

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

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

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

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.

PLAN A - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 02/01/2020 Plan Code: 5A4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1985	993	497	166
66	2080	1040	520	174
67	2157	1079	540	180
68	2225	1113	557	186
69	2305	1153	577	193
70	2375	1188	594	198
71	2431	1216	608	203
72	2443	1222	611	204
73	2445	1223	612	204
74	2445	1223	612	204
75	2445	1223	612	204
76	2445	1223	612	204
77	2445	1223	612	204
78	2445	1223	612	204
79	2445	1223	612	204
80+	2445	1223	612	204

Standard		Effective Date: 02/01/2020 Plan Code: 5A6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2284	1142	571	191
66	2394	1197	599	200
67	2482	1241	621	207
68	2560	1280	640	214
69	2653	1327	664	222
70	2734	1367	684	228
71	2797	1399	700	234
72	2811	1406	703	235
73	2814	1407	704	235
74	2814	1407	704	235
75	2814	1407	704	235
76	2814	1407	704	235
77	2814	1407	704	235
78	2814	1407	704	235
79	2814	1407	704	235
80+	2814	1407	704	235

Female

Preferred		Effective Date: 02/01/2020 Plan Code: 5A5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1727	864	432	144
66	1810	905	453	151
67	1877	939	470	157
68	1935	968	484	162
69	2005	1003	502	168
70	2066	1033	517	173
71	2114	1057	529	177
72	2125	1063	532	178
73	2127	1064	532	178
74	2127	1064	532	178
75	2127	1064	532	178
76	2127	1064	532	178
77	2127	1064	532	178
78	2127	1064	532	178
79	2127	1064	532	178
80+	2127	1064	532	178

Standard		Effective Date: 02/01/2020 Plan Code: 5A7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1985	993	497	166
66	2080	1040	520	174
67	2157	1079	540	180
68	2225	1113	557	186
69	2305	1153	577	193
70	2375	1188	594	198
71	2431	1216	608	203
72	2443	1222	611	204
73	2445	1223	612	204
74	2445	1223	612	204
75	2445	1223	612	204
76	2445	1223	612	204
77	2445	1223	612	204
78	2445	1223	612	204
79	2445	1223	612	204
80+	2445	1223	612	204

PLAN B - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 04/01/2021		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2863	1432	716	239	
66	3014	1507	754	252	
67	3147	1574	787	263	
68	3266	1633	817	273	
69	3403	1702	851	284	
70	3527	1764	882	294	
71	3630	1815	908	303	
72	3688	1844	922	308	
73	3719	1860	930	310	
74	3732	1866	933	311	
75	3745	1873	937	313	
76	3745	1873	937	313	
77	3745	1873	937	313	
78	3745	1873	937	313	
79	3745	1873	937	313	
80+	3745	1873	937	313	

Standard		Effective Date: 04/01/2021		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3295	1648	824	275	
66	3468	1734	867	289	
67	3621	1811	906	302	
68	3759	1880	940	314	
69	3916	1958	979	327	
70	4059	2030	1015	339	
71	4178	2089	1045	349	
72	4244	2122	1061	354	
73	4279	2140	1070	357	
74	4295	2148	1074	358	
75	4310	2155	1078	360	
76	4310	2155	1078	360	
77	4310	2155	1078	360	
78	4310	2155	1078	360	
79	4310	2155	1078	360	
80+	4310	2155	1078	360	

Female

Preferred		Effective Date: 04/01/2021		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2491	1246	623	208	
66	2622	1311	656	219	
67	2737	1369	685	229	
68	2841	1421	711	237	
69	2960	1480	740	247	
70	3068	1534	767	256	
71	3158	1579	790	264	
72	3208	1604	802	268	
73	3235	1618	809	270	
74	3247	1624	812	271	
75	3258	1629	815	272	
76	3258	1629	815	272	
77	3258	1629	815	272	
78	3258	1629	815	272	
79	3258	1629	815	272	
80+	3258	1629	815	272	

Standard		Effective Date: 04/01/2021		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2863	1432	716	239	
66	3014	1507	754	252	
67	3147	1574	787	263	
68	3266	1633	817	273	
69	3403	1702	851	284	
70	3527	1764	882	294	
71	3630	1815	908	303	
72	3688	1844	922	308	
73	3719	1860	930	310	
74	3732	1866	933	311	
75	3745	1873	937	313	
76	3745	1873	937	313	
77	3745	1873	937	313	
78	3745	1873	937	313	
79	3745	1873	937	313	
80+	3745	1873	937	313	

PLAN C - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 04/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3746	1873	937	313
66	3940	1970	985	329
67	4119	2060	1030	344
68	4285	2143	1072	358
69	4482	2241	1121	374
70	4669	2335	1168	390
71	4829	2415	1208	403
72	4947	2474	1237	413
73	5032	2516	1258	420
74	5093	2547	1274	425
75	5154	2577	1289	430
76	5194	2597	1299	433
77	5238	2619	1310	437
78	5281	2641	1321	441
79	5326	2663	1332	444
80+	5391	2696	1348	450

Standard		Effective Date: 04/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4311	2156	1078	360
66	4534	2267	1134	378
67	4740	2370	1185	395
68	4931	2466	1233	411
69	5158	2579	1290	430
70	5373	2687	1344	448
71	5557	2779	1390	464
72	5693	2847	1424	475
73	5791	2896	1448	483
74	5861	2931	1466	489
75	5931	2966	1483	495
76	5977	2989	1495	499
77	6027	3014	1507	503
78	6077	3039	1520	507
79	6129	3065	1533	511
80+	6204	3102	1551	517

Female

Preferred		Effective Date: 04/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3259	1630	815	272
66	3427	1714	857	286
67	3583	1792	896	299
68	3727	1864	932	311
69	3899	1950	975	325
70	4062	2031	1016	339
71	4200	2100	1050	350
72	4303	2152	1076	359
73	4377	2189	1095	365
74	4430	2215	1108	370
75	4483	2242	1121	374
76	4518	2259	1130	377
77	4556	2278	1139	380
78	4594	2297	1149	383
79	4633	2317	1159	387
80+	4690	2345	1173	391

Standard		Effective Date: 04/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3746	1873	937	313
66	3940	1970	985	329
67	4119	2060	1030	344
68	4285	2143	1072	358
69	4482	2241	1121	374
70	4669	2335	1168	390
71	4829	2415	1208	403
72	4947	2474	1237	413
73	5032	2516	1258	420
74	5093	2547	1274	425
75	5154	2577	1289	430
76	5194	2597	1299	433
77	5238	2619	1310	437
78	5281	2641	1321	441
79	5326	2663	1332	444
80+	5391	2696	1348	450

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

PLAN D - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 04/01/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3513	1757	879	293	
66	3716	1858	929	310	
67	3892	1946	973	325	
68	4061	2031	1016	339	
69	4261	2131	1066	356	
70	4451	2226	1113	371	
71	4611	2306	1153	385	
72	4734	2367	1184	395	
73	4817	2409	1205	402	
74	4879	2440	1220	407	
75	4938	2469	1235	412	
76	4983	2492	1246	416	
77	5028	2514	1257	419	
78	5071	2536	1268	423	
79	5115	2558	1279	427	
80+	5181	2591	1296	432	

Standard		Effective Date: 04/01/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	4043	2022	1011	337	
66	4277	2139	1070	357	
67	4479	2240	1120	374	
68	4673	2337	1169	390	
69	4903	2452	1226	409	
70	5122	2561	1281	427	
71	5306	2653	1327	443	
72	5447	2724	1362	454	
73	5544	2772	1386	462	
74	5615	2808	1404	468	
75	5682	2841	1421	474	
76	5734	2867	1434	478	
77	5785	2893	1447	483	
78	5836	2918	1459	487	
79	5886	2943	1472	491	
80+	5962	2981	1491	497	

Female

Preferred		Effective Date: 04/01/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3056	1528	764	255	
66	3233	1617	809	270	
67	3386	1693	847	283	
68	3532	1766	883	295	
69	3706	1853	927	309	
70	3872	1936	968	323	
71	4011	2006	1003	335	
72	4118	2059	1030	344	
73	4190	2095	1048	350	
74	4244	2122	1061	354	
75	4295	2148	1074	358	
76	4334	2167	1084	362	
77	4373	2187	1094	365	
78	4411	2206	1103	368	
79	4449	2225	1113	371	
80+	4507	2254	1127	376	

Standard		Effective Date: 04/01/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3513	1757	879	293	
66	3716	1858	929	310	
67	3892	1946	973	325	
68	4061	2031	1016	339	
69	4261	2131	1066	356	
70	4451	2226	1113	371	
71	4611	2306	1153	385	
72	4734	2367	1184	395	
73	4817	2409	1205	402	
74	4879	2440	1220	407	
75	4938	2469	1235	412	
76	4983	2492	1246	416	
77	5028	2514	1257	419	
78	5071	2536	1268	423	
79	5115	2558	1279	427	
80+	5181	2591	1296	432	

PLAN F - AREA 1 (ZIP 280-282; 284)

Male				
Preferred		Effective Date: 02/01/2020 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3065	1533	767	256
66	3225	1613	807	269
67	3369	1685	843	281
68	3505	1753	877	293
69	3666	1833	917	306
70	3817	1909	955	319
71	3946	1973	987	329
72	4046	2023	1012	338
73	4115	2058	1029	343
74	4166	2083	1042	348
75	4212	2106	1053	351
76	4248	2124	1062	354
77	4281	2141	1071	357
78	4317	2159	1080	360
79	4352	2176	1088	363
80+	4405	2203	1102	368

Standard		Effective Date: 02/01/2020 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3528	1764	882	294
66	3711	1856	928	310
67	3876	1938	969	323
68	4034	2017	1009	337
69	4219	2110	1055	352
70	4393	2197	1099	367
71	4541	2271	1136	379
72	4656	2328	1164	388
73	4735	2368	1184	395
74	4795	2398	1199	400
75	4847	2424	1212	404
76	4888	2444	1222	408
77	4927	2464	1232	411
78	4968	2484	1242	414
79	5009	2505	1253	418
80+	5069	2535	1268	423

Female				
Preferred		Effective Date: 02/01/2020 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2666	1333	667	223
66	2805	1403	702	234
67	2930	1465	733	245
68	3049	1525	763	255
69	3189	1595	798	266
70	3321	1661	831	277
71	3432	1716	858	286
72	3519	1760	880	294
73	3579	1790	895	299
74	3624	1812	906	302
75	3664	1832	916	306
76	3695	1848	924	308
77	3724	1862	931	311
78	3755	1878	939	313
79	3786	1893	947	316
80+	3832	1916	958	320

Standard		Effective Date: 02/01/2020 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3065	1533	767	256
66	3225	1613	807	269
67	3369	1685	843	281
68	3505	1753	877	293
69	3666	1833	917	306
70	3817	1909	955	319
71	3946	1973	987	329
72	4046	2023	1012	338
73	4115	2058	1029	343
74	4166	2083	1042	348
75	4212	2106	1053	351
76	4248	2124	1062	354
77	4281	2141	1071	357
78	4317	2159	1080	360
79	4352	2176	1088	363
80+	4405	2203	1102	368

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

PLAN HDF - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 06/01/2014 Plan Code: 5CM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	450	225	113	38
66	486	243	122	41
67	520	260	130	44
68	542	271	136	46
69	567	284	142	48
70	590	295	148	50
71	611	306	153	51
72	642	321	161	54
73	668	334	167	56
74	693	347	174	58
75	718	359	180	60
76	723	362	181	61
77	729	365	183	61
78	735	368	184	62
79	742	371	186	62
80+	757	379	190	64

Standard		Effective Date: 06/01/2014 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	518	259	130	44
66	559	280	140	47
67	598	299	150	50
68	624	312	156	52
69	653	327	164	55
70	679	340	170	57
71	703	352	176	59
72	739	370	185	62
73	769	385	193	65
74	798	399	200	67
75	826	413	207	69
76	832	416	208	70
77	839	420	210	70
78	846	423	212	71
79	853	427	214	72
80+	871	436	218	73

Female

Preferred		Effective Date: 06/01/2014 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	391	196	98	33
66	422	211	106	36
67	452	226	113	38
68	471	236	118	40
69	493	247	124	42
70	513	257	129	43
71	531	266	133	45
72	558	279	140	47
73	581	291	146	49
74	603	302	151	51
75	624	312	156	52
76	629	315	158	53
77	634	317	159	53
78	639	320	160	54
79	645	323	162	54
80+	658	329	165	55

Standard		Effective Date: 06/01/2014 Plan Code: 5CP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	450	225	113	38
66	486	243	122	41
67	520	260	130	44
68	542	271	136	46
69	567	284	142	48
70	590	295	148	50
71	611	306	153	51
72	642	321	161	54
73	668	334	167	56
74	693	347	174	58
75	718	359	180	60
76	723	362	181	61
77	729	365	183	61
78	735	368	184	62
79	742	371	186	62
80+	757	379	190	64

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

PLAN G - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 04/01/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3394	1697	849	283	
66	3583	1792	896	299	
67	3759	1880	940	314	
68	3923	1962	981	327	
69	4114	2057	1029	343	
70	4294	2147	1074	358	
71	4447	2224	1112	371	
72	4565	2283	1142	381	
73	4646	2323	1162	388	
74	4706	2353	1177	393	
75	4760	2380	1190	397	
76	4806	2403	1202	401	
77	4847	2424	1212	404	
78	4889	2445	1223	408	
79	4931	2466	1233	411	
80+	4995	2498	1249	417	

Standard		Effective Date: 04/01/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3905	1953	977	326	
66	4123	2062	1031	344	
67	4326	2163	1082	361	
68	4514	2257	1129	377	
69	4734	2367	1184	395	
70	4941	2471	1236	412	
71	5117	2559	1280	427	
72	5253	2627	1314	438	
73	5347	2674	1337	446	
74	5415	2708	1354	452	
75	5478	2739	1370	457	
76	5530	2765	1383	461	
77	5578	2789	1395	465	
78	5626	2813	1407	469	
79	5674	2837	1419	473	
80+	5748	2874	1437	479	

Female

Preferred		Effective Date: 04/01/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2952	1476	738	246	
66	3117	1559	780	260	
67	3270	1635	818	273	
68	3412	1706	853	285	
69	3578	1789	895	299	
70	3735	1868	934	312	
71	3868	1934	967	323	
72	3971	1986	993	331	
73	4042	2021	1011	337	
74	4094	2047	1024	342	
75	4141	2071	1036	346	
76	4180	2090	1045	349	
77	4216	2108	1054	352	
78	4252	2126	1063	355	
79	4289	2145	1073	358	
80+	4345	2173	1087	363	

Standard		Effective Date: 04/01/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3394	1697	849	283	
66	3583	1792	896	299	
67	3759	1880	940	314	
68	3923	1962	981	327	
69	4114	2057	1029	343	
70	4294	2147	1074	358	
71	4447	2224	1112	371	
72	4565	2283	1142	381	
73	4646	2323	1162	388	
74	4706	2353	1177	393	
75	4760	2380	1190	397	
76	4806	2403	1202	401	
77	4847	2424	1212	404	
78	4889	2445	1223	408	
79	4931	2466	1233	411	
80+	4995	2498	1249	417	

PLAN HDG - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 04/01/2023 Plan Code: 5HO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	490	245	123	41
66	529	265	133	45
67	567	284	142	48
68	590	295	148	50
69	618	309	155	52
70	643	322	161	54
71	666	333	167	56
72	699	350	175	59
73	728	364	182	61
74	755	378	189	63
75	782	391	196	66
76	789	395	198	66
77	794	397	199	67
78	801	401	201	67
79	808	404	202	68
80+	824	412	206	69

Standard		Effective Date: 04/01/2023 Plan Code: 5HQ		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	564	282	141	47
66	609	305	153	51
67	653	327	164	55
68	679	340	170	57
69	711	356	178	60
70	740	370	185	62
71	766	383	192	64
72	805	403	202	68
73	838	419	210	70
74	869	435	218	73
75	900	450	225	75
76	908	454	227	76
77	914	457	229	77
78	922	461	231	77
79	930	465	233	78
80+	949	475	238	80

Female

Preferred		Effective Date: 04/01/2023 Plan Code: 5HP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	426	213	107	36
66	460	230	115	39
67	493	247	124	42
68	513	257	129	43
69	537	269	135	45
70	559	280	140	47
71	579	290	145	49
72	608	304	152	51
73	633	317	159	53
74	657	329	165	55
75	680	340	170	57
76	686	343	172	58
77	691	346	173	58
78	697	349	175	59
79	703	352	176	59
80+	717	359	180	60

Standard		Effective Date: 04/01/2023 Plan Code: 5HR		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	490	245	123	41
66	529	265	133	45
67	567	284	142	48
68	590	295	148	50
69	618	309	155	52
70	643	322	161	54
71	666	333	167	56
72	699	350	175	59
73	728	364	182	61
74	755	378	189	63
75	782	391	196	66
76	789	395	198	66
77	794	397	199	67
78	801	401	201	67
79	808	404	202	68
80+	824	412	206	69

PLAN K - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 02/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1364	682	341	114	
66	1463	732	366	122	
67	1552	776	388	130	
68	1634	817	409	137	
69	1719	860	430	144	
70	1820	910	455	152	
71	1868	934	467	156	
72	1905	953	477	159	
73	1947	974	487	163	
74	1979	990	495	165	
75	2032	1016	508	170	
76	2057	1029	515	172	
77	2085	1043	522	174	
78	2108	1054	527	176	
79	2129	1065	533	178	
80+	2166	1083	542	181	

Standard		Effective Date: 02/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1570	785	393	131	
66	1683	842	421	141	
67	1786	893	447	149	
68	1880	940	470	157	
69	1978	989	495	165	
70	2094	1047	524	175	
71	2150	1075	538	180	
72	2192	1096	548	183	
73	2241	1121	561	187	
74	2278	1139	570	190	
75	2338	1169	585	195	
76	2368	1184	592	198	
77	2399	1200	600	200	
78	2426	1213	607	203	
79	2449	1225	613	205	
80+	2493	1247	624	208	

Female

Preferred		Effective Date: 02/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1186	593	297	99	
66	1272	636	318	106	
67	1350	675	338	113	
68	1421	711	356	119	
69	1495	748	374	125	
70	1583	792	396	132	
71	1625	813	407	136	
72	1657	829	415	139	
73	1694	847	424	142	
74	1722	861	431	144	
75	1768	884	442	148	
76	1790	895	448	150	
77	1814	907	454	152	
78	1834	917	459	153	
79	1852	926	463	155	
80+	1884	942	471	157	

Standard		Effective Date: 02/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1364	682	341	114	
66	1463	732	366	122	
67	1552	776	388	130	
68	1634	817	409	137	
69	1719	860	430	144	
70	1820	910	455	152	
71	1868	934	467	156	
72	1905	953	477	159	
73	1947	974	487	163	
74	1979	990	495	165	
75	2032	1016	508	170	
76	2057	1029	515	172	
77	2085	1043	522	174	
78	2108	1054	527	176	
79	2129	1065	533	178	
80+	2166	1083	542	181	

PLAN L - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 02/01/2020 Plan Code: P60		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1910	955	478	160
66	2057	1029	515	172
67	2184	1092	546	182
68	2296	1148	574	192
69	2414	1207	604	202
70	2553	1277	639	213
71	2625	1313	657	219
72	2680	1340	670	224
73	2741	1371	686	229
74	2790	1395	698	233
75	2848	1424	712	238
76	2894	1447	724	242
77	2935	1468	734	245
78	2968	1484	742	248
79	2994	1497	749	250
80+	3047	1524	762	254

Standard		Effective Date: 02/01/2020 Plan Code: P62		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2198	1099	550	184
66	2368	1184	592	198
67	2513	1257	629	210
68	2642	1321	661	221
69	2778	1389	695	232
70	2938	1469	735	245
71	3020	1510	755	252
72	3084	1542	771	257
73	3154	1577	789	263
74	3210	1605	803	268
75	3278	1639	820	274
76	3331	1666	833	278
77	3377	1689	845	282
78	3415	1708	854	285
79	3446	1723	862	288
80+	3506	1753	877	293

Female

Preferred		Effective Date: 02/01/2020 Plan Code: P61		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1662	831	416	139
66	1790	895	448	150
67	1899	950	475	159
68	1997	999	500	167
69	2100	1050	525	175
70	2221	1111	556	186
71	2283	1142	571	191
72	2331	1166	583	195
73	2384	1192	596	199
74	2427	1214	607	203
75	2478	1239	620	207
76	2518	1259	630	210
77	2553	1277	639	213
78	2582	1291	646	216
79	2605	1303	652	218
80+	2650	1325	663	221

Standard		Effective Date: 02/01/2020 Plan Code: P63		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1910	955	478	160
66	2057	1029	515	172
67	2184	1092	546	182
68	2296	1148	574	192
69	2414	1207	604	202
70	2553	1277	639	213
71	2625	1313	657	219
72	2680	1340	670	224
73	2741	1371	686	229
74	2790	1395	698	233
75	2848	1424	712	238
76	2894	1447	724	242
77	2935	1468	734	245
78	2968	1484	742	248
79	2994	1497	749	250
80+	3047	1524	762	254

PLAN N - AREA 1 (ZIP 280-282; 284)

Male

Preferred		Effective Date: 04/01/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3006	1503	752	251	
66	3180	1590	795	265	
67	3339	1670	835	279	
68	3490	1745	873	291	
69	3666	1833	917	306	
70	3836	1918	959	320	
71	3976	1988	994	332	
72	4087	2044	1022	341	
73	4168	2084	1042	348	
74	4230	2115	1058	353	
75	4290	2145	1073	358	
76	4335	2168	1084	362	
77	4387	2194	1097	366	
78	4437	2219	1110	370	
79	4489	2245	1123	375	
80+	4568	2284	1142	381	

Standard		Effective Date: 04/01/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3459	1730	865	289	
66	3660	1830	915	305	
67	3842	1921	961	321	
68	4016	2008	1004	335	
69	4219	2110	1055	352	
70	4414	2207	1104	368	
71	4575	2288	1144	382	
72	4703	2352	1176	392	
73	4796	2398	1199	400	
74	4867	2434	1217	406	
75	4937	2469	1235	412	
76	4989	2495	1248	416	
77	5048	2524	1262	421	
78	5106	2553	1277	426	
79	5166	2583	1292	431	
80+	5257	2629	1315	439	

Female

Preferred		Effective Date: 04/01/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2615	1308	654	218	
66	2766	1383	692	231	
67	2904	1452	726	242	
68	3036	1518	759	253	
69	3189	1595	798	266	
70	3337	1669	835	279	
71	3458	1729	865	289	
72	3555	1778	889	297	
73	3625	1813	907	303	
74	3679	1840	920	307	
75	3732	1866	933	311	
76	3771	1886	943	315	
77	3816	1908	954	318	
78	3860	1930	965	322	
79	3905	1953	977	326	
80+	3974	1987	994	332	

Standard		Effective Date: 04/01/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3006	1503	752	251	
66	3180	1590	795	265	
67	3339	1670	835	279	
68	3490	1745	873	291	
69	3666	1833	917	306	
70	3836	1918	959	320	
71	3976	1988	994	332	
72	4087	2044	1022	341	
73	4168	2084	1042	348	
74	4230	2115	1058	353	
75	4290	2145	1073	358	
76	4335	2168	1084	362	
77	4387	2194	1097	366	
78	4437	2219	1110	370	
79	4489	2245	1123	375	
80+	4568	2284	1142	381	

PLAN A - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 02/01/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1800	900	450	150	
66	1887	944	472	158	
67	1957	979	490	164	
68	2018	1009	505	169	
69	2091	1046	523	175	
70	2154	1077	539	180	
71	2204	1102	551	184	
72	2216	1108	554	185	
73	2218	1109	555	185	
74	2218	1109	555	185	
75	2218	1109	555	185	
76	2218	1109	555	185	
77	2218	1109	555	185	
78	2218	1109	555	185	
79	2218	1109	555	185	
80+	2218	1109	555	185	

Standard		Effective Date: 02/01/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2072	1036	518	173	
66	2171	1086	543	181	
67	2252	1126	563	188	
68	2322	1161	581	194	
69	2406	1203	602	201	
70	2479	1240	620	207	
71	2537	1269	635	212	
72	2550	1275	638	213	
73	2552	1276	638	213	
74	2552	1276	638	213	
75	2552	1276	638	213	
76	2552	1276	638	213	
77	2552	1276	638	213	
78	2552	1276	638	213	
79	2552	1276	638	213	
80+	2552	1276	638	213	

Female

Preferred		Effective Date: 02/01/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1566	783	392	131	
66	1641	821	411	137	
67	1702	851	426	142	
68	1755	878	439	147	
69	1819	910	455	152	
70	1874	937	469	157	
71	1918	959	480	160	
72	1927	964	482	161	
73	1929	965	483	161	
74	1929	965	483	161	
75	1929	965	483	161	
76	1929	965	483	161	
77	1929	965	483	161	
78	1929	965	483	161	
79	1929	965	483	161	
80+	1929	965	483	161	

Standard		Effective Date: 02/01/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1800	900	450	150	
66	1887	944	472	158	
67	1957	979	490	164	
68	2018	1009	505	169	
69	2091	1046	523	175	
70	2154	1077	539	180	
71	2204	1102	551	184	
72	2216	1108	554	185	
73	2218	1109	555	185	
74	2218	1109	555	185	
75	2218	1109	555	185	
76	2218	1109	555	185	
77	2218	1109	555	185	
78	2218	1109	555	185	
79	2218	1109	555	185	
80+	2218	1109	555	185	

PLAN B - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 04/01/2021		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2597	1299	650	217	
66	2733	1367	684	228	
67	2854	1427	714	238	
68	2962	1481	741	247	
69	3086	1543	772	258	
70	3199	1600	800	267	
71	3293	1647	824	275	
72	3345	1673	837	279	
73	3373	1687	844	282	
74	3385	1693	847	283	
75	3397	1699	850	284	
76	3397	1699	850	284	
77	3397	1699	850	284	
78	3397	1699	850	284	
79	3397	1699	850	284	
80+	3397	1699	850	284	

Standard		Effective Date: 04/01/2021		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2988	1494	747	249	
66	3145	1573	787	263	
67	3284	1642	821	274	
68	3409	1705	853	285	
69	3552	1776	888	296	
70	3681	1841	921	307	
71	3789	1895	948	316	
72	3849	1925	963	321	
73	3881	1941	971	324	
74	3896	1948	974	325	
75	3909	1955	978	326	
76	3909	1955	978	326	
77	3909	1955	978	326	
78	3909	1955	978	326	
79	3909	1955	978	326	
80+	3909	1955	978	326	

Female

Preferred		Effective Date: 04/01/2021		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2259	1130	565	189	
66	2378	1189	595	199	
67	2483	1242	621	207	
68	2577	1289	645	215	
69	2685	1343	672	224	
70	2783	1392	696	232	
71	2864	1432	716	239	
72	2909	1455	728	243	
73	2934	1467	734	245	
74	2945	1473	737	246	
75	2955	1478	739	247	
76	2955	1478	739	247	
77	2955	1478	739	247	
78	2955	1478	739	247	
79	2955	1478	739	247	
80+	2955	1478	739	247	

Standard		Effective Date: 04/01/2021		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2597	1299	650	217	
66	2733	1367	684	228	
67	2854	1427	714	238	
68	2962	1481	741	247	
69	3086	1543	772	258	
70	3199	1600	800	267	
71	3293	1647	824	275	
72	3345	1673	837	279	
73	3373	1687	844	282	
74	3385	1693	847	283	
75	3397	1699	850	284	
76	3397	1699	850	284	
77	3397	1699	850	284	
78	3397	1699	850	284	
79	3397	1699	850	284	
80+	3397	1699	850	284	

PLAN C - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 04/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3398	1699	850	284
66	3574	1787	894	298
67	3736	1868	934	312
68	3886	1943	972	324
69	4065	2033	1017	339
70	4235	2118	1059	353
71	4380	2190	1095	365
72	4487	2244	1122	374
73	4564	2282	1141	381
74	4619	2310	1155	385
75	4674	2337	1169	390
76	4711	2356	1178	393
77	4750	2375	1188	396
78	4790	2395	1198	400
79	4831	2416	1208	403
80+	4890	2445	1223	408

Standard		Effective Date: 04/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3910	1955	978	326
66	4112	2056	1028	343
67	4299	2150	1075	359
68	4472	2236	1118	373
69	4678	2339	1170	390
70	4873	2437	1219	407
71	5040	2520	1260	420
72	5163	2582	1291	431
73	5252	2626	1313	438
74	5316	2658	1329	443
75	5379	2690	1345	449
76	5421	2711	1356	452
77	5467	2734	1367	456
78	5512	2756	1378	460
79	5559	2780	1390	464
80+	5627	2814	1407	469

Female

Preferred		Effective Date: 04/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2956	1478	739	247
66	3109	1555	778	260
67	3250	1625	813	271
68	3380	1690	845	282
69	3536	1768	884	295
70	3684	1842	921	307
71	3810	1905	953	318
72	3903	1952	976	326
73	3970	1985	993	331
74	4018	2009	1005	335
75	4066	2033	1017	339
76	4098	2049	1025	342
77	4132	2066	1033	345
78	4167	2084	1042	348
79	4202	2101	1051	351
80+	4254	2127	1064	355

Standard		Effective Date: 04/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3398	1699	850	284
66	3574	1787	894	298
67	3736	1868	934	312
68	3886	1943	972	324
69	4065	2033	1017	339
70	4235	2118	1059	353
71	4380	2190	1095	365
72	4487	2244	1122	374
73	4564	2282	1141	381
74	4619	2310	1155	385
75	4674	2337	1169	390
76	4711	2356	1178	393
77	4750	2375	1188	396
78	4790	2395	1198	400
79	4831	2416	1208	403
80+	4890	2445	1223	408

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

PLAN D - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 04/01/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3186	1593	797	266	
66	3371	1686	843	281	
67	3530	1765	883	295	
68	3683	1842	921	307	
69	3864	1932	966	322	
70	4037	2019	1010	337	
71	4182	2091	1046	349	
72	4293	2147	1074	358	
73	4369	2185	1093	365	
74	4426	2213	1107	369	
75	4479	2240	1120	374	
76	4519	2260	1130	377	
77	4560	2280	1140	380	
78	4599	2300	1150	384	
79	4639	2320	1160	387	
80+	4699	2350	1175	392	

Standard		Effective Date: 04/01/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3667	1834	917	306	
66	3879	1940	970	324	
67	4062	2031	1016	339	
68	4238	2119	1060	354	
69	4447	2224	1112	371	
70	4646	2323	1162	388	
71	4812	2406	1203	401	
72	4940	2470	1235	412	
73	5028	2514	1257	419	
74	5093	2547	1274	425	
75	5154	2577	1289	430	
76	5201	2601	1301	434	
77	5247	2624	1312	438	
78	5293	2647	1324	442	
79	5338	2669	1335	445	
80+	5408	2704	1352	451	

Female

Preferred		Effective Date: 04/01/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2772	1386	693	231	
66	2932	1466	733	245	
67	3071	1536	768	256	
68	3204	1602	801	267	
69	3361	1681	841	281	
70	3512	1756	878	293	
71	3638	1819	910	304	
72	3735	1868	934	312	
73	3801	1901	951	317	
74	3850	1925	963	321	
75	3896	1948	974	325	
76	3931	1966	983	328	
77	3966	1983	992	331	
78	4001	2001	1001	334	
79	4035	2018	1009	337	
80+	4088	2044	1022	341	

Standard		Effective Date: 04/01/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3186	1593	797	266	
66	3371	1686	843	281	
67	3530	1765	883	295	
68	3683	1842	921	307	
69	3864	1932	966	322	
70	4037	2019	1010	337	
71	4182	2091	1046	349	
72	4293	2147	1074	358	
73	4369	2185	1093	365	
74	4426	2213	1107	369	
75	4479	2240	1120	374	
76	4519	2260	1130	377	
77	4560	2280	1140	380	
78	4599	2300	1150	384	
79	4639	2320	1160	387	
80+	4699	2350	1175	392	

PLAN F - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 02/01/2020 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2780	1390	695	232
66	2925	1463	732	244
67	3055	1528	764	255
68	3179	1590	795	265
69	3325	1663	832	278
70	3462	1731	866	289
71	3579	1790	895	299
72	3670	1835	918	306
73	3732	1866	933	311
74	3779	1890	945	315
75	3821	1911	956	319
76	3853	1927	964	322
77	3883	1942	971	324
78	3915	1958	979	327
79	3948	1974	987	329
80+	3995	1998	999	333

Standard		Effective Date: 02/01/2020 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3199	1600	800	267
66	3366	1683	842	281
67	3516	1758	879	293
68	3658	1829	915	305
69	3826	1913	957	319
70	3984	1992	996	332
71	4118	2059	1030	344
72	4223	2112	1056	352
73	4295	2148	1074	358
74	4349	2175	1088	363
75	4396	2198	1099	367
76	4434	2217	1109	370
77	4468	2234	1117	373
78	4506	2253	1127	376
79	4543	2272	1136	379
80+	4598	2299	1150	384

Female

Preferred		Effective Date: 02/01/2020 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2418	1209	605	202
66	2544	1272	636	212
67	2658	1329	665	222
68	2765	1383	692	231
69	2892	1446	723	241
70	3012	1506	753	251
71	3113	1557	779	260
72	3192	1596	798	266
73	3246	1623	812	271
74	3287	1644	822	274
75	3323	1662	831	277
76	3351	1676	838	280
77	3378	1689	845	282
78	3406	1703	852	284
79	3434	1717	859	287
80+	3475	1738	869	290

Standard		Effective Date: 02/01/2020 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2780	1390	695	232
66	2925	1463	732	244
67	3055	1528	764	255
68	3179	1590	795	265
69	3325	1663	832	278
70	3462	1731	866	289
71	3579	1790	895	299
72	3670	1835	918	306
73	3732	1866	933	311
74	3779	1890	945	315
75	3821	1911	956	319
76	3853	1927	964	322
77	3883	1942	971	324
78	3915	1958	979	327
79	3948	1974	987	329
80+	3995	1998	999	333

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

PLAN HDF - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 06/01/2014 Plan Code: 5CM		
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	514	257	129	43
70	535	268	134	45
71	554	277	139	47
72	582	291	146	49
73	606	303	152	51
74	629	315	158	53
75	651	326	163	55
76	656	328	164	55
77	661	331	166	56
78	666	333	167	56
79	673	337	169	57
80+	686	343	172	58

Standard		Effective Date: 06/01/2014 Plan Code: 5CO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	470	235	118	40
66	507	254	127	43
67	543	272	136	46
68	566	283	142	48
69	592	296	148	50
70	616	308	154	52
71	637	319	160	54
72	670	335	168	56
73	697	349	175	59
74	724	362	181	61
75	749	375	188	63
76	755	378	189	63
77	761	381	191	64
78	767	384	192	64
79	774	387	194	65
80+	790	395	198	66

Female

Preferred		Effective Date: 06/01/2014 Plan Code: 5CN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	355	178	89	30
66	383	192	96	32
67	410	205	103	35
68	428	214	107	36
69	447	224	112	38
70	466	233	117	39
71	482	241	121	41
72	506	253	127	43
73	527	264	132	44
74	547	274	137	46
75	566	283	142	48
76	571	286	143	48
77	575	288	144	48
78	580	290	145	49
79	585	293	147	49
80+	597	299	150	50

Standard		Effective Date: 06/01/2014 Plan Code: 5CP		
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	514	257	129	43
70	535	268	134	45
71	554	277	139	47
72	582	291	146	49
73	606	303	152	51
74	629	315	158	53
75	651	326	163	55
76	656	328	164	55
77	661	331	166	56
78	666	333	167	56
79	673	337	169	57
80+	686	343	172	58

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

PLAN G - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 04/01/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3078	1539	770	257	
66	3250	1625	813	271	
67	3409	1705	853	285	
68	3558	1779	890	297	
69	3731	1866	933	311	
70	3894	1947	974	325	
71	4033	2017	1009	337	
72	4140	2070	1035	345	
73	4214	2107	1054	352	
74	4268	2134	1067	356	
75	4317	2159	1080	360	
76	4359	2180	1090	364	
77	4396	2198	1099	367	
78	4434	2217	1109	370	
79	4472	2236	1118	373	
80+	4531	2266	1133	378	

Standard		Effective Date: 04/01/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3542	1771	886	296	
66	3740	1870	935	312	
67	3923	1962	981	327	
68	4095	2048	1024	342	
69	4293	2147	1074	358	
70	4482	2241	1121	374	
71	4641	2321	1161	387	
72	4764	2382	1191	397	
73	4849	2425	1213	405	
74	4912	2456	1228	410	
75	4968	2484	1242	414	
76	5016	2508	1254	418	
77	5059	2530	1265	422	
78	5102	2551	1276	426	
79	5147	2574	1287	429	
80+	5214	2607	1304	435	

Female

Preferred		Effective Date: 04/01/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2677	1339	670	224	
66	2827	1414	707	236	
67	2966	1483	742	248	
68	3095	1548	774	258	
69	3245	1623	812	271	
70	3388	1694	847	283	
71	3508	1754	877	293	
72	3601	1801	901	301	
73	3666	1833	917	306	
74	3713	1857	929	310	
75	3755	1878	939	313	
76	3792	1896	948	316	
77	3824	1912	956	319	
78	3857	1929	965	322	
79	3890	1945	973	325	
80+	3941	1971	986	329	

Standard		Effective Date: 04/01/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3078	1539	770	257	
66	3250	1625	813	271	
67	3409	1705	853	285	
68	3558	1779	890	297	
69	3731	1866	933	311	
70	3894	1947	974	325	
71	4033	2017	1009	337	
72	4140	2070	1035	345	
73	4214	2107	1054	352	
74	4268	2134	1067	356	
75	4317	2159	1080	360	
76	4359	2180	1090	364	
77	4396	2198	1099	367	
78	4434	2217	1109	370	
79	4472	2236	1118	373	
80+	4531	2266	1133	378	

PLAN HDG - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 04/01/2023 Plan Code: 5HO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	445	223	112	38
66	480	240	120	40
67	514	257	129	43
68	535	268	134	45
69	560	280	140	47
70	583	292	146	49
71	604	302	151	51
72	634	317	159	53
73	660	330	165	55
74	685	343	172	58
75	709	355	178	60
76	715	358	179	60
77	721	361	181	61
78	727	364	182	61
79	733	367	184	62
80+	748	374	187	63

Standard		Effective Date: 04/01/2023 Plan Code: 5HQ		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	512	256	128	43
66	552	276	138	46
67	592	296	148	50
68	616	308	154	52
69	645	323	162	54
70	671	336	168	56
71	695	348	174	58
72	730	365	183	61
73	760	380	190	64
74	788	394	197	66
75	816	408	204	68
76	823	412	206	69
77	829	415	208	70
78	836	418	209	70
79	844	422	211	71
80+	860	430	215	72

Female

Preferred		Effective Date: 04/01/2023 Plan Code: 5HP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	387	194	97	33
66	418	209	105	35
67	447	224	112	38
68	466	233	117	39
69	487	244	122	41
70	507	254	127	43
71	525	263	132	44
72	552	276	138	46
73	574	287	144	48
74	596	298	149	50
75	617	309	155	52
76	622	311	156	52
77	627	314	157	53
78	632	316	158	53
79	638	319	160	54
80+	650	325	163	55

Standard		Effective Date: 04/01/2023 Plan Code: 5HR		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	445	223	112	38
66	480	240	120	40
67	514	257	129	43
68	535	268	134	45
69	560	280	140	47
70	583	292	146	49
71	604	302	151	51
72	634	317	159	53
73	660	330	165	55
74	685	343	172	58
75	709	355	178	60
76	715	358	179	60
77	721	361	181	61
78	727	364	182	61
79	733	367	184	62
80+	748	374	187	63

PLAN K - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 02/01/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1237	619	310	104	
66	1327	664	332	111	
67	1408	704	352	118	
68	1482	741	371	124	
69	1559	780	390	130	
70	1650	825	413	138	
71	1694	847	424	142	
72	1728	864	432	144	
73	1766	883	442	148	
74	1795	898	449	150	
75	1843	922	461	154	
76	1866	933	467	156	
77	1891	946	473	158	
78	1912	956	478	160	
79	1931	966	483	161	
80+	1965	983	492	164	

Standard		Effective Date: 02/01/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1424	712	356	119	
66	1527	764	382	128	
67	1620	810	405	135	
68	1705	853	427	143	
69	1794	897	449	150	
70	1899	950	475	159	
71	1950	975	488	163	
72	1988	994	497	166	
73	2032	1016	508	170	
74	2066	1033	517	173	
75	2121	1061	531	177	
76	2147	1074	537	179	
77	2176	1088	544	182	
78	2200	1100	550	184	
79	2222	1111	556	186	
80+	2261	1131	566	189	

Female

Preferred		Effective Date: 02/01/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1076	538	269	90	
66	1154	577	289	97	
67	1225	613	307	103	
68	1289	645	323	108	
69	1356	678	339	113	
70	1436	718	359	120	
71	1474	737	369	123	
72	1503	752	376	126	
73	1536	768	384	128	
74	1562	781	391	131	
75	1603	802	401	134	
76	1623	812	406	136	
77	1645	823	412	138	
78	1663	832	416	139	
79	1679	840	420	140	
80+	1709	855	428	143	

Standard		Effective Date: 02/01/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1237	619	310	104	
66	1327	664	332	111	
67	1408	704	352	118	
68	1482	741	371	124	
69	1559	780	390	130	
70	1650	825	413	138	
71	1694	847	424	142	
72	1728	864	432	144	
73	1766	883	442	148	
74	1795	898	449	150	
75	1843	922	461	154	
76	1866	933	467	156	
77	1891	946	473	158	
78	1912	956	478	160	
79	1931	966	483	161	
80+	1965	983	492	164	

PLAN L - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 02/01/2020		Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1733	867	434	145	
66	1866	933	467	156	
67	1981	991	496	166	
68	2083	1042	521	174	
69	2190	1095	548	183	
70	2316	1158	579	193	
71	2380	1190	595	199	
72	2430	1215	608	203	
73	2486	1243	622	208	
74	2530	1265	633	211	
75	2583	1292	646	216	
76	2625	1313	657	219	
77	2662	1331	666	222	
78	2692	1346	673	225	
79	2716	1358	679	227	
80+	2764	1382	691	231	

Standard		Effective Date: 02/01/2020		Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1994	997	499	167	
66	2147	1074	537	179	
67	2279	1140	570	190	
68	2397	1199	600	200	
69	2520	1260	630	210	
70	2665	1333	667	223	
71	2739	1370	685	229	
72	2797	1399	700	234	
73	2860	1430	715	239	
74	2912	1456	728	243	
75	2973	1487	744	248	
76	3021	1511	756	252	
77	3063	1532	766	256	
78	3098	1549	775	259	
79	3125	1563	782	261	
80+	3180	1590	795	265	

Female

Preferred		Effective Date: 02/01/2020		Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1507	754	377	126	
66	1623	812	406	136	
67	1723	862	431	144	
68	1812	906	453	151	
69	1905	953	477	159	
70	2014	1007	504	168	
71	2071	1036	518	173	
72	2114	1057	529	177	
73	2162	1081	541	181	
74	2201	1101	551	184	
75	2247	1124	562	188	
76	2283	1142	571	191	
77	2315	1158	579	193	
78	2341	1171	586	196	
79	2362	1181	591	197	
80+	2404	1202	601	201	

Standard		Effective Date: 02/01/2020		Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	1733	867	434	145	
66	1866	933	467	156	
67	1981	991	496	166	
68	2083	1042	521	174	
69	2190	1095	548	183	
70	2316	1158	579	193	
71	2380	1190	595	199	
72	2430	1215	608	203	
73	2486	1243	622	208	
74	2530	1265	633	211	
75	2583	1292	646	216	
76	2625	1313	657	219	
77	2662	1331	666	222	
78	2692	1346	673	225	
79	2716	1358	679	227	
80+	2764	1382	691	231	

PLAN N - AREA 2 (ZIP 270-279; 283; 285-289)

Male

Preferred		Effective Date: 04/01/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2726	1363	682	228	
66	2884	1442	721	241	
67	3028	1514	757	253	
68	3166	1583	792	264	
69	3325	1663	832	278	
70	3479	1740	870	290	
71	3606	1803	902	301	
72	3707	1854	927	309	
73	3780	1890	945	315	
74	3836	1918	959	320	
75	3891	1946	973	325	
76	3932	1966	983	328	
77	3979	1990	995	332	
78	4025	2013	1007	336	
79	4071	2036	1018	340	
80+	4143	2072	1036	346	

Standard		Effective Date: 04/01/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	3137	1569	785	262	
66	3319	1660	830	277	
67	3485	1743	872	291	
68	3643	1822	911	304	
69	3826	1913	957	319	
70	4003	2002	1001	334	
71	4150	2075	1038	346	
72	4266	2133	1067	356	
73	4350	2175	1088	363	
74	4414	2207	1104	368	
75	4478	2239	1120	374	
76	4525	2263	1132	378	
77	4579	2290	1145	382	
78	4631	2316	1158	386	
79	4685	2343	1172	391	
80+	4768	2384	1192	398	

Female

Preferred		Effective Date: 04/01/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2371	1186	593	198	
66	2509	1255	628	210	
67	2634	1317	659	220	
68	2754	1377	689	230	
69	2892	1446	723	241	
70	3026	1513	757	253	
71	3137	1569	785	262	
72	3225	1613	807	269	
73	3288	1644	822	274	
74	3337	1669	835	279	
75	3385	1693	847	283	
76	3420	1710	855	285	
77	3461	1731	866	289	
78	3501	1751	876	292	
79	3542	1771	886	296	
80+	3604	1802	901	301	

Standard		Effective Date: 04/01/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2726	1363	682	228	
66	2884	1442	721	241	
67	3028	1514	757	253	
68	3166	1583	792	264	
69	3325	1663	832	278	
70	3479	1740	870	290	
71	3606	1803	902	301	
72	3707	1854	927	309	
73	3780	1890	945	315	
74	3836	1918	959	320	
75	3891	1946	973	325	
76	3932	1966	983	328	
77	3979	1990	995	332	
78	4025	2013	1007	336	
79	4071	2036	1018	340	
80+	4143	2072	1036	346	

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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