

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 2024 ²					\$7,060 ²	\$3,530 ²				

* Denotes plans available by United American Insurance Company

¹ Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 04/15/2023 Plan Code: 5B4				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3271	1636	818	273
66	3442	1721	861	287
67	3599	1800	900	300
68	3747	1874	937	313
69	3925	1963	982	328
70	4103	2052	1026	342
71	4248	2124	1062	354
72	4360	2180	1090	364
73	4494	2247	1124	375
74	4614	2307	1154	385
75	4728	2364	1182	394
76	4826	2413	1207	403
77	4921	2461	1231	411
78	5016	2508	1254	418
79	5112	2556	1278	426
80+	5280	2640	1320	440

Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5B6				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3764	1882	941	314
66	3960	1980	990	330
67	4141	2071	1036	346
68	4312	2156	1078	360
69	4517	2259	1130	377
70	4721	2361	1181	394
71	4888	2444	1222	408
72	5017	2509	1255	419
73	5172	2586	1293	431
74	5310	2655	1328	443
75	5440	2720	1360	454
76	5554	2777	1389	463
77	5663	2832	1416	472
78	5772	2886	1443	481
79	5883	2942	1471	491
80+	6076	3038	1519	507

Female

Non-Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5B5				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2845	1423	712	238
66	2994	1497	749	250
67	3130	1565	783	261
68	3259	1630	815	272
69	3414	1707	854	285
70	3569	1785	893	298
71	3695	1848	924	308
72	3792	1896	948	316
73	3909	1955	978	326
74	4014	2007	1004	335
75	4112	2056	1028	343
76	4198	2099	1050	350
77	4281	2141	1071	357
78	4363	2182	1091	364
79	4447	2224	1112	371
80+	4593	2297	1149	383

Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5B7				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3271	1636	818	273
66	3442	1721	861	287
67	3599	1800	900	300
68	3747	1874	937	313
69	3925	1963	982	328
70	4103	2052	1026	342
71	4248	2124	1062	354
72	4360	2180	1090	364
73	4494	2247	1124	375
74	4614	2307	1154	385
75	4728	2364	1182	394
76	4826	2413	1207	403
77	4921	2461	1231	411
78	5016	2508	1254	418
79	5112	2556	1278	426
80+	5280	2640	1320	440

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

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

Male				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3174	1587	794	265
66	3348	1674	837	279
67	3519	1760	880	294
68	3670	1835	918	306
69	3857	1929	965	322
70	4036	2018	1009	337
71	4192	2096	1048	350
72	4309	2155	1078	360
73	4450	2225	1113	371
74	4572	2286	1143	381
75	4689	2345	1173	391
76	4795	2398	1199	400
77	4893	2447	1224	408
78	4992	2496	1248	416
79	5092	2546	1273	425
80+	5266	2633	1317	439

Female				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2761	1381	691	231
66	2912	1456	728	243
67	3061	1531	766	256
68	3193	1597	799	267
69	3355	1678	839	280
70	3511	1756	878	293
71	3646	1823	912	304
72	3748	1874	937	313
73	3871	1936	968	323
74	3977	1989	995	332
75	4079	2040	1020	340
76	4171	2086	1043	348
77	4256	2128	1064	355
78	4343	2172	1086	362
79	4429	2215	1108	370
80+	4581	2291	1146	382

Tobacco User	Effective Date: 04/15/2023		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3653	1827	914	305
66	3852	1926	963	321
67	4049	2025	1013	338
68	4223	2112	1056	352
69	4438	2219	1110	370
70	4644	2322	1161	387
71	4824	2412	1206	402
72	4958	2479	1240	414
73	5121	2561	1281	427
74	5262	2631	1316	439
75	5396	2698	1349	450
76	5518	2759	1380	460
77	5630	2815	1408	470
78	5745	2873	1437	479
79	5860	2930	1465	489
80+	6060	3030	1515	505

Tobacco User	Effective Date: 04/15/2023		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3174	1587	794	265
66	3348	1674	837	279
67	3519	1760	880	294
68	3670	1835	918	306
69	3857	1929	965	322
70	4036	2018	1009	337
71	4192	2096	1048	350
72	4309	2155	1078	360
73	4450	2225	1113	371
74	4572	2286	1143	381
75	4689	2345	1173	391
76	4795	2398	1199	400
77	4893	2447	1224	408
78	4992	2496	1248	416
79	5092	2546	1273	425
80+	5266	2633	1317	439

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

Male

Non-Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C4				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3041	1521	761	254
66	3196	1598	799	267
67	3346	1673	837	279
68	3480	1740	870	290
69	3645	1823	912	304
70	3806	1903	952	318
71	3944	1972	986	329
72	4046	2023	1012	338
73	4173	2087	1044	348
74	4282	2141	1071	357
75	4387	2194	1097	366
76	4479	2240	1120	374
77	4567	2284	1142	381
78	4656	2328	1164	388
79	4743	2372	1186	396
80+	4896	2448	1224	408

Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C6				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3499	1750	875	292
66	3678	1839	920	307
67	3851	1926	963	321
68	4005	2003	1002	334
69	4195	2098	1049	350
70	4380	2190	1095	365
71	4539	2270	1135	379
72	4656	2328	1164	388
73	4802	2401	1201	401
74	4927	2464	1232	411
75	5048	2524	1262	421
76	5154	2577	1289	430
77	5255	2628	1314	438
78	5358	2679	1340	447
79	5458	2729	1365	455
80+	5634	2817	1409	470

Female

Non-Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C5				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2645	1323	662	221
66	2780	1390	695	232
67	2911	1456	728	243
68	3027	1514	757	253
69	3171	1586	793	265
70	3311	1656	828	276
71	3431	1716	858	286
72	3519	1760	880	294
73	3630	1815	908	303
74	3724	1862	931	311
75	3816	1908	954	318
76	3896	1948	974	325
77	3972	1986	993	331
78	4050	2025	1013	338
79	4126	2063	1032	344
80+	4259	2130	1065	355

Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C7				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3041	1521	761	254
66	3196	1598	799	267
67	3346	1673	837	279
68	3480	1740	870	290
69	3645	1823	912	304
70	3806	1903	952	318
71	3944	1972	986	329
72	4046	2023	1012	338
73	4173	2087	1044	348
74	4282	2141	1071	357
75	4387	2194	1097	366
76	4479	2240	1120	374
77	4567	2284	1142	381
78	4656	2328	1164	388
79	4743	2372	1186	396
80+	4896	2448	1224	408

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

Male

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	582	291	146	49	
66	628	314	157	53	
67	676	338	169	57	
68	702	351	176	59	
69	738	369	185	62	
70	770	385	193	65	
71	795	398	199	67	
72	838	419	210	70	
73	886	443	222	74	
74	931	466	233	78	
75	977	489	245	82	
76	1025	513	257	86	
77	1080	540	270	90	
78	1132	566	283	95	
79	1185	593	297	99	
80+	1279	640	320	107	

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	670	335	168	56	
66	723	362	181	61	
67	778	389	195	65	
68	808	404	202	68	
69	849	425	213	71	
70	886	443	222	74	
71	915	458	229	77	
72	964	482	241	81	
73	1020	510	255	85	
74	1071	536	268	90	
75	1124	562	281	94	
76	1179	590	295	99	
77	1243	622	311	104	
78	1303	652	326	109	
79	1364	682	341	114	
80+	1472	736	368	123	

Female

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	506	253	127	43	
66	547	274	137	46	
67	588	294	147	49	
68	611	306	153	51	
69	642	321	161	54	
70	670	335	168	56	
71	691	346	173	58	
72	729	365	183	61	
73	771	386	193	65	
74	809	405	203	68	
75	850	425	213	71	
76	891	446	223	75	
77	939	470	235	79	
78	985	493	247	83	
79	1031	516	258	86	
80+	1113	557	279	93	

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	582	291	146	49	
66	628	314	157	53	
67	676	338	169	57	
68	702	351	176	59	
69	738	369	185	62	
70	770	385	193	65	
71	795	398	199	67	
72	838	419	210	70	
73	886	443	222	74	
74	931	466	233	78	
75	977	489	245	82	
76	1025	513	257	86	
77	1080	540	270	90	
78	1132	566	283	95	
79	1185	593	297	99	
80+	1279	640	320	107	

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: 04/15/2023		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2188	1094	547	183
66	2307	1154	577	193
67	2427	1214	607	203
68	2529	1265	633	211
69	2658	1329	665	222
70	2782	1391	696	232
71	2887	1444	722	241
72	2966	1483	742	248
73	3063	1532	766	256
74	3147	1574	787	263
75	3232	1616	808	270
76	3302	1651	826	276
77	3370	1685	843	281
78	3437	1719	860	287
79	3505	1753	877	293
80+	3624	1812	906	302

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2518	1259	630	210
66	2655	1328	664	222
67	2793	1397	699	233
68	2910	1455	728	243
69	3059	1530	765	255
70	3201	1601	801	267
71	3322	1661	831	277
72	3413	1707	854	285
73	3525	1763	882	294
74	3622	1811	906	302
75	3719	1860	930	310
76	3800	1900	950	317
77	3878	1939	970	324
78	3955	1978	989	330
79	4033	2017	1009	337
80+	4170	2085	1043	348

Female				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1904	952	476	159
66	2007	1004	502	168
67	2111	1056	528	176
68	2200	1100	550	184
69	2312	1156	578	193
70	2420	1210	605	202
71	2511	1256	628	210
72	2580	1290	645	215
73	2665	1333	667	223
74	2738	1369	685	229
75	2811	1406	703	235
76	2872	1436	718	240
77	2932	1466	733	245
78	2990	1495	748	250
79	3049	1525	763	255
80+	3152	1576	788	263

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2188	1094	547	183
66	2307	1154	577	193
67	2427	1214	607	203
68	2529	1265	633	211
69	2658	1329	665	222
70	2782	1391	696	232
71	2887	1444	722	241
72	2966	1483	742	248
73	3063	1532	766	256
74	3147	1574	787	263
75	3232	1616	808	270
76	3302	1651	826	276
77	3370	1685	843	281
78	3437	1719	860	287
79	3505	1753	877	293
80+	3624	1812	906	302

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

Male

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	582	291	146	49		
66	628	314	157	53		
67	676	338	169	57		
68	702	351	176	59		
69	738	369	185	62		
70	770	385	193	65		
71	795	398	199	67		
72	838	419	210	70		
73	886	443	222	74		
74	931	466	233	78		
75	977	489	245	82		
76	1025	513	257	86		
77	1080	540	270	90		
78	1132	566	283	95		
79	1185	593	297	99		
80+	1279	640	320	107		

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	670	335	168	56		
66	723	362	181	61		
67	778	389	195	65		
68	808	404	202	68		
69	849	425	213	71		
70	886	443	222	74		
71	915	458	229	77		
72	964	482	241	81		
73	1020	510	255	85		
74	1071	536	268	90		
75	1124	562	281	94		
76	1179	590	295	99		
77	1243	622	311	104		
78	1303	652	326	109		
79	1364	682	341	114		
80+	1472	736	368	123		

Female

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	506	253	127	43		
66	547	274	137	46		
67	588	294	147	49		
68	611	306	153	51		
69	642	321	161	54		
70	670	335	168	56		
71	691	346	173	58		
72	729	365	183	61		
73	771	386	193	65		
74	809	405	203	68		
75	850	425	213	71		
76	891	446	223	75		
77	939	470	235	79		
78	985	493	247	83		
79	1031	516	258	86		
80+	1113	557	279	93		

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	582	291	146	49		
66	628	314	157	53		
67	676	338	169	57		
68	702	351	176	59		
69	738	369	185	62		
70	770	385	193	65		
71	795	398	199	67		
72	838	419	210	70		
73	886	443	222	74		
74	931	466	233	78		
75	977	489	245	82		
76	1025	513	257	86		
77	1080	540	270	90		
78	1132	566	283	95		
79	1185	593	297	99		
80+	1279	640	320	107		

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

Male				
Non-Tobacco User		Effective Date: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 04/15/2023		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2371	1186	593	198
66	2501	1251	626	209
67	2632	1316	658	220
68	2750	1375	688	230
69	2891	1446	723	241
70	3029	1515	758	253
71	3154	1577	789	263
72	3248	1624	812	271
73	3355	1678	839	280
74	3452	1726	863	288
75	3547	1774	887	296
76	3635	1818	909	303
77	3718	1859	930	310
78	3800	1900	950	317
79	3883	1942	971	324
80+	4035	2018	1009	337

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2728	1364	682	228
66	2878	1439	720	240
67	3029	1515	758	253
68	3164	1582	791	264
69	3327	1664	832	278
70	3486	1743	872	291
71	3629	1815	908	303
72	3738	1869	935	312
73	3861	1931	966	322
74	3972	1986	993	331
75	4081	2041	1021	341
76	4183	2092	1046	349
77	4278	2139	1070	357
78	4373	2187	1094	365
79	4468	2234	1117	373
80+	4643	2322	1161	387

Female				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2062	1031	516	172
66	2175	1088	544	182
67	2290	1145	573	191
68	2392	1196	598	200
69	2515	1258	629	210
70	2635	1318	659	220
71	2743	1372	686	229
72	2825	1413	707	236
73	2919	1460	730	244
74	3002	1501	751	251
75	3085	1543	772	258
76	3162	1581	791	264
77	3234	1617	809	270
78	3306	1653	827	276
79	3378	1689	845	282
80+	3510	1755	878	293

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2371	1186	593	198
66	2501	1251	626	209
67	2632	1316	658	220
68	2750	1375	688	230
69	2891	1446	723	241
70	3029	1515	758	253
71	3154	1577	789	263
72	3248	1624	812	271
73	3355	1678	839	280
74	3452	1726	863	288
75	3547	1774	887	296
76	3635	1818	909	303
77	3718	1859	930	310
78	3800	1900	950	317
79	3883	1942	971	324
80+	4035	2018	1009	337

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

Male				
Non-Tobacco User		Effective Date: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 04/15/2023		Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3271	1636	818	273
66	3442	1721	861	287
67	3599	1800	900	300
68	3747	1874	937	313
69	3925	1963	982	328
70	4103	2052	1026	342
71	4248	2124	1062	354
72	4360	2180	1090	364
73	4494	2247	1124	375
74	4614	2307	1154	385
75	4728	2364	1182	394
76	4826	2413	1207	403
77	4921	2461	1231	411
78	5016	2508	1254	418
79	5112	2556	1278	426
80+	5280	2640	1320	440

Tobacco User				
Tobacco User	Effective Date: 04/15/2023		Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3764	1882	941	314
66	3960	1980	990	330
67	4141	2071	1036	346
68	4312	2156	1078	360
69	4517	2259	1130	377
70	4721	2361	1181	394
71	4888	2444	1222	408
72	5017	2509	1255	419
73	5172	2586	1293	431
74	5310	2655	1328	443
75	5440	2720	1360	454
76	5554	2777	1389	463
77	5663	2832	1416	472
78	5772	2886	1443	481
79	5883	2942	1471	491
80+	6076	3038	1519	507

Female				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5B5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2845	1423	712	238
66	2994	1497	749	250
67	3130	1565	783	261
68	3259	1630	815	272
69	3414	1707	854	285
70	3569	1785	893	298
71	3695	1848	924	308
72	3792	1896	948	316
73	3909	1955	978	326
74	4014	2007	1004	335
75	4112	2056	1028	343
76	4198	2099	1050	350
77	4281	2141	1071	357
78	4363	2182	1091	364
79	4447	2224	1112	371
80+	4593	2297	1149	383

Tobacco User				
Tobacco User	Effective Date: 04/15/2023		Plan Code: 5B7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3271	1636	818	273
66	3442	1721	861	287
67	3599	1800	900	300
68	3747	1874	937	313
69	3925	1963	982	328
70	4103	2052	1026	342
71	4248	2124	1062	354
72	4360	2180	1090	364
73	4494	2247	1124	375
74	4614	2307	1154	385
75	4728	2364	1182	394
76	4826	2413	1207	403
77	4921	2461	1231	411
78	5016	2508	1254	418
79	5112	2556	1278	426
80+	5280	2640	1320	440

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: 04/15/2023		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3174	1587	794	265
66	3348	1674	837	279
67	3519	1760	880	294
68	3670	1835	918	306
69	3857	1929	965	322
70	4036	2018	1009	337
71	4192	2096	1048	350
72	4309	2155	1078	360
73	4450	2225	1113	371
74	4572	2286	1143	381
75	4689	2345	1173	391
76	4795	2398	1199	400
77	4893	2447	1224	408
78	4992	2496	1248	416
79	5092	2546	1273	425
80+	5266	2633	1317	439

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3653	1827	914	305
66	3852	1926	963	321
67	4049	2025	1013	338
68	4223	2112	1056	352
69	4438	2219	1110	370
70	4644	2322	1161	387
71	4824	2412	1206	402
72	4958	2479	1240	414
73	5121	2561	1281	427
74	5262	2631	1316	439
75	5396	2698	1349	450
76	5518	2759	1380	460
77	5630	2815	1408	470
78	5745	2873	1437	479
79	5860	2930	1465	489
80+	6060	3030	1515	505

Female				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2761	1381	691	231
66	2912	1456	728	243
67	3061	1531	766	256
68	3193	1597	799	267
69	3355	1678	839	280
70	3511	1756	878	293
71	3646	1823	912	304
72	3748	1874	937	313
73	3871	1936	968	323
74	3977	1989	995	332
75	4079	2040	1020	340
76	4171	2086	1043	348
77	4256	2128	1064	355
78	4343	2172	1086	362
79	4429	2215	1108	370
80+	4581	2291	1146	382

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3174	1587	794	265
66	3348	1674	837	279
67	3519	1760	880	294
68	3670	1835	918	306
69	3857	1929	965	322
70	4036	2018	1009	337
71	4192	2096	1048	350
72	4309	2155	1078	360
73	4450	2225	1113	371
74	4572	2286	1143	381
75	4689	2345	1173	391
76	4795	2398	1199	400
77	4893	2447	1224	408
78	4992	2496	1248	416
79	5092	2546	1273	425
80+	5266	2633	1317	439

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

Male

Non-Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C4				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3041	1521	761	254
66	3196	1598	799	267
67	3346	1673	837	279
68	3480	1740	870	290
69	3645	1823	912	304
70	3806	1903	952	318
71	3944	1972	986	329
72	4046	2023	1012	338
73	4173	2087	1044	348
74	4282	2141	1071	357
75	4387	2194	1097	366
76	4479	2240	1120	374
77	4567	2284	1142	381
78	4656	2328	1164	388
79	4743	2372	1186	396
80+	4896	2448	1224	408

Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C6				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3499	1750	875	292
66	3678	1839	920	307
67	3851	1926	963	321
68	4005	2003	1002	334
69	4195	2098	1049	350
70	4380	2190	1095	365
71	4539	2270	1135	379
72	4656	2328	1164	388
73	4802	2401	1201	401
74	4927	2464	1232	411
75	5048	2524	1262	421
76	5154	2577	1289	430
77	5255	2628	1314	438
78	5358	2679	1340	447
79	5458	2729	1365	455
80+	5634	2817	1409	470

Female

Non-Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C5				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2645	1323	662	221
66	2780	1390	695	232
67	2911	1456	728	243
68	3027	1514	757	253
69	3171	1586	793	265
70	3311	1656	828	276
71	3431	1716	858	286
72	3519	1760	880	294
73	3630	1815	908	303
74	3724	1862	931	311
75	3816	1908	954	318
76	3896	1948	974	325
77	3972	1986	993	331
78	4050	2025	1013	338
79	4126	2063	1032	344
80+	4259	2130	1065	355

Tobacco User				
Effective Date: 04/15/2023 Plan Code: 5C7				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3041	1521	761	254
66	3196	1598	799	267
67	3346	1673	837	279
68	3480	1740	870	290
69	3645	1823	912	304
70	3806	1903	952	318
71	3944	1972	986	329
72	4046	2023	1012	338
73	4173	2087	1044	348
74	4282	2141	1071	357
75	4387	2194	1097	366
76	4479	2240	1120	374
77	4567	2284	1142	381
78	4656	2328	1164	388
79	4743	2372	1186	396
80+	4896	2448	1224	408

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

Male				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	582	291	146	49
66	628	314	157	53
67	676	338	169	57
68	702	351	176	59
69	738	369	185	62
70	770	385	193	65
71	795	398	199	67
72	838	419	210	70
73	886	443	222	74
74	931	466	233	78
75	977	489	245	82
76	1025	513	257	86
77	1080	540	270	90
78	1132	566	283	95
79	1185	593	297	99
80+	1279	640	320	107

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	670	335	168	56
66	723	362	181	61
67	778	389	195	65
68	808	404	202	68
69	849	425	213	71
70	886	443	222	74
71	915	458	229	77
72	964	482	241	81
73	1020	510	255	85
74	1071	536	268	90
75	1124	562	281	94
76	1179	590	295	99
77	1243	622	311	104
78	1303	652	326	109
79	1364	682	341	114
80+	1472	736	368	123

Female				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	506	253	127	43
66	547	274	137	46
67	588	294	147	49
68	611	306	153	51
69	642	321	161	54
70	670	335	168	56
71	691	346	173	58
72	729	365	183	61
73	771	386	193	65
74	809	405	203	68
75	850	425	213	71
76	891	446	223	75
77	939	470	235	79
78	985	493	247	83
79	1031	516	258	86
80+	1113	557	279	93

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	582	291	146	49
66	628	314	157	53
67	676	338	169	57
68	702	351	176	59
69	738	369	185	62
70	770	385	193	65
71	795	398	199	67
72	838	419	210	70
73	886	443	222	74
74	931	466	233	78
75	977	489	245	82
76	1025	513	257	86
77	1080	540	270	90
78	1132	566	283	95
79	1185	593	297	99
80+	1279	640	320	107

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

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

Male				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2188	1094	547	183
66	2307	1154	577	193
67	2427	1214	607	203
68	2529	1265	633	211
69	2658	1329	665	222
70	2782	1391	696	232
71	2887	1444	722	241
72	2966	1483	742	248
73	3063	1532	766	256
74	3147	1574	787	263
75	3232	1616	808	270
76	3302	1651	826	276
77	3370	1685	843	281
78	3437	1719	860	287
79	3505	1753	877	293
80+	3624	1812	906	302

Female				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1904	952	476	159
66	2007	1004	502	168
67	2111	1056	528	176
68	2200	1100	550	184
69	2312	1156	578	193
70	2420	1210	605	202
71	2511	1256	628	210
72	2580	1290	645	215
73	2665	1333	667	223
74	2738	1369	685	229
75	2811	1406	703	235
76	2872	1436	718	240
77	2932	1466	733	245
78	2990	1495	748	250
79	3049	1525	763	255
80+	3152	1576	788	263

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2518	1259	630	210
66	2655	1328	664	222
67	2793	1397	699	233
68	2910	1455	728	243
69	3059	1530	765	255
70	3201	1601	801	267
71	3322	1661	831	277
72	3413	1707	854	285
73	3525	1763	882	294
74	3622	1811	906	302
75	3719	1860	930	310
76	3800	1900	950	317
77	3878	1939	970	324
78	3955	1978	989	330
79	4033	2017	1009	337
80+	4170	2085	1043	348

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2188	1094	547	183
66	2307	1154	577	193
67	2427	1214	607	203
68	2529	1265	633	211
69	2658	1329	665	222
70	2782	1391	696	232
71	2887	1444	722	241
72	2966	1483	742	248
73	3063	1532	766	256
74	3147	1574	787	263
75	3232	1616	808	270
76	3302	1651	826	276
77	3370	1685	843	281
78	3437	1719	860	287
79	3505	1753	877	293
80+	3624	1812	906	302

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

Male

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	582	291	146	49		
66	628	314	157	53		
67	676	338	169	57		
68	702	351	176	59		
69	738	369	185	62		
70	770	385	193	65		
71	795	398	199	67		
72	838	419	210	70		
73	886	443	222	74		
74	931	466	233	78		
75	977	489	245	82		
76	1025	513	257	86		
77	1080	540	270	90		
78	1132	566	283	95		
79	1185	593	297	99		
80+	1279	640	320	107		

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	670	335	168	56		
66	723	362	181	61		
67	778	389	195	65		
68	808	404	202	68		
69	849	425	213	71		
70	886	443	222	74		
71	915	458	229	77		
72	964	482	241	81		
73	1020	510	255	85		
74	1071	536	268	90		
75	1124	562	281	94		
76	1179	590	295	99		
77	1243	622	311	104		
78	1303	652	326	109		
79	1364	682	341	114		
80+	1472	736	368	123		

Female

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	506	253	127	43		
66	547	274	137	46		
67	588	294	147	49		
68	611	306	153	51		
69	642	321	161	54		
70	670	335	168	56		
71	691	346	173	58		
72	729	365	183	61		
73	771	386	193	65		
74	809	405	203	68		
75	850	425	213	71		
76	891	446	223	75		
77	939	470	235	79		
78	985	493	247	83		
79	1031	516	258	86		
80+	1113	557	279	93		

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	582	291	146	49		
66	628	314	157	53		
67	676	338	169	57		
68	702	351	176	59		
69	738	369	185	62		
70	770	385	193	65		
71	795	398	199	67		
72	838	419	210	70		
73	886	443	222	74		
74	931	466	233	78		
75	977	489	245	82		
76	1025	513	257	86		
77	1080	540	270	90		
78	1132	566	283	95		
79	1185	593	297	99		
80+	1279	640	320	107		

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

Male				
Non-Tobacco User		Effective Date: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 04/15/2023		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2371	1186	593	198
66	2501	1251	626	209
67	2632	1316	658	220
68	2750	1375	688	230
69	2891	1446	723	241
70	3029	1515	758	253
71	3154	1577	789	263
72	3248	1624	812	271
73	3355	1678	839	280
74	3452	1726	863	288
75	3547	1774	887	296
76	3635	1818	909	303
77	3718	1859	930	310
78	3800	1900	950	317
79	3883	1942	971	324
80+	4035	2018	1009	337

Female				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2062	1031	516	172
66	2175	1088	544	182
67	2290	1145	573	191
68	2392	1196	598	200
69	2515	1258	629	210
70	2635	1318	659	220
71	2743	1372	686	229
72	2825	1413	707	236
73	2919	1460	730	244
74	3002	1501	751	251
75	3085	1543	772	258
76	3162	1581	791	264
77	3234	1617	809	270
78	3306	1653	827	276
79	3378	1689	845	282
80+	3510	1755	878	293

Tobacco User	Effective Date: 04/15/2023		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2728	1364	682	228
66	2878	1439	720	240
67	3029	1515	758	253
68	3164	1582	791	264
69	3327	1664	832	278
70	3486	1743	872	291
71	3629	1815	908	303
72	3738	1869	935	312
73	3861	1931	966	322
74	3972	1986	993	331
75	4081	2041	1021	341
76	4183	2092	1046	349
77	4278	2139	1070	357
78	4373	2187	1094	365
79	4468	2234	1117	373
80+	4643	2322	1161	387

Tobacco User	Effective Date: 04/15/2023		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2371	1186	593	198
66	2501	1251	626	209
67	2632	1316	658	220
68	2750	1375	688	230
69	2891	1446	723	241
70	3029	1515	758	253
71	3154	1577	789	263
72	3248	1624	812	271
73	3355	1678	839	280
74	3452	1726	863	288
75	3547	1774	887	296
76	3635	1818	909	303
77	3718	1859	930	310
78	3800	1900	950	317
79	3883	1942	971	324
80+	4035	2018	1009	337

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

Male				
Non-Tobacco User		Effective Date: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 04/15/2023		Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2839	1420	710	237
66	2987	1494	747	249
67	3124	1562	781	261
68	3252	1626	813	271
69	3407	1704	852	284
70	3561	1781	891	297
71	3687	1844	922	308
72	3784	1892	946	316
73	3901	1951	976	326
74	4005	2003	1002	334
75	4103	2052	1026	342
76	4189	2095	1048	350
77	4271	2136	1068	356
78	4354	2177	1089	363
79	4437	2219	1110	370
80+	4583	2292	1146	382

Tobacco User				
Tobacco User	Effective Date: 04/15/2023		Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3267	1634	817	273
66	3437	1719	860	287
67	3594	1797	899	300
68	3743	1872	936	312
69	3920	1960	980	327
70	4098	2049	1025	342
71	4242	2121	1061	354
72	4354	2177	1089	363
73	4489	2245	1123	375
74	4609	2305	1153	385
75	4722	2361	1181	394
76	4820	2410	1205	402
77	4915	2458	1229	410
78	5010	2505	1253	418
79	5106	2553	1277	426
80+	5273	2637	1319	440

Female				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5B5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2469	1235	618	206
66	2598	1299	650	217
67	2717	1359	680	227
68	2829	1415	708	236
69	2963	1482	741	247
70	3097	1549	775	259
71	3207	1604	802	268
72	3291	1646	823	275
73	3393	1697	849	283
74	3484	1742	871	291
75	3569	1785	893	298
76	3644	1822	911	304
77	3715	1858	929	310
78	3787	1894	947	316
79	3860	1930	965	322
80+	3986	1993	997	333

Tobacco User				
Tobacco User	Effective Date: 04/15/2023		Plan Code: 5B7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2839	1420	710	237
66	2987	1494	747	249
67	3124	1562	781	261
68	3252	1626	813	271
69	3407	1704	852	284
70	3561	1781	891	297
71	3687	1844	922	308
72	3784	1892	946	316
73	3901	1951	976	326
74	4005	2003	1002	334
75	4103	2052	1026	342
76	4189	2095	1048	350
77	4271	2136	1068	356
78	4354	2177	1089	363
79	4437	2219	1110	370
80+	4583	2292	1146	382

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

Male				
Non-Tobacco User		Effective Date: 04/15/2023 Plan Code: 5BM		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2755	1378	689	230
66	2905	1453	727	243
67	3054	1527	764	255
68	3185	1593	797	266
69	3348	1674	837	279
70	3503	1752	876	292
71	3638	1819	910	304
72	3740	1870	935	312
73	3862	1931	966	322
74	3969	1985	993	331
75	4070	2035	1018	340
76	4162	2081	1041	347
77	4247	2124	1062	354
78	4333	2167	1084	362
79	4420	2210	1105	369
80+	4571	2286	1143	381

Female				
Non-Tobacco User		Effective Date: 04/15/2023 Plan Code: 5BN		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2397	1199	600	200
66	2527	1264	632	211
67	2656	1328	664	222
68	2771	1386	693	231
69	2912	1456	728	243
70	3047	1524	762	254
71	3165	1583	792	264
72	3253	1627	814	272
73	3360	1680	840	280
74	3452	1726	863	288
75	3540	1770	885	295
76	3620	1810	905	302
77	3694	1847	924	308
78	3769	1885	943	315
79	3844	1922	961	321
80+	3976	1988	994	332

Tobacco User		Effective Date: 04/15/2023 Plan Code: 5BO		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3170	1585	793	265
66	3343	1672	836	279
67	3514	1757	879	293
68	3666	1833	917	306
69	3852	1926	963	321
70	4031	2016	1008	336
71	4187	2094	1047	349
72	4303	2152	1076	359
73	4445	2223	1112	371
74	4567	2284	1142	381
75	4683	2342	1171	391
76	4790	2395	1198	400
77	4887	2444	1222	408
78	4986	2493	1247	416
79	5086	2543	1272	424
80+	5260	2630	1315	439

Tobacco User		Effective Date: 04/15/2023 Plan Code: 5BP		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2755	1378	689	230
66	2905	1453	727	243
67	3054	1527	764	255
68	3185	1593	797	266
69	3348	1674	837	279
70	3503	1752	876	292
71	3638	1819	910	304
72	3740	1870	935	312
73	3862	1931	966	322
74	3969	1985	993	331
75	4070	2035	1018	340
76	4162	2081	1041	347
77	4247	2124	1062	354
78	4333	2167	1084	362
79	4420	2210	1105	369
80+	4571	2286	1143	381

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

Male				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5C4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2639	1320	660	220
66	2774	1387	694	232
67	2904	1452	726	242
68	3020	1510	755	252
69	3164	1582	791	264
70	3303	1652	826	276
71	3423	1712	856	286
72	3512	1756	878	293
73	3622	1811	906	302
74	3716	1858	929	310
75	3807	1904	952	318
76	3887	1944	972	324
77	3964	1982	991	331
78	4041	2021	1011	337
79	4117	2059	1030	344
80+	4250	2125	1063	355

Tobacco User				
Tobacco User	Effective Date: 04/15/2023		Plan Code: 5C6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3037	1519	760	254
66	3192	1596	798	266
67	3342	1671	836	279
68	3476	1738	869	290
69	3641	1821	911	304
70	3801	1901	951	317
71	3939	1970	985	329
72	4041	2021	1011	337
73	4168	2084	1042	348
74	4276	2138	1069	357
75	4381	2191	1096	366
76	4473	2237	1119	373
77	4561	2281	1141	381
78	4650	2325	1163	388
79	4738	2369	1185	395
80+	4890	2445	1223	408

Female				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5C5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2296	1148	574	192
66	2413	1207	604	202
67	2526	1263	632	211
68	2627	1314	657	219
69	2752	1376	688	230
70	2873	1437	719	240
71	2978	1489	745	249
72	3055	1528	764	255
73	3150	1575	788	263
74	3232	1616	808	270
75	3312	1656	828	276
76	3381	1691	846	282
77	3448	1724	862	288
78	3515	1758	879	293
79	3581	1791	896	299
80+	3696	1848	924	308

Tobacco User				
Tobacco User	Effective Date: 04/15/2023		Plan Code: 5C7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2639	1320	660	220
66	2774	1387	694	232
67	2904	1452	726	242
68	3020	1510	755	252
69	3164	1582	791	264
70	3303	1652	826	276
71	3423	1712	856	286
72	3512	1756	878	293
73	3622	1811	906	302
74	3716	1858	929	310
75	3807	1904	952	318
76	3887	1944	972	324
77	3964	1982	991	331
78	4041	2021	1011	337
79	4117	2059	1030	344
80+	4250	2125	1063	355

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

Male

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	505	253	127	43	
66	545	273	137	46	
67	587	294	147	49	
68	609	305	153	51	
69	641	321	161	54	
70	668	334	167	56	
71	690	345	173	58	
72	727	364	182	61	
73	769	385	193	65	
74	808	404	202	68	
75	848	424	212	71	
76	889	445	223	75	
77	937	469	235	79	
78	983	492	246	82	
79	1029	515	258	86	
80+	1110	555	278	93	

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	581	291	146	49	
66	628	314	157	53	
67	675	338	169	57	
68	701	351	176	59	
69	737	369	185	62	
70	769	385	193	65	
71	794	397	199	67	
72	837	419	210	70	
73	885	443	222	74	
74	929	465	233	78	
75	976	488	244	82	
76	1023	512	256	86	
77	1079	540	270	90	
78	1131	566	283	95	
79	1184	592	296	99	
80+	1278	639	320	107	

Female

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	439	220	110	37	
66	474	237	119	40	
67	510	255	128	43	
68	530	265	133	45	
69	557	279	140	47	
70	581	291	146	49	
71	600	300	150	50	
72	632	316	158	53	
73	669	335	168	56	
74	703	352	176	59	
75	738	369	185	62	
76	773	387	194	65	
77	815	408	204	68	
78	855	428	214	72	
79	895	448	224	75	
80+	966	483	242	81	

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	505	253	127	43	
66	545	273	137	46	
67	587	294	147	49	
68	609	305	153	51	
69	641	321	161	54	
70	668	334	167	56	
71	690	345	173	58	
72	727	364	182	61	
73	769	385	193	65	
74	808	404	202	68	
75	848	424	212	71	
76	889	445	223	75	
77	937	469	235	79	
78	983	492	246	82	
79	1029	515	258	86	
80+	1110	555	278	93	

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

Male				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1899	950	475	159
66	2002	1001	501	167
67	2107	1054	527	176
68	2195	1098	549	183
69	2307	1154	577	193
70	2414	1207	604	202
71	2506	1253	627	209
72	2574	1287	644	215
73	2659	1330	665	222
74	2732	1366	683	228
75	2805	1403	702	234
76	2866	1433	717	239
77	2925	1463	732	244
78	2983	1492	746	249
79	3042	1521	761	254
80+	3145	1573	787	263

Tobacco User	Effective Date: 04/15/2023		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2186	1093	547	183
66	2304	1152	576	192
67	2424	1212	606	202
68	2526	1263	632	211
69	2655	1328	664	222
70	2778	1389	695	232
71	2883	1442	721	241
72	2962	1481	741	247
73	3060	1530	765	255
74	3143	1572	786	262
75	3228	1614	807	269
76	3298	1649	825	275
77	3366	1683	842	281
78	3433	1717	859	287
79	3501	1751	876	292
80+	3619	1810	905	302

Female				
Non-Tobacco User	Effective Date: 04/15/2023		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1652	826	413	138
66	1742	871	436	146
67	1832	916	458	153
68	1909	955	478	160
69	2007	1004	502	168
70	2100	1050	525	175
71	2179	1090	545	182
72	2239	1120	560	187
73	2313	1157	579	193
74	2376	1188	594	198
75	2440	1220	610	204
76	2493	1247	624	208
77	2544	1272	636	212
78	2595	1298	649	217
79	2646	1323	662	221
80+	2736	1368	684	228

Tobacco User	Effective Date: 04/15/2023		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1899	950	475	159
66	2002	1001	501	167
67	2107	1054	527	176
68	2195	1098	549	183
69	2307	1154	577	193
70	2414	1207	604	202
71	2506	1253	627	209
72	2574	1287	644	215
73	2659	1330	665	222
74	2732	1366	683	228
75	2805	1403	702	234
76	2866	1433	717	239
77	2925	1463	732	244
78	2983	1492	746	249
79	3042	1521	761	254
80+	3145	1573	787	263

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

Male

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	505	253	127	43		
66	545	273	137	46		
67	587	294	147	49		
68	609	305	153	51		
69	641	321	161	54		
70	668	334	167	56		
71	690	345	173	58		
72	727	364	182	61		
73	769	385	193	65		
74	808	404	202	68		
75	848	424	212	71		
76	889	445	223	75		
77	937	469	235	79		
78	983	492	246	82		
79	1029	515	258	86		
80+	1110	555	278	93		

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	581	291	146	49		
66	628	314	157	53		
67	675	338	169	57		
68	701	351	176	59		
69	737	369	185	62		
70	769	385	193	65		
71	794	397	199	67		
72	837	419	210	70		
73	885	443	222	74		
74	929	465	233	78		
75	976	488	244	82		
76	1023	512	256	86		
77	1079	540	270	90		
78	1131	566	283	95		
79	1184	592	296	99		
80+	1278	639	320	107		

Female

Non-Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	439	220	110	37		
66	474	237	119	40		
67	510	255	128	43		
68	530	265	133	45		
69	557	279	140	47		
70	581	291	146	49		
71	600	300	150	50		
72	632	316	158	53		
73	669	335	168	56		
74	703	352	176	59		
75	738	369	185	62		
76	773	387	194	65		
77	815	408	204	68		
78	855	428	214	72		
79	895	448	224	75		
80+	966	483	242	81		

Tobacco User		Effective Date: 04/15/2023			Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	505	253	127	43		
66	545	273	137	46		
67	587	294	147	49		
68	609	305	153	51		
69	641	321	161	54		
70	668	334	167	56		
71	690	345	173	58		
72	727	364	182	61		
73	769	385	193	65		
74	808	404	202	68		
75	848	424	212	71		
76	889	445	223	75		
77	937	469	235	79		
78	983	492	246	82		
79	1029	515	258	86		
80+	1110	555	278	93		

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

Male				
Non-Tobacco User		Effective Date: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		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: 03/15/2020		Plan Code: P60
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1876	938	469	157
66	2019	1010	505	169
67	2141	1071	536	179
68	2251	1126	563	188
69	2366	1183	592	198
70	2500	1250	625	209
71	2572	1286	643	215
72	2620	1310	655	219
73	2676	1338	669	223
74	2720	1360	680	227
75	2774	1387	694	232
76	2812	1406	703	235
77	2834	1417	709	237
78	2852	1426	713	238
79	2869	1435	718	240
80+	2895	1448	724	242

Tobacco User		Effective Date: 03/15/2020		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: 03/15/2020		Plan Code: P61
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1632	816	408	136
66	1756	878	439	147
67	1862	931	466	156
68	1958	979	490	164
69	2058	1029	515	172
70	2174	1087	544	182
71	2238	1119	560	187
72	2279	1140	570	190
73	2327	1164	582	194
74	2366	1183	592	198
75	2413	1207	604	202
76	2446	1223	612	204
77	2465	1233	617	206
78	2481	1241	621	207
79	2496	1248	624	208
80+	2518	1259	630	210

Tobacco User		Effective Date: 03/15/2020		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: 04/15/2023		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2057	1029	515	172
66	2170	1085	543	181
67	2284	1142	571	191
68	2387	1194	597	199
69	2509	1255	628	210
70	2629	1315	658	220
71	2737	1369	685	229
72	2819	1410	705	235
73	2912	1456	728	243
74	2996	1498	749	250
75	3078	1539	770	257
76	3155	1578	789	263
77	3227	1614	807	269
78	3298	1649	825	275
79	3370	1685	843	281
80+	3502	1751	876	292

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2368	1184	592	198
66	2498	1249	625	209
67	2629	1315	658	220
68	2746	1373	687	229
69	2888	1444	722	241
70	3026	1513	757	253
71	3150	1575	788	263
72	3244	1622	811	271
73	3351	1676	838	280
74	3447	1724	862	288
75	3542	1771	886	296
76	3631	1816	908	303
77	3713	1857	929	310
78	3796	1898	949	317
79	3878	1939	970	324
80+	4030	2015	1008	336

Female				
Non-Tobacco User		Effective Date: 04/15/2023		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1790	895	448	150
66	1888	944	472	158
67	1987	994	497	166
68	2076	1038	519	173
69	2183	1092	546	182
70	2287	1144	572	191
71	2381	1191	596	199
72	2452	1226	613	205
73	2533	1267	634	212
74	2606	1303	652	218
75	2678	1339	670	224
76	2744	1372	686	229
77	2807	1404	702	234
78	2869	1435	718	240
79	2932	1466	733	245
80+	3046	1523	762	254

Tobacco User		Effective Date: 04/15/2023		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2057	1029	515	172
66	2170	1085	543	181
67	2284	1142	571	191
68	2387	1194	597	199
69	2509	1255	628	210
70	2629	1315	658	220
71	2737	1369	685	229
72	2819	1410	705	235
73	2912	1456	728	243
74	2996	1498	749	250
75	3078	1539	770	257
76	3155	1578	789	263
77	3227	1614	807	269
78	3298	1649	825	275
79	3370	1685	843	281
80+	3502	1751	876	292

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$0	\$1632 (Part A Deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and 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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$240 (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 \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan’s separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

** **This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$240 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$240 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$240 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

- * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ** **This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan’s separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

- * Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- ** **This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (Unless Part B Deductible has been met)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$240 of Medicare Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$240 (Unless Part B Deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

- * You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$7060 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying 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 \$1632	\$816 (50% of Part A Deductible)	\$816 (50% of Part A Deductible)♦
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days	All but \$816 a day \$0	\$816 a day 100% of Medicare Eligible Expenses	\$0 \$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE**			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$102 a day (50% of Part A Coinsurance)	Up to \$102 a day (50% of Part A Coinsurance)♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	50%	50%♦
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance	50% of copayment/coinsurance♦

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

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

**** Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts **** Preventive Benefits for Medicare-Covered Services Remainder of Medicare-Approved Amounts	\$0 Generally 80% or more of Medicare-approved amounts Generally 80%	\$0 Remainder of Medicare-approved amounts Generally 10%	\$240 (Part B Deductible) ♦ All costs above Medicare-approved amounts Generally 10% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$7060)*
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$240 (Part B Deductible) ♦ Generally 10% ♦
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$240 (Part B Deductible) ♦ 10% ♦
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PLAN L

- * You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$3530 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit DOES NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying 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 \$1632	\$1224 (75% of Part A Deductible)	\$408 (25% of Part A Deductible) ♦
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 ***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE**			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$153 a day (75% of Part A Coinsurance)	Up to \$51 a day (25% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	75%	25% ♦
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

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

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

**** Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts **** Preventive Benefits for Medicare-Covered Services Remainder of Medicare-Approved Amounts	\$0 Generally 80% or more of Medicare-approved amounts Generally 80%	\$0 Remainder of Medicare-approved amounts Generally 15%	\$240 (Part B Deductible) ♦ All costs above Medicare-approved amounts Generally 5% ♦
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$3530)*
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$240 (Part B Deductible) ♦ Generally 5% ♦
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$240 (Part B Deductible) ♦ 5% ♦
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PLAN N
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$240 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$240 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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