

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

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

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

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. High deductible Plan G is the same as high deductible Plan F, except that, where the annual out-of-pocket expenses are met with Medicare Part A expenses only, any subsequent Medicare Part B deductible expense incurred by the beneficiary after the required annual out-of-pocket expenses is met may not be paid for by the high deductible Plan G

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.

Notice About Attained Age Rated Medicare Supplement Policies

Under Medicare Supplement policies that use attained age rating, premiums automatically increase as you get older. You can expect your premiums to increase each year due to changes in age.

Currently, the premiums for all ages under this policy are shown on the pages that follow.

The premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age.

While the cost for a Medicare Supplement policy that is based on attained age may be lower than the cost of a Medicare Supplement policy that is issue age or community rated at your present age, it is important to compare the potential cost of these policies over the life of the policy.

PLAN A - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 06/15/2020 Plan Code: 5A4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1960	980	490	164
66	2047	1024	512	171
67	2112	1056	528	176
68	2165	1083	542	181
69	2233	1117	559	187
70	2295	1148	574	192
71	2336	1168	584	195
72	2342	1171	586	196
73	2354	1177	589	197
74	2360	1180	590	197
75	2368	1184	592	198
76	2368	1184	592	198
77	2368	1184	592	198
78	2368	1184	592	198
79	2368	1184	592	198
80+	2368	1184	592	198

Standard		Effective Date: 06/15/2020 Plan Code: 5A6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2256	1128	564	188
66	2355	1178	589	197
67	2431	1216	608	203
68	2492	1246	623	208
69	2570	1285	643	215
70	2641	1321	661	221
71	2688	1344	672	224
72	2695	1348	674	225
73	2709	1355	678	226
74	2716	1358	679	227
75	2725	1363	682	228
76	2725	1363	682	228
77	2725	1363	682	228
78	2725	1363	682	228
79	2725	1363	682	228
80+	2725	1363	682	228

Female

Preferred		Effective Date: 06/15/2020 Plan Code: 5A5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1705	853	427	143
66	1780	890	445	149
67	1837	919	460	154
68	1883	942	471	157
69	1942	971	486	162
70	1996	998	499	167
71	2031	1016	508	170
72	2036	1018	509	170
73	2047	1024	512	171
74	2053	1027	514	172
75	2059	1030	515	172
76	2059	1030	515	172
77	2059	1030	515	172
78	2059	1030	515	172
79	2059	1030	515	172
80+	2059	1030	515	172

Standard		Effective Date: 06/15/2020 Plan Code: 5A7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1960	980	490	164
66	2047	1024	512	171
67	2112	1056	528	176
68	2165	1083	542	181
69	2233	1117	559	187
70	2295	1148	574	192
71	2336	1168	584	195
72	2342	1171	586	196
73	2354	1177	589	197
74	2360	1180	590	197
75	2368	1184	592	198
76	2368	1184	592	198
77	2368	1184	592	198
78	2368	1184	592	198
79	2368	1184	592	198
80+	2368	1184	592	198

PLAN B - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3049	1525	763	255		
66	3201	1601	801	267		
67	3327	1664	832	278		
68	3430	1715	858	286		
69	3556	1778	889	297		
70	3676	1838	919	307		
71	3765	1883	942	314		
72	3810	1905	953	318		
73	3865	1933	967	323		
74	3898	1949	975	325		
75	3945	1973	987	329		
76	3961	1981	991	331		
77	3961	1981	991	331		
78	3961	1981	991	331		
79	3961	1981	991	331		
80+	3961	1981	991	331		

Standard		Effective Date: 01/01/2024			Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3509	1755	878	293		
66	3684	1842	921	307		
67	3829	1915	958	320		
68	3947	1974	987	329		
69	4092	2046	1023	341		
70	4230	2115	1058	353		
71	4332	2166	1083	361		
72	4385	2193	1097	366		
73	4448	2224	1112	371		
74	4486	2243	1122	374		
75	4540	2270	1135	379		
76	4558	2279	1140	380		
77	4558	2279	1140	380		
78	4558	2279	1140	380		
79	4558	2279	1140	380		
80+	4558	2279	1140	380		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2652	1326	663	221		
66	2784	1392	696	232		
67	2894	1447	724	242		
68	2983	1492	746	249		
69	3092	1546	773	258		
70	3197	1599	800	267		
71	3274	1637	819	273		
72	3314	1657	829	277		
73	3361	1681	841	281		
74	3390	1695	848	283		
75	3431	1716	858	286		
76	3445	1723	862	288		
77	3445	1723	862	288		
78	3445	1723	862	288		
79	3445	1723	862	288		
80+	3445	1723	862	288		

Standard		Effective Date: 01/01/2024			Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3049	1525	763	255		
66	3201	1601	801	267		
67	3327	1664	832	278		
68	3430	1715	858	286		
69	3556	1778	889	297		
70	3676	1838	919	307		
71	3765	1883	942	314		
72	3810	1905	953	318		
73	3865	1933	967	323		
74	3898	1949	975	325		
75	3945	1973	987	329		
76	3961	1981	991	331		
77	3961	1981	991	331		
78	3961	1981	991	331		
79	3961	1981	991	331		
80+	3961	1981	991	331		

PLAN C - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3238	1619	810	270
66	3400	1700	850	284
67	3536	1768	884	295
68	3665	1833	917	306
69	3833	1917	959	320
70	3992	1996	998	333
71	4124	2062	1031	344
72	4224	2112	1056	352
73	4315	2158	1079	360
74	4386	2193	1097	366
75	4462	2231	1116	372
76	4513	2257	1129	377
77	4591	2296	1148	383
78	4665	2333	1167	389
79	4743	2372	1186	396
80+	4898	2449	1225	409

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3727	1864	932	311
66	3913	1957	979	327
67	4069	2035	1018	340
68	4217	2109	1055	352
69	4411	2206	1103	368
70	4594	2297	1149	383
71	4746	2373	1187	396
72	4861	2431	1216	406
73	4966	2483	1242	414
74	5047	2524	1262	421
75	5136	2568	1284	428
76	5194	2597	1299	433
77	5283	2642	1321	441
78	5369	2685	1343	448
79	5458	2729	1365	455
80+	5637	2819	1410	470

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2816	1408	704	235
66	2957	1479	740	247
67	3075	1538	769	257
68	3187	1594	797	266
69	3333	1667	834	278
70	3471	1736	868	290
71	3586	1793	897	299
72	3673	1837	919	307
73	3753	1877	939	313
74	3814	1907	954	318
75	3881	1941	971	324
76	3925	1963	982	328
77	3992	1996	998	333
78	4057	2029	1015	339
79	4125	2063	1032	344
80+	4260	2130	1065	355

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3238	1619	810	270
66	3400	1700	850	284
67	3536	1768	884	295
68	3665	1833	917	306
69	3833	1917	959	320
70	3992	1996	998	333
71	4124	2062	1031	344
72	4224	2112	1056	352
73	4315	2158	1079	360
74	4386	2193	1097	366
75	4462	2231	1116	372
76	4513	2257	1129	377
77	4591	2296	1148	383
78	4665	2333	1167	389
79	4743	2372	1186	396
80+	4898	2449	1225	409

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

PLAN D - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3028	1514	757	253		
66	3193	1597	799	267		
67	3336	1668	834	278		
68	3464	1732	866	289		
69	3630	1815	908	303		
70	3794	1897	949	317		
71	3931	1966	983	328		
72	4031	2016	1008	336		
73	4124	2062	1031	344		
74	4194	2097	1049	350		
75	4273	2137	1069	357		
76	4325	2163	1082	361		
77	4402	2201	1101	367		
78	4478	2239	1120	374		
79	4555	2278	1139	380		
80+	4714	2357	1179	393		

Standard		Effective Date: 01/01/2024			Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3485	1743	872	291		
66	3674	1837	919	307		
67	3839	1920	960	320		
68	3987	1994	997	333		
69	4177	2089	1045	349		
70	4367	2184	1092	364		
71	4524	2262	1131	377		
72	4639	2320	1160	387		
73	4746	2373	1187	396		
74	4827	2414	1207	403		
75	4918	2459	1230	410		
76	4978	2489	1245	415		
77	5066	2533	1267	423		
78	5154	2577	1289	430		
79	5242	2621	1311	437		
80+	5425	2713	1357	453		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2634	1317	659	220		
66	2777	1389	695	232		
67	2901	1451	726	242		
68	3013	1507	754	252		
69	3157	1579	790	264		
70	3300	1650	825	275		
71	3419	1710	855	285		
72	3506	1753	877	293		
73	3586	1793	897	299		
74	3648	1824	912	304		
75	3716	1858	929	310		
76	3761	1881	941	314		
77	3828	1914	957	319		
78	3895	1948	974	325		
79	3961	1981	991	331		
80+	4100	2050	1025	342		

Standard		Effective Date: 01/01/2024			Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3028	1514	757	253		
66	3193	1597	799	267		
67	3336	1668	834	278		
68	3464	1732	866	289		
69	3630	1815	908	303		
70	3794	1897	949	317		
71	3931	1966	983	328		
72	4031	2016	1008	336		
73	4124	2062	1031	344		
74	4194	2097	1049	350		
75	4273	2137	1069	357		
76	4325	2163	1082	361		
77	4402	2201	1101	367		
78	4478	2239	1120	374		
79	4555	2278	1139	380		
80+	4714	2357	1179	393		

PLAN F - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3755	1878	939	313
66	3939	1970	985	329
67	4099	2050	1025	342
68	4246	2123	1062	354
69	4439	2220	1110	370
70	4622	2311	1156	386
71	4779	2390	1195	399
72	4893	2447	1224	408
73	4998	2499	1250	417
74	5080	2540	1270	424
75	5166	2583	1292	431
76	5227	2614	1307	436
77	5313	2657	1329	443
78	5402	2701	1351	451
79	5486	2743	1372	458
80+	5668	2834	1417	473

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4321	2161	1081	361
66	4533	2267	1134	378
67	4718	2359	1180	394
68	4887	2444	1222	408
69	5109	2555	1278	426
70	5319	2660	1330	444
71	5499	2750	1375	459
72	5632	2816	1408	470
73	5752	2876	1438	480
74	5846	2923	1462	488
75	5946	2973	1487	496
76	6015	3008	1504	502
77	6115	3058	1529	510
78	6217	3109	1555	519
79	6314	3157	1579	527
80+	6523	3262	1631	544

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3265	1633	817	273
66	3425	1713	857	286
67	3565	1783	892	298
68	3693	1847	924	308
69	3860	1930	965	322
70	4019	2010	1005	335
71	4156	2078	1039	347
72	4256	2128	1064	355
73	4347	2174	1087	363
74	4418	2209	1105	369
75	4493	2247	1124	375
76	4546	2273	1137	379
77	4621	2311	1156	386
78	4698	2349	1175	392
79	4771	2386	1193	398
80+	4929	2465	1233	411

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3755	1878	939	313
66	3939	1970	985	329
67	4099	2050	1025	342
68	4246	2123	1062	354
69	4439	2220	1110	370
70	4622	2311	1156	386
71	4779	2390	1195	399
72	4893	2447	1224	408
73	4998	2499	1250	417
74	5080	2540	1270	424
75	5166	2583	1292	431
76	5227	2614	1307	436
77	5313	2657	1329	443
78	5402	2701	1351	451
79	5486	2743	1372	458
80+	5668	2834	1417	473

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

PLAN HDF - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	499	250	125	42		
66	537	269	135	45		
67	573	287	144	48		
68	595	298	149	50		
69	622	311	156	52		
70	647	324	162	54		
71	669	335	168	56		
72	703	352	176	59		
73	736	368	184	62		
74	766	383	192	64		
75	798	399	200	67		
76	808	404	202	68		
77	821	411	206	69		
78	835	418	209	70		
79	849	425	213	71		
80+	876	438	219	73		

Standard		Effective Date: 01/01/2024			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	574	287	144	48		
66	618	309	155	52		
67	660	330	165	55		
68	685	343	172	58		
69	716	358	179	60		
70	745	373	187	63		
71	770	385	193	65		
72	809	405	203	68		
73	847	424	212	71		
74	881	441	221	74		
75	918	459	230	77		
76	930	465	233	78		
77	945	473	237	79		
78	961	481	241	81		
79	977	489	245	82		
80+	1008	504	252	84		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	434	217	109	37		
66	467	234	117	39		
67	498	249	125	42		
68	518	259	130	44		
69	541	271	136	46		
70	563	282	141	47		
71	582	291	146	49		
72	611	306	153	51		
73	640	320	160	54		
74	666	333	167	56		
75	694	347	174	58		
76	702	351	176	59		
77	714	357	179	60		
78	726	363	182	61		
79	738	369	185	62		
80+	762	381	191	64		

Standard		Effective Date: 01/01/2024			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	499	250	125	42		
66	537	269	135	45		
67	573	287	144	48		
68	595	298	149	50		
69	622	311	156	52		
70	647	324	162	54		
71	669	335	168	56		
72	703	352	176	59		
73	736	368	184	62		
74	766	383	192	64		
75	798	399	200	67		
76	808	404	202	68		
77	821	411	206	69		
78	835	418	209	70		
79	849	425	213	71		
80+	876	438	219	73		

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

PLAN G - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2902	1451	726	242
66	3057	1529	765	255
67	3193	1597	799	267
68	3317	1659	830	277
69	3477	1739	870	290
70	3632	1816	908	303
71	3761	1881	941	314
72	3855	1928	964	322
73	3944	1972	986	329
74	4012	2006	1003	335
75	4087	2044	1022	341
76	4135	2068	1034	345
77	4208	2104	1052	351
78	4281	2141	1071	357
79	4355	2178	1089	363
80+	4506	2253	1127	376

Standard		Effective Date: 01/01/2024 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3340	1670	835	279
66	3518	1759	880	294
67	3674	1837	919	307
68	3818	1909	955	319
69	4001	2001	1001	334
70	4180	2090	1045	349
71	4328	2164	1082	361
72	4436	2218	1109	370
73	4539	2270	1135	379
74	4617	2309	1155	385
75	4703	2352	1176	392
76	4759	2380	1190	397
77	4843	2422	1211	404
78	4927	2464	1232	411
79	5012	2506	1253	418
80+	5185	2593	1297	433

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2524	1262	631	211
66	2658	1329	665	222
67	2777	1389	695	232
68	2885	1443	722	241
69	3024	1512	756	252
70	3159	1580	790	264
71	3271	1636	818	273
72	3352	1676	838	280
73	3430	1715	858	286
74	3489	1745	873	291
75	3554	1777	889	297
76	3596	1798	899	300
77	3659	1830	915	305
78	3723	1862	931	311
79	3787	1894	947	316
80+	3918	1959	980	327

Standard		Effective Date: 01/01/2024 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2902	1451	726	242
66	3057	1529	765	255
67	3193	1597	799	267
68	3317	1659	830	277
69	3477	1739	870	290
70	3632	1816	908	303
71	3761	1881	941	314
72	3855	1928	964	322
73	3944	1972	986	329
74	4012	2006	1003	335
75	4087	2044	1022	341
76	4135	2068	1034	345
77	4208	2104	1052	351
78	4281	2141	1071	357
79	4355	2178	1089	363
80+	4506	2253	1127	376

PLAN HDG - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	499	250	125	42		
66	537	269	135	45		
67	573	287	144	48		
68	595	298	149	50		
69	622	311	156	52		
70	647	324	162	54		
71	669	335	168	56		
72	703	352	176	59		
73	736	368	184	62		
74	766	383	192	64		
75	798	399	200	67		
76	808	404	202	68		
77	821	411	206	69		
78	835	418	209	70		
79	849	425	213	71		
80+	876	438	219	73		

Standard		Effective Date: 01/01/2024			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	574	287	144	48		
66	618	309	155	52		
67	660	330	165	55		
68	685	343	172	58		
69	716	358	179	60		
70	745	373	187	63		
71	770	385	193	65		
72	809	405	203	68		
73	847	424	212	71		
74	881	441	221	74		
75	918	459	230	77		
76	930	465	233	78		
77	945	473	237	79		
78	961	481	241	81		
79	977	489	245	82		
80+	1008	504	252	84		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	434	217	109	37		
66	467	234	117	39		
67	498	249	125	42		
68	518	259	130	44		
69	541	271	136	46		
70	563	282	141	47		
71	582	291	146	49		
72	611	306	153	51		
73	640	320	160	54		
74	666	333	167	56		
75	694	347	174	58		
76	702	351	176	59		
77	714	357	179	60		
78	726	363	182	61		
79	738	369	185	62		
80+	762	381	191	64		

Standard		Effective Date: 01/01/2024			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	499	250	125	42		
66	537	269	135	45		
67	573	287	144	48		
68	595	298	149	50		
69	622	311	156	52		
70	647	324	162	54		
71	669	335	168	56		
72	703	352	176	59		
73	736	368	184	62		
74	766	383	192	64		
75	798	399	200	67		
76	808	404	202	68		
77	821	411	206	69		
78	835	418	209	70		
79	849	425	213	71		
80+	876	438	219	73		

PLAN N - AREA 1 (ZIP 201; 220-223)

Male

Preferred		Effective Date: 07/01/2022 Plan Code: 5DM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2483	1242	621	207
66	2618	1309	655	219
67	2738	1369	685	229
68	2854	1427	714	238
69	2995	1498	749	250
70	3130	1565	783	261
71	3251	1626	813	271
72	3341	1671	836	279
73	3424	1712	856	286
74	3489	1745	873	291
75	3561	1781	891	297
76	3610	1805	903	301
77	3682	1841	921	307
78	3757	1879	940	314
79	3830	1915	958	320
80+	3987	1994	997	333

Standard		Effective Date: 07/01/2022 Plan Code: 5DO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2857	1429	715	239
66	3013	1507	754	252
67	3151	1576	788	263
68	3285	1643	822	274
69	3447	1724	862	288
70	3602	1801	901	301
71	3741	1871	936	312
72	3845	1923	962	321
73	3940	1970	985	329
74	4015	2008	1004	335
75	4098	2049	1025	342
76	4155	2078	1039	347
77	4237	2119	1060	354
78	4324	2162	1081	361
79	4408	2204	1102	368
80+	4588	2294	1147	383

Female

Preferred		Effective Date: 07/01/2022 Plan Code: 5DN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2159	1080	540	180
66	2277	1139	570	190
67	2381	1191	596	199
68	2482	1241	621	207
69	2605	1303	652	218
70	2722	1361	681	227
71	2827	1414	707	236
72	2905	1453	727	243
73	2977	1489	745	249
74	3034	1517	759	253
75	3097	1549	775	259
76	3140	1570	785	262
77	3202	1601	801	267
78	3267	1634	817	273
79	3331	1666	833	278
80+	3467	1734	867	289

Standard		Effective Date: 07/01/2022 Plan Code: 5DP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2483	1242	621	207
66	2618	1309	655	219
67	2738	1369	685	229
68	2854	1427	714	238
69	2995	1498	749	250
70	3130	1565	783	261
71	3251	1626	813	271
72	3341	1671	836	279
73	3424	1712	856	286
74	3489	1745	873	291
75	3561	1781	891	297
76	3610	1805	903	301
77	3682	1841	921	307
78	3757	1879	940	314
79	3830	1915	958	320
80+	3987	1994	997	333

PLAN A - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 06/15/2020			Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1790	895	448	150		
66	1869	935	468	156		
67	1928	964	482	161		
68	1977	989	495	165		
69	2039	1020	510	170		
70	2095	1048	524	175		
71	2132	1066	533	178		
72	2138	1069	535	179		
73	2149	1075	538	180		
74	2155	1078	539	180		
75	2162	1081	541	181		
76	2162	1081	541	181		
77	2162	1081	541	181		
78	2162	1081	541	181		
79	2162	1081	541	181		
80+	2162	1081	541	181		

Standard		Effective Date: 06/15/2020			Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2060	1030	515	172		
66	2150	1075	538	180		
67	2219	1110	555	185		
68	2275	1138	569	190		
69	2346	1173	587	196		
70	2411	1206	603	201		
71	2454	1227	614	205		
72	2461	1231	616	206		
73	2474	1237	619	207		
74	2480	1240	620	207		
75	2488	1244	622	208		
76	2488	1244	622	208		
77	2488	1244	622	208		
78	2488	1244	622	208		
79	2488	1244	622	208		
80+	2488	1244	622	208		

Female

Preferred		Effective Date: 06/15/2020			Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1556	778	389	130		
66	1625	813	407	136		
67	1677	839	420	140		
68	1719	860	430	144		
69	1773	887	444	148		
70	1822	911	456	152		
71	1855	928	464	155		
72	1859	930	465	155		
73	1869	935	468	156		
74	1874	937	469	157		
75	1880	940	470	157		
76	1880	940	470	157		
77	1880	940	470	157		
78	1880	940	470	157		
79	1880	940	470	157		
80+	1880	940	470	157		

Standard		Effective Date: 06/15/2020			Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1790	895	448	150		
66	1869	935	468	156		
67	1928	964	482	161		
68	1977	989	495	165		
69	2039	1020	510	170		
70	2095	1048	524	175		
71	2132	1066	533	178		
72	2138	1069	535	179		
73	2149	1075	538	180		
74	2155	1078	539	180		
75	2162	1081	541	181		
76	2162	1081	541	181		
77	2162	1081	541	181		
78	2162	1081	541	181		
79	2162	1081	541	181		
80+	2162	1081	541	181		

PLAN B - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5AM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2784	1392	696	232
66	2923	1462	731	244
67	3038	1519	760	254
68	3132	1566	783	261
69	3247	1624	812	271
70	3356	1678	839	280
71	3437	1719	860	287
72	3479	1740	870	290
73	3529	1765	883	295
74	3559	1780	890	297
75	3602	1801	901	301
76	3617	1809	905	302
77	3617	1809	905	302
78	3617	1809	905	302
79	3617	1809	905	302
80+	3617	1809	905	302

Standard		Effective Date: 01/01/2024 Plan Code: 5AO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3204	1602	801	267
66	3364	1682	841	281
67	3496	1748	874	292
68	3604	1802	901	301
69	3736	1868	934	312
70	3862	1931	966	322
71	3956	1978	989	330
72	4004	2002	1001	334
73	4061	2031	1016	339
74	4096	2048	1024	342
75	4145	2073	1037	346
76	4162	2081	1041	347
77	4162	2081	1041	347
78	4162	2081	1041	347
79	4162	2081	1041	347
80+	4162	2081	1041	347

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5AN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2421	1211	606	202
66	2542	1271	636	212
67	2642	1321	661	221
68	2723	1362	681	227
69	2823	1412	706	236
70	2919	1460	730	244
71	2989	1495	748	250
72	3025	1513	757	253
73	3069	1535	768	256
74	3095	1548	774	258
75	3132	1566	783	261
76	3145	1573	787	263
77	3145	1573	787	263
78	3145	1573	787	263
79	3145	1573	787	263
80+	3145	1573	787	263

Standard		Effective Date: 01/01/2024 Plan Code: 5AP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2784	1392	696	232
66	2923	1462	731	244
67	3038	1519	760	254
68	3132	1566	783	261
69	3247	1624	812	271
70	3356	1678	839	280
71	3437	1719	860	287
72	3479	1740	870	290
73	3529	1765	883	295
74	3559	1780	890	297
75	3602	1801	901	301
76	3617	1809	905	302
77	3617	1809	905	302
78	3617	1809	905	302
79	3617	1809	905	302
80+	3617	1809	905	302

PLAN C - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2957	1479	740	247		
66	3105	1553	777	259		
67	3229	1615	808	270		
68	3346	1673	837	279		
69	3499	1750	875	292		
70	3645	1823	912	304		
71	3765	1883	942	314		
72	3857	1929	965	322		
73	3940	1970	985	329		
74	4004	2002	1001	334		
75	4074	2037	1019	340		
76	4121	2061	1031	344		
77	4192	2096	1048	350		
78	4259	2130	1065	355		
79	4330	2165	1083	361		
80+	4472	2236	1118	373		

Standard		Effective Date: 01/01/2024			Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	3403	1702	851	284		
66	3573	1787	894	298		
67	3716	1858	929	310		
68	3851	1926	963	321		
69	4027	2014	1007	336		
70	4194	2097	1049	350		
71	4333	2167	1084	362		
72	4438	2219	1110	370		
73	4535	2268	1134	378		
74	4608	2304	1152	384		
75	4689	2345	1173	391		
76	4742	2371	1186	396		
77	4824	2412	1206	402		
78	4902	2451	1226	409		
79	4984	2492	1246	416		
80+	5147	2574	1287	429		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5B5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2571	1286	643	215		
66	2700	1350	675	225		
67	2808	1404	702	234		
68	2910	1455	728	243		
69	3043	1522	761	254		
70	3170	1585	793	265		
71	3275	1638	819	273		
72	3354	1677	839	280		
73	3427	1714	857	286		
74	3482	1741	871	291		
75	3543	1772	886	296		
76	3583	1792	896	299		
77	3645	1823	912	304		
78	3704	1852	926	309		
79	3766	1883	942	314		
80+	3889	1945	973	325		

Standard		Effective Date: 01/01/2024			Plan Code: 5B7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2957	1479	740	247		
66	3105	1553	777	259		
67	3229	1615	808	270		
68	3346	1673	837	279		
69	3499	1750	875	292		
70	3645	1823	912	304		
71	3765	1883	942	314		
72	3857	1929	965	322		
73	3940	1970	985	329		
74	4004	2002	1001	334		
75	4074	2037	1019	340		
76	4121	2061	1031	344		
77	4192	2096	1048	350		
78	4259	2130	1065	355		
79	4330	2165	1083	361		
80+	4472	2236	1118	373		

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

PLAN D - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5BM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2765	1383	692	231
66	2915	1458	729	243
67	3046	1523	762	254
68	3163	1582	791	264
69	3314	1657	829	277
70	3464	1732	866	289
71	3589	1795	898	300
72	3681	1841	921	307
73	3765	1883	942	314
74	3830	1915	958	320
75	3902	1951	976	326
76	3949	1975	988	330
77	4019	2010	1005	335
78	4089	2045	1023	341
79	4159	2080	1040	347
80+	4304	2152	1076	359

Standard		Effective Date: 01/01/2024 Plan Code: 5BO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3182	1591	796	266
66	3355	1678	839	280
67	3505	1753	877	293
68	3640	1820	910	304
69	3814	1907	954	318
70	3987	1994	997	333
71	4131	2066	1033	345
72	4236	2118	1059	353
73	4333	2167	1084	362
74	4407	2204	1102	368
75	4490	2245	1123	375
76	4545	2273	1137	379
77	4625	2313	1157	386
78	4706	2353	1177	393
79	4786	2393	1197	399
80+	4954	2477	1239	413

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5BN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2405	1203	602	201
66	2535	1268	634	212
67	2649	1325	663	221
68	2751	1376	688	230
69	2882	1441	721	241
70	3013	1507	754	252
71	3122	1561	781	261
72	3201	1601	801	267
73	3275	1638	819	273
74	3330	1665	833	278
75	3393	1697	849	283
76	3434	1717	859	287
77	3495	1748	874	292
78	3556	1778	889	297
79	3617	1809	905	302
80+	3743	1872	936	312

Standard		Effective Date: 01/01/2024 Plan Code: 5BP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2765	1383	692	231
66	2915	1458	729	243
67	3046	1523	762	254
68	3163	1582	791	264
69	3314	1657	829	277
70	3464	1732	866	289
71	3589	1795	898	300
72	3681	1841	921	307
73	3765	1883	942	314
74	3830	1915	958	320
75	3902	1951	976	326
76	3949	1975	988	330
77	4019	2010	1005	335
78	4089	2045	1023	341
79	4159	2080	1040	347
80+	4304	2152	1076	359

PLAN F - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3428	1714	857	286
66	3596	1798	899	300
67	3743	1872	936	312
68	3877	1939	970	324
69	4053	2027	1014	338
70	4220	2110	1055	352
71	4363	2182	1091	364
72	4468	2234	1117	373
73	4564	2282	1141	381
74	4638	2319	1160	387
75	4717	2359	1180	394
76	4772	2386	1193	398
77	4851	2426	1213	405
78	4933	2467	1234	412
79	5009	2505	1253	418
80+	5175	2588	1294	432

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3945	1973	987	329
66	4139	2070	1035	345
67	4307	2154	1077	359
68	4462	2231	1116	372
69	4664	2332	1166	389
70	4856	2428	1214	405
71	5021	2511	1256	419
72	5142	2571	1286	429
73	5252	2626	1313	438
74	5338	2669	1335	445
75	5429	2715	1358	453
76	5492	2746	1373	458
77	5583	2792	1396	466
78	5677	2839	1420	474
79	5765	2883	1442	481
80+	5956	2978	1489	497

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2981	1491	746	249
66	3127	1564	782	261
67	3255	1628	814	272
68	3372	1686	843	281
69	3525	1763	882	294
70	3670	1835	918	306
71	3794	1897	949	317
72	3886	1943	972	324
73	3969	1985	993	331
74	4034	2017	1009	337
75	4102	2051	1026	342
76	4150	2075	1038	346
77	4219	2110	1055	352
78	4290	2145	1073	358
79	4356	2178	1089	363
80+	4500	2250	1125	375

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3428	1714	857	286
66	3596	1798	899	300
67	3743	1872	936	312
68	3877	1939	970	324
69	4053	2027	1014	338
70	4220	2110	1055	352
71	4363	2182	1091	364
72	4468	2234	1117	373
73	4564	2282	1141	381
74	4638	2319	1160	387
75	4717	2359	1180	394
76	4772	2386	1193	398
77	4851	2426	1213	405
78	4933	2467	1234	412
79	5009	2505	1253	418
80+	5175	2588	1294	432

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

PLAN HDF - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	456	228	114	38		
66	491	246	123	41		
67	523	262	131	44		
68	544	272	136	46		
69	568	284	142	48		
70	591	296	148	50		
71	611	306	153	51		
72	642	321	161	54		
73	672	336	168	56		
74	699	350	175	59		
75	728	364	182	61		
76	738	369	185	62		
77	750	375	188	63		
78	762	381	191	64		
79	775	388	194	65		
80+	800	400	200	67		

Standard		Effective Date: 01/01/2024			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	524	262	131	44		
66	565	283	142	48		
67	602	301	151	51		
68	626	313	157	53		
69	654	327	164	55		
70	680	340	170	57		
71	703	352	176	59		
72	738	369	185	62		
73	773	387	194	65		
74	805	403	202	68		
75	838	419	210	70		
76	849	425	213	71		
77	863	432	216	72		
78	877	439	220	74		
79	892	446	223	75		
80+	920	460	230	77		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	396	198	99	33		
66	427	214	107	36		
67	455	228	114	38		
68	473	237	119	40		
69	494	247	124	42		
70	514	257	129	43		
71	532	266	133	45		
72	558	279	140	47		
73	584	292	146	49		
74	608	304	152	51		
75	634	317	159	53		
76	641	321	161	54		
77	652	326	163	55		
78	663	332	166	56		
79	674	337	169	57		
80+	695	348	174	58		

Standard		Effective Date: 01/01/2024			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	456	228	114	38		
66	491	246	123	41		
67	523	262	131	44		
68	544	272	136	46		
69	568	284	142	48		
70	591	296	148	50		
71	611	306	153	51		
72	642	321	161	54		
73	672	336	168	56		
74	699	350	175	59		
75	728	364	182	61		
76	738	369	185	62		
77	750	375	188	63		
78	762	381	191	64		
79	775	388	194	65		
80+	800	400	200	67		

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

PLAN G - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2650	1325	663	221
66	2791	1396	698	233
67	2915	1458	729	243
68	3029	1515	758	253
69	3174	1587	794	265
70	3317	1659	830	277
71	3434	1717	859	287
72	3520	1760	880	294
73	3601	1801	901	301
74	3663	1832	916	306
75	3732	1866	933	311
76	3776	1888	944	315
77	3842	1921	961	321
78	3909	1955	978	326
79	3976	1988	994	332
80+	4114	2057	1029	343

Standard		Effective Date: 01/01/2024 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3050	1525	763	255
66	3212	1606	803	268
67	3355	1678	839	280
68	3486	1743	872	291
69	3653	1827	914	305
70	3817	1909	955	319
71	3952	1976	988	330
72	4050	2025	1013	338
73	4144	2072	1036	346
74	4215	2108	1054	352
75	4294	2147	1074	358
76	4345	2173	1087	363
77	4422	2211	1106	369
78	4498	2249	1125	375
79	4576	2288	1144	382
80+	4734	2367	1184	395

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2305	1153	577	193
66	2427	1214	607	203
67	2535	1268	634	212
68	2634	1317	659	220
69	2761	1381	691	231
70	2884	1442	721	241
71	2986	1493	747	249
72	3061	1531	766	256
73	3131	1566	783	261
74	3185	1593	797	266
75	3245	1623	812	271
76	3283	1642	821	274
77	3341	1671	836	279
78	3399	1700	850	284
79	3458	1729	865	289
80+	3578	1789	895	299

Standard		Effective Date: 01/01/2024 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2650	1325	663	221
66	2791	1396	698	233
67	2915	1458	729	243
68	3029	1515	758	253
69	3174	1587	794	265
70	3317	1659	830	277
71	3434	1717	859	287
72	3520	1760	880	294
73	3601	1801	901	301
74	3663	1832	916	306
75	3732	1866	933	311
76	3776	1888	944	315
77	3842	1921	961	321
78	3909	1955	978	326
79	3976	1988	994	332
80+	4114	2057	1029	343

PLAN HDG - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5HO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	456	228	114	38
66	491	246	123	41
67	523	262	131	44
68	544	272	136	46
69	568	284	142	48
70	591	296	148	50
71	611	306	153	51
72	642	321	161	54
73	672	336	168	56
74	699	350	175	59
75	728	364	182	61
76	738	369	185	62
77	750	375	188	63
78	762	381	191	64
79	775	388	194	65
80+	800	400	200	67

Standard		Effective Date: 01/01/2024 Plan Code: 5HQ		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	524	262	131	44
66	565	283	142	48
67	602	301	151	51
68	626	313	157	53
69	654	327	164	55
70	680	340	170	57
71	703	352	176	59
72	738	369	185	62
73	773	387	194	65
74	805	403	202	68
75	838	419	210	70
76	849	425	213	71
77	863	432	216	72
78	877	439	220	74
79	892	446	223	75
80+	920	460	230	77

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5HP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	396	198	99	33
66	427	214	107	36
67	455	228	114	38
68	473	237	119	40
69	494	247	124	42
70	514	257	129	43
71	532	266	133	45
72	558	279	140	47
73	584	292	146	49
74	608	304	152	51
75	634	317	159	53
76	641	321	161	54
77	652	326	163	55
78	663	332	166	56
79	674	337	169	57
80+	695	348	174	58

Standard		Effective Date: 01/01/2024 Plan Code: 5HR		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	456	228	114	38
66	491	246	123	41
67	523	262	131	44
68	544	272	136	46
69	568	284	142	48
70	591	296	148	50
71	611	306	153	51
72	642	321	161	54
73	672	336	168	56
74	699	350	175	59
75	728	364	182	61
76	738	369	185	62
77	750	375	188	63
78	762	381	191	64
79	775	388	194	65
80+	800	400	200	67

PLAN N - AREA 2 (ZIP 230-238)

Male

Preferred		Effective Date: 07/01/2022			Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2267	1134	567	189		
66	2391	1196	598	200		
67	2500	1250	625	209		
68	2606	1303	652	218		
69	2735	1368	684	228		
70	2858	1429	715	239		
71	2968	1484	742	248		
72	3050	1525	763	255		
73	3126	1563	782	261		
74	3186	1593	797	266		
75	3251	1626	813	271		
76	3296	1648	824	275		
77	3362	1681	841	281		
78	3430	1715	858	286		
79	3497	1749	875	292		
80+	3640	1820	910	304		

Standard		Effective Date: 07/01/2022			Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2609	1305	653	218		
66	2751	1376	688	230		
67	2877	1439	720	240		
68	2999	1500	750	250		
69	3147	1574	787	263		
70	3289	1645	823	275		
71	3416	1708	854	285		
72	3511	1756	878	293		
73	3598	1799	900	300		
74	3666	1833	917	306		
75	3742	1871	936	312		
76	3793	1897	949	317		
77	3869	1935	968	323		
78	3948	1974	987	329		
79	4024	2012	1006	336		
80+	4189	2095	1048	350		

Female

Preferred		Effective Date: 07/01/2022			Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1971	986	493	165		
66	2079	1040	520	174		
67	2174	1087	544	182		
68	2266	1133	567	189		
69	2378	1189	595	199		
70	2485	1243	622	208		
71	2581	1291	646	216		
72	2653	1327	664	222		
73	2719	1360	680	227		
74	2770	1385	693	231		
75	2827	1414	707	236		
76	2867	1434	717	239		
77	2923	1462	731	244		
78	2983	1492	746	249		
79	3041	1521	761	254		
80+	3166	1583	792	264		

Standard		Effective Date: 07/01/2022			Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2267	1134	567	189		
66	2391	1196	598	200		
67	2500	1250	625	209		
68	2606	1303	652	218		
69	2735	1368	684	228		
70	2858	1429	715	239		
71	2968	1484	742	248		
72	3050	1525	763	255		
73	3126	1563	782	261		
74	3186	1593	797	266		
75	3251	1626	813	271		
76	3296	1648	824	275		
77	3362	1681	841	281		
78	3430	1715	858	286		
79	3497	1749	875	292		
80+	3640	1820	910	304		

PLAN A - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 06/15/2020 Plan Code: 5A4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1619	810	405	135
66	1691	846	423	141
67	1745	873	437	146
68	1789	895	448	150
69	1845	923	462	154
70	1896	948	474	158
71	1929	965	483	161
72	1934	967	484	162
73	1945	973	487	163
74	1950	975	488	163
75	1956	978	489	163
76	1956	978	489	163
77	1956	978	489	163
78	1956	978	489	163
79	1956	978	489	163
80+	1956	978	489	163

Standard		Effective Date: 06/15/2020 Plan Code: 5A6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1863	932	466	156
66	1946	973	487	163
67	2008	1004	502	168
68	2058	1029	515	172
69	2123	1062	531	177
70	2182	1091	546	182
71	2220	1110	555	185
72	2226	1113	557	186
73	2238	1119	560	187
74	2244	1122	561	187
75	2251	1126	563	188
76	2251	1126	563	188
77	2251	1126	563	188
78	2251	1126	563	188
79	2251	1126	563	188
80+	2251	1126	563	188

Female

Preferred		Effective Date: 06/15/2020 Plan Code: 5A5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1408	704	352	118
66	1470	735	368	123
67	1517	759	380	127
68	1555	778	389	130
69	1604	802	401	134
70	1649	825	413	138
71	1678	839	420	140
72	1682	841	421	141
73	1691	846	423	141
74	1696	848	424	142
75	1701	851	426	142
76	1701	851	426	142
77	1701	851	426	142
78	1701	851	426	142
79	1701	851	426	142
80+	1701	851	426	142

Standard		Effective Date: 06/15/2020 Plan Code: 5A7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1619	810	405	135
66	1691	846	423	141
67	1745	873	437	146
68	1789	895	448	150
69	1845	923	462	154
70	1896	948	474	158
71	1929	965	483	161
72	1934	967	484	162
73	1945	973	487	163
74	1950	975	488	163
75	1956	978	489	163
76	1956	978	489	163
77	1956	978	489	163
78	1956	978	489	163
79	1956	978	489	163
80+	1956	978	489	163

PLAN B - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5AM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2519	1260	630	210
66	2645	1323	662	221
67	2749	1375	688	230
68	2833	1417	709	237
69	2937	1469	735	245
70	3036	1518	759	253
71	3110	1555	778	260
72	3148	1574	787	263
73	3193	1597	799	267
74	3220	1610	805	269
75	3259	1630	815	272
76	3272	1636	818	273
77	3272	1636	818	273
78	3272	1636	818	273
79	3272	1636	818	273
80+	3272	1636	818	273

Standard		Effective Date: 01/01/2024 Plan Code: 5AO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2899	1450	725	242
66	3044	1522	761	254
67	3163	1582	791	264
68	3261	1631	816	272
69	3381	1691	846	282
70	3494	1747	874	292
71	3579	1790	895	299
72	3622	1811	906	302
73	3674	1837	919	307
74	3706	1853	927	309
75	3750	1875	938	313
76	3766	1883	942	314
77	3766	1883	942	314
78	3766	1883	942	314
79	3766	1883	942	314
80+	3766	1883	942	314

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5AN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2191	1096	548	183
66	2300	1150	575	192
67	2390	1195	598	200
68	2464	1232	616	206
69	2555	1278	639	213
70	2641	1321	661	221
71	2704	1352	676	226
72	2737	1369	685	229
73	2776	1388	694	232
74	2800	1400	700	234
75	2834	1417	709	237
76	2846	1423	712	238
77	2846	1423	712	238
78	2846	1423	712	238
79	2846	1423	712	238
80+	2846	1423	712	238

Standard		Effective Date: 01/01/2024 Plan Code: 5AP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2519	1260	630	210
66	2645	1323	662	221
67	2749	1375	688	230
68	2833	1417	709	237
69	2937	1469	735	245
70	3036	1518	759	253
71	3110	1555	778	260
72	3148	1574	787	263
73	3193	1597	799	267
74	3220	1610	805	269
75	3259	1630	815	272
76	3272	1636	818	273
77	3272	1636	818	273
78	3272	1636	818	273
79	3272	1636	818	273
80+	3272	1636	818	273

PLAN C - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2675	1338	669	223
66	2809	1405	703	235
67	2921	1461	731	244
68	3027	1514	757	253
69	3166	1583	792	264
70	3298	1649	825	275
71	3407	1704	852	284
72	3489	1745	873	291
73	3565	1783	892	298
74	3623	1812	906	302
75	3686	1843	922	308
76	3728	1864	932	311
77	3792	1896	948	316
78	3854	1927	964	322
79	3918	1959	980	327
80+	4047	2024	1012	338

Standard		Effective Date: 01/01/2024 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3079	1540	770	257
66	3233	1617	809	270
67	3362	1681	841	281
68	3484	1742	871	291
69	3644	1822	911	304
70	3795	1898	949	317
71	3921	1961	981	327
72	4016	2008	1004	335
73	4103	2052	1026	342
74	4170	2085	1043	348
75	4242	2121	1061	354
76	4291	2146	1073	358
77	4365	2183	1092	364
78	4435	2218	1109	370
79	4509	2255	1128	376
80+	4657	2329	1165	389

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2327	1164	582	194
66	2443	1222	611	204
67	2540	1270	635	212
68	2633	1317	659	220
69	2753	1377	689	230
70	2868	1434	717	239
71	2963	1482	741	247
72	3035	1518	759	253
73	3100	1550	775	259
74	3151	1576	788	263
75	3206	1603	802	268
76	3242	1621	811	271
77	3298	1649	825	275
78	3351	1676	838	280
79	3407	1704	852	284
80+	3519	1760	880	294

Standard		Effective Date: 01/01/2024 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2675	1338	669	223
66	2809	1405	703	235
67	2921	1461	731	244
68	3027	1514	757	253
69	3166	1583	792	264
70	3298	1649	825	275
71	3407	1704	852	284
72	3489	1745	873	291
73	3565	1783	892	298
74	3623	1812	906	302
75	3686	1843	922	308
76	3728	1864	932	311
77	3792	1896	948	316
78	3854	1927	964	322
79	3918	1959	980	327
80+	4047	2024	1012	338

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

PLAN D - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2502	1251	626	209		
66	2637	1319	660	220		
67	2756	1378	689	230		
68	2862	1431	716	239		
69	2999	1500	750	250		
70	3134	1567	784	262		
71	3248	1624	812	271		
72	3330	1665	833	278		
73	3407	1704	852	284		
74	3465	1733	867	289		
75	3530	1765	883	295		
76	3573	1787	894	298		
77	3636	1818	909	303		
78	3700	1850	925	309		
79	3763	1882	941	314		
80+	3894	1947	974	325		

Standard		Effective Date: 01/01/2024			Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2879	1440	720	240		
66	3035	1518	759	253		
67	3172	1586	793	265		
68	3294	1647	824	275		
69	3451	1726	863	288		
70	3607	1804	902	301		
71	3737	1869	935	312		
72	3833	1917	959	320		
73	3921	1961	981	327		
74	3988	1994	997	333		
75	4063	2032	1016	339		
76	4112	2056	1028	343		
77	4185	2093	1047	349		
78	4258	2129	1065	355		
79	4330	2165	1083	361		
80+	4482	2241	1121	374		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2176	1088	544	182		
66	2294	1147	574	192		
67	2397	1199	600	200		
68	2489	1245	623	208		
69	2608	1304	652	218		
70	2726	1363	682	228		
71	2824	1412	706	236		
72	2896	1448	724	242		
73	2963	1482	741	247		
74	3013	1507	754	252		
75	3070	1535	768	256		
76	3107	1554	777	259		
77	3162	1581	791	264		
78	3217	1609	805	269		
79	3272	1636	818	273		
80+	3387	1694	847	283		

Standard		Effective Date: 01/01/2024			Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2502	1251	626	209		
66	2637	1319	660	220		
67	2756	1378	689	230		
68	2862	1431	716	239		
69	2999	1500	750	250		
70	3134	1567	784	262		
71	3248	1624	812	271		
72	3330	1665	833	278		
73	3407	1704	852	284		
74	3465	1733	867	289		
75	3530	1765	883	295		
76	3573	1787	894	298		
77	3636	1818	909	303		
78	3700	1850	925	309		
79	3763	1882	941	314		
80+	3894	1947	974	325		

PLAN F - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3102	1551	776	259
66	3254	1627	814	272
67	3386	1693	847	283
68	3508	1754	877	293
69	3667	1834	917	306
70	3818	1909	955	319
71	3948	1974	987	329
72	4042	2021	1011	337
73	4129	2065	1033	345
74	4196	2098	1049	350
75	4268	2134	1067	356
76	4318	2159	1080	360
77	4389	2195	1098	366
78	4463	2232	1116	372
79	4532	2266	1133	378
80+	4682	2341	1171	391

Standard		Effective Date: 01/01/2024 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3570	1785	893	298
66	3745	1873	937	313
67	3897	1949	975	325
68	4037	2019	1010	337
69	4220	2110	1055	352
70	4394	2197	1099	367
71	4543	2272	1136	379
72	4652	2326	1163	388
73	4752	2376	1188	396
74	4829	2415	1208	403
75	4912	2456	1228	410
76	4969	2485	1243	415
77	5051	2526	1263	421
78	5136	2568	1284	428
79	5216	2608	1304	435
80+	5388	2694	1347	449

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2697	1349	675	225
66	2830	1415	708	236
67	2945	1473	737	246
68	3051	1526	763	255
69	3189	1595	798	266
70	3320	1660	830	277
71	3433	1717	859	287
72	3515	1758	879	293
73	3591	1796	898	300
74	3649	1825	913	305
75	3712	1856	928	310
76	3755	1878	939	313
77	3817	1909	955	319
78	3881	1941	971	324
79	3941	1971	986	329
80+	4072	2036	1018	340

Standard		Effective Date: 01/01/2024 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3102	1551	776	259
66	3254	1627	814	272
67	3386	1693	847	283
68	3508	1754	877	293
69	3667	1834	917	306
70	3818	1909	955	319
71	3948	1974	987	329
72	4042	2021	1011	337
73	4129	2065	1033	345
74	4196	2098	1049	350
75	4268	2134	1067	356
76	4318	2159	1080	360
77	4389	2195	1098	366
78	4463	2232	1116	372
79	4532	2266	1133	378
80+	4682	2341	1171	391

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

PLAN HDF - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	412	206	103	35		
66	444	222	111	37		
67	473	237	119	40		
68	492	246	123	41		
69	514	257	129	43		
70	535	268	134	45		
71	553	277	139	47		
72	581	291	146	49		
73	608	304	152	51		
74	633	317	159	53		
75	659	330	165	55		
76	667	334	167	56		
77	679	340	170	57		
78	690	345	173	58		
79	701	351	176	59		
80+	723	362	181	61		

Standard		Effective Date: 01/01/2024			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	474	237	119	40		
66	511	256	128	43		
67	545	273	137	46		
68	566	283	142	48		
69	592	296	148	50		
70	615	308	154	52		
71	636	318	159	53		
72	668	334	167	56		
73	700	350	175	59		
74	728	364	182	61		
75	759	380	190	64		
76	768	384	192	64		
77	781	391	196	66		
78	794	397	199	67		
79	807	404	202	68		
80+	833	417	209	70		

Female

Preferred		Effective Date: 01/01/2024			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	358	179	90	30		
66	386	193	97	33		
67	412	206	103	35		
68	428	214	107	36		
69	447	224	112	38		
70	465	233	117	39		
71	481	241	121	41		
72	505	253	127	43		
73	529	265	133	45		
74	550	275	138	46		
75	573	287	144	48		
76	580	290	145	49		
77	590	295	148	50		
78	600	300	150	50		
79	610	305	153	51		
80+	629	315	158	53		

Standard		Effective Date: 01/01/2024			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	412	206	103	35		
66	444	222	111	37		
67	473	237	119	40		
68	492	246	123	41		
69	514	257	129	43		
70	535	268	134	45		
71	553	277	139	47		
72	581	291	146	49		
73	608	304	152	51		
74	633	317	159	53		
75	659	330	165	55		
76	667	334	167	56		
77	679	340	170	57		
78	690	345	173	58		
79	701	351	176	59		
80+	723	362	181	61		

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

PLAN G - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2398	1199	600	200
66	2525	1263	632	211
67	2637	1319	660	220
68	2741	1371	686	229
69	2872	1436	718	240
70	3001	1501	751	251
71	3107	1554	777	259
72	3184	1592	796	266
73	3258	1629	815	272
74	3314	1657	829	277
75	3376	1688	844	282
76	3416	1708	854	285
77	3476	1738	869	290
78	3536	1768	884	295
79	3598	1799	900	300
80+	3722	1861	931	311

Standard		Effective Date: 01/01/2024 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2759	1380	690	230
66	2906	1453	727	243
67	3035	1518	759	253
68	3154	1577	789	263
69	3305	1653	827	276
70	3453	1727	864	288
71	3575	1788	894	298
72	3665	1833	917	306
73	3749	1875	938	313
74	3814	1907	954	318
75	3885	1943	972	324
76	3931	1966	983	328
77	4001	2001	1001	334
78	4070	2035	1018	340
79	4140	2070	1035	345
80+	4283	2142	1071	357

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2085	1043	522	174
66	2196	1098	549	183
67	2294	1147	574	192
68	2383	1192	596	199
69	2498	1249	625	209
70	2610	1305	653	218
71	2702	1351	676	226
72	2769	1385	693	231
73	2833	1417	709	237
74	2882	1441	721	241
75	2936	1468	734	245
76	2971	1486	743	248
77	3023	1512	756	252
78	3075	1538	769	257
79	3129	1565	783	261
80+	3237	1619	810	270

Standard		Effective Date: 01/01/2024 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2398	1199	600	200
66	2525	1263	632	211
67	2637	1319	660	220
68	2741	1371	686	229
69	2872	1436	718	240
70	3001	1501	751	251
71	3107	1554	777	259
72	3184	1592	796	266
73	3258	1629	815	272
74	3314	1657	829	277
75	3376	1688	844	282
76	3416	1708	854	285
77	3476	1738	869	290
78	3536	1768	884	295
79	3598	1799	900	300
80+	3722	1861	931	311

PLAN HDG - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 01/01/2024 Plan Code: 5HO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	412	206	103	35
66	444	222	111	37
67	473	237	119	40
68	492	246	123	41
69	514	257	129	43
70	535	268	134	45
71	553	277	139	47
72	581	291	146	49
73	608	304	152	51
74	633	317	159	53
75	659	330	165	55
76	667	334	167	56
77	679	340	170	57
78	690	345	173	58
79	701	351	176	59
80+	723	362	181	61

Standard		Effective Date: 01/01/2024 Plan Code: 5HQ		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	474	237	119	40
66	511	256	128	43
67	545	273	137	46
68	566	283	142	48
69	592	296	148	50
70	615	308	154	52
71	636	318	159	53
72	668	334	167	56
73	700	350	175	59
74	728	364	182	61
75	759	380	190	64
76	768	384	192	64
77	781	391	196	66
78	794	397	199	67
79	807	404	202	68
80+	833	417	209	70

Female

Preferred		Effective Date: 01/01/2024 Plan Code: 5HP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	358	179	90	30
66	386	193	97	33
67	412	206	103	35
68	428	214	107	36
69	447	224	112	38
70	465	233	117	39
71	481	241	121	41
72	505	253	127	43
73	529	265	133	45
74	550	275	138	46
75	573	287	144	48
76	580	290	145	49
77	590	295	148	50
78	600	300	150	50
79	610	305	153	51
80+	629	315	158	53

Standard		Effective Date: 01/01/2024 Plan Code: 5HR		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	412	206	103	35
66	444	222	111	37
67	473	237	119	40
68	492	246	123	41
69	514	257	129	43
70	535	268	134	45
71	553	277	139	47
72	581	291	146	49
73	608	304	152	51
74	633	317	159	53
75	659	330	165	55
76	667	334	167	56
77	679	340	170	57
78	690	345	173	58
79	701	351	176	59
80+	723	362	181	61

PLAN N - AREA 3 (ZIP 224-229; 239-246)

Male

Preferred		Effective Date: 07/01/2022			Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2051	1026	513	171		
66	2163	1082	541	181		
67	2262	1131	566	189		
68	2358	1179	590	197		
69	2474	1237	619	207		
70	2585	1293	647	216		
71	2685	1343	672	224		
72	2760	1380	690	230		
73	2828	1414	707	236		
74	2882	1441	721	241		
75	2942	1471	736	246		
76	2982	1491	746	249		
77	3042	1521	761	254		
78	3104	1552	776	259		
79	3164	1582	791	264		
80+	3294	1647	824	275		

Standard		Effective Date: 07/01/2022			Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2360	1180	590	197		
66	2489	1245	623	208		
67	2603	1302	651	217		
68	2714	1357	679	227		
69	2847	1424	712	238		
70	2975	1488	744	248		
71	3090	1545	773	258		
72	3176	1588	794	265		
73	3255	1628	814	272		
74	3317	1659	830	277		
75	3385	1693	847	283		
76	3432	1716	858	286		
77	3500	1750	875	292		
78	3572	1786	893	298		
79	3641	1821	911	304		
80+	3790	1895	948	316		

Female

Preferred		Effective Date: 07/01/2022			Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1783	892	446	149		
66	1881	941	471	157		
67	1967	984	492	164		
68	2051	1026	513	171		
69	2152	1076	538	180		
70	2248	1124	562	188		
71	2335	1168	584	195		
72	2400	1200	600	200		
73	2460	1230	615	205		
74	2507	1254	627	209		
75	2558	1279	640	214		
76	2594	1297	649	217		
77	2645	1323	662	221		
78	2699	1350	675	225		
79	2752	1376	688	230		
80+	2864	1432	716	239		

Standard		Effective Date: 07/01/2022			Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2051	1026	513	171		
66	2163	1082	541	181		
67	2262	1131	566	189		
68	2358	1179	590	197		
69	2474	1237	619	207		
70	2585	1293	647	216		
71	2685	1343	672	224		
72	2760	1380	690	230		
73	2828	1414	707	236		
74	2882	1441	721	241		
75	2942	1471	736	246		
76	2982	1491	746	249		
77	3042	1521	761	254		
78	3104	1552	776	259		
79	3164	1582	791	264		
80+	3294	1647	824	275		

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
--	--------------------	-------------------	---

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
--	--------------------	-------------------	---

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
--	----------------------------	---	---------------------------

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
--	------------	--	---

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
--	----------------------------	---------------------------	---

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
--	------------	--	---

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	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 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
--	----------------------------	---	-----------------------

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
--	------------	--	---

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	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$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	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$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	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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
--	----------------------------	---------------------------	---

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
--	------------	--	---