5,679	6,184	5,695	3,917	6,516	6,530	7,112	6,550	4,502
92	5,889	5,901	6,409	5,919	4,076	6,775	6,786	7,373	6,807	4,689
93	6,108	6,121	6,620	6,138	4,236	7,025	7,039	7,610	7,060	4,873
94	6,323	6,336	6,827	6,354	4,394	7,270	7,284	7,850	7,307	5,052
95	6,532	6,542	7,034	6,563	4,545	7,509	7,526	8,089	7,547	5,227
96	6,673	6,688	7,181	6,707	4,645	7,675	7,692	8,258	7,715	5,342
97	6,809	6,821	7,327	6,841	4,740	7,829	7,844	8,423	7,870	5,450
98	6,938	6,950	7,464	6,972	4,828	7,978	7,993	8,584	8,019	5,553
99	7,063	7,076	7,599	7,097	4,915	8,122	8,137	8,737	8,161	5,653

Premium payable other than annual will be determined according to the following factors:

Semi Annual: 1/2

Quarterly: 1/4

Monthly: 1/12

A discount factor of .93 is applied for household discount applicants.

There is a one-time \$25.00 policy fee.

Open enrollees and guaranteed issues will be offered preferred rates.

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL STANDARD ATTAINED AGE PREMIUMS
FOR USE IN PENNSYLVANIA ZIP CODES
189-194

Attained Age Form	Female					Male				
	Plan A	Plan B	Plan F	Plan G	Plan N	Plan A	Plan B	Plan F	Plan G	Plan N
	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA	MCMSAAPA	MCMSABPA	MCMSAFPA	MCMSAGPA	MCMSANPA
0-64	2,381	2,385	2,812	2,395	1,579	2,739	2,743	3,236	2,752	1,817
65	2,381	2,385	2,812	2,395	1,579	2,739	2,743	3,236	2,752	1,817
66	2,381	2,385	2,812	2,395	1,579	2,739	2,743	3,236	2,752	1,817
67	2,381	2,385	2,812	2,395	1,579	2,739	2,743	3,236	2,752	1,817
68	2,386	2,391	2,864	2,401	1,623	2,745	2,750	3,294	2,759	1,865
69	2,465	2,471	2,958	2,477	1,670	2,835	2,841	3,405	2,850	1,920
70	2,548	2,553	3,058	2,562	1,721	2,929	2,937	3,514	2,945	1,981
71	2,633	2,639	3,154	2,647	1,793	3,029	3,035	3,626	3,043	2,063
72	2,725	2,730	3,250	2,738	1,867	3,133	3,140	3,740	3,150	2,147
73	2,816	2,819	3,350	2,829	1,940	3,236	3,244	3,851	3,254	2,230
74	2,920	2,926	3,481	2,935	2,021	3,358	3,366	4,005	3,373	2,324
75	3,041	3,047	3,634	3,056	2,114	3,498	3,504	4,181	3,515	2,432
76	3,152	3,159	3,776	3,167	2,194	3,625	3,632	4,345	3,643	2,523
77	3,282	3,289	3,931	3,297	2,272	3,774	3,781	4,519	3,792	2,614
78	3,423	3,430	4,091	3,441	2,353	3,937	3,947	4,704	3,959	2,707
79	3,583	3,590	4,265	3,600	2,436	4,120	4,129	4,905	4,139	2,800
80	3,759	3,766	4,449	3,778	2,533	4,322	4,332	5,117	4,344	2,912
81	3,951	3,960	4,642	3,970	2,668	4,544	4,552	5,341	4,565	3,069
82	4,159	4,168	4,848	4,182	2,817	4,784	4,792	5,576	4,809	3,238
83	4,386	4,396	5,066	4,410	2,977	5,044	5,057	5,826	5,070	3,422
84	4,633	4,642	5,299	4,657	3,151	5,329	5,341	6,095	5,357	3,623
85	4,903	4,913	5,545	4,928	3,340	5,637	5,649	6,377	5,665	3,839
86	5,162	5,172	5,783	5,188	3,525	5,935	5,947	6,650	5,967	4,055
87	5,433	5,443	6,035	5,461	3,721	6,248	6,259	6,941	6,279	4,277
88	5,705	5,718	6,304	5,735	3,918	6,562	6,575	7,248	6,596	4,504
89	5,981	5,994	6,587	6,012	4,116	6,879	6,893	7,576	6,914	4,732
90	6,258	6,270	6,861	6,290	4,316	7,196	7,212	7,890	7,232	4,963
91	6,516	6,530	7,112	6,550	4,502	7,495	7,509	8,178	7,531	5,179
92	6,775	6,786	7,373	6,807	4,689	7,788	7,803	8,477	7,826	5,393
93	7,025	7,039	7,610	7,060	4,873	8,078	8,095	8,754	8,119	5,602
94	7,270	7,284	7,850	7,307	5,052	8,361	8,378	9,028	8,403	5,809
95	7,509	7,526	8,089	7,547	5,227	8,637	8,654	9,301	8,679	6,012
96	7,675	7,692	8,258	7,715	5,342	8,827	8,845	9,497	8,871	6,144
97	7,829	7,844	8,423	7,870	5,450	9,005	9,019	9,687	9,048	6,268
98	7,978	7,993	8,584	8,019	5,553	9,174	9,194	9,871	9,221	6,385
99	8,122	8,137	8,737	8,161	5,653	9,341	9,359	10,049	9,387	6,499

Premium payable other than annual will be determined according to the following factors:

Semi Annual: 1/2

Quarterly: 1/4

Monthly: 1/12

A discount factor of .93 is applied for household discount applicants.

There is a one-time \$25.00 policy fee.

Open enrollees and guaranteed issues will be offered preferred rates.

PREMIUM INFORMATION

ManhattanLife Insurance and Annuity Company may change your premium if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class on the date of change. Class is defined as attained age, underwriting class, and state of residence. 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.

HOUSEHOLD DISCOUNT

Household Discount is a rate that is lower than the individual rate. Your eligibility for the Household Discount will depend on Your response to the Household Discount questions on Your Application. In order for You to be eligible for the Household Discount, Your household resident must be Your spouse or lawful domestic partner with whom You have been residing with for the past 12 months, and who has an existing Medicare Supplement policy with ManhattanLife Insurance and Annuity Company, Western United Life Assurance Company, Family Life Insurance Company, or The Manhattan Life Insurance Company.

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 ManhattanLife Insurance and Annuity Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to our Medicare Supplement Administrative Office at P. O. Box 925568, Houston, Texas 77292-5568. 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 ManhattanLife Insurance and Annuity 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.

LIMITATIONS AND EXCLUSIONS

This Policy does not pay expenses related to any coverage that is limited or excluded by Medicare related to serviced not "reasonable and Medically Necessary" under the Medicare Program Standards for diagnosis or treatment of Injury or Sickness.

REFUND OF PREMIUMS

The Policy does contain a Pro-Rata Refund provision which provides for the partial refund of premium upon death.

The Policy does contain a Cancellation By Insured provision which provides for a refund of premium upon surrender of the Policy.

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 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.

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st thru 90 th day 91 st 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	\$0 \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$1632 (Part A deductible) \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 \$0 \$0	\$0 Up to \$204 a day 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 co-payment/coinsurance for out-patient patient drugs and inpatient respite care	Medicare co-payment/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.

PLAN A

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

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

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

PARTS A & B

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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$240 (Part B deductible) \$0

PLAN B

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 \$0 \$0	\$0 Up to \$204 a day 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 co-payment/coinsurance for out-patient patient drugs and inpatient respite care	Medicare co-payment/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.

PLAN B

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

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

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

PARTS A & B

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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$240 (Part B deductible) \$0

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 61 st thru 90 th day 91 st day and after: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st thru 100 th day 101 st day and after	 All approved amounts All but \$204 a day \$0	 \$0 Up to \$204 a day \$0	 \$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient patient drugs and inpatient respite care	Medicare co-payment/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.

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.

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

PARTS A & B

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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$240 (Part B deductible) 20%	\$0 \$0 \$0

OTHER SERVICES – 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 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

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: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for out-patient patient drugs and inpatient respite care	Medicare co-payment/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.

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.

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

PARTS A & B

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 \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$240 (Part B deductible) \$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 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

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	 100% 	 \$0 	 \$0
First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 80%	 \$0 20%	 \$240 (Part B deductible) \$0

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: — While using 60 lifetime reserve days — Once lifetime reserve days are used: — Additional 365 days — Beyond the additional 365 days	All but \$1632 All but \$408 a day All but \$816 a day \$0 \$0	\$1632 (Part A deductible) \$408 a day \$816 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$204 a day \$0	\$0 Up to \$204 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for out-patient patient drugs and inpatient respite care	Medicare co-payment/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.

PLAN N

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

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

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

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	100%	\$0	\$0
— Durable medical equipment			
First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Part B deductible)
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.