

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 2026 ²					\$8,000 ²	\$4,000 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 \$2,950 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: 04/15/2025		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3623	1812	906	302
66	3813	1907	954	318
67	3987	1994	997	333
68	4151	2076	1038	346
69	4347	2174	1087	363
70	4544	2272	1136	379
71	4706	2353	1177	393
72	4829	2415	1208	403
73	4979	2490	1245	415
74	5111	2556	1278	426
75	5237	2619	1310	437
76	5346	2673	1337	446
77	5451	2726	1363	455
78	5557	2779	1390	464
79	5664	2832	1416	472
80+	5848	2924	1462	488

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3151	1576	788	263
66	3317	1659	830	277
67	3468	1734	867	289
68	3611	1806	903	301
69	3781	1891	946	316
70	3953	1977	989	330
71	4094	2047	1024	342
72	4201	2101	1051	351
73	4331	2166	1083	361
74	4446	2223	1112	371
75	4555	2278	1139	380
76	4650	2325	1163	388
77	4742	2371	1186	396
78	4834	2417	1209	403
79	4927	2464	1232	411
80+	5087	2544	1272	424

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4169	2085	1043	348
66	4388	2194	1097	366
67	4588	2294	1147	383
68	4777	2389	1195	399
69	5003	2502	1251	417
70	5229	2615	1308	436
71	5415	2708	1354	452
72	5557	2779	1390	464
73	5729	2865	1433	478
74	5882	2941	1471	491
75	6026	3013	1507	503
76	6152	3076	1538	513
77	6273	3137	1569	523
78	6395	3198	1599	533
79	6518	3259	1630	544
80+	6730	3365	1683	561

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3623	1812	906	302
66	3813	1907	954	318
67	3987	1994	997	333
68	4151	2076	1038	346
69	4347	2174	1087	363
70	4544	2272	1136	379
71	4706	2353	1177	393
72	4829	2415	1208	403
73	4979	2490	1245	415
74	5111	2556	1278	426
75	5237	2619	1310	437
76	5346	2673	1337	446
77	5451	2726	1363	455
78	5557	2779	1390	464
79	5664	2832	1416	472
80+	5848	2924	1462	488

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: 04/15/2025		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3516	1758	879	293
66	3709	1855	928	310
67	3897	1949	975	325
68	4065	2033	1017	339
69	4272	2136	1068	356
70	4471	2236	1118	373
71	4644	2322	1161	387
72	4773	2387	1194	398
73	4930	2465	1233	411
74	5065	2533	1267	423
75	5194	2597	1299	433
76	5313	2657	1329	443
77	5420	2710	1355	452
78	5531	2766	1383	461
79	5641	2821	1411	471
80+	5835	2918	1459	487

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3059	1530	765	255
66	3226	1613	807	269
67	3389	1695	848	283
68	3536	1768	884	295
69	3716	1858	929	310
70	3889	1945	973	325
71	4039	2020	1010	337
72	4152	2076	1038	346
73	4289	2145	1073	358
74	4406	2203	1102	368
75	4518	2259	1130	377
76	4621	2311	1156	386
77	4715	2358	1179	393
78	4811	2406	1203	401
79	4907	2454	1227	409
80+	5075	2538	1269	423

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4046	2023	1012	338
66	4268	2134	1067	356
67	4484	2242	1121	374
68	4678	2339	1170	390
69	4917	2459	1230	410
70	5145	2573	1287	429
71	5344	2672	1336	446
72	5492	2746	1373	458
73	5673	2837	1419	473
74	5828	2914	1457	486
75	5977	2989	1495	499
76	6114	3057	1529	510
77	6238	3119	1560	520
78	6365	3183	1592	531
79	6492	3246	1623	541
80+	6714	3357	1679	560

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3516	1758	879	293
66	3709	1855	928	310
67	3897	1949	975	325
68	4065	2033	1017	339
69	4272	2136	1068	356
70	4471	2236	1118	373
71	4644	2322	1161	387
72	4773	2387	1194	398
73	4930	2465	1233	411
74	5065	2533	1267	423
75	5194	2597	1299	433
76	5313	2657	1329	443
77	5420	2710	1355	452
78	5531	2766	1383	461
79	5641	2821	1411	471
80+	5835	2918	1459	487

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

Male				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3645	1823	912	304
66	3832	1916	958	320
67	4013	2007	1004	335
68	4173	2087	1044	348
69	4371	2186	1093	365
70	4563	2282	1141	381
71	4729	2365	1183	395
72	4852	2426	1213	405
73	5003	2502	1251	417
74	5133	2567	1284	428
75	5260	2630	1315	439
76	5371	2686	1343	448
77	5476	2738	1369	457
78	5583	2792	1396	466
79	5688	2844	1422	474
80+	5871	2936	1468	490

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3171	1586	793	265
66	3333	1667	834	278
67	3491	1746	873	291
68	3630	1815	908	303
69	3802	1901	951	317
70	3969	1985	993	331
71	4113	2057	1029	343
72	4221	2111	1056	352
73	4352	2176	1088	363
74	4465	2233	1117	373
75	4575	2288	1144	382
76	4672	2336	1168	390
77	4763	2382	1191	397
78	4857	2429	1215	405
79	4947	2474	1237	413
80+	5107	2554	1277	426

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4195	2098	1049	350
66	4410	2205	1103	368
67	4618	2309	1155	385
68	4802	2401	1201	401
69	5030	2515	1258	420
70	5251	2626	1313	438
71	5442	2721	1361	454
72	5584	2792	1396	466
73	5757	2879	1440	480
74	5907	2954	1477	493
75	6053	3027	1514	505
76	6180	3090	1545	515
77	6301	3151	1576	526
78	6425	3213	1607	536
79	6545	3273	1637	546
80+	6756	3378	1689	563

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3645	1823	912	304
66	3832	1916	958	320
67	4013	2007	1004	335
68	4173	2087	1044	348
69	4371	2186	1093	365
70	4563	2282	1141	381
71	4729	2365	1183	395
72	4852	2426	1213	405
73	5003	2502	1251	417
74	5133	2567	1284	428
75	5260	2630	1315	439
76	5371	2686	1343	448
77	5476	2738	1369	457
78	5583	2792	1396	466
79	5688	2844	1422	474
80+	5871	2936	1468	490

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

Male				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	795	398	199	67
66	857	429	215	72
67	923	462	231	77
68	959	480	240	80
69	1008	504	252	84
70	1051	526	263	88
71	1085	543	272	91
72	1143	572	286	96
73	1211	606	303	101
74	1270	635	318	106
75	1335	668	334	112
76	1398	699	350	117
77	1475	738	369	123
78	1545	773	387	129
79	1618	809	405	135
80+	1747	874	437	146

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	691	346	173	58
66	745	373	187	63
67	803	402	201	67
68	834	417	209	70
69	876	438	219	73
70	914	457	229	77
71	943	472	236	79
72	995	498	249	83
73	1054	527	264	88
74	1105	553	277	93
75	1161	581	291	97
76	1216	608	304	102
77	1283	642	321	107
78	1344	672	336	112
79	1407	704	352	118
80+	1519	760	380	127

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	915	458	229	77
66	986	493	247	83
67	1062	531	266	89
68	1103	552	276	92
69	1159	580	290	97
70	1209	605	303	101
71	1248	624	312	104
72	1316	658	329	110
73	1394	697	349	117
74	1462	731	366	122
75	1536	768	384	128
76	1609	805	403	135
77	1697	849	425	142
78	1778	889	445	149
79	1862	931	466	156
80+	2010	1005	503	168

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	795	398	199	67
66	857	429	215	72
67	923	462	231	77
68	959	480	240	80
69	1008	504	252	84
70	1051	526	263	88
71	1085	543	272	91
72	1143	572	286	96
73	1211	606	303	101
74	1270	635	318	106
75	1335	668	334	112
76	1398	699	350	117
77	1475	738	369	123
78	1545	773	387	129
79	1618	809	405	135
80+	1747	874	437	146

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: 04/15/2025		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2753	1377	689	230
67	2897	1449	725	242
68	3018	1509	755	252
69	3172	1586	793	265
70	3319	1660	830	277
71	3446	1723	862	288
72	3540	1770	885	295
73	3657	1829	915	305
74	3756	1878	939	313
75	3858	1929	965	322
76	3942	1971	986	329
77	4022	2011	1006	336
78	4102	2051	1026	342
79	4184	2092	1046	349
80+	4325	2163	1082	361

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2272	1136	568	190
66	2395	1198	599	200
67	2520	1260	630	210
68	2625	1313	657	219
69	2759	1380	690	230
70	2887	1444	722	241
71	2998	1499	750	250
72	3079	1540	770	257
73	3181	1591	796	266
74	3267	1634	817	273
75	3356	1678	839	280
76	3429	1715	858	286
77	3499	1750	875	292
78	3568	1784	892	298
79	3640	1820	910	304
80+	3762	1881	941	314

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3005	1503	752	251
66	3168	1584	792	264
67	3334	1667	834	278
68	3473	1737	869	290
69	3650	1825	913	305
70	3820	1910	955	319
71	3966	1983	992	331
72	4074	2037	1019	340
73	4208	2104	1052	351
74	4322	2161	1081	361
75	4440	2220	1110	370
76	4536	2268	1134	378
77	4629	2315	1158	386
78	4720	2360	1180	394
79	4815	2408	1204	402
80+	4976	2488	1244	415

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2753	1377	689	230
67	2897	1449	725	242
68	3018	1509	755	252
69	3172	1586	793	265
70	3319	1660	830	277
71	3446	1723	862	288
72	3540	1770	885	295
73	3657	1829	915	305
74	3756	1878	939	313
75	3858	1929	965	322
76	3942	1971	986	329
77	4022	2011	1006	336
78	4102	2051	1026	342
79	4184	2092	1046	349
80+	4325	2163	1082	361

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

Male				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	731	366	183	61
66	789	395	198	66
67	849	425	213	71
68	882	441	221	74
69	927	464	232	78
70	966	483	242	81
71	997	499	250	84
72	1052	526	263	88
73	1113	557	279	93
74	1168	584	292	98
75	1226	613	307	103
76	1286	643	322	108
77	1355	678	339	113
78	1422	711	356	119
79	1489	745	373	125
80+	1606	803	402	134

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	636	318	159	53
66	686	343	172	58
67	739	370	185	62
68	767	384	192	64
69	807	404	202	68
70	840	420	210	70
71	868	434	217	73
72	915	458	229	77
73	968	484	242	81
74	1016	508	254	85
75	1066	533	267	89
76	1119	560	280	94
77	1179	590	295	99
78	1237	619	310	104
79	1295	648	324	108
80+	1397	699	350	117

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	842	421	211	71
66	908	454	227	76
67	977	489	245	82
68	1015	508	254	85
69	1067	534	267	89
70	1111	556	278	93
71	1148	574	287	96
72	1210	605	303	101
73	1281	641	321	107
74	1344	672	336	112
75	1411	706	353	118
76	1480	740	370	124
77	1559	780	390	130
78	1636	818	409	137
79	1713	857	429	143
80+	1849	925	463	155

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	731	366	183	61
66	789	395	198	66
67	849	425	213	71
68	882	441	221	74
69	927	464	232	78
70	966	483	242	81
71	997	499	250	84
72	1052	526	263	88
73	1113	557	279	93
74	1168	584	292	98
75	1226	613	307	103
76	1286	643	322	108
77	1355	678	339	113
78	1422	711	356	119
79	1489	745	373	125
80+	1606	803	402	134

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

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 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: 04/15/2025		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2904	1452	726	242
66	3065	1533	767	256
67	3224	1612	806	269
68	3369	1685	843	281
69	3542	1771	886	296
70	3712	1856	928	310
71	3865	1933	967	323
72	3979	1990	995	332
73	4112	2056	1028	343
74	4228	2114	1057	353
75	4345	2173	1087	363
76	4454	2227	1114	372
77	4555	2278	1139	380
78	4656	2328	1164	388
79	4758	2379	1190	397
80+	4944	2472	1236	412

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2526	1263	632	211
66	2666	1333	667	223
67	2805	1403	702	234
68	2931	1466	733	245
69	3081	1541	771	257
70	3229	1615	808	270
71	3362	1681	841	281
72	3461	1731	866	289
73	3577	1789	895	299
74	3678	1839	920	307
75	3779	1890	945	315
76	3874	1937	969	323
77	3963	1982	991	331
78	4050	2025	1013	338
79	4139	2070	1035	345
80+	4300	2150	1075	359

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3342	1671	836	279
66	3527	1764	882	294
67	3710	1855	928	310
68	3877	1939	970	324
69	4076	2038	1019	340
70	4272	2136	1068	356
71	4448	2224	1112	371
72	4579	2290	1145	382
73	4732	2366	1183	395
74	4866	2433	1217	406
75	5000	2500	1250	417
76	5125	2563	1282	428
77	5242	2621	1311	437
78	5358	2679	1340	447
79	5475	2738	1369	457
80+	5689	2845	1423	475

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2904	1452	726	242
66	3065	1533	767	256
67	3224	1612	806	269
68	3369	1685	843	281
69	3542	1771	886	296
70	3712	1856	928	310
71	3865	1933	967	323
72	3979	1990	995	332
73	4112	2056	1028	343
74	4228	2114	1057	353
75	4345	2173	1087	363
76	4454	2227	1114	372
77	4555	2278	1139	380
78	4656	2328	1164	388
79	4758	2379	1190	397
80+	4944	2472	1236	412

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: 04/15/2025		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3623	1812	906	302
66	3813	1907	954	318
67	3987	1994	997	333
68	4151	2076	1038	346
69	4347	2174	1087	363
70	4544	2272	1136	379
71	4706	2353	1177	393
72	4829	2415	1208	403
73	4979	2490	1245	415
74	5111	2556	1278	426
75	5237	2619	1310	437
76	5346	2673	1337	446
77	5451	2726	1363	455
78	5557	2779	1390	464
79	5664	2832	1416	472
80+	5848	2924	1462	488

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3151	1576	788	263
66	3317	1659	830	277
67	3468	1734	867	289
68	3611	1806	903	301
69	3781	1891	946	316
70	3953	1977	989	330
71	4094	2047	1024	342
72	4201	2101	1051	351
73	4331	2166	1083	361
74	4446	2223	1112	371
75	4555	2278	1139	380
76	4650	2325	1163	388
77	4742	2371	1186	396
78	4834	2417	1209	403
79	4927	2464	1232	411
80+	5087	2544	1272	424

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4169	2085	1043	348
66	4388	2194	1097	366
67	4588	2294	1147	383
68	4777	2389	1195	399
69	5003	2502	1251	417
70	5229	2615	1308	436
71	5415	2708	1354	452
72	5557	2779	1390	464
73	5729	2865	1433	478
74	5882	2941	1471	491
75	6026	3013	1507	503
76	6152	3076	1538	513
77	6273	3137	1569	523
78	6395	3198	1599	533
79	6518	3259	1630	544
80+	6730	3365	1683	561

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3623	1812	906	302
66	3813	1907	954	318
67	3987	1994	997	333
68	4151	2076	1038	346
69	4347	2174	1087	363
70	4544	2272	1136	379
71	4706	2353	1177	393
72	4829	2415	1208	403
73	4979	2490	1245	415
74	5111	2556	1278	426
75	5237	2619	1310	437
76	5346	2673	1337	446
77	5451	2726	1363	455
78	5557	2779	1390	464
79	5664	2832	1416	472
80+	5848	2924	1462	488

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: 04/15/2025		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3516	1758	879	293
66	3709	1855	928	310
67	3897	1949	975	325
68	4065	2033	1017	339
69	4272	2136	1068	356
70	4471	2236	1118	373
71	4644	2322	1161	387
72	4773	2387	1194	398
73	4930	2465	1233	411
74	5065	2533	1267	423
75	5194	2597	1299	433
76	5313	2657	1329	443
77	5420	2710	1355	452
78	5531	2766	1383	461
79	5641	2821	1411	471
80+	5835	2918	1459	487

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3059	1530	765	255
66	3226	1613	807	269
67	3389	1695	848	283
68	3536	1768	884	295
69	3716	1858	929	310
70	3889	1945	973	325
71	4039	2020	1010	337
72	4152	2076	1038	346
73	4289	2145	1073	358
74	4406	2203	1102	368
75	4518	2259	1130	377
76	4621	2311	1156	386
77	4715	2358	1179	393
78	4811	2406	1203	401
79	4907	2454	1227	409
80+	5075	2538	1269	423

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4046	2023	1012	338
66	4268	2134	1067	356
67	4484	2242	1121	374
68	4678	2339	1170	390
69	4917	2459	1230	410
70	5145	2573	1287	429
71	5344	2672	1336	446
72	5492	2746	1373	458
73	5673	2837	1419	473
74	5828	2914	1457	486
75	5977	2989	1495	499
76	6114	3057	1529	510
77	6238	3119	1560	520
78	6365	3183	1592	531
79	6492	3246	1623	541
80+	6714	3357	1679	560

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3516	1758	879	293
66	3709	1855	928	310
67	3897	1949	975	325
68	4065	2033	1017	339
69	4272	2136	1068	356
70	4471	2236	1118	373
71	4644	2322	1161	387
72	4773	2387	1194	398
73	4930	2465	1233	411
74	5065	2533	1267	423
75	5194	2597	1299	433
76	5313	2657	1329	443
77	5420	2710	1355	452
78	5531	2766	1383	461
79	5641	2821	1411	471
80+	5835	2918	1459	487

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

Male				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3645	1823	912	304
66	3832	1916	958	320
67	4013	2007	1004	335
68	4173	2087	1044	348
69	4371	2186	1093	365
70	4563	2282	1141	381
71	4729	2365	1183	395
72	4852	2426	1213	405
73	5003	2502	1251	417
74	5133	2567	1284	428
75	5260	2630	1315	439
76	5371	2686	1343	448
77	5476	2738	1369	457
78	5583	2792	1396	466
79	5688	2844	1422	474
80+	5871	2936	1468	490

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3171	1586	793	265
66	3333	1667	834	278
67	3491	1746	873	291
68	3630	1815	908	303
69	3802	1901	951	317
70	3969	1985	993	331
71	4113	2057	1029	343
72	4221	2111	1056	352
73	4352	2176	1088	363
74	4465	2233	1117	373
75	4575	2288	1144	382
76	4672	2336	1168	390
77	4763	2382	1191	397
78	4857	2429	1215	405
79	4947	2474	1237	413
80+	5107	2554	1277	426

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4195	2098	1049	350
66	4410	2205	1103	368
67	4618	2309	1155	385
68	4802	2401	1201	401
69	5030	2515	1258	420
70	5251	2626	1313	438
71	5442	2721	1361	454
72	5584	2792	1396	466
73	5757	2879	1440	480
74	5907	2954	1477	493
75	6053	3027	1514	505
76	6180	3090	1545	515
77	6301	3151	1576	526
78	6425	3213	1607	536
79	6545	3273	1637	546
80+	6756	3378	1689	563

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5C7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3645	1823	912	304
66	3832	1916	958	320
67	4013	2007	1004	335
68	4173	2087	1044	348
69	4371	2186	1093	365
70	4563	2282	1141	381
71	4729	2365	1183	395
72	4852	2426	1213	405
73	5003	2502	1251	417
74	5133	2567	1284	428
75	5260	2630	1315	439
76	5371	2686	1343	448
77	5476	2738	1369	457
78	5583	2792	1396	466
79	5688	2844	1422	474
80+	5871	2936	1468	490

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

Male				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	795	398	199	67
66	857	429	215	72
67	923	462	231	77
68	959	480	240	80
69	1008	504	252	84
70	1051	526	263	88
71	1085	543	272	91
72	1143	572	286	96
73	1211	606	303	101
74	1270	635	318	106
75	1335	668	334	112
76	1398	699	350	117
77	1475	738	369	123
78	1545	773	387	129
79	1618	809	405	135
80+	1747	874	437	146

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	691	346	173	58
66	745	373	187	63
67	803	402	201	67
68	834	417	209	70
69	876	438	219	73
70	914	457	229	77
71	943	472	236	79
72	995	498	249	83
73	1054	527	264	88
74	1105	553	277	93
75	1161	581	291	97
76	1216	608	304	102
77	1283	642	321	107
78	1344	672	336	112
79	1407	704	352	118
80+	1519	760	380	127

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	915	458	229	77
66	986	493	247	83
67	1062	531	266	89
68	1103	552	276	92
69	1159	580	290	97
70	1209	605	303	101
71	1248	624	312	104
72	1316	658	329	110
73	1394	697	349	117
74	1462	731	366	122
75	1536	768	384	128
76	1609	805	403	135
77	1697	849	425	142
78	1778	889	445	149
79	1862	931	466	156
80+	2010	1005	503	168

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	795	398	199	67
66	857	429	215	72
67	923	462	231	77
68	959	480	240	80
69	1008	504	252	84
70	1051	526	263	88
71	1085	543	272	91
72	1143	572	286	96
73	1211	606	303	101
74	1270	635	318	106
75	1335	668	334	112
76	1398	699	350	117
77	1475	738	369	123
78	1545	773	387	129
79	1618	809	405	135
80+	1747	874	437	146

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

Male				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2753	1377	689	230
67	2897	1449	725	242
68	3018	1509	755	252
69	3172	1586	793	265
70	3319	1660	830	277
71	3446	1723	862	288
72	3540	1770	885	295
73	3657	1829	915	305
74	3756	1878	939	313
75	3858	1929	965	322
76	3942	1971	986	329
77	4022	2011	1006	336
78	4102	2051	1026	342
79	4184	2092	1046	349
80+	4325	2163	1082	361

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2272	1136	568	190
66	2395	1198	599	200
67	2520	1260	630	210
68	2625	1313	657	219
69	2759	1380	690	230
70	2887	1444	722	241
71	2998	1499	750	250
72	3079	1540	770	257
73	3181	1591	796	266
74	3267	1634	817	273
75	3356	1678	839	280
76	3429	1715	858	286
77	3499	1750	875	292
78	3568	1784	892	298
79	3640	1820	910	304
80+	3762	1881	941	314

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3005	1503	752	251
66	3168	1584	792	264
67	3334	1667	834	278
68	3473	1737	869	290
69	3650	1825	913	305
70	3820	1910	955	319
71	3966	1983	992	331
72	4074	2037	1019	340
73	4208	2104	1052	351
74	4322	2161	1081	361
75	4440	2220	1110	370
76	4536	2268	1134	378
77	4629	2315	1158	386
78	4720	2360	1180	394
79	4815	2408	1204	402
80+	4976	2488	1244	415

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2612	1306	653	218
66	2753	1377	689	230
67	2897	1449	725	242
68	3018	1509	755	252
69	3172	1586	793	265
70	3319	1660	830	277
71	3446	1723	862	288
72	3540	1770	885	295
73	3657	1829	915	305
74	3756	1878	939	313
75	3858	1929	965	322
76	3942	1971	986	329
77	4022	2011	1006	336
78	4102	2051	1026	342
79	4184	2092	1046	349
80+	4325	2163	1082	361

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

Male				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	731	366	183	61
66	789	395	198	66
67	849	425	213	71
68	882	441	221	74
69	927	464	232	78
70	966	483	242	81
71	997	499	250	84
72	1052	526	263	88
73	1113	557	279	93
74	1168	584	292	98
75	1226	613	307	103
76	1286	643	322	108
77	1355	678	339	113
78	1422	711	356	119
79	1489	745	373	125
80+	1606	803	402	134

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	636	318	159	53
66	686	343	172	58
67	739	370	185	62
68	767	384	192	64
69	807	404	202	68
70	840	420	210	70
71	868	434	217	73
72	915	458	229	77
73	968	484	242	81
74	1016	508	254	85
75	1066	533	267	89
76	1119	560	280	94
77	1179	590	295	99
78	1237	619	310	104
79	1295	648	324	108
80+	1397	699	350	117

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HQ
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	842	421	211	71
66	908	454	227	76
67	977	489	245	82
68	1015	508	254	85
69	1067	534	267	89
70	1111	556	278	93
71	1148	574	287	96
72	1210	605	303	101
73	1281	641	321	107
74	1344	672	336	112
75	1411	706	353	118
76	1480	740	370	124
77	1559	780	390	130
78	1636	818	409	137
79	1713	857	429	143
80+	1849	925	463	155

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5HR
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	731	366	183	61
66	789	395	198	66
67	849	425	213	71
68	882	441	221	74
69	927	464	232	78
70	966	483	242	81
71	997	499	250	84
72	1052	526	263	88
73	1113	557	279	93
74	1168	584	292	98
75	1226	613	307	103
76	1286	643	322	108
77	1355	678	339	113
78	1422	711	356	119
79	1489	745	373	125
80+	1606	803	402	134

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: 04/15/2025		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2904	1452	726	242
66	3065	1533	767	256
67	3224	1612	806	269
68	3369	1685	843	281
69	3542	1771	886	296
70	3712	1856	928	310
71	3865	1933	967	323
72	3979	1990	995	332
73	4112	2056	1028	343
74	4228	2114	1057	353
75	4345	2173	1087	363
76	4454	2227	1114	372
77	4555	2278	1139	380
78	4656	2328	1164	388
79	4758	2379	1190	397
80+	4944	2472	1236	412

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2526	1263	632	211
66	2666	1333	667	223
67	2805	1403	702	234
68	2931	1466	733	245
69	3081	1541	771	257
70	3229	1615	808	270
71	3362	1681	841	281
72	3461	1731	866	289
73	3577	1789	895	299
74	3678	1839	920	307
75	3779	1890	945	315
76	3874	1937	969	323
77	3963	1982	991	331
78	4050	2025	1013	338
79	4139	2070	1035	345
80+	4300	2150	1075	359

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3342	1671	836	279
66	3527	1764	882	294
67	3710	1855	928	310
68	3877	1939	970	324
69	4076	2038	1019	340
70	4272	2136	1068	356
71	4448	2224	1112	371
72	4579	2290	1145	382
73	4732	2366	1183	395
74	4866	2433	1217	406
75	5000	2500	1250	417
76	5125	2563	1282	428
77	5242	2621	1311	437
78	5358	2679	1340	447
79	5475	2738	1369	457
80+	5689	2845	1423	475

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2904	1452	726	242
66	3065	1533	767	256
67	3224	1612	806	269
68	3369	1685	843	281
69	3542	1771	886	296
70	3712	1856	928	310
71	3865	1933	967	323
72	3979	1990	995	332
73	4112	2056	1028	343
74	4228	2114	1057	353
75	4345	2173	1087	363
76	4454	2227	1114	372
77	4555	2278	1139	380
78	4656	2328	1164	388
79	4758	2379	1190	397
80+	4944	2472	1236	412

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: 04/15/2025		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3144	1572	786	262
66	3309	1655	828	276
67	3461	1731	866	289
68	3603	1802	901	301
69	3773	1887	944	315
70	3944	1972	986	329
71	4085	2043	1022	341
72	4192	2096	1048	350
73	4321	2161	1081	361
74	4436	2218	1109	370
75	4545	2273	1137	379
76	4640	2320	1160	387
77	4731	2366	1183	395
78	4823	2412	1206	402
79	4916	2458	1229	410
80+	5076	2538	1269	423

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2735	1368	684	228
66	2879	1440	720	240
67	3010	1505	753	251
68	3134	1567	784	262
69	3282	1641	821	274
70	3431	1716	858	286
71	3553	1777	889	297
72	3646	1823	912	304
73	3759	1880	940	314
74	3859	1930	965	322
75	3954	1977	989	330
76	4036	2018	1009	337
77	4115	2058	1029	343
78	4196	2098	1049	350
79	4276	2138	1069	357
80+	4415	2208	1104	368

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3618	1809	905	302
66	3808	1904	952	318
67	3982	1991	996	332
68	4146	2073	1037	346
69	4342	2171	1086	362
70	4539	2270	1135	379
71	4700	2350	1175	392
72	4823	2412	1206	402
73	4973	2487	1244	415
74	5105	2553	1277	426
75	5231	2616	1308	436
76	5339	2670	1335	445
77	5444	2722	1361	454
78	5551	2776	1388	463
79	5657	2829	1415	472
80+	5841	2921	1461	487

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3144	1572	786	262
66	3309	1655	828	276
67	3461	1731	866	289
68	3603	1802	901	301
69	3773	1887	944	315
70	3944	1972	986	329
71	4085	2043	1022	341
72	4192	2096	1048	350
73	4321	2161	1081	361
74	4436	2218	1109	370
75	4545	2273	1137	379
76	4640	2320	1160	387
77	4731	2366	1183	395
78	4823	2412	1206	402
79	4916	2458	1229	410
80+	5076	2538	1269	423

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

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

Male				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3052	1526	763	255
66	3219	1610	805	269
67	3382	1691	846	282
68	3528	1764	882	294
69	3708	1854	927	309
70	3880	1940	970	324
71	4030	2015	1008	336
72	4142	2071	1036	346
73	4279	2140	1070	357
74	4396	2198	1099	367
75	4508	2254	1127	376
76	4611	2306	1153	385
77	4704	2352	1176	392
78	4801	2401	1201	401
79	4896	2448	1224	408
80+	5064	2532	1266	422

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2655	1328	664	222
66	2800	1400	700	234
67	2942	1471	736	246
68	3069	1535	768	256
69	3226	1613	807	269
70	3375	1688	844	282
71	3506	1753	877	293
72	3603	1802	901	301
73	3722	1861	931	311
74	3824	1912	956	319
75	3921	1961	981	327
76	4011	2006	1003	335
77	4092	2046	1023	341
78	4176	2088	1044	348
79	4259	2130	1065	355
80+	4405	2203	1102	368

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3512	1756	878	293
66	3704	1852	926	309
67	3892	1946	973	325
68	4060	2030	1015	339
69	4267	2134	1067	356
70	4465	2233	1117	373
71	4638	2319	1160	387
72	4767	2384	1192	398
73	4924	2462	1231	411
74	5059	2530	1265	422
75	5188	2594	1297	433
76	5306	2653	1327	443
77	5414	2707	1354	452
78	5525	2763	1382	461
79	5634	2817	1409	470
80+	5828	2914	1457	486

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5BP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3052	1526	763	255
66	3219	1610	805	269
67	3382	1691	846	282
68	3528	1764	882	294
69	3708	1854	927	309
70	3880	1940	970	324
71	4030	2015	1008	336
72	4142	2071	1036	346
73	4279	2140	1070	357
74	4396	2198	1099	367
75	4508	2254	1127	376
76	4611	2306	1153	385
77	4704	2352	1176	392
78	4801	2401	1201	401
79	4896	2448	1224	408
80+	5064	2532	1266	422

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

Male				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5C4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3164	1582	791	264
66	3326	1663	832	278
67	3483	1742	871	291
68	3622	1811	906	302
69	3794	1897	949	317
70	3961	1981	991	331
71	4104	2052	1026	342
72	4211	2106	1053	351
73	4342	2171	1086	362
74	4455	2228	1114	372
75	4565	2283	1142	381
76	4661	2331	1166	389
77	4753	2377	1189	397
78	4846	2423	1212	404
79	4936	2468	1234	412
80+	5096	2548	1274	425

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5C5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2752	1376	688	230
66	2893	1447	724	242
67	3030	1515	758	253
68	3150	1575	788	263
69	3300	1650	825	275
70	3445	1723	862	288
71	3570	1785	893	298
72	3663	1832	916	306
73	3777	1889	945	315
74	3875	1938	969	323
75	3971	1986	993	331
76	4055	2028	1014	338
77	4134	2067	1034	345
78	4215	2108	1054	352
79	4294	2147	1074	358
80+	4432	2216	1108	370

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5C6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3641	1821	911	304
66	3827	1914	957	319
67	4008	2004	1002	334
68	4168	2084	1042	348
69	4366	2183	1092	364
70	4558	2279	1140	380
71	4723	2362	1181	394
72	4846	2423	1212	404
73	4996	2498	1249	417
74	5127	2564	1282	428
75	5253	2627	1314	438
76	5364	2682	1341	447
77	5469	2735	1368	456
78	5577	2789	1395	465
79	5681	2841	1421	474
80+	5864	2932	1466	489

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5C7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3164	1582	791	264
66	3326	1663	832	278
67	3483	1742	871	291
68	3622	1811	906	302
69	3794	1897	949	317
70	3961	1981	991	331
71	4104	2052	1026	342
72	4211	2106	1053	351
73	4342	2171	1086	362
74	4455	2228	1114	372
75	4565	2283	1142	381
76	4661	2331	1166	389
77	4753	2377	1189	397
78	4846	2423	1212	404
79	4936	2468	1234	412
80+	5096	2548	1274	425

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

Male				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	690	345	173	58
66	744	372	186	62
67	801	401	201	67
68	832	416	208	70
69	874	437	219	73
70	912	456	228	76
71	941	471	236	79
72	992	496	248	83
73	1051	526	263	88
74	1102	551	276	92
75	1158	579	290	97
76	1213	607	304	102
77	1280	640	320	107
78	1341	671	336	112
79	1404	702	351	117
80+	1516	758	379	127

Female				
Non-Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	600	300	150	50
66	647	324	162	54
67	697	349	175	59
68	724	362	181	61
69	761	381	191	64
70	793	397	199	67
71	819	410	205	69
72	863	432	216	72
73	915	458	229	77
74	959	480	240	80
75	1008	504	252	84
76	1056	528	264	88
77	1114	557	279	93
78	1167	584	292	98
79	1221	611	306	102
80+	1319	660	330	110

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	794	397	199	67
66	856	428	214	72
67	922	461	231	77
68	958	479	240	80
69	1006	503	252	84
70	1049	525	263	88
71	1083	542	271	91
72	1142	571	286	96
73	1210	605	303	101
74	1269	635	318	106
75	1333	667	334	112
76	1396	698	349	117
77	1473	737	369	123
78	1543	772	386	129
79	1616	808	404	135
80+	1745	873	437	146

Tobacco User		Effective Date: 04/15/2025		Plan Code: 5CP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	690	345	173	58
66	744	372	186	62
67	801	401	201	67
68	832	416	208	70
69	874	437	219	73
70	912	456	228	76
71	941	471	236	79
72	992	496	248	83
73	1051	526	263	88
74	1102	551	276	92
75	1158	579	290	97
76	1213	607	304	102
77	1280	640	320	107
78	1341	671	336	112
79	1404	702	351	117
80+	1516	758	379	127

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

Male				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2267	1134	567	189
66	2390	1195	598	200
67	2514	1257	629	210
68	2620	1310	655	219
69	2753	1377	689	230
70	2881	1441	721	241
71	2991	1496	748	250
72	3072	1536	768	256
73	3174	1587	794	265
74	3260	1630	815	272
75	3349	1675	838	280
76	3421	1711	856	286
77	3491	1746	873	291
78	3560	1780	890	297
79	3632	1816	908	303
80+	3753	1877	939	313

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1972	986	493	165
66	2079	1040	520	174
67	2187	1094	547	183
68	2279	1140	570	190
69	2395	1198	599	200
70	2506	1253	627	209
71	2602	1301	651	217
72	2673	1337	669	223
73	2761	1381	691	231
74	2836	1418	709	237
75	2913	1457	729	243
76	2976	1488	744	248
77	3037	1519	760	254
78	3097	1549	775	259
79	3159	1580	790	264
80+	3265	1633	817	273

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2608	1304	652	218
66	2750	1375	688	230
67	2893	1447	724	242
68	3014	1507	754	252
69	3168	1584	792	264
70	3315	1658	829	277
71	3442	1721	861	287
72	3536	1768	884	295
73	3652	1826	913	305
74	3752	1876	938	313
75	3853	1927	964	322
76	3937	1969	985	329
77	4017	2009	1005	335
78	4096	2048	1024	342
79	4179	2090	1045	349
80+	4319	2160	1080	360

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2267	1134	567	189
66	2390	1195	598	200
67	2514	1257	629	210
68	2620	1310	655	219
69	2753	1377	689	230
70	2881	1441	721	241
71	2991	1496	748	250
72	3072	1536	768	256
73	3174	1587	794	265
74	3260	1630	815	272
75	3349	1675	838	280
76	3421	1711	856	286
77	3491	1746	873	291
78	3560	1780	890	297
79	3632	1816	908	303
80+	3753	1877	939	313

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

Male				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5HO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	635	318	159	53
66	685	343	172	58
67	737	369	185	62
68	765	383	192	64
69	805	403	202	68
70	838	419	210	70
71	866	433	217	73
72	913	457	229	77
73	966	483	242	81
74	1014	507	254	85
75	1064	532	266	89
76	1116	558	279	93
77	1176	588	294	98
78	1234	617	309	103
79	1292	646	323	108
80+	1394	697	349	117

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5HP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	552	276	138	46
66	596	298	149	50
67	641	321	161	54
68	666	333	167	56
69	700	350	175	59
70	729	365	183	61
71	753	377	189	63
72	794	397	199	67
73	840	420	210	70
74	882	441	221	74
75	926	463	232	78
76	971	486	243	81
77	1023	512	256	86
78	1073	537	269	90
79	1124	562	281	94
80+	1213	607	304	102

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5HQ	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	730	365	183	61
66	788	394	197	66
67	848	424	212	71
68	881	441	221	74
69	926	463	232	78
70	964	482	241	81
71	996	498	249	83
72	1050	525	263	88
73	1111	556	278	93
74	1167	584	292	98
75	1225	613	307	103
76	1284	642	321	107
77	1353	677	339	113
78	1420	710	355	119
79	1487	744	372	124
80+	1604	802	401	134

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5HR	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	635	318	159	53
66	685	343	172	58
67	737	369	185	62
68	765	383	192	64
69	805	403	202	68
70	838	419	210	70
71	866	433	217	73
72	913	457	229	77
73	966	483	242	81
74	1014	507	254	85
75	1064	532	266	89
76	1116	558	279	93
77	1176	588	294	98
78	1234	617	309	103
79	1292	646	323	108
80+	1394	697	349	117

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: 04/15/2025		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2520	1260	630	210
66	2660	1330	665	222
67	2798	1399	700	234
68	2924	1462	731	244
69	3074	1537	769	257
70	3222	1611	806	269
71	3354	1677	839	280
72	3454	1727	864	288
73	3569	1785	893	298
74	3670	1835	918	306
75	3771	1886	943	315
76	3865	1933	967	323
77	3954	1977	989	330
78	4041	2021	1011	337
79	4130	2065	1033	345
80+	4291	2146	1073	358

Female				
Non-Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2192	1096	548	183
66	2314	1157	579	193
67	2434	1217	609	203
68	2544	1272	636	212
69	2674	1337	669	223
70	2802	1401	701	234
71	2918	1459	730	244
72	3004	1502	751	251
73	3104	1552	776	259
74	3192	1596	798	266
75	3280	1640	820	274
76	3362	1681	841	281
77	3439	1720	860	287
78	3515	1758	879	293
79	3592	1796	898	300
80+	3732	1866	933	311

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2900	1450	725	242
66	3061	1531	766	256
67	3220	1610	805	269
68	3365	1683	842	281
69	3538	1769	885	295
70	3708	1854	927	309
71	3860	1930	965	322
72	3974	1987	994	332
73	4107	2054	1027	343
74	4223	2112	1056	352
75	4340	2170	1085	362
76	4448	2224	1112	371
77	4550	2275	1138	380
78	4650	2325	1163	388
79	4752	2376	1188	396
80+	4938	2469	1235	412

Tobacco User	Effective Date: 04/15/2025		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2520	1260	630	210
66	2660	1330	665	222
67	2798	1399	700	234
68	2924	1462	731	244
69	3074	1537	769	257
70	3222	1611	806	269
71	3354	1677	839	280
72	3454	1727	864	288
73	3569	1785	893	298
74	3670	1835	918	306
75	3771	1886	943	315
76	3865	1933	967	323
77	3954	1977	989	330
78	4041	2021	1011	337
79	4130	2065	1033	345
80+	4291	2146	1073	358

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 \$1736	\$0	\$1736 (Part A Deductible)
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	\$0	Up to \$217 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 \$283 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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$1736	\$1736 (Part A Deductible)	\$0
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	\$0	Up to \$217 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 \$283 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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$1736	\$1736 (Part A Deductible)	\$0
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 \$283 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 \$283 of Medicare-Approved Amounts*	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$283 (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 \$1736	\$1736 (Part A Deductible)	\$0
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 \$283 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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare-Approved Amounts*	\$0	\$0	\$283 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

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

** **This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2950 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2950. 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 \$2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2950 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 \$1736 All but \$434 a day All but \$868 a day \$0 \$0	\$1736 (Part A Deductible) \$434 a day \$868 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 \$217 a day \$0	\$0 Up to \$217 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 \$283 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 \$2950 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2950. 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 \$2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2950 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 \$283 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$283 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$283 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$283 (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 \$283 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$283 (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 \$2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2950. 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 \$2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2950 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1736	\$1736 (Part A Deductible)	\$0
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 \$283 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 \$2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2950. 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 \$2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2950 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 \$283 of Medicare Approved Amounts*	\$0	\$0	\$283 (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 \$283 of Medicare Approved Amounts*	\$0 \$0	All Costs \$0	\$0 \$283 (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 \$283 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 \$8000 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 \$1736	\$868 (50% of Part A Deductible)	\$868 (50% of Part A Deductible)♦
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$108.50 a day (50% of Part A Coinsurance)	Up to \$108.50 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 \$283 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 \$283 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%	\$283 (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 \$8000)*
BLOOD First 3 pints Next \$283 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50% ♦ \$283 (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 \$283 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$283 (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 \$4000 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 \$1736	\$1302 (75% of Part A Deductible)	\$434 (25% of Part A Deductible) ♦
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$162.75 a day (75% of Part A Coinsurance)	Up to \$54.25 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 \$283 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 \$283 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%	\$283 (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 \$4000)*
BLOOD First 3 pints Next \$283 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25% ♦ \$283 (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 \$283 of Medicare-Approved Amounts **** Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$283 (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 \$1736	\$1736 (Part A Deductible)	\$0
61st thru 90th day	All but \$434 a day	\$434 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$868 a day	\$868 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 \$217 a day	Up to \$217 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 \$283 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 \$283 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.	\$283 (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 \$283 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$283 (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 \$283 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$283 (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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