

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 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

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 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.

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 480-485)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1941	971	486	162	
66	2036	1018	509	170	
67	2119	1060	530	177	
68	2183	1092	546	182	
69	2269	1135	568	190	
70	2345	1173	587	196	
71	2401	1201	601	201	
72	2424	1212	606	202	
73	2453	1227	614	205	
74	2471	1236	618	206	
75	2491	1246	623	208	
76	2493	1247	624	208	
77	2493	1247	624	208	
78	2493	1247	624	208	
79	2493	1247	624	208	
80+	2493	1247	624	208	

Standard		Effective Date: 01/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2233	1117	559	187	
66	2343	1172	586	196	
67	2439	1220	610	204	
68	2512	1256	628	210	
69	2611	1306	653	218	
70	2698	1349	675	225	
71	2763	1382	691	231	
72	2789	1395	698	233	
73	2823	1412	706	236	
74	2843	1422	711	237	
75	2866	1433	717	239	
76	2869	1435	718	240	
77	2869	1435	718	240	
78	2869	1435	718	240	
79	2869	1435	718	240	
80+	2869	1435	718	240	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1688	844	422	141	
66	1771	886	443	148	
67	1844	922	461	154	
68	1899	950	475	159	
69	1973	987	494	165	
70	2040	1020	510	170	
71	2089	1045	523	175	
72	2108	1054	527	176	
73	2134	1067	534	178	
74	2149	1075	538	180	
75	2166	1083	542	181	
76	2168	1084	542	181	
77	2168	1084	542	181	
78	2168	1084	542	181	
79	2168	1084	542	181	
80+	2168	1084	542	181	

Standard		Effective Date: 01/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1941	971	486	162	
66	2036	1018	509	170	
67	2119	1060	530	177	
68	2183	1092	546	182	
69	2269	1135	568	190	
70	2345	1173	587	196	
71	2401	1201	601	201	
72	2424	1212	606	202	
73	2453	1227	614	205	
74	2471	1236	618	206	
75	2491	1246	623	208	
76	2493	1247	624	208	
77	2493	1247	624	208	
78	2493	1247	624	208	
79	2493	1247	624	208	
80+	2493	1247	624	208	

PLAN B - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2021		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2381	1191	596	199	
66	2508	1254	627	209	
67	2621	1311	656	219	
68	2715	1358	679	227	
69	2835	1418	709	237	
70	2944	1472	736	246	
71	3027	1514	757	253	
72	3077	1539	770	257	
73	3136	1568	784	262	
74	3179	1590	795	265	
75	3222	1611	806	269	
76	3251	1626	813	271	
77	3258	1629	815	272	
78	3264	1632	816	272	
79	3272	1636	818	273	
80+	3272	1636	818	273	

Standard		Effective Date: 01/01/2021		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2740	1370	685	229	
66	2886	1443	722	241	
67	3016	1508	754	252	
68	3124	1562	781	261	
69	3262	1631	816	272	
70	3388	1694	847	283	
71	3484	1742	871	291	
72	3541	1771	886	296	
73	3608	1804	902	301	
74	3658	1829	915	305	
75	3708	1854	927	309	
76	3741	1871	936	312	
77	3749	1875	938	313	
78	3756	1878	939	313	
79	3765	1883	942	314	
80+	3765	1883	942	314	

Female

Preferred		Effective Date: 01/01/2021		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2071	1036	518	173	
66	2182	1091	546	182	
67	2280	1140	570	190	
68	2362	1181	591	197	
69	2466	1233	617	206	
70	2561	1281	641	214	
71	2633	1317	659	220	
72	2676	1338	669	223	
73	2727	1364	682	228	
74	2765	1383	692	231	
75	2803	1402	701	234	
76	2828	1414	707	236	
77	2834	1417	709	237	
78	2839	1420	710	237	
79	2846	1423	712	238	
80+	2846	1423	712	238	

Standard		Effective Date: 01/01/2021		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2381	1191	596	199	
66	2508	1254	627	209	
67	2621	1311	656	219	
68	2715	1358	679	227	
69	2835	1418	709	237	
70	2944	1472	736	246	
71	3027	1514	757	253	
72	3077	1539	770	257	
73	3136	1568	784	262	
74	3179	1590	795	265	
75	3222	1611	806	269	
76	3251	1626	813	271	
77	3258	1629	815	272	
78	3264	1632	816	272	
79	3272	1636	818	273	
80+	3272	1636	818	273	

PLAN C - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3570	1785	893	298
66	3759	1880	940	314
67	3930	1965	983	328
68	4077	2039	1020	340
69	4275	2138	1069	357
70	4460	2230	1115	372
71	4611	2306	1153	385
72	4725	2363	1182	394
73	4845	2423	1212	404
74	4942	2471	1236	412
75	5035	2518	1259	420
76	5110	2555	1278	426
77	5197	2599	1300	434
78	5285	2643	1322	441
79	5372	2686	1343	448
80+	5509	2755	1378	460

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4108	2054	1027	343
66	4326	2163	1082	361
67	4522	2261	1131	377
68	4691	2346	1173	391
69	4920	2460	1230	410
70	5132	2566	1283	428
71	5306	2653	1327	443
72	5437	2719	1360	454
73	5575	2788	1394	465
74	5687	2844	1422	474
75	5794	2897	1449	483
76	5881	2941	1471	491
77	5981	2991	1496	499
78	6082	3041	1521	507
79	6182	3091	1546	516
80+	6339	3170	1585	529

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3106	1553	777	259
66	3270	1635	818	273
67	3418	1709	855	285
68	3546	1773	887	296
69	3719	1860	930	310
70	3879	1940	970	324
71	4011	2006	1003	335
72	4110	2055	1028	343
73	4214	2107	1054	352
74	4299	2150	1075	359
75	4380	2190	1095	365
76	4445	2223	1112	371
77	4521	2261	1131	377
78	4598	2299	1150	384
79	4673	2337	1169	390
80+	4792	2396	1198	400

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3570	1785	893	298
66	3759	1880	940	314
67	3930	1965	983	328
68	4077	2039	1020	340
69	4275	2138	1069	357
70	4460	2230	1115	372
71	4611	2306	1153	385
72	4725	2363	1182	394
73	4845	2423	1212	404
74	4942	2471	1236	412
75	5035	2518	1259	420
76	5110	2555	1278	426
77	5197	2599	1300	434
78	5285	2643	1322	441
79	5372	2686	1343	448
80+	5509	2755	1378	460

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

PLAN D - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3338	1669	835	279	
66	3527	1764	882	294	
67	3698	1849	925	309	
68	3852	1926	963	321	
69	4051	2026	1013	338	
70	4242	2121	1061	354	
71	4394	2197	1099	367	
72	4509	2255	1128	376	
73	4630	2315	1158	386	
74	4730	2365	1183	395	
75	4825	2413	1207	403	
76	4899	2450	1225	409	
77	4989	2495	1248	416	
78	5077	2539	1270	424	
79	5163	2582	1291	431	
80+	5302	2651	1326	442	

Standard		Effective Date: 01/01/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3841	1921	961	321	
66	4058	2029	1015	339	
67	4256	2128	1064	355	
68	4433	2217	1109	370	
69	4661	2331	1166	389	
70	4882	2441	1221	407	
71	5056	2528	1264	422	
72	5189	2595	1298	433	
73	5328	2664	1332	444	
74	5443	2722	1361	454	
75	5552	2776	1388	463	
76	5637	2819	1410	470	
77	5742	2871	1436	479	
78	5843	2922	1461	487	
79	5942	2971	1486	496	
80+	6101	3051	1526	509	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2903	1452	726	242	
66	3068	1534	767	256	
67	3217	1609	805	269	
68	3351	1676	838	280	
69	3524	1762	881	294	
70	3690	1845	923	308	
71	3822	1911	956	319	
72	3922	1961	981	327	
73	4027	2014	1007	336	
74	4114	2057	1029	343	
75	4197	2099	1050	350	
76	4261	2131	1066	356	
77	4340	2170	1085	362	
78	4417	2209	1105	369	
79	4491	2246	1123	375	
80+	4612	2306	1153	385	

Standard		Effective Date: 01/01/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3338	1669	835	279	
66	3527	1764	882	294	
67	3698	1849	925	309	
68	3852	1926	963	321	
69	4051	2026	1013	338	
70	4242	2121	1061	354	
71	4394	2197	1099	367	
72	4509	2255	1128	376	
73	4630	2315	1158	386	
74	4730	2365	1183	395	
75	4825	2413	1207	403	
76	4899	2450	1225	409	
77	4989	2495	1248	416	
78	5077	2539	1270	424	
79	5163	2582	1291	431	
80+	5302	2651	1326	442	

PLAN F - AREA 1 (ZIP 480-485)

Male				
Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3961	1981	991	331
66	4160	2080	1040	347
67	4349	2175	1088	363
68	4514	2257	1129	377
69	4733	2367	1184	395
70	4940	2470	1235	412
71	5103	2552	1276	426
72	5229	2615	1308	436
73	5359	2680	1340	447
74	5466	2733	1367	456
75	5571	2786	1393	465
76	5654	2827	1414	472
77	5747	2874	1437	479
78	5845	2923	1462	488
79	5942	2971	1486	496
80+	6088	3044	1522	508

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4559	2280	1140	380
66	4787	2394	1197	399
67	5005	2503	1252	418
68	5194	2597	1299	433
69	5447	2724	1362	454
70	5685	2843	1422	474
71	5873	2937	1469	490
72	6017	3009	1505	502
73	6167	3084	1542	514
74	6290	3145	1573	525
75	6411	3206	1603	535
76	6507	3254	1627	543
77	6613	3307	1654	552
78	6726	3363	1682	561
79	6838	3419	1710	570
80+	7006	3503	1752	584

Female				
Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3446	1723	862	288
66	3619	1810	905	302
67	3783	1892	946	316
68	3926	1963	982	328
69	4117	2059	1030	344
70	4297	2149	1075	359
71	4439	2220	1110	370
72	4548	2274	1137	379
73	4662	2331	1166	389
74	4755	2378	1189	397
75	4846	2423	1212	404
76	4918	2459	1230	410
77	4999	2500	1250	417
78	5084	2542	1271	424
79	5169	2585	1293	431
80+	5295	2648	1324	442

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3961	1981	991	331
66	4160	2080	1040	347
67	4349	2175	1088	363
68	4514	2257	1129	377
69	4733	2367	1184	395
70	4940	2470	1235	412
71	5103	2552	1276	426
72	5229	2615	1308	436
73	5359	2680	1340	447
74	5466	2733	1367	456
75	5571	2786	1393	465
76	5654	2827	1414	472
77	5747	2874	1437	479
78	5845	2923	1462	488
79	5942	2971	1486	496
80+	6088	3044	1522	508

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

PLAN HDF - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	543	272	136	46
66	585	293	147	49
67	629	315	158	53
68	653	327	164	55
69	681	341	171	57
70	713	357	179	60
71	735	368	184	62
72	773	387	194	65
73	814	407	204	68
74	852	426	213	71
75	887	444	222	74
76	901	451	226	76
77	913	457	229	77
78	929	465	233	78
79	946	473	237	79
80+	974	487	244	82

Standard		Effective Date: 01/01/2024 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	625	313	157	53
66	673	337	169	57
67	723	362	181	61
68	752	376	188	63
69	784	392	196	66
70	821	411	206	69
71	846	423	212	71
72	890	445	223	75
73	937	469	235	79
74	980	490	245	82
75	1021	511	256	86
76	1037	519	260	87
77	1050	525	263	88
78	1069	535	268	90
79	1088	544	272	91
80+	1121	561	281	94

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	472	236	118	40
66	509	255	128	43
67	547	274	137	46
68	568	284	142	48
69	593	297	149	50
70	620	310	155	52
71	640	320	160	54
72	672	336	168	56
73	708	354	177	59
74	741	371	186	62
75	772	386	193	65
76	784	392	196	66
77	794	397	199	67
78	808	404	202	68
79	823	412	206	69
80+	847	424	212	71

Standard		Effective Date: 01/01/2024 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	543	272	136	46
66	585	293	147	49
67	629	315	158	53
68	653	327	164	55
69	681	341	171	57
70	713	357	179	60
71	735	368	184	62
72	773	387	194	65
73	814	407	204	68
74	852	426	213	71
75	887	444	222	74
76	901	451	226	76
77	913	457	229	77
78	929	465	233	78
79	946	473	237	79
80+	974	487	244	82

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

PLAN G - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2764	1382	691	231	
66	2922	1461	731	244	
67	3065	1533	767	256	
68	3190	1595	798	266	
69	3355	1678	839	280	
70	3510	1755	878	293	
71	3636	1818	909	303	
72	3731	1866	933	311	
73	3829	1915	958	320	
74	3911	1956	978	326	
75	3990	1995	998	333	
76	4052	2026	1013	338	
77	4124	2062	1031	344	
78	4196	2098	1049	350	
79	4269	2135	1068	356	
80+	4383	2192	1096	366	

Standard		Effective Date: 01/01/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3181	1591	796	266	
66	3362	1681	841	281	
67	3527	1764	882	294	
68	3670	1835	918	306	
69	3861	1931	966	322	
70	4039	2020	1010	337	
71	4184	2092	1046	349	
72	4294	2147	1074	358	
73	4406	2203	1102	368	
74	4500	2250	1125	375	
75	4591	2296	1148	383	
76	4663	2332	1166	389	
77	4745	2373	1187	396	
78	4829	2415	1208	403	
79	4913	2457	1229	410	
80+	5044	2522	1261	421	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2405	1203	602	201	
66	2541	1271	636	212	
67	2666	1333	667	223	
68	2774	1387	694	232	
69	2919	1460	730	244	
70	3053	1527	764	255	
71	3163	1582	791	264	
72	3246	1623	812	271	
73	3330	1665	833	278	
74	3402	1701	851	284	
75	3470	1735	868	290	
76	3525	1763	882	294	
77	3587	1794	897	299	
78	3650	1825	913	305	
79	3714	1857	929	310	
80+	3813	1907	954	318	

Standard		Effective Date: 01/01/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2764	1382	691	231	
66	2922	1461	731	244	
67	3065	1533	767	256	
68	3190	1595	798	266	
69	3355	1678	839	280	
70	3510	1755	878	293	
71	3636	1818	909	303	
72	3731	1866	933	311	
73	3829	1915	958	320	
74	3911	1956	978	326	
75	3990	1995	998	333	
76	4052	2026	1013	338	
77	4124	2062	1031	344	
78	4196	2098	1049	350	
79	4269	2135	1068	356	
80+	4383	2192	1096	366	

PLAN HDG - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5HO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	543	272	136	46
66	585	293	147	49
67	629	315	158	53
68	653	327	164	55
69	681	341	171	57
70	713	357	179	60
71	735	368	184	62
72	773	387	194	65
73	814	407	204	68
74	852	426	213	71
75	887	444	222	74
76	901	451	226	76
77	913	457	229	77
78	929	465	233	78
79	946	473	237	79
80+	974	487	244	82

Standard		Effective Date: 01/01/2024 Plan Code: 5HQ		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	625	313	157	53
66	673	337	169	57
67	723	362	181	61
68	752	376	188	63
69	784	392	196	66
70	821	411	206	69
71	846	423	212	71
72	890	445	223	75
73	937	469	235	79
74	980	490	245	82
75	1021	511	256	86
76	1037	519	260	87
77	1050	525	263	88
78	1069	535	268	90
79	1088	544	272	91
80+	1121	561	281	94

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5HP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	472	236	118	40
66	509	255	128	43
67	547	274	137	46
68	568	284	142	48
69	593	297	149	50
70	620	310	155	52
71	640	320	160	54
72	672	336	168	56
73	708	354	177	59
74	741	371	186	62
75	772	386	193	65
76	784	392	196	66
77	794	397	199	67
78	808	404	202	68
79	823	412	206	69
80+	847	424	212	71

Standard		Effective Date: 01/01/2024 Plan Code: 5HR		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	543	272	136	46
66	585	293	147	49
67	629	315	158	53
68	653	327	164	55
69	681	341	171	57
70	713	357	179	60
71	735	368	184	62
72	773	387	194	65
73	814	407	204	68
74	852	426	213	71
75	887	444	222	74
76	901	451	226	76
77	913	457	229	77
78	929	465	233	78
79	946	473	237	79
80+	974	487	244	82

PLAN K - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1445	723	362	121	
66	1552	776	388	130	
67	1648	824	412	138	
68	1728	864	432	144	
69	1819	910	455	152	
70	1923	962	481	161	
71	1975	988	494	165	
72	2014	1007	504	168	
73	2056	1028	514	172	
74	2089	1045	523	175	
75	2137	1069	535	179	
76	2165	1083	542	181	
77	2182	1091	546	182	
78	2198	1099	550	184	
79	2216	1108	554	185	
80+	2240	1120	560	187	

Standard		Effective Date: 01/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1663	832	416	139	
66	1786	893	447	149	
67	1897	949	475	159	
68	1989	995	498	166	
69	2093	1047	524	175	
70	2213	1107	554	185	
71	2273	1137	569	190	
72	2317	1159	580	194	
73	2366	1183	592	198	
74	2404	1202	601	201	
75	2459	1230	615	205	
76	2492	1246	623	208	
77	2510	1255	628	210	
78	2529	1265	633	211	
79	2550	1275	638	213	
80+	2578	1289	645	215	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1257	629	315	105	
66	1350	675	338	113	
67	1434	717	359	120	
68	1503	752	376	126	
69	1582	791	396	132	
70	1673	837	419	140	
71	1718	859	430	144	
72	1752	876	438	146	
73	1788	894	447	149	
74	1817	909	455	152	
75	1859	930	465	155	
76	1883	942	471	157	
77	1898	949	475	159	
78	1912	956	478	160	
79	1927	964	482	161	
80+	1949	975	488	163	

Standard		Effective Date: 01/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1445	723	362	121	
66	1552	776	388	130	
67	1648	824	412	138	
68	1728	864	432	144	
69	1819	910	455	152	
70	1923	962	481	161	
71	1975	988	494	165	
72	2014	1007	504	168	
73	2056	1028	514	172	
74	2089	1045	523	175	
75	2137	1069	535	179	
76	2165	1083	542	181	
77	2182	1091	546	182	
78	2198	1099	550	184	
79	2216	1108	554	185	
80+	2240	1120	560	187	

PLAN L - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2029	1015	508	170	
66	2184	1092	546	182	
67	2318	1159	580	194	
68	2437	1219	610	204	
69	2565	1283	642	214	
70	2706	1353	677	226	
71	2784	1392	696	232	
72	2836	1418	709	237	
73	2898	1449	725	242	
74	2945	1473	737	246	
75	3003	1502	751	251	
76	3046	1523	762	254	
77	3072	1536	768	256	
78	3098	1549	775	259	
79	3120	1560	780	260	
80+	3156	1578	789	263	

Standard		Effective Date: 01/01/2020		Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2335	1168	584	195	
66	2513	1257	629	210	
67	2667	1334	667	223	
68	2804	1402	701	234	
69	2951	1476	738	246	
70	3113	1557	779	260	
71	3204	1602	801	267	
72	3263	1632	816	272	
73	3335	1668	834	278	
74	3389	1695	848	283	
75	3455	1728	864	288	
76	3505	1753	877	293	
77	3535	1768	884	295	
78	3565	1783	892	298	
79	3591	1796	898	300	
80+	3631	1816	908	303	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1765	883	442	148	
66	1900	950	475	159	
67	2016	1008	504	168	
68	2119	1060	530	177	
69	2231	1116	558	186	
70	2353	1177	589	197	
71	2422	1211	606	202	
72	2467	1234	617	206	
73	2521	1261	631	211	
74	2562	1281	641	214	
75	2612	1306	653	218	
76	2650	1325	663	221	
77	2672	1336	668	223	
78	2695	1348	674	225	
79	2714	1357	679	227	
80+	2745	1373	687	229	

Standard		Effective Date: 01/01/2020		Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2029	1015	508	170	
66	2184	1092	546	182	
67	2318	1159	580	194	
68	2437	1219	610	204	
69	2565	1283	642	214	
70	2706	1353	677	226	
71	2784	1392	696	232	
72	2836	1418	709	237	
73	2898	1449	725	242	
74	2945	1473	737	246	
75	3003	1502	751	251	
76	3046	1523	762	254	
77	3072	1536	768	256	
78	3098	1549	775	259	
79	3120	1560	780	260	
80+	3156	1578	789	263	

PLAN N - AREA 1 (ZIP 480-485)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3002	1501	751	251	
66	3179	1590	795	265	
67	3336	1668	834	278	
68	3476	1738	869	290	
69	3661	1831	916	306	
70	3839	1920	960	320	
71	3981	1991	996	332	
72	4093	2047	1024	342	
73	4206	2103	1052	351	
74	4306	2153	1077	359	
75	4397	2199	1100	367	
76	4470	2235	1118	373	
77	4562	2281	1141	381	
78	4657	2329	1165	389	
79	4750	2375	1188	396	
80+	4899	2450	1225	409	

Standard		Effective Date: 01/01/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3454	1727	864	288	
66	3658	1829	915	305	
67	3839	1920	960	320	
68	4000	2000	1000	334	
69	4213	2107	1054	352	
70	4418	2209	1105	369	
71	4582	2291	1146	382	
72	4710	2355	1178	393	
73	4840	2420	1210	404	
74	4955	2478	1239	413	
75	5060	2530	1265	422	
76	5144	2572	1286	429	
77	5249	2625	1313	438	
78	5359	2680	1340	447	
79	5466	2733	1367	456	
80+	5637	2819	1410	470	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2611	1306	653	218	
66	2765	1383	692	231	
67	2902	1451	726	242	
68	3024	1512	756	252	
69	3184	1592	796	266	
70	3340	1670	835	279	
71	3463	1732	866	289	
72	3560	1780	890	297	
73	3658	1829	915	305	
74	3745	1873	937	313	
75	3825	1913	957	319	
76	3888	1944	972	324	
77	3968	1984	992	331	
78	4051	2026	1013	338	
79	4132	2066	1033	345	
80+	4261	2131	1066	356	

Standard		Effective Date: 01/01/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3002	1501	751	251	
66	3179	1590	795	265	
67	3336	1668	834	278	
68	3476	1738	869	290	
69	3661	1831	916	306	
70	3839	1920	960	320	
71	3981	1991	996	332	
72	4093	2047	1024	342	
73	4206	2103	1052	351	
74	4306	2153	1077	359	
75	4397	2199	1100	367	
76	4470	2235	1118	373	
77	4562	2281	1141	381	
78	4657	2329	1165	389	
79	4750	2375	1188	396	
80+	4899	2450	1225	409	

PLAN A - AREA 2 (ZIP 486-489)

Male				
Preferred		Effective Date: 01/01/2020		Plan Code: 5A4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1853	927	464	155
66	1943	972	486	162
67	2023	1012	506	169
68	2084	1042	521	174
69	2165	1083	542	181
70	2238	1119	560	187
71	2292	1146	573	191
72	2313	1157	579	193
73	2341	1171	586	196
74	2358	1179	590	197
75	2377	1189	595	199
76	2380	1190	595	199
77	2380	1190	595	199
78	2380	1190	595	199
79	2380	1190	595	199
80+	2380	1190	595	199

Standard		Effective Date: 01/01/2020		Plan Code: 5A6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2132	1066	533	178
66	2236	1118	559	187
67	2328	1164	582	194
68	2398	1199	600	200
69	2492	1246	623	208
70	2576	1288	644	215
71	2638	1319	660	220
72	2662	1331	666	222
73	2694	1347	674	225
74	2714	1357	679	227
75	2736	1368	684	228
76	2738	1369	685	229
77	2738	1369	685	229
78	2738	1369	685	229
79	2738	1369	685	229
80+	2738	1369	685	229

Female				
Preferred		Effective Date: 01/01/2020		Plan Code: 5A5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1611	806	403	135
66	1690	845	423	141
67	1760	880	440	147
68	1812	906	453	151
69	1884	942	471	157
70	1947	974	487	163
71	1994	997	499	167
72	2012	1006	503	168
73	2037	1019	510	170
74	2051	1026	513	171
75	2068	1034	517	173
76	2070	1035	518	173
77	2070	1035	518	173
78	2070	1035	518	173
79	2070	1035	518	173
80+	2070	1035	518	173

Standard		Effective Date: 01/01/2020		Plan Code: 5A7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1853	927	464	155
66	1943	972	486	162
67	2023	1012	506	169
68	2084	1042	521	174
69	2165	1083	542	181
70	2238	1119	560	187
71	2292	1146	573	191
72	2313	1157	579	193
73	2341	1171	586	196
74	2358	1179	590	197
75	2377	1189	595	199
76	2380	1190	595	199
77	2380	1190	595	199
78	2380	1190	595	199
79	2380	1190	595	199
80+	2380	1190	595	199

PLAN B - AREA 2 (ZIP 486-489)

Male

Preferred		Effective Date: 01/01/2021		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2273	1137	569	190	
66	2394	1197	599	200	
67	2502	1251	626	209	
68	2592	1296	648	216	
69	2706	1353	677	226	
70	2810	1405	703	235	
71	2890	1445	723	241	
72	2937	1469	735	245	
73	2993	1497	749	250	
74	3035	1518	759	253	
75	3076	1538	769	257	
76	3103	1552	776	259	
77	3110	1555	778	260	
78	3115	1558	779	260	
79	3123	1562	781	261	
80+	3123	1562	781	261	

Standard		Effective Date: 01/01/2021		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2616	1308	654	218	
66	2755	1378	689	230	
67	2879	1440	720	240	
68	2982	1491	746	249	
69	3114	1557	779	260	
70	3234	1617	809	270	
71	3325	1663	832	278	
72	3380	1690	845	282	
73	3444	1722	861	287	
74	3492	1746	873	291	
75	3540	1770	885	295	
76	3571	1786	893	298	
77	3578	1789	895	299	
78	3585	1793	897	299	
79	3594	1797	899	300	
80+	3594	1797	899	300	

Female

Preferred		Effective Date: 01/01/2021		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1977	989	495	165	
66	2083	1042	521	174	
67	2176	1088	544	182	
68	2254	1127	564	188	
69	2354	1177	589	197	
70	2444	1222	611	204	
71	2514	1257	629	210	
72	2555	1278	639	213	
73	2603	1302	651	217	
74	2640	1320	660	220	
75	2676	1338	669	223	
76	2699	1350	675	225	
77	2705	1353	677	226	
78	2710	1355	678	226	
79	2717	1359	680	227	
80+	2717	1359	680	227	

Standard		Effective Date: 01/01/2021		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2273	1137	569	190	
66	2394	1197	599	200	
67	2502	1251	626	209	
68	2592	1296	648	216	
69	2706	1353	677	226	
70	2810	1405	703	235	
71	2890	1445	723	241	
72	2937	1469	735	245	
73	2993	1497	749	250	
74	3035	1518	759	253	
75	3076	1538	769	257	
76	3103	1552	776	259	
77	3110	1555	778	260	
78	3115	1558	779	260	
79	3123	1562	781	261	
80+	3123	1562	781	261	

PLAN C - AREA 2 (ZIP 486-489)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3408	1704	852	284
66	3588	1794	897	299
67	3751	1876	938	313
68	3891	1946	973	325
69	4081	2041	1021	341
70	4257	2129	1065	355
71	4401	2201	1101	367
72	4510	2255	1128	376
73	4625	2313	1157	386
74	4718	2359	1180	394
75	4806	2403	1202	401
76	4878	2439	1220	407
77	4961	2481	1241	414
78	5045	2523	1262	421
79	5128	2564	1282	428
80+	5258	2629	1315	439

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3922	1961	981	327
66	4129	2065	1033	345
67	4317	2159	1080	360
68	4478	2239	1120	374
69	4696	2348	1174	392
70	4899	2450	1225	409
71	5065	2533	1267	423
72	5190	2595	1298	433
73	5322	2661	1331	444
74	5429	2715	1358	453
75	5531	2766	1383	461
76	5613	2807	1404	468
77	5709	2855	1428	476
78	5806	2903	1452	484
79	5901	2951	1476	492
80+	6051	3026	1513	505

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2964	1482	741	247
66	3121	1561	781	261
67	3263	1632	816	272
68	3385	1693	847	283
69	3550	1775	888	296
70	3703	1852	926	309
71	3829	1915	958	320
72	3923	1962	981	327
73	4023	2012	1006	336
74	4104	2052	1026	342
75	4181	2091	1046	349
76	4243	2122	1061	354
77	4315	2158	1079	360
78	4389	2195	1098	366
79	4461	2231	1116	372
80+	4574	2287	1144	382

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3408	1704	852	284
66	3588	1794	897	299
67	3751	1876	938	313
68	3891	1946	973	325
69	4081	2041	1021	341
70	4257	2129	1065	355
71	4401	2201	1101	367
72	4510	2255	1128	376
73	4625	2313	1157	386
74	4718	2359	1180	394
75	4806	2403	1202	401
76	4878	2439	1220	407
77	4961	2481	1241	414
78	5045	2523	1262	421
79	5128	2564	1282	428
80+	5258	2629	1315	439

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

PLAN D - AREA 2 (ZIP 486-489)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3186	1593	797	266
66	3366	1683	842	281
67	3530	1765	883	295
68	3677	1839	920	307
69	3867	1934	967	323
70	4049	2025	1013	338
71	4194	2097	1049	350
72	4304	2152	1076	359
73	4419	2210	1105	369
74	4515	2258	1129	377
75	4606	2303	1152	384
76	4676	2338	1169	390
77	4763	2382	1191	397
78	4847	2424	1212	404
79	4929	2465	1233	411
80+	5061	2531	1266	422

Standard		Effective Date: 01/01/2024		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3666	1833	917	306
66	3874	1937	969	323
67	4062	2031	1016	339
68	4231	2116	1058	353
69	4449	2225	1113	371
70	4660	2330	1165	389
71	4826	2413	1207	403
72	4953	2477	1239	413
73	5086	2543	1272	424
74	5195	2598	1299	433
75	5300	2650	1325	442
76	5381	2691	1346	449
77	5481	2741	1371	457
78	5577	2789	1395	465
79	5672	2836	1418	473
80+	5824	2912	1456	486

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2771	1386	693	231
66	2928	1464	732	244
67	3071	1536	768	256
68	3199	1600	800	267
69	3363	1682	841	281
70	3522	1761	881	294
71	3648	1824	912	304
72	3744	1872	936	312
73	3844	1922	961	321
74	3927	1964	982	328
75	4006	2003	1002	334
76	4068	2034	1017	339
77	4143	2072	1036	346
78	4216	2108	1054	352
79	4287	2144	1072	358
80+	4402	2201	1101	367

Standard		Effective Date: 01/01/2024		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3186	1593	797	266
66	3366	1683	842	281
67	3530	1765	883	295
68	3677	1839	920	307
69	3867	1934	967	323
70	4049	2025	1013	338
71	4194	2097	1049	350
72	4304	2152	1076	359
73	4419	2210	1105	369
74	4515	2258	1129	377
75	4606	2303	1152	384
76	4676	2338	1169	390
77	4763	2382	1191	397
78	4847	2424	1212	404
79	4929	2465	1233	411
80+	5061	2531	1266	422

PLAN F - AREA 2 (ZIP 486-489)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3781	1891	946	316
66	3971	1986	993	331
67	4151	2076	1038	346
68	4308	2154	1077	359
69	4518	2259	1130	377
70	4715	2358	1179	393
71	4871	2436	1218	406
72	4991	2496	1248	416
73	5116	2558	1279	427
74	5218	2609	1305	435
75	5318	2659	1330	444
76	5397	2699	1350	450
77	5486	2743	1372	458
78	5579	2790	1395	465
79	5672	2836	1418	473
80+	5811	2906	1453	485

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4351	2176	1088	363
66	4569	2285	1143	381
67	4777	2389	1195	399
68	4958	2479	1240	414
69	5199	2600	1300	434
70	5426	2713	1357	453
71	5606	2803	1402	468
72	5744	2872	1436	479
73	5887	2944	1472	491
74	6004	3002	1501	501
75	6119	3060	1530	510
76	6211	3106	1553	518
77	6313	3157	1579	527
78	6420	3210	1605	535
79	6527	3264	1632	544
80+	6687	3344	1672	558

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3289	1645	823	275
66	3454	1727	864	288
67	3611	1806	903	301
68	3748	1874	937	313
69	3930	1965	983	328
70	4102	2051	1026	342
71	4237	2119	1060	354
72	4342	2171	1086	362
73	4450	2225	1113	371
74	4539	2270	1135	379
75	4626	2313	1157	386
76	4695	2348	1174	392
77	4772	2386	1193	398
78	4853	2427	1214	405
79	4934	2467	1234	412
80+	5055	2528	1264	422

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3781	1891	946	316
66	3971	1986	993	331
67	4151	2076	1038	346
68	4308	2154	1077	359
69	4518	2259	1130	377
70	4715	2358	1179	393
71	4871	2436	1218	406
72	4991	2496	1248	416
73	5116	2558	1279	427
74	5218	2609	1305	435
75	5318	2659	1330	444
76	5397	2699	1350	450
77	5486	2743	1372	458
78	5579	2790	1395	465
79	5672	2836	1418	473
80+	5811	2906	1453	485

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

PLAN HDF - AREA 2 (ZIP 486-489)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	518	259	130	44
66	558	279	140	47
67	600	300	150	50
68	623	312	156	52
69	650	325	163	55
70	681	341	171	57
71	702	351	176	59
72	738	369	185	62
73	777	389	195	65
74	813	407	204	68
75	847	424	212	71
76	860	430	215	72
77	871	436	218	73
78	887	444	222	74
79	903	452	226	76
80+	930	465	233	78

Standard		Effective Date: 01/01/2024		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	596	298	149	50
66	643	322	161	54
67	690	345	173	58
68	717	359	180	60
69	748	374	187	63
70	783	392	196	66
71	808	404	202	68
72	849	425	213	71
73	894	447	224	75
74	936	468	234	78
75	974	487	244	82
76	990	495	248	83
77	1003	502	251	84
78	1021	511	256	86
79	1039	520	260	87
80+	1070	535	268	90

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	451	226	113	38
66	486	243	122	41
67	522	261	131	44
68	542	271	136	46
69	566	283	142	48
70	592	296	148	50
71	611	306	153	51
72	642	321	161	54
73	676	338	169	57
74	707	354	177	59
75	736	368	184	62
76	748	374	187	63
77	758	379	190	64
78	772	386	193	65
79	785	393	197	66
80+	809	405	203	68

Standard		Effective Date: 01/01/2024		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	518	259	130	44
66	558	279	140	47
67	600	300	150	50
68	623	312	156	52
69	650	325	163	55
70	681	341	171	57
71	702	351	176	59
72	738	369	185	62
73	777	389	195	65
74	813	407	204	68
75	847	424	212	71
76	860	430	215	72
77	871	436	218	73
78	887	444	222	74
79	903	452	226	76
80+	930	465	233	78

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

PLAN G - AREA 2 (ZIP 486-489)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2639	1320	660	220
66	2789	1395	698	233
67	2926	1463	732	244
68	3045	1523	762	254
69	3203	1602	801	267
70	3351	1676	838	280
71	3471	1736	868	290
72	3562	1781	891	297
73	3655	1828	914	305
74	3733	1867	934	312
75	3808	1904	952	318
76	3868	1934	967	323
77	3936	1968	984	328
78	4006	2003	1002	334
79	4075	2038	1019	340
80+	4184	2092	1046	349

Standard		Effective Date: 01/01/2024		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3036	1518	759	253
66	3209	1605	803	268
67	3367	1684	842	281
68	3504	1752	876	292
69	3686	1843	922	308
70	3856	1928	964	322
71	3994	1997	999	333
72	4098	2049	1025	342
73	4206	2103	1052	351
74	4296	2148	1074	358
75	4382	2191	1096	366
76	4451	2226	1113	371
77	4529	2265	1133	378
78	4609	2305	1153	385
79	4689	2345	1173	391
80+	4815	2408	1204	402

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2295	1148	574	192
66	2426	1213	607	203
67	2545	1273	637	213
68	2648	1324	662	221
69	2786	1393	697	233
70	2915	1458	729	243
71	3019	1510	755	252
72	3098	1549	775	259
73	3179	1590	795	265
74	3247	1624	812	271
75	3313	1657	829	277
76	3364	1682	841	281
77	3424	1712	856	286
78	3484	1742	871	291
79	3545	1773	887	296
80+	3639	1820	910	304

Standard		Effective Date: 01/01/2024		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2639	1320	660	220
66	2789	1395	698	233
67	2926	1463	732	244
68	3045	1523	762	254
69	3203	1602	801	267
70	3351	1676	838	280
71	3471	1736	868	290
72	3562	1781	891	297
73	3655	1828	914	305
74	3733	1867	934	312
75	3808	1904	952	318
76	3868	1934	967	323
77	3936	1968	984	328
78	4006	2003	1002	334
79	4075	2038	1019	340
80+	4184	2092	1046	349

PLAN HDG - AREA 2 (ZIP 486-489)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	518	259	130	44
66	558	279	140	47
67	600	300	150	50
68	623	312	156	52
69	650	325	163	55
70	681	341	171	57
71	702	351	176	59
72	738	369	185	62
73	777	389	195	65
74	813	407	204	68
75	847	424	212	71
76	860	430	215	72
77	871	436	218	73
78	887	444	222	74
79	903	452	226	76
80+	930	465	233	78

Standard		Effective Date: 01/01/2024		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	596	298	149	50
66	643	322	161	54
67	690	345	173	58
68	717	359	180	60
69	748	374	187	63
70	783	392	196	66
71	808	404	202	68
72	849	425	213	71
73	894	447	224	75
74	936	468	234	78
75	974	487	244	82
76	990	495	248	83
77	1003	502	251	84
78	1021	511	256	86
79	1039	520	260	87
80+	1070	535	268	90

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	451	226	113	38
66	486	243	122	41
67	522	261	131	44
68	542	271	136	46
69	566	283	142	48
70	592	296	148	50
71	611	306	153	51
72	642	321	161	54
73	676	338	169	57
74	707	354	177	59
75	736	368	184	62
76	748	374	187	63
77	758	379	190	64
78	772	386	193	65
79	785	393	197	66
80+	809	405	203	68

Standard		Effective Date: 01/01/2024		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	518	259	130	44
66	558	279	140	47
67	600	300	150	50
68	623	312	156	52
69	650	325	163	55
70	681	341	171	57
71	702	351	176	59
72	738	369	185	62
73	777	389	195	65
74	813	407	204	68
75	847	424	212	71
76	860	430	215	72
77	871	436	218	73
78	887	444	222	74
79	903	452	226	76
80+	930	465	233	78

PLAN K - AREA 2 (ZIP 486-489)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1379	690	345	115	
66	1481	741	371	124	
67	1573	787	394	132	
68	1650	825	413	138	
69	1736	868	434	145	
70	1836	918	459	153	
71	1885	943	472	158	
72	1922	961	481	161	
73	1962	981	491	164	
74	1994	997	499	167	
75	2040	1020	510	170	
76	2067	1034	517	173	
77	2082	1041	521	174	
78	2098	1049	525	175	
79	2115	1058	529	177	
80+	2139	1070	535	179	

Standard		Effective Date: 01/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1587	794	397	133	
66	1705	853	427	143	
67	1811	906	453	151	
68	1898	949	475	159	
69	1998	999	500	167	
70	2112	1056	528	176	
71	2169	1085	543	181	
72	2212	1106	553	185	
73	2258	1129	565	189	
74	2294	1147	574	192	
75	2347	1174	587	196	
76	2378	1189	595	199	
77	2396	1198	599	200	
78	2414	1207	604	202	
79	2434	1217	609	203	
80+	2461	1231	616	206	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1200	600	300	100	
66	1289	645	323	108	
67	1369	685	343	115	
68	1435	718	359	120	
69	1510	755	378	126	
70	1597	799	400	134	
71	1640	820	410	137	
72	1672	836	418	140	
73	1707	854	427	143	
74	1734	867	434	145	
75	1774	887	444	148	
76	1798	899	450	150	
77	1811	906	453	151	
78	1825	913	457	153	
79	1840	920	460	154	
80+	1860	930	465	155	

Standard		Effective Date: 01/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1379	690	345	115	
66	1481	741	371	124	
67	1573	787	394	132	
68	1650	825	413	138	
69	1736	868	434	145	
70	1836	918	459	153	
71	1885	943	472	158	
72	1922	961	481	161	
73	1962	981	491	164	
74	1994	997	499	167	
75	2040	1020	510	170	
76	2067	1034	517	173	
77	2082	1041	521	174	
78	2098	1049	525	175	
79	2115	1058	529	177	
80+	2139	1070	535	179	

PLAN L - AREA 2 (ZIP 486-489)

Male				
Preferred		Effective Date: 01/01/2020		Plan Code: P60
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1937	969	485	162
66	2085	1043	522	174
67	2213	1107	554	185
68	2326	1163	582	194
69	2448	1224	612	204
70	2583	1292	646	216
71	2658	1329	665	222
72	2707	1354	677	226
73	2766	1383	692	231
74	2811	1406	703	235
75	2866	1433	717	239
76	2908	1454	727	243
77	2932	1466	733	245
78	2957	1479	740	247
79	2978	1489	745	249
80+	3012	1506	753	251

Standard		Effective Date: 01/01/2020		Plan Code: P62
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2229	1115	558	186
66	2399	1200	600	200
67	2546	1273	637	213
68	2676	1338	669	223
69	2817	1409	705	235
70	2972	1486	743	248
71	3058	1529	765	255
72	3115	1558	779	260
73	3184	1592	796	266
74	3235	1618	809	270
75	3298	1649	825	275
76	3346	1673	837	279
77	3375	1688	844	282
78	3403	1702	851	284
79	3427	1714	857	286
80+	3466	1733	867	289

Female				
Preferred		Effective Date: 01/01/2020		Plan Code: P61
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1685	843	422	141
66	1813	907	454	152
67	1925	963	482	161
68	2023	1012	506	169
69	2129	1065	533	178
70	2246	1123	562	188
71	2312	1156	578	193
72	2355	1178	589	197
73	2406	1203	602	201
74	2445	1223	612	204
75	2493	1247	624	208
76	2529	1265	633	211
77	2551	1276	638	213
78	2572	1286	643	215
79	2591	1296	648	216
80+	2620	1310	655	219

Standard		Effective Date: 01/01/2020		Plan Code: P63
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1937	969	485	162
66	2085	1043	522	174
67	2213	1107	554	185
68	2326	1163	582	194
69	2448	1224	612	204
70	2583	1292	646	216
71	2658	1329	665	222
72	2707	1354	677	226
73	2766	1383	692	231
74	2811	1406	703	235
75	2866	1433	717	239
76	2908	1454	727	243
77	2932	1466	733	245
78	2957	1479	740	247
79	2978	1489	745	249
80+	3012	1506	753	251

PLAN N - AREA 2 (ZIP 486-489)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2865	1433	717	239	
66	3035	1518	759	253	
67	3185	1593	797	266	
68	3318	1659	830	277	
69	3494	1747	874	292	
70	3665	1833	917	306	
71	3800	1900	950	317	
72	3907	1954	977	326	
73	4015	2008	1004	335	
74	4110	2055	1028	343	
75	4197	2099	1050	350	
76	4267	2134	1067	356	
77	4354	2177	1089	363	
78	4445	2223	1112	371	
79	4534	2267	1134	378	
80+	4676	2338	1169	390	

Standard		Effective Date: 01/01/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3297	1649	825	275	
66	3492	1746	873	291	
67	3665	1833	917	306	
68	3818	1909	955	319	
69	4021	2011	1006	336	
70	4217	2109	1055	352	
71	4373	2187	1094	365	
72	4496	2248	1124	375	
73	4620	2310	1155	385	
74	4730	2365	1183	395	
75	4830	2415	1208	403	
76	4910	2455	1228	410	
77	5011	2506	1253	418	
78	5115	2558	1279	427	
79	5217	2609	1305	435	
80+	5381	2691	1346	449	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2492	1246	623	208	
66	2640	1320	660	220	
67	2770	1385	693	231	
68	2886	1443	722	241	
69	3040	1520	760	254	
70	3188	1594	797	266	
71	3306	1653	827	276	
72	3398	1699	850	284	
73	3492	1746	873	291	
74	3575	1788	894	298	
75	3651	1826	913	305	
76	3712	1856	928	310	
77	3788	1894	947	316	
78	3867	1934	967	323	
79	3944	1972	986	329	
80+	4068	2034	1017	339	

Standard		Effective Date: 01/01/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2865	1433	717	239	
66	3035	1518	759	253	
67	3185	1593	797	266	
68	3318	1659	830	277	
69	3494	1747	874	292	
70	3665	1833	917	306	
71	3800	1900	950	317	
72	3907	1954	977	326	
73	4015	2008	1004	335	
74	4110	2055	1028	343	
75	4197	2099	1050	350	
76	4267	2134	1067	356	
77	4354	2177	1089	363	
78	4445	2223	1112	371	
79	4534	2267	1134	378	
80+	4676	2338	1169	390	

PLAN A - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1676	838	419	140	
66	1758	879	440	147	
67	1830	915	458	153	
68	1885	943	472	158	
69	1959	980	490	164	
70	2025	1013	507	169	
71	2074	1037	519	173	
72	2093	1047	524	175	
73	2118	1059	530	177	
74	2134	1067	534	178	
75	2151	1076	538	180	
76	2153	1077	539	180	
77	2153	1077	539	180	
78	2153	1077	539	180	
79	2153	1077	539	180	
80+	2153	1077	539	180	

Standard		Effective Date: 01/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1929	965	483	161	
66	2023	1012	506	169	
67	2106	1053	527	176	
68	2169	1085	543	181	
69	2255	1128	564	188	
70	2330	1165	583	195	
71	2386	1193	597	199	
72	2409	1205	603	201	
73	2438	1219	610	204	
74	2455	1228	614	205	
75	2475	1238	619	207	
76	2478	1239	620	207	
77	2478	1239	620	207	
78	2478	1239	620	207	
79	2478	1239	620	207	
80+	2478	1239	620	207	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1458	729	365	122	
66	1529	765	383	128	
67	1592	796	398	133	
68	1640	820	410	137	
69	1704	852	426	142	
70	1762	881	441	147	
71	1804	902	451	151	
72	1821	911	456	152	
73	1843	922	461	154	
74	1856	928	464	155	
75	1871	936	468	156	
76	1873	937	469	157	
77	1873	937	469	157	
78	1873	937	469	157	
79	1873	937	469	157	
80+	1873	937	469	157	

Standard		Effective Date: 01/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1676	838	419	140	
66	1758	879	440	147	
67	1830	915	458	153	
68	1885	943	472	158	
69	1959	980	490	164	
70	2025	1013	507	169	
71	2074	1037	519	173	
72	2093	1047	524	175	
73	2118	1059	530	177	
74	2134	1067	534	178	
75	2151	1076	538	180	
76	2153	1077	539	180	
77	2153	1077	539	180	
78	2153	1077	539	180	
79	2153	1077	539	180	
80+	2153	1077	539	180	

PLAN B - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2021		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2057	1029	515	172	
66	2166	1083	542	181	
67	2264	1132	566	189	
68	2345	1173	587	196	
69	2448	1224	612	204	
70	2543	1272	636	212	
71	2615	1308	654	218	
72	2657	1329	665	222	
73	2708	1354	677	226	
74	2746	1373	687	229	
75	2783	1392	696	232	
76	2807	1404	702	234	
77	2813	1407	704	235	
78	2819	1410	705	235	
79	2826	1413	707	236	
80+	2826	1413	707	236	

Standard		Effective Date: 01/01/2021		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2367	1184	592	198	
66	2493	1247	624	208	
67	2605	1303	652	218	
68	2698	1349	675	225	
69	2817	1409	705	235	
70	2926	1463	732	244	
71	3009	1505	753	251	
72	3058	1529	765	255	
73	3116	1558	779	260	
74	3159	1580	790	264	
75	3203	1602	801	267	
76	3231	1616	808	270	
77	3238	1619	810	270	
78	3243	1622	811	271	
79	3252	1626	813	271	
80+	3252	1626	813	271	

Female

Preferred		Effective Date: 01/01/2021		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1789	895	448	150	
66	1884	942	471	157	
67	1969	985	493	165	
68	2040	1020	510	170	
69	2130	1065	533	178	
70	2212	1106	553	185	
71	2274	1137	569	190	
72	2311	1156	578	193	
73	2356	1178	589	197	
74	2388	1194	597	199	
75	2421	1211	606	202	
76	2442	1221	611	204	
77	2447	1224	612	204	
78	2452	1226	613	205	
79	2458	1229	615	205	
80+	2458	1229	615	205	

Standard		Effective Date: 01/01/2021		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2057	1029	515	172	
66	2166	1083	542	181	
67	2264	1132	566	189	
68	2345	1173	587	196	
69	2448	1224	612	204	
70	2543	1272	636	212	
71	2615	1308	654	218	
72	2657	1329	665	222	
73	2708	1354	677	226	
74	2746	1373	687	229	
75	2783	1392	696	232	
76	2807	1404	702	234	
77	2813	1407	704	235	
78	2819	1410	705	235	
79	2826	1413	707	236	
80+	2826	1413	707	236	

PLAN C - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3083	1542	771	257
66	3247	1624	812	271
67	3394	1697	849	283
68	3521	1761	881	294
69	3692	1846	923	308
70	3851	1926	963	321
71	3982	1991	996	332
72	4081	2041	1021	341
73	4184	2092	1046	349
74	4268	2134	1067	356
75	4349	2175	1088	363
76	4414	2207	1104	368
77	4489	2245	1123	375
78	4565	2283	1142	381
79	4640	2320	1160	387
80+	4757	2379	1190	397

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3548	1774	887	296
66	3736	1868	934	312
67	3905	1953	977	326
68	4051	2026	1013	338
69	4249	2125	1063	355
70	4432	2216	1108	370
71	4583	2292	1146	382
72	4696	2348	1174	392
73	4815	2408	1204	402
74	4912	2456	1228	410
75	5004	2502	1251	417
76	5079	2540	1270	424
77	5165	2583	1292	431
78	5253	2627	1314	438
79	5339	2670	1335	445
80+	5475	2738	1369	457

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2682	1341	671	224
66	2824	1412	706	236
67	2952	1476	738	246
68	3062	1531	766	256
69	3212	1606	803	268
70	3350	1675	838	280
71	3464	1732	866	289
72	3550	1775	888	296
73	3640	1820	910	304
74	3713	1857	929	310
75	3783	1892	946	316
76	3839	1920	960	320
77	3904	1952	976	326
78	3971	1986	993	331
79	4036	2018	1009	337
80+	4138	2069	1035	345

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3083	1542	771	257
66	3247	1624	812	271
67	3394	1697	849	283
68	3521	1761	881	294
69	3692	1846	923	308
70	3851	1926	963	321
71	3982	1991	996	332
72	4081	2041	1021	341
73	4184	2092	1046	349
74	4268	2134	1067	356
75	4349	2175	1088	363
76	4414	2207	1104	368
77	4489	2245	1123	375
78	4565	2283	1142	381
79	4640	2320	1160	387
80+	4757	2379	1190	397

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

PLAN D - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2882	1441	721	241	
66	3046	1523	762	254	
67	3194	1597	799	267	
68	3327	1664	832	278	
69	3498	1749	875	292	
70	3664	1832	916	306	
71	3795	1898	949	317	
72	3894	1947	974	325	
73	3999	2000	1000	334	
74	4085	2043	1022	341	
75	4167	2084	1042	348	
76	4231	2116	1058	353	
77	4309	2155	1078	360	
78	4385	2193	1097	366	
79	4459	2230	1115	372	
80+	4579	2290	1145	382	

Standard		Effective Date: 01/01/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3317	1659	830	277	
66	3505	1753	877	293	
67	3675	1838	919	307	
68	3828	1914	957	319	
69	4026	2013	1007	336	
70	4216	2108	1054	352	
71	4367	2184	1092	364	
72	4481	2241	1121	374	
73	4601	2301	1151	384	
74	4701	2351	1176	392	
75	4795	2398	1199	400	
76	4869	2435	1218	406	
77	4959	2480	1240	414	
78	5046	2523	1262	421	
79	5131	2566	1283	428	
80+	5269	2635	1318	440	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2507	1254	627	209	
66	2649	1325	663	221	
67	2778	1389	695	232	
68	2894	1447	724	242	
69	3043	1522	761	254	
70	3187	1594	797	266	
71	3301	1651	826	276	
72	3387	1694	847	283	
73	3478	1739	870	290	
74	3553	1777	889	297	
75	3625	1813	907	303	
76	3680	1840	920	307	
77	3748	1874	937	313	
78	3814	1907	954	318	
79	3879	1940	970	324	
80+	3983	1992	996	332	

Standard		Effective Date: 01/01/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2882	1441	721	241	
66	3046	1523	762	254	
67	3194	1597	799	267	
68	3327	1664	832	278	
69	3498	1749	875	292	
70	3664	1832	916	306	
71	3795	1898	949	317	
72	3894	1947	974	325	
73	3999	2000	1000	334	
74	4085	2043	1022	341	
75	4167	2084	1042	348	
76	4231	2116	1058	353	
77	4309	2155	1078	360	
78	4385	2193	1097	366	
79	4459	2230	1115	372	
80+	4579	2290	1145	382	

PLAN F - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3421	1711	856	286
66	3593	1797	899	300
67	3756	1878	939	313
68	3898	1949	975	325
69	4088	2044	1022	341
70	4266	2133	1067	356
71	4407	2204	1102	368
72	4516	2258	1129	377
73	4629	2315	1158	386
74	4721	2361	1181	394
75	4811	2406	1203	401
76	4883	2442	1221	407
77	4963	2482	1241	414
78	5048	2524	1262	421
79	5132	2566	1283	428
80+	5258	2629	1315	439

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3937	1969	985	329
66	4134	2067	1034	345
67	4322	2161	1081	361
68	4486	2243	1122	374
69	4704	2352	1176	392
70	4910	2455	1228	410
71	5072	2536	1268	423
72	5197	2599	1300	434
73	5326	2663	1332	444
74	5433	2717	1359	453
75	5537	2769	1385	462
76	5619	2810	1405	469
77	5712	2856	1428	476
78	5809	2905	1453	485
79	5905	2953	1477	493
80+	6050	3025	1513	505

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2976	1488	744	248
66	3125	1563	782	261
67	3267	1634	817	273
68	3391	1696	848	283
69	3556	1778	889	297
70	3711	1856	928	310
71	3834	1917	959	320
72	3928	1964	982	328
73	4026	2013	1007	336
74	4107	2054	1027	343
75	4185	2093	1047	349
76	4248	2124	1062	354
77	4317	2159	1080	360
78	4391	2196	1098	366
79	4464	2232	1116	372
80+	4573	2287	1144	382

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3421	1711	856	286
66	3593	1797	899	300
67	3756	1878	939	313
68	3898	1949	975	325
69	4088	2044	1022	341
70	4266	2133	1067	356
71	4407	2204	1102	368
72	4516	2258	1129	377
73	4629	2315	1158	386
74	4721	2361	1181	394
75	4811	2406	1203	401
76	4883	2442	1221	407
77	4963	2482	1241	414
78	5048	2524	1262	421
79	5132	2566	1283	428
80+	5258	2629	1315	439

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

PLAN HDF - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	469	235	118	40
66	505	253	127	43
67	543	272	136	46
68	564	282	141	47
69	588	294	147	49
70	616	308	154	52
71	635	318	159	53
72	668	334	167	56
73	703	352	176	59
74	736	368	184	62
75	766	383	192	64
76	778	389	195	65
77	788	394	197	66
78	803	402	201	67
79	817	409	205	69
80+	841	421	211	71

Standard		Effective Date: 01/01/2024 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	539	270	135	45
66	581	291	146	49
67	625	313	157	53
68	649	325	163	55
69	677	339	170	57
70	709	355	178	60
71	731	366	183	61
72	768	384	192	64
73	809	405	203	68
74	846	423	212	71
75	882	441	221	74
76	896	448	224	75
77	907	454	227	76
78	924	462	231	77
79	940	470	235	79
80+	968	484	242	81

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	408	204	102	34
66	440	220	110	37
67	472	236	118	40
68	491	246	123	41
69	512	256	128	43
70	536	268	134	45
71	552	276	138	46
72	581	291	146	49
73	612	306	153	51
74	640	320	160	54
75	666	333	167	56
76	677	339	170	57
77	686	343	172	58
78	698	349	175	59
79	710	355	178	60
80+	732	366	183	61

Standard		Effective Date: 01/01/2024 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	469	235	118	40
66	505	253	127	43
67	543	272	136	46
68	564	282	141	47
69	588	294	147	49
70	616	308	154	52
71	635	318	159	53
72	668	334	167	56
73	703	352	176	59
74	736	368	184	62
75	766	383	192	64
76	778	389	195	65
77	788	394	197	66
78	803	402	201	67
79	817	409	205	69
80+	841	421	211	71

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

PLAN G - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2387	1194	597	199	
66	2523	1262	631	211	
67	2647	1324	662	221	
68	2755	1378	689	230	
69	2898	1449	725	242	
70	3032	1516	758	253	
71	3140	1570	785	262	
72	3222	1611	806	269	
73	3307	1654	827	276	
74	3378	1689	845	282	
75	3446	1723	862	288	
76	3499	1750	875	292	
77	3561	1781	891	297	
78	3624	1812	906	302	
79	3687	1844	922	308	
80+	3785	1893	947	316	

Standard		Effective Date: 01/01/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2747	1374	687	229	
66	2904	1452	726	242	
67	3046	1523	762	254	
68	3170	1585	793	265	
69	3335	1668	834	278	
70	3489	1745	873	291	
71	3614	1807	904	302	
72	3708	1854	927	309	
73	3805	1903	952	318	
74	3887	1944	972	324	
75	3965	1983	992	331	
76	4027	2014	1007	336	
77	4098	2049	1025	342	
78	4170	2085	1043	348	
79	4243	2122	1061	354	
80+	4356	2178	1089	363	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2077	1039	520	174	
66	2195	1098	549	183	
67	2303	1152	576	192	
68	2396	1198	599	200	
69	2521	1261	631	211	
70	2637	1319	660	220	
71	2731	1366	683	228	
72	2803	1402	701	234	
73	2876	1438	719	240	
74	2938	1469	735	245	
75	2997	1499	750	250	
76	3044	1522	761	254	
77	3098	1549	775	259	
78	3152	1576	788	263	
79	3207	1604	802	268	
80+	3293	1647	824	275	

Standard		Effective Date: 01/01/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2387	1194	597	199	
66	2523	1262	631	211	
67	2647	1324	662	221	
68	2755	1378	689	230	
69	2898	1449	725	242	
70	3032	1516	758	253	
71	3140	1570	785	262	
72	3222	1611	806	269	
73	3307	1654	827	276	
74	3378	1689	845	282	
75	3446	1723	862	288	
76	3499	1750	875	292	
77	3561	1781	891	297	
78	3624	1812	906	302	
79	3687	1844	922	308	
80+	3785	1893	947	316	

PLAN HDG - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2024		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	469	235	118	40	
66	505	253	127	43	
67	543	272	136	46	
68	564	282	141	47	
69	588	294	147	49	
70	616	308	154	52	
71	635	318	159	53	
72	668	334	167	56	
73	703	352	176	59	
74	736	368	184	62	
75	766	383	192	64	
76	778	389	195	65	
77	788	394	197	66	
78	803	402	201	67	
79	817	409	205	69	
80+	841	421	211	71	

Standard		Effective Date: 01/01/2024		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	539	270	135	45	
66	581	291	146	49	
67	625	313	157	53	
68	649	325	163	55	
69	677	339	170	57	
70	709	355	178	60	
71	731	366	183	61	
72	768	384	192	64	
73	809	405	203	68	
74	846	423	212	71	
75	882	441	221	74	
76	896	448	224	75	
77	907	454	227	76	
78	924	462	231	77	
79	940	470	235	79	
80+	968	484	242	81	

Female

Preferred		Effective Date: 01/01/2024		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	408	204	102	34	
66	440	220	110	37	
67	472	236	118	40	
68	491	246	123	41	
69	512	256	128	43	
70	536	268	134	45	
71	552	276	138	46	
72	581	291	146	49	
73	612	306	153	51	
74	640	320	160	54	
75	666	333	167	56	
76	677	339	170	57	
77	686	343	172	58	
78	698	349	175	59	
79	710	355	178	60	
80+	732	366	183	61	

Standard		Effective Date: 01/01/2024		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	469	235	118	40	
66	505	253	127	43	
67	543	272	136	46	
68	564	282	141	47	
69	588	294	147	49	
70	616	308	154	52	
71	635	318	159	53	
72	668	334	167	56	
73	703	352	176	59	
74	736	368	184	62	
75	766	383	192	64	
76	778	389	195	65	
77	788	394	197	66	
78	803	402	201	67	
79	817	409	205	69	
80+	841	421	211	71	

PLAN K - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1248	624	312	104	
66	1340	670	335	112	
67	1423	712	356	119	
68	1492	746	373	125	
69	1571	786	393	131	
70	1661	831	416	139	
71	1706	853	427	143	
72	1739	870	435	145	
73	1776	888	444	148	
74	1804	902	451	151	
75	1846	923	462	154	
76	1870	935	468	156	
77	1884	942	471	157	
78	1898	949	475	159	
79	1914	957	479	160	
80+	1935	968	484	162	

Standard		Effective Date: 01/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1436	718	359	120	
66	1542	771	386	129	
67	1638	819	410	137	
68	1717	859	430	144	
69	1807	904	452	151	
70	1911	956	478	160	
71	1963	982	491	164	
72	2001	1001	501	167	
73	2043	1022	511	171	
74	2076	1038	519	173	
75	2124	1062	531	177	
76	2152	1076	538	180	
77	2168	1084	542	181	
78	2184	1092	546	182	
79	2202	1101	551	184	
80+	2227	1114	557	186	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1086	543	272	91	
66	1166	583	292	98	
67	1238	619	310	104	
68	1298	649	325	109	
69	1366	683	342	114	
70	1445	723	362	121	
71	1484	742	371	124	
72	1513	757	379	127	
73	1544	772	386	129	
74	1569	785	393	131	
75	1605	803	402	134	
76	1627	814	407	136	
77	1639	820	410	137	
78	1651	826	413	138	
79	1664	832	416	139	
80+	1683	842	421	141	

Standard		Effective Date: 01/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1248	624	312	104	
66	1340	670	335	112	
67	1423	712	356	119	
68	1492	746	373	125	
69	1571	786	393	131	
70	1661	831	416	139	
71	1706	853	427	143	
72	1739	870	435	145	
73	1776	888	444	148	
74	1804	902	451	151	
75	1846	923	462	154	
76	1870	935	468	156	
77	1884	942	471	157	
78	1898	949	475	159	
79	1914	957	479	160	
80+	1935	968	484	162	

PLAN L - AREA 3 (ZIP 490-499)

Male

Preferred		Effective Date: 01/01/2020		Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1752	876	438	146	
66	1886	943	472	158	
67	2002	1001	501	167	
68	2104	1052	526	176	
69	2215	1108	554	185	
70	2337	1169	585	195	
71	2405	1203	602	201	
72	2449	1225	613	205	
73	2503	1252	626	209	
74	2544	1272	636	212	
75	2593	1297	649	217	
76	2631	1316	658	220	
77	2653	1327	664	222	
78	2676	1338	669	223	
79	2695	1348	674	225	
80+	2725	1363	682	228	

Standard		Effective Date: 01/01/2020		Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2016	1008	504	168	
66	2170	1085	543	181	
67	2304	1152	576	192	
68	2421	1211	606	202	
69	2549	1275	638	213	
70	2689	1345	673	225	
71	2767	1384	692	231	
72	2818	1409	705	235	
73	2880	1440	720	240	
74	2927	1464	732	244	
75	2984	1492	746	249	
76	3027	1514	757	253	
77	3053	1527	764	255	
78	3079	1540	770	257	
79	3101	1551	776	259	
80+	3136	1568	784	262	

Female

Preferred		Effective Date: 01/01/2020		Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1524	762	381	127	
66	1641	821	411	137	
67	1741	871	436	146	
68	1830	915	458	153	
69	1927	964	482	161	
70	2033	1017	509	170	
71	2092	1046	523	175	
72	2130	1065	533	178	
73	2177	1089	545	182	
74	2213	1107	554	185	
75	2256	1128	564	188	
76	2288	1144	572	191	
77	2308	1154	577	193	
78	2327	1164	582	194	
79	2344	1172	586	196	
80+	2371	1186	593	198	

Standard		Effective Date: 01/01/2020		Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1752	876	438	146	
66	1886	943	472	158	
67	2002	1001	501	167	
68	2104	1052	526	176	
69	2215	1108	554	185	
70	2337	1169	585	195	
71	2405	1203	602	201	
72	2449	1225	613	205	
73	2503	1252	626	209	
74	2544	1272	636	212	
75	2593	1297	649	217	
76	2631	1316	658	220	
77	2653	1327	664	222	
78	2676	1338	669	223	
79	2695	1348	674	225	
80+	2725	1363	682	228	

PLAN N - AREA 3 (ZIP 490-499)

Male				
Preferred		Effective Date: 01/01/2024		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2592	1296	648	216
66	2746	1373	687	229
67	2881	1441	721	241
68	3002	1501	751	251
69	3161	1581	791	264
70	3316	1658	829	277
71	3438	1719	860	287
72	3535	1768	884	295
73	3632	1816	908	303
74	3719	1860	930	310
75	3798	1899	950	317
76	3861	1931	966	322
77	3940	1970	985	329
78	4022	2011	1006	336
79	4102	2051	1026	342
80+	4231	2116	1058	353

Standard		Effective Date: 01/01/2024		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2983	1492	746	249
66	3159	1580	790	264
67	3316	1658	829	277
68	3455	1728	864	288
69	3638	1819	910	304
70	3816	1908	954	318
71	3957	1979	990	330
72	4068	2034	1017	339
73	4180	2090	1045	349
74	4279	2140	1070	357
75	4370	2185	1093	365
76	4443	2222	1111	371
77	4534	2267	1134	378
78	4628	2314	1157	386
79	4720	2360	1180	394
80+	4869	2435	1218	406

Female				
Preferred		Effective Date: 01/01/2024		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2255	1128	564	188
66	2388	1194	597	199
67	2506	1253	627	209
68	2611	1306	653	218
69	2750	1375	688	230
70	2884	1442	721	241
71	2991	1496	748	250
72	3075	1538	769	257
73	3160	1580	790	264
74	3235	1618	809	270
75	3303	1652	826	276
76	3358	1679	840	280
77	3427	1714	857	286
78	3498	1749	875	292
79	3568	1784	892	298
80+	3680	1840	920	307

Standard		Effective Date: 01/01/2024		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2592	1296	648	216
66	2746	1373	687	229
67	2881	1441	721	241
68	3002	1501	751	251
69	3161	1581	791	264
70	3316	1658	829	277
71	3438	1719	860	287
72	3535	1768	884	295
73	3632	1816	908	303
74	3719	1860	930	310
75	3798	1899	950	317
76	3861	1931	966	322
77	3940	1970	985	329
78	4022	2011	1006	336
79	4102	2051	1026	342
80+	4231	2116	1058	353

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.

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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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.

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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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 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 *
HOSPITALIZATION**			
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
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 \$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
BLOOD			
First 3 pints	\$0	50%	50% ♦
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	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
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 **** 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% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$7060)*
BLOOD 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% ♦
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 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 *
HOSPITALIZATION**			
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
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 \$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
BLOOD			
First 3 pints	\$0	75%	25% ♦
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	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
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 **** 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% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3530)*
BLOOD 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% ♦
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 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
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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