

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

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan “A.” 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 four of the twelve plans available, Plans A, F, G, and N.

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 <sup>1</sup>	K	L	M	N	C	F	F <sup>1</sup>
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>					

<sup>1</sup> 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.

<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.

**ManhattanLife Insurance and Annuity Company**  
**Annual Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	1,908	2,303	1,808	1,256	2,192	2,648	2,079	1,443
66	1,908	2,303	1,808	1,256	2,192	2,648	2,079	1,443
67	1,908	2,303	1,808	1,256	2,192	2,648	2,079	1,443
68	1,955	2,388	1,878	1,302	2,248	2,746	2,159	1,498
69	1,994	2,453	1,911	1,343	2,292	2,821	2,198	1,544
70	2,032	2,520	1,945	1,382	2,338	2,897	2,236	1,589
71	2,071	2,585	1,977	1,422	2,382	2,973	2,273	1,633
72	2,111	2,650	2,011	1,459	2,427	3,048	2,312	1,679
73	2,178	2,714	2,073	1,506	2,506	3,122	2,386	1,733
74	2,245	2,778	2,138	1,552	2,583	3,195	2,459	1,786
75	2,313	2,841	2,203	1,600	2,661	3,268	2,533	1,839
76	2,381	2,905	2,267	1,646	2,738	3,342	2,607	1,893
77	2,449	2,968	2,331	1,693	2,816	3,414	2,681	1,947
78	2,502	3,058	2,406	1,740	2,878	3,516	2,767	2,002
79	2,557	3,147	2,481	1,788	2,940	3,618	2,852	2,057
80	2,610	3,235	2,555	1,834	3,002	3,720	2,939	2,111
81	2,664	3,324	2,630	1,883	3,063	3,824	3,024	2,165
82	2,719	3,414	2,704	1,931	3,126	3,925	3,110	2,219
83	2,788	3,516	2,791	1,989	3,207	4,044	3,209	2,285
84	2,860	3,618	2,877	2,046	3,288	4,161	3,308	2,353
85	2,930	3,720	2,963	2,104	3,370	4,279	3,409	2,419
86	3,000	3,824	3,050	2,161	3,450	4,397	3,508	2,486
87	3,070	3,925	3,136	2,219	3,532	4,514	3,608	2,553
88	3,143	4,030	3,226	2,279	3,615	4,635	3,711	2,620
89	3,217	4,138	3,318	2,340	3,701	4,760	3,816	2,691
90	3,292	4,250	3,411	2,404	3,787	4,887	3,924	2,762
91	3,371	4,363	3,508	2,467	3,876	5,018	4,034	2,836
92	3,450	4,481	3,608	2,533	3,967	5,153	4,149	2,915
93	3,532	4,600	3,711	2,601	4,062	5,291	4,266	2,991
94	3,615	4,723	3,816	2,670	4,158	5,433	4,387	3,070
95	3,701	4,850	3,924	2,742	4,254	5,578	4,512	3,154
96	3,787	4,980	4,035	2,816	4,355	5,728	4,640	3,237
97	3,876	5,113	4,149	2,891	4,458	5,880	4,773	3,324
98	3,967	5,250	4,268	2,969	4,563	6,038	4,907	3,415
99	4,061	5,391	4,387	3,048	4,670	6,200	5,046	3,506

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

Semi Annual

Quarterly

Monthly

1/2

1/4

1/12

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

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

**ManhattanLife Insurance and Annuity Company**  
**Annual Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	2,192	2,648	2,079	1,443	2,520	3,045	2,391	1,661
66	2,192	2,648	2,079	1,443	2,520	3,045	2,391	1,661
67	2,192	2,648	2,079	1,443	2,520	3,045	2,391	1,661
68	2,248	2,746	2,159	1,498	2,585	3,157	2,484	1,723
69	2,292	2,821	2,198	1,544	2,636	3,245	2,528	1,775
70	2,338	2,897	2,236	1,589	2,687	3,331	2,571	1,827
71	2,382	2,973	2,273	1,633	2,740	3,419	2,614	1,878
72	2,427	3,048	2,312	1,679	2,792	3,506	2,658	1,931
73	2,506	3,122	2,386	1,733	2,881	3,590	2,742	1,992
74	2,583	3,195	2,459	1,786	2,971	3,672	2,828	2,053
75	2,661	3,268	2,533	1,839	3,061	3,758	2,914	2,115
76	2,738	3,342	2,607	1,893	3,149	3,841	2,997	2,177
77	2,816	3,414	2,681	1,947	3,238	3,925	3,083	2,239
78	2,878	3,516	2,767	2,002	3,309	4,044	3,182	2,302
79	2,940	3,618	2,852	2,057	3,380	4,161	3,281	2,365
80	3,002	3,720	2,939	2,111	3,452	4,279	3,378	2,426
81	3,063	3,824	3,024	2,165	3,524	4,397	3,478	2,490
82	3,126	3,925	3,110	2,219	3,595	4,514	3,577	2,553
83	3,207	4,044	3,209	2,285	3,688	4,649	3,690	2,630
84	3,288	4,161	3,308	2,353	3,782	4,784	3,806	2,706
85	3,370	4,279	3,409	2,419	3,874	4,922	3,920	2,781
86	3,450	4,397	3,508	2,486	3,970	5,056	4,034	2,858
87	3,532	4,514	3,608	2,553	4,062	5,191	4,148	2,935
88	3,615	4,635	3,711	2,620	4,158	5,331	4,266	3,014
89	3,701	4,760	3,816	2,691	4,255	5,473	4,387	3,094
90	3,787	4,887	3,924	2,762	4,355	5,620	4,512	3,178
91	3,876	5,018	4,034	2,836	4,458	5,771	4,640	3,263
92	3,967	5,153	4,149	2,915	4,563	5,925	4,771	3,350
93	4,062	5,291	4,266	2,991	4,670	6,084	4,907	3,439
94	4,158	5,433	4,387	3,070	4,782	6,247	5,046	3,532
95	4,254	5,578	4,512	3,154	4,893	6,415	5,189	3,627
96	4,355	5,728	4,640	3,237	5,009	6,586	5,336	3,724
97	4,458	5,880	4,773	3,324	5,126	6,763	5,488	3,823
98	4,563	6,038	4,907	3,415	5,248	6,943	5,644	3,926
99	4,670	6,200	5,046	3,506	5,371	7,129	5,804	4,032

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

Semi Annual	Quarterly	Monthly
1/2	1/4	1/12

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

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

**ManhattanLife Insurance and Annuity Company**  
**Annual Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	1,667	2,012	1,579	1,097	1,915	2,313	1,816	1,261
66	1,667	2,012	1,579	1,097	1,915	2,313	1,816	1,261
67	1,667	2,012	1,579	1,097	1,915	2,313	1,816	1,261
68	1,708	2,086	1,641	1,138	1,964	2,399	1,886	1,309
69	1,742	2,142	1,670	1,173	2,003	2,465	1,920	1,349
70	1,775	2,201	1,699	1,207	2,042	2,531	1,953	1,389
71	1,810	2,258	1,727	1,242	2,081	2,597	1,986	1,427
72	1,845	2,315	1,756	1,275	2,120	2,662	2,019	1,467
73	1,903	2,370	1,811	1,316	2,189	2,727	2,085	1,514
74	1,961	2,427	1,867	1,356	2,256	2,791	2,149	1,560
75	2,021	2,482	1,924	1,398	2,325	2,855	2,213	1,607
76	2,080	2,538	1,981	1,438	2,392	2,919	2,277	1,654
77	2,139	2,593	2,036	1,479	2,460	2,982	2,342	1,701
78	2,186	2,671	2,101	1,520	2,514	3,071	2,418	1,749
79	2,234	2,749	2,168	1,562	2,568	3,161	2,491	1,797
80	2,280	2,826	2,232	1,602	2,623	3,250	2,567	1,844
81	2,327	2,904	2,297	1,645	2,676	3,340	2,642	1,892
82	2,375	2,982	2,362	1,686	2,731	3,429	2,717	1,938
83	2,436	3,071	2,438	1,737	2,801	3,532	2,803	1,997
84	2,498	3,161	2,513	1,788	2,872	3,635	2,890	2,056
85	2,560	3,250	2,589	1,838	2,944	3,738	2,978	2,113
86	2,620	3,340	2,665	1,888	3,014	3,841	3,064	2,171
87	2,682	3,429	2,740	1,938	3,086	3,944	3,152	2,230
88	2,746	3,520	2,818	1,991	3,158	4,049	3,241	2,288
89	2,810	3,615	2,899	2,044	3,233	4,158	3,333	2,351
90	2,876	3,713	2,980	2,100	3,308	4,269	3,428	2,413
91	2,945	3,811	3,064	2,155	3,386	4,384	3,524	2,478
92	3,014	3,915	3,152	2,213	3,466	4,501	3,624	2,546
93	3,086	4,018	3,241	2,272	3,548	4,622	3,727	2,613
94	3,158	4,126	3,333	2,332	3,632	4,746	3,833	2,682
95	3,233	4,237	3,428	2,396	3,716	4,872	3,941	2,755
96	3,308	4,350	3,525	2,460	3,805	5,004	4,053	2,828
97	3,386	4,467	3,624	2,525	3,894	5,137	4,169	2,904
98	3,466	4,587	3,729	2,594	3,986	5,274	4,286	2,983
99	3,548	4,709	3,833	2,663	4,080	5,416	4,408	3,063

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

Semi Annual	Quarterly	Monthly
1/2	1/4	1/12

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

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

**ManhattanLife Insurance and Annuity Company**  
**Annual Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	1,915	2,313	1,816	1,261	2,202	2,660	2,088	1,451
66	1,915	2,313	1,816	1,261	2,202	2,660	2,088	1,451
67	1,915	2,313	1,816	1,261	2,202	2,660	2,088	1,451
68	1,964	2,399	1,886	1,309	2,258	2,758	2,170	1,506
69	2,003	2,465	1,920	1,349	2,303	2,835	2,209	1,550
70	2,042	2,531	1,953	1,389	2,348	2,910	2,246	1,596
71	2,081	2,597	1,986	1,427	2,393	2,987	2,284	1,641
72	2,120	2,662	2,019	1,467	2,439	3,063	2,322	1,686
73	2,189	2,727	2,085	1,514	2,516	3,136	2,396	1,740
74	2,256	2,791	2,149	1,560	2,595	3,208	2,470	1,794
75	2,325	2,855	2,213	1,607	2,674	3,282	2,545	1,848
76	2,392	2,919	2,277	1,654	2,751	3,355	2,618	1,902
77	2,460	2,982	2,342	1,701	2,829	3,429	2,693	1,956
78	2,514	3,071	2,418	1,749	2,891	3,532	2,779	2,011
79	2,568	3,161	2,491	1,797	2,953	3,635	2,866	2,066
80	2,623	3,250	2,567	1,844	3,016	3,738	2,951	2,120
81	2,676	3,340	2,642	1,892	3,078	3,841	3,038	2,175
82	2,731	3,429	2,717	1,938	3,140	3,944	3,125	2,230
83	2,801	3,532	2,803	1,997	3,222	4,061	3,223	2,297
84	2,872	3,635	2,890	2,056	3,304	4,179	3,325	2,364
85	2,944	3,738	2,978	2,113	3,384	4,299	3,425	2,430
86	3,014	3,841	3,064	2,171	3,468	4,417	3,524	2,497
87	3,086	3,944	3,152	2,230	3,548	4,535	3,624	2,564
88	3,158	4,049	3,241	2,288	3,632	4,657	3,727	2,633
89	3,233	4,158	3,333	2,351	3,717	4,781	3,832	2,703
90	3,308	4,269	3,428	2,413	3,805	4,910	3,941	2,776
91	3,386	4,384	3,524	2,478	3,894	5,041	4,053	2,850
92	3,466	4,501	3,624	2,546	3,986	5,176	4,168	2,926
93	3,548	4,622	3,727	2,613	4,080	5,315	4,286	3,004
94	3,632	4,746	3,833	2,682	4,177	5,458	4,408	3,086
95	3,716	4,872	3,941	2,755	4,274	5,604	4,533	3,168
96	3,805	5,004	4,053	2,828	4,376	5,753	4,661	3,254
97	3,894	5,137	4,169	2,904	4,478	5,908	4,794	3,339
98	3,986	5,274	4,286	2,983	4,584	6,066	4,930	3,430
99	4,080	5,416	4,408	3,063	4,691	6,227	5,070	3,523

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.

**ManhattanLife Insurance and Annuity Company**  
**Semi-Annual Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	954.00	1,151.50	904.00	628.00	1,096.00	1,324.00	1,039.50	721.50
66	954.00	1,151.50	904.00	628.00	1,096.00	1,324.00	1,039.50	721.50
67	954.00	1,151.50	904.00	628.00	1,096.00	1,324.00	1,039.50	721.50
68	977.50	1,194.00	939.00	651.00	1,124.00	1,373.00	1,079.50	749.00
69	997.00	1,226.50	955.50	671.50	1,146.00	1,410.50	1,099.00	772.00
70	1,016.00	1,260.00	972.50	691.00	1,169.00	1,448.50	1,118.00	794.50
71	1,035.50	1,292.50	988.50	711.00	1,191.00	1,486.50	1,136.50	816.50
72	1,055.50	1,325.00	1,005.50	729.50	1,213.50	1,524.00	1,156.00	839.50
73	1,089.00	1,357.00	1,036.50	753.00	1,253.00	1,561.00	1,193.00	866.50
74	1,122.50	1,389.00	1,069.00	776.00	1,291.50	1,597.50	1,229.50	893.00
75	1,156.50	1,420.50	1,101.50	800.00	1,330.50	1,634.00	1,266.50	919.50
76	1,190.50	1,452.50	1,133.50	823.00	1,369.00	1,671.00	1,303.50	946.50
77	1,224.50	1,484.00	1,165.50	846.50	1,408.00	1,707.00	1,340.50	973.50
78	1,251.00	1,529.00	1,203.00	870.00	1,439.00	1,758.00	1,383.50	1,001.00
79	1,278.50	1,573.50	1,240.50	894.00	1,470.00	1,809.00	1,426.00	1,028.50
80	1,305.00	1,617.50	1,277.50	917.00	1,501.00	1,860.00	1,469.50	1,055.50
81	1,332.00	1,662.00	1,315.00	941.50	1,531.50	1,912.00	1,512.00	1,082.50
82	1,359.50	1,707.00	1,352.00	965.50	1,563.00	1,962.50	1,555.00	1,109.50
83	1,394.00	1,758.00	1,395.50	994.50	1,603.50	2,022.00	1,604.50	1,142.50
84	1,430.00	1,809.00	1,438.50	1,023.00	1,644.00	2,080.50	1,654.00	1,176.50
85	1,465.00	1,860.00	1,481.50	1,052.00	1,685.00	2,139.50	1,704.50	1,209.50
86	1,500.00	1,912.00	1,525.00	1,080.50	1,725.00	2,198.50	1,754.00	1,243.00
87	1,535.00	1,962.50	1,568.00	1,109.50	1,766.00	2,257.00	1,804.00	1,276.50
88	1,571.50	2,015.00	1,613.00	1,139.50	1,807.50	2,317.50	1,855.50	1,310.00
89	1,608.50	2,069.00	1,659.00	1,170.00	1,850.50	2,380.00	1,908.00	1,345.50
90	1,646.00	2,125.00	1,705.50	1,202.00	1,893.50	2,443.50	1,962.00	1,381.00
91	1,685.50	2,181.50	1,754.00	1,233.50	1,938.00	2,509.00	2,017.00	1,418.00
92	1,725.00	2,240.50	1,804.00	1,266.50	1,983.50	2,576.50	2,074.50	1,457.50
93	1,766.00	2,300.00	1,855.50	1,300.50	2,031.00	2,645.50	2,133.00	1,495.50
94	1,807.50	2,361.50	1,908.00	1,335.00	2,079.00	2,716.50	2,193.50	1,535.00
95	1,850.50	2,425.00	1,962.00	1,371.00	2,127.00	2,789.00	2,256.00	1,577.00
96	1,893.50	2,490.00	2,017.50	1,408.00	2,177.50	2,864.00	2,320.00	1,618.50
97	1,938.00	2,556.50	2,074.50	1,445.50	2,229.00	2,940.00	2,386.50	1,662.00
98	1,983.50	2,625.00	2,134.00	1,484.50	2,281.50	3,019.00	2,453.50	1,707.50
99	2,030.50	2,695.50	2,193.50	1,524.00	2,335.00	3,100.00	2,523.00	1,753.00

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Semi-Annual Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	1,096.00	1,324.00	1,039.50	721.50	1,260.00	1,522.50	1,195.50	830.50
66	1,096.00	1,324.00	1,039.50	721.50	1,260.00	1,522.50	1,195.50	830.50
67	1,096.00	1,324.00	1,039.50	721.50	1,260.00	1,522.50	1,195.50	830.50
68	1,124.00	1,373.00	1,079.50	749.00	1,292.50	1,578.50	1,242.00	861.50
69	1,146.00	1,410.50	1,099.00	772.00	1,318.00	1,622.50	1,264.00	887.50
70	1,169.00	1,448.50	1,118.00	794.50	1,343.50	1,665.50	1,285.50	913.50
71	1,191.00	1,486.50	1,136.50	816.50	1,370.00	1,709.50	1,307.00	939.00
72	1,213.50	1,524.00	1,156.00	839.50	1,396.00	1,753.00	1,329.00	965.50
73	1,253.00	1,561.00	1,193.00	866.50	1,440.50	1,795.00	1,371.00	996.00
74	1,291.50	1,597.50	1,229.50	893.00	1,485.50	1,836.00	1,414.00	1,026.50
75	1,330.50	1,634.00	1,266.50	919.50	1,530.50	1,879.00	1,457.00	1,057.50
76	1,369.00	1,671.00	1,303.50	946.50	1,574.50	1,920.50	1,498.50	1,088.50
77	1,408.00	1,707.00	1,340.50	973.50	1,619.00	1,962.50	1,541.50	1,119.50
78	1,439.00	1,758.00	1,383.50	1,001.00	1,654.50	2,022.00	1,591.00	1,151.00
79	1,470.00	1,809.00	1,426.00	1,028.50	1,690.00	2,080.50	1,640.50	1,182.50
80	1,501.00	1,860.00	1,469.50	1,055.50	1,726.00	2,139.50	1,689.00	1,213.00
81	1,531.50	1,912.00	1,512.00	1,082.50	1,762.00	2,198.50	1,739.00	1,245.00
82	1,563.00	1,962.50	1,555.00	1,109.50	1,797.50	2,257.00	1,788.50	1,276.50
83	1,603.50	2,022.00	1,604.50	1,142.50	1,844.00	2,324.50	1,845.00	1,315.00
84	1,644.00	2,080.50	1,654.00	1,176.50	1,891.00	2,392.00	1,903.00	1,353.00
85	1,685.00	2,139.50	1,704.50	1,209.50	1,937.00	2,461.00	1,960.00	1,390.50
86	1,725.00	2,198.50	1,754.00	1,243.00	1,985.00	2,528.00	2,017.00	1,429.00
87	1,766.00	2,257.00	1,804.00	1,276.50	2,031.00	2,595.50	2,074.00	1,467.50
88	1,807.50	2,317.50	1,855.50	1,310.00	2,079.00	2,665.50	2,133.00	1,507.00
89	1,850.50	2,380.00	1,908.00	1,345.50	2,127.50	2,736.50	2,193.50	1,547.00
90	1,893.50	2,443.50	1,962.00	1,381.00	2,177.50	2,810.00	2,256.00	1,589.00
91	1,938.00	2,509.00	2,017.00	1,418.00	2,229.00	2,885.50	2,320.00	1,631.50
92	1,983.50	2,576.50	2,074.50	1,457.50	2,281.50	2,962.50	2,385.50	1,675.00
93	2,031.00	2,645.50	2,133.00	1,495.50	2,335.00	3,042.00	2,453.50	1,719.50
94	2,079.00	2,716.50	2,193.50	1,535.00	2,391.00	3,123.50	2,523.00	1,766.00
95	2,127.00	2,789.00	2,256.00	1,577.00	2,446.50	3,207.50	2,594.50	1,813.50
96	2,177.50	2,864.00	2,320.00	1,618.50	2,504.50	3,293.00	2,668.00	1,862.00
97	2,229.00	2,940.00	2,386.50	1,662.00	2,563.00	3,381.50	2,744.00	1,911.50
98	2,281.50	3,019.00	2,453.50	1,707.50	2,624.00	3,471.50	2,822.00	1,963.00
99	2,335.00	3,100.00	2,523.00	1,753.00	2,685.50	3,564.50	2,902.00	2,016.00

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Semi-Annual Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	833.50	1,006.00	789.50	548.50	957.50	1,156.50	908.00	630.50
66	833.50	1,006.00	789.50	548.50	957.50	1,156.50	908.00	630.50
67	833.50	1,006.00	789.50	548.50	957.50	1,156.50	908.00	630.50
68	854.00	1,043.00	820.50	569.00	982.00	1,199.50	943.00	654.50
69	871.00	1,071.00	835.00	586.50	1,001.50	1,232.50	960.00	674.50
70	887.50	1,100.50	849.50	603.50	1,021.00	1,265.50	976.50	694.50
71	905.00	1,129.00	863.50	621.00	1,040.50	1,298.50	993.00	713.50
72	922.50	1,157.50	878.00	637.50	1,060.00	1,331.00	1,009.50	733.50
73	951.50	1,185.00	905.50	658.00	1,094.50	1,363.50	1,042.50	757.00
74	980.50	1,213.50	933.50	678.00	1,128.00	1,395.50	1,074.50	780.00
75	1,010.50	1,241.00	962.00	699.00	1,162.50	1,427.50	1,106.50	803.50
76	1,040.00	1,269.00	990.50	719.00	1,196.00	1,459.50	1,138.50	827.00
77	1,069.50	1,296.50	1,018.00	739.50	1,230.00	1,491.00	1,171.00	850.50
78	1,093.00	1,335.50	1,050.50	760.00	1,257.00	1,535.50	1,209.00	874.50
79	1,117.00	1,374.50	1,084.00	781.00	1,284.00	1,580.50	1,245.50	898.50
80	1,140.00	1,413.00	1,116.00	801.00	1,311.50	1,625.00	1,283.50	922.00
81	1,163.50	1,452.00	1,148.50	822.50	1,338.00	1,670.00	1,321.00	946.00
82	1,187.50	1,491.00	1,181.00	843.00	1,365.50	1,714.50	1,358.50	969.00
83	1,218.00	1,535.50	1,219.00	868.50	1,400.50	1,766.00	1,401.50	998.50
84	1,249.00	1,580.50	1,256.50	894.00	1,436.00	1,817.50	1,445.00	1,028.00
85	1,280.00	1,625.00	1,294.50	919.00	1,472.00	1,869.00	1,489.00	1,056.50
86	1,310.00	1,670.00	1,332.50	944.00	1,507.00	1,920.50	1,532.00	1,085.50
87	1,341.00	1,714.50	1,370.00	969.00	1,543.00	1,972.00	1,576.00	1,115.00
88	1,373.00	1,760.00	1,409.00	995.50	1,579.00	2,024.50	1,620.50	1,144.00
89	1,405.00	1,807.50	1,449.50	1,022.00	1,616.50	2,079.00	1,666.50	1,175.50
90	1,438.00	1,856.50	1,490.00	1,050.00	1,654.00	2,134.50	1,714.00	1,206.50
91	1,472.50	1,905.50	1,532.00	1,077.50	1,693.00	2,192.00	1,762.00	1,239.00
92	1,507.00	1,957.50	1,576.00	1,106.50	1,733.00	2,250.50	1,812.00	1,273.00
93	1,543.00	2,009.00	1,620.50	1,136.00	1,774.00	2,311.00	1,863.50	1,306.50
94	1,579.00	2,063.00	1,666.50	1,166.00	1,816.00	2,373.00	1,916.50	1,341.00
95	1,616.50	2,118.50	1,714.00	1,198.00	1,858.00	2,436.00	1,970.50	1,377.50
96	1,654.00	2,175.00	1,762.50	1,230.00	1,902.50	2,502.00	2,026.50	1,414.00
97	1,693.00	2,233.50	1,812.00	1,262.50	1,947.00	2,568.50	2,084.50	1,452.00
98	1,733.00	2,293.50	1,864.50	1,297.00	1,993.00	2,637.00	2,143.00	1,491.50
99	1,774.00	2,354.50	1,916.50	1,331.50	2,040.00	2,708.00	2,204.00	1,531.50

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.



**ManhattanLife Insurance and Annuity Company**  
**Semi-Annual Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	957.50	1,156.50	908.00	630.50	1,101.00	1,330.00	1,044.00	725.50
66	957.50	1,156.50	908.00	630.50	1,101.00	1,330.00	1,044.00	725.50
67	957.50	1,156.50	908.00	630.50	1,101.00	1,330.00	1,044.00	725.50
68	982.00	1,199.50	943.00	654.50	1,129.00	1,379.00	1,085.00	753.00
69	1,001.50	1,232.50	960.00	674.50	1,151.50	1,417.50	1,104.50	775.00
70	1,021.00	1,265.50	976.50	694.50	1,174.00	1,455.00	1,123.00	798.00
71	1,040.50	1,298.50	993.00	713.50	1,196.50	1,493.50	1,142.00	820.50
72	1,060.00	1,331.00	1,009.50	733.50	1,219.50	1,531.50	1,161.00	843.00
73	1,094.50	1,363.50	1,042.50	757.00	1,258.00	1,568.00	1,198.00	870.00
74	1,128.00	1,395.50	1,074.50	780.00	1,297.50	1,604.00	1,235.00	897.00
75	1,162.50	1,427.50	1,106.50	803.50	1,337.00	1,641.00	1,272.50	924.00
76	1,196.00	1,459.50	1,138.50	827.00	1,375.50	1,677.50	1,309.00	951.00
77	1,230.00	1,491.00	1,171.00	850.50	1,414.50	1,714.50	1,346.50	978.00
78	1,257.00	1,535.50	1,209.00	874.50	1,445.50	1,766.00	1,389.50	1,005.50
79	1,284.00	1,580.50	1,245.50	898.50	1,476.50	1,817.50	1,433.00	1,033.00
80	1,311.50	1,625.00	1,283.50	922.00	1,508.00	1,869.00	1,475.50	1,060.00
81	1,338.00	1,670.00	1,321.00	946.00	1,539.00	1,920.50	1,519.00	1,087.50
82	1,365.50	1,714.50	1,358.50	969.00	1,570.00	1,972.00	1,562.50	1,115.00
83	1,400.50	1,766.00	1,401.50	998.50	1,611.00	2,030.50	1,611.50	1,148.50
84	1,436.00	1,817.50	1,445.00	1,028.00	1,652.00	2,089.50	1,662.50	1,182.00
85	1,472.00	1,869.00	1,489.00	1,056.50	1,692.00	2,149.50	1,712.50	1,215.00
86	1,507.00	1,920.50	1,532.00	1,085.50	1,734.00	2,208.50	1,762.00	1,248.50
87	1,543.00	1,972.00	1,576.00	1,115.00	1,774.00	2,267.50	1,812.00	1,282.00
88	1,579.00	2,024.50	1,620.50	1,144.00	1,816.00	2,328.50	1,863.50	1,316.50
89	1,616.50	2,079.00	1,666.50	1,175.50	1,858.50	2,390.50	1,916.00	1,351.50
90	1,654.00	2,134.50	1,714.00	1,206.50	1,902.50	2,455.00	1,970.50	1,388.00
91	1,693.00	2,192.00	1,762.00	1,239.00	1,947.00	2,520.50	2,026.50	1,425.00
92	1,733.00	2,250.50	1,812.00	1,273.00	1,993.00	2,588.00	2,084.00	1,463.00
93	1,774.00	2,311.00	1,863.50	1,306.50	2,040.00	2,657.50	2,143.00	1,502.00
94	1,816.00	2,373.00	1,916.50	1,341.00	2,088.50	2,729.00	2,204.00	1,543.00
95	1,858.00	2,436.00	1,970.50	1,377.50	2,137.00	2,802.00	2,266.50	1,584.00
96	1,902.50	2,502.00	2,026.50	1,414.00	2,188.00	2,876.50	2,330.50	1,627.00
97	1,947.00	2,568.50	2,084.50	1,452.00	2,239.00	2,954.00	2,397.00	1,669.50
98	1,993.00	2,637.00	2,143.00	1,491.50	2,292.00	3,033.00	2,465.00	1,715.00
99	2,040.00	2,708.00	2,204.00	1,531.50	2,345.50	3,113.50	2,535.00	1,761.50

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Quarterly Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	477.00	575.75	452.00	314.00	548.00	662.00	519.75	360.75
66	477.00	575.75	452.00	314.00	548.00	662.00	519.75	360.75
67	477.00	575.75	452.00	314.00	548.00	662.00	519.75	360.75
68	488.75	597.00	469.50	325.50	562.00	686.50	539.75	374.50
69	498.50	613.25	477.75	335.75	573.00	705.25	549.50	386.00
70	508.00	630.00	486.25	345.50	584.50	724.25	559.00	397.25
71	517.75	646.25	494.25	355.50	595.50	743.25	568.25	408.25
72	527.75	662.50	502.75	364.75	606.75	762.00	578.00	419.75
73	544.50	678.50	518.25	376.50	626.50	780.50	596.50	433.25
74	561.25	694.50	534.50	388.00	645.75	798.75	614.75	446.50
75	578.25	710.25	550.75	400.00	665.25	817.00	633.25	459.75
76	595.25	726.25	566.75	411.50	684.50	835.50	651.75	473.25
77	612.25	742.00	582.75	423.25	704.00	853.50	670.25	486.75
78	625.50	764.50	601.50	435.00	719.50	879.00	691.75	500.50
79	639.25	786.75	620.25	447.00	735.00	904.50	713.00	514.25
80	652.50	808.75	638.75	458.50	750.50	930.00	734.75	527.75
81	666.00	831.00	657.50	470.75	765.75	956.00	756.00	541.25
82	679.75	853.50	676.00	482.75	781.50	981.25	777.50	554.75
83	697.00	879.00	697.75	497.25	801.75	1,011.00	802.25	571.25
84	715.00	904.50	719.25	511.50	822.00	1,040.25	827.00	588.25
85	732.50	930.00	740.75	526.00	842.50	1,069.75	852.25	604.75
86	750.00	956.00	762.50	540.25	862.50	1,099.25	877.00	621.50
87	767.50	981.25	784.00	554.75	883.00	1,128.50	902.00	638.25
88	785.75	1,007.50	806.50	569.75	903.75	1,158.75	927.75	655.00
89	804.25	1,034.50	829.50	585.00	925.25	1,190.00	954.00	672.75
90	823.00	1,062.50	852.75	601.00	946.75	1,221.75	981.00	690.50
91	842.75	1,090.75	877.00	616.75	969.00	1,254.50	1,008.50	709.00
92	862.50	1,120.25	902.00	633.25	991.75	1,288.25	1,037.25	728.75
93	883.00	1,150.00	927.75	650.25	1,015.50	1,322.75	1,066.50	747.75
94	903.75	1,180.75	954.00	667.50	1,039.50	1,358.25	1,096.75	767.50
95	925.25	1,212.50	981.00	685.50	1,063.50	1,394.50	1,128.00	788.50
96	946.75	1,245.00	1,008.75	704.00	1,088.75	1,432.00	1,160.00	809.25
97	969.00	1,278.25	1,037.25	722.75	1,114.50	1,470.00	1,193.25	831.00
98	991.75	1,312.50	1,067.00	742.25	1,140.75	1,509.50	1,226.75	853.75
99	1,015.25	1,347.75	1,096.75	762.00	1,167.50	1,550.00	1,261.50	876.50

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Quarterly Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	548.00	662.00	519.75	360.75	630.00	761.25	597.75	415.25
66	548.00	662.00	519.75	360.75	630.00	761.25	597.75	415.25
67	548.00	662.00	519.75	360.75	630.00	761.25	597.75	415.25
68	562.00	686.50	539.75	374.50	646.25	789.25	621.00	430.75
69	573.00	705.25	549.50	386.00	659.00	811.25	632.00	443.75
70	584.50	724.25	559.00	397.25	671.75	832.75	642.75	456.75
71	595.50	743.25	568.25	408.25	685.00	854.75	653.50	469.50
72	606.75	762.00	578.00	419.75	698.00	876.50	664.50	482.75
73	626.50	780.50	596.50	433.25	720.25	897.50	685.50	498.00
74	645.75	798.75	614.75	446.50	742.75	918.00	707.00	513.25
75	665.25	817.00	633.25	459.75	765.25	939.50	728.50	528.75
76	684.50	835.50	651.75	473.25	787.25	960.25	749.25	544.25
77	704.00	853.50	670.25	486.75	809.50	981.25	770.75	559.75
78	719.50	879.00	691.75	500.50	827.25	1,011.00	795.50	575.50
79	735.00	904.50	713.00	514.25	845.00	1,040.25	820.25	591.25
80	750.50	930.00	734.75	527.75	863.00	1,069.75	844.50	606.50
81	765.75	956.00	756.00	541.25	881.00	1,099.25	869.50	622.50
82	781.50	981.25	777.50	554.75	898.75	1,128.50	894.25	638.25
83	801.75	1,011.00	802.25	571.25	922.00	1,162.25	922.50	657.50
84	822.00	1,040.25	827.00	588.25	945.50	1,196.00	951.50	676.50
85	842.50	1,069.75	852.25	604.75	968.50	1,230.50	980.00	695.25
86	862.50	1,099.25	877.00	621.50	992.50	1,264.00	1,008.50	714.50
87	883.00	1,128.50	902.00	638.25	1,015.50	1,297.75	1,037.00	733.75
88	903.75	1,158.75	927.75	655.00	1,039.50	1,332.75	1,066.50	753.50
89	925.25	1,190.00	954.00	672.75	1,063.75	1,368.25	1,096.75	773.50
90	946.75	1,221.75	981.00	690.50	1,088.75	1,405.00	1,128.00	794.50
91	969.00	1,254.50	1,008.50	709.00	1,114.50	1,442.75	1,160.00	815.75
92	991.75	1,288.25	1,037.25	728.75	1,140.75	1,481.25	1,192.75	837.50
93	1,015.50	1,322.75	1,066.50	747.75	1,167.50	1,521.00	1,226.75	859.75
94	1,039.50	1,358.25	1,096.75	767.50	1,195.50	1,561.75	1,261.50	883.00
95	1,063.50	1,394.50	1,128.00	788.50	1,223.25	1,603.75	1,297.25	906.75
96	1,088.75	1,432.00	1,160.00	809.25	1,252.25	1,646.50	1,334.00	931.00
97	1,114.50	1,470.00	1,193.25	831.00	1,281.50	1,690.75	1,372.00	955.75
98	1,140.75	1,509.50	1,226.75	853.75	1,312.00	1,735.75	1,411.00	981.50
99	1,167.50	1,550.00	1,261.50	876.50	1,342.75	1,782.25	1,451.00	1,008.00

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Quarterly Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	416.75	503.00	394.75	274.25	478.75	578.25	454.00	315.25
66	416.75	503.00	394.75	274.25	478.75	578.25	454.00	315.25
67	416.75	503.00	394.75	274.25	478.75	578.25	454.00	315.25
68	427.00	521.50	410.25	284.50	491.00	599.75	471.50	327.25
69	435.50	535.50	417.50	293.25	500.75	616.25	480.00	337.25
70	443.75	550.25	424.75	301.75	510.50	632.75	488.25	347.25
71	452.50	564.50	431.75	310.50	520.25	649.25	496.50	356.75
72	461.25	578.75	439.00	318.75	530.00	665.50	504.75	366.75
73	475.75	592.50	452.75	329.00	547.25	681.75	521.25	378.50
74	490.25	606.75	466.75	339.00	564.00	697.75	537.25	390.00
75	505.25	620.50	481.00	349.50	581.25	713.75	553.25	401.75
76	520.00	634.50	495.25	359.50	598.00	729.75	569.25	413.50
77	534.75	648.25	509.00	369.75	615.00	745.50	585.50	425.25
78	546.50	667.75	525.25	380.00	628.50	767.75	604.50	437.25
79	558.50	687.25	542.00	390.50	642.00	790.25	622.75	449.25
80	570.00	706.50	558.00	400.50	655.75	812.50	641.75	461.00
81	581.75	726.00	574.25	411.25	669.00	835.00	660.50	473.00
82	593.75	745.50	590.50	421.50	682.75	857.25	679.25	484.50
83	609.00	767.75	609.50	434.25	700.25	883.00	700.75	499.25
84	624.50	790.25	628.25	447.00	718.00	908.75	722.50	514.00
85	640.00	812.50	647.25	459.50	736.00	934.50	744.50	528.25
86	655.00	835.00	666.25	472.00	753.50	960.25	766.00	542.75
87	670.50	857.25	685.00	484.50	771.50	986.00	788.00	557.50
88	686.50	880.00	704.50	497.75	789.50	1,012.25	810.25	572.00
89	702.50	903.75	724.75	511.00	808.25	1,039.50	833.25	587.75
90	719.00	928.25	745.00	525.00	827.00	1,067.25	857.00	603.25
91	736.25	952.75	766.00	538.75	846.50	1,096.00	881.00	619.50
92	753.50	978.75	788.00	553.25	866.50	1,125.25	906.00	636.50
93	771.50	1,004.50	810.25	568.00	887.00	1,155.50	931.75	653.25
94	789.50	1,031.50	833.25	583.00	908.00	1,186.50	958.25	670.50
95	808.25	1,059.25	857.00	599.00	929.00	1,218.00	985.25	688.75
96	827.00	1,087.50	881.25	615.00	951.25	1,251.00	1,013.25	707.00
97	846.50	1,116.75	906.00	631.25	973.50	1,284.25	1,042.25	726.00
98	866.50	1,146.75	932.25	648.50	996.50	1,318.50	1,071.50	745.75
99	887.00	1,177.25	958.25	665.75	1,020.00	1,354.00	1,102.00	765.75

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Quarterly Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	478.75	578.25	454.00	315.25	550.50	665.00	522.00	362.75
66	478.75	578.25	454.00	315.25	550.50	665.00	522.00	362.75
67	478.75	578.25	454.00	315.25	550.50	665.00	522.00	362.75
68	491.00	599.75	471.50	327.25	564.50	689.50	542.50	376.50
69	500.75	616.25	480.00	337.25	575.75	708.75	552.25	387.50
70	510.50	632.75	488.25	347.25	587.00	727.50	561.50	399.00
71	520.25	649.25	496.50	356.75	598.25	746.75	571.00	410.25
72	530.00	665.50	504.75	366.75	609.75	765.75	580.50	421.50
73	547.25	681.75	521.25	378.50	629.00	784.00	599.00	435.00
74	564.00	697.75	537.25	390.00	648.75	802.00	617.50	448.50
75	581.25	713.75	553.25	401.75	668.50	820.50	636.25	462.00
76	598.00	729.75	569.25	413.50	687.75	838.75	654.50	475.50
77	615.00	745.50	585.50	425.25	707.25	857.25	673.25	489.00
78	628.50	767.75	604.50	437.25	722.75	883.00	694.75	502.75
79	642.00	790.25	622.75	449.25	738.25	908.75	716.50	516.50
80	655.75	812.50	641.75	461.00	754.00	934.50	737.75	530.00
81	669.00	835.00	660.50	473.00	769.50	960.25	759.50	543.75
82	682.75	857.25	679.25	484.50	785.00	986.00	781.25	557.50
83	700.25	883.00	700.75	499.25	805.50	1,015.25	805.75	574.25
84	718.00	908.75	722.50	514.00	826.00	1,044.75	831.25	591.00
85	736.00	934.50	744.50	528.25	846.00	1,074.75	856.25	607.50
86	753.50	960.25	766.00	542.75	867.00	1,104.25	881.00	624.25
87	771.50	986.00	788.00	557.50	887.00	1,133.75	906.00	641.00
88	789.50	1,012.25	810.25	572.00	908.00	1,164.25	931.75	658.25
89	808.25	1,039.50	833.25	587.75	929.25	1,195.25	958.00	675.75
90	827.00	1,067.25	857.00	603.25	951.25	1,227.50	985.25	694.00
91	846.50	1,096.00	881.00	619.50	973.50	1,260.25	1,013.25	712.50
92	866.50	1,125.25	906.00	636.50	996.50	1,294.00	1,042.00	731.50
93	887.00	1,155.50	931.75	653.25	1,020.00	1,328.75	1,071.50	751.00
94	908.00	1,186.50	958.25	670.50	1,044.25	1,364.50	1,102.00	771.50
95	929.00	1,218.00	985.25	688.75	1,068.50	1,401.00	1,133.25	792.00
96	951.25	1,251.00	1,013.25	707.00	1,094.00	1,438.25	1,165.25	813.50
97	973.50	1,284.25	1,042.25	726.00	1,119.50	1,477.00	1,198.50	834.75
98	996.50	1,318.50	1,071.50	745.75	1,146.00	1,516.50	1,232.50	857.50
99	1,020.00	1,354.00	1,102.00	765.75	1,172.75	1,556.75	1,267.50	880.75

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Monthly Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	159.00	191.92	150.67	104.67	182.67	220.67	173.25	120.25
66	159.00	191.92	150.67	104.67	182.67	220.67	173.25	120.25
67	159.00	191.92	150.67	104.67	182.67	220.67	173.25	120.25
68	162.92	199.00	156.50	108.50	187.33	228.83	179.92	124.83
69	166.17	204.42	159.25	111.92	191.00	235.08	183.17	128.67
70	169.33	210.00	162.08	115.17	194.83	241.42	186.33	132.42
71	172.58	215.42	164.75	118.50	198.50	247.75	189.42	136.08
72	175.92	220.83	167.58	121.58	202.25	254.00	192.67	139.92
73	181.50	226.17	172.75	125.50	208.83	260.17	198.83	144.42
74	187.08	231.50	178.17	129.33	215.25	266.25	204.92	148.83
75	192.75	236.75	183.58	133.33	221.75	272.33	211.08	153.25
76	198.42	242.08	188.92	137.17	228.17	278.50	217.25	157.75
77	204.08	247.33	194.25	141.08	234.67	284.50	223.42	162.25
78	208.50	254.83	200.50	145.00	239.83	293.00	230.58	166.83
79	213.08	262.25	206.75	149.00	245.00	301.50	237.67	171.42
80	217.50	269.58	212.92	152.83	250.17	310.00	244.92	175.92
81	222.00	277.00	219.17	156.92	255.25	318.67	252.00	180.42
82	226.58	284.50	225.33	160.92	260.50	327.08	259.17	184.92
83	232.33	293.00	232.58	165.75	267.25	337.00	267.42	190.42
84	238.33	301.50	239.75	170.50	274.00	346.75	275.67	196.08
85	244.17	310.00	246.92	175.33	280.83	356.58	284.08	201.58
86	250.00	318.67	254.17	180.08	287.50	366.42	292.33	207.17
87	255.83	327.08	261.33	184.92	294.33	376.17	300.67	212.75
88	261.92	335.83	268.83	189.92	301.25	386.25	309.25	218.33
89	268.08	344.83	276.50	195.00	308.42	396.67	318.00	224.25
90	274.33	354.17	284.25	200.33	315.58	407.25	327.00	230.17
91	280.92	363.58	292.33	205.58	323.00	418.17	336.17	236.33
92	287.50	373.42	300.67	211.08	330.58	429.42	345.75	242.92
93	294.33	383.33	309.25	216.75	338.50	440.92	355.50	249.25
94	301.25	393.58	318.00	222.50	346.50	452.75	365.58	255.83
95	308.42	404.17	327.00	228.50	354.50	464.83	376.00	262.83
96	315.58	415.00	336.25	234.67	362.92	477.33	386.67	269.75
97	323.00	426.08	345.75	240.92	371.50	490.00	397.75	277.00
98	330.58	437.50	355.67	247.42	380.25	503.17	408.92	284.58
99	338.42	449.25	365.58	254.00	389.17	516.67	420.50	292.17

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Monthly Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**850-853, 857**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	182.67	220.67	173.25	120.25	210.00	253.75	199.25	138.42
66	182.67	220.67	173.25	120.25	210.00	253.75	199.25	138.42
67	182.67	220.67	173.25	120.25	210.00	253.75	199.25	138.42
68	187.33	228.83	179.92	124.83	215.42	263.08	207.00	143.58
69	191.00	235.08	183.17	128.67	219.67	270.42	210.67	147.92
70	194.83	241.42	186.33	132.42	223.92	277.58	214.25	152.25
71	198.50	247.75	189.42	136.08	228.33	284.92	217.83	156.50
72	202.25	254.00	192.67	139.92	232.67	292.17	221.50	160.92
73	208.83	260.17	198.83	144.42	240.08	299.17	228.50	166.00
74	215.25	266.25	204.92	148.83	247.58	306.00	235.67	171.08
75	221.75	272.33	211.08	153.25	255.08	313.17	242.83	176.25
76	228.17	278.50	217.25	157.75	262.42	320.08	249.75	181.42
77	234.67	284.50	223.42	162.25	269.83	327.08	256.92	186.58
78	239.83	293.00	230.58	166.83	275.75	337.00	265.17	191.83
79	245.00	301.50	237.67	171.42	281.67	346.75	273.42	197.08
80	250.17	310.00	244.92	175.92	287.67	356.58	281.50	202.17
81	255.25	318.67	252.00	180.42	293.67	366.42	289.83	207.50
82	260.50	327.08	259.17	184.92	299.58	376.17	298.08	212.75
83	267.25	337.00	267.42	190.42	307.33	387.42	307.50	219.17
84	274.00	346.75	275.67	196.08	315.17	398.67	317.17	225.50
85	280.83	356.58	284.08	201.58	322.83	410.17	326.67	231.75
86	287.50	366.42	292.33	207.17	330.83	421.33	336.17	238.17
87	294.33	376.17	300.67	212.75	338.50	432.58	345.67	244.58
88	301.25	386.25	309.25	218.33	346.50	444.25	355.50	251.17
89	308.42	396.67	318.00	224.25	354.58	456.08	365.58	257.83
90	315.58	407.25	327.00	230.17	362.92	468.33	376.00	264.83
91	323.00	418.17	336.17	236.33	371.50	480.92	386.67	271.92
92	330.58	429.42	345.75	242.92	380.25	493.75	397.58	279.17
93	338.50	440.92	355.50	249.25	389.17	507.00	408.92	286.58
94	346.50	452.75	365.58	255.83	398.50	520.58	420.50	294.33
95	354.50	464.83	376.00	262.83	407.75	534.58	432.42	302.25
96	362.92	477.33	386.67	269.75	417.42	548.83	444.67	310.33
97	371.50	490.00	397.75	277.00	427.17	563.58	457.33	318.58
98	380.25	503.17	408.92	284.58	437.33	578.58	470.33	327.17
99	389.17	516.67	420.50	292.17	447.58	594.08	483.67	336.00

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

**ManhattanLife Insurance and Annuity Company**  
**Monthly Preferred Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	138.92	167.67	131.58	91.42	159.58	192.75	151.33	105.08
66	138.92	167.67	131.58	91.42	159.58	192.75	151.33	105.08
67	138.92	167.67	131.58	91.42	159.58	192.75	151.33	105.08
68	142.33	173.83	136.75	94.83	163.67	199.92	157.17	109.08
69	145.17	178.50	139.17	97.75	166.92	205.42	160.00	112.42
70	147.92	183.42	141.58	100.58	170.17	210.92	162.75	115.75
71	150.83	188.17	143.92	103.50	173.42	216.42	165.50	118.92
72	153.75	192.92	146.33	106.25	176.67	221.83	168.25	122.25
73	158.58	197.50	150.92	109.67	182.42	227.25	173.75	126.17
74	163.42	202.25	155.58	113.00	188.00	232.58	179.08	130.00
75	168.42	206.83	160.33	116.50	193.75	237.92	184.42	133.92
76	173.33	211.50	165.08	119.83	199.33	243.25	189.75	137.83
77	178.25	216.08	169.67	123.25	205.00	248.50	195.17	141.75
78	182.17	222.58	175.08	126.67	209.50	255.92	201.50	145.75
79	186.17	229.08	180.67	130.17	214.00	263.42	207.58	149.75
80	190.00	235.50	186.00	133.50	218.58	270.83	213.92	153.67
81	193.92	242.00	191.42	137.08	223.00	278.33	220.17	157.67
82	197.92	248.50	196.83	140.50	227.58	285.75	226.42	161.50
83	203.00	255.92	203.17	144.75	233.42	294.33	233.58	166.42
84	208.17	263.42	209.42	149.00	239.33	302.92	240.83	171.33
85	213.33	270.83	215.75	153.17	245.33	311.50	248.17	176.08
86	218.33	278.33	222.08	157.33	251.17	320.08	255.33	180.92
87	223.50	285.75	228.33	161.50	257.17	328.67	262.67	185.83
88	228.83	293.33	234.83	165.92	263.17	337.42	270.08	190.67
89	234.17	301.25	241.58	170.33	269.42	346.50	277.75	195.92
90	239.67	309.42	248.33	175.00	275.67	355.75	285.67	201.08
91	245.42	317.58	255.33	179.58	282.17	365.33	293.67	206.50
92	251.17	326.25	262.67	184.42	288.83	375.08	302.00	212.17
93	257.17	334.83	270.08	189.33	295.67	385.17	310.58	217.75
94	263.17	343.83	277.75	194.33	302.67	395.50	319.42	223.50
95	269.42	353.08	285.67	199.67	309.67	406.00	328.42	229.58
96	275.67	362.50	293.75	205.00	317.08	417.00	337.75	235.67
97	282.17	372.25	302.00	210.42	324.50	428.08	347.42	242.00
98	288.83	382.25	310.75	216.17	332.17	439.50	357.17	248.58
99	295.67	392.42	319.42	221.92	340.00	451.33	367.33	255.25

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.



**ManhattanLife Insurance and Annuity Company**  
**Monthly Standard Premium Rates**  
**FOR USE IN ARIZONA ZIP CODES**  
**855-856, 859-860, 863-865**

Issue Age	Female				Male			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	159.58	192.75	151.33	105.08	183.50	221.67	174.00	120.92
66	159.58	192.75	151.33	105.08	183.50	221.67	174.00	120.92
67	159.58	192.75	151.33	105.08	183.50	221.67	174.00	120.92
68	163.67	199.92	157.17	109.08	188.17	229.83	180.83	125.50
69	166.92	205.42	160.00	112.42	191.92	236.25	184.08	129.17
70	170.17	210.92	162.75	115.75	195.67	242.50	187.17	133.00
71	173.42	216.42	165.50	118.92	199.42	248.92	190.33	136.75
72	176.67	221.83	168.25	122.25	203.25	255.25	193.50	140.50
73	182.42	227.25	173.75	126.17	209.67	261.33	199.67	145.00
74	188.00	232.58	179.08	130.00	216.25	267.33	205.83	149.50
75	193.75	237.92	184.42	133.92	222.83	273.50	212.08	154.00
76	199.33	243.25	189.75	137.83	229.25	279.58	218.17	158.50
77	205.00	248.50	195.17	141.75	235.75	285.75	224.42	163.00
78	209.50	255.92	201.50	145.75	240.92	294.33	231.58	167.58
79	214.00	263.42	207.58	149.75	246.08	302.92	238.83	172.17
80	218.58	270.83	213.92	153.67	251.33	311.50	245.92	176.67
81	223.00	278.33	220.17	157.67	256.50	320.08	253.17	181.25
82	227.58	285.75	226.42	161.50	261.67	328.67	260.42	185.83
83	233.42	294.33	233.58	166.42	268.50	338.42	268.58	191.42
84	239.33	302.92	240.83	171.33	275.33	348.25	277.08	197.00
85	245.33	311.50	248.17	176.08	282.00	358.25	285.42	202.50
86	251.17	320.08	255.33	180.92	289.00	368.08	293.67	208.08
87	257.17	328.67	262.67	185.83	295.67	377.92	302.00	213.67
88	263.17	337.42	270.08	190.67	302.67	388.08	310.58	219.42
89	269.42	346.50	277.75	195.92	309.75	398.42	319.33	225.25
90	275.67	355.75	285.67	201.08	317.08	409.17	328.42	231.33
91	282.17	365.33	293.67	206.50	324.50	420.08	337.75	237.50
92	288.83	375.08	302.00	212.17	332.17	431.33	347.33	243.83
93	295.67	385.17	310.58	217.75	340.00	442.92	357.17	250.33
94	302.67	395.50	319.42	223.50	348.08	454.83	367.33	257.17
95	309.67	406.00	328.42	229.58	356.17	467.00	377.75	264.00
96	317.08	417.00	337.75	235.67	364.67	479.42	388.42	271.17
97	324.50	428.08	347.42	242.00	373.17	492.33	399.50	278.25
98	332.17	439.50	357.17	248.58	382.00	505.50	410.83	285.83
99	340.00	451.33	367.33	255.25	390.92	518.92	422.50	293.58

A discount factor of .93 is applied for household discount applicants.  
There is a one-time \$25.00 policy fee.

### **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 issue age, underwriting class, state and zip code of residence.

### **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 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 10777 Northwest Freeway, Houston, Texas 77092. 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 contain a pre-existing condition limitation and this policy does not pay benefits for (a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section; (b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force; (c) That portion of any expense incurred which is paid for by Medicare; (d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions; (e) Services for which a charge is not normally made in the absence of insurance; or (f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

### **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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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
<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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$204 a day \$0	\$0 \$0 \$0	\$0 Up to \$204 a day 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 co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## 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 – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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

## 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> 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 co-payment/coinsurance for outpatient 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
<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	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 – TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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

**OTHER SERVICES – NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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

## 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> 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 co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**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
<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 (Unless Part B deductible has been met) \$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 \$0 20%	\$0 \$240 (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY            SERVICES – TESTS FOR            DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED</b> <b>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 (Unless Part B deductible has been met) \$0



**OTHER BENEFITS – NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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

## 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 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> 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 co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## 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 –</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  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.
<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 – TESTS FOR            DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PLAN N**  
**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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	\$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.