

United American Coverage Outline

Thank you for your interest in the United American Medicare Supplement plan!

Attached is a copy of the policy Outline of Coverage and we have supplied you with a link to a printable copy of the Enrollment Form as well as a link to their online application.

Should you decide to apply by upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to United American. You may upload, email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: client.services@cda-insurance.com
- Secure File Upload: [Click here](#)
- Mail: CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Other Important Information

Download Medicare's [Choosing a Medigap Policy Guide](#) (.pdf)

Download [Policy Outline](#) (.pdf)

Download [Application](#) (.pdf)

Our website: <http://www.medicare-texas.net>

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

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 for Effective Dates on or After June 1, 2010

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 in your state.

BASIC BENEFITS:

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

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

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F	F *	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)	Part B Excess (100%)					
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency				Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4940; paid at 100% after limit reached	Out-of-pocket limit \$2470; paid at 100% after limit reached		

* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

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 United American 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.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this policy for:

- 1) Any portion of any expense for which payment is made by Medicare; or
- 2) Any type of expense not eligible for coverage under Medicare.
- 3) Loss due to a pre-existing condition is not covered unless the loss is incurred more than 60 days after the policy effective date. If you have a pre-existing condition and qualify for open enrollment and have had continuous period of creditable coverage for at least 60 days, we cannot exclude coverage based on the pre-existing condition. If the period of creditable coverage is less than 60 days, we will give credit for the amount of time of creditable coverage you have had towards fulfilling the pre-existing condition exclusion period.

Any benefits payable under this policy for expense incurred that is paid for by the Texas Department of Human Services will be paid to the Department.

REFUND OF PREMIUM

This policy provides for a refund or partial refund of premium upon the death of the insured or the surrender of the policy.

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 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A4	
	Annual	Semi Annual	Quarterly	Monthly
65	1733	867	434	145
66	1817	909	455	152
67	1893	947	474	158
68	1953	977	489	163
69	2025	1013	507	169
70	2097	1049	525	175
71	2148	1074	537	179
72	2171	1086	543	181
73	2213	1107	554	185
74	2244	1122	561	187
75	2275	1138	569	190
76	2294	1147	574	192
77	2294	1147	574	192
78	2294	1147	574	192
79	2294	1147	574	192
80+	2294	1147	574	192

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A5	
	Annual	Semi Annual	Quarterly	Monthly
65	1507	754	377	126
66	1580	790	395	132
67	1646	823	412	138
68	1699	850	425	142
69	1762	881	441	147
70	1824	912	456	152
71	1869	935	468	156
72	1889	945	473	158
73	1925	963	482	161
74	1952	976	488	163
75	1979	990	495	165
76	1996	998	499	167
77	1996	998	499	167
78	1996	998	499	167
79	1996	998	499	167
80+	1996	998	499	167

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A6	
	Annual	Semi Annual	Quarterly	Monthly
65	1994	997	499	167
66	2090	1045	523	175
67	2178	1089	545	182
68	2247	1124	562	188
69	2331	1166	583	195
70	2413	1207	604	202
71	2472	1236	618	206
72	2499	1250	625	209
73	2547	1274	637	213
74	2582	1291	646	216
75	2618	1309	655	219
76	2640	1320	660	220
77	2640	1320	660	220
78	2640	1320	660	220
79	2640	1320	660	220
80+	2640	1320	660	220

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A7	
	Annual	Semi Annual	Quarterly	Monthly
65	1733	867	434	145
66	1817	909	455	152
67	1893	947	474	158
68	1953	977	489	163
69	2025	1013	507	169
70	2097	1049	525	175
71	2148	1074	537	179
72	2171	1086	543	181
73	2213	1107	554	185
74	2244	1122	561	187
75	2275	1138	569	190
76	2294	1147	574	192
77	2294	1147	574	192
78	2294	1147	574	192
79	2294	1147	574	192
80+	2294	1147	574	192

PLAN B – AREA 1 (ZIP 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AM	
	Annual	Semi Annual	Quarterly	Monthly
65	2691	1346	673	225
66	2831	1416	708	236
67	2965	1483	742	248
68	3074	1537	769	257
69	3206	1603	802	268
70	3326	1663	832	278
71	3427	1714	857	286
72	3486	1743	872	291
73	3573	1787	894	298
74	3650	1825	913	305
75	3721	1861	931	311
76	3782	1891	946	316
77	3803	1902	951	317
78	3821	1911	956	319
79	3842	1921	961	321
80+	3842	1921	961	321

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AN	
	Annual	Semi Annual	Quarterly	Monthly
65	2341	1171	586	196
66	2463	1232	616	206
67	2579	1290	645	215
68	2674	1337	669	223
69	2788	1394	697	233
70	2893	1447	724	242
71	2981	1491	746	249
72	3032	1516	758	253
73	3108	1554	777	259
74	3175	1588	794	265
75	3237	1619	810	270
76	3289	1645	823	275
77	3308	1654	827	276
78	3324	1662	831	277
79	3342	1671	836	279
80+	3342	1671	836	279

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AO	
	Annual	Semi Annual	Quarterly	Monthly
65	3097	1549	775	259
66	3258	1629	815	272
67	3412	1706	853	285
68	3538	1769	885	295
69	3689	1845	923	308
70	3827	1914	957	319
71	3943	1972	986	329
72	4011	2006	1003	335
73	4111	2056	1028	343
74	4200	2100	1050	350
75	4282	2141	1071	357
76	4352	2176	1088	363
77	4376	2188	1094	365
78	4397	2199	1100	367
79	4421	2211	1106	369
80+	4421	2211	1106	369

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AP	
	Annual	Semi Annual	Quarterly	Monthly
65	2691	1346	673	225
66	2831	1416	708	236
67	2965	1483	742	248
68	3074	1537	769	257
69	3206	1603	802	268
70	3326	1663	832	278
71	3427	1714	857	286
72	3486	1743	872	291
73	3573	1787	894	298
74	3650	1825	913	305
75	3721	1861	931	311
76	3782	1891	946	316
77	3803	1902	951	317
78	3821	1911	956	319
79	3842	1921	961	321
80+	3842	1921	961	321

PLAN C – AREA 1 (ZIP 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B4	
	Annual	Semi Annual	Quarterly	Monthly
65	2973	1487	744	248
66	3128	1564	782	261
67	3273	1637	819	273
68	3406	1703	852	284
69	3569	1785	893	298
70	3728	1864	932	311
71	3861	1931	966	322
72	3962	1981	991	331
73	4085	2043	1022	341
74	4194	2097	1049	350
75	4297	2149	1075	359
76	4387	2194	1097	366
77	4473	2237	1119	373
78	4560	2280	1140	380
79	4648	2324	1162	388
80+	4800	2400	1200	400

FEMALE

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B6	
	Annual	Semi Annual	Quarterly	Monthly
65	3422	1711	856	286
66	3600	1800	900	300
67	3767	1884	942	314
68	3919	1960	980	327
69	4107	2054	1027	343
70	4290	2145	1073	358
71	4444	2222	1111	371
72	4559	2280	1140	380
73	4701	2351	1176	392
74	4827	2414	1207	403
75	4945	2473	1237	413
76	5048	2524	1262	421
77	5147	2574	1287	429
78	5248	2624	1312	438
79	5348	2674	1337	446
80+	5523	2762	1381	461

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B5	
	Annual	Semi Annual	Quarterly	Monthly
65	2586	1293	647	216
66	2721	1361	681	227
67	2847	1424	712	238
68	2963	1482	741	247
69	3105	1553	777	259
70	3242	1621	811	271
71	3359	1680	840	280
72	3446	1723	862	288
73	3553	1777	889	297
74	3648	1824	912	304
75	3738	1869	935	312
76	3816	1908	954	318
77	3891	1946	973	325
78	3967	1984	992	331
79	4043	2022	1011	337
80+	4175	2088	1044	348

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B7	
	Annual	Semi Annual	Quarterly	Monthly
65	2973	1487	744	248
66	3128	1564	782	261
67	3273	1637	819	273
68	3406	1703	852	284
69	3569	1785	893	298
70	3728	1864	932	311
71	3861	1931	966	322
72	3962	1981	991	331
73	4085	2043	1022	341
74	4194	2097	1049	350
75	4297	2149	1075	359
76	4387	2194	1097	366
77	4473	2237	1119	373
78	4560	2280	1140	380
79	4648	2324	1162	388
80+	4800	2400	1200	400

PLAN D – AREA 1 (ZIP 770-777)

MALE				
ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BM	
	Annual	Semi Annual	Quarterly	Monthly
65	2856	1428	714	238
66	3013	1507	754	252
67	3166	1583	792	264
68	3304	1652	826	276
69	3471	1736	868	290
70	3633	1817	909	303
71	3773	1887	944	315
72	3879	1940	970	324
73	4005	2003	1002	334
74	4116	2058	1029	343
75	4221	2111	1056	352
76	4316	2158	1079	360
77	4404	2202	1101	367
78	4493	2247	1124	375
79	4584	2292	1146	382
80+	4741	2371	1186	396

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BO	
	Annual	Semi Annual	Quarterly	Monthly
65	3286	1643	822	274
66	3467	1734	867	289
67	3644	1822	911	304
68	3802	1901	951	317
69	3994	1997	999	333
70	4181	2091	1046	349
71	4342	2171	1086	362
72	4463	2232	1116	372
73	4609	2305	1153	385
74	4736	2368	1184	395
75	4858	2429	1215	405
76	4967	2484	1242	414
77	5068	2534	1267	423
78	5170	2585	1293	431
79	5275	2638	1319	440
80+	5456	2728	1364	455

FEMALE				
ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BN	
	Annual	Semi Annual	Quarterly	Monthly
65	2484	1242	621	207
66	2621	1311	656	219
67	2754	1377	689	230
68	2874	1437	719	240
69	3019	1510	755	252
70	3160	1580	790	264
71	3282	1641	821	274
72	3374	1687	844	282
73	3484	1742	871	291
74	3580	1790	895	299
75	3672	1836	918	306
76	3754	1877	939	313
77	3831	1916	958	320
78	3908	1954	977	326
79	3987	1994	997	333
80+	4124	2062	1031	344

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BP	
	Annual	Semi Annual	Quarterly	Monthly
65	2856	1428	714	238
66	3013	1507	754	252
67	3166	1583	792	264
68	3304	1652	826	276
69	3471	1736	868	290
70	3633	1817	909	303
71	3773	1887	944	315
72	3879	1940	970	324
73	4005	2003	1002	334
74	4116	2058	1029	343
75	4221	2111	1056	352
76	4316	2158	1079	360
77	4404	2202	1101	367
78	4493	2247	1124	375
79	4584	2292	1146	382
80+	4741	2371	1186	396

PLAN F – AREA 1 (ZIP 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C4	
	Annual	Semi Annual	Quarterly	Monthly
65	2670	1335	668	223
66	2806	1403	702	234
67	2938	1469	735	245
68	3055	1528	764	255
69	3201	1601	801	267
70	3341	1671	836	279
71	3462	1731	866	289
72	3553	1777	889	297
73	3662	1831	916	306
74	3757	1879	940	314
75	3850	1925	963	321
76	3931	1966	983	328
77	4009	2005	1003	335
78	4086	2043	1022	341
79	4164	2082	1041	347
80+	4299	2150	1075	359

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C6	
	Annual	Semi Annual	Quarterly	Monthly
65	3073	1537	769	257
66	3230	1615	808	270
67	3381	1691	846	282
68	3515	1758	879	293
69	3683	1842	921	307
70	3844	1922	961	321
71	3984	1992	996	332
72	4089	2045	1023	341
73	4215	2108	1054	352
74	4323	2162	1081	361
75	4431	2216	1108	370
76	4524	2262	1131	377
77	4613	2307	1154	385
78	4702	2351	1176	392
79	4791	2396	1198	400
80+	4947	2474	1237	413

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C5	
	Annual	Semi Annual	Quarterly	Monthly
65	2323	1162	581	194
66	2441	1221	611	204
67	2555	1278	639	213
68	2657	1329	665	222
69	2784	1392	696	232
70	2906	1453	727	243
71	3012	1506	753	251
72	3091	1546	773	258
73	3186	1593	797	266
74	3268	1634	817	273
75	3349	1675	838	280
76	3420	1710	855	285
77	3487	1744	872	291
78	3554	1777	889	297
79	3622	1811	906	302
80+	3739	1870	935	312

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C7	
	Annual	Semi Annual	Quarterly	Monthly
65	2670	1335	668	223
66	2806	1403	702	234
67	2938	1469	735	245
68	3055	1528	764	255
69	3201	1601	801	267
70	3341	1671	836	279
71	3462	1731	866	289
72	3553	1777	889	297
73	3662	1831	916	306
74	3757	1879	940	314
75	3850	1925	963	321
76	3931	1966	983	328
77	4009	2005	1003	335
78	4086	2043	1022	341
79	4164	2082	1041	347
80+	4299	2150	1075	359

PLAN HDF – AREA 1 (ZIP 770-777)

MALE				
ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CM	
	Annual	Semi Annual	Quarterly	Monthly
65	473	237	119	40
66	511	256	128	43
67	550	275	138	46
68	571	286	143	48
69	599	300	150	50
70	626	313	157	53
71	647	324	162	54
72	682	341	171	57
73	720	360	180	60
74	757	379	190	64
75	795	398	199	67
76	833	417	209	70
77	877	439	220	74
78	920	460	230	77
79	964	482	241	81
80+	1040	520	260	87

NON-TOBACCO

FEMALE				
ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CN	
	Annual	Semi Annual	Quarterly	Monthly
65	411	206	103	35
66	444	222	111	37
67	479	240	120	40
68	497	249	125	42
69	521	261	131	44
70	545	273	137	46
71	563	282	141	47
72	593	297	149	50
73	626	313	157	53
74	658	329	165	55
75	691	346	173	58
76	724	362	181	61
77	763	382	191	64
78	800	400	200	67
79	839	420	210	70
80+	905	453	227	76

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CO	
	Annual	Semi Annual	Quarterly	Monthly
65	544	272	136	46
66	588	294	147	49
67	633	317	159	53
68	657	329	165	55
69	690	345	173	58
70	721	361	181	61
71	745	373	187	63
72	784	392	196	66
73	828	414	207	69
74	871	436	218	73
75	914	457	229	77
76	958	479	240	80
77	1009	505	253	85
78	1059	530	265	89
79	1109	555	278	93
80+	1197	599	300	100

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CP	
	Annual	Semi Annual	Quarterly	Monthly
65	473	237	119	40
66	511	256	128	43
67	550	275	138	46
68	571	286	143	48
69	599	300	150	50
70	626	313	157	53
71	647	324	162	54
72	682	341	171	57
73	720	360	180	60
74	757	379	190	64
75	795	398	199	67
76	833	417	209	70
77	877	439	220	74
78	920	460	230	77
79	964	482	241	81
80+	1040	520	260	87

PLAN G – AREA 1 (ZIP 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D4	
	Annual	Semi Annual	Quarterly	Monthly
65	2870	1435	718	240
66	3028	1514	757	253
67	3183	1592	796	266
68	3317	1659	830	277
69	3486	1743	872	291
70	3648	1824	912	304
71	3788	1894	947	316
72	3891	1946	973	325
73	4019	2010	1005	335
74	4128	2064	1032	344
75	4239	2120	1060	354
76	4331	2166	1083	361
77	4420	2210	1105	369
78	4509	2255	1128	376
79	4600	2300	1150	384
80+	4754	2377	1189	397

FEMALE

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D6	
	Annual	Semi Annual	Quarterly	Monthly
65	3303	1652	826	276
66	3484	1742	871	291
67	3663	1832	916	306
68	3817	1909	955	319
69	4011	2006	1003	335
70	4198	2099	1050	350
71	4359	2180	1090	364
72	4477	2239	1120	374
73	4624	2312	1156	386
74	4750	2375	1188	396
75	4877	2439	1220	407
76	4983	2492	1246	416
77	5087	2544	1272	424
78	5188	2594	1297	433
79	5293	2647	1324	442
80+	5471	2736	1368	456

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D5	
	Annual	Semi Annual	Quarterly	Monthly
65	2497	1249	625	209
66	2633	1317	659	220
67	2769	1385	693	231
68	2886	1443	722	241
69	3032	1516	758	253
70	3173	1587	794	265
71	3295	1648	824	275
72	3385	1693	847	283
73	3496	1748	874	292
74	3591	1796	898	300
75	3687	1844	922	308
76	3767	1884	942	314
77	3845	1923	962	321
78	3922	1961	981	327
79	4001	2001	1001	334
80+	4136	2068	1034	345

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D7	
	Annual	Semi Annual	Quarterly	Monthly
65	2870	1435	718	240
66	3028	1514	757	253
67	3183	1592	796	266
68	3317	1659	830	277
69	3486	1743	872	291
70	3648	1824	912	304
71	3788	1894	947	316
72	3891	1946	973	325
73	4019	2010	1005	335
74	4128	2064	1032	344
75	4239	2120	1060	354
76	4331	2166	1083	361
77	4420	2210	1105	369
78	4509	2255	1128	376
79	4600	2300	1150	384
80+	4754	2377	1189	397

PLAN K – AREA 1 (ZIP 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P44	
	Annual	Semi Annual	Quarterly	Monthly
65	1572	786	393	131
66	1695	848	424	142
67	1793	897	449	150
68	1884	942	471	157
69	1980	990	495	165
70	2097	1049	525	175
71	2154	1077	539	180
72	2196	1098	549	183
73	2239	1120	560	187
74	2275	1138	569	190
75	2325	1163	582	194
76	2354	1177	589	197
77	2372	1186	593	198
78	2388	1194	597	199
79	2402	1201	601	201
80+	2427	1214	607	203

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P46	
	Annual	Semi Annual	Quarterly	Monthly
65	1809	905	453	151
66	1950	975	488	163
67	2063	1032	516	172
68	2168	1084	542	181
69	2278	1139	570	190
70	2413	1207	604	202
71	2479	1240	620	207
72	2527	1264	632	211
73	2577	1289	645	215
74	2618	1309	655	219
75	2675	1338	669	223
76	2709	1355	678	226
77	2729	1365	683	228
78	2748	1374	687	229
79	2765	1383	692	231
80+	2793	1397	699	233

FEMALE

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P45	
	Annual	Semi Annual	Quarterly	Monthly
65	1367	684	342	114
66	1474	737	369	123
67	1560	780	390	130
68	1639	820	410	137
69	1722	861	431	144
70	1824	912	456	152
71	1874	937	469	157
72	1910	955	478	160
73	1948	974	487	163
74	1979	990	495	165
75	2022	1011	506	169
76	2048	1024	512	171
77	2063	1032	516	172
78	2077	1039	520	174
79	2090	1045	523	175
80+	2111	1056	528	176

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P47	
	Annual	Semi Annual	Quarterly	Monthly
65	1572	786	393	131
66	1695	848	424	142
67	1793	897	449	150
68	1884	942	471	157
69	1980	990	495	165
70	2097	1049	525	175
71	2154	1077	539	180
72	2196	1098	549	183
73	2239	1120	560	187
74	2275	1138	569	190
75	2325	1163	582	194
76	2354	1177	589	197
77	2372	1186	593	198
78	2388	1194	597	199
79	2402	1201	601	201
80+	2427	1214	607	203

PLAN L – AREA 1 (ZIP 770-777)

MALE				
ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P60	
	Annual	Semi Annual	Quarterly	Monthly
65	2212	1106	553	185
66	2381	1191	596	199
67	2525	1263	632	211
68	2654	1327	664	222
69	2790	1395	698	233
70	2948	1474	737	246
71	3034	1517	759	253
72	3089	1545	773	258
73	3155	1578	789	263
74	3207	1604	802	268
75	3271	1636	818	273
76	3316	1658	829	277
77	3342	1671	836	279
78	3364	1682	841	281
79	3384	1692	846	282
80+	3413	1707	854	285

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P62	
	Annual	Semi Annual	Quarterly	Monthly
65	2545	1273	637	213
66	2740	1370	685	229
67	2906	1453	727	243
68	3054	1527	764	255
69	3211	1606	803	268
70	3392	1696	848	283
71	3491	1746	873	291
72	3555	1778	889	297
73	3631	1816	908	303
74	3690	1845	923	308
75	3764	1882	941	314
76	3816	1908	954	318
77	3846	1923	962	321
78	3871	1936	968	323
79	3894	1947	974	325
80+	3928	1964	982	328

FEMALE				
ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P61	
	Annual	Semi Annual	Quarterly	Monthly
65	1924	962	481	161
66	2072	1036	518	173
67	2197	1099	550	184
68	2309	1155	578	193
69	2427	1214	607	203
70	2564	1282	641	214
71	2639	1320	660	220
72	2687	1344	672	224
73	2745	1373	687	229
74	2789	1395	698	233
75	2845	1423	712	238
76	2885	1443	722	241
77	2907	1454	727	243
78	2926	1463	732	244
79	2943	1472	736	246
80+	2969	1485	743	248

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P63	
	Annual	Semi Annual	Quarterly	Monthly
65	2212	1106	553	185
66	2381	1191	596	199
67	2525	1263	632	211
68	2654	1327	664	222
69	2790	1395	698	233
70	2948	1474	737	246
71	3034	1517	759	253
72	3089	1545	773	258
73	3155	1578	789	263
74	3207	1604	802	268
75	3271	1636	818	273
76	3316	1658	829	277
77	3342	1671	836	279
78	3364	1682	841	281
79	3384	1692	846	282
80+	3413	1707	854	285

PLAN N – AREA 1 (ZIP 770-777)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DM	
	Annual	Semi Annual	Quarterly	Monthly
65	2314	1157	579	193
66	2442	1221	611	204
67	2569	1285	643	215
68	2685	1343	672	224
69	2824	1412	706	236
70	2959	1480	740	247
71	3080	1540	770	257
72	3171	1586	793	265
73	3277	1639	820	274
74	3370	1685	843	281
75	3464	1732	866	289
76	3548	1774	887	296
77	3629	1815	908	303
78	3710	1855	928	310
79	3791	1896	948	316
80+	3941	1971	986	329

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DN	
	Annual	Semi Annual	Quarterly	Monthly
65	2013	1007	504	168
66	2124	1062	531	177
67	2235	1118	559	187
68	2335	1168	584	195
69	2456	1228	614	205
70	2574	1287	644	215
71	2679	1340	670	224
72	2758	1379	690	230
73	2850	1425	713	238
74	2932	1466	733	245
75	3013	1507	754	252
76	3086	1543	772	258
77	3157	1579	790	264
78	3227	1614	807	269
79	3298	1649	825	275
80+	3428	1714	857	286

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DO	
	Annual	Semi Annual	Quarterly	Monthly
65	2663	1332	666	222
66	2810	1405	703	235
67	2957	1479	740	247
68	3090	1545	773	258
69	3249	1625	813	271
70	3405	1703	852	284
71	3545	1773	887	296
72	3649	1825	913	305
73	3771	1886	943	315
74	3878	1939	970	324
75	3986	1993	997	333
76	4083	2042	1021	341
77	4176	2088	1044	348
78	4270	2135	1068	356
79	4363	2182	1091	364
80+	4535	2268	1134	378

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DP	
	Annual	Semi Annual	Quarterly	Monthly
65	2314	1157	579	193
66	2442	1221	611	204
67	2569	1285	643	215
68	2685	1343	672	224
69	2824	1412	706	236
70	2959	1480	740	247
71	3080	1540	770	257
72	3171	1586	793	265
73	3277	1639	820	274
74	3370	1685	843	281
75	3464	1732	866	289
76	3548	1774	887	296
77	3629	1815	908	303
78	3710	1855	928	310
79	3791	1896	948	316
80+	3941	1971	986	329

PLAN A – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A4	
	Annual	Semi Annual	Quarterly	Monthly
65	1432	716	358	120
66	1501	751	376	126
67	1563	782	391	131
68	1613	807	404	135
69	1673	837	419	140
70	1732	866	433	145
71	1775	888	444	148
72	1794	897	449	150
73	1828	914	457	153
74	1854	927	464	155
75	1879	940	470	157
76	1895	948	474	158
77	1895	948	474	158
78	1895	948	474	158
79	1895	948	474	158
80+	1895	948	474	158

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A6	
	Annual	Semi Annual	Quarterly	Monthly
65	1647	824	412	138
66	1727	864	432	144
67	1799	900	450	150
68	1856	928	464	155
69	1925	963	482	161
70	1993	997	499	167
71	2042	1021	511	171
72	2064	1032	516	172
73	2104	1052	526	176
74	2133	1067	534	178
75	2162	1081	541	181
76	2181	1091	546	182
77	2181	1091	546	182
78	2181	1091	546	182
79	2181	1091	546	182
80+	2181	1091	546	182

FEMALE

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A5	
	Annual	Semi Annual	Quarterly	Monthly
65	1245	623	312	104
66	1305	653	327	109
67	1360	680	340	114
68	1403	702	351	117
69	1455	728	364	122
70	1507	754	377	126
71	1544	772	386	129
72	1560	780	390	130
73	1590	795	398	133
74	1612	806	403	135
75	1634	817	409	137
76	1649	825	413	138
77	1649	825	413	138
78	1649	825	413	138
79	1649	825	413	138
80+	1649	825	413	138

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A7	
	Annual	Semi Annual	Quarterly	Monthly
65	1432	716	358	120
66	1501	751	376	126
67	1563	782	391	131
68	1613	807	404	135
69	1673	837	419	140
70	1732	866	433	145
71	1775	888	444	148
72	1794	897	449	150
73	1828	914	457	153
74	1854	927	464	155
75	1879	940	470	157
76	1895	948	474	158
77	1895	948	474	158
78	1895	948	474	158
79	1895	948	474	158
80+	1895	948	474	158

PLAN B – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AM	
	Annual	Semi Annual	Quarterly	Monthly
65	2223	1112	556	186
66	2339	1170	585	195
67	2449	1225	613	205
68	2540	1270	635	212
69	2648	1324	662	221
70	2748	1374	687	229
71	2831	1416	708	236
72	2879	1440	720	240
73	2951	1476	738	246
74	3015	1508	754	252
75	3074	1537	769	257
76	3124	1562	781	261
77	3141	1571	786	262
78	3156	1578	789	263
79	3174	1587	794	265
80+	3174	1587	794	265

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AN	
	Annual	Semi Annual	Quarterly	Monthly
65	1934	967	484	162
66	2034	1017	509	170
67	2130	1065	533	178
68	2209	1105	553	185
69	2303	1152	576	192
70	2390	1195	598	200
71	2462	1231	616	206
72	2505	1253	627	209
73	2567	1284	642	214
74	2623	1312	656	219
75	2674	1337	669	223
76	2717	1359	680	227
77	2732	1366	683	228
78	2746	1373	687	229
79	2761	1381	691	231
80+	2761	1381	691	231

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AO	
	Annual	Semi Annual	Quarterly	Monthly
65	2558	1279	640	214
66	2691	1346	673	225
67	2818	1409	705	235
68	2922	1461	731	244
69	3047	1524	762	254
70	3162	1581	791	264
71	3257	1629	815	272
72	3314	1657	829	277
73	3396	1698	849	283
74	3470	1735	868	290
75	3538	1769	885	295
76	3595	1798	899	300
77	3615	1808	904	302
78	3632	1816	908	303
79	3652	1826	913	305
80+	3652	1826	913	305

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AP	
	Annual	Semi Annual	Quarterly	Monthly
65	2223	1112	556	186
66	2339	1170	585	195
67	2449	1225	613	205
68	2540	1270	635	212
69	2648	1324	662	221
70	2748	1374	687	229
71	2831	1416	708	236
72	2879	1440	720	240
73	2951	1476	738	246
74	3015	1508	754	252
75	3074	1537	769	257
76	3124	1562	781	261
77	3141	1571	786	262
78	3156	1578	789	263
79	3174	1587	794	265
80+	3174	1587	794	265

PLAN C – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B4	
	Annual	Semi Annual	Quarterly	Monthly
65	2456	1228	614	205
66	2584	1292	646	216
67	2704	1352	676	226
68	2813	1407	704	235
69	2948	1474	737	246
70	3079	1540	770	257
71	3190	1595	798	266
72	3273	1637	819	273
73	3375	1688	844	282
74	3465	1733	867	289
75	3550	1775	888	296
76	3624	1812	906	302
77	3695	1848	924	308
78	3767	1884	942	314
79	3839	1920	960	320
80+	3965	1983	992	331

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B6	
	Annual	Semi Annual	Quarterly	Monthly
65	2827	1414	707	236
66	2974	1487	744	248
67	3112	1556	778	260
68	3238	1619	810	270
69	3393	1697	849	283
70	3544	1772	886	296
71	3671	1836	918	306
72	3767	1884	942	314
73	3883	1942	971	324
74	3987	1994	997	333
75	4085	2043	1022	341
76	4170	2085	1043	348
77	4252	2126	1063	355
78	4335	2168	1084	362
79	4418	2209	1105	369
80+	4563	2282	1141	381

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B5	
	Annual	Semi Annual	Quarterly	Monthly
65	2137	1069	535	179
66	2248	1124	562	188
67	2352	1176	588	196
68	2447	1224	612	204
69	2565	1283	642	214
70	2679	1340	670	224
71	2775	1388	694	232
72	2847	1424	712	238
73	2935	1468	734	245
74	3014	1507	754	252
75	3088	1544	772	258
76	3152	1576	788	263
77	3214	1607	804	268
78	3277	1639	820	274
79	3340	1670	835	279
80+	3449	1725	863	288

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B7	
	Annual	Semi Annual	Quarterly	Monthly
65	2456	1228	614	205
66	2584	1292	646	216
67	2704	1352	676	226
68	2813	1407	704	235
69	2948	1474	737	246
70	3079	1540	770	257
71	3190	1595	798	266
72	3273	1637	819	273
73	3375	1688	844	282
74	3465	1733	867	289
75	3550	1775	888	296
76	3624	1812	906	302
77	3695	1848	924	308
78	3767	1884	942	314
79	3839	1920	960	320
80+	3965	1983	992	331

PLAN D – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BM	
	Annual	Semi Annual	Quarterly	Monthly
65	2359	1180	590	197
66	2489	1245	623	208
67	2616	1308	654	218
68	2729	1365	683	228
69	2867	1434	717	239
70	3001	1501	751	251
71	3117	1559	780	260
72	3204	1602	801	267
73	3309	1655	828	276
74	3400	1700	850	284
75	3487	1744	872	291
76	3565	1783	892	298
77	3638	1819	910	304
78	3711	1856	928	310
79	3786	1893	947	316
80+	3916	1958	979	327

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BO	
	Annual	Semi Annual	Quarterly	Monthly
65	2715	1358	679	227
66	2864	1432	716	239
67	3010	1505	753	251
68	3141	1571	786	262
69	3299	1650	825	275
70	3454	1727	864	288
71	3587	1794	897	299
72	3687	1844	922	308
73	3807	1904	952	318
74	3912	1956	978	326
75	4013	2007	1004	335
76	4103	2052	1026	342
77	4187	2094	1047	349
78	4271	2136	1068	356
79	4357	2179	1090	364
80+	4507	2254	1127	376

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BN	
	Annual	Semi Annual	Quarterly	Monthly
65	2052	1026	513	171
66	2165	1083	542	181
67	2275	1138	569	190
68	2374	1187	594	198
69	2494	1247	624	208
70	2611	1306	653	218
71	2711	1356	678	226
72	2787	1394	697	233
73	2878	1439	720	240
74	2957	1479	740	247
75	3033	1517	759	253
76	3101	1551	776	259
77	3165	1583	792	264
78	3228	1614	807	269
79	3294	1647	824	275
80+	3407	1704	852	284

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BP	
	Annual	Semi Annual	Quarterly	Monthly
65	2359	1180	590	197
66	2489	1245	623	208
67	2616	1308	654	218
68	2729	1365	683	228
69	2867	1434	717	239
70	3001	1501	751	251
71	3117	1559	780	260
72	3204	1602	801	267
73	3309	1655	828	276
74	3400	1700	850	284
75	3487	1744	872	291
76	3565	1783	892	298
77	3638	1819	910	304
78	3711	1856	928	310
79	3786	1893	947	316
80+	3916	1958	979	327

PLAN F – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C4	
	Annual	Semi Annual	Quarterly	Monthly
65	2206	1103	552	184
66	2318	1159	580	194
67	2427	1214	607	203
68	2523	1262	631	211
69	2644	1322	661	221
70	2760	1380	690	230
71	2860	1430	715	239
72	2935	1468	734	245
73	3026	1513	757	253
74	3104	1552	776	259
75	3181	1591	796	266
76	3248	1624	812	271
77	3312	1656	828	276
78	3376	1688	844	282
79	3439	1720	860	287
80+	3551	1776	888	296

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C5	
	Annual	Semi Annual	Quarterly	Monthly
65	1919	960	480	160
66	2017	1009	505	169
67	2111	1056	528	176
68	2195	1098	549	183
69	2300	1150	575	192
70	2401	1201	601	201
71	2488	1244	622	208
72	2553	1277	639	213
73	2632	1316	658	220
74	2700	1350	675	225
75	2767	1384	692	231
76	2825	1413	707	236
77	2881	1441	721	241
78	2936	1468	734	245
79	2992	1496	748	250
80+	3089	1545	773	258

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C6	
	Annual	Semi Annual	Quarterly	Monthly
65	2538	1269	635	212
66	2668	1334	667	223
67	2793	1397	699	233
68	2904	1452	726	242
69	3043	1522	761	254
70	3176	1588	794	265
71	3291	1646	823	275
72	3378	1689	845	282
73	3482	1741	871	291
74	3572	1786	893	298
75	3660	1830	915	305
76	3737	1869	935	312
77	3811	1906	953	318
78	3884	1942	971	324
79	3958	1979	990	330
80+	4086	2043	1022	341

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C7	
	Annual	Semi Annual	Quarterly	Monthly
65	2206	1103	552	184
66	2318	1159	580	194
67	2427	1214	607	203
68	2523	1262	631	211
69	2644	1322	661	221
70	2760	1380	690	230
71	2860	1430	715	239
72	2935	1468	734	245
73	3026	1513	757	253
74	3104	1552	776	259
75	3181	1591	796	266
76	3248	1624	812	271
77	3312	1656	828	276
78	3376	1688	844	282
79	3439	1720	860	287
80+	3551	1776	888	296

PLAN HDF – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CM	
	Annual	Semi Annual	Quarterly	Monthly
65	391	196	98	33
66	422	211	106	36
67	455	228	114	38
68	472	236	118	40
69	495	248	124	42
70	517	259	130	44
71	535	268	134	45
72	563	282	141	47
73	595	298	149	50
74	625	313	157	53
75	656	328	164	55
76	688	344	172	58
77	724	362	181	61
78	760	380	190	64
79	796	398	199	67
80+	859	430	215	72

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CN	
	Annual	Semi Annual	Quarterly	Monthly
65	340	170	85	29
66	367	184	92	31
67	395	198	99	33
68	410	205	103	35
69	431	216	108	36
70	450	225	113	38
71	465	233	117	39
72	490	245	123	41
73	517	259	130	44
74	544	272	136	46
75	571	286	143	48
76	598	299	150	50
77	630	315	158	53
78	661	331	166	56
79	693	347	174	58
80+	748	374	187	63

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CO	
	Annual	Semi Annual	Quarterly	Monthly
65	450	225	113	38
66	486	243	122	41
67	523	262	131	44
68	543	272	136	46
69	570	285	143	48
70	595	298	149	50
71	615	308	154	52
72	648	324	162	54
73	684	342	171	57
74	719	360	180	60
75	755	378	189	63
76	792	396	198	66
77	834	417	209	70
78	874	437	219	73
79	917	459	230	77
80+	989	495	248	83

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CP	
	Annual	Semi Annual	Quarterly	Monthly
65	391	196	98	33
66	422	211	106	36
67	455	228	114	38
68	472	236	118	40
69	495	248	124	42
70	517	259	130	44
71	535	268	134	45
72	563	282	141	47
73	595	298	149	50
74	625	313	157	53
75	656	328	164	55
76	688	344	172	58
77	724	362	181	61
78	760	380	190	64
79	796	398	199	67
80+	859	430	215	72

PLAN G – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D4	
	Annual	Semi Annual	Quarterly	Monthly
65	2371	1186	593	198
66	2501	1251	626	209
67	2630	1315	658	220
68	2740	1370	685	229
69	2879	1440	720	240
70	3013	1507	754	252
71	3129	1565	783	261
72	3214	1607	804	268
73	3320	1660	830	277
74	3410	1705	853	285
75	3501	1751	876	292
76	3577	1789	895	299
77	3652	1826	913	305
78	3725	1863	932	311
79	3800	1900	950	317
80+	3928	1964	982	328

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D5	
	Annual	Semi Annual	Quarterly	Monthly
65	2063	1032	516	172
66	2175	1088	544	182
67	2288	1144	572	191
68	2384	1192	596	199
69	2505	1253	627	209
70	2621	1311	656	219
71	2722	1361	681	227
72	2796	1398	699	233
73	2888	1444	722	241
74	2966	1483	742	248
75	3046	1523	762	254
76	3112	1556	778	260
77	3176	1588	794	265
78	3240	1620	810	270
79	3305	1653	827	276
80+	3416	1708	854	285

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D6	
	Annual	Semi Annual	Quarterly	Monthly
65	2729	1365	683	228
66	2878	1439	720	240
67	3026	1513	757	253
68	3154	1577	789	263
69	3314	1657	829	277
70	3468	1734	867	289
71	3601	1801	901	301
72	3699	1850	925	309
73	3820	1910	955	319
74	3924	1962	981	327
75	4029	2015	1008	336
76	4117	2059	1030	344
77	4202	2101	1051	351
78	4286	2143	1072	358
79	4372	2186	1093	365
80+	4520	2260	1130	377

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D7	
	Annual	Semi Annual	Quarterly	Monthly
65	2371	1186	593	198
66	2501	1251	626	209
67	2630	1315	658	220
68	2740	1370	685	229
69	2879	1440	720	240
70	3013	1507	754	252
71	3129	1565	783	261
72	3214	1607	804	268
73	3320	1660	830	277
74	3410	1705	853	285
75	3501	1751	876	292
76	3577	1789	895	299
77	3652	1826	913	305
78	3725	1863	932	311
79	3800	1900	950	317
80+	3928	1964	982	328

PLAN K – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P44	
	Annual	Semi Annual	Quarterly	Monthly
65	1299	650	325	109
66	1400	700	350	117
67	1481	741	371	124
68	1556	778	389	130
69	1636	818	409	137
70	1732	866	433	145
71	1780	890	445	149
72	1814	907	454	152
73	1850	925	463	155
74	1879	940	470	157
75	1921	961	481	161
76	1945	973	487	163
77	1959	980	490	164
78	1972	986	493	165
79	1985	993	497	166
80+	2005	1003	502	168

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P46	
	Annual	Semi Annual	Quarterly	Monthly
65	1494	747	374	125
66	1611	806	403	135
67	1705	853	427	143
68	1791	896	448	150
69	1882	941	471	157
70	1993	997	499	167
71	2048	1024	512	171
72	2088	1044	522	174
73	2128	1064	532	178
74	2162	1081	541	181
75	2210	1105	553	185
76	2238	1119	560	187
77	2255	1128	564	188
78	2270	1135	568	190
79	2284	1142	571	191
80+	2307	1154	577	193

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P45	
	Annual	Semi Annual	Quarterly	Monthly
65	1130	565	283	95
66	1218	609	305	102
67	1289	645	323	108
68	1354	677	339	113
69	1423	712	356	119
70	1507	754	377	126
71	1548	774	387	129
72	1578	789	395	132
73	1609	805	403	135
74	1634	817	409	137
75	1671	836	418	140
76	1692	846	423	141
77	1704	852	426	142
78	1716	858	429	143
79	1726	863	432	144
80+	1744	872	436	146

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P47	
	Annual	Semi Annual	Quarterly	Monthly
65	1299	650	325	109
66	1400	700	350	117
67	1481	741	371	124
68	1556	778	389	130
69	1636	818	409	137
70	1732	866	433	145
71	1780	890	445	149
72	1814	907	454	152
73	1850	925	463	155
74	1879	940	470	157
75	1921	961	481	161
76	1945	973	487	163
77	1959	980	490	164
78	1972	986	493	165
79	1985	993	497	166
80+	2005	1003	502	168

PLAN L – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P60	
	Annual	Semi Annual	Quarterly	Monthly
65	1827	914	457	153
66	1967	984	492	164
67	2086	1043	522	174
68	2193	1097	549	183
69	2305	1153	577	193
70	2435	1218	609	203
71	2506	1253	627	209
72	2552	1276	638	213
73	2607	1304	652	218
74	2649	1325	663	221
75	2702	1351	676	226
76	2739	1370	685	229
77	2761	1381	691	231
78	2779	1390	695	232
79	2795	1398	699	233
80+	2820	1410	705	235

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P61	
	Annual	Semi Annual	Quarterly	Monthly
65	1589	795	398	133
66	1711	856	428	143
67	1815	908	454	152
68	1907	954	477	159
69	2005	1003	502	168
70	2118	1059	530	177
71	2180	1090	545	182
72	2220	1110	555	185
73	2267	1134	567	189
74	2304	1152	576	192
75	2350	1175	588	196
76	2383	1192	596	199
77	2401	1201	601	201
78	2417	1209	605	202
79	2431	1216	608	203
80+	2453	1227	614	205

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P62	
	Annual	Semi Annual	Quarterly	Monthly
65	2103	1052	526	176
66	2264	1132	566	189
67	2400	1200	600	200
68	2523	1262	631	211
69	2653	1327	664	222
70	2802	1401	701	234
71	2884	1442	721	241
72	2936	1468	734	245
73	2999	1500	750	250
74	3048	1524	762	254
75	3109	1555	778	260
76	3152	1576	788	263
77	3177	1589	795	265
78	3198	1599	800	267
79	3217	1609	805	269
80+	3245	1623	812	271

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P63	
	Annual	Semi Annual	Quarterly	Monthly
65	1827	914	457	153
66	1967	984	492	164
67	2086	1043	522	174
68	2193	1097	549	183
69	2305	1153	577	193
70	2435	1218	609	203
71	2506	1253	627	209
72	2552	1276	638	213
73	2607	1304	652	218
74	2649	1325	663	221
75	2702	1351	676	226
76	2739	1370	685	229
77	2761	1381	691	231
78	2779	1390	695	232
79	2795	1398	699	233
80+	2820	1410	705	235

PLAN N – AREA 2 (ZIP 733, 750-753, 760-762, 786-787)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DM	
	Annual	Semi Annual	Quarterly	Monthly
65	1912	956	478	160
66	2017	1009	505	169
67	2123	1062	531	177
68	2218	1109	555	185
69	2333	1167	584	195
70	2444	1222	611	204
71	2545	1273	637	213
72	2620	1310	655	219
73	2707	1354	677	226
74	2784	1392	696	232
75	2861	1431	716	239
76	2931	1466	733	245
77	2998	1499	750	250
78	3065	1533	767	256
79	3132	1566	783	261
80+	3256	1628	814	272

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DN	
	Annual	Semi Annual	Quarterly	Monthly
65	1663	832	416	139
66	1755	878	439	147
67	1846	923	462	154
68	1929	965	483	161
69	2029	1015	508	170
70	2126	1063	532	178
71	2213	1107	554	185
72	2279	1140	570	190
73	2355	1178	589	197
74	2422	1211	606	202
75	2489	1245	623	208
76	2550	1275	638	213
77	2608	1304	652	218
78	2666	1333	667	223
79	2724	1362	681	227
80+	2832	1416	708	236

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DO	
	Annual	Semi Annual	Quarterly	Monthly
65	2200	1100	550	184
66	2321	1161	581	194
67	2443	1222	611	204
68	2552	1276	638	213
69	2684	1342	671	224
70	2813	1407	704	235
71	2928	1464	732	244
72	3015	1508	754	252
73	3115	1558	779	260
74	3204	1602	801	267
75	3292	1646	823	275
76	3373	1687	844	282
77	3450	1725	863	288
78	3527	1764	882	294
79	3604	1802	901	301
80+	3747	1874	937	313

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DP	
	Annual	Semi Annual	Quarterly	Monthly
65	1912	956	478	160
66	2017	1009	505	169
67	2123	1062	531	177
68	2218	1109	555	185
69	2333	1167	584	195
70	2444	1222	611	204
71	2545	1273	637	213
72	2620	1310	655	219
73	2707	1354	677	226
74	2784	1392	696	232
75	2861	1431	716	239
76	2931	1466	733	245
77	2998	1499	750	250
78	3065	1533	767	256
79	3132	1566	783	261
80+	3256	1628	814	272

PLAN A – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A4	
	Annual	Semi Annual	Quarterly	Monthly
65	1356	678	339	113
66	1422	711	356	119
67	1481	741	371	124
68	1528	764	382	128
69	1585	793	397	133
70	1641	821	411	137
71	1681	841	421	141
72	1699	850	425	142
73	1732	866	433	145
74	1756	878	439	147
75	1780	890	445	149
76	1796	898	449	150
77	1796	898	449	150
78	1796	898	449	150
79	1796	898	449	150
80+	1796	898	449	150

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A5	
	Annual	Semi Annual	Quarterly	Monthly
65	1180	590	295	99
66	1237	619	310	104
67	1288	644	322	108
68	1329	665	333	111
69	1379	690	345	115
70	1427	714	357	119
71	1462	731	366	122
72	1478	739	370	124
73	1507	754	377	126
74	1528	764	382	128
75	1548	774	387	129
76	1562	781	391	131
77	1562	781	391	131
78	1562	781	391	131
79	1562	781	391	131
80+	1562	781	391	131

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A6	
	Annual	Semi Annual	Quarterly	Monthly
65	1561	781	391	131
66	1636	818	409	137
67	1705	853	427	143
68	1759	880	440	147
69	1824	912	456	152
70	1888	944	472	158
71	1935	968	484	162
72	1956	978	489	163
73	1993	997	499	167
74	2021	1011	506	169
75	2048	1024	512	171
76	2066	1033	517	173
77	2066	1033	517	173
78	2066	1033	517	173
79	2066	1033	517	173
80+	2066	1033	517	173

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5A7	
	Annual	Semi Annual	Quarterly	Monthly
65	1356	678	339	113
66	1422	711	356	119
67	1481	741	371	124
68	1528	764	382	128
69	1585	793	397	133
70	1641	821	411	137
71	1681	841	421	141
72	1699	850	425	142
73	1732	866	433	145
74	1756	878	439	147
75	1780	890	445	149
76	1796	898	449	150
77	1796	898	449	150
78	1796	898	449	150
79	1796	898	449	150
80+	1796	898	449	150

PLAN B – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AM	
	Annual	Semi Annual	Quarterly	Monthly
65	2106	1053	527	176
66	2216	1108	554	185
67	2320	1160	580	194
68	2406	1203	602	201
69	2509	1255	628	210
70	2603	1302	651	217
71	2682	1341	671	224
72	2728	1364	682	228
73	2796	1398	699	233
74	2857	1429	715	239
75	2912	1456	728	243
76	2960	1480	740	247
77	2976	1488	744	248
78	2990	1495	748	250
79	3007	1504	752	251
80+	3007	1504	752	251

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AN	
	Annual	Semi Annual	Quarterly	Monthly
65	1832	916	458	153
66	1927	964	482	161
67	2018	1009	505	169
68	2093	1047	524	175
69	2182	1091	546	182
70	2264	1132	566	189
71	2333	1167	584	195
72	2373	1187	594	198
73	2432	1216	608	203
74	2485	1243	622	208
75	2533	1267	634	212
76	2574	1287	644	215
77	2589	1295	648	216
78	2601	1301	651	217
79	2615	1308	654	218
80+	2615	1308	654	218

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AO	
	Annual	Semi Annual	Quarterly	Monthly
65	2423	1212	606	202
66	2550	1275	638	213
67	2670	1335	668	223
68	2769	1385	693	231
69	2887	1444	722	241
70	2995	1498	749	250
71	3086	1543	772	258
72	3139	1570	785	262
73	3218	1609	805	269
74	3287	1644	822	274
75	3351	1676	838	280
76	3406	1703	852	284
77	3424	1712	856	286
78	3441	1721	861	287
79	3460	1730	865	289
80+	3460	1730	865	289

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5AP	
	Annual	Semi Annual	Quarterly	Monthly
65	2106	1053	527	176
66	2216	1108	554	185
67	2320	1160	580	194
68	2406	1203	602	201
69	2509	1255	628	210
70	2603	1302	651	217
71	2682	1341	671	224
72	2728	1364	682	228
73	2796	1398	699	233
74	2857	1429	715	239
75	2912	1456	728	243
76	2960	1480	740	247
77	2976	1488	744	248
78	2990	1495	748	250
79	3007	1504	752	251
80+	3007	1504	752	251

PLAN C – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B4	
	Annual	Semi Annual	Quarterly	Monthly
65	2327	1164	582	194
66	2448	1224	612	204
67	2562	1281	641	214
68	2665	1333	667	223
69	2793	1397	699	233
70	2917	1459	730	244
71	3022	1511	756	252
72	3101	1551	776	259
73	3197	1599	800	267
74	3282	1641	821	274
75	3363	1682	841	281
76	3433	1717	859	287
77	3501	1751	876	292
78	3569	1785	893	298
79	3637	1819	910	304
80+	3756	1878	939	313

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B6	
	Annual	Semi Annual	Quarterly	Monthly
65	2678	1339	670	224
66	2817	1409	705	235
67	2948	1474	737	246
68	3067	1534	767	256
69	3214	1607	804	268
70	3357	1679	840	280
71	3478	1739	870	290
72	3568	1784	892	298
73	3679	1840	920	307
74	3777	1889	945	315
75	3870	1935	968	323
76	3951	1976	988	330
77	4028	2014	1007	336
78	4107	2054	1027	343
79	4185	2093	1047	349
80+	4323	2162	1081	361

FEMALE

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B5	
	Annual	Semi Annual	Quarterly	Monthly
65	2024	1012	506	169
66	2130	1065	533	178
67	2228	1114	557	186
68	2319	1160	580	194
69	2430	1215	608	203
70	2538	1269	635	212
71	2629	1315	658	220
72	2697	1349	675	225
73	2781	1391	696	232
74	2855	1428	714	238
75	2926	1463	732	244
76	2987	1494	747	249
77	3045	1523	762	254
78	3104	1552	776	259
79	3164	1582	791	264
80+	3267	1634	817	273

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5B7	
	Annual	Semi Annual	Quarterly	Monthly
65	2327	1164	582	194
66	2448	1224	612	204
67	2562	1281	641	214
68	2665	1333	667	223
69	2793	1397	699	233
70	2917	1459	730	244
71	3022	1511	756	252
72	3101	1551	776	259
73	3197	1599	800	267
74	3282	1641	821	274
75	3363	1682	841	281
76	3433	1717	859	287
77	3501	1751	876	292
78	3569	1785	893	298
79	3637	1819	910	304
80+	3756	1878	939	313

PLAN D – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BM	
	Annual	Semi Annual	Quarterly	Monthly
65	2235	1118	559	187
66	2358	1179	590	197
67	2478	1239	620	207
68	2586	1293	647	216
69	2716	1358	679	227
70	2843	1422	711	237
71	2953	1477	739	247
72	3035	1518	759	253
73	3134	1567	784	262
74	3221	1611	806	269
75	3304	1652	826	276
76	3378	1689	845	282
77	3447	1724	862	288
78	3516	1758	879	293
79	3587	1794	897	299
80+	3710	1855	928	310

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BN	
	Annual	Semi Annual	Quarterly	Monthly
65	1944	972	486	162
66	2051	1026	513	171
67	2155	1078	539	180
68	2249	1125	563	188
69	2363	1182	591	197
70	2473	1237	619	207
71	2568	1284	642	214
72	2640	1320	660	220
73	2727	1364	682	228
74	2802	1401	701	234
75	2874	1437	719	240
76	2938	1469	735	245
77	2998	1499	750	250
78	3058	1529	765	255
79	3120	1560	780	260
80+	3227	1614	807	269

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BO	
	Annual	Semi Annual	Quarterly	Monthly
65	2572	1286	643	215
66	2713	1357	679	227
67	2852	1426	713	238
68	2975	1488	744	248
69	3126	1563	782	261
70	3272	1636	818	273
71	3398	1699	850	284
72	3493	1747	874	292
73	3607	1804	902	301
74	3707	1854	927	309
75	3802	1901	951	317
76	3887	1944	972	324
77	3966	1983	992	331
78	4046	2023	1012	338
79	4128	2064	1032	344
80+	4270	2135	1068	356

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5BP	
	Annual	Semi Annual	Quarterly	Monthly
65	2235	1118	559	187
66	2358	1179	590	197
67	2478	1239	620	207
68	2586	1293	647	216
69	2716	1358	679	227
70	2843	1422	711	237
71	2953	1477	739	247
72	3035	1518	759	253
73	3134	1567	784	262
74	3221	1611	806	269
75	3304	1652	826	276
76	3378	1689	845	282
77	3447	1724	862	288
78	3516	1758	879	293
79	3587	1794	897	299
80+	3710	1855	928	310

PLAN F – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C4	
	Annual	Semi Annual	Quarterly	Monthly
65	2090	1045	523	175
66	2196	1098	549	183
67	2299	1150	575	192
68	2391	1196	598	200
69	2505	1253	627	209
70	2614	1307	654	218
71	2710	1355	678	226
72	2781	1391	696	232
73	2866	1433	717	239
74	2940	1470	735	245
75	3013	1507	754	252
76	3077	1539	770	257
77	3137	1569	785	262
78	3198	1599	800	267
79	3258	1629	815	272
80+	3364	1682	841	281

TOBACCO

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C6	
	Annual	Semi Annual	Quarterly	Monthly
65	2405	1203	602	201
66	2527	1264	632	211
67	2646	1323	662	221
68	2751	1376	688	230
69	2882	1441	721	241
70	3009	1505	753	251
71	3118	1559	780	260
72	3200	1600	800	267
73	3298	1649	825	275
74	3384	1692	846	282
75	3468	1734	867	289
76	3541	1771	886	296
77	3610	1805	903	301
78	3680	1840	920	307
79	3750	1875	938	313
80+	3871	1936	968	323

FEMALE

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C5	
	Annual	Semi Annual	Quarterly	Monthly
65	1818	909	455	152
66	1910	955	478	160
67	2000	1000	500	167
68	2079	1040	520	174
69	2179	1090	545	182
70	2274	1137	569	190
71	2357	1179	590	197
72	2419	1210	605	202
73	2493	1247	624	208
74	2558	1279	640	214
75	2621	1311	656	219
76	2676	1338	669	223
77	2729	1365	683	228
78	2782	1391	696	232
79	2834	1417	709	237
80+	2926	1463	732	244

ATTAINED AGE	Effective Date: 01-01-13		Plan Code: 5C7	
	Annual	Semi Annual	Quarterly	Monthly
65	2090	1045	523	175
66	2196	1098	549	183
67	2299	1150	575	192
68	2391	1196	598	200
69	2505	1253	627	209
70	2614	1307	654	218
71	2710	1355	678	226
72	2781	1391	696	232
73	2866	1433	717	239
74	2940	1470	735	245
75	3013	1507	754	252
76	3077	1539	770	257
77	3137	1569	785	262
78	3198	1599	800	267
79	3258	1629	815	272
80+	3364	1682	841	281

PLAN HDF – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CM	
	Annual	Semi Annual	Quarterly	Monthly
65	370	185	93	31
66	400	200	100	34
67	431	216	108	36
68	447	224	112	38
69	469	235	118	40
70	490	245	123	41
71	507	254	127	43
72	533	267	134	45
73	563	282	141	47
74	592	296	148	50
75	622	311	156	52
76	652	326	163	55
77	686	343	172	58
78	720	360	180	60
79	755	378	189	63
80+	814	407	204	68

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CO	
	Annual	Semi Annual	Quarterly	Monthly
65	426	213	107	36
66	460	230	115	39
67	496	248	124	42
68	514	257	129	43
69	540	270	135	45
70	564	282	141	47
71	583	292	146	49
72	614	307	154	52
73	648	324	162	54
74	681	341	171	57
75	716	358	179	60
76	750	375	188	63
77	790	395	198	66
78	828	414	207	69
79	868	434	217	73
80+	937	469	235	79

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CN	
	Annual	Semi Annual	Quarterly	Monthly
65	322	161	81	27
66	348	174	87	29
67	375	188	94	32
68	389	195	98	33
69	408	204	102	34
70	426	213	107	36
71	441	221	111	37
72	464	232	116	39
73	490	245	123	41
74	515	258	129	43
75	541	271	136	46
76	567	284	142	48
77	597	299	150	50
78	626	313	157	53
79	656	328	164	55
80+	708	354	177	59

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5CP	
	Annual	Semi Annual	Quarterly	Monthly
65	370	185	93	31
66	400	200	100	34
67	431	216	108	36
68	447	224	112	38
69	469	235	118	40
70	490	245	123	41
71	507	254	127	43
72	533	267	134	45
73	563	282	141	47
74	592	296	148	50
75	622	311	156	52
76	652	326	163	55
77	686	343	172	58
78	720	360	180	60
79	755	378	189	63
80+	814	407	204	68

PLAN G – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D4	
	Annual	Semi Annual	Quarterly	Monthly
65	2246	1123	562	188
66	2369	1185	593	198
67	2491	1246	623	208
68	2596	1298	649	217
69	2728	1364	682	228
70	2855	1428	714	238
71	2964	1482	741	247
72	3045	1523	762	254
73	3145	1573	787	263
74	3231	1616	808	270
75	3317	1659	830	277
76	3389	1695	848	283
77	3459	1730	865	289
78	3529	1765	883	295
79	3600	1800	900	300
80+	3721	1861	931	311

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D5	
	Annual	Semi Annual	Quarterly	Monthly
65	1954	977	489	163
66	2061	1031	516	172
67	2167	1084	542	181
68	2258	1129	565	189
69	2373	1187	594	198
70	2483	1242	621	207
71	2579	1290	645	215
72	2649	1325	663	221
73	2736	1368	684	228
74	2810	1405	703	235
75	2885	1443	722	241
76	2948	1474	737	246
77	3009	1505	753	251
78	3069	1535	768	256
79	3131	1566	783	261
80	3237	1619	810	270

TOBACCO

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D6	
	Annual	Semi Annual	Quarterly	Monthly
65	2585	1293	647	216
66	2727	1364	682	228
67	2867	1434	717	239
68	2988	1494	747	249
69	3139	1570	785	262
70	3285	1643	822	274
71	3411	1706	853	285
72	3504	1752	876	292
73	3619	1810	905	302
74	3718	1859	930	310
75	3817	1909	955	319
76	3900	1950	975	325
77	3981	1991	996	332
78	4060	2030	1015	339
79	4142	2071	1036	346
80+	4282	2141	1071	357

ATTAINED AGE	Effective Date: 01-01-15		Plan Code: 5D7	
	Annual	Semi Annual	Quarterly	Monthly
65	2246	1123	562	188
66	2369	1185	593	198
67	2491	1246	623	208
68	2596	1298	649	217
69	2728	1364	682	228
70	2855	1428	714	238
71	2964	1482	741	247
72	3045	1523	762	254
73	3145	1573	787	263
74	3231	1616	808	270
75	3317	1659	830	277
76	3389	1695	848	283
77	3459	1730	865	289
78	3529	1765	883	295
79	3600	1800	900	300
80+	3721	1861	931	311

PLAN K – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P44	
	Annual	Semi Annual	Quarterly	Monthly
65	1230	615	308	103
66	1326	663	332	111
67	1403	702	351	117
68	1474	737	369	123
69	1549	775	388	130
70	1641	821	411	137
71	1686	843	422	141
72	1719	860	430	144
73	1752	876	438	146
74	1780	890	445	149
75	1820	910	455	152
76	1843	922	461	154
77	1856	928	464	155
78	1869	935	468	156
79	1880	940	470	157
80+	1899	950	475	159

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P46	
	Annual	Semi Annual	Quarterly	Monthly
65	1416	708	354	118
66	1526	763	382	128
67	1615	808	404	135
68	1697	849	425	142
69	1783	892	446	149
70	1888	944	472	158
71	1940	970	485	162
72	1978	989	495	165
73	2016	1008	504	168
74	2048	1024	512	171
75	2094	1047	524	175
76	2120	1060	530	177
77	2136	1068	534	178
78	2150	1075	538	180
79	2164	1082	541	181
80+	2186	1093	547	183

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P45	
	Annual	Semi Annual	Quarterly	Monthly
65	1070	535	268	90
66	1154	577	289	97
67	1221	611	306	102
68	1283	642	321	107
69	1348	674	337	113
70	1427	714	357	119
71	1467	734	367	123
72	1495	748	374	125
73	1524	762	381	127
74	1548	774	387	129
75	1583	792	396	132
76	1603	802	401	134
77	1615	808	404	135
78	1625	813	407	136
79	1635	818	409	137
80+	1652	826	413	138

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P47	
	Annual	Semi Annual	Quarterly	Monthly
65	1230	615	308	103
66	1326	663	332	111
67	1403	702	351	117
68	1474	737	369	123
69	1549	775	388	130
70	1641	821	411	137
71	1686	843	422	141
72	1719	860	430	144
73	1752	876	438	146
74	1780	890	445	149
75	1820	910	455	152
76	1843	922	461	154
77	1856	928	464	155
78	1869	935	468	156
79	1880	940	470	157
80+	1899	950	475	159

PLAN L – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P60	
	Annual	Semi Annual	Quarterly	Monthly
65	1731	866	433	145
66	1864	932	466	156
67	1976	988	494	165
68	2077	1039	520	174
69	2184	1092	546	182
70	2307	1154	577	193
71	2374	1187	594	198
72	2417	1209	605	202
73	2469	1235	618	206
74	2510	1255	628	210
75	2560	1280	640	214
76	2595	1298	649	217
77	2615	1308	654	218
78	2633	1317	659	220
79	2648	1324	662	221
80+	2671	1336	668	223

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P61	
	Annual	Semi Annual	Quarterly	Monthly
65	1506	753	377	126
66	1621	811	406	136
67	1719	860	430	144
68	1807	904	452	151
69	1900	950	475	159
70	2007	1004	502	168
71	2065	1033	517	173
72	2103	1052	526	176
73	2148	1074	537	179
74	2183	1092	546	182
75	2227	1114	557	186
76	2257	1129	565	189
77	2275	1138	569	190
78	2290	1145	573	191
79	2303	1152	576	192
80+	2324	1162	581	194

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P62	
	Annual	Semi Annual	Quarterly	Monthly
65	1992	996	498	166
66	2145	1073	537	179
67	2274	1137	569	190
68	2390	1195	598	200
69	2513	1257	629	210
70	2655	1328	664	222
71	2732	1366	683	228
72	2782	1391	696	232
73	2842	1421	711	237
74	2888	1444	722	241
75	2946	1473	737	246
76	2986	1493	747	249
77	3010	1505	753	251
78	3030	1515	758	253
79	3047	1524	762	254
80+	3074	1537	769	257

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: P63	
	Annual	Semi Annual	Quarterly	Monthly
65	1731	866	433	145
66	1864	932	466	156
67	1976	988	494	165
68	2077	1039	520	174
69	2184	1092	546	182
70	2307	1154	577	193
71	2374	1187	594	198
72	2417	1209	605	202
73	2469	1235	618	206
74	2510	1255	628	210
75	2560	1280	640	214
76	2595	1298	649	217
77	2615	1308	654	218
78	2633	1317	659	220
79	2648	1324	662	221
80+	2671	1336	668	223

PLAN N – AREA 3 (ZIP 754-759, 763-769, 778-785, 788-799, 885)

MALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DM	
	Annual	Semi Annual	Quarterly	Monthly
65	1811	906	453	151
66	1911	956	478	160
67	2011	1006	503	168
68	2101	1051	526	176
69	2210	1105	553	185
70	2316	1158	579	193
71	2411	1206	603	201
72	2482	1241	621	207
73	2564	1282	641	214
74	2638	1319	660	220
75	2711	1356	678	226
76	2777	1389	695	232
77	2840	1420	710	237
78	2904	1452	726	242
79	2967	1484	742	248
80+	3084	1542	771	257

FEMALE

NON-TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DN	
	Annual	Semi Annual	Quarterly	Monthly
65	1575	788	394	132
66	1662	831	416	139
67	1749	875	438	146
68	1828	914	457	153
69	1922	961	481	161
70	2015	1007	504	168
71	2097	1049	525	175
72	2159	1080	540	180
73	2231	1116	558	186
74	2294	1147	574	192
75	2358	1179	590	197
76	2415	1208	604	202
77	2471	1236	618	206
78	2526	1263	632	211
79	2581	1291	646	216
80+	2683	1342	671	224

TOBACCO

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DO	
	Annual	Semi Annual	Quarterly	Monthly
65	2084	1042	521	174
66	2199	1100	550	184
67	2314	1157	579	193
68	2418	1209	605	202
69	2543	1272	636	212
70	2665	1333	667	223
71	2774	1387	694	232
72	2856	1428	714	238
73	2951	1476	738	246
74	3035	1518	759	253
75	3119	1560	780	260
76	3196	1598	799	267
77	3269	1635	818	273
78	3342	1671	836	279
79	3415	1708	854	285
80+	3549	1775	888	296

ATTAINED AGE	Effective Date: 01-01-14		Plan Code: 5DP	
	Annual	Semi Annual	Quarterly	Monthly
65	1811	906	453	151
66	1911	956	478	160
67	2011	1006	503	168
68	2101	1051	526	176
69	2210	1105	553	185
70	2316	1158	579	193
71	2411	1206	603	201
72	2482	1241	621	207
73	2564	1282	641	214
74	2638	1319	660	220
75	2711	1356	678	226
76	2777	1389	695	232
77	2840	1420	710	237
78	2904	1452	726	242
79	2967	1484	742	248
80+	3084	1542	771	257

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 \$1260	\$0	\$1260 (Part A Deductible)
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	\$0	Up to \$157.50 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 A
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$147 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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$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 \$1260	\$1260 (Part A Deductible)	\$0
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	\$0	Up to \$157.50 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 \$147 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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$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 \$1260	\$1260 (Part A Deductible)	\$0
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	Up to \$157.50 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 C

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

* Once you have been billed \$147 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 \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
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 \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
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 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 \$1260	\$1260 (Part A Deductible)	\$0
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	Up to \$157.50 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 \$147 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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
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 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 \$2180 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2180. 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 \$2180 DEDUCTIBLE, ** PLAN PAYS	IN ADDITION TO \$2180 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 \$1260 All but \$315 a day All but \$630 a day \$0 \$0	\$1260 (Part A Deductible) \$315 a day \$630 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 \$157.50 a day \$0	\$0 Up to \$157.50 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 \$147 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 \$2180 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2180. 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 \$2180 DEDUCTIBLE, ** PLAN PAYS	IN ADDITION TO \$2180 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$147 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$147 (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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$147 (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
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 \$1260	\$1260 (Part A Deductible)	\$0
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	Up to \$157.50 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 G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$147 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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$147 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$147 (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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$147 (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 K

- * You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4940 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 the 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 \$1260	\$630 (50% of Part A Deductible)	\$630 (50% of Part A Deductible)◆
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days	All but \$630 a day \$0	\$630 a day 100% of Medicare Eligible Expenses	\$0 \$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 \$157.50 a day	Up to \$78.75 a day (50% of Part A Coinsurance)	Up to \$78.75 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 \$147 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 \$147 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%	\$147 (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 \$4940)*
BLOOD First 3 pints Next \$147 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$147 (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 \$147 of Medicare Approved Amounts***** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$147 (Part B Deductible)◆ 10%◆
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* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$4940 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 \$2470 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 the 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 \$1260	\$945 (75% of Part A Deductible)	\$315 (25% of Part A Deductible)◆
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	Up to \$118.12 a day (75% of Part A Coinsurance)	Up to \$39.38 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 \$147 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 \$147 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%	\$147 (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 \$2470)*
BLOOD First 3 pints Next \$147 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%◆ \$147 (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 \$147 of Medicare Approved Amounts***** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$147 (Part B Deductible)◆ 5%◆
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* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$2470 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 \$1260	\$1260 (Part A Deductible)	\$0
61st thru 90th day	All but \$315 a day	\$315 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$630 a day	\$630 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 \$157.50 a day	Up to \$157.50 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 \$147 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 \$147 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.	\$147 (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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$147 (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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$147 (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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