

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 2025 ²					\$7,220 ²	\$3,610 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 \$2,870 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

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 1 (ZIP 770; 772-777)

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2474	1237	619	207
66	2604	1302	651	217
67	2726	1363	682	228
68	2827	1414	707	236
69	2948	1474	737	246
70	3059	1530	765	255
71	3152	1576	788	263
72	3205	1603	802	268
73	3285	1643	822	274
74	3355	1678	839	280
75	3422	1711	856	286
76	3477	1739	870	290
77	3496	1748	874	292
78	3513	1757	879	293
79	3533	1767	884	295
80+	3533	1767	884	295

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2152	1076	538	180
66	2265	1133	567	189
67	2371	1186	593	198
68	2459	1230	615	205
69	2564	1282	641	214
70	2661	1331	666	222
71	2742	1371	686	229
72	2788	1394	697	233
73	2858	1429	715	239
74	2919	1460	730	244
75	2977	1489	745	249
76	3024	1512	756	252
77	3041	1521	761	254
78	3056	1528	764	255
79	3073	1537	769	257
80+	3073	1537	769	257

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2846	1423	712	238
66	2996	1498	749	250
67	3137	1569	785	262
68	3253	1627	814	272
69	3392	1696	848	283
70	3520	1760	880	294
71	3627	1814	907	303
72	3688	1844	922	308
73	3781	1891	946	316
74	3861	1931	966	322
75	3938	1969	985	329
76	4001	2001	1001	334
77	4023	2012	1006	336
78	4042	2021	1011	337
79	4066	2033	1017	339
80+	4066	2033	1017	339

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2474	1237	619	207
66	2604	1302	651	217
67	2726	1363	682	228
68	2827	1414	707	236
69	2948	1474	737	246
70	3059	1530	765	255
71	3152	1576	788	263
72	3205	1603	802	268
73	3285	1643	822	274
74	3355	1678	839	280
75	3422	1711	856	286
76	3477	1739	870	290
77	3496	1748	874	292
78	3513	1757	879	293
79	3533	1767	884	295
80+	3533	1767	884	295

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3434	1717	859	287
66	3614	1807	904	302
67	3779	1890	945	315
68	3935	1968	984	328
69	4121	2061	1031	344
70	4308	2154	1077	359
71	4460	2230	1115	372
72	4578	2289	1145	382
73	4720	2360	1180	394
74	4845	2423	1212	404
75	4964	2482	1241	414
76	5067	2534	1267	423
77	5167	2584	1292	431
78	5268	2634	1317	439
79	5368	2684	1342	448
80+	5544	2772	1386	462

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2987	1494	747	249
66	3143	1572	786	262
67	3287	1644	822	274
68	3423	1712	856	286
69	3584	1792	896	299
70	3747	1874	937	313
71	3880	1940	970	324
72	3982	1991	996	332
73	4105	2053	1027	343
74	4215	2108	1054	352
75	4318	2159	1080	360
76	4408	2204	1102	368
77	4494	2247	1124	375
78	4582	2291	1146	382
79	4670	2335	1168	390
80+	4822	2411	1206	402

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3951	1976	988	330
66	4158	2079	1040	347
67	4349	2175	1088	363
68	4528	2264	1132	378
69	4742	2371	1186	396
70	4957	2479	1240	414
71	5133	2567	1284	428
72	5268	2634	1317	439
73	5431	2716	1358	453
74	5576	2788	1394	465
75	5713	2857	1429	477
76	5831	2916	1458	486
77	5946	2973	1487	496
78	6062	3031	1516	506
79	6178	3089	1545	515
80+	6380	3190	1595	532

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3434	1717	859	287
66	3614	1807	904	302
67	3779	1890	945	315
68	3935	1968	984	328
69	4121	2061	1031	344
70	4308	2154	1077	359
71	4460	2230	1115	372
72	4578	2289	1145	382
73	4720	2360	1180	394
74	4845	2423	1212	404
75	4964	2482	1241	414
76	5067	2534	1267	423
77	5167	2584	1292	431
78	5268	2634	1317	439
79	5368	2684	1342	448
80+	5544	2772	1386	462

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: 04/15/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3333	1667	834	278
66	3515	1758	879	293
67	3694	1847	924	308
68	3854	1927	964	322
69	4049	2025	1013	338
70	4237	2119	1060	354
71	4402	2201	1101	367
72	4524	2262	1131	377
73	4673	2337	1169	390
74	4801	2401	1201	401
75	4923	2462	1231	411
76	5035	2518	1259	420
77	5137	2569	1285	429
78	5243	2622	1311	437
79	5347	2674	1337	446
80+	5530	2765	1383	461

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2899	1450	725	242
66	3058	1529	765	255
67	3213	1607	804	268
68	3352	1676	838	280
69	3522	1761	881	294
70	3686	1843	922	308
71	3829	1915	958	320
72	3935	1968	984	328
73	4065	2033	1017	339
74	4176	2088	1044	348
75	4283	2142	1071	357
76	4380	2190	1095	365
77	4469	2235	1118	373
78	4560	2280	1140	380
79	4651	2326	1163	388
80+	4810	2405	1203	401

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3835	1918	959	320
66	4045	2023	1012	338
67	4251	2126	1063	355
68	4435	2218	1109	370
69	4660	2330	1165	389
70	4876	2438	1219	407
71	5065	2533	1267	423
72	5206	2603	1302	434
73	5378	2689	1345	449
74	5525	2763	1382	461
75	5666	2833	1417	473
76	5795	2898	1449	483
77	5912	2956	1478	493
78	6033	3017	1509	503
79	6153	3077	1539	513
80+	6364	3182	1591	531

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3333	1667	834	278
66	3515	1758	879	293
67	3694	1847	924	308
68	3854	1927	964	322
69	4049	2025	1013	338
70	4237	2119	1060	354
71	4402	2201	1101	367
72	4524	2262	1131	377
73	4673	2337	1169	390
74	4801	2401	1201	401
75	4923	2462	1231	411
76	5035	2518	1259	420
77	5137	2569	1285	429
78	5243	2622	1311	437
79	5347	2674	1337	446
80+	5530	2765	1383	461

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3329	1665	833	278
66	3499	1750	875	292
67	3665	1833	917	306
68	3811	1906	953	318
69	3992	1996	998	333
70	4167	2084	1042	348
71	4319	2160	1080	360
72	4431	2216	1108	370
73	4569	2285	1143	381
74	4688	2344	1172	391
75	4803	2402	1201	401
76	4904	2452	1226	409
77	5000	2500	1250	417
78	5099	2550	1275	425
79	5194	2597	1299	433
80+	5362	2681	1341	447

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3831	1916	958	320
66	4027	2014	1007	336
67	4217	2109	1055	352
68	4385	2193	1097	366
69	4593	2297	1149	383
70	4795	2398	1199	400
71	4970	2485	1243	415
72	5099	2550	1275	425
73	5258	2629	1315	439
74	5395	2698	1349	450
75	5528	2764	1382	461
76	5643	2822	1411	471
77	5754	2877	1439	480
78	5868	2934	1467	489
79	5977	2989	1495	499
80+	6170	3085	1543	515

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2896	1448	724	242
66	3044	1522	761	254
67	3188	1594	797	266
68	3315	1658	829	277
69	3472	1736	868	290
70	3625	1813	907	303
71	3757	1879	940	314
72	3854	1927	964	322
73	3974	1987	994	332
74	4078	2039	1020	340
75	4178	2089	1045	349
76	4266	2133	1067	356
77	4350	2175	1088	363
78	4435	2218	1109	370
79	4518	2259	1130	377
80+	4664	2332	1166	389

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3329	1665	833	278
66	3499	1750	875	292
67	3665	1833	917	306
68	3811	1906	953	318
69	3992	1996	998	333
70	4167	2084	1042	348
71	4319	2160	1080	360
72	4431	2216	1108	370
73	4569	2285	1143	381
74	4688	2344	1172	391
75	4803	2402	1201	401
76	4904	2452	1226	409
77	5000	2500	1250	417
78	5099	2550	1275	425
79	5194	2597	1299	433
80+	5362	2681	1341	447

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	685	343	172	58
66	739	370	185	62
67	796	398	199	67
68	826	413	207	69
69	868	434	217	73
70	906	453	227	76
71	935	468	234	78
72	986	493	247	83
73	1044	522	261	87
74	1095	548	274	92
75	1150	575	288	96
76	1206	603	302	101
77	1271	636	318	106
78	1332	666	333	111
79	1395	698	349	117
80+	1506	753	377	126

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	596	298	149	50
66	643	322	161	54
67	692	346	173	58
68	719	360	180	60
69	755	378	189	63
70	788	394	197	66
71	813	407	204	68
72	858	429	215	72
73	908	454	227	76
74	952	476	238	80
75	1000	500	250	84
76	1049	525	263	88
77	1106	553	277	93
78	1159	580	290	97
79	1213	607	304	102
80+	1310	655	328	110

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	788	394	197	66
66	851	426	213	71
67	916	458	229	77
68	951	476	238	80
69	999	500	250	84
70	1042	521	261	87
71	1076	538	269	90
72	1135	568	284	95
73	1201	601	301	101
74	1260	630	315	105
75	1324	662	331	111
76	1387	694	347	116
77	1463	732	366	122
78	1533	767	384	128
79	1605	803	402	134
80+	1733	867	434	145

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	685	343	172	58
66	739	370	185	62
67	796	398	199	67
68	826	413	207	69
69	868	434	217	73
70	906	453	227	76
71	935	468	234	78
72	986	493	247	83
73	1044	522	261	87
74	1095	548	274	92
75	1150	575	288	96
76	1206	603	302	101
77	1271	636	318	106
78	1332	666	333	111
79	1395	698	349	117
80+	1506	753	377	126

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: 04/15/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2385	1193	597	199
66	2514	1257	629	210
67	2646	1323	662	221
68	2757	1379	690	230
69	2897	1449	725	242
70	3032	1516	758	253
71	3147	1574	787	263
72	3233	1617	809	270
73	3340	1670	835	279
74	3430	1715	858	286
75	3523	1762	881	294
76	3600	1800	900	300
77	3674	1837	919	307
78	3746	1873	937	313
79	3821	1911	956	319
80+	3950	1975	988	330

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2075	1038	519	173
66	2187	1094	547	183
67	2301	1151	576	192
68	2398	1199	600	200
69	2520	1260	630	210
70	2637	1319	660	220
71	2738	1369	685	229
72	2812	1406	703	235
73	2905	1453	727	243
74	2984	1492	746	249
75	3065	1533	767	256
76	3131	1566	783	261
77	3195	1598	799	267
78	3259	1630	815	272
79	3323	1662	831	277
80+	3436	1718	859	287

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2745	1373	687	229
66	2893	1447	724	242
67	3045	1523	762	254
68	3172	1586	793	265
69	3334	1667	834	278
70	3489	1745	873	291
71	3622	1811	906	302
72	3721	1861	931	311
73	3843	1922	961	321
74	3947	1974	987	329
75	4054	2027	1014	338
76	4143	2072	1036	346
77	4227	2114	1057	353
78	4311	2156	1078	360
79	4397	2199	1100	367
80+	4545	2273	1137	379

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2385	1193	597	199
66	2514	1257	629	210
67	2646	1323	662	221
68	2757	1379	690	230
69	2897	1449	725	242
70	3032	1516	758	253
71	3147	1574	787	263
72	3233	1617	809	270
73	3340	1670	835	279
74	3430	1715	858	286
75	3523	1762	881	294
76	3600	1800	900	300
77	3674	1837	919	307
78	3746	1873	937	313
79	3821	1911	956	319
80+	3950	1975	988	330

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	654	327	164	55
66	706	353	177	59
67	760	380	190	64
68	789	395	198	66
69	830	415	208	70
70	865	433	217	73
71	893	447	224	75
72	942	471	236	79
73	996	498	249	83
74	1046	523	262	88
75	1098	549	275	92
76	1151	576	288	96
77	1214	607	304	102
78	1272	636	318	106
79	1332	666	333	111
80+	1438	719	360	120

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	569	285	143	48
66	614	307	154	52
67	661	331	166	56
68	686	343	172	58
69	722	361	181	61
70	752	376	188	63
71	777	389	195	65
72	819	410	205	69
73	867	434	217	73
74	910	455	228	76
75	955	478	239	80
76	1001	501	251	84
77	1056	528	264	88
78	1107	554	277	93
79	1159	580	290	97
80+	1251	626	313	105

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	753	377	189	63
66	813	407	204	68
67	874	437	219	73
68	908	454	227	76
69	955	478	239	80
70	995	498	249	83
71	1028	514	257	86
72	1084	542	271	91
73	1146	573	287	96
74	1204	602	301	101
75	1264	632	316	106
76	1325	663	332	111
77	1397	699	350	117
78	1464	732	366	122
79	1533	767	384	128
80+	1654	827	414	138

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	654	327	164	55
66	706	353	177	59
67	760	380	190	64
68	789	395	198	66
69	830	415	208	70
70	865	433	217	73
71	893	447	224	75
72	942	471	236	79
73	996	498	249	83
74	1046	523	262	88
75	1098	549	275	92
76	1151	576	288	96
77	1214	607	304	102
78	1272	636	318	106
79	1332	666	333	111
80+	1438	719	360	120

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

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: 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

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: 04/15/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2583	1292	646	216
66	2726	1363	682	228
67	2869	1435	718	240
68	2998	1499	750	250
69	3152	1576	788	263
70	3302	1651	826	276
71	3438	1719	860	287
72	3540	1770	885	295
73	3658	1829	915	305
74	3762	1881	941	314
75	3866	1933	967	323
76	3962	1981	991	331
77	4053	2027	1014	338
78	4142	2071	1036	346
79	4233	2117	1059	353
80+	4398	2199	1100	367

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2247	1124	562	188
66	2371	1186	593	198
67	2495	1248	624	208
68	2608	1304	652	218
69	2742	1371	686	229
70	2872	1436	718	240
71	2991	1496	748	250
72	3079	1540	770	257
73	3182	1591	796	266
74	3272	1636	818	273
75	3363	1682	841	281
76	3447	1724	862	288
77	3525	1763	882	294
78	3603	1802	901	301
79	3682	1841	921	307
80+	3826	1913	957	319

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2973	1487	744	248
66	3137	1569	785	262
67	3301	1651	826	276
68	3450	1725	863	288
69	3627	1814	907	303
70	3800	1900	950	317
71	3956	1978	989	330
72	4074	2037	1019	340
73	4209	2105	1053	351
74	4329	2165	1083	361
75	4449	2225	1113	371
76	4560	2280	1140	380
77	4664	2332	1166	389
78	4767	2384	1192	398
79	4871	2436	1218	406
80+	5061	2531	1266	422

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2583	1292	646	216
66	2726	1363	682	228
67	2869	1435	718	240
68	2998	1499	750	250
69	3152	1576	788	263
70	3302	1651	826	276
71	3438	1719	860	287
72	3540	1770	885	295
73	3658	1829	915	305
74	3762	1881	941	314
75	3866	1933	967	323
76	3962	1981	991	331
77	4053	2027	1014	338
78	4142	2071	1036	346
79	4233	2117	1059	353
80+	4398	2199	1100	367

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: 04/15/2024		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2474	1237	619	207
66	2604	1302	651	217
67	2726	1363	682	228
68	2827	1414	707	236
69	2948	1474	737	246
70	3059	1530	765	255
71	3152	1576	788	263
72	3205	1603	802	268
73	3285	1643	822	274
74	3355	1678	839	280
75	3422	1711	856	286
76	3477	1739	870	290
77	3496	1748	874	292
78	3513	1757	879	293
79	3533	1767	884	295
80+	3533	1767	884	295

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2152	1076	538	180
66	2265	1133	567	189
67	2371	1186	593	198
68	2459	1230	615	205
69	2564	1282	641	214
70	2661	1331	666	222
71	2742	1371	686	229
72	2788	1394	697	233
73	2858	1429	715	239
74	2919	1460	730	244
75	2977	1489	745	249
76	3024	1512	756	252
77	3041	1521	761	254
78	3056	1528	764	255
79	3073	1537	769	257
80+	3073	1537	769	257

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2846	1423	712	238
66	2996	1498	749	250
67	3137	1569	785	262
68	3253	1627	814	272
69	3392	1696	848	283
70	3520	1760	880	294
71	3627	1814	907	303
72	3688	1844	922	308
73	3781	1891	946	316
74	3861	1931	966	322
75	3938	1969	985	329
76	4001	2001	1001	334
77	4023	2012	1006	336
78	4042	2021	1011	337
79	4066	2033	1017	339
80+	4066	2033	1017	339

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2474	1237	619	207
66	2604	1302	651	217
67	2726	1363	682	228
68	2827	1414	707	236
69	2948	1474	737	246
70	3059	1530	765	255
71	3152	1576	788	263
72	3205	1603	802	268
73	3285	1643	822	274
74	3355	1678	839	280
75	3422	1711	856	286
76	3477	1739	870	290
77	3496	1748	874	292
78	3513	1757	879	293
79	3533	1767	884	295
80+	3533	1767	884	295

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3434	1717	859	287
66	3614	1807	904	302
67	3779	1890	945	315
68	3935	1968	984	328
69	4121	2061	1031	344
70	4308	2154	1077	359
71	4460	2230	1115	372
72	4578	2289	1145	382
73	4720	2360	1180	394
74	4845	2423	1212	404
75	4964	2482	1241	414
76	5067	2534	1267	423
77	5167	2584	1292	431
78	5268	2634	1317	439
79	5368	2684	1342	448
80+	5544	2772	1386	462

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2987	1494	747	249
66	3143	1572	786	262
67	3287	1644	822	274
68	3423	1712	856	286
69	3584	1792	896	299
70	3747	1874	937	313
71	3880	1940	970	324
72	3982	1991	996	332
73	4105	2053	1027	343
74	4215	2108	1054	352
75	4318	2159	1080	360
76	4408	2204	1102	368
77	4494	2247	1124	375
78	4582	2291	1146	382
79	4670	2335	1168	390
80+	4822	2411	1206	402

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3951	1976	988	330
66	4158	2079	1040	347
67	4349	2175	1088	363
68	4528	2264	1132	378
69	4742	2371	1186	396
70	4957	2479	1240	414
71	5133	2567	1284	428
72	5268	2634	1317	439
73	5431	2716	1358	453
74	5576	2788	1394	465
75	5713	2857	1429	477
76	5831	2916	1458	486
77	5946	2973	1487	496
78	6062	3031	1516	506
79	6178	3089	1545	515
80+	6380	3190	1595	532

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3434	1717	859	287
66	3614	1807	904	302
67	3779	1890	945	315
68	3935	1968	984	328
69	4121	2061	1031	344
70	4308	2154	1077	359
71	4460	2230	1115	372
72	4578	2289	1145	382
73	4720	2360	1180	394
74	4845	2423	1212	404
75	4964	2482	1241	414
76	5067	2534	1267	423
77	5167	2584	1292	431
78	5268	2634	1317	439
79	5368	2684	1342	448
80+	5544	2772	1386	462

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

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3333	1667	834	278
66	3515	1758	879	293
67	3694	1847	924	308
68	3854	1927	964	322
69	4049	2025	1013	338
70	4237	2119	1060	354
71	4402	2201	1101	367
72	4524	2262	1131	377
73	4673	2337	1169	390
74	4801	2401	1201	401
75	4923	2462	1231	411
76	5035	2518	1259	420
77	5137	2569	1285	429
78	5243	2622	1311	437
79	5347	2674	1337	446
80+	5530	2765	1383	461

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2899	1450	725	242
66	3058	1529	765	255
67	3213	1607	804	268
68	3352	1676	838	280
69	3522	1761	881	294
70	3686	1843	922	308
71	3829	1915	958	320
72	3935	1968	984	328
73	4065	2033	1017	339
74	4176	2088	1044	348
75	4283	2142	1071	357
76	4380	2190	1095	365
77	4469	2235	1118	373
78	4560	2280	1140	380
79	4651	2326	1163	388
80+	4810	2405	1203	401

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3835	1918	959	320
66	4045	2023	1012	338
67	4251	2126	1063	355
68	4435	2218	1109	370
69	4660	2330	1165	389
70	4876	2438	1219	407
71	5065	2533	1267	423
72	5206	2603	1302	434
73	5378	2689	1345	449
74	5525	2763	1382	461
75	5666	2833	1417	473
76	5795	2898	1449	483
77	5912	2956	1478	493
78	6033	3017	1509	503
79	6153	3077	1539	513
80+	6364	3182	1591	531

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3333	1667	834	278
66	3515	1758	879	293
67	3694	1847	924	308
68	3854	1927	964	322
69	4049	2025	1013	338
70	4237	2119	1060	354
71	4402	2201	1101	367
72	4524	2262	1131	377
73	4673	2337	1169	390
74	4801	2401	1201	401
75	4923	2462	1231	411
76	5035	2518	1259	420
77	5137	2569	1285	429
78	5243	2622	1311	437
79	5347	2674	1337	446
80+	5530	2765	1383	461

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5C4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3329	1665	833	278
66	3499	1750	875	292
67	3665	1833	917	306
68	3811	1906	953	318
69	3992	1996	998	333
70	4167	2084	1042	348
71	4319	2160	1080	360
72	4431	2216	1108	370
73	4569	2285	1143	381
74	4688	2344	1172	391
75	4803	2402	1201	401
76	4904	2452	1226	409
77	5000	2500	1250	417
78	5099	2550	1275	425
79	5194	2597	1299	433
80+	5362	2681	1341	447

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5C6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3831	1916	958	320
66	4027	2014	1007	336
67	4217	2109	1055	352
68	4385	2193	1097	366
69	4593	2297	1149	383
70	4795	2398	1199	400
71	4970	2485	1243	415
72	5099	2550	1275	425
73	5258	2629	1315	439
74	5395	2698	1349	450
75	5528	2764	1382	461
76	5643	2822	1411	471
77	5754	2877	1439	480
78	5868	2934	1467	489
79	5977	2989	1495	499
80+	6170	3085	1543	515

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5C5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2896	1448	724	242
66	3044	1522	761	254
67	3188	1594	797	266
68	3315	1658	829	277
69	3472	1736	868	290
70	3625	1813	907	303
71	3757	1879	940	314
72	3854	1927	964	322
73	3974	1987	994	332
74	4078	2039	1020	340
75	4178	2089	1045	349
76	4266	2133	1067	356
77	4350	2175	1088	363
78	4435	2218	1109	370
79	4518	2259	1130	377
80+	4664	2332	1166	389

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5C7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3329	1665	833	278
66	3499	1750	875	292
67	3665	1833	917	306
68	3811	1906	953	318
69	3992	1996	998	333
70	4167	2084	1042	348
71	4319	2160	1080	360
72	4431	2216	1108	370
73	4569	2285	1143	381
74	4688	2344	1172	391
75	4803	2402	1201	401
76	4904	2452	1226	409
77	5000	2500	1250	417
78	5099	2550	1275	425
79	5194	2597	1299	433
80+	5362	2681	1341	447

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	685	343	172	58
66	739	370	185	62
67	796	398	199	67
68	826	413	207	69
69	868	434	217	73
70	906	453	227	76
71	935	468	234	78
72	986	493	247	83
73	1044	522	261	87
74	1095	548	274	92
75	1150	575	288	96
76	1206	603	302	101
77	1271	636	318	106
78	1332	666	333	111
79	1395	698	349	117
80+	1506	753	377	126

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	596	298	149	50
66	643	322	161	54
67	692	346	173	58
68	719	360	180	60
69	755	378	189	63
70	788	394	197	66
71	813	407	204	68
72	858	429	215	72
73	908	454	227	76
74	952	476	238	80
75	1000	500	250	84
76	1049	525	263	88
77	1106	553	277	93
78	1159	580	290	97
79	1213	607	304	102
80+	1310	655	328	110

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	788	394	197	66
66	851	426	213	71
67	916	458	229	77
68	951	476	238	80
69	999	500	250	84
70	1042	521	261	87
71	1076	538	269	90
72	1135	568	284	95
73	1201	601	301	101
74	1260	630	315	105
75	1324	662	331	111
76	1387	694	347	116
77	1463	732	366	122
78	1533	767	384	128
79	1605	803	402	134
80+	1733	867	434	145

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	685	343	172	58
66	739	370	185	62
67	796	398	199	67
68	826	413	207	69
69	868	434	217	73
70	906	453	227	76
71	935	468	234	78
72	986	493	247	83
73	1044	522	261	87
74	1095	548	274	92
75	1150	575	288	96
76	1206	603	302	101
77	1271	636	318	106
78	1332	666	333	111
79	1395	698	349	117
80+	1506	753	377	126

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2385	1193	597	199
66	2514	1257	629	210
67	2646	1323	662	221
68	2757	1379	690	230
69	2897	1449	725	242
70	3032	1516	758	253
71	3147	1574	787	263
72	3233	1617	809	270
73	3340	1670	835	279
74	3430	1715	858	286
75	3523	1762	881	294
76	3600	1800	900	300
77	3674	1837	919	307
78	3746	1873	937	313
79	3821	1911	956	319
80+	3950	1975	988	330

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2075	1038	519	173
66	2187	1094	547	183
67	2301	1151	576	192
68	2398	1199	600	200
69	2520	1260	630	210
70	2637	1319	660	220
71	2738	1369	685	229
72	2812	1406	703	235
73	2905	1453	727	243
74	2984	1492	746	249
75	3065	1533	767	256
76	3131	1566	783	261
77	3195	1598	799	267
78	3259	1630	815	272
79	3323	1662	831	277
80+	3436	1718	859	287

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2745	1373	687	229
66	2893	1447	724	242
67	3045	1523	762	254
68	3172	1586	793	265
69	3334	1667	834	278
70	3489	1745	873	291
71	3622	1811	906	302
72	3721	1861	931	311
73	3843	1922	961	321
74	3947	1974	987	329
75	4054	2027	1014	338
76	4143	2072	1036	346
77	4227	2114	1057	353
78	4311	2156	1078	360
79	4397	2199	1100	367
80+	4545	2273	1137	379

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2385	1193	597	199
66	2514	1257	629	210
67	2646	1323	662	221
68	2757	1379	690	230
69	2897	1449	725	242
70	3032	1516	758	253
71	3147	1574	787	263
72	3233	1617	809	270
73	3340	1670	835	279
74	3430	1715	858	286
75	3523	1762	881	294
76	3600	1800	900	300
77	3674	1837	919	307
78	3746	1873	937	313
79	3821	1911	956	319
80+	3950	1975	988	330

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	654	327	164	55
66	706	353	177	59
67	760	380	190	64
68	789	395	198	66
69	830	415	208	70
70	865	433	217	73
71	893	447	224	75
72	942	471	236	79
73	996	498	249	83
74	1046	523	262	88
75	1098	549	275	92
76	1151	576	288	96
77	1214	607	304	102
78	1272	636	318	106
79	1332	666	333	111
80+	1438	719	360	120

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	569	285	143	48
66	614	307	154	52
67	661	331	166	56
68	686	343	172	58
69	722	361	181	61
70	752	376	188	63
71	777	389	195	65
72	819	410	205	69
73	867	434	217	73
74	910	455	228	76
75	955	478	239	80
76	1001	501	251	84
77	1056	528	264	88
78	1107	554	277	93
79	1159	580	290	97
80+	1251	626	313	105

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	753	377	189	63
66	813	407	204	68
67	874	437	219	73
68	908	454	227	76
69	955	478	239	80
70	995	498	249	83
71	1028	514	257	86
72	1084	542	271	91
73	1146	573	287	96
74	1204	602	301	101
75	1264	632	316	106
76	1325	663	332	111
77	1397	699	350	117
78	1464	732	366	122
79	1533	767	384	128
80+	1654	827	414	138

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	654	327	164	55
66	706	353	177	59
67	760	380	190	64
68	789	395	198	66
69	830	415	208	70
70	865	433	217	73
71	893	447	224	75
72	942	471	236	79
73	996	498	249	83
74	1046	523	262	88
75	1098	549	275	92
76	1151	576	288	96
77	1214	607	304	102
78	1272	636	318	106
79	1332	666	333	111
80+	1438	719	360	120

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

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: 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

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

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: 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

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: 04/15/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2583	1292	646	216
66	2726	1363	682	228
67	2869	1435	718	240
68	2998	1499	750	250
69	3152	1576	788	263
70	3302	1651	826	276
71	3438	1719	860	287
72	3540	1770	885	295
73	3658	1829	915	305
74	3762	1881	941	314
75	3866	1933	967	323
76	3962	1981	991	331
77	4053	2027	1014	338
78	4142	2071	1036	346
79	4233	2117	1059	353
80+	4398	2199	1100	367

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2247	1124	562	188
66	2371	1186	593	198
67	2495	1248	624	208
68	2608	1304	652	218
69	2742	1371	686	229
70	2872	1436	718	240
71	2991	1496	748	250
72	3079	1540	770	257
73	3182	1591	796	266
74	3272	1636	818	273
75	3363	1682	841	281
76	3447	1724	862	288
77	3525	1763	882	294
78	3603	1802	901	301
79	3682	1841	921	307
80+	3826	1913	957	319

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2973	1487	744	248
66	3137	1569	785	262
67	3301	1651	826	276
68	3450	1725	863	288
69	3627	1814	907	303
70	3800	1900	950	317
71	3956	1978	989	330
72	4074	2037	1019	340
73	4209	2105	1053	351
74	4329	2165	1083	361
75	4449	2225	1113	371
76	4560	2280	1140	380
77	4664	2332	1166	389
78	4767	2384	1192	398
79	4871	2436	1218	406
80+	5061	2531	1266	422

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2583	1292	646	216
66	2726	1363	682	228
67	2869	1435	718	240
68	2998	1499	750	250
69	3152	1576	788	263
70	3302	1651	826	276
71	3438	1719	860	287
72	3540	1770	885	295
73	3658	1829	915	305
74	3762	1881	941	314
75	3866	1933	967	323
76	3962	1981	991	331
77	4053	2027	1014	338
78	4142	2071	1036	346
79	4233	2117	1059	353
80+	4398	2199	1100	367

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

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: 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

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: 04/15/2024		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2147	1074	537	179
66	2260	1130	565	189
67	2366	1183	592	198
68	2453	1227	614	205
69	2559	1280	640	214
70	2655	1328	664	222
71	2735	1368	684	228
72	2782	1391	696	232
73	2851	1426	713	238
74	2912	1456	728	243
75	2970	1485	743	248
76	3017	1509	755	252
77	3034	1517	759	253
78	3049	1525	763	255
79	3067	1534	767	256
80+	3067	1534	767	256

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1867	934	467	156
66	1966	983	492	164
67	2058	1029	515	172
68	2134	1067	534	178
69	2226	1113	557	186
70	2309	1155	578	193
71	2379	1190	595	199
72	2420	1210	605	202
73	2480	1240	620	207
74	2533	1267	634	212
75	2584	1292	646	216
76	2625	1313	657	219
77	2639	1320	660	220
78	2652	1326	663	221
79	2667	1334	667	223
80+	2667	1334	667	223

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2471	1236	618	206
66	2601	1301	651	217
67	2723	1362	681	227
68	2823	1412	706	236
69	2944	1472	736	246
70	3055	1528	764	255
71	3148	1574	787	263
72	3201	1601	801	267
73	3281	1641	821	274
74	3351	1676	838	280
75	3418	1709	855	285
76	3472	1736	868	290
77	3492	1746	873	291
78	3509	1755	878	293
79	3529	1765	883	295
80+	3529	1765	883	295

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2147	1074	537	179
66	2260	1130	565	189
67	2366	1183	592	198
68	2453	1227	614	205
69	2559	1280	640	214
70	2655	1328	664	222
71	2735	1368	684	228
72	2782	1391	696	232
73	2851	1426	713	238
74	2912	1456	728	243
75	2970	1485	743	248
76	3017	1509	755	252
77	3034	1517	759	253
78	3049	1525	763	255
79	3067	1534	767	256
80+	3067	1534	767	256

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2980	1490	745	249
66	3136	1568	784	262
67	3280	1640	820	274
68	3415	1708	854	285
69	3577	1789	895	299
70	3739	1870	935	312
71	3871	1936	968	323
72	3973	1987	994	332
73	4096	2048	1024	342
74	4205	2103	1052	351
75	4309	2155	1078	360
76	4398	2199	1100	367
77	4484	2242	1121	374
78	4572	2286	1143	381
79	4659	2330	1165	389
80+	4812	2406	1203	401

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2592	1296	648	216
66	2728	1364	682	228
67	2853	1427	714	238
68	2971	1486	743	248
69	3111	1556	778	260
70	3252	1626	813	271
71	3367	1684	842	281
72	3456	1728	864	288
73	3563	1782	891	297
74	3658	1829	915	305
75	3748	1874	937	313
76	3826	1913	957	319
77	3901	1951	976	326
78	3977	1989	995	332
79	4053	2027	1014	338
80+	4185	2093	1047	349

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3429	1715	858	286
66	3609	1805	903	301
67	3774	1887	944	315
68	3930	1965	983	328
69	4116	2058	1029	343
70	4302	2151	1076	359
71	4455	2228	1114	372
72	4572	2286	1143	381
73	4714	2357	1179	393
74	4839	2420	1210	404
75	4958	2479	1240	414
76	5061	2531	1266	422
77	5160	2580	1290	430
78	5261	2631	1316	439
79	5362	2681	1341	447
80+	5537	2769	1385	462

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2980	1490	745	249
66	3136	1568	784	262
67	3280	1640	820	274
68	3415	1708	854	285
69	3577	1789	895	299
70	3739	1870	935	312
71	3871	1936	968	323
72	3973	1987	994	332
73	4096	2048	1024	342
74	4205	2103	1052	351
75	4309	2155	1078	360
76	4398	2199	1100	367
77	4484	2242	1121	374
78	4572	2286	1143	381
79	4659	2330	1165	389
80+	4812	2406	1203	401

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2893	1447	724	242
66	3051	1526	763	255
67	3206	1603	802	268
68	3345	1673	837	279
69	3515	1758	879	293
70	3678	1839	920	307
71	3820	1910	955	319
72	3926	1963	982	328
73	4056	2028	1014	338
74	4167	2084	1042	348
75	4273	2137	1069	357
76	4370	2185	1093	365
77	4459	2230	1115	372
78	4550	2275	1138	380
79	4641	2321	1161	387
80+	4800	2400	1200	400

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2516	1258	629	210
66	2654	1327	664	222
67	2789	1395	698	233
68	2909	1455	728	243
69	3057	1529	765	255
70	3199	1600	800	267
71	3323	1662	831	277
72	3415	1708	854	285
73	3528	1764	882	294
74	3625	1813	907	303
75	3717	1859	930	310
76	3802	1901	951	317
77	3879	1940	970	324
78	3958	1979	990	330
79	4037	2019	1010	337
80+	4175	2088	1044	348

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3329	1665	833	278
66	3511	1756	878	293
67	3689	1845	923	308
68	3849	1925	963	321
69	4044	2022	1011	337
70	4232	2116	1058	353
71	4396	2198	1099	367
72	4518	2259	1130	377
73	4667	2334	1167	389
74	4795	2398	1199	400
75	4917	2459	1230	410
76	5029	2515	1258	420
77	5131	2566	1283	428
78	5236	2618	1309	437
79	5340	2670	1335	445
80+	5523	2762	1381	461

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2893	1447	724	242
66	3051	1526	763	255
67	3206	1603	802	268
68	3345	1673	837	279
69	3515	1758	879	293
70	3678	1839	920	307
71	3820	1910	955	319
72	3926	1963	982	328
73	4056	2028	1014	338
74	4167	2084	1042	348
75	4273	2137	1069	357
76	4370	2185	1093	365
77	4459	2230	1115	372
78	4550	2275	1138	380
79	4641	2321	1161	387
80+	4800	2400	1200	400

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2890	1445	723	241
66	3037	1519	760	254
67	3181	1591	796	266
68	3307	1654	827	276
69	3465	1733	867	289
70	3617	1809	905	302
71	3748	1874	937	313
72	3846	1923	962	321
73	3966	1983	992	331
74	4069	2035	1018	340
75	4169	2085	1043	348
76	4256	2128	1064	355
77	4340	2170	1085	362
78	4425	2213	1107	369
79	4508	2254	1127	376
80+	4653	2327	1164	388

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2514	1257	629	210
66	2642	1321	661	221
67	2767	1384	692	231
68	2877	1439	720	240
69	3014	1507	754	252
70	3146	1573	787	263
71	3261	1631	816	272
72	3345	1673	837	279
73	3449	1725	863	288
74	3539	1770	885	295
75	3626	1813	907	303
76	3702	1851	926	309
77	3775	1888	944	315
78	3849	1925	963	321
79	3921	1961	981	327
80+	4048	2024	1012	338

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3325	1663	832	278
66	3495	1748	874	292
67	3660	1830	915	305
68	3806	1903	952	318
69	3987	1994	997	333
70	4162	2081	1041	347
71	4314	2157	1079	360
72	4425	2213	1107	369
73	4563	2282	1141	381
74	4682	2341	1171	391
75	4797	2399	1200	400
76	4898	2449	1225	409
77	4994	2497	1249	417
78	5093	2547	1274	425
79	5188	2594	1297	433
80+	5355	2678	1339	447

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5C7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2890	1445	723	241
66	3037	1519	760	254
67	3181	1591	796	266
68	3307	1654	827	276
69	3465	1733	867	289
70	3617	1809	905	302
71	3748	1874	937	313
72	3846	1923	962	321
73	3966	1983	992	331
74	4069	2035	1018	340
75	4169	2085	1043	348
76	4256	2128	1064	355
77	4340	2170	1085	362
78	4425	2213	1107	369
79	4508	2254	1127	376
80+	4653	2327	1164	388

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

Male				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	594	297	149	50
66	642	321	161	54
67	691	346	173	58
68	717	359	180	60
69	754	377	189	63
70	786	393	197	66
71	812	406	203	68
72	856	428	214	72
73	906	453	227	76
74	950	475	238	80
75	998	499	250	84
76	1046	523	262	88
77	1103	552	276	92
78	1156	578	289	97
79	1211	606	303	101
80+	1307	654	327	109

Female				
Non-Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	517	259	130	44
66	558	279	140	47
67	601	301	151	51
68	624	312	156	52
69	656	328	164	55
70	684	342	171	57
71	706	353	177	59
72	744	372	186	62
73	788	394	197	66
74	826	413	207	69
75	868	434	217	73
76	910	455	228	76
77	960	480	240	80
78	1006	503	252	84
79	1053	527	264	88
80+	1137	569	285	95

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	684	342	171	57
66	738	369	185	62
67	795	398	199	67
68	825	413	207	69
69	867	434	217	73
70	905	453	227	76
71	934	467	234	78
72	985	493	247	83
73	1042	521	261	87
74	1093	547	274	92
75	1149	575	288	96
76	1204	602	301	101
77	1270	635	318	106
78	1331	666	333	111
79	1393	697	349	117
80+	1504	752	376	126

Tobacco User		Effective Date: 04/15/2024		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	594	297	149	50
66	642	321	161	54
67	691	346	173	58
68	717	359	180	60
69	754	377	189	63
70	786	393	197	66
71	812	406	203	68
72	856	428	214	72
73	906	453	227	76
74	950	475	238	80
75	998	499	250	84
76	1046	523	262	88
77	1103	552	276	92
78	1156	578	289	97
79	1211	606	303	101
80+	1307	654	327	109

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2070	1035	518	173
66	2182	1091	546	182
67	2296	1148	574	192
68	2393	1197	599	200
69	2514	1257	629	210
70	2631	1316	658	220
71	2732	1366	683	228
72	2806	1403	702	234
73	2899	1450	725	242
74	2977	1489	745	249
75	3058	1529	765	255
76	3125	1563	782	261
77	3188	1594	797	266
78	3251	1626	813	271
79	3316	1658	829	277
80+	3428	1714	857	286

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1801	901	451	151
66	1898	949	475	159
67	1997	999	500	167
68	2081	1041	521	174
69	2187	1094	547	183
70	2289	1145	573	191
71	2376	1188	594	198
72	2441	1221	611	204
73	2521	1261	631	211
74	2590	1295	648	216
75	2660	1330	665	222
76	2718	1359	680	227
77	2773	1387	694	232
78	2828	1414	707	236
79	2885	1443	722	241
80+	2982	1491	746	249

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2382	1191	596	199
66	2511	1256	628	210
67	2642	1321	661	221
68	2753	1377	689	230
69	2893	1447	724	242
70	3028	1514	757	253
71	3143	1572	786	262
72	3229	1615	808	270
73	3336	1668	834	278
74	3426	1713	857	286
75	3519	1760	880	294
76	3596	1798	899	300
77	3669	1835	918	306
78	3741	1871	936	312
79	3816	1908	954	318
80+	3945	1973	987	329

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2070	1035	518	173
66	2182	1091	546	182
67	2296	1148	574	192
68	2393	1197	599	200
69	2514	1257	629	210
70	2631	1316	658	220
71	2732	1366	683	228
72	2806	1403	702	234
73	2899	1450	725	242
74	2977	1489	745	249
75	3058	1529	765	255
76	3125	1563	782	261
77	3188	1594	797	266
78	3251	1626	813	271
79	3316	1658	829	277
80+	3428	1714	857	286

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

Male				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	568	284	142	48
66	613	307	154	52
67	659	330	165	55
68	685	343	172	58
69	720	360	180	60
70	751	376	188	63
71	775	388	194	65
72	817	409	205	69
73	865	433	217	73
74	908	454	227	76
75	953	477	239	80
76	999	500	250	84
77	1053	527	264	88
78	1104	552	276	92
79	1156	578	289	97
80+	1248	624	312	104

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	494	247	124	42
66	533	267	134	45
67	573	287	144	48
68	596	298	149	50
69	626	313	157	53
70	653	327	164	55
71	674	337	169	57
72	711	356	178	60
73	752	376	188	63
74	790	395	198	66
75	829	415	208	70
76	869	435	218	73
77	916	458	229	77
78	961	481	241	81
79	1006	503	252	84
80+	1085	543	272	91

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	654	327	164	55
66	706	353	177	59
67	759	380	190	64
68	788	394	197	66
69	829	415	208	70
70	864	432	216	72
71	892	446	223	75
72	941	471	236	79
73	995	498	249	83
74	1045	523	262	88
75	1097	549	275	92
76	1150	575	288	96
77	1212	606	303	101
78	1271	636	318	106
79	1331	666	333	111
80+	1436	718	359	120

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	568	284	142	48
66	613	307	154	52
67	659	330	165	55
68	685	343	172	58
69	720	360	180	60
70	751	376	188	63
71	775	388	194	65
72	817	409	205	69
73	865	433	217	73
74	908	454	227	76
75	953	477	239	80
76	999	500	250	84
77	1053	527	264	88
78	1104	552	276	92
79	1156	578	289	97
80+	1248	624	312	104

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

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: 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

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

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: 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

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: 04/15/2024		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2242	1121	561	187
66	2366	1183	592	198
67	2490	1245	623	208
68	2602	1301	651	217
69	2735	1368	684	228
70	2866	1433	717	239
71	2984	1492	746	249
72	3072	1536	768	256
73	3175	1588	794	265
74	3265	1633	817	273
75	3355	1678	839	280
76	3439	1720	860	287
77	3518	1759	880	294
78	3595	1798	899	300
79	3674	1837	919	307
80+	3817	1909	955	319

Female				
Non-Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1950	975	488	163
66	2058	1029	515	172
67	2166	1083	542	181
68	2263	1132	566	189
69	2379	1190	595	199
70	2493	1247	624	208
71	2596	1298	649	217
72	2673	1337	669	223
73	2761	1381	691	231
74	2840	1420	710	237
75	2919	1460	730	244
76	2991	1496	748	250
77	3060	1530	765	255
78	3127	1564	782	261
79	3196	1598	799	267
80+	3320	1660	830	277

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2580	1290	645	215
66	2723	1362	681	227
67	2865	1433	717	239
68	2994	1497	749	250
69	3148	1574	787	263
70	3298	1649	825	275
71	3434	1717	859	287
72	3536	1768	884	295
73	3653	1827	914	305
74	3757	1879	940	314
75	3861	1931	966	322
76	3957	1979	990	330
77	4048	2024	1012	338
78	4137	2069	1035	345
79	4228	2114	1057	353
80+	4393	2197	1099	367

Tobacco User	Effective Date: 04/15/2024		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2242	1121	561	187
66	2366	1183	592	198
67	2490	1245	623	208
68	2602	1301	651	217
69	2735	1368	684	228
70	2866	1433	717	239
71	2984	1492	746	249
72	3072	1536	768	256
73	3175	1588	794	265
74	3265	1633	817	273
75	3355	1678	839	280
76	3439	1720	860	287
77	3518	1759	880	294
78	3595	1798	899	300
79	3674	1837	919	307
80+	3817	1909	955	319

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 \$1676	\$0	\$1676 (Part A Deductible)
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 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 \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (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 \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (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 \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (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 \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 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 \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (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 \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (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 \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (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 \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 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 \$257 of Medicare-Approved Amounts*	\$0	\$257 (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 \$257 of Medicare-Approved Amounts*	\$0	\$257 (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 \$257 of Medicare-Approved Amounts*	\$0	\$257 (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 \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$257 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 \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$257 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$257 (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 \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$257 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**PLAN 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 \$2870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2870. 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 \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A Deductible) \$419 a day \$838 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 *** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$257 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 \$2870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2870. 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 \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 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 \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$257 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$257 (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 \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$257 (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 \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. 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 \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

- * Once you have been billed \$257 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 \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. 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 \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 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 \$257 of Medicare Approved Amounts*	\$0	\$0	\$257 (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 \$257 of Medicare Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$257 (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 \$257 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 \$7220 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 \$1676	\$838 (50% of Part A Deductible)	\$838 (50% of Part A Deductible)♦
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days	All but \$838 a day \$0	\$838 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 \$209.50 a day	Up to \$104.75 a day (50% of Part A Coinsurance)	Up to \$104.75 a day (50% of Part A Coinsurance)♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	50%	50%♦
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance	50% of copayment/coinsurance♦

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

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

**** Once you have been billed \$257 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 \$257 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%	\$257 (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 \$7220)*
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$257 (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 \$257 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$257 (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 \$3610 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 \$1676	\$1257 (75% of Part A Deductible)	\$419 (25% of Part A Deductible) ♦
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	Up to \$157.12 a day (75% of Part A Coinsurance)	Up to \$52.38 a day (25% of Part A Coinsurance) ♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	75%	25% ♦
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

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

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

**** Once you have been billed \$257 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 \$257 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%	\$257 (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 \$3610)*
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$257 (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 \$257 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$257 (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 \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 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 \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 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 \$257 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.	\$257 (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 \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$257 (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 \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$257 (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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