

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
- 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 ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2022 ²					\$6,620 ²	\$3,310 ²				

* Denotes plans available by United American Insurance Company

¹ Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

PREMIUM INFORMATION

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

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

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

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: 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

Non-Tobacco User				
Effective Date: 4/15/2022 Plan Code: 5B4				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3114	1557	779	260
66	3277	1639	820	274
67	3428	1714	857	286
68	3568	1784	892	298
69	3738	1869	935	312
70	3907	1954	977	326
71	4045	2023	1012	338
72	4152	2076	1038	346
73	4280	2140	1070	357
74	4395	2198	1099	367
75	4502	2251	1126	376
76	4596	2298	1149	383
77	4687	2344	1172	391
78	4777	2389	1195	399
79	4869	2435	1218	406
80+	5029	2515	1258	420

Tobacco User				
Effective Date: 4/15/2022 Plan Code: 5B6				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3584	1792	896	299
66	3771	1886	943	315
67	3945	1973	987	329
68	4106	2053	1027	343
69	4302	2151	1076	359
70	4496	2248	1124	375
71	4655	2328	1164	388
72	4778	2389	1195	399
73	4926	2463	1232	411
74	5057	2529	1265	422
75	5181	2591	1296	432
76	5289	2645	1323	441
77	5393	2697	1349	450
78	5498	2749	1375	459
79	5603	2802	1401	467
80+	5787	2894	1447	483

Female

Non-Tobacco User				
Effective Date: 4/15/2022 Plan Code: 5B5				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2709	1355	678	226
66	2851	1426	713	238
67	2982	1491	746	249
68	3104	1552	776	259
69	3252	1626	813	271
70	3398	1699	850	284
71	3518	1759	880	294
72	3612	1806	903	301
73	3723	1862	931	311
74	3823	1912	956	319
75	3916	1958	979	327
76	3998	1999	1000	334
77	4077	2039	1020	340
78	4156	2078	1039	347
79	4235	2118	1059	353
80+	4374	2187	1094	365

Tobacco User				
Effective Date: 4/15/2022 Plan Code: 5B7				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3114	1557	779	260
66	3277	1639	820	274
67	3428	1714	857	286
68	3568	1784	892	298
69	3738	1869	935	312
70	3907	1954	977	326
71	4045	2023	1012	338
72	4152	2076	1038	346
73	4280	2140	1070	357
74	4395	2198	1099	367
75	4502	2251	1126	376
76	4596	2298	1149	383
77	4687	2344	1172	391
78	4777	2389	1195	399
79	4869	2435	1218	406
80+	5029	2515	1258	420

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

PLAN D - AREA 1 (ZIP 770; 772-777)

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3023	1512	756	252
66	3188	1594	797	266
67	3351	1676	838	280
68	3496	1748	874	292
69	3674	1837	919	307
70	3843	1922	961	321
71	3993	1997	999	333
72	4104	2052	1026	342
73	4239	2120	1060	354
74	4355	2178	1089	363
75	4466	2233	1117	373
76	4567	2284	1142	381
77	4660	2330	1165	389
78	4755	2378	1189	397
79	4850	2425	1213	405
80+	5015	2508	1254	418

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2629	1315	658	220
66	2773	1387	694	232
67	2915	1458	729	243
68	3041	1521	761	254
69	3195	1598	799	267
70	3343	1672	836	279
71	3473	1737	869	290
72	3570	1785	893	298
73	3687	1844	922	308
74	3788	1894	947	316
75	3885	1943	972	324
76	3972	1986	993	331
77	4053	2027	1014	338
78	4136	2068	1034	345
79	4219	2110	1055	352
80+	4362	2181	1091	364

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3478	1739	870	290
66	3669	1835	918	306
67	3856	1928	964	322
68	4023	2012	1006	336
69	4227	2114	1057	353
70	4423	2212	1106	369
71	4595	2298	1149	383
72	4722	2361	1181	394
73	4877	2439	1220	407
74	5012	2506	1253	418
75	5139	2570	1285	429
76	5255	2628	1314	438
77	5362	2681	1341	447
78	5472	2736	1368	456
79	5581	2791	1396	466
80+	5771	2886	1443	481

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3023	1512	756	252
66	3188	1594	797	266
67	3351	1676	838	280
68	3496	1748	874	292
69	3674	1837	919	307
70	3843	1922	961	321
71	3993	1997	999	333
72	4104	2052	1026	342
73	4239	2120	1060	354
74	4355	2178	1089	363
75	4466	2233	1117	373
76	4567	2284	1142	381
77	4660	2330	1165	389
78	4755	2378	1189	397
79	4850	2425	1213	405
80+	5015	2508	1254	418

PLAN F - AREA 1 (ZIP 770; 772-777)

Male

Non-Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2896	1448	724	242
66	3044	1522	761	254
67	3187	1594	797	266
68	3315	1658	829	277
69	3472	1736	868	290
70	3625	1813	907	303
71	3756	1878	939	313
72	3854	1927	964	322
73	3974	1987	994	332
74	4078	2039	1020	340
75	4177	2089	1045	349
76	4266	2133	1067	356
77	4349	2175	1088	363
78	4434	2217	1109	370
79	4517	2259	1130	377
80+	4663	2332	1166	389

Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3332	1666	833	278
66	3503	1752	876	292
67	3667	1834	917	306
68	3814	1907	954	318
69	3996	1998	999	333
70	4171	2086	1043	348
71	4322	2161	1081	361
72	4435	2218	1109	370
73	4573	2287	1144	382
74	4692	2346	1173	391
75	4807	2404	1202	401
76	4909	2455	1228	410
77	5005	2503	1252	418
78	5103	2552	1276	426
79	5198	2599	1300	434
80+	5366	2683	1342	448

Female

Non-Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2519	1260	630	210
66	2648	1324	662	221
67	2772	1386	693	231
68	2883	1442	721	241
69	3020	1510	755	252
70	3153	1577	789	263
71	3267	1634	817	273
72	3352	1676	838	280
73	3456	1728	864	288
74	3547	1774	887	296
75	3634	1817	909	303
76	3711	1856	928	310
77	3783	1892	946	316
78	3857	1929	965	322
79	3929	1965	983	328
80+	4056	2028	1014	338

Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2896	1448	724	242
66	3044	1522	761	254
67	3187	1594	797	266
68	3315	1658	829	277
69	3472	1736	868	290
70	3625	1813	907	303
71	3756	1878	939	313
72	3854	1927	964	322
73	3974	1987	994	332
74	4078	2039	1020	340
75	4177	2089	1045	349
76	4266	2133	1067	356
77	4349	2175	1088	363
78	4434	2217	1109	370
79	4517	2259	1130	377
80+	4663	2332	1166	389

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

PLAN HDF - AREA 1 (ZIP 770; 772-777)

Male

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	615	308	154	52		
66	663	332	166	56		
67	714	357	179	60		
68	741	371	186	62		
69	779	390	195	65		
70	813	407	204	68		
71	839	420	210	70		
72	885	443	222	74		
73	935	468	234	78		
74	982	491	246	82		
75	1032	516	258	86		
76	1081	541	271	91		
77	1140	570	285	95		
78	1195	598	299	100		
79	1252	626	313	105		
80+	1351	676	338	113		

Female

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	465	233	117	39		
66	501	251	126	42		
67	540	270	135	45		
68	560	280	140	47		
69	589	295	148	50		
70	614	307	154	52		
71	634	317	159	53		
72	669	335	168	56		
73	707	354	177	59		
74	742	371	186	62		
75	780	390	195	65		
76	817	409	205	69		
77	862	431	216	72		
78	903	452	226	76		
79	946	473	237	79		
80+	1021	511	256	86		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

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

PLAN G - AREA 1 (ZIP 770; 772-777)

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2084	1042	521	174
66	2197	1099	550	184
67	2312	1156	578	193
68	2409	1205	603	201
69	2531	1266	633	211
70	2649	1325	663	221
71	2750	1375	688	230
72	2825	1413	707	236
73	2917	1459	730	244
74	2998	1499	750	250
75	3078	1539	770	257
76	3145	1573	787	263
77	3209	1605	803	268
78	3273	1637	819	273
79	3339	1670	835	279
80+	3452	1726	863	288

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2398	1199	600	200
66	2529	1265	633	211
67	2660	1330	665	222
68	2772	1386	693	231
69	2913	1457	729	243
70	3048	1524	762	254
71	3164	1582	791	264
72	3250	1625	813	271
73	3357	1679	840	280
74	3450	1725	863	288
75	3542	1771	886	296
76	3619	1810	905	302
77	3693	1847	924	308
78	3766	1883	942	314
79	3842	1921	961	321
80+	3972	1986	993	331

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1813	907	454	152
66	1911	956	478	160
67	2011	1006	503	168
68	2096	1048	524	175
69	2202	1101	551	184
70	2304	1152	576	192
71	2392	1196	598	200
72	2457	1229	615	205
73	2538	1269	635	212
74	2608	1304	652	218
75	2678	1339	670	224
76	2736	1368	684	228
77	2792	1396	698	233
78	2847	1424	712	238
79	2904	1452	726	242
80+	3002	1501	751	251

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2084	1042	521	174
66	2197	1099	550	184
67	2312	1156	578	193
68	2409	1205	603	201
69	2531	1266	633	211
70	2649	1325	663	221
71	2750	1375	688	230
72	2825	1413	707	236
73	2917	1459	730	244
74	2998	1499	750	250
75	3078	1539	770	257
76	3145	1573	787	263
77	3209	1605	803	268
78	3273	1637	819	273
79	3339	1670	835	279
80+	3452	1726	863	288

PLAN HDG - AREA 1 (ZIP 770; 772-777)

Male

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	615	308	154	52		
66	663	332	166	56		
67	714	357	179	60		
68	741	371	186	62		
69	779	390	195	65		
70	813	407	204	68		
71	839	420	210	70		
72	885	443	222	74		
73	935	468	234	78		
74	982	491	246	82		
75	1032	516	258	86		
76	1081	541	271	91		
77	1140	570	285	95		
78	1195	598	299	100		
79	1252	626	313	105		
80+	1351	676	338	113		

Female

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	465	233	117	39		
66	501	251	126	42		
67	540	270	135	45		
68	560	280	140	47		
69	589	295	148	50		
70	614	307	154	52		
71	634	317	159	53		
72	669	335	168	56		
73	707	354	177	59		
74	742	371	186	62		
75	780	390	195	65		
76	817	409	205	69		
77	862	431	216	72		
78	903	452	226	76		
79	946	473	237	79		
80+	1021	511	256	86		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

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: 4/15/2022		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2495	1248	624	208
66	2632	1316	658	220
67	2770	1385	693	231
68	2895	1448	724	242
69	3043	1522	761	254
70	3189	1595	798	266
71	3320	1660	830	277
72	3419	1710	855	285
73	3532	1766	883	295
74	3633	1817	909	303
75	3734	1867	934	312
76	3826	1913	957	319
77	3914	1957	979	327
78	4001	2001	1001	334
79	4088	2044	1022	341
80+	4248	2124	1062	354

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2871	1436	718	240
66	3029	1515	758	253
67	3188	1594	797	266
68	3331	1666	833	278
69	3502	1751	876	292
70	3670	1835	918	306
71	3821	1911	956	319
72	3934	1967	984	328
73	4065	2033	1017	339
74	4180	2090	1045	349
75	4296	2148	1074	358
76	4403	2202	1101	367
77	4504	2252	1126	376
78	4604	2302	1151	384
79	4704	2352	1176	392
80+	4888	2444	1222	408

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2170	1085	543	181
66	2290	1145	573	191
67	2410	1205	603	201
68	2518	1259	630	210
69	2647	1324	662	221
70	2774	1387	694	232
71	2888	1444	722	241
72	2974	1487	744	248
73	3072	1536	768	256
74	3160	1580	790	264
75	3248	1624	812	271
76	3328	1664	832	278
77	3404	1702	851	284
78	3480	1740	870	290
79	3556	1778	889	297
80+	3695	1848	924	308

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2495	1248	624	208
66	2632	1316	658	220
67	2770	1385	693	231
68	2895	1448	724	242
69	3043	1522	761	254
70	3189	1595	798	266
71	3320	1660	830	277
72	3419	1710	855	285
73	3532	1766	883	295
74	3633	1817	909	303
75	3734	1867	934	312
76	3826	1913	957	319
77	3914	1957	979	327
78	4001	2001	1001	334
79	4088	2044	1022	341
80+	4248	2124	1062	354

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

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 2 (ZIP 765-769; 778-789; 798-799)

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3114	1557	779	260
66	3277	1639	820	274
67	3428	1714	857	286
68	3568	1784	892	298
69	3738	1869	935	312
70	3907	1954	977	326
71	4045	2023	1012	338
72	4152	2076	1038	346
73	4280	2140	1070	357
74	4395	2198	1099	367
75	4502	2251	1126	376
76	4596	2298	1149	383
77	4687	2344	1172	391
78	4777	2389	1195	399
79	4869	2435	1218	406
80+	5029	2515	1258	420

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3584	1792	896	299
66	3771	1886	943	315
67	3945	1973	987	329
68	4106	2053	1027	343
69	4302	2151	1076	359
70	4496	2248	1124	375
71	4655	2328	1164	388
72	4778	2389	1195	399
73	4926	2463	1232	411
74	5057	2529	1265	422
75	5181	2591	1296	432
76	5289	2645	1323	441
77	5393	2697	1349	450
78	5498	2749	1375	459
79	5603	2802	1401	467
80+	5787	2894	1447	483

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2709	1355	678	226
66	2851	1426	713	238
67	2982	1491	746	249
68	3104	1552	776	259
69	3252	1626	813	271
70	3398	1699	850	284
71	3518	1759	880	294
72	3612	1806	903	301
73	3723	1862	931	311
74	3823	1912	956	319
75	3916	1958	979	327
76	3998	1999	1000	334
77	4077	2039	1020	340
78	4156	2078	1039	347
79	4235	2118	1059	353
80+	4374	2187	1094	365

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3114	1557	779	260
66	3277	1639	820	274
67	3428	1714	857	286
68	3568	1784	892	298
69	3738	1869	935	312
70	3907	1954	977	326
71	4045	2023	1012	338
72	4152	2076	1038	346
73	4280	2140	1070	357
74	4395	2198	1099	367
75	4502	2251	1126	376
76	4596	2298	1149	383
77	4687	2344	1172	391
78	4777	2389	1195	399
79	4869	2435	1218	406
80+	5029	2515	1258	420

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

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

Male				
Non-Tobacco User	Effective Date: 4/15/2022		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3023	1512	756	252
66	3188	1594	797	266
67	3351	1676	838	280
68	3496	1748	874	292
69	3674	1837	919	307
70	3843	1922	961	321
71	3993	1997	999	333
72	4104	2052	1026	342
73	4239	2120	1060	354
74	4355	2178	1089	363
75	4466	2233	1117	373
76	4567	2284	1142	381
77	4660	2330	1165	389
78	4755	2378	1189	397
79	4850	2425	1213	405
80+	5015	2508	1254	418

Tobacco User	Effective Date: 4/15/2022		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3478	1739	870	290
66	3669	1835	918	306
67	3856	1928	964	322
68	4023	2012	1006	336
69	4227	2114	1057	353
70	4423	2212	1106	369
71	4595	2298	1149	383
72	4722	2361	1181	394
73	4877	2439	1220	407
74	5012	2506	1253	418
75	5139	2570	1285	429
76	5255	2628	1314	438
77	5362	2681	1341	447
78	5472	2736	1368	456
79	5581	2791	1396	466
80+	5771	2886	1443	481

Female				
Non-Tobacco User	Effective Date: 4/15/2022		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2629	1315	658	220
66	2773	1387	694	232
67	2915	1458	729	243
68	3041	1521	761	254
69	3195	1598	799	267
70	3343	1672	836	279
71	3473	1737	869	290
72	3570	1785	893	298
73	3687	1844	922	308
74	3788	1894	947	316
75	3885	1943	972	324
76	3972	1986	993	331
77	4053	2027	1014	338
78	4136	2068	1034	345
79	4219	2110	1055	352
80+	4362	2181	1091	364

Tobacco User	Effective Date: 4/15/2022		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3023	1512	756	252
66	3188	1594	797	266
67	3351	1676	838	280
68	3496	1748	874	292
69	3674	1837	919	307
70	3843	1922	961	321
71	3993	1997	999	333
72	4104	2052	1026	342
73	4239	2120	1060	354
74	4355	2178	1089	363
75	4466	2233	1117	373
76	4567	2284	1142	381
77	4660	2330	1165	389
78	4755	2378	1189	397
79	4850	2425	1213	405
80+	5015	2508	1254	418

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

Male

Non-Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2896	1448	724	242
66	3044	1522	761	254
67	3187	1594	797	266
68	3315	1658	829	277
69	3472	1736	868	290
70	3625	1813	907	303
71	3756	1878	939	313
72	3854	1927	964	322
73	3974	1987	994	332
74	4078	2039	1020	340
75	4177	2089	1045	349
76	4266	2133	1067	356
77	4349	2175	1088	363
78	4434	2217	1109	370
79	4517	2259	1130	377
80+	4663	2332	1166	389

Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3332	1666	833	278
66	3503	1752	876	292
67	3667	1834	917	306
68	3814	1907	954	318
69	3996	1998	999	333
70	4171	2086	1043	348
71	4322	2161	1081	361
72	4435	2218	1109	370
73	4573	2287	1144	382
74	4692	2346	1173	391
75	4807	2404	1202	401
76	4909	2455	1228	410
77	5005	2503	1252	418
78	5103	2552	1276	426
79	5198	2599	1300	434
80+	5366	2683	1342	448

Female

Non-Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2519	1260	630	210
66	2648	1324	662	221
67	2772	1386	693	231
68	2883	1442	721	241
69	3020	1510	755	252
70	3153	1577	789	263
71	3267	1634	817	273
72	3352	1676	838	280
73	3456	1728	864	288
74	3547	1774	887	296
75	3634	1817	909	303
76	3711	1856	928	310
77	3783	1892	946	316
78	3857	1929	965	322
79	3929	1965	983	328
80+	4056	2028	1014	338

Tobacco User				
Effective Date: 4/15/2022		Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2896	1448	724	242
66	3044	1522	761	254
67	3187	1594	797	266
68	3315	1658	829	277
69	3472	1736	868	290
70	3625	1813	907	303
71	3756	1878	939	313
72	3854	1927	964	322
73	3974	1987	994	332
74	4078	2039	1020	340
75	4177	2089	1045	349
76	4266	2133	1067	356
77	4349	2175	1088	363
78	4434	2217	1109	370
79	4517	2259	1130	377
80+	4663	2332	1166	389

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

Male

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	615	308	154	52		
66	663	332	166	56		
67	714	357	179	60		
68	741	371	186	62		
69	779	390	195	65		
70	813	407	204	68		
71	839	420	210	70		
72	885	443	222	74		
73	935	468	234	78		
74	982	491	246	82		
75	1032	516	258	86		
76	1081	541	271	91		
77	1140	570	285	95		
78	1195	598	299	100		
79	1252	626	313	105		
80+	1351	676	338	113		

Female

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	465	233	117	39		
66	501	251	126	42		
67	540	270	135	45		
68	560	280	140	47		
69	589	295	148	50		
70	614	307	154	52		
71	634	317	159	53		
72	669	335	168	56		
73	707	354	177	59		
74	742	371	186	62		
75	780	390	195	65		
76	817	409	205	69		
77	862	431	216	72		
78	903	452	226	76		
79	946	473	237	79		
80+	1021	511	256	86		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

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

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2084	1042	521	174
66	2197	1099	550	184
67	2312	1156	578	193
68	2409	1205	603	201
69	2531	1266	633	211
70	2649	1325	663	221
71	2750	1375	688	230
72	2825	1413	707	236
73	2917	1459	730	244
74	2998	1499	750	250
75	3078	1539	770	257
76	3145	1573	787	263
77	3209	1605	803	268
78	3273	1637	819	273
79	3339	1670	835	279
80+	3452	1726	863	288

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1813	907	454	152
66	1911	956	478	160
67	2011	1006	503	168
68	2096	1048	524	175
69	2202	1101	551	184
70	2304	1152	576	192
71	2392	1196	598	200
72	2457	1229	615	205
73	2538	1269	635	212
74	2608	1304	652	218
75	2678	1339	670	224
76	2736	1368	684	228
77	2792	1396	698	233
78	2847	1424	712	238
79	2904	1452	726	242
80+	3002	1501	751	251

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2398	1199	600	200
66	2529	1265	633	211
67	2660	1330	665	222
68	2772	1386	693	231
69	2913	1457	729	243
70	3048	1524	762	254
71	3164	1582	791	264
72	3250	1625	813	271
73	3357	1679	840	280
74	3450	1725	863	288
75	3542	1771	886	296
76	3619	1810	905	302
77	3693	1847	924	308
78	3766	1883	942	314
79	3842	1921	961	321
80+	3972	1986	993	331

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2084	1042	521	174
66	2197	1099	550	184
67	2312	1156	578	193
68	2409	1205	603	201
69	2531	1266	633	211
70	2649	1325	663	221
71	2750	1375	688	230
72	2825	1413	707	236
73	2917	1459	730	244
74	2998	1499	750	250
75	3078	1539	770	257
76	3145	1573	787	263
77	3209	1605	803	268
78	3273	1637	819	273
79	3339	1670	835	279
80+	3452	1726	863	288

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

Male

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	615	308	154	52		
66	663	332	166	56		
67	714	357	179	60		
68	741	371	186	62		
69	779	390	195	65		
70	813	407	204	68		
71	839	420	210	70		
72	885	443	222	74		
73	935	468	234	78		
74	982	491	246	82		
75	1032	516	258	86		
76	1081	541	271	91		
77	1140	570	285	95		
78	1195	598	299	100		
79	1252	626	313	105		
80+	1351	676	338	113		

Female

Non-Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	465	233	117	39		
66	501	251	126	42		
67	540	270	135	45		
68	560	280	140	47		
69	589	295	148	50		
70	614	307	154	52		
71	634	317	159	53		
72	669	335	168	56		
73	707	354	177	59		
74	742	371	186	62		
75	780	390	195	65		
76	817	409	205	69		
77	862	431	216	72		
78	903	452	226	76		
79	946	473	237	79		
80+	1021	511	256	86		

Tobacco User		Effective Date: 4/15/2022			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	534	267	134	45		
66	576	288	144	48		
67	620	310	155	52		
68	644	322	161	54		
69	677	339	170	57		
70	706	353	177	59		
71	729	365	183	61		
72	769	385	193	65		
73	813	407	204	68		
74	854	427	214	72		
75	897	449	225	75		
76	940	470	235	79		
77	991	496	248	83		
78	1038	519	260	87		
79	1088	544	272	91		
80+	1174	587	294	98		

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: 4/15/2022		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2495	1248	624	208
66	2632	1316	658	220
67	2770	1385	693	231
68	2895	1448	724	242
69	3043	1522	761	254
70	3189	1595	798	266
71	3320	1660	830	277
72	3419	1710	855	285
73	3532	1766	883	295
74	3633	1817	909	303
75	3734	1867	934	312
76	3826	1913	957	319
77	3914	1957	979	327
78	4001	2001	1001	334
79	4088	2044	1022	341
80+	4248	2124	1062	354

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2170	1085	543	181
66	2290	1145	573	191
67	2410	1205	603	201
68	2518	1259	630	210
69	2647	1324	662	221
70	2774	1387	694	232
71	2888	1444	722	241
72	2974	1487	744	248
73	3072	1536	768	256
74	3160	1580	790	264
75	3248	1624	812	271
76	3328	1664	832	278
77	3404	1702	851	284
78	3480	1740	870	290
79	3556	1778	889	297
80+	3695	1848	924	308

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2871	1436	718	240
66	3029	1515	758	253
67	3188	1594	797	266
68	3331	1666	833	278
69	3502	1751	876	292
70	3670	1835	918	306
71	3821	1911	956	319
72	3934	1967	984	328
73	4065	2033	1017	339
74	4180	2090	1045	349
75	4296	2148	1074	358
76	4403	2202	1101	367
77	4504	2252	1126	376
78	4604	2302	1151	384
79	4704	2352	1176	392
80+	4888	2444	1222	408

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2495	1248	624	208
66	2632	1316	658	220
67	2770	1385	693	231
68	2895	1448	724	242
69	3043	1522	761	254
70	3189	1595	798	266
71	3320	1660	830	277
72	3419	1710	855	285
73	3532	1766	883	295
74	3633	1817	909	303
75	3734	1867	934	312
76	3826	1913	957	319
77	3914	1957	979	327
78	4001	2001	1001	334
79	4088	2044	1022	341
80+	4248	2124	1062	354

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: 4/15/2022		Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2703	1352	676	226
66	2845	1423	712	238
67	2975	1488	744	248
68	3097	1549	775	259
69	3244	1622	811	271
70	3391	1696	848	283
71	3511	1756	878	293
72	3604	1802	901	301
73	3715	1858	929	310
74	3814	1907	954	318
75	3908	1954	977	326
76	3989	1995	998	333
77	4068	2034	1017	339
78	4146	2073	1037	346
79	4226	2113	1057	353
80+	4365	2183	1092	364

Tobacco User				
Tobacco User	Effective Date: 4/15/2022		Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3111	1556	778	260
66	3273	1637	819	273
67	3424	1712	856	286
68	3564	1782	891	297
69	3734	1867	934	312
70	3902	1951	976	326
71	4040	2020	1010	337
72	4147	2074	1037	346
73	4275	2138	1069	357
74	4389	2195	1098	366
75	4497	2249	1125	375
76	4591	2296	1148	383
77	4681	2341	1171	391
78	4771	2386	1193	398
79	4863	2432	1216	406
80+	5022	2511	1256	419

Female				
Non-Tobacco User	Effective Date: 4/15/2022		Plan Code: 5B5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2351	1176	588	196
66	2474	1237	619	207
67	2588	1294	647	216
68	2694	1347	674	225
69	2822	1411	706	236
70	2950	1475	738	246
71	3054	1527	764	255
72	3135	1568	784	262
73	3232	1616	808	270
74	3318	1659	830	277
75	3399	1700	850	284
76	3470	1735	868	290
77	3538	1769	885	295
78	3607	1804	902	301
79	3676	1838	919	307
80+	3796	1898	949	317

Tobacco User				
Tobacco User	Effective Date: 4/15/2022		Plan Code: 5B7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2703	1352	676	226
66	2845	1423	712	238
67	2975	1488	744	248
68	3097	1549	775	259
69	3244	1622	811	271
70	3391	1696	848	283
71	3511	1756	878	293
72	3604	1802	901	301
73	3715	1858	929	310
74	3814	1907	954	318
75	3908	1954	977	326
76	3989	1995	998	333
77	4068	2034	1017	339
78	4146	2073	1037	346
79	4226	2113	1057	353
80+	4365	2183	1092	364

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

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

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2623	1312	656	219
66	2767	1384	692	231
67	2908	1454	727	243
68	3034	1517	759	253
69	3188	1594	797	266
70	3336	1668	834	278
71	3465	1733	867	289
72	3562	1781	891	297
73	3679	1840	920	307
74	3780	1890	945	315
75	3876	1938	969	323
76	3964	1982	991	331
77	4044	2022	1011	337
78	4127	2064	1032	344
79	4209	2105	1053	351
80+	4353	2177	1089	363

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2282	1141	571	191
66	2407	1204	602	201
67	2530	1265	633	211
68	2639	1320	660	220
69	2773	1387	694	232
70	2902	1451	726	242
71	3014	1507	754	252
72	3098	1549	775	259
73	3200	1600	800	267
74	3288	1644	822	274
75	3372	1686	843	281
76	3448	1724	862	288
77	3518	1759	880	294
78	3590	1795	898	300
79	3661	1831	916	306
80+	3786	1893	947	316

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3019	1510	755	252
66	3184	1592	796	266
67	3347	1674	837	279
68	3492	1746	873	291
69	3669	1835	918	306
70	3839	1920	960	320
71	3988	1994	997	333
72	4099	2050	1025	342
73	4233	2117	1059	353
74	4350	2175	1088	363
75	4461	2231	1116	372
76	4561	2281	1141	381
77	4654	2327	1164	388
78	4749	2375	1188	396
79	4844	2422	1211	404
80+	5009	2505	1253	418

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2623	1312	656	219
66	2767	1384	692	231
67	2908	1454	727	243
68	3034	1517	759	253
69	3188	1594	797	266
70	3336	1668	834	278
71	3465	1733	867	289
72	3562	1781	891	297
73	3679	1840	920	307
74	3780	1890	945	315
75	3876	1938	969	323
76	3964	1982	991	331
77	4044	2022	1011	337
78	4127	2064	1032	344
79	4209	2105	1053	351
80+	4353	2177	1089	363

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

Male				
Non-Tobacco User	Effective Date: 4/15/2022		Plan Code: 5C4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2513	1257	629	210
66	2642	1321	661	221
67	2766	1383	692	231
68	2877	1439	720	240
69	3014	1507	754	252
70	3146	1573	787	263
71	3260	1630	815	272
72	3345	1673	837	279
73	3449	1725	863	288
74	3539	1770	885	295
75	3626	1813	907	303
76	3702	1851	926	309
77	3775	1888	944	315
78	3849	1925	963	321
79	3920	1960	980	327
80+	4047	2024	1012	338

Tobacco User	Effective Date: 4/15/2022		Plan Code: 5C6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2892	1446	723	241
66	3040	1520	760	254
67	3183	1592	796	266
68	3311	1656	828	276
69	3468	1734	867	289
70	3620	1810	905	302
71	3752	1876	938	313
72	3849	1925	963	321
73	3969	1985	993	331
74	4073	2037	1019	340
75	4172	2086	1043	348
76	4260	2130	1065	355
77	4344	2172	1086	362
78	4429	2215	1108	370
79	4511	2256	1128	376
80+	4657	2329	1165	389

Female				
Non-Tobacco User	Effective Date: 4/15/2022		Plan Code: 5C5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2186	1093	547	183
66	2298	1149	575	192
67	2406	1203	602	201
68	2503	1252	626	209
69	2621	1311	656	219
70	2737	1369	685	229
71	2836	1418	709	237
72	2909	1455	728	243
73	3000	1500	750	250
74	3079	1540	770	257
75	3154	1577	789	263
76	3220	1610	805	269
77	3284	1642	821	274
78	3348	1674	837	279
79	3410	1705	853	285
80+	3520	1760	880	294

Tobacco User	Effective Date: 4/15/2022		Plan Code: 5C7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2513	1257	629	210
66	2642	1321	661	221
67	2766	1383	692	231
68	2877	1439	720	240
69	3014	1507	754	252
70	3146	1573	787	263
71	3260	1630	815	272
72	3345	1673	837	279
73	3449	1725	863	288
74	3539	1770	885	295
75	3626	1813	907	303
76	3702	1851	926	309
77	3775	1888	944	315
78	3849	1925	963	321
79	3920	1960	980	327
80+	4047	2024	1012	338

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

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	464	232	116	39
66	500	250	125	42
67	538	269	135	45
68	559	280	140	47
69	588	294	147	49
70	613	307	154	52
71	633	317	159	53
72	667	334	167	56
73	705	353	177	59
74	741	371	186	62
75	778	389	195	65
76	816	408	204	68
77	860	430	215	72
78	901	451	226	76
79	944	472	236	79
80+	1019	510	255	85

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	534	267	134	45
66	576	288	144	48
67	620	310	155	52
68	643	322	161	54
69	676	338	169	57
70	706	353	177	59
71	728	364	182	61
72	768	384	192	64
73	812	406	203	68
74	853	427	214	72
75	895	448	224	75
76	938	469	235	79
77	989	495	248	83
78	1037	519	260	87
79	1087	544	272	91
80+	1173	587	294	98

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	403	202	101	34
66	435	218	109	37
67	468	234	117	39
68	486	243	122	41
69	511	256	128	43
70	533	267	134	45
71	550	275	138	46
72	580	290	145	49
73	614	307	154	52
74	644	322	161	54
75	677	339	170	57
76	709	355	178	60
77	748	374	187	63
78	784	392	196	66
79	821	411	206	69
80+	886	443	222	74

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	464	232	116	39
66	500	250	125	42
67	538	269	135	45
68	559	280	140	47
69	588	294	147	49
70	613	307	154	52
71	633	317	159	53
72	667	334	167	56
73	705	353	177	59
74	741	371	186	62
75	778	389	195	65
76	816	408	204	68
77	860	430	215	72
78	901	451	226	76
79	944	472	236	79
80+	1019	510	255	85

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

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1809	905	453	151
66	1907	954	477	159
67	2006	1003	502	168
68	2091	1046	523	175
69	2197	1099	550	184
70	2299	1150	575	192
71	2387	1194	597	199
72	2451	1226	613	205
73	2532	1266	633	211
74	2602	1301	651	217
75	2672	1336	668	223
76	2730	1365	683	228
77	2786	1393	697	233
78	2841	1421	711	237
79	2898	1449	725	242
80+	2996	1498	749	250

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2082	1041	521	174
66	2195	1098	549	183
67	2309	1155	578	193
68	2406	1203	602	201
69	2528	1264	632	211
70	2646	1323	662	221
71	2746	1373	687	229
72	2821	1411	706	236
73	2914	1457	729	243
74	2994	1497	749	250
75	3074	1537	769	257
76	3141	1571	786	262
77	3205	1603	802	268
78	3269	1635	818	273
79	3334	1667	834	278
80+	3447	1724	862	288

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1573	787	394	132
66	1659	830	415	139
67	1745	873	437	146
68	1819	910	455	152
69	1911	956	478	160
70	2000	1000	500	167
71	2076	1038	519	173
72	2132	1066	533	178
73	2203	1102	551	184
74	2263	1132	566	189
75	2324	1162	581	194
76	2374	1187	594	198
77	2423	1212	606	202
78	2471	1236	618	206
79	2520	1260	630	210
80+	2606	1303	652	218

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1809	905	453	151
66	1907	954	477	159
67	2006	1003	502	168
68	2091	1046	523	175
69	2197	1099	550	184
70	2299	1150	575	192
71	2387	1194	597	199
72	2451	1226	613	205
73	2532	1266	633	211
74	2602	1301	651	217
75	2672	1336	668	223
76	2730	1365	683	228
77	2786	1393	697	233
78	2841	1421	711	237
79	2898	1449	725	242
80+	2996	1498	749	250

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

Male				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	464	232	116	39
66	500	250	125	42
67	538	269	135	45
68	559	280	140	47
69	588	294	147	49
70	613	307	154	52
71	633	317	159	53
72	667	334	167	56
73	705	353	177	59
74	741	371	186	62
75	778	389	195	65
76	816	408	204	68
77	860	430	215	72
78	901	451	226	76
79	944	472	236	79
80+	1019	510	255	85

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	534	267	134	45
66	576	288	144	48
67	620	310	155	52
68	643	322	161	54
69	676	338	169	57
70	706	353	177	59
71	728	364	182	61
72	768	384	192	64
73	812	406	203	68
74	853	427	214	72
75	895	448	224	75
76	938	469	235	79
77	989	495	248	83
78	1037	519	260	87
79	1087	544	272	91
80+	1173	587	294	98

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	403	202	101	34
66	435	218	109	37
67	468	234	117	39
68	486	243	122	41
69	511	256	128	43
70	533	267	134	45
71	550	275	138	46
72	580	290	145	49
73	614	307	154	52
74	644	322	161	54
75	677	339	170	57
76	709	355	178	60
77	748	374	187	63
78	784	392	196	66
79	821	411	206	69
80+	886	443	222	74

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	464	232	116	39
66	500	250	125	42
67	538	269	135	45
68	559	280	140	47
69	588	294	147	49
70	613	307	154	52
71	633	317	159	53
72	667	334	167	56
73	705	353	177	59
74	741	371	186	62
75	778	389	195	65
76	816	408	204	68
77	860	430	215	72
78	901	451	226	76
79	944	472	236	79
80+	1019	510	255	85

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				
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				
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: 4/15/2022		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2166	1083	542	181
66	2284	1142	571	191
67	2404	1202	601	201
68	2512	1256	628	210
69	2641	1321	661	221
70	2768	1384	692	231
71	2882	1441	721	241
72	2967	1484	742	248
73	3066	1533	767	256
74	3153	1577	789	263
75	3240	1620	810	270
76	3321	1661	831	277
77	3397	1699	850	284
78	3472	1736	868	290
79	3548	1774	887	296
80+	3687	1844	922	308

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2492	1246	623	208
66	2629	1315	658	220
67	2767	1384	692	231
68	2891	1446	723	241
69	3039	1520	760	254
70	3185	1593	797	266
71	3316	1658	829	277
72	3415	1708	854	285
73	3528	1764	882	294
74	3628	1814	907	303
75	3729	1865	933	311
76	3822	1911	956	319
77	3909	1955	978	326
78	3996	1998	999	333
79	4083	2042	1021	341
80+	4242	2121	1061	354

Female				
Non-Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1884	942	471	157
66	1987	994	497	166
67	2091	1046	523	175
68	2185	1093	547	183
69	2297	1149	575	192
70	2408	1204	602	201
71	2507	1254	627	209
72	2581	1291	646	216
73	2667	1334	667	223
74	2743	1372	686	229
75	2819	1410	705	235
76	2889	1445	723	241
77	2955	1478	739	247
78	3020	1510	755	252
79	3086	1543	772	258
80+	3207	1604	802	268

Tobacco User		Effective Date: 4/15/2022		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2166	1083	542	181
66	2284	1142	571	191
67	2404	1202	601	201
68	2512	1256	628	210
69	2641	1321	661	221
70	2768	1384	692	231
71	2882	1441	721	241
72	2967	1484	742	248
73	3066	1533	767	256
74	3153	1577	789	263
75	3240	1620	810	270
76	3321	1661	831	277
77	3397	1699	850	284
78	3472	1736	868	290
79	3548	1774	887	296
80+	3687	1844	922	308

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$0	\$1556 (Part A Deductible)
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	\$0	Up to \$194.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$1556 (Part A Deductible)	\$0
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	\$0	Up to \$194.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$1556 (Part A Deductible)	\$0
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$233 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$233 of Medicare-Approved Amounts*	\$0	\$233 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$233 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$1556 (Part A Deductible)	\$0
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$233 of Medicare-Approved Amounts*	\$0	\$0	\$233 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

**PLAN F or HIGH DEDUCTIBLE PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

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

** **This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2490 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2490. 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 \$2490 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2490 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1556 All but \$389 a day All but \$778 a day \$0 \$0	\$1556 (Part A Deductible) \$389 a day \$778 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 *** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$194.50 a day \$0	\$0 Up to \$194.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$233 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 \$2490 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2490. 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 \$2490 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2490 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$233 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$233 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$233 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$233 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$233 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

- * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ** **This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2490 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2490. 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 \$2490 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2490 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$1556 (Part A Deductible)	\$0
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$233 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 \$2490 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2490. 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 \$2490 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2490 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare Approved Amounts*	\$0	\$0	\$233 (Unless Part B Deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$233 of Medicare Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$233 (Unless Part B Deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$233 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year 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 \$6620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying the difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
HOSPITALIZATION**			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$778 (50% of Part A Deductible)	\$778 (50% of Part A Deductible)♦
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE**			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	Up to \$97.25 a day (50% of Part A Coinsurance)	Up to \$97.25 a day (50% of Part A Coinsurance)♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	50%	50%♦
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance	50% of copayment/coinsurance♦

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

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

**** Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 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%	\$233 (Part B Deductible) ♦ All costs above Medicare-approved amounts Generally 10% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$6620)*
BLOOD First 3 pints Next \$233 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$233 (Part B Deductible) ♦ Generally 10% ♦
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$233 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$233 (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 \$3310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying the difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
HOSPITALIZATION**			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$1167 (75% of Part A Deductible)	\$389 (25% of Part A Deductible) ♦
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE**			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	Up to \$145.88 a day (75% of Part A Coinsurance)	Up to \$48.63 a day (25% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	75%	25% ♦
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	75% of copayment/ coinsurance	25% of copayment/ coinsurance ♦

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

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

**** Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 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%	\$233 (Part B Deductible) ♦ All costs above Medicare-approved amounts Generally 5% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3310)*
BLOOD First 3 pints Next \$233 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$233 (Part B Deductible) ♦ Generally 5% ♦
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$233 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$233 (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
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1556	\$1556 (Part A Deductible)	\$0
61st thru 90th day	All but \$389 a day	\$389 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 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.	\$233 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$233 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$233 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$233 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$233 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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