

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

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

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

NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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

* Denotes plans available by United American Insurance Company

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

+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A available.

¹ Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plans F and G do not cover the separate Foreign travel emergency deductible. 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.

BASIC BENEFITS

Hospitalization - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood - First three pints of blood each year.

Hospice - Part A coinsurance.

PREMIUM INFORMATION

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all your medical costs.

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, and it is NOT an "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements or leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" time frames, please go to the following link on the Medicare.gov website:

<http://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>

RENEWABILITY

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

PLAN A - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2406	1203	602	201
66	2543	1272	636	212
67	2543	1272	636	212
68	2543	1272	636	212
69	2543	1272	636	212
70	2787	1394	697	232
71	2787	1394	697	232
72	2787	1394	697	232
73	2787	1394	697	232
74	2787	1394	697	232
75	2946	1473	737	246
76	2946	1473	737	246
77	2946	1473	737	246
78	2946	1473	737	246
79	2946	1473	737	246
80+	2946	1473	737	246

Standard		Effective Date: 03/15/2024		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2769	1385	692	231
66	2927	1464	732	244
67	2927	1464	732	244
68	2927	1464	732	244
69	2927	1464	732	244
70	3208	1604	802	267
71	3208	1604	802	267
72	3208	1604	802	267
73	3208	1604	802	267
74	3208	1604	802	267
75	3390	1695	848	283
76	3390	1695	848	283
77	3390	1695	848	283
78	3390	1695	848	283
79	3390	1695	848	283
80+	3390	1695	848	283

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2093	1047	523	174
66	2212	1106	553	184
67	2212	1106	553	184
68	2212	1106	553	184
69	2212	1106	553	184
70	2425	1213	606	202
71	2425	1213	606	202
72	2425	1213	606	202
73	2425	1213	606	202
74	2425	1213	606	202
75	2563	1282	641	214
76	2563	1282	641	214
77	2563	1282	641	214
78	2563	1282	641	214
79	2563	1282	641	214
80+	2563	1282	641	214

Standard		Effective Date: 03/15/2024		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2406	1203	602	201
66	2543	1272	636	212
67	2543	1272	636	212
68	2543	1272	636	212
69	2543	1272	636	212
70	2787	1394	697	232
71	2787	1394	697	232
72	2787	1394	697	232
73	2787	1394	697	232
74	2787	1394	697	232
75	2946	1473	737	246
76	2946	1473	737	246
77	2946	1473	737	246
78	2946	1473	737	246
79	2946	1473	737	246
80+	2946	1473	737	246

PLAN B - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E4	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3269	1635	817	272	
66	3467	1734	867	289	
67	3467	1734	867	289	
68	3467	1734	867	289	
69	3467	1734	867	289	
70	3842	1921	961	320	
71	3842	1921	961	320	
72	3842	1921	961	320	
73	3842	1921	961	320	
74	3842	1921	961	320	
75	4139	2070	1035	345	
76	4139	2070	1035	345	
77	4139	2070	1035	345	
78	4139	2070	1035	345	
79	4139	2070	1035	345	
80+	4147	2074	1037	346	

Standard		Effective Date: 03/15/2024		Plan Code: 5E6	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3762	1881	941	314	
66	3990	1995	998	333	
67	3990	1995	998	333	
68	3990	1995	998	333	
69	3990	1995	998	333	
70	4421	2211	1105	368	
71	4421	2211	1105	368	
72	4421	2211	1105	368	
73	4421	2211	1105	368	
74	4421	2211	1105	368	
75	4763	2382	1191	397	
76	4763	2382	1191	397	
77	4763	2382	1191	397	
78	4763	2382	1191	397	
79	4763	2382	1191	397	
80+	4772	2386	1193	398	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E5	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2844	1422	711	237	
66	3016	1508	754	251	
67	3016	1508	754	251	
68	3016	1508	754	251	
69	3016	1508	754	251	
70	3342	1671	836	279	
71	3342	1671	836	279	
72	3342	1671	836	279	
73	3342	1671	836	279	
74	3342	1671	836	279	
75	3600	1800	900	300	
76	3600	1800	900	300	
77	3600	1800	900	300	
78	3600	1800	900	300	
79	3600	1800	900	300	
80+	3607	1804	902	301	

Standard		Effective Date: 03/15/2024		Plan Code: 5E7	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3269	1635	817	272	
66	3467	1734	867	289	
67	3467	1734	867	289	
68	3467	1734	867	289	
69	3467	1734	867	289	
70	3842	1921	961	320	
71	3842	1921	961	320	
72	3842	1921	961	320	
73	3842	1921	961	320	
74	3842	1921	961	320	
75	4139	2070	1035	345	
76	4139	2070	1035	345	
77	4139	2070	1035	345	
78	4139	2070	1035	345	
79	4139	2070	1035	345	
80+	4147	2074	1037	346	

PLAN C - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024 Plan Code: 5E8		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3655	1828	914	305
66	3891	1946	973	324
67	3891	1946	973	324
68	3891	1946	973	324
69	3891	1946	973	324
70	4366	2183	1092	364
71	4366	2183	1092	364
72	4366	2183	1092	364
73	4366	2183	1092	364
74	4366	2183	1092	364
75	4842	2421	1211	404
76	4842	2421	1211	404
77	4842	2421	1211	404
78	4842	2421	1211	404
79	4842	2421	1211	404
80+	5075	2538	1269	423

Standard		Effective Date: 03/15/2024 Plan Code: 5EA		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4206	2103	1052	351
66	4477	2239	1119	373
67	4477	2239	1119	373
68	4477	2239	1119	373
69	4477	2239	1119	373
70	5024	2512	1256	419
71	5024	2512	1256	419
72	5024	2512	1256	419
73	5024	2512	1256	419
74	5024	2512	1256	419
75	5571	2786	1393	464
76	5571	2786	1393	464
77	5571	2786	1393	464
78	5571	2786	1393	464
79	5571	2786	1393	464
80+	5840	2920	1460	487

Female

Preferred		Effective Date: 03/15/2024 Plan Code: 5E9		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3180	1590	795	265
66	3385	1693	846	282
67	3385	1693	846	282
68	3385	1693	846	282
69	3385	1693	846	282
70	3798	1899	950	317
71	3798	1899	950	317
72	3798	1899	950	317
73	3798	1899	950	317
74	3798	1899	950	317
75	4211	2106	1053	351
76	4211	2106	1053	351
77	4211	2106	1053	351
78	4211	2106	1053	351
79	4211	2106	1053	351
80+	4415	2208	1104	368

Standard		Effective Date: 03/15/2024 Plan Code: 5EB		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3655	1828	914	305
66	3891	1946	973	324
67	3891	1946	973	324
68	3891	1946	973	324
69	3891	1946	973	324
70	4366	2183	1092	364
71	4366	2183	1092	364
72	4366	2183	1092	364
73	4366	2183	1092	364
74	4366	2183	1092	364
75	4842	2421	1211	404
76	4842	2421	1211	404
77	4842	2421	1211	404
78	4842	2421	1211	404
79	4842	2421	1211	404
80+	5075	2538	1269	423

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

PLAN D - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EC	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3454	1727	864	288	
66	3689	1845	922	307	
67	3689	1845	922	307	
68	3689	1845	922	307	
69	3689	1845	922	307	
70	4163	2082	1041	347	
71	4163	2082	1041	347	
72	4163	2082	1041	347	
73	4163	2082	1041	347	
74	4163	2082	1041	347	
75	4641	2321	1160	387	
76	4641	2321	1160	387	
77	4641	2321	1160	387	
78	4641	2321	1160	387	
79	4641	2321	1160	387	
80+	4875	2438	1219	406	

Standard		Effective Date: 03/15/2024		Plan Code: 5EE	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3974	1987	994	331	
66	4245	2123	1061	354	
67	4245	2123	1061	354	
68	4245	2123	1061	354	
69	4245	2123	1061	354	
70	4791	2396	1198	399	
71	4791	2396	1198	399	
72	4791	2396	1198	399	
73	4791	2396	1198	399	
74	4791	2396	1198	399	
75	5340	2670	1335	445	
76	5340	2670	1335	445	
77	5340	2670	1335	445	
78	5340	2670	1335	445	
79	5340	2670	1335	445	
80+	5610	2805	1403	468	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5ED	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3004	1502	751	250	
66	3209	1605	802	267	
67	3209	1605	802	267	
68	3209	1605	802	267	
69	3209	1605	802	267	
70	3621	1811	905	302	
71	3621	1811	905	302	
72	3621	1811	905	302	
73	3621	1811	905	302	
74	3621	1811	905	302	
75	4037	2019	1009	336	
76	4037	2019	1009	336	
77	4037	2019	1009	336	
78	4037	2019	1009	336	
79	4037	2019	1009	336	
80+	4241	2121	1060	353	

Standard		Effective Date: 03/15/2024		Plan Code: 5EF	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3454	1727	864	288	
66	3689	1845	922	307	
67	3689	1845	922	307	
68	3689	1845	922	307	
69	3689	1845	922	307	
70	4163	2082	1041	347	
71	4163	2082	1041	347	
72	4163	2082	1041	347	
73	4163	2082	1041	347	
74	4163	2082	1041	347	
75	4641	2321	1160	387	
76	4641	2321	1160	387	
77	4641	2321	1160	387	
78	4641	2321	1160	387	
79	4641	2321	1160	387	
80+	4875	2438	1219	406	

PLAN F - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EG	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3391	1696	848	283	
66	3610	1805	903	301	
67	3610	1805	903	301	
68	3610	1805	903	301	
69	3610	1805	903	301	
70	4046	2023	1012	337	
71	4046	2023	1012	337	
72	4046	2023	1012	337	
73	4046	2023	1012	337	
74	4046	2023	1012	337	
75	4487	2244	1122	374	
76	4487	2244	1122	374	
77	4487	2244	1122	374	
78	4487	2244	1122	374	
79	4487	2244	1122	374	
80+	4704	2352	1176	392	

Standard		Effective Date: 03/15/2024		Plan Code: 5EI	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3902	1951	976	325	
66	4155	2078	1039	346	
67	4155	2078	1039	346	
68	4155	2078	1039	346	
69	4155	2078	1039	346	
70	4656	2328	1164	388	
71	4656	2328	1164	388	
72	4656	2328	1164	388	
73	4656	2328	1164	388	
74	4656	2328	1164	388	
75	5163	2582	1291	430	
76	5163	2582	1291	430	
77	5163	2582	1291	430	
78	5163	2582	1291	430	
79	5163	2582	1291	430	
80+	5413	2707	1353	451	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EH	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2950	1475	738	246	
66	3140	1570	785	262	
67	3140	1570	785	262	
68	3140	1570	785	262	
69	3140	1570	785	262	
70	3519	1760	880	293	
71	3519	1760	880	293	
72	3519	1760	880	293	
73	3519	1760	880	293	
74	3519	1760	880	293	
75	3903	1952	976	325	
76	3903	1952	976	325	
77	3903	1952	976	325	
78	3903	1952	976	325	
79	3903	1952	976	325	
80+	4092	2046	1023	341	

Standard		Effective Date: 03/15/2024		Plan Code: 5EJ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3391	1696	848	283	
66	3610	1805	903	301	
67	3610	1805	903	301	
68	3610	1805	903	301	
69	3610	1805	903	301	
70	4046	2023	1012	337	
71	4046	2023	1012	337	
72	4046	2023	1012	337	
73	4046	2023	1012	337	
74	4046	2023	1012	337	
75	4487	2244	1122	374	
76	4487	2244	1122	374	
77	4487	2244	1122	374	
78	4487	2244	1122	374	
79	4487	2244	1122	374	
80+	4704	2352	1176	392	

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

PLAN HDF - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EK	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	687	344	172	57	
66	741	371	185	62	
67	741	371	185	62	
68	741	371	185	62	
69	741	371	185	62	
70	884	442	221	74	
71	884	442	221	74	
72	884	442	221	74	
73	884	442	221	74	
74	884	442	221	74	
75	1138	569	285	95	
76	1138	569	285	95	
77	1138	569	285	95	
78	1138	569	285	95	
79	1138	569	285	95	
80+	1262	631	316	105	

Standard		Effective Date: 03/15/2024		Plan Code: 5EM	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	791	396	198	66	
66	853	427	213	71	
67	853	427	213	71	
68	853	427	213	71	
69	853	427	213	71	
70	1018	509	255	85	
71	1018	509	255	85	
72	1018	509	255	85	
73	1018	509	255	85	
74	1018	509	255	85	
75	1310	655	328	109	
76	1310	655	328	109	
77	1310	655	328	109	
78	1310	655	328	109	
79	1310	655	328	109	
80+	1452	726	363	121	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EL	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	598	299	150	50	
66	645	323	161	54	
67	645	323	161	54	
68	645	323	161	54	
69	645	323	161	54	
70	769	385	192	64	
71	769	385	192	64	
72	769	385	192	64	
73	769	385	192	64	
74	769	385	192	64	
75	990	495	248	83	
76	990	495	248	83	
77	990	495	248	83	
78	990	495	248	83	
79	990	495	248	83	
80+	1098	549	275	92	

Standard		Effective Date: 03/15/2024		Plan Code: 5EN	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	687	344	172	57	
66	741	371	185	62	
67	741	371	185	62	
68	741	371	185	62	
69	741	371	185	62	
70	884	442	221	74	
71	884	442	221	74	
72	884	442	221	74	
73	884	442	221	74	
74	884	442	221	74	
75	1138	569	285	95	
76	1138	569	285	95	
77	1138	569	285	95	
78	1138	569	285	95	
79	1138	569	285	95	
80+	1262	631	316	105	

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

PLAN G - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2925	1463	731	244
66	3125	1563	781	260
67	3125	1563	781	260
68	3125	1563	781	260
69	3125	1563	781	260
70	3525	1763	881	294
71	3525	1763	881	294
72	3525	1763	881	294
73	3525	1763	881	294
74	3525	1763	881	294
75	3927	1964	982	327
76	3927	1964	982	327
77	3927	1964	982	327
78	3927	1964	982	327
79	3927	1964	982	327
80+	4124	2062	1031	344

Standard		Effective Date: 03/15/2024		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3366	1683	842	281
66	3596	1798	899	300
67	3596	1798	899	300
68	3596	1798	899	300
69	3596	1798	899	300
70	4056	2028	1014	338
71	4056	2028	1014	338
72	4056	2028	1014	338
73	4056	2028	1014	338
74	4056	2028	1014	338
75	4518	2259	1130	377
76	4518	2259	1130	377
77	4518	2259	1130	377
78	4518	2259	1130	377
79	4518	2259	1130	377
80+	4745	2373	1186	395

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2544	1272	636	212
66	2718	1359	680	227
67	2718	1359	680	227
68	2718	1359	680	227
69	2718	1359	680	227
70	3066	1533	767	256
71	3066	1533	767	256
72	3066	1533	767	256
73	3066	1533	767	256
74	3066	1533	767	256
75	3415	1708	854	285
76	3415	1708	854	285
77	3415	1708	854	285
78	3415	1708	854	285
79	3415	1708	854	285
80+	3587	1794	897	299

Standard		Effective Date: 03/15/2024		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2925	1463	731	244
66	3125	1563	781	260
67	3125	1563	781	260
68	3125	1563	781	260
69	3125	1563	781	260
70	3525	1763	881	294
71	3525	1763	881	294
72	3525	1763	881	294
73	3525	1763	881	294
74	3525	1763	881	294
75	3927	1964	982	327
76	3927	1964	982	327
77	3927	1964	982	327
78	3927	1964	982	327
79	3927	1964	982	327
80+	4124	2062	1031	344

PLAN HDG - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 512	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	687	344	172	57	
66	741	371	185	62	
67	741	371	185	62	
68	741	371	185	62	
69	741	371	185	62	
70	884	442	221	74	
71	884	442	221	74	
72	884	442	221	74	
73	884	442	221	74	
74	884	442	221	74	
75	1138	569	285	95	
76	1138	569	285	95	
77	1138	569	285	95	
78	1138	569	285	95	
79	1138	569	285	95	
80+	1262	631	316	105	

Standard		Effective Date: 03/15/2024		Plan Code: 514	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	791	396	198	66	
66	853	427	213	71	
67	853	427	213	71	
68	853	427	213	71	
69	853	427	213	71	
70	1018	509	255	85	
71	1018	509	255	85	
72	1018	509	255	85	
73	1018	509	255	85	
74	1018	509	255	85	
75	1310	655	328	109	
76	1310	655	328	109	
77	1310	655	328	109	
78	1310	655	328	109	
79	1310	655	328	109	
80+	1452	726	363	121	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 513	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	598	299	150	50	
66	645	323	161	54	
67	645	323	161	54	
68	645	323	161	54	
69	645	323	161	54	
70	769	385	192	64	
71	769	385	192	64	
72	769	385	192	64	
73	769	385	192	64	
74	769	385	192	64	
75	990	495	248	83	
76	990	495	248	83	
77	990	495	248	83	
78	990	495	248	83	
79	990	495	248	83	
80+	1098	549	275	92	

Standard		Effective Date: 03/15/2024		Plan Code: 515	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	687	344	172	57	
66	741	371	185	62	
67	741	371	185	62	
68	741	371	185	62	
69	741	371	185	62	
70	884	442	221	74	
71	884	442	221	74	
72	884	442	221	74	
73	884	442	221	74	
74	884	442	221	74	
75	1138	569	285	95	
76	1138	569	285	95	
77	1138	569	285	95	
78	1138	569	285	95	
79	1138	569	285	95	
80+	1262	631	316	105	

PLAN N - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2051	1026	513	171	
66	2194	1097	549	183	
67	2194	1097	549	183	
68	2194	1097	549	183	
69	2194	1097	549	183	
70	2483	1242	621	207	
71	2483	1242	621	207	
72	2483	1242	621	207	
73	2483	1242	621	207	
74	2483	1242	621	207	
75	2785	1393	696	232	
76	2785	1393	696	232	
77	2785	1393	696	232	
78	2785	1393	696	232	
79	2785	1393	696	232	
80+	2945	1473	736	245	

Standard		Effective Date: 03/15/2024		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2360	1180	590	197	
66	2525	1263	631	210	
67	2525	1263	631	210	
68	2525	1263	631	210	
69	2525	1263	631	210	
70	2857	1429	714	238	
71	2857	1429	714	238	
72	2857	1429	714	238	
73	2857	1429	714	238	
74	2857	1429	714	238	
75	3204	1602	801	267	
76	3204	1602	801	267	
77	3204	1602	801	267	
78	3204	1602	801	267	
79	3204	1602	801	267	
80+	3389	1695	847	282	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	1784	892	446	149	
66	1909	955	477	159	
67	1909	955	477	159	
68	1909	955	477	159	
69	1909	955	477	159	
70	2160	1080	540	180	
71	2160	1080	540	180	
72	2160	1080	540	180	
73	2160	1080	540	180	
74	2160	1080	540	180	
75	2422	1211	606	202	
76	2422	1211	606	202	
77	2422	1211	606	202	
78	2422	1211	606	202	
79	2422	1211	606	202	
80+	2562	1281	641	214	

Standard		Effective Date: 03/15/2024		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2051	1026	513	171	
66	2194	1097	549	183	
67	2194	1097	549	183	
68	2194	1097	549	183	
69	2194	1097	549	183	
70	2483	1242	621	207	
71	2483	1242	621	207	
72	2483	1242	621	207	
73	2483	1242	621	207	
74	2483	1242	621	207	
75	2785	1393	696	232	
76	2785	1393	696	232	
77	2785	1393	696	232	
78	2785	1393	696	232	
79	2785	1393	696	232	
80+	2945	1473	736	245	

PLAN A - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E0	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2673	1337	668	223	
66	2826	1413	707	236	
67	2826	1413	707	236	
68	2826	1413	707	236	
69	2826	1413	707	236	
70	3097	1549	774	258	
71	3097	1549	774	258	
72	3097	1549	774	258	
73	3097	1549	774	258	
74	3097	1549	774	258	
75	3273	1637	818	273	
76	3273	1637	818	273	
77	3273	1637	818	273	
78	3273	1637	818	273	
79	3273	1637	818	273	
80+	3273	1637	818	273	

Standard		Effective Date: 03/15/2024		Plan Code: 5E2	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3076	1538	769	256	
66	3252	1626	813	271	
67	3252	1626	813	271	
68	3252	1626	813	271	
69	3252	1626	813	271	
70	3564	1782	891	297	
71	3564	1782	891	297	
72	3564	1782	891	297	
73	3564	1782	891	297	
74	3564	1782	891	297	
75	3767	1884	942	314	
76	3767	1884	942	314	
77	3767	1884	942	314	
78	3767	1884	942	314	
79	3767	1884	942	314	
80+	3767	1884	942	314	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E1	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2325	1163	581	194	
66	2458	1229	615	205	
67	2458	1229	615	205	
68	2458	1229	615	205	
69	2458	1229	615	205	
70	2694	1347	674	225	
71	2694	1347	674	225	
72	2694	1347	674	225	
73	2694	1347	674	225	
74	2694	1347	674	225	
75	2847	1424	712	237	
76	2847	1424	712	237	
77	2847	1424	712	237	
78	2847	1424	712	237	
79	2847	1424	712	237	
80+	2847	1424	712	237	

Standard		Effective Date: 03/15/2024		Plan Code: 5E3	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2673	1337	668	223	
66	2826	1413	707	236	
67	2826	1413	707	236	
68	2826	1413	707	236	
69	2826	1413	707	236	
70	3097	1549	774	258	
71	3097	1549	774	258	
72	3097	1549	774	258	
73	3097	1549	774	258	
74	3097	1549	774	258	
75	3273	1637	818	273	
76	3273	1637	818	273	
77	3273	1637	818	273	
78	3273	1637	818	273	
79	3273	1637	818	273	
80+	3273	1637	818	273	

PLAN B - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E4	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3632	1816	908	303	
66	3852	1926	963	321	
67	3852	1926	963	321	
68	3852	1926	963	321	
69	3852	1926	963	321	
70	4269	2135	1067	356	
71	4269	2135	1067	356	
72	4269	2135	1067	356	
73	4269	2135	1067	356	
74	4269	2135	1067	356	
75	4599	2300	1150	383	
76	4599	2300	1150	383	
77	4599	2300	1150	383	
78	4599	2300	1150	383	
79	4599	2300	1150	383	
80+	4607	2304	1152	384	

Standard		Effective Date: 03/15/2024		Plan Code: 5E6	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4180	2090	1045	348	
66	4433	2217	1108	369	
67	4433	2217	1108	369	
68	4433	2217	1108	369	
69	4433	2217	1108	369	
70	4912	2456	1228	409	
71	4912	2456	1228	409	
72	4912	2456	1228	409	
73	4912	2456	1228	409	
74	4912	2456	1228	409	
75	5292	2646	1323	441	
76	5292	2646	1323	441	
77	5292	2646	1323	441	
78	5292	2646	1323	441	
79	5292	2646	1323	441	
80+	5302	2651	1326	442	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E5	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3160	1580	790	263	
66	3351	1676	838	279	
67	3351	1676	838	279	
68	3351	1676	838	279	
69	3351	1676	838	279	
70	3713	1857	928	309	
71	3713	1857	928	309	
72	3713	1857	928	309	
73	3713	1857	928	309	
74	3713	1857	928	309	
75	4000	2000	1000	333	
76	4000	2000	1000	333	
77	4000	2000	1000	333	
78	4000	2000	1000	333	
79	4000	2000	1000	333	
80+	4008	2004	1002	334	

Standard		Effective Date: 03/15/2024		Plan Code: 5E7	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3632	1816	908	303	
66	3852	1926	963	321	
67	3852	1926	963	321	
68	3852	1926	963	321	
69	3852	1926	963	321	
70	4269	2135	1067	356	
71	4269	2135	1067	356	
72	4269	2135	1067	356	
73	4269	2135	1067	356	
74	4269	2135	1067	356	
75	4599	2300	1150	383	
76	4599	2300	1150	383	
77	4599	2300	1150	383	
78	4599	2300	1150	383	
79	4599	2300	1150	383	
80+	4607	2304	1152	384	

PLAN C - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024 Plan Code: 5E8		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4062	2031	1016	339
66	4323	2162	1081	360
67	4323	2162	1081	360
68	4323	2162	1081	360
69	4323	2162	1081	360
70	4851	2426	1213	404
71	4851	2426	1213	404
72	4851	2426	1213	404
73	4851	2426	1213	404
74	4851	2426	1213	404
75	5380	2690	1345	448
76	5380	2690	1345	448
77	5380	2690	1345	448
78	5380	2690	1345	448
79	5380	2690	1345	448
80+	5639	2820	1410	470

Standard		Effective Date: 03/15/2024 Plan Code: 5EA		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4674	2337	1169	390
66	4975	2488	1244	415
67	4975	2488	1244	415
68	4975	2488	1244	415
69	4975	2488	1244	415
70	5582	2791	1396	465
71	5582	2791	1396	465
72	5582	2791	1396	465
73	5582	2791	1396	465
74	5582	2791	1396	465
75	6190	3095	1548	516
76	6190	3095	1548	516
77	6190	3095	1548	516
78	6190	3095	1548	516
79	6190	3095	1548	516
80+	6489	3245	1622	541

Female

Preferred		Effective Date: 03/15/2024 Plan Code: 5E9		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3533	1767	883	294
66	3761	1881	940	313
67	3761	1881	940	313
68	3761	1881	940	313
69	3761	1881	940	313
70	4220	2110	1055	352
71	4220	2110	1055	352
72	4220	2110	1055	352
73	4220	2110	1055	352
74	4220	2110	1055	352
75	4679	2340	1170	390
76	4679	2340	1170	390
77	4679	2340	1170	390
78	4679	2340	1170	390
79	4679	2340	1170	390
80+	4905	2453	1226	409

Standard		Effective Date: 03/15/2024 Plan Code: 5EB		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4062	2031	1016	339
66	4323	2162	1081	360
67	4323	2162	1081	360
68	4323	2162	1081	360
69	4323	2162	1081	360
70	4851	2426	1213	404
71	4851	2426	1213	404
72	4851	2426	1213	404
73	4851	2426	1213	404
74	4851	2426	1213	404
75	5380	2690	1345	448
76	5380	2690	1345	448
77	5380	2690	1345	448
78	5380	2690	1345	448
79	5380	2690	1345	448
80+	5639	2820	1410	470

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

PLAN D - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EC	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3837	1919	959	320	
66	4099	2050	1025	342	
67	4099	2050	1025	342	
68	4099	2050	1025	342	
69	4099	2050	1025	342	
70	4626	2313	1157	386	
71	4626	2313	1157	386	
72	4626	2313	1157	386	
73	4626	2313	1157	386	
74	4626	2313	1157	386	
75	5156	2578	1289	430	
76	5156	2578	1289	430	
77	5156	2578	1289	430	
78	5156	2578	1289	430	
79	5156	2578	1289	430	
80+	5417	2709	1354	451	

Standard		Effective Date: 03/15/2024		Plan Code: 5EE	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4416	2208	1104	368	
66	4717	2359	1179	393	
67	4717	2359	1179	393	
68	4717	2359	1179	393	
69	4717	2359	1179	393	
70	5323	2662	1331	444	
71	5323	2662	1331	444	
72	5323	2662	1331	444	
73	5323	2662	1331	444	
74	5323	2662	1331	444	
75	5934	2967	1484	495	
76	5934	2967	1484	495	
77	5934	2967	1484	495	
78	5934	2967	1484	495	
79	5934	2967	1484	495	
80+	6233	3117	1558	519	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5ED	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3338	1669	835	278	
66	3566	1783	892	297	
67	3566	1783	892	297	
68	3566	1783	892	297	
69	3566	1783	892	297	
70	4024	2012	1006	335	
71	4024	2012	1006	335	
72	4024	2012	1006	335	
73	4024	2012	1006	335	
74	4024	2012	1006	335	
75	4485	2243	1121	374	
76	4485	2243	1121	374	
77	4485	2243	1121	374	
78	4485	2243	1121	374	
79	4485	2243	1121	374	
80+	4712	2356	1178	393	

Standard		Effective Date: 03/15/2024		Plan Code: 5EF	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3837	1919	959	320	
66	4099	2050	1025	342	
67	4099	2050	1025	342	
68	4099	2050	1025	342	
69	4099	2050	1025	342	
70	4626	2313	1157	386	
71	4626	2313	1157	386	
72	4626	2313	1157	386	
73	4626	2313	1157	386	
74	4626	2313	1157	386	
75	5156	2578	1289	430	
76	5156	2578	1289	430	
77	5156	2578	1289	430	
78	5156	2578	1289	430	
79	5156	2578	1289	430	
80+	5417	2709	1354	451	

PLAN F - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024			Plan Code: 5EG	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	3768	1884	942	314		
66	4011	2006	1003	334		
67	4011	2006	1003	334		
68	4011	2006	1003	334		
69	4011	2006	1003	334		
70	4495	2248	1124	375		
71	4495	2248	1124	375		
72	4495	2248	1124	375		
73	4495	2248	1124	375		
74	4495	2248	1124	375		
75	4985	2493	1246	415		
76	4985	2493	1246	415		
77	4985	2493	1246	415		
78	4985	2493	1246	415		
79	4985	2493	1246	415		
80+	5227	2614	1307	436		

Standard		Effective Date: 03/15/2024			Plan Code: 5EI	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	4336	2168	1084	361		
66	4616	2308	1154	385		
67	4616	2308	1154	385		
68	4616	2308	1154	385		
69	4616	2308	1154	385		
70	5173	2587	1293	431		
71	5173	2587	1293	431		
72	5173	2587	1293	431		
73	5173	2587	1293	431		
74	5173	2587	1293	431		
75	5737	2869	1434	478		
76	5737	2869	1434	478		
77	5737	2869	1434	478		
78	5737	2869	1434	478		
79	5737	2869	1434	478		
80+	6015	3008	1504	501		

Female

Preferred		Effective Date: 03/15/2024			Plan Code: 5EH	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	3278	1639	820	273		
66	3489	1745	872	291		
67	3489	1745	872	291		
68	3489	1745	872	291		
69	3489	1745	872	291		
70	3910	1955	978	326		
71	3910	1955	978	326		
72	3910	1955	978	326		
73	3910	1955	978	326		
74	3910	1955	978	326		
75	4337	2169	1084	361		
76	4337	2169	1084	361		
77	4337	2169	1084	361		
78	4337	2169	1084	361		
79	4337	2169	1084	361		
80+	4547	2274	1137	379		

Standard		Effective Date: 03/15/2024			Plan Code: 5EJ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	3768	1884	942	314		
66	4011	2006	1003	334		
67	4011	2006	1003	334		
68	4011	2006	1003	334		
69	4011	2006	1003	334		
70	4495	2248	1124	375		
71	4495	2248	1124	375		
72	4495	2248	1124	375		
73	4495	2248	1124	375		
74	4495	2248	1124	375		
75	4985	2493	1246	415		
76	4985	2493	1246	415		
77	4985	2493	1246	415		
78	4985	2493	1246	415		
79	4985	2493	1246	415		
80+	5227	2614	1307	436		

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

PLAN HDF - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024 Plan Code: 5EK		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	764	382	191	64
66	823	412	206	69
67	823	412	206	69
68	823	412	206	69
69	823	412	206	69
70	983	492	246	82
71	983	492	246	82
72	983	492	246	82
73	983	492	246	82
74	983	492	246	82
75	1265	633	316	105
76	1265	633	316	105
77	1265	633	316	105
78	1265	633	316	105
79	1265	633	316	105
80+	1402	701	351	117

Standard		Effective Date: 03/15/2024 Plan Code: 5EM		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	879	440	220	73
66	948	474	237	79
67	948	474	237	79
68	948	474	237	79
69	948	474	237	79
70	1131	566	283	94
71	1131	566	283	94
72	1131	566	283	94
73	1131	566	283	94
74	1131	566	283	94
75	1455	728	364	121
76	1455	728	364	121
77	1455	728	364	121
78	1455	728	364	121
79	1455	728	364	121
80+	1614	807	404	135

Female

Preferred		Effective Date: 03/15/2024 Plan Code: 5EL		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	664	332	166	55
66	716	358	179	60
67	716	358	179	60
68	716	358	179	60
69	716	358	179	60
70	855	428	214	71
71	855	428	214	71
72	855	428	214	71
73	855	428	214	71
74	855	428	214	71
75	1100	550	275	92
76	1100	550	275	92
77	1100	550	275	92
78	1100	550	275	92
79	1100	550	275	92
80+	1220	610	305	102

Standard		Effective Date: 03/15/2024 Plan Code: 5EN		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	764	382	191	64
66	823	412	206	69
67	823	412	206	69
68	823	412	206	69
69	823	412	206	69
70	983	492	246	82
71	983	492	246	82
72	983	492	246	82
73	983	492	246	82
74	983	492	246	82
75	1265	633	316	105
76	1265	633	316	105
77	1265	633	316	105
78	1265	633	316	105
79	1265	633	316	105
80+	1402	701	351	117

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

PLAN G - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EO	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3250	1625	813	271	
66	3472	1736	868	289	
67	3472	1736	868	289	
68	3472	1736	868	289	
69	3472	1736	868	289	
70	3916	1958	979	326	
71	3916	1958	979	326	
72	3916	1958	979	326	
73	3916	1958	979	326	
74	3916	1958	979	326	
75	4363	2182	1091	364	
76	4363	2182	1091	364	
77	4363	2182	1091	364	
78	4363	2182	1091	364	
79	4363	2182	1091	364	
80+	4582	2291	1146	382	

Standard		Effective Date: 03/15/2024		Plan Code: 5EQ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3740	1870	935	312	
66	3995	1998	999	333	
67	3995	1998	999	333	
68	3995	1998	999	333	
69	3995	1998	999	333	
70	4507	2254	1127	376	
71	4507	2254	1127	376	
72	4507	2254	1127	376	
73	4507	2254	1127	376	
74	4507	2254	1127	376	
75	5020	2510	1255	418	
76	5020	2510	1255	418	
77	5020	2510	1255	418	
78	5020	2510	1255	418	
79	5020	2510	1255	418	
80+	5272	2636	1318	439	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EP	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2827	1414	707	236	
66	3020	1510	755	252	
67	3020	1510	755	252	
68	3020	1510	755	252	
69	3020	1510	755	252	
70	3407	1704	852	284	
71	3407	1704	852	284	
72	3407	1704	852	284	
73	3407	1704	852	284	
74	3407	1704	852	284	
75	3795	1898	949	316	
76	3795	1898	949	316	
77	3795	1898	949	316	
78	3795	1898	949	316	
79	3795	1898	949	316	
80+	3985	1993	996	332	

Standard		Effective Date: 03/15/2024		Plan Code: 5ER	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3250	1625	813	271	
66	3472	1736	868	289	
67	3472	1736	868	289	
68	3472	1736	868	289	
69	3472	1736	868	289	
70	3916	1958	979	326	
71	3916	1958	979	326	
72	3916	1958	979	326	
73	3916	1958	979	326	
74	3916	1958	979	326	
75	4363	2182	1091	364	
76	4363	2182	1091	364	
77	4363	2182	1091	364	
78	4363	2182	1091	364	
79	4363	2182	1091	364	
80+	4582	2291	1146	382	

PLAN HDG - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024			Plan Code: 512	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	764	382	191	64		
66	823	412	206	69		
67	823	412	206	69		
68	823	412	206	69		
69	823	412	206	69		
70	983	492	246	82		
71	983	492	246	82		
72	983	492	246	82		
73	983	492	246	82		
74	983	492	246	82		
75	1265	633	316	105		
76	1265	633	316	105		
77	1265	633	316	105		
78	1265	633	316	105		
79	1265	633	316	105		
80+	1402	701	351	117		

Standard		Effective Date: 03/15/2024			Plan Code: 514	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	879	440	220	73		
66	948	474	237	79		
67	948	474	237	79		
68	948	474	237	79		
69	948	474	237	79		
70	1131	566	283	94		
71	1131	566	283	94		
72	1131	566	283	94		
73	1131	566	283	94		
74	1131	566	283	94		
75	1455	728	364	121		
76	1455	728	364	121		
77	1455	728	364	121		
78	1455	728	364	121		
79	1455	728	364	121		
80+	1614	807	404	135		

Female

Preferred		Effective Date: 03/15/2024			Plan Code: 513	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	664	332	166	55		
66	716	358	179	60		
67	716	358	179	60		
68	716	358	179	60		
69	716	358	179	60		
70	855	428	214	71		
71	855	428	214	71		
72	855	428	214	71		
73	855	428	214	71		
74	855	428	214	71		
75	1100	550	275	92		
76	1100	550	275	92		
77	1100	550	275	92		
78	1100	550	275	92		
79	1100	550	275	92		
80+	1220	610	305	102		

Standard		Effective Date: 03/15/2024			Plan Code: 515	
Issue Age	Annual	Semi Annual	Quarterly	Monthly		
65	764	382	191	64		
66	823	412	206	69		
67	823	412	206	69		
68	823	412	206	69		
69	823	412	206	69		
70	983	492	246	82		
71	983	492	246	82		
72	983	492	246	82		
73	983	492	246	82		
74	983	492	246	82		
75	1265	633	316	105		
76	1265	633	316	105		
77	1265	633	316	105		
78	1265	633	316	105		
79	1265	633	316	105		
80+	1402	701	351	117		

PLAN N - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2279	1140	570	190	
66	2438	1219	610	203	
67	2438	1219	610	203	
68	2438	1219	610	203	
69	2438	1219	610	203	
70	2759	1380	690	230	
71	2759	1380	690	230	
72	2759	1380	690	230	
73	2759	1380	690	230	
74	2759	1380	690	230	
75	3094	1547	774	258	
76	3094	1547	774	258	
77	3094	1547	774	258	
78	3094	1547	774	258	
79	3094	1547	774	258	
80+	3272	1636	818	273	

Standard		Effective Date: 03/15/2024		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2623	1312	656	219	
66	2806	1403	702	234	
67	2806	1403	702	234	
68	2806	1403	702	234	
69	2806	1403	702	234	
70	3175	1588	794	265	
71	3175	1588	794	265	
72	3175	1588	794	265	
73	3175	1588	794	265	
74	3175	1588	794	265	
75	3560	1780	890	297	
76	3560	1780	890	297	
77	3560	1780	890	297	
78	3560	1780	890	297	
79	3560	1780	890	297	
80+	3766	1883	942	314	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	1982	991	496	165	
66	2121	1061	530	177	
67	2121	1061	530	177	
68	2121	1061	530	177	
69	2121	1061	530	177	
70	2400	1200	600	200	
71	2400	1200	600	200	
72	2400	1200	600	200	
73	2400	1200	600	200	
74	2400	1200	600	200	
75	2691	1346	673	224	
76	2691	1346	673	224	
77	2691	1346	673	224	
78	2691	1346	673	224	
79	2691	1346	673	224	
80+	2846	1423	712	237	

Standard		Effective Date: 03/15/2024		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2279	1140	570	190	
66	2438	1219	610	203	
67	2438	1219	610	203	
68	2438	1219	610	203	
69	2438	1219	610	203	
70	2759	1380	690	230	
71	2759	1380	690	230	
72	2759	1380	690	230	
73	2759	1380	690	230	
74	2759	1380	690	230	
75	3094	1547	774	258	
76	3094	1547	774	258	
77	3094	1547	774	258	
78	3094	1547	774	258	
79	3094	1547	774	258	
80+	3272	1636	818	273	

PLAN A - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E0	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2941	1471	735	245	
66	3109	1555	777	259	
67	3109	1555	777	259	
68	3109	1555	777	259	
69	3109	1555	777	259	
70	3407	1704	852	284	
71	3407	1704	852	284	
72	3407	1704	852	284	
73	3407	1704	852	284	
74	3407	1704	852	284	
75	3601	1801	900	300	
76	3601	1801	900	300	
77	3601	1801	900	300	
78	3601	1801	900	300	
79	3601	1801	900	300	
80+	3601	1801	900	300	

Standard		Effective Date: 03/15/2024		Plan Code: 5E2	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3384	1692	846	282	
66	3577	1789	894	298	
67	3577	1789	894	298	
68	3577	1789	894	298	
69	3577	1789	894	298	
70	3921	1961	980	327	
71	3921	1961	980	327	
72	3921	1961	980	327	
73	3921	1961	980	327	
74	3921	1961	980	327	
75	4144	2072	1036	345	
76	4144	2072	1036	345	
77	4144	2072	1036	345	
78	4144	2072	1036	345	
79	4144	2072	1036	345	
80+	4144	2072	1036	345	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E1	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2558	1279	640	213	
66	2704	1352	676	225	
67	2704	1352	676	225	
68	2704	1352	676	225	
69	2704	1352	676	225	
70	2964	1482	741	247	
71	2964	1482	741	247	
72	2964	1482	741	247	
73	2964	1482	741	247	
74	2964	1482	741	247	
75	3132	1566	783	261	
76	3132	1566	783	261	
77	3132	1566	783	261	
78	3132	1566	783	261	
79	3132	1566	783	261	
80+	3132	1566	783	261	

Standard		Effective Date: 03/15/2024		Plan Code: 5E3	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2941	1471	735	245	
66	3109	1555	777	259	
67	3109	1555	777	259	
68	3109	1555	777	259	
69	3109	1555	777	259	
70	3407	1704	852	284	
71	3407	1704	852	284	
72	3407	1704	852	284	
73	3407	1704	852	284	
74	3407	1704	852	284	
75	3601	1801	900	300	
76	3601	1801	900	300	
77	3601	1801	900	300	
78	3601	1801	900	300	
79	3601	1801	900	300	
80+	3601	1801	900	300	

PLAN B - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E4	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3995	1998	999	333	
66	4238	2119	1060	353	
67	4238	2119	1060	353	
68	4238	2119	1060	353	
69	4238	2119	1060	353	
70	4696	2348	1174	391	
71	4696	2348	1174	391	
72	4696	2348	1174	391	
73	4696	2348	1174	391	
74	4696	2348	1174	391	
75	5059	2530	1265	422	
76	5059	2530	1265	422	
77	5059	2530	1265	422	
78	5059	2530	1265	422	
79	5059	2530	1265	422	
80+	5068	2534	1267	422	

Standard		Effective Date: 03/15/2024		Plan Code: 5E6	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4598	2299	1150	383	
66	4876	2438	1219	406	
67	4876	2438	1219	406	
68	4876	2438	1219	406	
69	4876	2438	1219	406	
70	5404	2702	1351	450	
71	5404	2702	1351	450	
72	5404	2702	1351	450	
73	5404	2702	1351	450	
74	5404	2702	1351	450	
75	5821	2911	1455	485	
76	5821	2911	1455	485	
77	5821	2911	1455	485	
78	5821	2911	1455	485	
79	5821	2911	1455	485	
80+	5832	2916	1458	486	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E5	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3475	1738	869	290	
66	3686	1843	922	307	
67	3686	1843	922	307	
68	3686	1843	922	307	
69	3686	1843	922	307	
70	4085	2043	1021	340	
71	4085	2043	1021	340	
72	4085	2043	1021	340	
73	4085	2043	1021	340	
74	4085	2043	1021	340	
75	4400	2200	1100	367	
76	4400	2200	1100	367	
77	4400	2200	1100	367	
78	4400	2200	1100	367	
79	4400	2200	1100	367	
80+	4408	2204	1102	367	

Standard		Effective Date: 03/15/2024		Plan Code: 5E7	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3995	1998	999	333	
66	4238	2119	1060	353	
67	4238	2119	1060	353	
68	4238	2119	1060	353	
69	4238	2119	1060	353	
70	4696	2348	1174	391	
71	4696	2348	1174	391	
72	4696	2348	1174	391	
73	4696	2348	1174	391	
74	4696	2348	1174	391	
75	5059	2530	1265	422	
76	5059	2530	1265	422	
77	5059	2530	1265	422	
78	5059	2530	1265	422	
79	5059	2530	1265	422	
80+	5068	2534	1267	422	

PLAN C - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E8	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4468	2234	1117	372	
66	4756	2378	1189	396	
67	4756	2378	1189	396	
68	4756	2378	1189	396	
69	4756	2378	1189	396	
70	5336	2668	1334	445	
71	5336	2668	1334	445	
72	5336	2668	1334	445	
73	5336	2668	1334	445	
74	5336	2668	1334	445	
75	5917	2959	1479	493	
76	5917	2959	1479	493	
77	5917	2959	1479	493	
78	5917	2959	1479	493	
79	5917	2959	1479	493	
80+	6203	3102	1551	517	

Standard		Effective Date: 03/15/2024		Plan Code: 5EA	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	5141	2571	1285	428	
66	5472	2736	1368	456	
67	5472	2736	1368	456	
68	5472	2736	1368	456	
69	5472	2736	1368	456	
70	6140	3070	1535	512	
71	6140	3070	1535	512	
72	6140	3070	1535	512	
73	6140	3070	1535	512	
74	6140	3070	1535	512	
75	6810	3405	1703	568	
76	6810	3405	1703	568	
77	6810	3405	1703	568	
78	6810	3405	1703	568	
79	6810	3405	1703	568	
80+	7138	3569	1785	595	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E9	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3886	1943	972	324	
66	4137	2069	1034	345	
67	4137	2069	1034	345	
68	4137	2069	1034	345	
69	4137	2069	1034	345	
70	4641	2321	1160	387	
71	4641	2321	1160	387	
72	4641	2321	1160	387	
73	4641	2321	1160	387	
74	4641	2321	1160	387	
75	5147	2574	1287	429	
76	5147	2574	1287	429	
77	5147	2574	1287	429	
78	5147	2574	1287	429	
79	5147	2574	1287	429	
80+	5396	2698	1349	450	

Standard		Effective Date: 03/15/2024		Plan Code: 5EB	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4468	2234	1117	372	
66	4756	2378	1189	396	
67	4756	2378	1189	396	
68	4756	2378	1189	396	
69	4756	2378	1189	396	
70	5336	2668	1334	445	
71	5336	2668	1334	445	
72	5336	2668	1334	445	
73	5336	2668	1334	445	
74	5336	2668	1334	445	
75	5917	2959	1479	493	
76	5917	2959	1479	493	
77	5917	2959	1479	493	
78	5917	2959	1479	493	
79	5917	2959	1479	493	
80+	6203	3102	1551	517	

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

PLAN D - AREA 3 (ZIP 330; 334)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4221	2111	1055	352
66	4509	2255	1127	376
67	4509	2255	1127	376
68	4509	2255	1127	376
69	4509	2255	1127	376
70	5088	2544	1272	424
71	5088	2544	1272	424
72	5088	2544	1272	424
73	5088	2544	1272	424
74	5088	2544	1272	424
75	5672	2836	1418	473
76	5672	2836	1418	473
77	5672	2836	1418	473
78	5672	2836	1418	473
79	5672	2836	1418	473
80+	5959	2980	1490	497

Standard		Effective Date: 03/15/2024		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4857	2429	1214	405
66	5189	2595	1297	432
67	5189	2595	1297	432
68	5189	2595	1297	432
69	5189	2595	1297	432
70	5855	2928	1464	488
71	5855	2928	1464	488
72	5855	2928	1464	488
73	5855	2928	1464	488
74	5855	2928	1464	488
75	6527	3264	1632	544
76	6527	3264	1632	544
77	6527	3264	1632	544
78	6527	3264	1632	544
79	6527	3264	1632	544
80+	6857	3429	1714	571

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3672	1836	918	306
66	3922	1961	981	327
67	3922	1961	981	327
68	3922	1961	981	327
69	3922	1961	981	327
70	4426	2213	1107	369
71	4426	2213	1107	369
72	4426	2213	1107	369
73	4426	2213	1107	369
74	4426	2213	1107	369
75	4934	2467	1234	411
76	4934	2467	1234	411
77	4934	2467	1234	411
78	4934	2467	1234	411
79	4934	2467	1234	411
80+	5183	2592	1296	432

Standard		Effective Date: 03/15/2024		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4221	2111	1055	352
66	4509	2255	1127	376
67	4509	2255	1127	376
68	4509	2255	1127	376
69	4509	2255	1127	376
70	5088	2544	1272	424
71	5088	2544	1272	424
72	5088	2544	1272	424
73	5088	2544	1272	424
74	5088	2544	1272	424
75	5672	2836	1418	473
76	5672	2836	1418	473
77	5672	2836	1418	473
78	5672	2836	1418	473
79	5672	2836	1418	473
80+	5959	2980	1490	497

PLAN F - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EG	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4145	2073	1036	345	
66	4413	2207	1103	368	
67	4413	2207	1103	368	
68	4413	2207	1103	368	
69	4413	2207	1103	368	
70	4945	2473	1236	412	
71	4945	2473	1236	412	
72	4945	2473	1236	412	
73	4945	2473	1236	412	
74	4945	2473	1236	412	
75	5484	2742	1371	457	
76	5484	2742	1371	457	
77	5484	2742	1371	457	
78	5484	2742	1371	457	
79	5484	2742	1371	457	
80+	5749	2875	1437	479	

Standard		Effective Date: 03/15/2024		Plan Code: 5EI	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4770	2385	1193	398	
66	5078	2539	1270	423	
67	5078	2539	1270	423	
68	5078	2539	1270	423	
69	5078	2539	1270	423	
70	5690	2845	1423	474	
71	5690	2845	1423	474	
72	5690	2845	1423	474	
73	5690	2845	1423	474	
74	5690	2845	1423	474	
75	6311	3156	1578	526	
76	6311	3156	1578	526	
77	6311	3156	1578	526	
78	6311	3156	1578	526	
79	6311	3156	1578	526	
80+	6616	3308	1654	551	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EH	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3605	1803	901	300	
66	3838	1919	960	320	
67	3838	1919	960	320	
68	3838	1919	960	320	
69	3838	1919	960	320	
70	4301	2151	1075	358	
71	4301	2151	1075	358	
72	4301	2151	1075	358	
73	4301	2151	1075	358	
74	4301	2151	1075	358	
75	4770	2385	1193	398	
76	4770	2385	1193	398	
77	4770	2385	1193	398	
78	4770	2385	1193	398	
79	4770	2385	1193	398	
80+	5001	2501	1250	417	

Standard		Effective Date: 03/15/2024		Plan Code: 5EJ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4145	2073	1036	345	
66	4413	2207	1103	368	
67	4413	2207	1103	368	
68	4413	2207	1103	368	
69	4413	2207	1103	368	
70	4945	2473	1236	412	
71	4945	2473	1236	412	
72	4945	2473	1236	412	
73	4945	2473	1236	412	
74	4945	2473	1236	412	
75	5484	2742	1371	457	
76	5484	2742	1371	457	
77	5484	2742	1371	457	
78	5484	2742	1371	457	
79	5484	2742	1371	457	
80+	5749	2875	1437	479	

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

PLAN HDF - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EK	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	840	420	210	70	
66	906	453	227	76	
67	906	453	227	76	
68	906	453	227	76	
69	906	453	227	76	
70	1081	541	270	90	
71	1081	541	270	90	
72	1081	541	270	90	
73	1081	541	270	90	
74	1081	541	270	90	
75	1391	696	348	116	
76	1391	696	348	116	
77	1391	696	348	116	
78	1391	696	348	116	
79	1391	696	348	116	
80+	1543	772	386	129	

Standard		Effective Date: 03/15/2024		Plan Code: 5EM	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	967	484	242	81	
66	1042	521	261	87	
67	1042	521	261	87	
68	1042	521	261	87	
69	1042	521	261	87	
70	1244	622	311	104	
71	1244	622	311	104	
72	1244	622	311	104	
73	1244	622	311	104	
74	1244	622	311	104	
75	1601	801	400	133	
76	1601	801	400	133	
77	1601	801	400	133	
78	1601	801	400	133	
79	1601	801	400	133	
80+	1775	888	444	148	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EL	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	731	366	183	61	
66	788	394	197	66	
67	788	394	197	66	
68	788	394	197	66	
69	788	394	197	66	
70	940	470	235	78	
71	940	470	235	78	
72	940	470	235	78	
73	940	470	235	78	
74	940	470	235	78	
75	1210	605	303	101	
76	1210	605	303	101	
77	1210	605	303	101	
78	1210	605	303	101	
79	1210	605	303	101	
80+	1342	671	336	112	

Standard		Effective Date: 03/15/2024		Plan Code: 5EN	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	840	420	210	70	
66	906	453	227	76	
67	906	453	227	76	
68	906	453	227	76	
69	906	453	227	76	
70	1081	541	270	90	
71	1081	541	270	90	
72	1081	541	270	90	
73	1081	541	270	90	
74	1081	541	270	90	
75	1391	696	348	116	
76	1391	696	348	116	
77	1391	696	348	116	
78	1391	696	348	116	
79	1391	696	348	116	
80+	1543	772	386	129	

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

PLAN G - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EO	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3575	1788	894	298	
66	3819	1910	955	318	
67	3819	1910	955	318	
68	3819	1910	955	318	
69	3819	1910	955	318	
70	4308	2154	1077	359	
71	4308	2154	1077	359	
72	4308	2154	1077	359	
73	4308	2154	1077	359	
74	4308	2154	1077	359	
75	4799	2400	1200	400	
76	4799	2400	1200	400	
77	4799	2400	1200	400	
78	4799	2400	1200	400	
79	4799	2400	1200	400	
80+	5040	2520	1260	420	

Standard		Effective Date: 03/15/2024		Plan Code: 5EQ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4114	2057	1029	343	
66	4395	2198	1099	366	
67	4395	2198	1099	366	
68	4395	2198	1099	366	
69	4395	2198	1099	366	
70	4957	2479	1239	413	
71	4957	2479	1239	413	
72	4957	2479	1239	413	
73	4957	2479	1239	413	
74	4957	2479	1239	413	
75	5523	2762	1381	460	
76	5523	2762	1381	460	
77	5523	2762	1381	460	
78	5523	2762	1381	460	
79	5523	2762	1381	460	
80+	5800	2900	1450	483	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EP	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3110	1555	778	259	
66	3322	1661	831	277	
67	3322	1661	831	277	
68	3322	1661	831	277	
69	3322	1661	831	277	
70	3747	1874	937	312	
71	3747	1874	937	312	
72	3747	1874	937	312	
73	3747	1874	937	312	
74	3747	1874	937	312	
75	4174	2087	1044	348	
76	4174	2087	1044	348	
77	4174	2087	1044	348	
78	4174	2087	1044	348	
79	4174	2087	1044	348	
80+	4384	2192	1096	365	

Standard		Effective Date: 03/15/2024		Plan Code: 5ER	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3575	1788	894	298	
66	3819	1910	955	318	
67	3819	1910	955	318	
68	3819	1910	955	318	
69	3819	1910	955	318	
70	4308	2154	1077	359	
71	4308	2154	1077	359	
72	4308	2154	1077	359	
73	4308	2154	1077	359	
74	4308	2154	1077	359	
75	4799	2400	1200	400	
76	4799	2400	1200	400	
77	4799	2400	1200	400	
78	4799	2400	1200	400	
79	4799	2400	1200	400	
80+	5040	2520	1260	420	

PLAN HDG - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 512	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	840	420	210	70	
66	906	453	227	76	
67	906	453	227	76	
68	906	453	227	76	
69	906	453	227	76	
70	1081	541	270	90	
71	1081	541	270	90	
72	1081	541	270	90	
73	1081	541	270	90	
74	1081	541	270	90	
75	1391	696	348	116	
76	1391	696	348	116	
77	1391	696	348	116	
78	1391	696	348	116	
79	1391	696	348	116	
80+	1543	772	386	129	

Standard		Effective Date: 03/15/2024		Plan Code: 514	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	967	484	242	81	
66	1042	521	261	87	
67	1042	521	261	87	
68	1042	521	261	87	
69	1042	521	261	87	
70	1244	622	311	104	
71	1244	622	311	104	
72	1244	622	311	104	
73	1244	622	311	104	
74	1244	622	311	104	
75	1601	801	400	133	
76	1601	801	400	133	
77	1601	801	400	133	
78	1601	801	400	133	
79	1601	801	400	133	
80+	1775	888	444	148	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 513	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	731	366	183	61	
66	788	394	197	66	
67	788	394	197	66	
68	788	394	197	66	
69	788	394	197	66	
70	940	470	235	78	
71	940	470	235	78	
72	940	470	235	78	
73	940	470	235	78	
74	940	470	235	78	
75	1210	605	303	101	
76	1210	605	303	101	
77	1210	605	303	101	
78	1210	605	303	101	
79	1210	605	303	101	
80+	1342	671	336	112	

Standard		Effective Date: 03/15/2024		Plan Code: 515	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	840	420	210	70	
66	906	453	227	76	
67	906	453	227	76	
68	906	453	227	76	
69	906	453	227	76	
70	1081	541	270	90	
71	1081	541	270	90	
72	1081	541	270	90	
73	1081	541	270	90	
74	1081	541	270	90	
75	1391	696	348	116	
76	1391	696	348	116	
77	1391	696	348	116	
78	1391	696	348	116	
79	1391	696	348	116	
80+	1543	772	386	129	

PLAN N - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2507	1254	627	209	
66	2682	1341	671	224	
67	2682	1341	671	224	
68	2682	1341	671	224	
69	2682	1341	671	224	
70	3035	1518	759	253	
71	3035	1518	759	253	
72	3035	1518	759	253	
73	3035	1518	759	253	
74	3035	1518	759	253	
75	3403	1702	851	284	
76	3403	1702	851	284	
77	3403	1702	851	284	
78	3403	1702	851	284	
79	3403	1702	851	284	
80+	3600	1800	900	300	

Standard		Effective Date: 03/15/2024		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2885	1443	721	240	
66	3086	1543	772	257	
67	3086	1543	772	257	
68	3086	1543	772	257	
69	3086	1543	772	257	
70	3492	1746	873	291	
71	3492	1746	873	291	
72	3492	1746	873	291	
73	3492	1746	873	291	
74	3492	1746	873	291	
75	3916	1958	979	326	
76	3916	1958	979	326	
77	3916	1958	979	326	
78	3916	1958	979	326	
79	3916	1958	979	326	
80+	4142	2071	1036	345	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2181	1091	545	182	
66	2333	1167	583	194	
67	2333	1167	583	194	
68	2333	1167	583	194	
69	2333	1167	583	194	
70	2640	1320	660	220	
71	2640	1320	660	220	
72	2640	1320	660	220	
73	2640	1320	660	220	
74	2640	1320	660	220	
75	2960	1480	740	247	
76	2960	1480	740	247	
77	2960	1480	740	247	
78	2960	1480	740	247	
79	2960	1480	740	247	
80+	3131	1566	783	261	

Standard		Effective Date: 03/15/2024		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2507	1254	627	209	
66	2682	1341	671	224	
67	2682	1341	671	224	
68	2682	1341	671	224	
69	2682	1341	671	224	
70	3035	1518	759	253	
71	3035	1518	759	253	
72	3035	1518	759	253	
73	3035	1518	759	253	
74	3035	1518	759	253	
75	3403	1702	851	284	
76	3403	1702	851	284	
77	3403	1702	851	284	
78	3403	1702	851	284	
79	3403	1702	851	284	
80+	3600	1800	900	300	

PLAN A - AREA 4 (ZIP 331-333)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5E0	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3208	1604	802	267	
66	3391	1696	848	283	
67	3391	1696	848	283	
68	3391	1696	848	283	
69	3391	1696	848	283	
70	3717	1859	929	310	
71	3717	1859	929	310	
72	3717	1859	929	310	
73	3717	1859	929	310	
74	3717	1859	929	310	
75	3928	1964	982	327	
76	3928	1964	982	327	
77	3928	1964	982	327	
78	3928	1964	982	327	
79	3928	1964	982	327	
80+	3928	1964	982	327	

Standard		Effective Date: 03/15/2024		Plan Code: 5E2	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3691	1846	923	308	
66	3902	1951	976	325	
67	3902	1951	976	325	
68	3902	1951	976	325	
69	3902	1951	976	325	
70	4277	2139	1069	356	
71	4277	2139	1069	356	
72	4277	2139	1069	356	
73	4277	2139	1069	356	
74	4277	2139	1069	356	
75	4520	2260	1130	377	
76	4520	2260	1130	377	
77	4520	2260	1130	377	
78	4520	2260	1130	377	
79	4520	2260	1130	377	
80+	4520	2260	1130	377	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5E1	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2790	1395	698	233	
66	2950	1475	738	246	
67	2950	1475	738	246	
68	2950	1475	738	246	
69	2950	1475	738	246	
70	3233	1617	808	269	
71	3233	1617	808	269	
72	3233	1617	808	269	
73	3233	1617	808	269	
74	3233	1617	808	269	
75	3417	1709	854	285	
76	3417	1709	854	285	
77	3417	1709	854	285	
78	3417	1709	854	285	
79	3417	1709	854	285	
80+	3417	1709	854	285	

Standard		Effective Date: 03/15/2024		Plan Code: 5E3	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3208	1604	802	267	
66	3391	1696	848	283	
67	3391	1696	848	283	
68	3391	1696	848	283	
69	3391	1696	848	283	
70	3717	1859	929	310	
71	3717	1859	929	310	
72	3717	1859	929	310	
73	3717	1859	929	310	
74	3717	1859	929	310	
75	3928	1964	982	327	
76	3928	1964	982	327	
77	3928	1964	982	327	
78	3928	1964	982	327	
79	3928	1964	982	327	
80+	3928	1964	982	327	

PLAN B - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E4
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4359	2180	1090	363
66	4623	2312	1156	385
67	4623	2312	1156	385
68	4623	2312	1156	385
69	4623	2312	1156	385
70	5123	2562	1281	427
71	5123	2562	1281	427
72	5123	2562	1281	427
73	5123	2562	1281	427
74	5123	2562	1281	427
75	5519	2760	1380	460
76	5519	2760	1380	460
77	5519	2760	1380	460
78	5519	2760	1380	460
79	5519	2760	1380	460
80+	5529	2765	1382	461

Standard		Effective Date: 03/15/2024		Plan Code: 5E6
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5016	2508	1254	418
66	5320	2660	1330	443
67	5320	2660	1330	443
68	5320	2660	1330	443
69	5320	2660	1330	443
70	5895	2948	1474	491
71	5895	2948	1474	491
72	5895	2948	1474	491
73	5895	2948	1474	491
74	5895	2948	1474	491
75	6350	3175	1588	529
76	6350	3175	1588	529
77	6350	3175	1588	529
78	6350	3175	1588	529
79	6350	3175	1588	529
80+	6362	3181	1591	530

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E5
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3791	1896	948	316
66	4021	2011	1005	335
67	4021	2011	1005	335
68	4021	2011	1005	335
69	4021	2011	1005	335
70	4456	2228	1114	371
71	4456	2228	1114	371
72	4456	2228	1114	371
73	4456	2228	1114	371
74	4456	2228	1114	371
75	4800	2400	1200	400
76	4800	2400	1200	400
77	4800	2400	1200	400
78	4800	2400	1200	400
79	4800	2400	1200	400
80+	4809	2405	1202	401

Standard		Effective Date: 03/15/2024		Plan Code: 5E7
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4359	2180	1090	363
66	4623	2312	1156	385
67	4623	2312	1156	385
68	4623	2312	1156	385
69	4623	2312	1156	385
70	5123	2562	1281	427
71	5123	2562	1281	427
72	5123	2562	1281	427
73	5123	2562	1281	427
74	5123	2562	1281	427
75	5519	2760	1380	460
76	5519	2760	1380	460
77	5519	2760	1380	460
78	5519	2760	1380	460
79	5519	2760	1380	460
80+	5529	2765	1382	461

PLAN C - AREA 4 (ZIP 331-333)

Male

Preferred		Effective Date: 03/15/2024 Plan Code: 5E8		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4874	2437	1219	406
66	5188	2594	1297	432
67	5188	2594	1297	432
68	5188	2594	1297	432
69	5188	2594	1297	432
70	5821	2911	1455	485
71	5821	2911	1455	485
72	5821	2911	1455	485
73	5821	2911	1455	485
74	5821	2911	1455	485
75	6455	3228	1614	538
76	6455	3228	1614	538
77	6455	3228	1614	538
78	6455	3228	1614	538
79	6455	3228	1614	538
80+	6767	3384	1692	564

Standard		Effective Date: 03/15/2024 Plan Code: 5EA		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5609	2805	1402	467
66	5970	2985	1493	498
67	5970	2985	1493	498
68	5970	2985	1493	498
69	5970	2985	1493	498
70	6699	3350	1675	558
71	6699	3350	1675	558
72	6699	3350	1675	558
73	6699	3350	1675	558
74	6699	3350	1675	558
75	7429	3715	1857	619
76	7429	3715	1857	619
77	7429	3715	1857	619
78	7429	3715	1857	619
79	7429	3715	1857	619
80+	7787	3894	1947	649

Female

Preferred		Effective Date: 03/15/2024 Plan Code: 5E9		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4240	2120	1060	353
66	4513	2257	1128	376
67	4513	2257	1128	376
68	4513	2257	1128	376
69	4513	2257	1128	376
70	5063	2532	1266	422
71	5063	2532	1266	422
72	5063	2532	1266	422
73	5063	2532	1266	422
74	5063	2532	1266	422
75	5615	2808	1404	468
76	5615	2808	1404	468
77	5615	2808	1404	468
78	5615	2808	1404	468
79	5615	2808	1404	468
80+	5886	2943	1472	491

Standard		Effective Date: 03/15/2024 Plan Code: 5EB		
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4874	2437	1219	406
66	5188	2594	1297	432
67	5188	2594	1297	432
68	5188	2594	1297	432
69	5188	2594	1297	432
70	5821	2911	1455	485
71	5821	2911	1455	485
72	5821	2911	1455	485
73	5821	2911	1455	485
74	5821	2911	1455	485
75	6455	3228	1614	538
76	6455	3228	1614	538
77	6455	3228	1614	538
78	6455	3228	1614	538
79	6455	3228	1614	538
80+	6767	3384	1692	564

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

PLAN D - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4605	2303	1151	384
66	4919	2460	1230	410
67	4919	2460	1230	410
68	4919	2460	1230	410
69	4919	2460	1230	410
70	5551	2776	1388	463
71	5551	2776	1388	463
72	5551	2776	1388	463
73	5551	2776	1388	463
74	5551	2776	1388	463
75	6188	3094	1547	516
76	6188	3094	1547	516
77	6188	3094	1547	516
78	6188	3094	1547	516
79	6188	3094	1547	516
80+	6500	3250	1625	542

Standard		Effective Date: 03/15/2024		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5299	2650	1325	442
66	5660	2830	1415	472
67	5660	2830	1415	472
68	5660	2830	1415	472
69	5660	2830	1415	472
70	6387	3194	1597	532
71	6387	3194	1597	532
72	6387	3194	1597	532
73	6387	3194	1597	532
74	6387	3194	1597	532
75	7120	3560	1780	593
76	7120	3560	1780	593
77	7120	3560	1780	593
78	7120	3560	1780	593
79	7120	3560	1780	593
80+	7480	3740	1870	623

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4005	2003	1001	334
66	4279	2140	1070	357
67	4279	2140	1070	357
68	4279	2140	1070	357
69	4279	2140	1070	357
70	4828	2414	1207	402
71	4828	2414	1207	402
72	4828	2414	1207	402
73	4828	2414	1207	402
74	4828	2414	1207	402
75	5382	2691	1346	449
76	5382	2691	1346	449
77	5382	2691	1346	449
78	5382	2691	1346	449
79	5382	2691	1346	449
80+	5654	2827	1414	471

Standard		Effective Date: 03/15/2024		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4605	2303	1151	384
66	4919	2460	1230	410
67	4919	2460	1230	410
68	4919	2460	1230	410
69	4919	2460	1230	410
70	5551	2776	1388	463
71	5551	2776	1388	463
72	5551	2776	1388	463
73	5551	2776	1388	463
74	5551	2776	1388	463
75	6188	3094	1547	516
76	6188	3094	1547	516
77	6188	3094	1547	516
78	6188	3094	1547	516
79	6188	3094	1547	516
80+	6500	3250	1625	542

PLAN F - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4521	2261	1130	377
66	4814	2407	1204	401
67	4814	2407	1204	401
68	4814	2407	1204	401
69	4814	2407	1204	401
70	5394	2697	1349	450
71	5394	2697	1349	450
72	5394	2697	1349	450
73	5394	2697	1349	450
74	5394	2697	1349	450
75	5983	2992	1496	499
76	5983	2992	1496	499
77	5983	2992	1496	499
78	5983	2992	1496	499
79	5983	2992	1496	499
80+	6272	3136	1568	523

Standard		Effective Date: 03/15/2024		Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5203	2602	1301	434
66	5539	2770	1385	462
67	5539	2770	1385	462
68	5539	2770	1385	462
69	5539	2770	1385	462
70	6207	3104	1552	517
71	6207	3104	1552	517
72	6207	3104	1552	517
73	6207	3104	1552	517
74	6207	3104	1552	517
75	6884	3442	1721	574
76	6884	3442	1721	574
77	6884	3442	1721	574
78	6884	3442	1721	574
79	6884	3442	1721	574
80+	7218	3609	1805	602

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3933	1967	983	328
66	4187	2094	1047	349
67	4187	2094	1047	349
68	4187	2094	1047	349
69	4187	2094	1047	349
70	4692	2346	1173	391
71	4692	2346	1173	391
72	4692	2346	1173	391
73	4692	2346	1173	391
74	4692	2346	1173	391
75	5204	2602	1301	434
76	5204	2602	1301	434
77	5204	2602	1301	434
78	5204	2602	1301	434
79	5204	2602	1301	434
80+	5456	2728	1364	455

Standard		Effective Date: 03/15/2024		Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4521	2261	1130	377
66	4814	2407	1204	401
67	4814	2407	1204	401
68	4814	2407	1204	401
69	4814	2407	1204	401
70	5394	2697	1349	450
71	5394	2697	1349	450
72	5394	2697	1349	450
73	5394	2697	1349	450
74	5394	2697	1349	450
75	5983	2992	1496	499
76	5983	2992	1496	499
77	5983	2992	1496	499
78	5983	2992	1496	499
79	5983	2992	1496	499
80+	6272	3136	1568	523

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PLAN HDF - AREA 4 (ZIP 331-333)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 5EK	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	916	458	229	76	
66	988	494	247	82	
67	988	494	247	82	
68	988	494	247	82	
69	988	494	247	82	
70	1179	590	295	98	
71	1179	590	295	98	
72	1179	590	295	98	
73	1179	590	295	98	
74	1179	590	295	98	
75	1517	759	379	126	
76	1517	759	379	126	
77	1517	759	379	126	
78	1517	759	379	126	
79	1517	759	379	126	
80+	1683	842	421	140	

Standard		Effective Date: 03/15/2024		Plan Code: 5EM	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	1054	527	264	88	
66	1137	569	284	95	
67	1137	569	284	95	
68	1137	569	284	95	
69	1137	569	284	95	
70	1357	679	339	113	
71	1357	679	339	113	
72	1357	679	339	113	
73	1357	679	339	113	
74	1357	679	339	113	
75	1746	873	437	146	
76	1746	873	437	146	
77	1746	873	437	146	
78	1746	873	437	146	
79	1746	873	437	146	
80+	1936	968	484	161	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 5EL	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	797	399	199	66	
66	860	430	215	72	
67	860	430	215	72	
68	860	430	215	72	
69	860	430	215	72	
70	1026	513	257	86	
71	1026	513	257	86	
72	1026	513	257	86	
73	1026	513	257	86	
74	1026	513	257	86	
75	1320	660	330	110	
76	1320	660	330	110	
77	1320	660	330	110	
78	1320	660	330	110	
79	1320	660	330	110	
80+	1464	732	366	122	

Standard		Effective Date: 03/15/2024		Plan Code: 5EN	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	916	458	229	76	
66	988	494	247	82	
67	988	494	247	82	
68	988	494	247	82	
69	988	494	247	82	
70	1179	590	295	98	
71	1179	590	295	98	
72	1179	590	295	98	
73	1179	590	295	98	
74	1179	590	295	98	
75	1517	759	379	126	
76	1517	759	379	126	
77	1517	759	379	126	
78	1517	759	379	126	
79	1517	759	379	126	
80+	1683	842	421	140	

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PLAN G - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3900	1950	975	325
66	4166	2083	1042	347
67	4166	2083	1042	347
68	4166	2083	1042	347
69	4166	2083	1042	347
70	4700	2350	1175	392
71	4700	2350	1175	392
72	4700	2350	1175	392
73	4700	2350	1175	392
74	4700	2350	1175	392
75	5235	2618	1309	436
76	5235	2618	1309	436
77	5235	2618	1309	436
78	5235	2618	1309	436
79	5235	2618	1309	436
80+	5498	2749	1375	458

Standard		Effective Date: 03/15/2024		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4488	2244	1122	374
66	4795	2398	1199	400
67	4795	2398	1199	400
68	4795	2398	1199	400
69	4795	2398	1199	400
70	5408	2704	1352	451
71	5408	2704	1352	451
72	5408	2704	1352	451
73	5408	2704	1352	451
74	5408	2704	1352	451
75	6025	3013	1506	502
76	6025	3013	1506	502
77	6025	3013	1506	502
78	6025	3013	1506	502
79	6025	3013	1506	502
80+	6327	3164	1582	527

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3392	1696	848	283
66	3624	1812	906	302
67	3624	1812	906	302
68	3624	1812	906	302
69	3624	1812	906	302
70	4088	2044	1022	341
71	4088	2044	1022	341
72	4088	2044	1022	341
73	4088	2044	1022	341
74	4088	2044	1022	341
75	4554	2277	1139	380
76	4554	2277	1139	380
77	4554	2277	1139	380
78	4554	2277	1139	380
79	4554	2277	1139	380
80+	4782	2391	1196	399

Standard		Effective Date: 03/15/2024		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3900	1950	975	325
66	4166	2083	1042	347
67	4166	2083	1042	347
68	4166	2083	1042	347
69	4166	2083	1042	347
70	4700	2350	1175	392
71	4700	2350	1175	392
72	4700	2350	1175	392
73	4700	2350	1175	392
74	4700	2350	1175	392
75	5235	2618	1309	436
76	5235	2618	1309	436
77	5235	2618	1309	436
78	5235	2618	1309	436
79	5235	2618	1309	436
80+	5498	2749	1375	458

PLAN HDG - AREA 4 (ZIP 331-333)

Male

Preferred		Effective Date: 03/15/2024		Plan Code: 512	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	916	458	229	76	
66	988	494	247	82	
67	988	494	247	82	
68	988	494	247	82	
69	988	494	247	82	
70	1179	590	295	98	
71	1179	590	295	98	
72	1179	590	295	98	
73	1179	590	295	98	
74	1179	590	295	98	
75	1517	759	379	126	
76	1517	759	379	126	
77	1517	759	379	126	
78	1517	759	379	126	
79	1517	759	379	126	
80+	1683	842	421	140	

Standard		Effective Date: 03/15/2024		Plan Code: 514	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	1054	527	264	88	
66	1137	569	284	95	
67	1137	569	284	95	
68	1137	569	284	95	
69	1137	569	284	95	
70	1357	679	339	113	
71	1357	679	339	113	
72	1357	679	339	113	
73	1357	679	339	113	
74	1357	679	339	113	
75	1746	873	437	146	
76	1746	873	437	146	
77	1746	873	437	146	
78	1746	873	437	146	
79	1746	873	437	146	
80+	1936	968	484	161	

Female

Preferred		Effective Date: 03/15/2024		Plan Code: 513	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	797	399	199	66	
66	860	430	215	72	
67	860	430	215	72	
68	860	430	215	72	
69	860	430	215	72	
70	1026	513	257	86	
71	1026	513	257	86	
72	1026	513	257	86	
73	1026	513	257	86	
74	1026	513	257	86	
75	1320	660	330	110	
76	1320	660	330	110	
77	1320	660	330	110	
78	1320	660	330	110	
79	1320	660	330	110	
80+	1464	732	366	122	

Standard		Effective Date: 03/15/2024		Plan Code: 515	
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	916	458	229	76	
66	988	494	247	82	
67	988	494	247	82	
68	988	494	247	82	
69	988	494	247	82	
70	1179	590	295	98	
71	1179	590	295	98	
72	1179	590	295	98	
73	1179	590	295	98	
74	1179	590	295	98	
75	1517	759	379	126	
76	1517	759	379	126	
77	1517	759	379	126	
78	1517	759	379	126	
79	1517	759	379	126	
80+	1683	842	421	140	

PLAN N - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ES
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2735	1368	684	228
66	2926	1463	732	244
67	2926	1463	732	244
68	2926	1463	732	244
69	2926	1463	732	244
70	3310	1655	828	276
71	3310	1655	828	276
72	3310	1655	828	276
73	3310	1655	828	276
74	3310	1655	828	276
75	3713	1857	928	309
76	3713	1857	928	309
77	3713	1857	928	309
78	3713	1857	928	309
79	3713	1857	928	309
80+	3927	1964	982	327

Standard		Effective Date: 03/15/2024		Plan Code: 5EU
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3147	1574	787	262
66	3367	1684	842	281
67	3367	1684	842	281
68	3367	1684	842	281
69	3367	1684	842	281
70	3809	1905	952	317
71	3809	1905	952	317
72	3809	1905	952	317
73	3809	1905	952	317
74	3809	1905	952	317
75	4272	2136	1068	356
76	4272	2136	1068	356
77	4272	2136	1068	356
78	4272	2136	1068	356
79	4272	2136	1068	356
80+	4519	2260	1130	377

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ET
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2379	1190	595	198
66	2545	1273	636	212
67	2545	1273	636	212
68	2545	1273	636	212
69	2545	1273	636	212
70	2880	1440	720	240
71	2880	1440	720	240
72	2880	1440	720	240
73	2880	1440	720	240
74	2880	1440	720	240
75	3230	1615	808	269
76	3230	1615	808	269
77	3230	1615	808	269
78	3230	1615	808	269
79	3230	1615	808	269
80+	3416	1708	854	285

Standard		Effective Date: 03/15/2024		Plan Code: 5EV
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2735	1368	684	228
66	2926	1463	732	244
67	2926	1463	732	244
68	2926	1463	732	244
69	2926	1463	732	244
70	3310	1655	828	276
71	3310	1655	828	276
72	3310	1655	828	276
73	3310	1655	828	276
74	3310	1655	828	276
75	3713	1857	928	309
76	3713	1857	928	309
77	3713	1857	928	309
78	3713	1857	928	309
79	3713	1857	928	309
80+	3927	1964	982	327

PLAN A

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

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

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

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

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

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

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

PARTS A & B

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

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

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

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

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

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

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

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

PARTS A & B

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

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

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

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

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

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

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

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

PARTS A & B

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

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN D

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

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

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

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

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

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

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

PARTS A & B

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

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

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

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

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

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

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

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

PARTS A & B

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

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN G or HIGH DEDUCTIBLE PLAN G
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

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

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

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

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

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

PARTS A & B

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

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

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

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

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

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

PARTS A & B

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

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