

## United American Application Packet

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

This packet provides you with access to the policy Outline of Coverage, printable application in addition to a link to the Choosing a Medigap Policy Guide.

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: [cs@cda-insurance.com](mailto:cs@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 Nebraska Stock Company • Administrative Offices: McKinney, Texas  
Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020  
Benefit Plans A B, C, D, F, HDF, G, HDG, K, L, and N

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

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

Benefits	Plans Available to All Applicants								Medicare First Eligible Before 2020 Only	
	A*	B*	D*	G*1*	K*	L*	M	N*	C*	F*1*
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2021 <sup>2</sup>					\$6,220 <sup>2</sup>	\$3,110 <sup>2</sup>				

\* Denotes plans available by United American Insurance Company

<sup>1</sup> Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

## **PREMIUM INFORMATION**

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

The renewal premiums for this policy may change on the renewal date following the effective date of any such applicable change. Any such premium change will be based on the actuarial computations which We then use to determine the renewal premium and must receive prior approval from the Texas Department of Insurance before becoming effective.

## **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, except as provided under **MEDICALLY NECESSARY EMERGENCY CARE IN A FOREIGN COUNTRY**; or
- 3) Services, treatment, or care provided by You, or furnished at Your direction, in Your role as a Physician; or
- 4) Services, treatment, or care provided by, or furnished at the direction of, any member of Your Immediate Family in his or her role as a Physician.
- 5) 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.

## **REFUND OF PREMIUM**

In the event of cancellation or Your death, we will promptly refund the unearned portion of any premium paid on Your behalf.

## **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, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1774	887	444	148
66	1860	930	465	155
67	1937	969	485	162
68	1999	1000	500	167
69	2073	1037	519	173
70	2146	1073	537	179
71	2198	1099	550	184
72	2223	1112	556	186
73	2265	1133	567	189
74	2298	1149	575	192
75	2329	1165	583	195
76	2348	1174	587	196
77	2348	1174	587	196
78	2348	1174	587	196
79	2348	1174	587	196
80+	2348	1174	587	196

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1543	772	386	129
66	1618	809	405	135
67	1685	843	422	141
68	1739	870	435	145
69	1803	902	451	151
70	1867	934	467	156
71	1912	956	478	160
72	1934	967	484	162
73	1970	985	493	165
74	1999	1000	500	167
75	2026	1013	507	169
76	2042	1021	511	171
77	2042	1021	511	171
78	2042	1021	511	171
79	2042	1021	511	171
80+	2042	1021	511	171

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2041	1021	511	171
66	2140	1070	535	179
67	2229	1115	558	186
68	2301	1151	576	192
69	2385	1193	597	199
70	2470	1235	618	206
71	2530	1265	633	211
72	2559	1280	640	214
73	2607	1304	652	218
74	2645	1323	662	221
75	2680	1340	670	224
76	2702	1351	676	226
77	2702	1351	676	226
78	2702	1351	676	226
79	2702	1351	676	226
80+	2702	1351	676	226

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1774	887	444	148
66	1860	930	465	155
67	1937	969	485	162
68	1999	1000	500	167
69	2073	1037	519	173
70	2146	1073	537	179
71	2198	1099	550	184
72	2223	1112	556	186
73	2265	1133	567	189
74	2298	1149	575	192
75	2329	1165	583	195
76	2348	1174	587	196
77	2348	1174	587	196
78	2348	1174	587	196
79	2348	1174	587	196
80+	2348	1174	587	196

**PLAN B - AREA 1 (ZIP 770, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2356	1178	589	197
66	2479	1240	620	207
67	2596	1298	649	217
68	2692	1346	673	225
69	2808	1404	702	234
70	2913	1457	729	243
71	3001	1501	751	251
72	3052	1526	763	255
73	3129	1565	783	261
74	3196	1598	799	267
75	3259	1630	815	272
76	3311	1656	828	276
77	3329	1665	833	278
78	3345	1673	837	279
79	3365	1683	842	281
80+	3365	1683	842	281

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2711	1356	678	226
66	2853	1427	714	238
67	2987	1494	747	249
68	3098	1549	775	259
69	3231	1616	808	270
70	3352	1676	838	280
71	3454	1727	864	288
72	3512	1756	878	293
73	3601	1801	901	301
74	3678	1839	920	307
75	3751	1876	938	313
76	3811	1906	953	318
77	3831	1916	958	320
78	3850	1925	963	321
79	3872	1936	968	323
80+	3872	1936	968	323

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2049	1025	513	171
66	2157	1079	540	180
67	2258	1129	565	189
68	2342	1171	586	196
69	2442	1221	611	204
70	2534	1267	634	212
71	2611	1306	653	218
72	2655	1328	664	222
73	2722	1361	681	227
74	2780	1390	695	232
75	2835	1418	709	237
76	2880	1440	720	240
77	2896	1448	724	242
78	2910	1455	728	243
79	2927	1464	732	244
80+	2927	1464	732	244

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2356	1178	589	197
66	2479	1240	620	207
67	2596	1298	649	217
68	2692	1346	673	225
69	2808	1404	702	234
70	2913	1457	729	243
71	3001	1501	751	251
72	3052	1526	763	255
73	3129	1565	783	261
74	3196	1598	799	267
75	3259	1630	815	272
76	3311	1656	828	276
77	3329	1665	833	278
78	3345	1673	837	279
79	3365	1683	842	281
80+	3365	1683	842	281

**PLAN C - AREA 1 (ZIP 770, 772--777)**

**Male**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5B4</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	2907	1454	727	243		
66	3060	1530	765	255		
67	3200	1600	800	267		
68	3332	1666	833	278		
69	3490	1745	873	291		
70	3646	1823	912	304		
71	3777	1889	945	315		
72	3876	1938	969	323		
73	3996	1998	999	333		
74	4103	2052	1026	342		
75	4203	2102	1051	351		
76	4291	2146	1073	358		
77	4375	2188	1094	365		
78	4460	2230	1115	372		
79	4546	2273	1137	379		
80+	4695	2348	1174	392		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5B6</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	3345	1673	837	279		
66	3521	1761	881	294		
67	3683	1842	921	307		
68	3834	1917	959	320		
69	4016	2008	1004	335		
70	4196	2098	1049	350		
71	4346	2173	1087	363		
72	4461	2231	1116	372		
73	4599	2300	1150	384		
74	4721	2361	1181	394		
75	4837	2419	1210	404		
76	4937	2469	1235	412		
77	5035	2518	1259	420		
78	5133	2567	1284	428		
79	5232	2616	1308	436		
80+	5402	2701	1351	451		

**Female**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5B5</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	2529	1265	633	211		
66	2662	1331	666	222		
67	2784	1392	696	232		
68	2898	1449	725	242		
69	3036	1518	759	253		
70	3172	1586	793	265		
71	3285	1643	822	274		
72	3372	1686	843	281		
73	3476	1738	869	290		
74	3569	1785	893	298		
75	3656	1828	914	305		
76	3732	1866	933	311		
77	3806	1903	952	318		
78	3880	1940	970	324		
79	3955	1978	989	330		
80+	4084	2042	1021	341		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5B7</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	2907	1454	727	243		
66	3060	1530	765	255		
67	3200	1600	800	267		
68	3332	1666	833	278		
69	3490	1745	873	291		
70	3646	1823	912	304		
71	3777	1889	945	315		
72	3876	1938	969	323		
73	3996	1998	999	333		
74	4103	2052	1026	342		
75	4203	2102	1051	351		
76	4291	2146	1073	358		
77	4375	2188	1094	365		
78	4460	2230	1115	372		
79	4546	2273	1137	379		
80+	4695	2348	1174	392		

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

**PLAN D - AREA 1 (ZIP 770, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2821	1411	706	236
66	2976	1488	744	248
67	3128	1564	782	261
68	3264	1632	816	272
69	3429	1715	858	286
70	3588	1794	897	299
71	3727	1864	932	311
72	3831	1916	958	320
73	3957	1979	990	330
74	4065	2033	1017	339
75	4169	2085	1043	348
76	4263	2132	1066	356
77	4351	2176	1088	363
78	4438	2219	1110	370
79	4527	2264	1132	378
80+	4682	2341	1171	391

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B0
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3246	1623	812	271
66	3425	1713	857	286
67	3599	1800	900	300
68	3756	1878	939	313
69	3946	1973	987	329
70	4128	2064	1032	344
71	4289	2145	1073	358
72	4408	2204	1102	368
73	4553	2277	1139	380
74	4678	2339	1170	390
75	4798	2399	1200	400
76	4906	2453	1227	409
77	5006	2503	1252	418
78	5107	2554	1277	426
79	5210	2605	1303	435
80+	5388	2694	1347	449

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2454	1227	614	205
66	2589	1295	648	216
67	2721	1361	681	227
68	2839	1420	710	237
69	2983	1492	746	249
70	3121	1561	781	261
71	3242	1621	811	271
72	3332	1666	833	278
73	3442	1721	861	287
74	3536	1768	884	295
75	3627	1814	907	303
76	3709	1855	928	310
77	3784	1892	946	316
78	3860	1930	965	322
79	3938	1969	985	329
80+	4073	2037	1019	340

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2821	1411	706	236
66	2976	1488	744	248
67	3128	1564	782	261
68	3264	1632	816	272
69	3429	1715	858	286
70	3588	1794	897	299
71	3727	1864	932	311
72	3831	1916	958	320
73	3957	1979	990	330
74	4065	2033	1017	339
75	4169	2085	1043	348
76	4263	2132	1066	356
77	4351	2176	1088	363
78	4438	2219	1110	370
79	4527	2264	1132	378
80+	4682	2341	1171	391

**PLAN F - AREA 1 (ZIP 770, 772--777)**

**Male**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5C4</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	2703	1352	676	226		
66	2843	1422	711	237		
67	2975	1488	744	248		
68	3094	1547	774	258		
69	3241	1621	811	271		
70	3384	1692	846	282		
71	3506	1753	877	293		
72	3598	1799	900	300		
73	3710	1855	928	310		
74	3806	1903	952	318		
75	3900	1950	975	325		
76	3982	1991	996	332		
77	4060	2030	1015	339		
78	4139	2070	1035	345		
79	4217	2109	1055	352		
80+	4354	2177	1089	363		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5C6</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	3111	1556	778	260		
66	3271	1636	818	273		
67	3424	1712	856	286		
68	3560	1780	890	297		
69	3730	1865	933	311		
70	3894	1947	974	325		
71	4035	2018	1009	337		
72	4140	2070	1035	345		
73	4269	2135	1068	356		
74	4380	2190	1095	365		
75	4488	2244	1122	374		
76	4582	2291	1146	382		
77	4672	2336	1168	390		
78	4763	2382	1191	397		
79	4853	2427	1214	405		
80+	5010	2505	1253	418		

**Female**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5C5</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	2352	1176	588	196		
66	2473	1237	619	207		
67	2588	1294	647	216		
68	2691	1346	673	225		
69	2819	1410	705	235		
70	2943	1472	736	246		
71	3050	1525	763	255		
72	3130	1565	783	261		
73	3227	1614	807	269		
74	3311	1656	828	276		
75	3392	1696	848	283		
76	3463	1732	866	289		
77	3531	1766	883	295		
78	3600	1800	900	300		
79	3668	1834	917	306		
80+	3787	1894	947	316		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5C7</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	2703	1352	676	226		
66	2843	1422	711	237		
67	2975	1488	744	248		
68	3094	1547	774	258		
69	3241	1621	811	271		
70	3384	1692	846	282		
71	3506	1753	877	293		
72	3598	1799	900	300		
73	3710	1855	928	310		
74	3806	1903	952	318		
75	3900	1950	975	325		
76	3982	1991	996	332		
77	4060	2030	1015	339		
78	4139	2070	1035	345		
79	4217	2109	1055	352		
80+	4354	2177	1089	363		

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



**PLAN HDF - AREA 1 (ZIP 770, 772--777)**

**Male**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CM</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	475	238	119	40		
66	513	257	129	43		
67	552	276	138	46		
68	574	287	144	48		
69	602	301	151	51		
70	629	315	158	53		
71	650	325	163	55		
72	685	343	172	58		
73	723	362	181	61		
74	760	380	190	64		
75	798	399	200	67		
76	837	419	210	70		
77	881	441	221	74		
78	924	462	231	77		
79	969	485	243	81		
80+	1045	523	262	88		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CO</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	547	274	137	46		
66	590	295	148	50		
67	636	318	159	53		
68	660	330	165	55		
69	693	347	174	58		
70	724	362	181	61		
71	748	374	187	63		
72	788	394	197	66		
73	832	416	208	70		
74	874	437	219	73		
75	918	459	230	77		
76	963	482	241	81		
77	1014	507	254	85		
78	1063	532	266	89		
79	1115	558	279	93		
80+	1202	601	301	101		

**Female**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CN</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	414	207	104	35		
66	446	223	112	38		
67	481	241	121	41		
68	499	250	125	42		
69	524	262	131	44		
70	548	274	137	46		
71	565	283	142	48		
72	596	298	149	50		
73	629	315	158	53		
74	661	331	166	56		
75	694	347	174	58		
76	728	364	182	61		
77	766	383	192	64		
78	804	402	201	67		
79	843	422	211	71		
80+	909	455	228	76		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CP</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	475	238	119	40		
66	513	257	129	43		
67	552	276	138	46		
68	574	287	144	48		
69	602	301	151	51		
70	629	315	158	53		
71	650	325	163	55		
72	685	343	172	58		
73	723	362	181	61		
74	760	380	190	64		
75	798	399	200	67		
76	837	419	210	70		
77	881	441	221	74		
78	924	462	231	77		
79	969	485	243	81		
80+	1045	523	262	88		

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

**PLAN G - AREA 1 (ZIP 770, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2004	1002	501	167
66	2112	1056	528	176
67	2222	1111	556	186
68	2316	1158	579	193
69	2434	1217	609	203
70	2547	1274	637	213
71	2645	1323	662	221
72	2716	1358	679	227
73	2805	1403	702	234
74	2882	1441	721	241
75	2959	1480	740	247
76	3024	1512	756	252
77	3086	1543	772	258
78	3147	1574	787	263
79	3211	1606	803	268
80+	3319	1660	830	277

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1743	872	436	146
66	1838	919	460	154
67	1933	967	484	162
68	2015	1008	504	168
69	2117	1059	530	177
70	2216	1108	554	185
71	2300	1150	575	192
72	2362	1181	591	197
73	2440	1220	610	204
74	2507	1254	627	209
75	2574	1287	644	215
76	2630	1315	658	220
77	2684	1342	671	224
78	2738	1369	685	229
79	2793	1397	699	233
80+	2887	1444	722	241

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2306	1153	577	193
66	2431	1216	608	203
67	2557	1279	640	214
68	2665	1333	667	223
69	2801	1401	701	234
70	2931	1466	733	245
71	3043	1522	761	254
72	3125	1563	782	261
73	3228	1614	807	269
74	3317	1659	830	277
75	3405	1703	852	284
76	3480	1740	870	290
77	3551	1776	888	296
78	3622	1811	906	302
79	3695	1848	924	308
80+	3820	1910	955	319

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2004	1002	501	167
66	2112	1056	528	176
67	2222	1111	556	186
68	2316	1158	579	193
69	2434	1217	609	203
70	2547	1274	637	213
71	2645	1323	662	221
72	2716	1358	679	227
73	2805	1403	702	234
74	2882	1441	721	241
75	2959	1480	740	247
76	3024	1512	756	252
77	3086	1543	772	258
78	3147	1574	787	263
79	3211	1606	803	268
80+	3319	1660	830	277

**PLAN HDG - AREA 1 (ZIP 770, 772--777)**

**Male**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5HO</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	475	238	119	40		
66	513	257	129	43		
67	552	276	138	46		
68	574	287	144	48		
69	602	301	151	51		
70	629	315	158	53		
71	650	325	163	55		
72	685	343	172	58		
73	723	362	181	61		
74	760	380	190	64		
75	798	399	200	67		
76	837	419	210	70		
77	881	441	221	74		
78	924	462	231	77		
79	969	485	243	81		
80+	1045	523	262	88		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5HQ</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	547	274	137	46		
66	590	295	148	50		
67	636	318	159	53		
68	660	330	165	55		
69	693	347	174	58		
70	724	362	181	61		
71	748	374	187	63		
72	788	394	197	66		
73	832	416	208	70		
74	874	437	219	73		
75	918	459	230	77		
76	963	482	241	81		
77	1014	507	254	85		
78	1063	532	266	89		
79	1115	558	279	93		
80+	1202	601	301	101		

**Female**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5HP</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	414	207	104	35		
66	446	223	112	38		
67	481	241	121	41		
68	499	250	125	42		
69	524	262	131	44		
70	548	274	137	46		
71	565	283	142	48		
72	596	298	149	50		
73	629	315	158	53		
74	661	331	166	56		
75	694	347	174	58		
76	728	364	182	61		
77	766	383	192	64		
78	804	402	201	67		
79	843	422	211	71		
80+	909	455	228	76		

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5HR</b>	
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		
65	475	238	119	40		
66	513	257	129	43		
67	552	276	138	46		
68	574	287	144	48		
69	602	301	151	51		
70	629	315	158	53		
71	650	325	163	55		
72	685	343	172	58		
73	723	362	181	61		
74	760	380	190	64		
75	798	399	200	67		
76	837	419	210	70		
77	881	441	221	74		
78	924	462	231	77		
79	969	485	243	81		
80+	1045	523	262	88		

**PLAN K - AREA 1 (ZIP 770, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P44
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1536	768	384	128
66	1656	828	414	138
67	1752	876	438	146
68	1841	921	461	154
69	1935	968	484	162
70	2048	1024	512	171
71	2105	1053	527	176
72	2145	1073	537	179
73	2187	1094	547	183
74	2222	1111	556	186
75	2272	1136	568	190
76	2300	1150	575	192
77	2317	1159	580	194
78	2333	1167	584	195
79	2347	1174	587	196
80+	2372	1186	593	198

Tobacco User		Effective Date: 3/15/2020		Plan Code: P46
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1768	884	442	148
66	1906	953	477	159
67	2017	1009	505	169
68	2118	1059	530	177
69	2226	1113	557	186
70	2357	1179	590	197
71	2422	1211	606	202
72	2469	1235	618	206
73	2517	1259	630	210
74	2557	1279	640	214
75	2615	1308	654	218
76	2647	1324	662	221
77	2667	1334	667	223
78	2685	1343	672	224
79	2701	1351	676	226
80+	2729	1365	683	228

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P45
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1336	668	334	112
66	1441	721	361	121
67	1524	762	381	127
68	1601	801	401	134
69	1683	842	421	141
70	1781	891	446	149
71	1831	916	458	153
72	1866	933	467	156
73	1903	952	476	159
74	1933	967	484	162
75	1976	988	494	165
76	2001	1001	501	167
77	2016	1008	504	168
78	2030	1015	508	170
79	2041	1021	511	171
80+	2063	1032	516	172

Tobacco User		Effective Date: 3/15/2020		Plan Code: P47
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1536	768	384	128
66	1656	828	414	138
67	1752	876	438	146
68	1841	921	461	154
69	1935	968	484	162
70	2048	1024	512	171
71	2105	1053	527	176
72	2145	1073	537	179
73	2187	1094	547	183
74	2222	1111	556	186
75	2272	1136	568	190
76	2300	1150	575	192
77	2317	1159	580	194
78	2333	1167	584	195
79	2347	1174	587	196
80+	2372	1186	593	198

**PLAN L - AREA 1 (ZIP 770, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P60
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2161	1081	541	181
66	2326	1163	582	194
67	2467	1234	617	206
68	2594	1297	649	217
69	2726	1363	682	228
70	2880	1440	720	240
71	2964	1482	741	247
72	3018	1509	755	252
73	3083	1542	771	257
74	3134	1567	784	262
75	3196	1598	799	267
76	3240	1620	810	270
77	3265	1633	817	273
78	3286	1643	822	274
79	3306	1653	827	276
80+	3335	1668	834	278

Tobacco User		Effective Date: 3/15/2020		Plan Code: P62
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2487	1244	622	208
66	2677	1339	670	224
67	2839	1420	710	237
68	2985	1493	747	249
69	3137	1569	785	262
70	3314	1657	829	277
71	3411	1706	853	285
72	3473	1737	869	290
73	3547	1774	887	296
74	3606	1803	902	301
75	3678	1839	920	307
76	3728	1864	932	311
77	3757	1879	940	314
78	3782	1891	946	316
79	3804	1902	951	317
80+	3838	1919	960	320

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P61
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1880	940	470	157
66	2024	1012	506	169
67	2146	1073	537	179
68	2256	1128	564	188
69	2371	1186	593	198
70	2505	1253	627	209
71	2578	1289	645	215
72	2625	1313	657	219
73	2681	1341	671	224
74	2726	1363	682	228
75	2780	1390	695	232
76	2818	1409	705	235
77	2840	1420	710	237
78	2859	1430	715	239
79	2875	1438	719	240
80+	2901	1451	726	242

Tobacco User		Effective Date: 3/15/2020		Plan Code: P63
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2161	1081	541	181
66	2326	1163	582	194
67	2467	1234	617	206
68	2594	1297	649	217
69	2726	1363	682	228
70	2880	1440	720	240
71	2964	1482	741	247
72	3018	1509	755	252
73	3083	1542	771	257
74	3134	1567	784	262
75	3196	1598	799	267
76	3240	1620	810	270
77	3265	1633	817	273
78	3286	1643	822	274
79	3306	1653	827	276
80+	3335	1668	834	278

**PLAN N - AREA 1 (ZIP 770, 772--777)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2329	1165	583	195
66	2458	1229	615	205
67	2586	1293	647	216
68	2702	1351	676	226
69	2842	1421	711	237
70	2977	1489	745	249
71	3100	1550	775	259
72	3191	1596	798	266
73	3298	1649	825	275
74	3392	1696	848	283
75	3486	1743	872	291
76	3572	1786	893	298
77	3653	1827	914	305
78	3735	1868	934	312
79	3816	1908	954	318
80+	3966	1983	992	331

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2026	1013	507	169
66	2138	1069	535	179
67	2249	1125	563	188
68	2351	1176	588	196
69	2472	1236	618	206
70	2590	1295	648	216
71	2696	1348	674	225
72	2776	1388	694	232
73	2869	1435	718	240
74	2950	1475	738	246
75	3032	1516	758	253
76	3107	1554	777	259
77	3178	1589	795	265
78	3249	1625	813	271
79	3320	1660	830	277
80+	3450	1725	863	288

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2680	1340	670	224
66	2828	1414	707	236
67	2975	1488	744	248
68	3110	1555	778	260
69	3270	1635	818	273
70	3426	1713	857	286
71	3567	1784	892	298
72	3672	1836	918	306
73	3795	1898	949	317
74	3903	1952	976	326
75	4011	2006	1003	335
76	4110	2055	1028	343
77	4204	2102	1051	351
78	4298	2149	1075	359
79	4392	2196	1098	366
80+	4563	2282	1141	381

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2329	1165	583	195
66	2458	1229	615	205
67	2586	1293	647	216
68	2702	1351	676	226
69	2842	1421	711	237
70	2977	1489	745	249
71	3100	1550	775	259
72	3191	1596	798	266
73	3298	1649	825	275
74	3392	1696	848	283
75	3486	1743	872	291
76	3572	1786	893	298
77	3653	1827	914	305
78	3735	1868	934	312
79	3816	1908	954	318
80+	3966	1983	992	331

**PLAN A - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1774	887	444	148
66	1860	930	465	155
67	1937	969	485	162
68	1999	1000	500	167
69	2073	1037	519	173
70	2146	1073	537	179
71	2198	1099	550	184
72	2223	1112	556	186
73	2265	1133	567	189
74	2298	1149	575	192
75	2329	1165	583	195
76	2348	1174	587	196
77	2348	1174	587	196
78	2348	1174	587	196
79	2348	1174	587	196
80+	2348	1174	587	196

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1543	772	386	129
66	1618	809	405	135
67	1685	843	422	141
68	1739	870	435	145
69	1803	902	451	151
70	1867	934	467	156
71	1912	956	478	160
72	1934	967	484	162
73	1970	985	493	165
74	1999	1000	500	167
75	2026	1013	507	169
76	2042	1021	511	171
77	2042	1021	511	171
78	2042	1021	511	171
79	2042	1021	511	171
80+	2042	1021	511	171

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2041	1021	511	171
66	2140	1070	535	179
67	2229	1115	558	186
68	2301	1151	576	192
69	2385	1193	597	199
70	2470	1235	618	206
71	2530	1265	633	211
72	2559	1280	640	214
73	2607	1304	652	218
74	2645	1323	662	221
75	2680	1340	670	224
76	2702	1351	676	226
77	2702	1351	676	226
78	2702	1351	676	226
79	2702	1351	676	226
80+	2702	1351	676	226

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5A7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1774	887	444	148
66	1860	930	465	155
67	1937	969	485	162
68	1999	1000	500	167
69	2073	1037	519	173
70	2146	1073	537	179
71	2198	1099	550	184
72	2223	1112	556	186
73	2265	1133	567	189
74	2298	1149	575	192
75	2329	1165	583	195
76	2348	1174	587	196
77	2348	1174	587	196
78	2348	1174	587	196
79	2348	1174	587	196
80+	2348	1174	587	196

**PLAN B - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2356	1178	589	197
66	2479	1240	620	207
67	2596	1298	649	217
68	2692	1346	673	225
69	2808	1404	702	234
70	2913	1457	729	243
71	3001	1501	751	251
72	3052	1526	763	255
73	3129	1565	783	261
74	3196	1598	799	267
75	3259	1630	815	272
76	3311	1656	828	276
77	3329	1665	833	278
78	3345	1673	837	279
79	3365	1683	842	281
80+	3365	1683	842	281

Female				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2049	1025	513	171
66	2157	1079	540	180
67	2258	1129	565	189
68	2342	1171	586	196
69	2442	1221	611	204
70	2534	1267	634	212
71	2611	1306	653	218
72	2655	1328	664	222
73	2722	1361	681	227
74	2780	1390	695	232
75	2835	1418	709	237
76	2880	1440	720	240
77	2896	1448	724	242
78	2910	1455	728	243
79	2927	1464	732	244
80+	2927	1464	732	244

Tobacco User	Effective Date: 3/15/2020		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2711	1356	678	226
66	2853	1427	714	238
67	2987	1494	747	249
68	3098	1549	775	259
69	3231	1616	808	270
70	3352	1676	838	280
71	3454	1727	864	288
72	3512	1756	878	293
73	3601	1801	901	301
74	3678	1839	920	307
75	3751	1876	938	313
76	3811	1906	953	318
77	3831	1916	958	320
78	3850	1925	963	321
79	3872	1936	968	323
80+	3872	1936	968	323

Tobacco User	Effective Date: 3/15/2020		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2356	1178	589	197
66	2479	1240	620	207
67	2596	1298	649	217
68	2692	1346	673	225
69	2808	1404	702	234
70	2913	1457	729	243
71	3001	1501	751	251
72	3052	1526	763	255
73	3129	1565	783	261
74	3196	1598	799	267
75	3259	1630	815	272
76	3311	1656	828	276
77	3329	1665	833	278
78	3345	1673	837	279
79	3365	1683	842	281
80+	3365	1683	842	281



**PLAN C - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2907	1454	727	243
66	3060	1530	765	255
67	3200	1600	800	267
68	3332	1666	833	278
69	3490	1745	873	291
70	3646	1823	912	304
71	3777	1889	945	315
72	3876	1938	969	323
73	3996	1998	999	333
74	4103	2052	1026	342
75	4203	2102	1051	351
76	4291	2146	1073	358
77	4375	2188	1094	365
78	4460	2230	1115	372
79	4546	2273	1137	379
80+	4695	2348	1174	392

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3345	1673	837	279
66	3521	1761	881	294
67	3683	1842	921	307
68	3834	1917	959	320
69	4016	2008	1004	335
70	4196	2098	1049	350
71	4346	2173	1087	363
72	4461	2231	1116	372
73	4599	2300	1150	384
74	4721	2361	1181	394
75	4837	2419	1210	404
76	4937	2469	1235	412
77	5035	2518	1259	420
78	5133	2567	1284	428
79	5232	2616	1308	436
80+	5402	2701	1351	451

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2529	1265	633	211
66	2662	1331	666	222
67	2784	1392	696	232
68	2898	1449	725	242
69	3036	1518	759	253
70	3172	1586	793	265
71	3285	1643	822	274
72	3372	1686	843	281
73	3476	1738	869	290
74	3569	1785	893	298
75	3656	1828	914	305
76	3732	1866	933	311
77	3806	1903	952	318
78	3880	1940	970	324
79	3955	1978	989	330
80+	4084	2042	1021	341

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2907	1454	727	243
66	3060	1530	765	255
67	3200	1600	800	267
68	3332	1666	833	278
69	3490	1745	873	291
70	3646	1823	912	304
71	3777	1889	945	315
72	3876	1938	969	323
73	3996	1998	999	333
74	4103	2052	1026	342
75	4203	2102	1051	351
76	4291	2146	1073	358
77	4375	2188	1094	365
78	4460	2230	1115	372
79	4546	2273	1137	379
80+	4695	2348	1174	392

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

**PLAN D - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2821	1411	706	236
66	2976	1488	744	248
67	3128	1564	782	261
68	3264	1632	816	272
69	3429	1715	858	286
70	3588	1794	897	299
71	3727	1864	932	311
72	3831	1916	958	320
73	3957	1979	990	330
74	4065	2033	1017	339
75	4169	2085	1043	348
76	4263	2132	1066	356
77	4351	2176	1088	363
78	4438	2219	1110	370
79	4527	2264	1132	378
80+	4682	2341	1171	391

Tobacco User	Effective Date: 3/15/2020		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3246	1623	812	271
66	3425	1713	857	286
67	3599	1800	900	300
68	3756	1878	939	313
69	3946	1973	987	329
70	4128	2064	1032	344
71	4289	2145	1073	358
72	4408	2204	1102	368
73	4553	2277	1139	380
74	4678	2339	1170	390
75	4798	2399	1200	400
76	4906	2453	1227	409
77	5006	2503	1252	418
78	5107	2554	1277	426
79	5210	2605	1303	435
80+	5388	2694	1347	449

Female				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2454	1227	614	205
66	2589	1295	648	216
67	2721	1361	681	227
68	2839	1420	710	237
69	2983	1492	746	249
70	3121	1561	781	261
71	3242	1621	811	271
72	3332	1666	833	278
73	3442	1721	861	287
74	3536	1768	884	295
75	3627	1814	907	303
76	3709	1855	928	310
77	3784	1892	946	316
78	3860	1930	965	322
79	3938	1969	985	329
80+	4073	2037	1019	340

Tobacco User	Effective Date: 3/15/2020		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2821	1411	706	236
66	2976	1488	744	248
67	3128	1564	782	261
68	3264	1632	816	272
69	3429	1715	858	286
70	3588	1794	897	299
71	3727	1864	932	311
72	3831	1916	958	320
73	3957	1979	990	330
74	4065	2033	1017	339
75	4169	2085	1043	348
76	4263	2132	1066	356
77	4351	2176	1088	363
78	4438	2219	1110	370
79	4527	2264	1132	378
80+	4682	2341	1171	391

**PLAN F - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2703	1352	676	226
66	2843	1422	711	237
67	2975	1488	744	248
68	3094	1547	774	258
69	3241	1621	811	271
70	3384	1692	846	282
71	3506	1753	877	293
72	3598	1799	900	300
73	3710	1855	928	310
74	3806	1903	952	318
75	3900	1950	975	325
76	3982	1991	996	332
77	4060	2030	1015	339
78	4139	2070	1035	345
79	4217	2109	1055	352
80+	4354	2177	1089	363

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3111	1556	778	260
66	3271	1636	818	273
67	3424	1712	856	286
68	3560	1780	890	297
69	3730	1865	933	311
70	3894	1947	974	325
71	4035	2018	1009	337
72	4140	2070	1035	345
73	4269	2135	1068	356
74	4380	2190	1095	365
75	4488	2244	1122	374
76	4582	2291	1146	382
77	4672	2336	1168	390
78	4763	2382	1191	397
79	4853	2427	1214	405
80+	5010	2505	1253	418

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2352	1176	588	196
66	2473	1237	619	207
67	2588	1294	647	216
68	2691	1346	673	225
69	2819	1410	705	235
70	2943	1472	736	246
71	3050	1525	763	255
72	3130	1565	783	261
73	3227	1614	807	269
74	3311	1656	828	276
75	3392	1696	848	283
76	3463	1732	866	289
77	3531	1766	883	295
78	3600	1800	900	300
79	3668	1834	917	306
80+	3787	1894	947	316

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2703	1352	676	226
66	2843	1422	711	237
67	2975	1488	744	248
68	3094	1547	774	258
69	3241	1621	811	271
70	3384	1692	846	282
71	3506	1753	877	293
72	3598	1799	900	300
73	3710	1855	928	310
74	3806	1903	952	318
75	3900	1950	975	325
76	3982	1991	996	332
77	4060	2030	1015	339
78	4139	2070	1035	345
79	4217	2109	1055	352
80+	4354	2177	1089	363

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

**PLAN HDF - AREA 2 (ZIP 765-769, 778-789, 798-799)**

**Male**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CM</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	475	238	119	40	
66	513	257	129	43	
67	552	276	138	46	
68	574	287	144	48	
69	602	301	151	51	
70	629	315	158	53	
71	650	325	163	55	
72	685	343	172	58	
73	723	362	181	61	
74	760	380	190	64	
75	798	399	200	67	
76	837	419	210	70	
77	881	441	221	74	
78	924	462	231	77	
79	969	485	243	81	
80+	1045	523	262	88	

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CO</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	547	274	137	46	
66	590	295	148	50	
67	636	318	159	53	
68	660	330	165	55	
69	693	347	174	58	
70	724	362	181	61	
71	748	374	187	63	
72	788	394	197	66	
73	832	416	208	70	
74	874	437	219	73	
75	918	459	230	77	
76	963	482	241	81	
77	1014	507	254	85	
78	1063	532	266	89	
79	1115	558	279	93	
80+	1202	601	301	101	

**Female**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CN</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	414	207	104	35	
66	446	223	112	38	
67	481	241	121	41	
68	499	250	125	42	
69	524	262	131	44	
70	548	274	137	46	
71	565	283	142	48	
72	596	298	149	50	
73	629	315	158	53	
74	661	331	166	56	
75	694	347	174	58	
76	728	364	182	61	
77	766	383	192	64	
78	804	402	201	67	
79	843	422	211	71	
80+	909	455	228	76	

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CP</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	475	238	119	40	
66	513	257	129	43	
67	552	276	138	46	
68	574	287	144	48	
69	602	301	151	51	
70	629	315	158	53	
71	650	325	163	55	
72	685	343	172	58	
73	723	362	181	61	
74	760	380	190	64	
75	798	399	200	67	
76	837	419	210	70	
77	881	441	221	74	
78	924	462	231	77	
79	969	485	243	81	
80+	1045	523	262	88	

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

**PLAN G - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2004	1002	501	167
66	2112	1056	528	176
67	2222	1111	556	186
68	2316	1158	579	193
69	2434	1217	609	203
70	2547	1274	637	213
71	2645	1323	662	221
72	2716	1358	679	227
73	2805	1403	702	234
74	2882	1441	721	241
75	2959	1480	740	247
76	3024	1512	756	252
77	3086	1543	772	258
78	3147	1574	787	263
79	3211	1606	803	268
80+	3319	1660	830	277

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1743	872	436	146
66	1838	919	460	154
67	1933	967	484	162
68	2015	1008	504	168
69	2117	1059	530	177
70	2216	1108	554	185
71	2300	1150	575	192
72	2362	1181	591	197
73	2440	1220	610	204
74	2507	1254	627	209
75	2574	1287	644	215
76	2630	1315	658	220
77	2684	1342	671	224
78	2738	1369	685	229
79	2793	1397	699	233
80+	2887	1444	722	241

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2306	1153	577	193
66	2431	1216	608	203
67	2557	1279	640	214
68	2665	1333	667	223
69	2801	1401	701	234
70	2931	1466	733	245
71	3043	1522	761	254
72	3125	1563	782	261
73	3228	1614	807	269
74	3317	1659	830	277
75	3405	1703	852	284
76	3480	1740	870	290
77	3551	1776	888	296
78	3622	1811	906	302
79	3695	1848	924	308
80+	3820	1910	955	319

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2004	1002	501	167
66	2112	1056	528	176
67	2222	1111	556	186
68	2316	1158	579	193
69	2434	1217	609	203
70	2547	1274	637	213
71	2645	1323	662	221
72	2716	1358	679	227
73	2805	1403	702	234
74	2882	1441	721	241
75	2959	1480	740	247
76	3024	1512	756	252
77	3086	1543	772	258
78	3147	1574	787	263
79	3211	1606	803	268
80+	3319	1660	830	277

**PLAN HDG - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	475	238	119	40
66	513	257	129	43
67	552	276	138	46
68	574	287	144	48
69	602	301	151	51
70	629	315	158	53
71	650	325	163	55
72	685	343	172	58
73	723	362	181	61
74	760	380	190	64
75	798	399	200	67
76	837	419	210	70
77	881	441	221	74
78	924	462	231	77
79	969	485	243	81
80+	1045	523	262	88

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	547	274	137	46
66	590	295	148	50
67	636	318	159	53
68	660	330	165	55
69	693	347	174	58
70	724	362	181	61
71	748	374	187	63
72	788	394	197	66
73	832	416	208	70
74	874	437	219	73
75	918	459	230	77
76	963	482	241	81
77	1014	507	254	85
78	1063	532	266	89
79	1115	558	279	93
80+	1202	601	301	101

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	414	207	104	35
66	446	223	112	38
67	481	241	121	41
68	499	250	125	42
69	524	262	131	44
70	548	274	137	46
71	565	283	142	48
72	596	298	149	50
73	629	315	158	53
74	661	331	166	56
75	694	347	174	58
76	728	364	182	61
77	766	383	192	64
78	804	402	201	67
79	843	422	211	71
80+	909	455	228	76

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	475	238	119	40
66	513	257	129	43
67	552	276	138	46
68	574	287	144	48
69	602	301	151	51
70	629	315	158	53
71	650	325	163	55
72	685	343	172	58
73	723	362	181	61
74	760	380	190	64
75	798	399	200	67
76	837	419	210	70
77	881	441	221	74
78	924	462	231	77
79	969	485	243	81
80+	1045	523	262	88

**PLAN K - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P44
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1536	768	384	128
66	1656	828	414	138
67	1752	876	438	146
68	1841	921	461	154
69	1935	968	484	162
70	2048	1024	512	171
71	2105	1053	527	176
72	2145	1073	537	179
73	2187	1094	547	183
74	2222	1111	556	186
75	2272	1136	568	190
76	2300	1150	575	192
77	2317	1159	580	194
78	2333	1167	584	195
79	2347	1174	587	196
80+	2372	1186	593	198

Tobacco User		Effective Date: 3/15/2020		Plan Code: P46
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1768	884	442	148
66	1906	953	477	159
67	2017	1009	505	169
68	2118	1059	530	177
69	2226	1113	557	186
70	2357	1179	590	197
71	2422	1211	606	202
72	2469	1235	618	206
73	2517	1259	630	210
74	2557	1279	640	214
75	2615	1308	654	218
76	2647	1324	662	221
77	2667	1334	667	223
78	2685	1343	672	224
79	2701	1351	676	226
80+	2729	1365	683	228

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P45
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1336	668	334	112
66	1441	721	361	121
67	1524	762	381	127
68	1601	801	401	134
69	1683	842	421	141
70	1781	891	446	149
71	1831	916	458	153
72	1866	933	467	156
73	1903	952	476	159
74	1933	967	484	162
75	1976	988	494	165
76	2001	1001	501	167
77	2016	1008	504	168
78	2030	1015	508	170
79	2041	1021	511	171
80+	2063	1032	516	172

Tobacco User		Effective Date: 3/15/2020		Plan Code: P47
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1536	768	384	128
66	1656	828	414	138
67	1752	876	438	146
68	1841	921	461	154
69	1935	968	484	162
70	2048	1024	512	171
71	2105	1053	527	176
72	2145	1073	537	179
73	2187	1094	547	183
74	2222	1111	556	186
75	2272	1136	568	190
76	2300	1150	575	192
77	2317	1159	580	194
78	2333	1167	584	195
79	2347	1174	587	196
80+	2372	1186	593	198

**PLAN L - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2161	1081	541	181
66	2326	1163	582	194
67	2467	1234	617	206
68	2594	1297	649	217
69	2726	1363	682	228
70	2880	1440	720	240
71	2964	1482	741	247
72	3018	1509	755	252
73	3083	1542	771	257
74	3134	1567	784	262
75	3196	1598	799	267
76	3240	1620	810	270
77	3265	1633	817	273
78	3286	1643	822	274
79	3306	1653	827	276
80+	3335	1668	834	278

Tobacco User	Effective Date: 3/15/2020		Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2487	1244	622	208
66	2677	1339	670	224
67	2839	1420	710	237
68	2985	1493	747	249
69	3137	1569	785	262
70	3314	1657	829	277
71	3411	1706	853	285
72	3473	1737	869	290
73	3547	1774	887	296
74	3606	1803	902	301
75	3678	1839	920	307
76	3728	1864	932	311
77	3757	1879	940	314
78	3782	1891	946	316
79	3804	1902	951	317
80+	3838	1919	960	320

Female				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1880	940	470	157
66	2024	1012	506	169
67	2146	1073	537	179
68	2256	1128	564	188
69	2371	1186	593	198
70	2505	1253	627	209
71	2578	1289	645	215
72	2625	1313	657	219
73	2681	1341	671	224
74	2726	1363	682	228
75	2780	1390	695	232
76	2818	1409	705	235
77	2840	1420	710	237
78	2859	1430	715	239
79	2875	1438	719	240
80+	2901	1451	726	242

Tobacco User	Effective Date: 3/15/2020		Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2161	1081	541	181
66	2326	1163	582	194
67	2467	1234	617	206
68	2594	1297	649	217
69	2726	1363	682	228
70	2880	1440	720	240
71	2964	1482	741	247
72	3018	1509	755	252
73	3083	1542	771	257
74	3134	1567	784	262
75	3196	1598	799	267
76	3240	1620	810	270
77	3265	1633	817	273
78	3286	1643	822	274
79	3306	1653	827	276
80+	3335	1668	834	278



**PLAN N - AREA 2 (ZIP 765-769, 778-789, 798-799)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2329	1165	583	195
66	2458	1229	615	205
67	2586	1293	647	216
68	2702	1351	676	226
69	2842	1421	711	237
70	2977	1489	745	249
71	3100	1550	775	259
72	3191	1596	798	266
73	3298	1649	825	275
74	3392	1696	848	283
75	3486	1743	872	291
76	3572	1786	893	298
77	3653	1827	914	305
78	3735	1868	934	312
79	3816	1908	954	318
80+	3966	1983	992	331

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2026	1013	507	169
66	2138	1069	535	179
67	2249	1125	563	188
68	2351	1176	588	196
69	2472	1236	618	206
70	2590	1295	648	216
71	2696	1348	674	225
72	2776	1388	694	232
73	2869	1435	718	240
74	2950	1475	738	246
75	3032	1516	758	253
76	3107	1554	777	259
77	3178	1589	795	265
78	3249	1625	813	271
79	3320	1660	830	277
80+	3450	1725	863	288

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2680	1340	670	224
66	2828	1414	707	236
67	2975	1488	744	248
68	3110	1555	778	260
69	3270	1635	818	273
70	3426	1713	857	286
71	3567	1784	892	298
72	3672	1836	918	306
73	3795	1898	949	317
74	3903	1952	976	326
75	4011	2006	1003	335
76	4110	2055	1028	343
77	4204	2102	1051	351
78	4298	2149	1075	359
79	4392	2196	1098	366
80+	4563	2282	1141	381

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2329	1165	583	195
66	2458	1229	615	205
67	2586	1293	647	216
68	2702	1351	676	226
69	2842	1421	711	237
70	2977	1489	745	249
71	3100	1550	775	259
72	3191	1596	798	266
73	3298	1649	825	275
74	3392	1696	848	283
75	3486	1743	872	291
76	3572	1786	893	298
77	3653	1827	914	305
78	3735	1868	934	312
79	3816	1908	954	318
80+	3966	1983	992	331

**PLAN A - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: 5A4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1540	770	385	129
66	1614	807	404	135
67	1681	841	421	141
68	1735	868	434	145
69	1799	900	450	150
70	1863	932	466	156
71	1908	954	477	159
72	1930	965	483	161
73	1966	983	492	164
74	1995	998	499	167
75	2021	1011	506	169
76	2038	1019	510	170
77	2038	1019	510	170
78	2038	1019	510	170
79	2038	1019	510	170
80+	2038	1019	510	170

Tobacco User	Effective Date: 3/15/2020		Plan Code: 5A6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1772	886	443	148
66	1858	929	465	155
67	1935	968	484	162
68	1997	999	500	167
69	2070	1035	518	173
70	2144	1072	536	179
71	2196	1098	549	183
72	2221	1111	556	186
73	2262	1131	566	189
74	2295	1148	574	192
75	2326	1163	582	194
76	2345	1173	587	196
77	2345	1173	587	196
78	2345	1173	587	196
79	2345	1173	587	196
80+	2345	1173	587	196

Female				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: 5A5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1339	670	335	112
66	1404	702	351	117
67	1462	731	366	122
68	1509	755	378	126
69	1565	783	392	131
70	1620	810	405	135
71	1660	830	415	139
72	1679	840	420	140
73	1710	855	428	143
74	1735	868	434	145
75	1758	879	440	147
76	1773	887	444	148
77	1773	887	444	148
78	1773	887	444	148
79	1773	887	444	148
80+	1773	887	444	148

Tobacco User	Effective Date: 3/15/2020		Plan Code: 5A7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1540	770	385	129
66	1614	807	404	135
67	1681	841	421	141
68	1735	868	434	145
69	1799	900	450	150
70	1863	932	466	156
71	1908	954	477	159
72	1930	965	483	161
73	1966	983	492	164
74	1995	998	499	167
75	2021	1011	506	169
76	2038	1019	510	170
77	2038	1019	510	170
78	2038	1019	510	170
79	2038	1019	510	170
80+	2038	1019	510	170

**PLAN B - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2045	1023	512	171
66	2152	1076	538	180
67	2253	1127	564	188
68	2337	1169	585	195
69	2437	1219	610	204
70	2528	1264	632	211
71	2605	1303	652	218
72	2649	1325	663	221
73	2716	1358	679	227
74	2774	1387	694	232
75	2829	1415	708	236
76	2874	1437	719	240
77	2890	1445	723	241
78	2903	1452	726	242
79	2920	1460	730	244
80+	2920	1460	730	244

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2353	1177	589	197
66	2476	1238	619	207
67	2593	1297	649	217
68	2689	1345	673	225
69	2804	1402	701	234
70	2909	1455	728	243
71	2997	1499	750	250
72	3048	1524	762	254
73	3125	1563	782	261
74	3192	1596	798	266
75	3255	1628	814	272
76	3307	1654	827	276
77	3325	1663	832	278
78	3341	1671	836	279
79	3360	1680	840	280
80+	3360	1680	840	280

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1779	890	445	149
66	1872	936	468	156
67	1960	980	490	164
68	2032	1016	508	170
69	2120	1060	530	177
70	2199	1100	550	184
71	2266	1133	567	189
72	2304	1152	576	192
73	2362	1181	591	197
74	2413	1207	604	202
75	2461	1231	616	206
76	2500	1250	625	209
77	2514	1257	629	210
78	2526	1263	632	211
79	2540	1270	635	212
80+	2540	1270	635	212

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5AP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2045	1023	512	171
66	2152	1076	538	180
67	2253	1127	564	188
68	2337	1169	585	195
69	2437	1219	610	204
70	2528	1264	632	211
71	2605	1303	652	218
72	2649	1325	663	221
73	2716	1358	679	227
74	2774	1387	694	232
75	2829	1415	708	236
76	2874	1437	719	240
77	2890	1445	723	241
78	2903	1452	726	242
79	2920	1460	730	244
80+	2920	1460	730	244

**PLAN C - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2523	1262	631	211
66	2656	1328	664	222
67	2778	1389	695	232
68	2892	1446	723	241
69	3029	1515	758	253
70	3165	1583	792	264
71	3278	1639	820	274
72	3364	1682	841	281
73	3468	1734	867	289
74	3561	1781	891	297
75	3648	1824	912	304
76	3724	1862	931	311
77	3798	1899	950	317
78	3871	1936	968	323
79	3946	1973	987	329
80+	4075	2038	1019	340

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2904	1452	726	242
66	3056	1528	764	255
67	3196	1598	799	267
68	3328	1664	832	278
69	3486	1743	872	291
70	3642	1821	911	304
71	3772	1886	943	315
72	3871	1936	968	323
73	3991	1996	998	333
74	4098	2049	1025	342
75	4198	2099	1050	350
76	4285	2143	1072	358
77	4370	2185	1093	365
78	4455	2228	1114	372
79	4541	2271	1136	379
80+	4689	2345	1173	391

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2195	1098	549	183
66	2310	1155	578	193
67	2416	1208	604	202
68	2515	1258	629	210
69	2635	1318	659	220
70	2753	1377	689	230
71	2851	1426	713	238
72	2926	1463	732	244
73	3017	1509	755	252
74	3097	1549	775	259
75	3173	1587	794	265
76	3239	1620	810	270
77	3303	1652	826	276
78	3367	1684	842	281
79	3432	1716	858	286
80+	3544	1772	886	296

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2523	1262	631	211
66	2656	1328	664	222
67	2778	1389	695	232
68	2892	1446	723	241
69	3029	1515	758	253
70	3165	1583	792	264
71	3278	1639	820	274
72	3364	1682	841	281
73	3468	1734	867	289
74	3561	1781	891	297
75	3648	1824	912	304
76	3724	1862	931	311
77	3798	1899	950	317
78	3871	1936	968	323
79	3946	1973	987	329
80+	4075	2038	1019	340

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

**PLAN D - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2449	1225	613	205
66	2583	1292	646	216
67	2715	1358	679	227
68	2833	1417	709	237
69	2976	1488	744	248
70	3114	1557	779	260
71	3235	1618	809	270
72	3325	1663	832	278
73	3434	1717	859	287
74	3528	1764	882	294
75	3619	1810	905	302
76	3700	1850	925	309
77	3776	1888	944	315
78	3852	1926	963	321
79	3929	1965	983	328
80+	4064	2032	1016	339

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5B0
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2818	1409	705	235
66	2973	1487	744	248
67	3124	1562	781	261
68	3260	1630	815	272
69	3425	1713	857	286
70	3583	1792	896	299
71	3722	1861	931	311
72	3826	1913	957	319
73	3952	1976	988	330
74	4060	2030	1015	339
75	4164	2082	1041	347
76	4258	2129	1065	355
77	4345	2173	1087	363
78	4432	2216	1108	370
79	4522	2261	1131	377
80+	4676	2338	1169	390

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2130	1065	533	178
66	2247	1124	562	188
67	2361	1181	591	197
68	2464	1232	616	206
69	2589	1295	648	216
70	2708	1354	677	226
71	2814	1407	704	235
72	2892	1446	723	241
73	2987	1494	747	249
74	3069	1535	768	256
75	3148	1574	787	263
76	3219	1610	805	269
77	3285	1643	822	274
78	3350	1675	838	280
79	3418	1709	855	285
80+	3535	1768	884	295

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2449	1225	613	205
66	2583	1292	646	216
67	2715	1358	679	227
68	2833	1417	709	237
69	2976	1488	744	248
70	3114	1557	779	260
71	3235	1618	809	270
72	3325	1663	832	278
73	3434	1717	859	287
74	3528	1764	882	294
75	3619	1810	905	302
76	3700	1850	925	309
77	3776	1888	944	315
78	3852	1926	963	321
79	3929	1965	983	328
80+	4064	2032	1016	339

**PLAN F - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2346	1173	587	196
66	2467	1234	617	206
67	2582	1291	646	216
68	2685	1343	672	224
69	2813	1407	704	235
70	2937	1469	735	245
71	3043	1522	761	254
72	3123	1562	781	261
73	3220	1610	805	269
74	3303	1652	826	276
75	3385	1693	847	283
76	3456	1728	864	288
77	3523	1762	881	294
78	3592	1796	898	300
79	3660	1830	915	305
80+	3779	1890	945	315

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2700	1350	675	225
66	2839	1420	710	237
67	2971	1486	743	248
68	3090	1545	773	258
69	3237	1619	810	270
70	3380	1690	845	282
71	3502	1751	876	292
72	3593	1797	899	300
73	3705	1853	927	309
74	3801	1901	951	317
75	3895	1948	974	325
76	3977	1989	995	332
77	4055	2028	1014	338
78	4134	2067	1034	345
79	4212	2106	1053	351
80+	4349	2175	1088	363

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2041	1021	511	171
66	2146	1073	537	179
67	2246	1123	562	188
68	2336	1168	584	195
69	2447	1224	612	204
70	2555	1278	639	213
71	2647	1324	662	221
72	2716	1358	679	227
73	2801	1401	701	234
74	2873	1437	719	240
75	2944	1472	736	246
76	3006	1503	752	251
77	3065	1533	767	256
78	3125	1563	782	261
79	3184	1592	796	266
80+	3287	1644	822	274

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5C7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2346	1173	587	196
66	2467	1234	617	206
67	2582	1291	646	216
68	2685	1343	672	224
69	2813	1407	704	235
70	2937	1469	735	245
71	3043	1522	761	254
72	3123	1562	781	261
73	3220	1610	805	269
74	3303	1652	826	276
75	3385	1693	847	283
76	3456	1728	864	288
77	3523	1762	881	294
78	3592	1796	898	300
79	3660	1830	915	305
80+	3779	1890	945	315

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

**PLAN HDF - AREA 3 (ZIP 750-764, 790-797)**

**Male**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CM</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	413	207	104	35	
66	445	223	112	38	
67	479	240	120	40	
68	498	249	125	42	
69	523	262	131	44	
70	546	273	137	46	
71	564	282	141	47	
72	594	297	149	50	
73	628	314	157	53	
74	659	330	165	55	
75	693	347	174	58	
76	726	363	182	61	
77	764	382	191	64	
78	802	401	201	67	
79	841	421	211	71	
80+	907	454	227	76	

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CO</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	475	238	119	40	
66	512	256	128	43	
67	552	276	138	46	
68	573	287	144	48	
69	602	301	151	51	
70	629	315	158	53	
71	649	325	163	55	
72	684	342	171	57	
73	723	362	181	61	
74	759	380	190	64	
75	797	399	200	67	
76	836	418	209	70	
77	880	440	220	74	
78	923	462	231	77	
79	968	484	242	81	
80+	1044	522	261	87	

**Female**

<b>Non-Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CN</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	359	180	90	30	
66	387	194	97	33	
67	417	209	105	35	
68	433	217	109	37	
69	455	228	114	38	
70	475	238	119	40	
71	491	246	123	41	
72	517	259	130	44	
73	546	273	137	46	
74	573	287	144	48	
75	603	302	151	51	
76	632	316	158	53	
77	665	333	167	56	
78	697	349	175	59	
79	732	366	183	61	
80+	789	395	198	66	

<b>Tobacco User</b>		<b>Effective Date: 3/15/2020</b>			<b>Plan Code: 5CP</b>
<b>Attained Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	413	207	104	35	
66	445	223	112	38	
67	479	240	120	40	
68	498	249	125	42	
69	523	262	131	44	
70	546	273	137	46	
71	564	282	141	47	
72	594	297	149	50	
73	628	314	157	53	
74	659	330	165	55	
75	693	347	174	58	
76	726	363	182	61	
77	764	382	191	64	
78	802	401	201	67	
79	841	421	211	71	
80+	907	454	227	76	

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

**PLAN G - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1739	870	435	145
66	1833	917	459	153
67	1929	965	483	161
68	2010	1005	503	168
69	2113	1057	529	177
70	2211	1106	553	185
71	2295	1148	574	192
72	2357	1179	590	197
73	2435	1218	609	203
74	2502	1251	626	209
75	2568	1284	642	214
76	2624	1312	656	219
77	2678	1339	670	224
78	2732	1366	683	228
79	2787	1394	697	233
80+	2881	1441	721	241

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1513	757	379	127
66	1595	798	399	133
67	1678	839	420	140
68	1749	875	438	146
69	1838	919	460	154
70	1923	962	481	161
71	1997	999	500	167
72	2050	1025	513	171
73	2118	1059	530	177
74	2176	1088	544	182
75	2234	1117	559	187
76	2283	1142	571	191
77	2330	1165	583	195
78	2376	1188	594	198
79	2424	1212	606	202
80+	2506	1253	627	209

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2001	1001	501	167
66	2110	1055	528	176
67	2220	1110	555	185
68	2313	1157	579	193
69	2431	1216	608	203
70	2544	1272	636	212
71	2641	1321	661	221
72	2713	1357	679	227
73	2802	1401	701	234
74	2879	1440	720	240
75	2956	1478	739	247
76	3020	1510	755	252
77	3082	1541	771	257
78	3143	1572	786	262
79	3207	1604	802	268
80+	3315	1658	829	277

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1739	870	435	145
66	1833	917	459	153
67	1929	965	483	161
68	2010	1005	503	168
69	2113	1057	529	177
70	2211	1106	553	185
71	2295	1148	574	192
72	2357	1179	590	197
73	2435	1218	609	203
74	2502	1251	626	209
75	2568	1284	642	214
76	2624	1312	656	219
77	2678	1339	670	224
78	2732	1366	683	228
79	2787	1394	697	233
80+	2881	1441	721	241



**PLAN HDG - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	413	207	104	35
66	445	223	112	38
67	479	240	120	40
68	498	249	125	42
69	523	262	131	44
70	546	273	137	46
71	564	282	141	47
72	594	297	149	50
73	628	314	157	53
74	659	330	165	55
75	693	347	174	58
76	726	363	182	61
77	764	382	191	64
78	802	401	201	67
79	841	421	211	71
80+	907	454	227	76

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	475	238	119	40
66	512	256	128	43
67	552	276	138	46
68	573	287	144	48
69	602	301	151	51
70	629	315	158	53
71	649	325	163	55
72	684	342	171	57
73	723	362	181	61
74	759	380	190	64
75	797	399	200	67
76	836	418	209	70
77	880	440	220	74
78	923	462	231	77
79	968	484	242	81
80+	1044	522	261	87

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	359	180	90	30
66	387	194	97	33
67	417	209	105	35
68	433	217	109	37
69	455	228	114	38
70	475	238	119	40
71	491	246	123	41
72	517	259	130	44
73	546	273	137	46
74	573	287	144	48
75	603	302	151	51
76	632	316	158	53
77	665	333	167	56
78	697	349	175	59
79	732	366	183	61
80+	789	395	198	66

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	413	207	104	35
66	445	223	112	38
67	479	240	120	40
68	498	249	125	42
69	523	262	131	44
70	546	273	137	46
71	564	282	141	47
72	594	297	149	50
73	628	314	157	53
74	659	330	165	55
75	693	347	174	58
76	726	363	182	61
77	764	382	191	64
78	802	401	201	67
79	841	421	211	71
80+	907	454	227	76

**PLAN K - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1333	667	334	112
66	1437	719	360	120
67	1521	761	381	127
68	1598	799	400	134
69	1679	840	420	140
70	1777	889	445	149
71	1827	914	457	153
72	1862	931	466	156
73	1898	949	475	159
74	1929	965	483	161
75	1972	986	493	165
76	1997	999	500	167
77	2011	1006	503	168
78	2025	1013	507	169
79	2037	1019	510	170
80+	2058	1029	515	172

Tobacco User	Effective Date: 3/15/2020		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1534	767	384	128
66	1654	827	414	138
67	1750	875	438	146
68	1838	919	460	154
69	1932	966	483	161
70	2045	1023	512	171
71	2102	1051	526	176
72	2143	1072	536	179
73	2184	1092	546	182
74	2220	1110	555	185
75	2269	1135	568	190
76	2298	1149	575	192
77	2315	1158	579	193
78	2330	1165	583	195
79	2344	1172	586	196
80+	2369	1185	593	198

Female				
Non-Tobacco User	Effective Date: 3/15/2020		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1160	580	290	97
66	1250	625	313	105
67	1323	662	331	111
68	1390	695	348	116
69	1461	731	366	122
70	1546	773	387	129
71	1589	795	398	133
72	1620	810	405	135
73	1651	826	413	138
74	1678	839	420	140
75	1715	858	429	143
76	1737	869	435	145
77	1750	875	438	146
78	1761	881	441	147
79	1772	886	443	148
80+	1791	896	448	150

Tobacco User	Effective Date: 3/15/2020		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1333	667	334	112
66	1437	719	360	120
67	1521	761	381	127
68	1598	799	400	134
69	1679	840	420	140
70	1777	889	445	149
71	1827	914	457	153
72	1862	931	466	156
73	1898	949	475	159
74	1929	965	483	161
75	1972	986	493	165
76	1997	999	500	167
77	2011	1006	503	168
78	2025	1013	507	169
79	2037	1019	510	170
80+	2058	1029	515	172

**PLAN L - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P60
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1876	938	469	157
66	2019	1010	505	169
67	2141	1071	536	179
68	2251	1126	563	188
69	2366	1183	592	198
70	2500	1250	625	209
71	2572	1286	643	215
72	2620	1310	655	219
73	2676	1338	669	223
74	2720	1360	680	227
75	2774	1387	694	232
76	2812	1406	703	235
77	2834	1417	709	237
78	2852	1426	713	238
79	2869	1435	718	240
80+	2895	1448	724	242

Tobacco User		Effective Date: 3/15/2020		Plan Code: P62
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2158	1079	540	180
66	2324	1162	581	194
67	2464	1232	616	206
68	2590	1295	648	216
69	2723	1362	681	227
70	2876	1438	719	240
71	2960	1480	740	247
72	3014	1507	754	252
73	3079	1540	770	257
74	3130	1565	783	261
75	3192	1596	798	266
76	3236	1618	809	270
77	3261	1631	816	272
78	3282	1641	821	274
79	3302	1651	826	276
80+	3331	1666	833	278

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: P61
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1632	816	408	136
66	1756	878	439	147
67	1862	931	466	156
68	1958	979	490	164
69	2058	1029	515	172
70	2174	1087	544	182
71	2238	1119	560	187
72	2279	1140	570	190
73	2327	1164	582	194
74	2366	1183	592	198
75	2413	1207	604	202
76	2446	1223	612	204
77	2465	1233	617	206
78	2481	1241	621	207
79	2496	1248	624	208
80+	2518	1259	630	210

Tobacco User		Effective Date: 3/15/2020		Plan Code: P63
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1876	938	469	157
66	2019	1010	505	169
67	2141	1071	536	179
68	2251	1126	563	188
69	2366	1183	592	198
70	2500	1250	625	209
71	2572	1286	643	215
72	2620	1310	655	219
73	2676	1338	669	223
74	2720	1360	680	227
75	2774	1387	694	232
76	2812	1406	703	235
77	2834	1417	709	237
78	2852	1426	713	238
79	2869	1435	718	240
80+	2895	1448	724	242

**PLAN N - AREA 3 (ZIP 750-764, 790-797)**

Male				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2021	1011	506	169
66	2133	1067	534	178
67	2244	1122	561	187
68	2345	1173	587	196
69	2466	1233	617	206
70	2584	1292	646	216
71	2690	1345	673	225
72	2770	1385	693	231
73	2862	1431	716	239
74	2944	1472	736	246
75	3025	1513	757	253
76	3100	1550	775	259
77	3171	1586	793	265
78	3241	1621	811	271
79	3312	1656	828	276
80+	3442	1721	861	287

Female				
Non-Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1758	879	440	147
66	1856	928	464	155
67	1952	976	488	163
68	2040	1020	510	170
69	2145	1073	537	179
70	2248	1124	562	188
71	2340	1170	585	195
72	2409	1205	603	201
73	2490	1245	623	208
74	2561	1281	641	214
75	2632	1316	658	220
76	2697	1349	675	225
77	2758	1379	690	230
78	2820	1410	705	235
79	2881	1441	721	241
80+	2994	1497	749	250

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2326	1163	582	194
66	2455	1228	614	205
67	2582	1291	646	216
68	2699	1350	675	225
69	2838	1419	710	237
70	2974	1487	744	248
71	3096	1548	774	258
72	3187	1594	797	266
73	3294	1647	824	275
74	3388	1694	847	283
75	3481	1741	871	291
76	3567	1784	892	298
77	3649	1825	913	305
78	3730	1865	933	311
79	3812	1906	953	318
80+	3961	1981	991	331

Tobacco User		Effective Date: 3/15/2020		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2021	1011	506	169
66	2133	1067	534	178
67	2244	1122	561	187
68	2345	1173	587	196
69	2466	1233	617	206
70	2584	1292	646	216
71	2690	1345	673	225
72	2770	1385	693	231
73	2862	1431	716	239
74	2944	1472	736	246
75	3025	1513	757	253
76	3100	1550	775	259
77	3171	1586	793	265
78	3241	1621	811	271
79	3312	1656	828	276
80+	3442	1721	861	287

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$0	\$1484 (Part A Deductible)
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	\$0	Up to \$185.50 a day
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$203 of Medicare-Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$203 of Medicare-Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
– Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$203 of Medicare-Approved Amounts*	\$0	\$0	\$203 (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
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1484 (Part A Deductible)	\$0
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	\$0	Up to \$185.50 a day
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$203 of Medicare-Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$203 of Medicare-Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
– Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$203 of Medicare-Approved Amounts*	\$0	\$0	\$203 (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
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1484 (Part A Deductible)	\$0
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$203 of Medicare-Approved Amounts*	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$203 of Medicare-Approved Amounts*	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
– Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$203 of Medicare-Approved Amounts*	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$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
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1484 (Part A Deductible)	\$0
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$203 (Part B Deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$203 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$203 (Part B Deductible) \$0
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**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**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 \$2370 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2370. 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 \$2370 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2370 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1484 (Part A Deductible)	\$0
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\* Once you have been billed \$203 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 \$2370 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2370. 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 \$2370 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2370 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$203 (Part B Deductible) Generally 20%	\$0 \$0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$203 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100%   \$0 80%	\$0   \$203 (Part B Deductible) 20%	\$0   \$0 \$0
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**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

- \* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- \*\* **This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2370 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2370. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan’s separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2370 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2370 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1484 (Part A Deductible)	\$0
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

- \* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- \*\* **This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2370 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2370. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2370 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2370 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Unless Part B Deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$203 of Medicare Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$203 (Unless Part B Deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$203 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

\* You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$6220 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 *
<b>HOSPITALIZATION**</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$742 (50% of Part A Deductible)	\$742 (50% of Part A Deductible)♦
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE**</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$88 a day (50% of Part A Coinsurance)	Up to \$88 a day (50% of Part A Coinsurance)♦
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	50%	50%♦
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance	50% of copayment/coinsurance♦

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

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

\*\*\*\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 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%	\$203 (Part B Deductible) ♦ All costs above Medicare-approved amounts Generally 10% ♦
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$6220)*
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$203 (Part B Deductible) ♦ Generally 10% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$203 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$203 (Part B Deductible) ♦ 10% ♦
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## 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 \$3110 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 *
<b>HOSPITALIZATION**</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1113 (75% of Part A Deductible)	\$371 (25% of Part A Deductible) ♦
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE**</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$139.35 a day (75% of Part A Coinsurance)	Up to \$46.38 a day (25% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	75%	25% ♦
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

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

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

\*\*\*\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 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%	\$203 (Part B Deductible) ♦ All costs above Medicare-approved amounts Generally 5% ♦
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3110)*
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$203 (Part B Deductible) ♦ Generally 5% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$203 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$203 (Part B Deductible) ♦ 5% ♦
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**PLAN N**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1484	\$1484 (Part A Deductible)	\$0
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$742 a day	\$742 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 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.	\$203 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$203 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$203 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$203 (Part B Deductible) \$0
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**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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