

**UNITED AMERICAN INSURANCE COMPANY**  
P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A Legal Reserve Stock Company • Administrative Offices: McKinney, Texas  
Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020  
Benefit Plans A, B, C, D, F, HDF, G, HDG, K, L, and N

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

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

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

\* Denotes plans available by United American Insurance Company

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

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

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

## **PREMIUM INFORMATION**

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

### **READ YOUR POLICY VERY CAREFULLY**

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

### **RIGHT TO RETURN POLICY**

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

### **POLICY REPLACEMENT**

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

## **NOTICE**

This policy may not fully cover all your medical costs.

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

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

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

### **RENEWABILITY**

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

# PLAN A - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 04/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1918	959	480	160	
66	2015	1008	504	168	
67	2103	1052	526	176	
68	2181	1091	546	182	
69	2264	1132	566	189	
70	2349	1175	588	196	
71	2410	1205	603	201	
72	2440	1220	610	204	
73	2468	1234	617	206	
74	2481	1241	621	207	
75	2494	1247	624	208	
76	2494	1247	624	208	
77	2494	1247	624	208	
78	2494	1247	624	208	
79	2494	1247	624	208	
80+	2494	1247	624	208	

Standard		Effective Date: 04/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2207	1104	552	184	
66	2319	1160	580	194	
67	2420	1210	605	202	
68	2510	1255	628	210	
69	2605	1303	652	218	
70	2703	1352	676	226	
71	2773	1387	694	232	
72	2808	1404	702	234	
73	2840	1420	710	237	
74	2854	1427	714	238	
75	2870	1435	718	240	
76	2870	1435	718	240	
77	2870	1435	718	240	
78	2870	1435	718	240	
79	2870	1435	718	240	
80+	2870	1435	718	240	

## Female

Preferred		Effective Date: 04/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1668	834	417	139	
66	1753	877	439	147	
67	1829	915	458	153	
68	1897	949	475	159	
69	1969	985	493	165	
70	2044	1022	511	171	
71	2096	1048	524	175	
72	2123	1062	531	177	
73	2147	1074	537	179	
74	2158	1079	540	180	
75	2169	1085	543	181	
76	2169	1085	543	181	
77	2169	1085	543	181	
78	2169	1085	543	181	
79	2169	1085	543	181	
80+	2169	1085	543	181	

Standard		Effective Date: 04/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1918	959	480	160	
66	2015	1008	504	168	
67	2103	1052	526	176	
68	2181	1091	546	182	
69	2264	1132	566	189	
70	2349	1175	588	196	
71	2410	1205	603	201	
72	2440	1220	610	204	
73	2468	1234	617	206	
74	2481	1241	621	207	
75	2494	1247	624	208	
76	2494	1247	624	208	
77	2494	1247	624	208	
78	2494	1247	624	208	
79	2494	1247	624	208	
80+	2494	1247	624	208	

## PLAN B - AREA 1 (ZIP 600-608)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5AM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2493	1247	624	208
66	2630	1315	658	220
67	2755	1378	689	230
68	2872	1436	718	240
69	2999	1500	750	250
70	3117	1559	780	260
71	3220	1610	805	269
72	3280	1640	820	274
73	3340	1670	835	279
74	3381	1691	846	282
75	3421	1711	856	286
76	3442	1721	861	287
77	3457	1729	865	289
78	3472	1736	868	290
79	3488	1744	872	291
80+	3488	1744	872	291

Standard		Effective Date: 01/01/2024		Plan Code: 5AO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2869	1435	718	240
66	3026	1513	757	253
67	3171	1586	793	265
68	3305	1653	827	276
69	3451	1726	863	288
70	3587	1794	897	299
71	3705	1853	927	309
72	3775	1888	944	315
73	3843	1922	961	321
74	3891	1946	973	325
75	3937	1969	985	329
76	3960	1980	990	330
77	3978	1989	995	332
78	3995	1998	999	333
79	4013	2007	1004	335
80+	4013	2007	1004	335

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5AN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2168	1084	542	181
66	2287	1144	572	191
67	2397	1199	600	200
68	2498	1249	625	209
69	2608	1304	652	218
70	2712	1356	678	226
71	2801	1401	701	234
72	2853	1427	714	238
73	2905	1453	727	243
74	2941	1471	736	246
75	2976	1488	744	248
76	2994	1497	749	250
77	3007	1504	752	251
78	3020	1510	755	252
79	3034	1517	759	253
80+	3034	1517	759	253

Standard		Effective Date: 01/01/2024		Plan Code: 5AP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2493	1247	624	208
66	2630	1315	658	220
67	2755	1378	689	230
68	2872	1436	718	240
69	2999	1500	750	250
70	3117	1559	780	260
71	3220	1610	805	269
72	3280	1640	820	274
73	3340	1670	835	279
74	3381	1691	846	282
75	3421	1711	856	286
76	3442	1721	861	287
77	3457	1729	865	289
78	3472	1736	868	290
79	3488	1744	872	291
80+	3488	1744	872	291

### PLAN C - AREA 1 (ZIP 600-608)

#### Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3613	1807	904	302
66	3811	1906	953	318
67	3988	1994	997	333
68	4172	2086	1043	348
69	4372	2186	1093	365
70	4570	2285	1143	381
71	4747	2374	1187	396
72	4871	2436	1218	406
73	4994	2497	1249	417
74	5091	2546	1273	425
75	5185	2593	1297	433
76	5258	2629	1315	439
77	5360	2680	1340	447
78	5462	2731	1366	456
79	5562	2781	1391	464
80+	5721	2861	1431	477

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4158	2079	1040	347
66	4385	2193	1097	366
67	4589	2295	1148	383
68	4800	2400	1200	400
69	5031	2516	1258	420
70	5259	2630	1315	439
71	5462	2731	1366	456
72	5606	2803	1402	468
73	5746	2873	1437	479
74	5859	2930	1465	489
75	5967	2984	1492	498
76	6051	3026	1513	505
77	6168	3084	1542	514
78	6286	3143	1572	524
79	6401	3201	1601	534
80+	6584	3292	1646	549

#### Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3143	1572	786	262
66	3315	1658	829	277
67	3469	1735	868	290
68	3629	1815	908	303
69	3803	1902	951	317
70	3975	1988	994	332
71	4129	2065	1033	345
72	4237	2119	1060	354
73	4344	2172	1086	362
74	4429	2215	1108	370
75	4510	2255	1128	376
76	4574	2287	1144	382
77	4663	2332	1166	389
78	4751	2376	1188	396
79	4838	2419	1210	404
80+	4977	2489	1245	415

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3613	1807	904	302
66	3811	1906	953	318
67	3988	1994	997	333
68	4172	2086	1043	348
69	4372	2186	1093	365
70	4570	2285	1143	381
71	4747	2374	1187	396
72	4871	2436	1218	406
73	4994	2497	1249	417
74	5091	2546	1273	425
75	5185	2593	1297	433
76	5258	2629	1315	439
77	5360	2680	1340	447
78	5462	2731	1366	456
79	5562	2781	1391	464
80+	5721	2861	1431	477

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# PLAN D - AREA 1 (ZIP 600-608)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3397	1699	850	284
66	3592	1796	898	300
67	3780	1890	945	315
68	3957	1979	990	330
69	4165	2083	1042	348
70	4364	2182	1091	364
71	4541	2271	1136	379
72	4671	2336	1168	390
73	4793	2397	1199	400
74	4893	2447	1224	408
75	4991	2496	1248	416
76	5060	2530	1265	422
77	5162	2581	1291	431
78	5267	2634	1317	439
79	5366	2683	1342	448
80+	5531	2766	1383	461

Standard		Effective Date: 01/01/2024		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3909	1955	978	326
66	4133	2067	1034	345
67	4350	2175	1088	363
68	4554	2277	1139	380
69	4793	2397	1199	400
70	5022	2511	1256	419
71	5225	2613	1307	436
72	5375	2688	1344	448
73	5515	2758	1379	460
74	5630	2815	1408	470
75	5744	2872	1436	479
76	5823	2912	1456	486
77	5940	2970	1485	495
78	6061	3031	1516	506
79	6175	3088	1544	515
80+	6365	3183	1592	531

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2955	1478	739	247
66	3124	1562	781	261
67	3288	1644	822	274
68	3442	1721	861	287
69	3623	1812	906	302
70	3796	1898	949	317
71	3950	1975	988	330
72	4063	2032	1016	339
73	4169	2085	1043	348
74	4256	2128	1064	355
75	4342	2171	1086	362
76	4401	2201	1101	367
77	4490	2245	1123	375
78	4582	2291	1146	382
79	4668	2334	1167	389
80+	4811	2406	1203	401

Standard		Effective Date: 01/01/2024		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3397	1699	850	284
66	3592	1796	898	300
67	3780	1890	945	315
68	3957	1979	990	330
69	4165	2083	1042	348
70	4364	2182	1091	364
71	4541	2271	1136	379
72	4671	2336	1168	390
73	4793	2397	1199	400
74	4893	2447	1224	408
75	4991	2496	1248	416
76	5060	2530	1265	422
77	5162	2581	1291	431
78	5267	2634	1317	439
79	5366	2683	1342	448
80+	5531	2766	1383	461

# PLAN F - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4330	2165	1083	361
66	4560	2280	1140	380
67	4775	2388	1194	398
68	4991	2496	1248	416
69	5235	2618	1309	437
70	5466	2733	1367	456
71	5678	2839	1420	474
72	5829	2915	1458	486
73	5970	2985	1493	498
74	6088	3044	1522	508
75	6204	3102	1551	517
76	6284	3142	1571	524
77	6407	3204	1602	534
78	6528	3264	1632	544
79	6648	3324	1662	554
80+	6839	3420	1710	570

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4982	2491	1246	416
66	5247	2624	1312	438
67	5495	2748	1374	458
68	5744	2872	1436	479
69	6024	3012	1506	502
70	6290	3145	1573	525
71	6534	3267	1634	545
72	6708	3354	1677	559
73	6870	3435	1718	573
74	7006	3503	1752	584
75	7139	3570	1785	595
76	7232	3616	1808	603
77	7372	3686	1843	615
78	7512	3756	1878	626
79	7650	3825	1913	638
80+	7870	3935	1968	656

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3766	1883	942	314
66	3966	1983	992	331
67	4153	2077	1039	347
68	4342	2171	1086	362
69	4553	2277	1139	380
70	4754	2377	1189	397
71	4939	2470	1235	412
72	5070	2535	1268	423
73	5193	2597	1299	433
74	5296	2648	1324	442
75	5396	2698	1349	450
76	5466	2733	1367	456
77	5573	2787	1394	465
78	5678	2839	1420	474
79	5782	2891	1446	482
80+	5949	2975	1488	496

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4330	2165	1083	361
66	4560	2280	1140	380
67	4775	2388	1194	398
68	4991	2496	1248	416
69	5235	2618	1309	437
70	5466	2733	1367	456
71	5678	2839	1420	474
72	5829	2915	1458	486
73	5970	2985	1493	498
74	6088	3044	1522	508
75	6204	3102	1551	517
76	6284	3142	1571	524
77	6407	3204	1602	534
78	6528	3264	1632	544
79	6648	3324	1662	554
80+	6839	3420	1710	570

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

# PLAN HDF - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	566	283	142	48
66	613	307	154	52
67	661	331	166	56
68	689	345	173	58
69	722	361	181	61
70	755	378	189	63
71	785	393	197	66
72	826	413	207	69
73	866	433	217	73
74	906	453	227	76
75	943	472	236	79
76	962	481	241	81
77	1012	506	253	85
78	1063	532	266	89
79	1112	556	278	93
80+	1192	596	298	100

Standard		Effective Date: 01/01/2024 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	652	326	163	55
66	706	353	177	59
67	760	380	190	64
68	792	396	198	66
69	831	416	208	70
70	868	434	217	73
71	903	452	226	76
72	951	476	238	80
73	996	498	249	83
74	1043	522	261	87
75	1085	543	272	91
76	1107	554	277	93
77	1164	582	291	97
78	1223	612	306	102
79	1280	640	320	107
80+	1372	686	343	115

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	493	247	124	42
66	534	267	134	45
67	575	288	144	48
68	599	300	150	50
69	628	314	157	53
70	656	328	164	55
71	683	342	171	57
72	719	360	180	60
73	753	377	189	63
74	788	394	197	66
75	820	410	205	69
76	837	419	210	70
77	880	440	220	74
78	925	463	232	78
79	968	484	242	81
80+	1037	519	260	87

Standard		Effective Date: 01/01/2024 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	566	283	142	48
66	613	307	154	52
67	661	331	166	56
68	689	345	173	58
69	722	361	181	61
70	755	378	189	63
71	785	393	197	66
72	826	413	207	69
73	866	433	217	73
74	906	453	227	76
75	943	472	236	79
76	962	481	241	81
77	1012	506	253	85
78	1063	532	266	89
79	1112	556	278	93
80+	1192	596	298	100

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



## PLAN G - AREA 1 (ZIP 600-608)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3017	1509	755	252
66	3192	1596	798	266
67	3356	1678	839	280
68	3513	1757	879	293
69	3697	1849	925	309
70	3873	1937	969	323
71	4030	2015	1008	336
72	4141	2071	1036	346
73	4252	2126	1063	355
74	4340	2170	1085	362
75	4424	2212	1106	369
76	4486	2243	1122	374
77	4578	2289	1145	382
78	4670	2335	1168	390
79	4758	2379	1190	397
80+	4902	2451	1226	409

Standard		Effective Date: 01/01/2024		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3471	1736	868	290
66	3673	1837	919	307
67	3862	1931	966	322
68	4043	2022	1011	337
69	4255	2128	1064	355
70	4457	2229	1115	372
71	4638	2319	1160	387
72	4766	2383	1192	398
73	4893	2447	1224	408
74	4994	2497	1249	417
75	5091	2546	1273	425
76	5162	2581	1291	431
77	5268	2634	1317	439
78	5373	2687	1344	448
79	5475	2738	1369	457
80+	5641	2821	1411	471

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2624	1312	656	219
66	2776	1388	694	232
67	2920	1460	730	244
68	3056	1528	764	255
69	3216	1608	804	268
70	3369	1685	843	281
71	3506	1753	877	293
72	3602	1801	901	301
73	3699	1850	925	309
74	3775	1888	944	315
75	3848	1924	962	321
76	3902	1951	976	326
77	3982	1991	996	332
78	4062	2031	1016	339
79	4139	2070	1035	345
80+	4264	2132	1066	356

Standard		Effective Date: 01/01/2024		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3017	1509	755	252
66	3192	1596	798	266
67	3356	1678	839	280
68	3513	1757	879	293
69	3697	1849	925	309
70	3873	1937	969	323
71	4030	2015	1008	336
72	4141	2071	1036	346
73	4252	2126	1063	355
74	4340	2170	1085	362
75	4424	2212	1106	369
76	4486	2243	1122	374
77	4578	2289	1145	382
78	4670	2335	1168	390
79	4758	2379	1190	397
80+	4902	2451	1226	409

# PLAN HDG - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	566	283	142	48	
66	613	307	154	52	
67	661	331	166	56	
68	689	345	173	58	
69	722	361	181	61	
70	755	378	189	63	
71	785	393	197	66	
72	826	413	207	69	
73	866	433	217	73	
74	906	453	227	76	
75	943	472	236	79	
76	962	481	241	81	
77	1012	506	253	85	
78	1063	532	266	89	
79	1112	556	278	93	
80+	1192	596	298	100	

Standard		Effective Date: 01/01/2024		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	652	326	163	55	
66	706	353	177	59	
67	760	380	190	64	
68	792	396	198	66	
69	831	416	208	70	
70	868	434	217	73	
71	903	452	226	76	
72	951	476	238	80	
73	996	498	249	83	
74	1043	522	261	87	
75	1085	543	272	91	
76	1107	554	277	93	
77	1164	582	291	97	
78	1223	612	306	102	
79	1280	640	320	107	
80+	1372	686	343	115	

## Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	493	247	124	42	
66	534	267	134	45	
67	575	288	144	48	
68	599	300	150	50	
69	628	314	157	53	
70	656	328	164	55	
71	683	342	171	57	
72	719	360	180	60	
73	753	377	189	63	
74	788	394	197	66	
75	820	410	205	69	
76	837	419	210	70	
77	880	440	220	74	
78	925	463	232	78	
79	968	484	242	81	
80+	1037	519	260	87	

Standard		Effective Date: 01/01/2024		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	566	283	142	48	
66	613	307	154	52	
67	661	331	166	56	
68	689	345	173	58	
69	722	361	181	61	
70	755	378	189	63	
71	785	393	197	66	
72	826	413	207	69	
73	866	433	217	73	
74	906	453	227	76	
75	943	472	236	79	
76	962	481	241	81	
77	1012	506	253	85	
78	1063	532	266	89	
79	1112	556	278	93	
80+	1192	596	298	100	

# PLAN K - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 04/01/2020 Plan Code: P44		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1392	696	348	116
66	1498	749	375	125
67	1588	794	397	133
68	1669	835	418	140
69	1755	878	439	147
70	1858	929	465	155
71	1905	953	477	159
72	1945	973	487	163
73	1987	994	497	166
74	2024	1012	506	169
75	2068	1034	517	173
76	2103	1052	526	176
77	2125	1063	532	178
78	2147	1074	537	179
79	2160	1080	540	180
80+	2201	1101	551	184

Standard		Effective Date: 04/01/2020 Plan Code: P46		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1601	801	401	134
66	1724	862	431	144
67	1827	914	457	153
68	1920	960	480	160
69	2020	1010	505	169
70	2138	1069	535	179
71	2192	1096	548	183
72	2238	1119	560	187
73	2287	1144	572	191
74	2329	1165	583	195
75	2380	1190	595	199
76	2420	1210	605	202
77	2445	1223	612	204
78	2471	1236	618	206
79	2485	1243	622	208
80+	2533	1267	634	212

## Female

Preferred		Effective Date: 04/01/2020 Plan Code: P45		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1211	606	303	101
66	1303	652	326	109
67	1381	691	346	116
68	1451	726	363	121
69	1527	764	382	128
70	1616	808	404	135
71	1657	829	415	139
72	1691	846	423	141
73	1728	864	432	144
74	1761	881	441	147
75	1799	900	450	150
76	1829	915	458	153
77	1848	924	462	154
78	1868	934	467	156
79	1879	940	470	157
80+	1915	958	479	160

Standard		Effective Date: 04/01/2020 Plan Code: P47		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1392	696	348	116
66	1498	749	375	125
67	1588	794	397	133
68	1669	835	418	140
69	1755	878	439	147
70	1858	929	465	155
71	1905	953	477	159
72	1945	973	487	163
73	1987	994	497	166
74	2024	1012	506	169
75	2068	1034	517	173
76	2103	1052	526	176
77	2125	1063	532	178
78	2147	1074	537	179
79	2160	1080	540	180
80+	2201	1101	551	184

# PLAN L - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 04/01/2020		Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1957	979	490	164	
66	2107	1054	527	176	
67	2235	1118	559	187	
68	2348	1174	587	196	
69	2470	1235	618	206	
70	2611	1306	653	218	
71	2684	1342	671	224	
72	2736	1368	684	228	
73	2798	1399	700	234	
74	2847	1424	712	238	
75	2909	1455	728	243	
76	2950	1475	738	246	
77	2986	1493	747	249	
78	3020	1510	755	252	
79	3043	1522	761	254	
80+	3094	1547	774	258	

Standard		Effective Date: 04/01/2020		Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2252	1126	563	188	
66	2425	1213	607	203	
67	2572	1286	643	215	
68	2702	1351	676	226	
69	2843	1422	711	237	
70	3004	1502	751	251	
71	3088	1544	772	258	
72	3149	1575	788	263	
73	3220	1610	805	269	
74	3276	1638	819	273	
75	3347	1674	837	279	
76	3395	1698	849	283	
77	3436	1718	859	287	
78	3475	1738	869	290	
79	3502	1751	876	292	
80+	3560	1780	890	297	

## Female

Preferred		Effective Date: 04/01/2020		Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1702	851	426	142	
66	1833	917	459	153	
67	1944	972	486	162	
68	2043	1022	511	171	
69	2149	1075	538	180	
70	2271	1136	568	190	
71	2334	1167	584	195	
72	2380	1190	595	199	
73	2434	1217	609	203	
74	2477	1239	620	207	
75	2530	1265	633	211	
76	2566	1283	642	214	
77	2598	1299	650	217	
78	2627	1314	657	219	
79	2647	1324	662	221	
80+	2691	1346	673	225	

Standard		Effective Date: 04/01/2020		Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1957	979	490	164	
66	2107	1054	527	176	
67	2235	1118	559	187	
68	2348	1174	587	196	
69	2470	1235	618	206	
70	2611	1306	653	218	
71	2684	1342	671	224	
72	2736	1368	684	228	
73	2798	1399	700	234	
74	2847	1424	712	238	
75	2909	1455	728	243	
76	2950	1475	738	246	
77	2986	1493	747	249	
78	3020	1510	755	252	
79	3043	1522	761	254	
80+	3094	1547	774	258	

# PLAN N - AREA 1 (ZIP 600-608)

## Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2899	1450	725	242	
66	3073	1537	769	257	
67	3237	1619	810	270	
68	3389	1695	848	283	
69	3577	1789	895	299	
70	3752	1876	938	313	
71	3907	1954	977	326	
72	4025	2013	1007	336	
73	4137	2069	1035	345	
74	4230	2115	1058	353	
75	4319	2160	1080	360	
76	4389	2195	1098	366	
77	4489	2245	1123	375	
78	4589	2295	1148	383	
79	4690	2345	1173	391	
80+	4857	2429	1215	405	

Standard		Effective Date: 01/01/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3336	1668	834	278	
66	3536	1768	884	295	
67	3726	1863	932	311	
68	3900	1950	975	325	
69	4117	2059	1030	344	
70	4318	2159	1080	360	
71	4496	2248	1124	375	
72	4631	2316	1158	386	
73	4760	2380	1190	397	
74	4868	2434	1217	406	
75	4970	2485	1243	415	
76	5051	2526	1263	421	
77	5166	2583	1292	431	
78	5281	2641	1321	441	
79	5397	2699	1350	450	
80+	5589	2795	1398	466	

## Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2522	1261	631	211	
66	2673	1337	669	223	
67	2816	1408	704	235	
68	2948	1474	737	246	
69	3112	1556	778	260	
70	3264	1632	816	272	
71	3398	1699	850	284	
72	3501	1751	876	292	
73	3598	1799	900	300	
74	3679	1840	920	307	
75	3756	1878	939	313	
76	3818	1909	955	319	
77	3905	1953	977	326	
78	3992	1996	998	333	
79	4079	2040	1020	340	
80+	4225	2113	1057	353	

Standard		Effective Date: 01/01/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2899	1450	725	242	
66	3073	1537	769	257	
67	3237	1619	810	270	
68	3389	1695	848	283	
69	3577	1789	895	299	
70	3752	1876	938	313	
71	3907	1954	977	326	
72	4025	2013	1007	336	
73	4137	2069	1035	345	
74	4230	2115	1058	353	
75	4319	2160	1080	360	
76	4389	2195	1098	366	
77	4489	2245	1123	375	
78	4589	2295	1148	383	
79	4690	2345	1173	391	
80+	4857	2429	1215	405	

# PLAN A - AREA 2 (ZIP 609-629)

## Male

Preferred		Effective Date: 04/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1735	868	434	145	
66	1823	912	456	152	
67	1902	951	476	159	
68	1973	987	494	165	
69	2048	1024	512	171	
70	2126	1063	532	178	
71	2180	1090	545	182	
72	2208	1104	552	184	
73	2233	1117	559	187	
74	2244	1122	561	187	
75	2256	1128	564	188	
76	2256	1128	564	188	
77	2256	1128	564	188	
78	2256	1128	564	188	
79	2256	1128	564	188	
80+	2256	1128	564	188	

Standard		Effective Date: 04/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1997	999	500	167	
66	2098	1049	525	175	
67	2189	1095	548	183	
68	2271	1136	568	190	
69	2357	1179	590	197	
70	2446	1223	612	204	
71	2509	1255	628	210	
72	2541	1271	636	212	
73	2570	1285	643	215	
74	2583	1292	646	216	
75	2597	1299	650	217	
76	2597	1299	650	217	
77	2597	1299	650	217	
78	2597	1299	650	217	
79	2597	1299	650	217	
80+	2597	1299	650	217	

## Female

Preferred		Effective Date: 04/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1509	755	378	126	
66	1586	793	397	133	
67	1655	828	414	138	
68	1717	859	430	144	
69	1782	891	446	149	
70	1849	925	463	155	
71	1897	949	475	159	
72	1920	960	480	160	
73	1942	971	486	162	
74	1952	976	488	163	
75	1963	982	491	164	
76	1963	982	491	164	
77	1963	982	491	164	
78	1963	982	491	164	
79	1963	982	491	164	
80+	1963	982	491	164	

Standard		Effective Date: 04/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1735	868	434	145	
66	1823	912	456	152	
67	1902	951	476	159	
68	1973	987	494	165	
69	2048	1024	512	171	
70	2126	1063	532	178	
71	2180	1090	545	182	
72	2208	1104	552	184	
73	2233	1117	559	187	
74	2244	1122	561	187	
75	2256	1128	564	188	
76	2256	1128	564	188	
77	2256	1128	564	188	
78	2256	1128	564	188	
79	2256	1128	564	188	
80+	2256	1128	564	188	

## PLAN B - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5AM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2255	1128	564	188
66	2379	1190	595	199
67	2493	1247	624	208
68	2598	1299	650	217
69	2713	1357	679	227
70	2821	1411	706	236
71	2913	1457	729	243
72	2968	1484	742	248
73	3021	1511	756	252
74	3059	1530	765	255
75	3096	1548	774	258
76	3114	1557	779	260
77	3128	1564	782	261
78	3141	1571	786	262
79	3155	1578	789	263
80+	3155	1578	789	263

Standard		Effective Date: 01/01/2024		Plan Code: 5AO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2595	1298	649	217
66	2738	1369	685	229
67	2869	1435	718	240
68	2990	1495	748	250
69	3122	1561	781	261
70	3246	1623	812	271
71	3352	1676	838	280
72	3415	1708	854	285
73	3477	1739	870	290
74	3520	1760	880	294
75	3562	1781	891	297
76	3583	1792	896	299
77	3600	1800	900	300
78	3615	1808	904	302
79	3631	1816	908	303
80+	3631	1816	908	303

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5AN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1962	981	491	164
66	2070	1035	518	173
67	2168	1084	542	181
68	2260	1130	565	189
69	2360	1180	590	197
70	2453	1227	614	205
71	2534	1267	634	212
72	2581	1291	646	216
73	2628	1314	657	219
74	2661	1331	666	222
75	2693	1347	674	225
76	2709	1355	678	226
77	2721	1361	681	227
78	2732	1366	683	228
79	2745	1373	687	229
80+	2745	1373	687	229

Standard		Effective Date: 01/01/2024		Plan Code: 5AP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2255	1128	564	188
66	2379	1190	595	199
67	2493	1247	624	208
68	2598	1299	650	217
69	2713	1357	679	227
70	2821	1411	706	236
71	2913	1457	729	243
72	2968	1484	742	248
73	3021	1511	756	252
74	3059	1530	765	255
75	3096	1548	774	258
76	3114	1557	779	260
77	3128	1564	782	261
78	3141	1571	786	262
79	3155	1578	789	263
80+	3155	1578	789	263

# PLAN C - AREA 2 (ZIP 609-629)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3269	1635	818	273
66	3448	1724	862	288
67	3608	1804	902	301
68	3774	1887	944	315
69	3956	1978	989	330
70	4134	2067	1034	345
71	4295	2148	1074	358
72	4407	2204	1102	368
73	4518	2259	1130	377
74	4606	2303	1152	384
75	4692	2346	1173	391
76	4757	2379	1190	397
77	4850	2425	1213	405
78	4942	2471	1236	412
79	5032	2516	1258	420
80+	5176	2588	1294	432

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3762	1881	941	314
66	3967	1984	992	331
67	4152	2076	1038	346
68	4343	2172	1086	362
69	4552	2276	1138	380
70	4758	2379	1190	397
71	4942	2471	1236	412
72	5072	2536	1268	423
73	5199	2600	1300	434
74	5301	2651	1326	442
75	5399	2700	1350	450
76	5475	2738	1369	457
77	5581	2791	1396	466
78	5687	2844	1422	474
79	5791	2896	1448	483
80+	5957	2979	1490	497

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2844	1422	711	237
66	2999	1500	750	250
67	3138	1569	785	262
68	3283	1642	821	274
69	3441	1721	861	287
70	3596	1798	899	300
71	3736	1868	934	312
72	3834	1917	959	320
73	3930	1965	983	328
74	4007	2004	1002	334
75	4081	2041	1021	341
76	4138	2069	1035	345
77	4219	2110	1055	352
78	4299	2150	1075	359
79	4377	2189	1095	365
80+	4503	2252	1126	376

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3269	1635	818	273
66	3448	1724	862	288
67	3608	1804	902	301
68	3774	1887	944	315
69	3956	1978	989	330
70	4134	2067	1034	345
71	4295	2148	1074	358
72	4407	2204	1102	368
73	4518	2259	1130	377
74	4606	2303	1152	384
75	4692	2346	1173	391
76	4757	2379	1190	397
77	4850	2425	1213	405
78	4942	2471	1236	412
79	5032	2516	1258	420
80+	5176	2588	1294	432

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



## PLAN D - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3073	1537	769	257
66	3250	1625	813	271
67	3420	1710	855	285
68	3581	1791	896	299
69	3768	1884	942	314
70	3949	1975	988	330
71	4108	2054	1027	343
72	4226	2113	1057	353
73	4336	2168	1084	362
74	4427	2214	1107	369
75	4516	2258	1129	377
76	4578	2289	1145	382
77	4670	2335	1168	390
78	4766	2383	1192	398
79	4855	2428	1214	405
80+	5004	2502	1251	417

Standard		Effective Date: 01/01/2024		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3537	1769	885	295
66	3740	1870	935	312
67	3936	1968	984	328
68	4120	2060	1030	344
69	4336	2168	1084	362
70	4544	2272	1136	379
71	4727	2364	1182	394
72	4863	2432	1216	406
73	4990	2495	1248	416
74	5094	2547	1274	425
75	5197	2599	1300	434
76	5268	2634	1317	439
77	5374	2687	1344	448
78	5484	2742	1371	457
79	5587	2794	1397	466
80+	5758	2879	1440	480

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2673	1337	669	223
66	2827	1414	707	236
67	2975	1488	744	248
68	3115	1558	779	260
69	3278	1639	820	274
70	3435	1718	859	287
71	3573	1787	894	298
72	3676	1838	919	307
73	3772	1886	943	315
74	3851	1926	963	321
75	3928	1964	982	328
76	3982	1991	996	332
77	4062	2031	1016	339
78	4145	2073	1037	346
79	4223	2112	1056	352
80+	4353	2177	1089	363

Standard		Effective Date: 01/01/2024		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3073	1537	769	257
66	3250	1625	813	271
67	3420	1710	855	285
68	3581	1791	896	299
69	3768	1884	942	314
70	3949	1975	988	330
71	4108	2054	1027	343
72	4226	2113	1057	353
73	4336	2168	1084	362
74	4427	2214	1107	369
75	4516	2258	1129	377
76	4578	2289	1145	382
77	4670	2335	1168	390
78	4766	2383	1192	398
79	4855	2428	1214	405
80+	5004	2502	1251	417

## PLAN F - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3917	1959	980	327
66	4125	2063	1032	344
67	4320	2160	1080	360
68	4516	2258	1129	377
69	4736	2368	1184	395
70	4945	2473	1237	413
71	5137	2569	1285	429
72	5274	2637	1319	440
73	5402	2701	1351	451
74	5508	2754	1377	459
75	5613	2807	1404	468
76	5686	2843	1422	474
77	5796	2898	1449	483
78	5906	2953	1477	493
79	6015	3008	1504	502
80+	6188	3094	1547	516

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4508	2254	1127	376
66	4747	2374	1187	396
67	4971	2486	1243	415
68	5197	2599	1300	434
69	5450	2725	1363	455
70	5691	2846	1423	475
71	5911	2956	1478	493
72	6069	3035	1518	506
73	6216	3108	1554	518
74	6339	3170	1585	529
75	6459	3230	1615	539
76	6543	3272	1636	546
77	6670	3335	1668	556
78	6796	3398	1699	567
79	6921	3461	1731	577
80+	7121	3561	1781	594

Female				
Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3408	1704	852	284
66	3588	1794	897	299
67	3758	1879	940	314
68	3928	1964	982	328
69	4120	2060	1030	344
70	4302	2151	1076	359
71	4468	2234	1117	373
72	4587	2294	1147	383
73	4699	2350	1175	392
74	4791	2396	1198	400
75	4882	2441	1221	407
76	4946	2473	1237	413
77	5042	2521	1261	421
78	5137	2569	1285	429
79	5232	2616	1308	436
80+	5383	2692	1346	449

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3917	1959	980	327
66	4125	2063	1032	344
67	4320	2160	1080	360
68	4516	2258	1129	377
69	4736	2368	1184	395
70	4945	2473	1237	413
71	5137	2569	1285	429
72	5274	2637	1319	440
73	5402	2701	1351	451
74	5508	2754	1377	459
75	5613	2807	1404	468
76	5686	2843	1422	474
77	5796	2898	1449	483
78	5906	2953	1477	493
79	6015	3008	1504	502
80+	6188	3094	1547	516

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

# PLAN HDF - AREA 2 (ZIP 609-629)

## Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	512	256	128	43
66	555	278	139	47
67	598	299	150	50
68	623	312	156	52
69	653	327	164	55
70	683	342	171	57
71	710	355	178	60
72	748	374	187	63
73	783	392	196	66
74	820	410	205	69
75	853	427	214	72
76	871	436	218	73
77	915	458	229	77
78	962	481	241	81
79	1006	503	252	84
80+	1079	540	270	90

Standard		Effective Date: 01/01/2024 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	590	295	148	50
66	639	320	160	54
67	688	344	172	58
68	717	359	180	60
69	752	376	188	63
70	786	393	197	66
71	817	409	205	69
72	860	430	215	72
73	901	451	226	76
74	943	472	236	79
75	982	491	246	82
76	1002	501	251	84
77	1053	527	264	88
78	1107	554	277	93
79	1158	579	290	97
80+	1241	621	311	104

## Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	446	223	112	38
66	483	242	121	41
67	520	260	130	44
68	542	271	136	46
69	568	284	142	48
70	594	297	149	50
71	618	309	155	52
72	650	325	163	55
73	681	341	171	57
74	713	357	179	60
75	742	371	186	62
76	757	379	190	64
77	796	398	199	67
78	837	419	210	70
79	875	438	219	73
80+	938	469	235	79

Standard		Effective Date: 01/01/2024 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	512	256	128	43
66	555	278	139	47
67	598	299	150	50
68	623	312	156	52
69	653	327	164	55
70	683	342	171	57
71	710	355	178	60
72	748	374	187	63
73	783	392	196	66
74	820	410	205	69
75	853	427	214	72
76	871	436	218	73
77	915	458	229	77
78	962	481	241	81
79	1006	503	252	84
80+	1079	540	270	90

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

## PLAN G - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2729	1365	683	228
66	2888	1444	722	241
67	3037	1519	760	254
68	3179	1590	795	265
69	3345	1673	837	279
70	3504	1752	876	292
71	3646	1823	912	304
72	3747	1874	937	313
73	3847	1924	962	321
74	3927	1964	982	328
75	4003	2002	1001	334
76	4058	2029	1015	339
77	4142	2071	1036	346
78	4225	2113	1057	353
79	4305	2153	1077	359
80+	4435	2218	1109	370

Standard		Effective Date: 01/01/2024		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3141	1571	786	262
66	3323	1662	831	277
67	3494	1747	874	292
68	3658	1829	915	305
69	3849	1925	963	321
70	4033	2017	1009	337
71	4196	2098	1049	350
72	4312	2156	1078	360
73	4427	2214	1107	369
74	4518	2259	1130	377
75	4606	2303	1152	384
76	4670	2335	1168	390
77	4766	2383	1192	398
78	4862	2431	1216	406
79	4954	2477	1239	413
80+	5103	2552	1276	426

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2374	1187	594	198
66	2512	1256	628	210
67	2641	1321	661	221
68	2765	1383	692	231
69	2910	1455	728	243
70	3048	1524	762	254
71	3172	1586	793	265
72	3259	1630	815	272
73	3347	1674	837	279
74	3415	1708	854	285
75	3482	1741	871	291
76	3530	1765	883	295
77	3603	1802	901	301
78	3675	1838	919	307
79	3745	1873	937	313
80+	3858	1929	965	322

Standard		Effective Date: 01/01/2024		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2729	1365	683	228
66	2888	1444	722	241
67	3037	1519	760	254
68	3179	1590	795	265
69	3345	1673	837	279
70	3504	1752	876	292
71	3646	1823	912	304
72	3747	1874	937	313
73	3847	1924	962	321
74	3927	1964	982	328
75	4003	2002	1001	334
76	4058	2029	1015	339
77	4142	2071	1036	346
78	4225	2113	1057	353
79	4305	2153	1077	359
80+	4435	2218	1109	370

## PLAN HDG - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	512	256	128	43
66	555	278	139	47
67	598	299	150	50
68	623	312	156	52
69	653	327	164	55
70	683	342	171	57
71	710	355	178	60
72	748	374	187	63
73	783	392	196	66
74	820	410	205	69
75	853	427	214	72
76	871	436	218	73
77	915	458	229	77
78	962	481	241	81
79	1006	503	252	84
80+	1079	540	270	90

Standard		Effective Date: 01/01/2024		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	590	295	148	50
66	639	320	160	54
67	688	344	172	58
68	717	359	180	60
69	752	376	188	63
70	786	393	197	66
71	817	409	205	69
72	860	430	215	72
73	901	451	226	76
74	943	472	236	79
75	982	491	246	82
76	1002	501	251	84
77	1053	527	264	88
78	1107	554	277	93
79	1158	579	290	97
80+	1241	621	311	104

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	446	223	112	38
66	483	242	121	41
67	520	260	130	44
68	542	271	136	46
69	568	284	142	48
70	594	297	149	50
71	618	309	155	52
72	650	325	163	55
73	681	341	171	57
74	713	357	179	60
75	742	371	186	62
76	757	379	190	64
77	796	398	199	67
78	837	419	210	70
79	875	438	219	73
80+	938	469	235	79

Standard		Effective Date: 01/01/2024		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	512	256	128	43
66	555	278	139	47
67	598	299	150	50
68	623	312	156	52
69	653	327	164	55
70	683	342	171	57
71	710	355	178	60
72	748	374	187	63
73	783	392	196	66
74	820	410	205	69
75	853	427	214	72
76	871	436	218	73
77	915	458	229	77
78	962	481	241	81
79	1006	503	252	84
80+	1079	540	270	90

# PLAN K - AREA 2 (ZIP 609-629)

## Male

Preferred		Effective Date: 04/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1259	630	315	105	
66	1356	678	339	113	
67	1437	719	360	120	
68	1510	755	378	126	
69	1588	794	397	133	
70	1681	841	421	141	
71	1724	862	431	144	
72	1759	880	440	147	
73	1798	899	450	150	
74	1831	916	458	153	
75	1871	936	468	156	
76	1902	951	476	159	
77	1923	962	481	161	
78	1943	972	486	162	
79	1954	977	489	163	
80+	1992	996	498	166	

Standard		Effective Date: 04/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1449	725	363	121	
66	1560	780	390	130	
67	1653	827	414	138	
68	1737	869	435	145	
69	1827	914	457	153	
70	1935	968	484	162	
71	1984	992	496	166	
72	2025	1013	507	169	
73	2069	1035	518	173	
74	2107	1054	527	176	
75	2153	1077	539	180	
76	2189	1095	548	183	
77	2213	1107	554	185	
78	2236	1118	559	187	
79	2249	1125	563	188	
80+	2292	1146	573	191	

## Female

Preferred		Effective Date: 04/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1095	548	274	92	
66	1179	590	295	99	
67	1250	625	313	105	
68	1313	657	329	110	
69	1381	691	346	116	
70	1462	731	366	122	
71	1499	750	375	125	
72	1530	765	383	128	
73	1564	782	391	131	
74	1593	797	399	133	
75	1627	814	407	136	
76	1655	828	414	138	
77	1672	836	418	140	
78	1690	845	423	141	
79	1700	850	425	142	
80+	1732	866	433	145	

Standard		Effective Date: 04/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1259	630	315	105	
66	1356	678	339	113	
67	1437	719	360	120	
68	1510	755	378	126	
69	1588	794	397	133	
70	1681	841	421	141	
71	1724	862	431	144	
72	1759	880	440	147	
73	1798	899	450	150	
74	1831	916	458	153	
75	1871	936	468	156	
76	1902	951	476	159	
77	1923	962	481	161	
78	1943	972	486	162	
79	1954	977	489	163	
80+	1992	996	498	166	

## PLAN L - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 04/01/2020		Plan Code: P60
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1770	885	443	148
66	1906	953	477	159
67	2022	1011	506	169
68	2125	1063	532	178
69	2235	1118	559	187
70	2362	1181	591	197
71	2428	1214	607	203
72	2476	1238	619	207
73	2531	1266	633	211
74	2576	1288	644	215
75	2632	1316	658	220
76	2669	1335	668	223
77	2702	1351	676	226
78	2732	1366	683	228
79	2754	1377	689	230
80+	2799	1400	700	234

Standard		Effective Date: 04/01/2020		Plan Code: P62
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2037	1019	510	170
66	2194	1097	549	183
67	2327	1164	582	194
68	2445	1223	612	204
69	2572	1286	643	215
70	2718	1359	680	227
71	2794	1397	699	233
72	2849	1425	713	238
73	2913	1457	729	243
74	2964	1482	741	247
75	3029	1515	758	253
76	3072	1536	768	256
77	3109	1555	778	260
78	3144	1572	786	262
79	3169	1585	793	265
80+	3221	1611	806	269

Female				
Preferred		Effective Date: 04/01/2020		Plan Code: P61
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1540	770	385	129
66	1658	829	415	139
67	1759	880	440	147
68	1848	924	462	154
69	1944	972	486	162
70	2055	1028	514	172
71	2112	1056	528	176
72	2153	1077	539	180
73	2202	1101	551	184
74	2241	1121	561	187
75	2289	1145	573	191
76	2322	1161	581	194
77	2350	1175	588	196
78	2377	1189	595	199
79	2395	1198	599	200
80+	2435	1218	609	203

Standard		Effective Date: 04/01/2020		Plan Code: P63
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1770	885	443	148
66	1906	953	477	159
67	2022	1011	506	169
68	2125	1063	532	178
69	2235	1118	559	187
70	2362	1181	591	197
71	2428	1214	607	203
72	2476	1238	619	207
73	2531	1266	633	211
74	2576	1288	644	215
75	2632	1316	658	220
76	2669	1335	668	223
77	2702	1351	676	226
78	2732	1366	683	228
79	2754	1377	689	230
80+	2799	1400	700	234

## PLAN N - AREA 2 (ZIP 609-629)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2623	1312	656	219
66	2780	1390	695	232
67	2929	1465	733	245
68	3066	1533	767	256
69	3237	1619	810	270
70	3395	1698	849	283
71	3535	1768	884	295
72	3641	1821	911	304
73	3743	1872	936	312
74	3827	1914	957	319
75	3907	1954	977	326
76	3971	1986	993	331
77	4061	2031	1016	339
78	4152	2076	1038	346
79	4243	2122	1061	354
80+	4394	2197	1099	367

Standard		Effective Date: 01/01/2024		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3018	1509	755	252
66	3199	1600	800	267
67	3371	1686	843	281
68	3528	1764	882	294
69	3724	1862	931	311
70	3907	1954	977	326
71	4068	2034	1017	339
72	4190	2095	1048	350
73	4307	2154	1077	359
74	4404	2202	1101	367
75	4496	2248	1124	375
76	4570	2285	1143	381
77	4674	2337	1169	390
78	4778	2389	1195	399
79	4883	2442	1221	407
80+	5057	2529	1265	422

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2281	1141	571	191
66	2418	1209	605	202
67	2548	1274	637	213
68	2667	1334	667	223
69	2815	1408	704	235
70	2953	1477	739	247
71	3075	1538	769	257
72	3167	1584	792	264
73	3256	1628	814	272
74	3329	1665	833	278
75	3399	1700	850	284
76	3454	1727	864	288
77	3533	1767	884	295
78	3611	1806	903	301
79	3691	1846	923	308
80+	3822	1911	956	319

Standard		Effective Date: 01/01/2024		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2623	1312	656	219
66	2780	1390	695	232
67	2929	1465	733	245
68	3066	1533	767	256
69	3237	1619	810	270
70	3395	1698	849	283
71	3535	1768	884	295
72	3641	1821	911	304
73	3743	1872	936	312
74	3827	1914	957	319
75	3907	1954	977	326
76	3971	1986	993	331
77	4061	2031	1016	339
78	4152	2076	1038	346
79	4243	2122	1061	354
80+	4394	2197	1099	367



## PLAN A

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

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

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

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

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

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

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

**PARTS A & B**

<b>HOME HEALTH CARE</b> – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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**PLAN B**  
**MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

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

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

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

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

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

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

**PARTS A & B**

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

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

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

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

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

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

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

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

**PARTS A & B**

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

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

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

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

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

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

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

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

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

**PARTS A & B**

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

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

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

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

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

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

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

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

**PARTS A & B**

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

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

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

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

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

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

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

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

**PARTS A & B**

<b>HOME HEALTH CARE</b> – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts*	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**

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

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

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
<b>HOSPITALIZATION**</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1632	\$816 (50% of Part A Deductible)	\$816 (50% of Part A Deductible) ♦
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE**</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$102 a day (50% of Part A Coinsurance)	Up to \$102 a day (50% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	50%	50% ♦
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance	50% of copayment/coinsurance ♦

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

## PLAN K

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts **** Preventive Benefits for Medicare-Covered Services  Remainder of Medicare-Approved Amounts	\$0 Generally 80% or more of Medicare-approved amounts Generally 80%	\$0 Remainder of Medicare-approved amounts Generally 10%	\$240 (Part B Deductible) **** ♦ All costs above Medicare-approved amounts  Generally 10% ♦
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$7060)*
<b>BLOOD</b> First 3 pints Next \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$240 (Part B Deductible) **** ♦ Generally 10% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts ***** Remainder of Medicare-Approved Amounts	100%   \$0 80%	\$0   \$0 10%	\$0   \$240 (Part B Deductible) ♦ 10% ♦
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\* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$7060 per year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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



## PLAN L

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

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
<b>HOSPITALIZATION**</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1224 (75% of Part A Deductible)	\$408 (25% of Part A Deductible) ♦
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE**</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$153 a day (75% of Part A Coinsurance)	Up to \$51 a day (25% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	75%	25% ♦
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

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

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts **** Preventive Benefits for Medicare-Covered Services  Remainder of Medicare-Approved Amounts	\$0 Generally 80% or more of Medicare-approved amounts Generally 80%	\$0 Remainder of Medicare-approved amounts Generally 15%	\$240 (Part B Deductible) **** ♦ All costs above Medicare-approved amounts  Generally 5% ♦
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3530)*
<b>BLOOD</b> First 3 pints Next \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$240 (Part B Deductible) **** ♦ Generally 5% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts ***** Remainder of Medicare-Approved Amounts	100%  \$0 80%	\$0  \$0 15%	\$0  \$240 (Part B Deductible) ♦ 5% ♦
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\* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$3530 per year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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



**PLAN N**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

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

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

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

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

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

**PARTS A & B**

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

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