



ProCare[®]

Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs
that Medicare does not pay.

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United American's ProCare[®] plans are a smart choice ...

Why Choose United American Insurance Company?

United American Insurance Company (UA) is a name trusted by doctors and hospitals nationwide. United American Insurance Company developed its first Medicare Supplement policy in 1966 when Medicare was signed into law. UA has been providing Medicare Supplement insurance ever since, and we have developed an industry-wide reputation for quality Senior insurance products. Today, UA is one of the largest nationwide underwriters of individual insurance to supplement Medicare,* and we are proud of our legacy of quality products and superior service.

*National Association of Insurance Commissioners, 2022 Medicare Supplement Insurance Experience Reports, September 28, 2023, Pg. 31 (<https://content.naic.org/sites/default/files/publication-med-bb-medicare-loss-report.pdf>)

Freedom to Choose[†] & Nationwide Acceptance

There is no designated physician list. There is no approval process to see a specialist. Our ProCare Medicare Supplement insurance plans are recognized and accepted nationwide.

▪ Standard feature on all Medicare Supplement insurance policies

Strength of Tradition

A Medicare Supplement insurance policy from United American is protection that can never be canceled (*unless there is a material misrepresentation*) as long as premiums are paid on time.

Assurance of Service

- Medicare Supplement insurance coverage from United American features on-the-spot qualification in most cases.
- We're neighbors! We have an agent in your local area.

Financial Strength

For more than 45 consecutive years, UA has earned the A (Excellent) or higher Financial Strength Rating from A.M. Best Company (rating as of 10/24).* For the latest Best's Credit Rating, access www.ambest.com.

UA has been rated AA – (Very Strong) for Financial Strength by Standard & Poor's (rating as of 3/24).*

* www.ambest.com; www.standardandpoors.com; These ratings refer only to the financial strength of the company and are not a recommendation of the specific policy provisions, rates, or practices of the insurance company.

United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSHDG, and MSN10 are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability or End Stage Renal Disease (ESRD). Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and HDF. This is a solicitation for insurance. You may be contacted by an agent representing United American Insurance Company. A licensed agent will provide additional information upon request.

Choosing a Medicare Supplement Plan

We offer Medicare Supplement policies for 11 of the 12 standardized plans A, B, C, D, F/HDF, G/HDG, K, L, and N (*plan availability may vary by state*). All Medicare Supplement standardized insurance plans include the following Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (*generally 20% of Medicare approved expenses*) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of the Part B coinsurance or copayment.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/respite care expenses.

See outline of coverage for details and exceptions.

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

Medicare Plans / Benefits	Plans Available to All Applicants							Medicare First Eligible Before 2020 Only	
	A	B	D	G [▼]	K [■]	L [■]	N [●]	C	F [▼]
Basic Benefits									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	50%	75%	Copay [●]	100%	100%
Blood	✓	✓	✓	✓	50%	75%	✓	✓	✓
Hospice	✓	✓	✓	✓	50%	75%	✓	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	50%	75%	✓	✓	✓
Part A Deductible		✓	✓	✓	50%	75%	✓	✓	✓
Part B Deductible								✓	✓
Excess Doctor Charges				100%					100%
Foreign Travel Emergency			✓	✓			✓	✓	✓
Out-of-Pocket Annual Limit[■]					\$7,220	\$3,610			

- ▼ Plans F and G also have a high deductible option which requires first paying a plan deductible of (\$2,870 in 2025) 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.
- 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 (\$7,220 for Plan K, \$3,610 for Plan L in 2025). The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.
- Plan N pays 100% of Medical Expenses (*Part B Coinsurance*) except for a copayment of up to \$20 for some office visits and up to \$50 copayment for emergency room visits that do not result in an inpatient admission. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

Some states require designated Medicare Supplement plans also be available to people under age 65 and eligible for Medicare due to disability (*different application forms may be required*). Policy benefits are identical for people over or under age 65. Premiums are based on Preferred or Standard, age, sex, State/Area*.

ProCare[®]

Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs that Medicare does not pay.

30-Day review period

If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to our Home Office within the 30-day period. Any premium, less any claims paid, is refunded.

Effective Date of Coverage

When the policy applied for has been issued.

Limitations and Exclusions

No benefits are payable for: any expense which you are not legally obligated to pay; or, any services that are not medically necessary as determined by Medicare; or any portion of any expense for which payment is made by Medicare; or custodial or intermediate level care, or rest cures; or, any type of expense not eligible for coverage under Medicare, except as provided under the Foreign Travel Emergency benefit.

Pre-existing Conditions

With the exception of open enrollment/guaranteed issue periods, loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within 6 months prior to policy effective date is not covered unless the loss is incurred more than 60 days (6 months for underage 65 disability*) after the effective date. Waiting period waived if replacing a Medicare Supplement policy.

*May vary by state

I, _____,
have applied for the following policy benefits:

I understand this brochure only highlights the available policies/features and I should refer to my Outline of Coverage and the policy for specific benefit provisions and limitations.

Applicant Notice and Conditional Receipt

I have purchased the following Medicare Supplement Plan:

- A B C D F HDF
 G HDG N

My Medicare Supplement Plan is:

- Issue Age Rated.
Where applicable, premiums on policies with Issue Age Rates are based on age at time of issue.

All checks must be made payable to United American:

DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received of _____
Proposed Insured's Name

a bank draft authorization or check in the sum of \$_____ for _____ month(s) Medicare Supplement policy premium, other policy fees and noninsurance charges with application for Policy Form MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSHDG, or MSN10.

If for any reason the policy is not issued, payment is to be refunded in full. Insurance is not effective until the policy applied for has been issued by the Home Office.

Date

Agent's Signature

Applicant Information:

Keep this document. It highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

Instructions to Agent:

Complete this section and leave with the applicant. Fill in the selected plan as chosen on the application in the spaces provided above and complete the conditional receipt.



3700 S Stonebridge Dr
PO Box 8080 | McKinney, TX 75070
UnitedAmerican.com

**APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE * UNITED AMERICAN INSURANCE COMPANY
A NEBRASKA STOCK COMPANY**

PART I: APPLICANT INFORMATION

Plan Code <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <small>(Refer to Rate Card)</small> *Medicare first eligible before 2020 only	Effective Date Requested (mm-dd-yyyy) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	Mode of Premium <input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Quarterly <input type="radio"/> Monthly	Method of Payment <input type="radio"/> Send Premium Notices <input type="radio"/> Automatic Payment Plan	Draft Date Day (01-28) of the Month to Draft Bank Account <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
Select Plan Applying for <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C* <input type="radio"/> D <input type="radio"/> F* <input type="radio"/> HDF* <input type="radio"/> G <input type="radio"/> HDG <input type="radio"/> N				

Applicant's First Name

Last Name M.I.

Applicant's Mailing Address:

Street or Route

City State

Zip Code County

If Applicant's Residence Address is different from Mailing Address, show below:

Street or Route

City State

Zip Code County

**Do not provide this information if you are eligible for open enrollment and/or guaranteed issue.

Social Security Number - -

Date of Birth (mm-dd-yyyy) - -

Age Last Birthday

Height** (ft. in.)

Weight** (lbs.)

Sex Male Female

Have you used tobacco in any form in the past 12 months? ----- Yes No

E-mail Address of Proposed Insured

Application Verification Information	A recorded interview may be necessary as part of the underwriting of your application for insurance. The most convenient time and place for the interview is:	<input type="radio"/> 8 AM - Noon <input type="radio"/> Noon - 6 PM <input type="radio"/> 6 PM - 9 PM	Home Phone No. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> - <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> - <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> Work Phone No. <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> - <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> - <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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PART II: ELIGIBILITY QUESTIONS

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application. **PLEASE ANSWER ALL QUESTIONS.**

TO THE BEST OF YOUR KNOWLEDGE:

Yes No

1. (a) Did you turn age 65 in the last six (6) months? -----

(b) Did you enroll in Medicare Part B in the last six (6) months? -----

(c) If "YES", what is the effective date? (mm-dd-yyyy) - -

(d) What is your Medicare Claim Number?
(as shown on your Medicare card omitting dashes)

2. Are you covered for medical assistance through the state Medicaid program?

NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" **Yes No** to this question. -----

If you answered "YES":

(a) Will Medicaid pay your premiums for this Medicare Supplement policy? -----

(b) Do you receive any benefits from Medicaid OTHER THAN payment towards your Medicare Part B premium? -----

3. (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END Date" blank.

START Date - -
(mm-dd-yyyy)

END Date - -
(mm-dd-yyyy)

Yes No

(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? -----

(c) Was this your first time in this type of Medicare plan? -----

(d) Did you drop a Medicare Supplement policy to enroll in the Medicare plan? -----

4. (a) Do you have another Medicare Supplement policy in force? -----

(b) If so, with what company, and what plan do you have? _____

(c) If so, do you intend to replace your current Medicare Supplement policy with this policy? -----

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

(a) If so, with what company and what kind of policy?

(b) What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END Date" blank.)

START Date - -
(mm-dd-yyyy)

END Date - -
(mm-dd-yyyy)

Yes No

6. Are you within 6 months of your enrollment in Medicare Part B or otherwise qualified for guaranteed issue? -----
(Questions 7-17 not required if the answer to question 6 is "YES.")



PART II: ELIGIBILITY QUESTIONS (continued)

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," THE APPLICANT IS NOT ELIGIBLE FOR COVERAGE:

- | | Yes No |
|---|---|
| 7. Are you currently hospitalized, confined to a nursing facility or receiving Medicare approved home health care, or have you been hospitalized or received Medicare approved home health care 2 or more times in the past 12 months? ----- | <input type="radio"/> <input type="radio"/> |
| 8. Have you been diagnosed or had treatment by a licensed member of the medical profession for emphysema, Chronic Obstructive Pulmonary Disease (COPD), or pulmonary fibrosis? ----- | <input type="radio"/> <input type="radio"/> |
| 9. Are you bedridden or do you use a wheelchair for any daily activity, or have you had treatment by a licensed member of the medical profession with Gaucher's Disease or any other type of lysosomal storage disorder, or have you had any type of amputation caused by disease? ----- | <input type="radio"/> <input type="radio"/> |
| 10. Have you been advised that surgery may be required within the next twelve months for cataracts? ----- | <input type="radio"/> <input type="radio"/> |
| 11. Have you been diagnosed or had treatment by a licensed member of the medical profession for Parkinson's disease, Multiple or Lateral Sclerosis, Alzheimer's disease, senile dementia, or organic brain disorder? ----- | <input type="radio"/> <input type="radio"/> |
| 12. Have you tested positive for exposure to the HIV infection or been diagnosed by a licensed member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or conditions derived from such infection? ----- | <input type="radio"/> <input type="radio"/> |
| 13. Do you have diabetes requiring more than 50 units of insulin daily? ----- | <input type="radio"/> <input type="radio"/> |
| 14. Within the past 2 years, have you been diagnosed or had treatment by a licensed member of the medical profession for internal cancer, melanoma, leukemia, alcoholism or drug abuse, cirrhosis, mental or nervous disorder requiring psychiatric care, or have you been advised to have kidney dialysis? ----- | <input type="radio"/> <input type="radio"/> |
| 15. Within the past 2 years, have you been diagnosed or had treatment by a licensed member of the medical profession for heart attack, peripheral vascular disease, congestive heart failure, heart valve disorder, stroke, or transient ischemic attacks (TIA)? ----- | <input type="radio"/> <input type="radio"/> |
| 16. Within the past 2 years, have you been diagnosed or had treatment by a licensed member of the medical profession for rheumatoid arthritis or crippling arthritis? ----- | <input type="radio"/> <input type="radio"/> |
| 17. Within the past year, have you been fed intravenously or through a tube, have you been medically advised to have treatment by a licensed member of the medical profession to have surgery for joint replacement or for a heart condition, but not had such surgery, or been advised to have treatment by a licensed member of the medical profession to have other surgery that has not been performed? ----- | <input type="radio"/> <input type="radio"/> |

PART III

I. INVOLUNTARY TERMINATION OF COVERAGE:

If your previous coverage was terminated involuntarily, please provide a copy of the notice of termination of coverage and attach it to this form.

What type of coverage was terminated? _____

Date of termination? - - Reason for termination? _____
(mm-dd-yyyy)

II. VOLUNTARY TERMINATION OF COVERAGE:

If you voluntarily terminated your present coverage, please attach evidence of previous coverage to this form.

What type of coverage was terminated? _____

Date of termination? - - Reason for termination? _____
(mm-dd-yyyy)

If you voluntarily terminated coverage under a Medicare Advantage plan* or Medicare Select policy, please answer the following questions: **Yes No**

1. Was this the first time you were ever enrolled in a Medicare Advantage plan or purchased a Medicare Select policy? -----
- If so, did you have the Medicare Advantage plan or Medicare Select policy for less than 12 months? -----
2. Did you have a Medicare Supplement policy before applying for the Medicare Advantage plan or Medicare Select policy? -----
- If "YES", with which Company and which Medicare Supplement plan?

- Is that Company still offering that Medicare Supplement plan? -----

* Medicare Advantage plan means a plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. 1395w-28(b)(1), and includes: (1) Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; (2) Medical savings account plans coupled with a contribution into a Medicare Advantage plan medical savings account; and (3) Medicare Advantage private fee-for-service plans.

PART IV: APPLICANT AUTHORIZATION

- (1) You do not need more than one Medicare Supplement policy.
- (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- (3) You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
- (4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- (5) If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- (6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I hereby apply to United American Insurance Company for a policy to be issued in reliance on my written answers to the above questions. The answers are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued. All statements and descriptions in the application for this policy shall be deemed to be representations and not warranties. I have received an outline of coverage for the policy applied for and a Medicare Supplement Buyers Guide.

I understand that loss due to injury or sickness for which medical advice was received or treatment was recommended or given by a physician within 6 months prior to the policy effective date is not covered unless the loss is incurred more than 60 days after the policy effective date.

I, HEREBY AUTHORIZE MIB, Inc. ("MIB"), any insurance company, hospital, physician, or other practitioner that possesses any records of me or my physical or mental health and/or treatment, and any pharmacy or any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to United American Insurance Company, or its reinsurers, for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize United American Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. This authorization shall be valid for two years from this date and may be revoked by sending written notice to United American Insurance Company at P.O. Box 8080 McKinney, TX 75070. I understand that I may request a copy of this authorization from United American Insurance Company or request a copy of the information in MIB's files by writing to MIB at MIB, Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or calling (866) 692-6901. I acknowledge receipt of the MIB Pre-Notice. A photographic copy of this authorization will be as valid as the original.

No agent may bind, alter, change or waive any underwriting requirements or other provisions of the application or policy. Final acceptance is made by the Underwriting Department of the Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Residents have the right to designate a secondary addressee. Instructions will accompany all Florida policies at issue.

Application Signed at City	State	On this Date (mm-dd-yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
			Amount paid with application: \$ <input type="text"/> , <input type="text"/> . <input type="text"/>
_____			for first <input type="text"/> months premiums.
Applicant's Signature			Total Premium \$ <input type="text"/> , <input type="text"/> . <input type="text"/>

Initials of Proposed Insured

(Application Continued)



PART V: AGENT CERTIFICATION

The undersigned Agent certifies that he/she has / has not personally met with the Applicant and that the Applicant has read, or had read to him/her, the completed application and that the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

AGENT COMPLETES (Attach separate sheet, if necessary.)

1. List any other health insurance policy you have sold to the Applicant which is still in force:

2. List any other health insurance policy you have sold to the Applicant in the past five (5) years which is no longer in force:

I certify: (1) I have accurately recorded the information supplied by the Applicant, (2) I have given an outline of coverage for the policy applied for and a Medicare Supplement Buyers Guide to the Applicant.

Agent's Printed Name: _____

Last Name

--	--	--	--	--	--

Agent No.

--	--	--	--	--	--	--	--

Agent's Florida ID No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Agent's Signature

MA15(09)R

MAIL POLICY TO: Agent Insured (The Policy will be sent to Insured unless otherwise instructed.)

Initials of Proposed Insured

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Draft date cannot be the 29th, 30th or 31st.

Proposed Insured's Social Security Number

□□□□ - □□□□ - □□□□□□

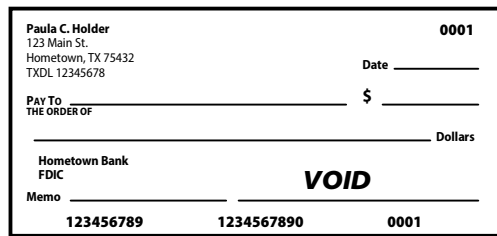
Requested Bank Draft Day (dd)

□□

Payor's First Name															M.I.	
□□□□□□□□□□□□□□□□															□□	
Payor's Last Name																
□□□□□□□□□□□□□□□□□□																
Bank ABA Routing Number									Account Number							
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Bank Name																
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Account information fields above must be complete if voided check is not attached.

See the example check below for the location of the Bank Routing Number and Account Number.



Helpful Information for Social Security Recipients		
Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1 st – 10 th	14 th
Third Wednesday	11 th – 20 th	21 st
Fourth Wednesday	21 st – 31 st	28 th

Bank ABA Routing Number Account Number Check Number

As a convenience to me, I hereby request and authorize you, United American Insurance Company, McKinney, Texas, to initiate debit entries to my bank account, as recorded above, for insurance premiums and/or non-insurance product fees, as applicable, and the bank named above to debit the same to such account. I agree that your rights and treatment of such debits shall be the same as if they were checks personally signed by me. I further agree that if any such debits are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even if such dishonor results in the forfeiture of insurance. This authorization will remain in effect until revoked by me in writing to you, provided that you and the bank shall have a reasonable opportunity to act on such notification. All premiums and/or fees may be automatically withdrawn from my account on MONTHLY mode, unless a different mode has been selected on the application(s).

NOTE - Business accounts are permitted only in relation to sole proprietorships, in which case a voided check and a completed Sole Proprietor form (SP 9-01) are required.

Payor's Signature (as it appears on bank records)



Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding the replacement of Medicare Supplement insurance. When the replacement question on the application is answered YES, this form must be dated, signed by the applicant and by the Agent, and submitted with the application, AND a copy of this form must be left with the applicant.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE
OR MEDICARE ADVANTAGE

UNITED AMERICAN INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE, P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by United American Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER OR AGENT:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

Other. (please specify) _____

- (1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
- (3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. FAILURE TO INCLUDE ALL REQUESTED MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS AND TO REFUND YOUR PREMIUM AS THOUGH YOUR POLICY HAD NEVER BEEN IN FORCE. After the application has been completed and before you sign it, review it carefully to be certain that all requested information has been properly recorded.

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

(Agent's Signature)

Type or print name & address of Agent or Broker:

(Applicant's Signature)

(Date)

Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding the replacement of Medicare Supplement insurance. When the replacement question on the application is answered YES, this form must be dated, signed by the applicant and by the Agent, and submitted with the application, AND a copy of this form must be left with the applicant.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE
OR MEDICARE ADVANTAGE

UNITED AMERICAN INSURANCE COMPANY
3700 S. STONEBRIDGE DRIVE, P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by United American Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER OR AGENT:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

- _____
- _____
- Other. (please specify) _____
- (1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
 - (2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
 - (3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. FAILURE TO INCLUDE ALL REQUESTED MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS AND TO REFUND YOUR PREMIUM AS THOUGH YOUR POLICY HAD NEVER BEEN IN FORCE. After the application has been completed and before you sign it, review it carefully to be certain that all requested information has been properly recorded.

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

(Agent's Signature)

Type or print name & address of Agent or Broker:

(Applicant's Signature)

(Date)

UNITED AMERICAN INSURANCE COMPANY

3700 S. Stonebridge Drive • McKinney, Texas 75070

Authorization for Release of Health-Related Information

This authorization is intended to comply with the HIPAA Privacy Rule

Name of proposed insured/patient (please print)

Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, other insurance company, consumer reporting agency, MIB, Inc., or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to the United American Insurance Company (UA) and its agents, employees, and representatives. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also may include information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that UA may: 1) underwrite my application(s) for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and/or 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with UA.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to UA to the attention of the Underwriting Department at the above address. I understand that a revocation is not effective to the extent that any of My Providers have relied on this Authorization, and that, to the extent that UA has a legal right to contest a claim under an insurance policy or to contest the policy itself, such revocation may prevent UA from completing its review of policy claims. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, UA may not be able to process my application, or if coverage has been issued, may not be able to process policy claims. I acknowledge that I have received a copy of this authorization.

Signature of Proposed Insured/Patient or Personal Representative

Date

Description of Personal Representative's Authority or Relationship to Patient

UNITED AMERICAN INSURANCE COMPANY

3700 S. Stonebridge Drive • McKinney, Texas 75070

Authorization for Release of Health-Related Information

This authorization is intended to comply with the HIPAA Privacy Rule

Name of proposed insured/patient (please print)

Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, other insurance company, consumer reporting agency, MIB, Inc., or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to the United American Insurance Company (UA) and its agents, employees, and representatives. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also may include information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that UA may: 1) underwrite my application(s) for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and/or 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with UA.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to UA to the attention of the Underwriting Department at the above address. I understand that a revocation is not effective to the extent that any of My Providers have relied on this Authorization, and that, to the extent that UA has a legal right to contest a claim under an insurance policy or to contest the policy itself, such revocation may prevent UA from completing its review of policy claims. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, UA may not be able to process my application, or if coverage has been issued, may not be able to process policy claims. I acknowledge that I have received a copy of this authorization.

Signature of Proposed Insured/Patient or Personal Representative

Date

Description of Personal Representative's Authority or Relationship to Patient

Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020

Benefit Plans A, B, C, D, F, HDF, G, HDG, and N

NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

Benefits	Plans Available to All Applicants								Medicare First Eligible Before 2020 Only+	
	A*	B*	D*	G*1*	K	L	M	N*	C*	F*1*
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025 ²						\$7,220 ²	\$3,610 ²			

* Denotes plans available by United American Insurance Company

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

+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A available.

¹ Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plans F and G do not cover the separate Foreign travel emergency deductible. 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.

BASIC BENEFITS

Hospitalization - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood - First three pints of blood each year.

Hospice - Part A coinsurance.

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.

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 your 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.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, and it is NOT an "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements or leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" time frames, please go to the following link on the Medicare.gov website:

<http://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy provides a 31-day grace period.

PLAN A - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2406	1203	602	201
66	2543	1272	636	212
67	2543	1272	636	212
68	2543	1272	636	212
69	2543	1272	636	212
70	2787	1394	697	232
71	2787	1394	697	232
72	2787	1394	697	232
73	2787	1394	697	232
74	2787	1394	697	232
75	2946	1473	737	246
76	2946	1473	737	246
77	2946	1473	737	246
78	2946	1473	737	246
79	2946	1473	737	246
80+	2946	1473	737	246

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2093	1047	523	174
66	2212	1106	553	184
67	2212	1106	553	184
68	2212	1106	553	184
69	2212	1106	553	184
70	2425	1213	606	202
71	2425	1213	606	202
72	2425	1213	606	202
73	2425	1213	606	202
74	2425	1213	606	202
75	2563	1282	641	214
76	2563	1282	641	214
77	2563	1282	641	214
78	2563	1282	641	214
79	2563	1282	641	214
80+	2563	1282	641	214

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2769	1385	692	231
66	2927	1464	732	244
67	2927	1464	732	244
68	2927	1464	732	244
69	2927	1464	732	244
70	3208	1604	802	267
71	3208	1604	802	267
72	3208	1604	802	267
73	3208	1604	802	267
74	3208	1604	802	267
75	3390	1695	848	283
76	3390	1695	848	283
77	3390	1695	848	283
78	3390	1695	848	283
79	3390	1695	848	283
80+	3390	1695	848	283

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2406	1203	602	201
66	2543	1272	636	212
67	2543	1272	636	212
68	2543	1272	636	212
69	2543	1272	636	212
70	2787	1394	697	232
71	2787	1394	697	232
72	2787	1394	697	232
73	2787	1394	697	232
74	2787	1394	697	232
75	2946	1473	737	246
76	2946	1473	737	246
77	2946	1473	737	246
78	2946	1473	737	246
79	2946	1473	737	246
80+	2946	1473	737	246

PLAN B - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E4
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3269	1635	817	272
66	3467	1734	867	289
67	3467	1734	867	289
68	3467	1734	867	289
69	3467	1734	867	289
70	3842	1921	961	320
71	3842	1921	961	320
72	3842	1921	961	320
73	3842	1921	961	320
74	3842	1921	961	320
75	4139	2070	1035	345
76	4139	2070	1035	345
77	4139	2070	1035	345
78	4139	2070	1035	345
79	4139	2070	1035	345
80+	4147	2074	1037	346

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E5
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2844	1422	711	237
66	3016	1508	754	251
67	3016	1508	754	251
68	3016	1508	754	251
69	3016	1508	754	251
70	3342	1671	836	279
71	3342	1671	836	279
72	3342	1671	836	279
73	3342	1671	836	279
74	3342	1671	836	279
75	3600	1800	900	300
76	3600	1800	900	300
77	3600	1800	900	300
78	3600	1800	900	300
79	3600	1800	900	300
80+	3607	1804	902	301

Standard		Effective Date: 03/15/2024		Plan Code: 5E6
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3762	1881	941	314
66	3990	1995	998	333
67	3990	1995	998	333
68	3990	1995	998	333
69	3990	1995	998	333
70	4421	2211	1105	368
71	4421	2211	1105	368
72	4421	2211	1105	368
73	4421	2211	1105	368
74	4421	2211	1105	368
75	4763	2382	1191	397
76	4763	2382	1191	397
77	4763	2382	1191	397
78	4763	2382	1191	397
79	4763	2382	1191	397
80+	4772	2386	1193	398

Standard		Effective Date: 03/15/2024		Plan Code: 5E7
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3269	1635	817	272
66	3467	1734	867	289
67	3467	1734	867	289
68	3467	1734	867	289
69	3467	1734	867	289
70	3842	1921	961	320
71	3842	1921	961	320
72	3842	1921	961	320
73	3842	1921	961	320
74	3842	1921	961	320
75	4139	2070	1035	345
76	4139	2070	1035	345
77	4139	2070	1035	345
78	4139	2070	1035	345
79	4139	2070	1035	345
80+	4147	2074	1037	346

PLAN C - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3655	1828	914	305
66	3891	1946	973	324
67	3891	1946	973	324
68	3891	1946	973	324
69	3891	1946	973	324
70	4366	2183	1092	364
71	4366	2183	1092	364
72	4366	2183	1092	364
73	4366	2183	1092	364
74	4366	2183	1092	364
75	4842	2421	1211	404
76	4842	2421	1211	404
77	4842	2421	1211	404
78	4842	2421	1211	404
79	4842	2421	1211	404
80+	5075	2538	1269	423

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3180	1590	795	265
66	3385	1693	846	282
67	3385	1693	846	282
68	3385	1693	846	282
69	3385	1693	846	282
70	3798	1899	950	317
71	3798	1899	950	317
72	3798	1899	950	317
73	3798	1899	950	317
74	3798	1899	950	317
75	4211	2106	1053	351
76	4211	2106	1053	351
77	4211	2106	1053	351
78	4211	2106	1053	351
79	4211	2106	1053	351
80+	4415	2208	1104	368

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4206	2103	1052	351
66	4477	2239	1119	373
67	4477	2239	1119	373
68	4477	2239	1119	373
69	4477	2239	1119	373
70	5024	2512	1256	419
71	5024	2512	1256	419
72	5024	2512	1256	419
73	5024	2512	1256	419
74	5024	2512	1256	419
75	5571	2786	1393	464
76	5571	2786	1393	464
77	5571	2786	1393	464
78	5571	2786	1393	464
79	5571	2786	1393	464
80+	5840	2920	1460	487

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3655	1828	914	305
66	3891	1946	973	324
67	3891	1946	973	324
68	3891	1946	973	324
69	3891	1946	973	324
70	4366	2183	1092	364
71	4366	2183	1092	364
72	4366	2183	1092	364
73	4366	2183	1092	364
74	4366	2183	1092	364
75	4842	2421	1211	404
76	4842	2421	1211	404
77	4842	2421	1211	404
78	4842	2421	1211	404
79	4842	2421	1211	404
80+	5075	2538	1269	423

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

PLAN D - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3454	1727	864	288
66	3689	1845	922	307
67	3689	1845	922	307
68	3689	1845	922	307
69	3689	1845	922	307
70	4163	2082	1041	347
71	4163	2082	1041	347
72	4163	2082	1041	347
73	4163	2082	1041	347
74	4163	2082	1041	347
75	4641	2321	1160	387
76	4641	2321	1160	387
77	4641	2321	1160	387
78	4641	2321	1160	387
79	4641	2321	1160	387
80+	4875	2438	1219	406

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3004	1502	751	250
66	3209	1605	802	267
67	3209	1605	802	267
68	3209	1605	802	267
69	3209	1605	802	267
70	3621	1811	905	302
71	3621	1811	905	302
72	3621	1811	905	302
73	3621	1811	905	302
74	3621	1811	905	302
75	4037	2019	1009	336
76	4037	2019	1009	336
77	4037	2019	1009	336
78	4037	2019	1009	336
79	4037	2019	1009	336
80+	4241	2121	1060	353

Standard		Effective Date: 03/15/2024		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3974	1987	994	331
66	4245	2123	1061	354
67	4245	2123	1061	354
68	4245	2123	1061	354
69	4245	2123	1061	354
70	4791	2396	1198	399
71	4791	2396	1198	399
72	4791	2396	1198	399
73	4791	2396	1198	399
74	4791	2396	1198	399
75	5340	2670	1335	445
76	5340	2670	1335	445
77	5340	2670	1335	445
78	5340	2670	1335	445
79	5340	2670	1335	445
80+	5610	2805	1403	468

Standard		Effective Date: 03/15/2024		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3454	1727	864	288
66	3689	1845	922	307
67	3689	1845	922	307
68	3689	1845	922	307
69	3689	1845	922	307
70	4163	2082	1041	347
71	4163	2082	1041	347
72	4163	2082	1041	347
73	4163	2082	1041	347
74	4163	2082	1041	347
75	4641	2321	1160	387
76	4641	2321	1160	387
77	4641	2321	1160	387
78	4641	2321	1160	387
79	4641	2321	1160	387
80+	4875	2438	1219	406

PLAN F - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred		Effective Date: 03/15/2024			Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3391	1696	848	283	
66	3610	1805	903	301	
67	3610	1805	903	301	
68	3610	1805	903	301	
69	3610	1805	903	301	
70	4046	2023	1012	337	
71	4046	2023	1012	337	
72	4046	2023	1012	337	
73	4046	2023	1012	337	
74	4046	2023	1012	337	
75	4487	2244	1122	374	
76	4487	2244	1122	374	
77	4487	2244	1122	374	
78	4487	2244	1122	374	
79	4487	2244	1122	374	
80+	4704	2352	1176	392	

Standard		Effective Date: 03/15/2024			Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3902	1951	976	325	
66	4155	2078	1039	346	
67	4155	2078	1039	346	
68	4155	2078	1039	346	
69	4155	2078	1039	346	
70	4656	2328	1164	388	
71	4656	2328	1164	388	
72	4656	2328	1164	388	
73	4656	2328	1164	388	
74	4656	2328	1164	388	
75	5163	2582	1291	430	
76	5163	2582	1291	430	
77	5163	2582	1291	430	
78	5163	2582	1291	430	
79	5163	2582	1291	430	
80+	5413	2707	1353	451	

Female

Preferred		Effective Date: 03/15/2024			Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	2950	1475	738	246	
66	3140	1570	785	262	
67	3140	1570	785	262	
68	3140	1570	785	262	
69	3140	1570	785	262	
70	3519	1760	880	293	
71	3519	1760	880	293	
72	3519	1760	880	293	
73	3519	1760	880	293	
74	3519	1760	880	293	
75	3903	1952	976	325	
76	3903	1952	976	325	
77	3903	1952	976	325	
78	3903	1952	976	325	
79	3903	1952	976	325	
80+	4092	2046	1023	341	

Standard		Effective Date: 03/15/2024			Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3391	1696	848	283	
66	3610	1805	903	301	
67	3610	1805	903	301	
68	3610	1805	903	301	
69	3610	1805	903	301	
70	4046	2023	1012	337	
71	4046	2023	1012	337	
72	4046	2023	1012	337	
73	4046	2023	1012	337	
74	4046	2023	1012	337	
75	4487	2244	1122	374	
76	4487	2244	1122	374	
77	4487	2244	1122	374	
78	4487	2244	1122	374	
79	4487	2244	1122	374	
80+	4704	2352	1176	392	

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

PLAN HDF - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EK
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	687	344	172	57
66	741	371	185	62
67	741	371	185	62
68	741	371	185	62
69	741	371	185	62
70	884	442	221	74
71	884	442	221	74
72	884	442	221	74
73	884	442	221	74
74	884	442	221	74
75	1138	569	285	95
76	1138	569	285	95
77	1138	569	285	95
78	1138	569	285	95
79	1138	569	285	95
80+	1262	631	316	105

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EL
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	598	299	150	50
66	645	323	161	54
67	645	323	161	54
68	645	323	161	54
69	645	323	161	54
70	769	385	192	64
71	769	385	192	64
72	769	385	192	64
73	769	385	192	64
74	769	385	192	64
75	990	495	248	83
76	990	495	248	83
77	990	495	248	83
78	990	495	248	83
79	990	495	248	83
80+	1098	549	275	92

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EM
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	791	396	198	66
66	853	427	213	71
67	853	427	213	71
68	853	427	213	71
69	853	427	213	71
70	1018	509	255	85
71	1018	509	255	85
72	1018	509	255	85
73	1018	509	255	85
74	1018	509	255	85
75	1310	655	328	109
76	1310	655	328	109
77	1310	655	328	109
78	1310	655	328	109
79	1310	655	328	109
80+	1452	726	363	121

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EN
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	687	344	172	57
66	741	371	185	62
67	741	371	185	62
68	741	371	185	62
69	741	371	185	62
70	884	442	221	74
71	884	442	221	74
72	884	442	221	74
73	884	442	221	74
74	884	442	221	74
75	1138	569	285	95
76	1138	569	285	95
77	1138	569	285	95
78	1138	569	285	95
79	1138	569	285	95
80+	1262	631	316	105

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

PLAN G - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2925	1463	731	244
66	3125	1563	781	260
67	3125	1563	781	260
68	3125	1563	781	260
69	3125	1563	781	260
70	3525	1763	881	294
71	3525	1763	881	294
72	3525	1763	881	294
73	3525	1763	881	294
74	3525	1763	881	294
75	3927	1964	982	327
76	3927	1964	982	327
77	3927	1964	982	327
78	3927	1964	982	327
79	3927	1964	982	327
80+	4124	2062	1031	344

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2544	1272	636	212
66	2718	1359	680	227
67	2718	1359	680	227
68	2718	1359	680	227
69	2718	1359	680	227
70	3066	1533	767	256
71	3066	1533	767	256
72	3066	1533	767	256
73	3066	1533	767	256
74	3066	1533	767	256
75	3415	1708	854	285
76	3415	1708	854	285
77	3415	1708	854	285
78	3415	1708	854	285
79	3415	1708	854	285
80+	3587	1794	897	299

Standard		Effective Date: 03/15/2024		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3366	1683	842	281
66	3596	1798	899	300
67	3596	1798	899	300
68	3596	1798	899	300
69	3596	1798	899	300
70	4056	2028	1014	338
71	4056	2028	1014	338
72	4056	2028	1014	338
73	4056	2028	1014	338
74	4056	2028	1014	338
75	4518	2259	1130	377
76	4518	2259	1130	377
77	4518	2259	1130	377
78	4518	2259	1130	377
79	4518	2259	1130	377
80+	4745	2373	1186	395

Standard		Effective Date: 03/15/2024		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2925	1463	731	244
66	3125	1563	781	260
67	3125	1563	781	260
68	3125	1563	781	260
69	3125	1563	781	260
70	3525	1763	881	294
71	3525	1763	881	294
72	3525	1763	881	294
73	3525	1763	881	294
74	3525	1763	881	294
75	3927	1964	982	327
76	3927	1964	982	327
77	3927	1964	982	327
78	3927	1964	982	327
79	3927	1964	982	327
80+	4124	2062	1031	344

PLAN HDG - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	687	344	172	57
66	741	371	185	62
67	741	371	185	62
68	741	371	185	62
69	741	371	185	62
70	884	442	221	74
71	884	442	221	74
72	884	442	221	74
73	884	442	221	74
74	884	442	221	74
75	1138	569	285	95
76	1138	569	285	95
77	1138	569	285	95
78	1138	569	285	95
79	1138	569	285	95
80+	1262	631	316	105

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	598	299	150	50
66	645	323	161	54
67	645	323	161	54
68	645	323	161	54
69	645	323	161	54
70	769	385	192	64
71	769	385	192	64
72	769	385	192	64
73	769	385	192	64
74	769	385	192	64
75	990	495	248	83
76	990	495	248	83
77	990	495	248	83
78	990	495	248	83
79	990	495	248	83
80+	1098	549	275	92

Standard		Effective Date: 03/15/2024		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	791	396	198	66
66	853	427	213	71
67	853	427	213	71
68	853	427	213	71
69	853	427	213	71
70	1018	509	255	85
71	1018	509	255	85
72	1018	509	255	85
73	1018	509	255	85
74	1018	509	255	85
75	1310	655	328	109
76	1310	655	328	109
77	1310	655	328	109
78	1310	655	328	109
79	1310	655	328	109
80+	1452	726	363	121

Standard		Effective Date: 03/15/2024		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	687	344	172	57
66	741	371	185	62
67	741	371	185	62
68	741	371	185	62
69	741	371	185	62
70	884	442	221	74
71	884	442	221	74
72	884	442	221	74
73	884	442	221	74
74	884	442	221	74
75	1138	569	285	95
76	1138	569	285	95
77	1138	569	285	95
78	1138	569	285	95
79	1138	569	285	95
80+	1262	631	316	105

PLAN N - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ES
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2051	1026	513	171
66	2194	1097	549	183
67	2194	1097	549	183
68	2194	1097	549	183
69	2194	1097	549	183
70	2483	1242	621	207
71	2483	1242	621	207
72	2483	1242	621	207
73	2483	1242	621	207
74	2483	1242	621	207
75	2785	1393	696	232
76	2785	1393	696	232
77	2785	1393	696	232
78	2785	1393	696	232
79	2785	1393	696	232
80+	2945	1473	736	245

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ET
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1784	892	446	149
66	1909	955	477	159
67	1909	955	477	159
68	1909	955	477	159
69	1909	955	477	159
70	2160	1080	540	180
71	2160	1080	540	180
72	2160	1080	540	180
73	2160	1080	540	180
74	2160	1080	540	180
75	2422	1211	606	202
76	2422	1211	606	202
77	2422	1211	606	202
78	2422	1211	606	202
79	2422	1211	606	202
80+	2562	1281	641	214

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EU
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2360	1180	590	197
66	2525	1263	631	210
67	2525	1263	631	210
68	2525	1263	631	210
69	2525	1263	631	210
70	2857	1429	714	238
71	2857	1429	714	238
72	2857	1429	714	238
73	2857	1429	714	238
74	2857	1429	714	238
75	3204	1602	801	267
76	3204	1602	801	267
77	3204	1602	801	267
78	3204	1602	801	267
79	3204	1602	801	267
80+	3389	1695	847	282

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EV
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2051	1026	513	171
66	2194	1097	549	183
67	2194	1097	549	183
68	2194	1097	549	183
69	2194	1097	549	183
70	2483	1242	621	207
71	2483	1242	621	207
72	2483	1242	621	207
73	2483	1242	621	207
74	2483	1242	621	207
75	2785	1393	696	232
76	2785	1393	696	232
77	2785	1393	696	232
78	2785	1393	696	232
79	2785	1393	696	232
80+	2945	1473	736	245

PLAN A - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2673	1337	668	223
66	2826	1413	707	236
67	2826	1413	707	236
68	2826	1413	707	236
69	2826	1413	707	236
70	3097	1549	774	258
71	3097	1549	774	258
72	3097	1549	774	258
73	3097	1549	774	258
74	3097	1549	774	258
75	3273	1637	818	273
76	3273	1637	818	273
77	3273	1637	818	273
78	3273	1637	818	273
79	3273	1637	818	273
80+	3273	1637	818	273

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2325	1163	581	194
66	2458	1229	615	205
67	2458	1229	615	205
68	2458	1229	615	205
69	2458	1229	615	205
70	2694	1347	674	225
71	2694	1347	674	225
72	2694	1347	674	225
73	2694	1347	674	225
74	2694	1347	674	225
75	2847	1424	712	237
76	2847	1424	712	237
77	2847	1424	712	237
78	2847	1424	712	237
79	2847	1424	712	237
80+	2847	1424	712	237

Standard		Effective Date: 03/15/2024		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3076	1538	769	256
66	3252	1626	813	271
67	3252	1626	813	271
68	3252	1626	813	271
69	3252	1626	813	271
70	3564	1782	891	297
71	3564	1782	891	297
72	3564	1782	891	297
73	3564	1782	891	297
74	3564	1782	891	297
75	3767	1884	942	314
76	3767	1884	942	314
77	3767	1884	942	314
78	3767	1884	942	314
79	3767	1884	942	314
80+	3767	1884	942	314

Standard		Effective Date: 03/15/2024		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2673	1337	668	223
66	2826	1413	707	236
67	2826	1413	707	236
68	2826	1413	707	236
69	2826	1413	707	236
70	3097	1549	774	258
71	3097	1549	774	258
72	3097	1549	774	258
73	3097	1549	774	258
74	3097	1549	774	258
75	3273	1637	818	273
76	3273	1637	818	273
77	3273	1637	818	273
78	3273	1637	818	273
79	3273	1637	818	273
80+	3273	1637	818	273

PLAN B - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5E4	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3632	1816	908	303
66	3852	1926	963	321
67	3852	1926	963	321
68	3852	1926	963	321
69	3852	1926	963	321
70	4269	2135	1067	356
71	4269	2135	1067	356
72	4269	2135	1067	356
73	4269	2135	1067	356
74	4269	2135	1067	356
75	4599	2300	1150	383
76	4599	2300	1150	383
77	4599	2300	1150	383
78	4599	2300	1150	383
79	4599	2300	1150	383
80+	4607	2304	1152	384

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5E5	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3160	1580	790	263
66	3351	1676	838	279
67	3351	1676	838	279
68	3351	1676	838	279
69	3351	1676	838	279
70	3713	1857	928	309
71	3713	1857	928	309
72	3713	1857	928	309
73	3713	1857	928	309
74	3713	1857	928	309
75	4000	2000	1000	333
76	4000	2000	1000	333
77	4000	2000	1000	333
78	4000	2000	1000	333
79	4000	2000	1000	333
80+	4008	2004	1002	334

Standard	Effective Date: 03/15/2024		Plan Code: 5E6	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4180	2090	1045	348
66	4433	2217	1108	369
67	4433	2217	1108	369
68	4433	2217	1108	369
69	4433	2217	1108	369
70	4912	2456	1228	409
71	4912	2456	1228	409
72	4912	2456	1228	409
73	4912	2456	1228	409
74	4912	2456	1228	409
75	5292	2646	1323	441
76	5292	2646	1323	441
77	5292	2646	1323	441
78	5292	2646	1323	441
79	5292	2646	1323	441
80+	5302	2651	1326	442

Standard	Effective Date: 03/15/2024		Plan Code: 5E7	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3632	1816	908	303
66	3852	1926	963	321
67	3852	1926	963	321
68	3852	1926	963	321
69	3852	1926	963	321
70	4269	2135	1067	356
71	4269	2135	1067	356
72	4269	2135	1067	356
73	4269	2135	1067	356
74	4269	2135	1067	356
75	4599	2300	1150	383
76	4599	2300	1150	383
77	4599	2300	1150	383
78	4599	2300	1150	383
79	4599	2300	1150	383
80+	4607	2304	1152	384

PLAN C - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4062	2031	1016	339
66	4323	2162	1081	360
67	4323	2162	1081	360
68	4323	2162	1081	360
69	4323	2162	1081	360
70	4851	2426	1213	404
71	4851	2426	1213	404
72	4851	2426	1213	404
73	4851	2426	1213	404
74	4851	2426	1213	404
75	5380	2690	1345	448
76	5380	2690	1345	448
77	5380	2690	1345	448
78	5380	2690	1345	448
79	5380	2690	1345	448
80+	5639	2820	1410	470

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3533	1767	883	294
66	3761	1881	940	313
67	3761	1881	940	313
68	3761	1881	940	313
69	3761	1881	940	313
70	4220	2110	1055	352
71	4220	2110	1055	352
72	4220	2110	1055	352
73	4220	2110	1055	352
74	4220	2110	1055	352
75	4679	2340	1170	390
76	4679	2340	1170	390
77	4679	2340	1170	390
78	4679	2340	1170	390
79	4679	2340	1170	390
80+	4905	2453	1226	409

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4674	2337	1169	390
66	4975	2488	1244	415
67	4975	2488	1244	415
68	4975	2488	1244	415
69	4975	2488	1244	415
70	5582	2791	1396	465
71	5582	2791	1396	465
72	5582	2791	1396	465
73	5582	2791	1396	465
74	5582	2791	1396	465
75	6190	3095	1548	516
76	6190	3095	1548	516
77	6190	3095	1548	516
78	6190	3095	1548	516
79	6190	3095	1548	516
80+	6489	3245	1622	541

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4062	2031	1016	339
66	4323	2162	1081	360
67	4323	2162	1081	360
68	4323	2162	1081	360
69	4323	2162	1081	360
70	4851	2426	1213	404
71	4851	2426	1213	404
72	4851	2426	1213	404
73	4851	2426	1213	404
74	4851	2426	1213	404
75	5380	2690	1345	448
76	5380	2690	1345	448
77	5380	2690	1345	448
78	5380	2690	1345	448
79	5380	2690	1345	448
80+	5639	2820	1410	470

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

PLAN D - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3837	1919	959	320
66	4099	2050	1025	342
67	4099	2050	1025	342
68	4099	2050	1025	342
69	4099	2050	1025	342
70	4626	2313	1157	386
71	4626	2313	1157	386
72	4626	2313	1157	386
73	4626	2313	1157	386
74	4626	2313	1157	386
75	5156	2578	1289	430
76	5156	2578	1289	430
77	5156	2578	1289	430
78	5156	2578	1289	430
79	5156	2578	1289	430
80+	5417	2709	1354	451

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3338	1669	835	278
66	3566	1783	892	297
67	3566	1783	892	297
68	3566	1783	892	297
69	3566	1783	892	297
70	4024	2012	1006	335
71	4024	2012	1006	335
72	4024	2012	1006	335
73	4024	2012	1006	335
74	4024	2012	1006	335
75	4485	2243	1121	374
76	4485	2243	1121	374
77	4485	2243	1121	374
78	4485	2243	1121	374
79	4485	2243	1121	374
80+	4712	2356	1178	393

Standard		Effective Date: 03/15/2024		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4416	2208	1104	368
66	4717	2359	1179	393
67	4717	2359	1179	393
68	4717	2359	1179	393
69	4717	2359	1179	393
70	5323	2662	1331	444
71	5323	2662	1331	444
72	5323	2662	1331	444
73	5323	2662	1331	444
74	5323	2662	1331	444
75	5934	2967	1484	495
76	5934	2967	1484	495
77	5934	2967	1484	495
78	5934	2967	1484	495
79	5934	2967	1484	495
80+	6233	3117	1558	519

Standard		Effective Date: 03/15/2024		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3837	1919	959	320
66	4099	2050	1025	342
67	4099	2050	1025	342
68	4099	2050	1025	342
69	4099	2050	1025	342
70	4626	2313	1157	386
71	4626	2313	1157	386
72	4626	2313	1157	386
73	4626	2313	1157	386
74	4626	2313	1157	386
75	5156	2578	1289	430
76	5156	2578	1289	430
77	5156	2578	1289	430
78	5156	2578	1289	430
79	5156	2578	1289	430
80+	5417	2709	1354	451

PLAN F - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred		Effective Date: 03/15/2024			Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3768	1884	942	314	
66	4011	2006	1003	334	
67	4011	2006	1003	334	
68	4011	2006	1003	334	
69	4011	2006	1003	334	
70	4495	2248	1124	375	
71	4495	2248	1124	375	
72	4495	2248	1124	375	
73	4495	2248	1124	375	
74	4495	2248	1124	375	
75	4985	2493	1246	415	
76	4985	2493	1246	415	
77	4985	2493	1246	415	
78	4985	2493	1246	415	
79	4985	2493	1246	415	
80+	5227	2614	1307	436	

Standard		Effective Date: 03/15/2024			Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4336	2168	1084	361	
66	4616	2308	1154	385	
67	4616	2308	1154	385	
68	4616	2308	1154	385	
69	4616	2308	1154	385	
70	5173	2587	1293	431	
71	5173	2587	1293	431	
72	5173	2587	1293	431	
73	5173	2587	1293	431	
74	5173	2587	1293	431	
75	5737	2869	1434	478	
76	5737	2869	1434	478	
77	5737	2869	1434	478	
78	5737	2869	1434	478	
79	5737	2869	1434	478	
80+	6015	3008	1504	501	

Female

Preferred		Effective Date: 03/15/2024			Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3278	1639	820	273	
66	3489	1745	872	291	
67	3489	1745	872	291	
68	3489	1745	872	291	
69	3489	1745	872	291	
70	3910	1955	978	326	
71	3910	1955	978	326	
72	3910	1955	978	326	
73	3910	1955	978	326	
74	3910	1955	978	326	
75	4337	2169	1084	361	
76	4337	2169	1084	361	
77	4337	2169	1084	361	
78	4337	2169	1084	361	
79	4337	2169	1084	361	
80+	4547	2274	1137	379	

Standard		Effective Date: 03/15/2024			Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3768	1884	942	314	
66	4011	2006	1003	334	
67	4011	2006	1003	334	
68	4011	2006	1003	334	
69	4011	2006	1003	334	
70	4495	2248	1124	375	
71	4495	2248	1124	375	
72	4495	2248	1124	375	
73	4495	2248	1124	375	
74	4495	2248	1124	375	
75	4985	2493	1246	415	
76	4985	2493	1246	415	
77	4985	2493	1246	415	
78	4985	2493	1246	415	
79	4985	2493	1246	415	
80+	5227	2614	1307	436	

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PLAN HDF - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EK
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	764	382	191	64
66	823	412	206	69
67	823	412	206	69
68	823	412	206	69
69	823	412	206	69
70	983	492	246	82
71	983	492	246	82
72	983	492	246	82
73	983	492	246	82
74	983	492	246	82
75	1265	633	316	105
76	1265	633	316	105
77	1265	633	316	105
78	1265	633	316	105
79	1265	633	316	105
80+	1402	701	351	117

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EL
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	664	332	166	55
66	716	358	179	60
67	716	358	179	60
68	716	358	179	60
69	716	358	179	60
70	855	428	214	71
71	855	428	214	71
72	855	428	214	71
73	855	428	214	71
74	855	428	214	71
75	1100	550	275	92
76	1100	550	275	92
77	1100	550	275	92
78	1100	550	275	92
79	1100	550	275	92
80+	1220	610	305	102

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EM
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	879	440	220	73
66	948	474	237	79
67	948	474	237	79
68	948	474	237	79
69	948	474	237	79
70	1131	566	283	94
71	1131	566	283	94
72	1131	566	283	94
73	1131	566	283	94
74	1131	566	283	94
75	1455	728	364	121
76	1455	728	364	121
77	1455	728	364	121
78	1455	728	364	121
79	1455	728	364	121
80+	1614	807	404	135

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EN
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	764	382	191	64
66	823	412	206	69
67	823	412	206	69
68	823	412	206	69
69	823	412	206	69
70	983	492	246	82
71	983	492	246	82
72	983	492	246	82
73	983	492	246	82
74	983	492	246	82
75	1265	633	316	105
76	1265	633	316	105
77	1265	633	316	105
78	1265	633	316	105
79	1265	633	316	105
80+	1402	701	351	117

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PLAN G - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3250	1625	813	271
66	3472	1736	868	289
67	3472	1736	868	289
68	3472	1736	868	289
69	3472	1736	868	289
70	3916	1958	979	326
71	3916	1958	979	326
72	3916	1958	979	326
73	3916	1958	979	326
74	3916	1958	979	326
75	4363	2182	1091	364
76	4363	2182	1091	364
77	4363	2182	1091	364
78	4363	2182	1091	364
79	4363	2182	1091	364
80+	4582	2291	1146	382

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2827	1414	707	236
66	3020	1510	755	252
67	3020	1510	755	252
68	3020	1510	755	252
69	3020	1510	755	252
70	3407	1704	852	284
71	3407	1704	852	284
72	3407	1704	852	284
73	3407	1704	852	284
74	3407	1704	852	284
75	3795	1898	949	316
76	3795	1898	949	316
77	3795	1898	949	316
78	3795	1898	949	316
79	3795	1898	949	316
80+	3985	1993	996	332

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3740	1870	935	312
66	3995	1998	999	333
67	3995	1998	999	333
68	3995	1998	999	333
69	3995	1998	999	333
70	4507	2254	1127	376
71	4507	2254	1127	376
72	4507	2254	1127	376
73	4507	2254	1127	376
74	4507	2254	1127	376
75	5020	2510	1255	418
76	5020	2510	1255	418
77	5020	2510	1255	418
78	5020	2510	1255	418
79	5020	2510	1255	418
80+	5272	2636	1318	439

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3250	1625	813	271
66	3472	1736	868	289
67	3472	1736	868	289
68	3472	1736	868	289
69	3472	1736	868	289
70	3916	1958	979	326
71	3916	1958	979	326
72	3916	1958	979	326
73	3916	1958	979	326
74	3916	1958	979	326
75	4363	2182	1091	364
76	4363	2182	1091	364
77	4363	2182	1091	364
78	4363	2182	1091	364
79	4363	2182	1091	364
80+	4582	2291	1146	382

PLAN HDG - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	764	382	191	64
66	823	412	206	69
67	823	412	206	69
68	823	412	206	69
69	823	412	206	69
70	983	492	246	82
71	983	492	246	82
72	983	492	246	82
73	983	492	246	82
74	983	492	246	82
75	1265	633	316	105
76	1265	633	316	105
77	1265	633	316	105
78	1265	633	316	105
79	1265	633	316	105
80+	1402	701	351	117

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	664	332	166	55
66	716	358	179	60
67	716	358	179	60
68	716	358	179	60
69	716	358	179	60
70	855	428	214	71
71	855	428	214	71
72	855	428	214	71
73	855	428	214	71
74	855	428	214	71
75	1100	550	275	92
76	1100	550	275	92
77	1100	550	275	92
78	1100	550	275	92
79	1100	550	275	92
80+	1220	610	305	102

Standard		Effective Date: 03/15/2024		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	879	440	220	73
66	948	474	237	79
67	948	474	237	79
68	948	474	237	79
69	948	474	237	79
70	1131	566	283	94
71	1131	566	283	94
72	1131	566	283	94
73	1131	566	283	94
74	1131	566	283	94
75	1455	728	364	121
76	1455	728	364	121
77	1455	728	364	121
78	1455	728	364	121
79	1455	728	364	121
80+	1614	807	404	135

Standard		Effective Date: 03/15/2024		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	764	382	191	64
66	823	412	206	69
67	823	412	206	69
68	823	412	206	69
69	823	412	206	69
70	983	492	246	82
71	983	492	246	82
72	983	492	246	82
73	983	492	246	82
74	983	492	246	82
75	1265	633	316	105
76	1265	633	316	105
77	1265	633	316	105
78	1265	633	316	105
79	1265	633	316	105
80+	1402	701	351	117

PLAN N - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2279	1140	570	190
66	2438	1219	610	203
67	2438	1219	610	203
68	2438	1219	610	203
69	2438	1219	610	203
70	2759	1380	690	230
71	2759	1380	690	230
72	2759	1380	690	230
73	2759	1380	690	230
74	2759	1380	690	230
75	3094	1547	774	258
76	3094	1547	774	258
77	3094	1547	774	258
78	3094	1547	774	258
79	3094	1547	774	258
80+	3272	1636	818	273

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1982	991	496	165
66	2121	1061	530	177
67	2121	1061	530	177
68	2121	1061	530	177
69	2121	1061	530	177
70	2400	1200	600	200
71	2400	1200	600	200
72	2400	1200	600	200
73	2400	1200	600	200
74	2400	1200	600	200
75	2691	1346	673	224
76	2691	1346	673	224
77	2691	1346	673	224
78	2691	1346	673	224
79	2691	1346	673	224
80+	2846	1423	712	237

Standard	Effective Date: 03/15/2024		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2623	1312	656	219
66	2806	1403	702	234
67	2806	1403	702	234
68	2806	1403	702	234
69	2806	1403	702	234
70	3175	1588	794	265
71	3175	1588	794	265
72	3175	1588	794	265
73	3175	1588	794	265
74	3175	1588	794	265
75	3560	1780	890	297
76	3560	1780	890	297
77	3560	1780	890	297
78	3560	1780	890	297
79	3560	1780	890	297
80+	3766	1883	942	314

Standard	Effective Date: 03/15/2024		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2279	1140	570	190
66	2438	1219	610	203
67	2438	1219	610	203
68	2438	1219	610	203
69	2438	1219	610	203
70	2759	1380	690	230
71	2759	1380	690	230
72	2759	1380	690	230
73	2759	1380	690	230
74	2759	1380	690	230
75	3094	1547	774	258
76	3094	1547	774	258
77	3094	1547	774	258
78	3094	1547	774	258
79	3094	1547	774	258
80+	3272	1636	818	273

PLAN A - AREA 3 (ZIP 330; 334)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2941	1471	735	245
66	3109	1555	777	259
67	3109	1555	777	259
68	3109	1555	777	259
69	3109	1555	777	259
70	3407	1704	852	284
71	3407	1704	852	284
72	3407	1704	852	284
73	3407	1704	852	284
74	3407	1704	852	284
75	3601	1801	900	300
76	3601	1801	900	300
77	3601	1801	900	300
78	3601	1801	900	300
79	3601	1801	900	300
80+	3601	1801	900	300

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2558	1279	640	213
66	2704	1352	676	225
67	2704	1352	676	225
68	2704	1352	676	225
69	2704	1352	676	225
70	2964	1482	741	247
71	2964	1482	741	247
72	2964	1482	741	247
73	2964	1482	741	247
74	2964	1482	741	247
75	3132	1566	783	261
76	3132	1566	783	261
77	3132	1566	783	261
78	3132	1566	783	261
79	3132	1566	783	261
80+	3132	1566	783	261

Standard		Effective Date: 03/15/2024		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3384	1692	846	282
66	3577	1789	894	298
67	3577	1789	894	298
68	3577	1789	894	298
69	3577	1789	894	298
70	3921	1961	980	327
71	3921	1961	980	327
72	3921	1961	980	327
73	3921	1961	980	327
74	3921	1961	980	327
75	4144	2072	1036	345
76	4144	2072	1036	345
77	4144	2072	1036	345
78	4144	2072	1036	345
79	4144	2072	1036	345
80+	4144	2072	1036	345

Standard		Effective Date: 03/15/2024		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2941	1471	735	245
66	3109	1555	777	259
67	3109	1555	777	259
68	3109	1555	777	259
69	3109	1555	777	259
70	3407	1704	852	284
71	3407	1704	852	284
72	3407	1704	852	284
73	3407	1704	852	284
74	3407	1704	852	284
75	3601	1801	900	300
76	3601	1801	900	300
77	3601	1801	900	300
78	3601	1801	900	300
79	3601	1801	900	300
80+	3601	1801	900	300

PLAN B - AREA 3 (ZIP 330; 334)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E4
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3995	1998	999	333
66	4238	2119	1060	353
67	4238	2119	1060	353
68	4238	2119	1060	353
69	4238	2119	1060	353
70	4696	2348	1174	391
71	4696	2348	1174	391
72	4696	2348	1174	391
73	4696	2348	1174	391
74	4696	2348	1174	391
75	5059	2530	1265	422
76	5059	2530	1265	422
77	5059	2530	1265	422
78	5059	2530	1265	422
79	5059	2530	1265	422
80+	5068	2534	1267	422

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E5
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3475	1738	869	290
66	3686	1843	922	307
67	3686	1843	922	307
68	3686	1843	922	307
69	3686	1843	922	307
70	4085	2043	1021	340
71	4085	2043	1021	340
72	4085	2043	1021	340
73	4085	2043	1021	340
74	4085	2043	1021	340
75	4400	2200	1100	367
76	4400	2200	1100	367
77	4400	2200	1100	367
78	4400	2200	1100	367
79	4400	2200	1100	367
80+	4408	2204	1102	367

Standard		Effective Date: 03/15/2024		Plan Code: 5E6
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4598	2299	1150	383
66	4876	2438	1219	406
67	4876	2438	1219	406
68	4876	2438	1219	406
69	4876	2438	1219	406
70	5404	2702	1351	450
71	5404	2702	1351	450
72	5404	2702	1351	450
73	5404	2702	1351	450
74	5404	2702	1351	450
75	5821	2911	1455	485
76	5821	2911	1455	485
77	5821	2911	1455	485
78	5821	2911	1455	485
79	5821	2911	1455	485
80+	5832	2916	1458	486

Standard		Effective Date: 03/15/2024		Plan Code: 5E7
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3995	1998	999	333
66	4238	2119	1060	353
67	4238	2119	1060	353
68	4238	2119	1060	353
69	4238	2119	1060	353
70	4696	2348	1174	391
71	4696	2348	1174	391
72	4696	2348	1174	391
73	4696	2348	1174	391
74	4696	2348	1174	391
75	5059	2530	1265	422
76	5059	2530	1265	422
77	5059	2530	1265	422
78	5059	2530	1265	422
79	5059	2530	1265	422
80+	5068	2534	1267	422

PLAN C - AREA 3 (ZIP 330; 334)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5E8	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4468	2234	1117	372
66	4756	2378	1189	396
67	4756	2378	1189	396
68	4756	2378	1189	396
69	4756	2378	1189	396
70	5336	2668	1334	445
71	5336	2668	1334	445
72	5336	2668	1334	445
73	5336	2668	1334	445
74	5336	2668	1334	445
75	5917	2959	1479	493
76	5917	2959	1479	493
77	5917	2959	1479	493
78	5917	2959	1479	493
79	5917	2959	1479	493
80+	6203	3102	1551	517

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5E9	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3886	1943	972	324
66	4137	2069	1034	345
67	4137	2069	1034	345
68	4137	2069	1034	345
69	4137	2069	1034	345
70	4641	2321	1160	387
71	4641	2321	1160	387
72	4641	2321	1160	387
73	4641	2321	1160	387
74	4641	2321	1160	387
75	5147	2574	1287	429
76	5147	2574	1287	429
77	5147	2574	1287	429
78	5147	2574	1287	429
79	5147	2574	1287	429
80+	5396	2698	1349	450

Standard	Effective Date: 03/15/2024		Plan Code: 5EA	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5141	2571	1285	428
66	5472	2736	1368	456
67	5472	2736	1368	456
68	5472	2736	1368	456
69	5472	2736	1368	456
70	6140	3070	1535	512
71	6140	3070	1535	512
72	6140	3070	1535	512
73	6140	3070	1535	512
74	6140	3070	1535	512
75	6810	3405	1703	568
76	6810	3405	1703	568
77	6810	3405	1703	568
78	6810	3405	1703	568
79	6810	3405	1703	568
80+	7138	3569	1785	595

Standard	Effective Date: 03/15/2024		Plan Code: 5EB	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4468	2234	1117	372
66	4756	2378	1189	396
67	4756	2378	1189	396
68	4756	2378	1189	396
69	4756	2378	1189	396
70	5336	2668	1334	445
71	5336	2668	1334	445
72	5336	2668	1334	445
73	5336	2668	1334	445
74	5336	2668	1334	445
75	5917	2959	1479	493
76	5917	2959	1479	493
77	5917	2959	1479	493
78	5917	2959	1479	493
79	5917	2959	1479	493
80+	6203	3102	1551	517

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PLAN D - AREA 3 (ZIP 330; 334)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4221	2111	1055	352
66	4509	2255	1127	376
67	4509	2255	1127	376
68	4509	2255	1127	376
69	4509	2255	1127	376
70	5088	2544	1272	424
71	5088	2544	1272	424
72	5088	2544	1272	424
73	5088	2544	1272	424
74	5088	2544	1272	424
75	5672	2836	1418	473
76	5672	2836	1418	473
77	5672	2836	1418	473
78	5672	2836	1418	473
79	5672	2836	1418	473
80+	5959	2980	1490	497

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3672	1836	918	306
66	3922	1961	981	327
67	3922	1961	981	327
68	3922	1961	981	327
69	3922	1961	981	327
70	4426	2213	1107	369
71	4426	2213	1107	369
72	4426	2213	1107	369
73	4426	2213	1107	369
74	4426	2213	1107	369
75	4934	2467	1234	411
76	4934	2467	1234	411
77	4934	2467	1234	411
78	4934	2467	1234	411
79	4934	2467	1234	411
80+	5183	2592	1296	432

Standard		Effective Date: 03/15/2024		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4857	2429	1214	405
66	5189	2595	1297	432
67	5189	2595	1297	432
68	5189	2595	1297	432
69	5189	2595	1297	432
70	5855	2928	1464	488
71	5855	2928	1464	488
72	5855	2928	1464	488
73	5855	2928	1464	488
74	5855	2928	1464	488
75	6527	3264	1632	544
76	6527	3264	1632	544
77	6527	3264	1632	544
78	6527	3264	1632	544
79	6527	3264	1632	544
80+	6857	3429	1714	571

Standard		Effective Date: 03/15/2024		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4221	2111	1055	352
66	4509	2255	1127	376
67	4509	2255	1127	376
68	4509	2255	1127	376
69	4509	2255	1127	376
70	5088	2544	1272	424
71	5088	2544	1272	424
72	5088	2544	1272	424
73	5088	2544	1272	424
74	5088	2544	1272	424
75	5672	2836	1418	473
76	5672	2836	1418	473
77	5672	2836	1418	473
78	5672	2836	1418	473
79	5672	2836	1418	473
80+	5959	2980	1490	497

PLAN F - AREA 3 (ZIP 330; 334)

Male

Preferred		Effective Date: 03/15/2024			Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4145	2073	1036	345	
66	4413	2207	1103	368	
67	4413	2207	1103	368	
68	4413	2207	1103	368	
69	4413	2207	1103	368	
70	4945	2473	1236	412	
71	4945	2473	1236	412	
72	4945	2473	1236	412	
73	4945	2473	1236	412	
74	4945	2473	1236	412	
75	5484	2742	1371	457	
76	5484	2742	1371	457	
77	5484	2742	1371	457	
78	5484	2742	1371	457	
79	5484	2742	1371	457	
80+	5749	2875	1437	479	

Standard		Effective Date: 03/15/2024			Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4770	2385	1193	398	
66	5078	2539	1270	423	
67	5078	2539	1270	423	
68	5078	2539	1270	423	
69	5078	2539	1270	423	
70	5690	2845	1423	474	
71	5690	2845	1423	474	
72	5690	2845	1423	474	
73	5690	2845	1423	474	
74	5690	2845	1423	474	
75	6311	3156	1578	526	
76	6311	3156	1578	526	
77	6311	3156	1578	526	
78	6311	3156	1578	526	
79	6311	3156	1578	526	
80+	6616	3308	1654	551	

Female

Preferred		Effective Date: 03/15/2024			Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3605	1803	901	300	
66	3838	1919	960	320	
67	3838	1919	960	320	
68	3838	1919	960	320	
69	3838	1919	960	320	
70	4301	2151	1075	358	
71	4301	2151	1075	358	
72	4301	2151	1075	358	
73	4301	2151	1075	358	
74	4301	2151	1075	358	
75	4770	2385	1193	398	
76	4770	2385	1193	398	
77	4770	2385	1193	398	
78	4770	2385	1193	398	
79	4770	2385	1193	398	
80+	5001	2501	1250	417	

Standard		Effective Date: 03/15/2024			Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4145	2073	1036	345	
66	4413	2207	1103	368	
67	4413	2207	1103	368	
68	4413	2207	1103	368	
69	4413	2207	1103	368	
70	4945	2473	1236	412	
71	4945	2473	1236	412	
72	4945	2473	1236	412	
73	4945	2473	1236	412	
74	4945	2473	1236	412	
75	5484	2742	1371	457	
76	5484	2742	1371	457	
77	5484	2742	1371	457	
78	5484	2742	1371	457	
79	5484	2742	1371	457	
80+	5749	2875	1437	479	

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PLAN HDF - AREA 3 (ZIP 330; 334)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5EK	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	840	420	210	70
66	906	453	227	76
67	906	453	227	76
68	906	453	227	76
69	906	453	227	76
70	1081	541	270	90
71	1081	541	270	90
72	1081	541	270	90
73	1081	541	270	90
74	1081	541	270	90
75	1391	696	348	116
76	1391	696	348	116
77	1391	696	348	116
78	1391	696	348	116
79	1391	696	348	116
80+	1543	772	386	129

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5EL	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	731	366	183	61
66	788	394	197	66
67	788	394	197	66
68	788	394	197	66
69	788	394	197	66
70	940	470	235	78
71	940	470	235	78
72	940	470	235	78
73	940	470	235	78
74	940	470	235	78
75	1210	605	303	101
76	1210	605	303	101
77	1210	605	303	101
78	1210	605	303	101
79	1210	605	303	101
80+	1342	671	336	112

Standard	Effective Date: 03/15/2024		Plan Code: 5EM	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	967	484	242	81
66	1042	521	261	87
67	1042	521	261	87
68	1042	521	261	87
69	1042	521	261	87
70	1244	622	311	104
71	1244	622	311	104
72	1244	622	311	104
73	1244	622	311	104
74	1244	622	311	104
75	1601	801	400	133
76	1601	801	400	133
77	1601	801	400	133
78	1601	801	400	133
79	1601	801	400	133
80+	1775	888	444	148

Standard	Effective Date: 03/15/2024		Plan Code: 5EN	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	840	420	210	70
66	906	453	227	76
67	906	453	227	76
68	906	453	227	76
69	906	453	227	76
70	1081	541	270	90
71	1081	541	270	90
72	1081	541	270	90
73	1081	541	270	90
74	1081	541	270	90
75	1391	696	348	116
76	1391	696	348	116
77	1391	696	348	116
78	1391	696	348	116
79	1391	696	348	116
80+	1543	772	386	129

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PLAN G - AREA 3 (ZIP 330; 334)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3575	1788	894	298
66	3819	1910	955	318
67	3819	1910	955	318
68	3819	1910	955	318
69	3819	1910	955	318
70	4308	2154	1077	359
71	4308	2154	1077	359
72	4308	2154	1077	359
73	4308	2154	1077	359
74	4308	2154	1077	359
75	4799	2400	1200	400
76	4799	2400	1200	400
77	4799	2400	1200	400
78	4799	2400	1200	400
79	4799	2400	1200	400
80+	5040	2520	1260	420

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3110	1555	778	259
66	3322	1661	831	277
67	3322	1661	831	277
68	3322	1661	831	277
69	3322	1661	831	277
70	3747	1874	937	312
71	3747	1874	937	312
72	3747	1874	937	312
73	3747	1874	937	312
74	3747	1874	937	312
75	4174	2087	1044	348
76	4174	2087	1044	348
77	4174	2087	1044	348
78	4174	2087	1044	348
79	4174	2087	1044	348
80+	4384	2192	1096	365

Standard		Effective Date: 03/15/2024		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4114	2057	1029	343
66	4395	2198	1099	366
67	4395	2198	1099	366
68	4395	2198	1099	366
69	4395	2198	1099	366
70	4957	2479	1239	413
71	4957	2479	1239	413
72	4957	2479	1239	413
73	4957	2479	1239	413
74	4957	2479	1239	413
75	5523	2762	1381	460
76	5523	2762	1381	460
77	5523	2762	1381	460
78	5523	2762	1381	460
79	5523	2762	1381	460
80+	5800	2900	1450	483

Standard		Effective Date: 03/15/2024		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3575	1788	894	298
66	3819	1910	955	318
67	3819	1910	955	318
68	3819	1910	955	318
69	3819	1910	955	318
70	4308	2154	1077	359
71	4308	2154	1077	359
72	4308	2154	1077	359
73	4308	2154	1077	359
74	4308	2154	1077	359
75	4799	2400	1200	400
76	4799	2400	1200	400
77	4799	2400	1200	400
78	4799	2400	1200	400
79	4799	2400	1200	400
80+	5040	2520	1260	420

PLAN HDG - AREA 3 (ZIP 330; 334)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	840	420	210	70
66	906	453	227	76
67	906	453	227	76
68	906	453	227	76
69	906	453	227	76
70	1081	541	270	90
71	1081	541	270	90
72	1081	541	270	90
73	1081	541	270	90
74	1081	541	270	90
75	1391	696	348	116
76	1391	696	348	116
77	1391	696	348	116
78	1391	696	348	116
79	1391	696	348	116
80+	1543	772	386	129

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	731	366	183	61
66	788	394	197	66
67	788	394	197	66
68	788	394	197	66
69	788	394	197	66
70	940	470	235	78
71	940	470	235	78
72	940	470	235	78
73	940	470	235	78
74	940	470	235	78
75	1210	605	303	101
76	1210	605	303	101
77	1210	605	303	101
78	1210	605	303	101
79	1210	605	303	101
80+	1342	671	336	112

Standard		Effective Date: 03/15/2024		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	967	484	242	81
66	1042	521	261	87
67	1042	521	261	87
68	1042	521	261	87
69	1042	521	261	87
70	1244	622	311	104
71	1244	622	311	104
72	1244	622	311	104
73	1244	622	311	104
74	1244	622	311	104
75	1601	801	400	133
76	1601	801	400	133
77	1601	801	400	133
78	1601	801	400	133
79	1601	801	400	133
80+	1775	888	444	148

Standard		Effective Date: 03/15/2024		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	840	420	210	70
66	906	453	227	76
67	906	453	227	76
68	906	453	227	76
69	906	453	227	76
70	1081	541	270	90
71	1081	541	270	90
72	1081	541	270	90
73	1081	541	270	90
74	1081	541	270	90
75	1391	696	348	116
76	1391	696	348	116
77	1391	696	348	116
78	1391	696	348	116
79	1391	696	348	116
80+	1543	772	386	129

PLAN N - AREA 3 (ZIP 330; 334)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2507	1254	627	209
66	2682	1341	671	224
67	2682	1341	671	224
68	2682	1341	671	224
69	2682	1341	671	224
70	3035	1518	759	253
71	3035	1518	759	253
72	3035	1518	759	253
73	3035	1518	759	253
74	3035	1518	759	253
75	3403	1702	851	284
76	3403	1702	851	284
77	3403	1702	851	284
78	3403	1702	851	284
79	3403	1702	851	284
80+	3600	1800	900	300

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2181	1091	545	182
66	2333	1167	583	194
67	2333	1167	583	194
68	2333	1167	583	194
69	2333	1167	583	194
70	2640	1320	660	220
71	2640	1320	660	220
72	2640	1320	660	220
73	2640	1320	660	220
74	2640	1320	660	220
75	2960	1480	740	247
76	2960	1480	740	247
77	2960	1480	740	247
78	2960	1480	740	247
79	2960	1480	740	247
80+	3131	1566	783	261

Standard	Effective Date: 03/15/2024		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2885	1443	721	240
66	3086	1543	772	257
67	3086	1543	772	257
68	3086	1543	772	257
69	3086	1543	772	257
70	3492	1746	873	291
71	3492	1746	873	291
72	3492	1746	873	291
73	3492	1746	873	291
74	3492	1746	873	291
75	3916	1958	979	326
76	3916	1958	979	326
77	3916	1958	979	326
78	3916	1958	979	326
79	3916	1958	979	326
80+	4142	2071	1036	345

Standard	Effective Date: 03/15/2024		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2507	1254	627	209
66	2682	1341	671	224
67	2682	1341	671	224
68	2682	1341	671	224
69	2682	1341	671	224
70	3035	1518	759	253
71	3035	1518	759	253
72	3035	1518	759	253
73	3035	1518	759	253
74	3035	1518	759	253
75	3403	1702	851	284
76	3403	1702	851	284
77	3403	1702	851	284
78	3403	1702	851	284
79	3403	1702	851	284
80+	3600	1800	900	300

PLAN A - AREA 4 (ZIP 331-333)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5E0	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3208	1604	802	267
66	3391	1696	848	283
67	3391	1696	848	283
68	3391	1696	848	283
69	3391	1696	848	283
70	3717	1859	929	310
71	3717	1859	929	310
72	3717	1859	929	310
73	3717	1859	929	310
74	3717	1859	929	310
75	3928	1964	982	327
76	3928	1964	982	327
77	3928	1964	982	327
78	3928	1964	982	327
79	3928	1964	982	327
80+	3928	1964	982	327

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5E1	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2790	1395	698	233
66	2950	1475	738	246
67	2950	1475	738	246
68	2950	1475	738	246
69	2950	1475	738	246
70	3233	1617	808	269
71	3233	1617	808	269
72	3233	1617	808	269
73	3233	1617	808	269
74	3233	1617	808	269
75	3417	1709	854	285
76	3417	1709	854	285
77	3417	1709	854	285
78	3417	1709	854	285
79	3417	1709	854	285
80+	3417	1709	854	285

Standard	Effective Date: 03/15/2024		Plan Code: 5E2	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3691	1846	923	308
66	3902	1951	976	325
67	3902	1951	976	325
68	3902	1951	976	325
69	3902	1951	976	325
70	4277	2139	1069	356
71	4277	2139	1069	356
72	4277	2139	1069	356
73	4277	2139	1069	356
74	4277	2139	1069	356
75	4520	2260	1130	377
76	4520	2260	1130	377
77	4520	2260	1130	377
78	4520	2260	1130	377
79	4520	2260	1130	377
80+	4520	2260	1130	377

Standard	Effective Date: 03/15/2024		Plan Code: 5E3	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3208	1604	802	267
66	3391	1696	848	283
67	3391	1696	848	283
68	3391	1696	848	283
69	3391	1696	848	283
70	3717	1859	929	310
71	3717	1859	929	310
72	3717	1859	929	310
73	3717	1859	929	310
74	3717	1859	929	310
75	3928	1964	982	327
76	3928	1964	982	327
77	3928	1964	982	327
78	3928	1964	982	327
79	3928	1964	982	327
80+	3928	1964	982	327

PLAN B - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E4
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4359	2180	1090	363
66	4623	2312	1156	385
67	4623	2312	1156	385
68	4623	2312	1156	385
69	4623	2312	1156	385
70	5123	2562	1281	427
71	5123	2562	1281	427
72	5123	2562	1281	427
73	5123	2562	1281	427
74	5123	2562	1281	427
75	5519	2760	1380	460
76	5519	2760	1380	460
77	5519	2760	1380	460
78	5519	2760	1380	460
79	5519	2760	1380	460
80+	5529	2765	1382	461

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E5
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3791	1896	948	316
66	4021	2011	1005	335
67	4021	2011	1005	335
68	4021	2011	1005	335
69	4021	2011	1005	335
70	4456	2228	1114	371
71	4456	2228	1114	371
72	4456	2228	1114	371
73	4456	2228	1114	371
74	4456	2228	1114	371
75	4800	2400	1200	400
76	4800	2400	1200	400
77	4800	2400	1200	400
78	4800	2400	1200	400
79	4800	2400	1200	400
80+	4809	2405	1202	401

Standard		Effective Date: 03/15/2024		Plan Code: 5E6
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5016	2508	1254	418
66	5320	2660	1330	443
67	5320	2660	1330	443
68	5320	2660	1330	443
69	5320	2660	1330	443
70	5895	2948	1474	491
71	5895	2948	1474	491
72	5895	2948	1474	491
73	5895	2948	1474	491
74	5895	2948	1474	491
75	6350	3175	1588	529
76	6350	3175	1588	529
77	6350	3175	1588	529
78	6350	3175	1588	529
79	6350	3175	1588	529
80+	6362	3181	1591	530

Standard		Effective Date: 03/15/2024		Plan Code: 5E7
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4359	2180	1090	363
66	4623	2312	1156	385
67	4623	2312	1156	385
68	4623	2312	1156	385
69	4623	2312	1156	385
70	5123	2562	1281	427
71	5123	2562	1281	427
72	5123	2562	1281	427
73	5123	2562	1281	427
74	5123	2562	1281	427
75	5519	2760	1380	460
76	5519	2760	1380	460
77	5519	2760	1380	460
78	5519	2760	1380	460
79	5519	2760	1380	460
80+	5529	2765	1382	461

PLAN C - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4874	2437	1219	406
66	5188	2594	1297	432
67	5188	2594	1297	432
68	5188	2594	1297	432
69	5188	2594	1297	432
70	5821	2911	1455	485
71	5821	2911	1455	485
72	5821	2911	1455	485
73	5821	2911	1455	485
74	5821	2911	1455	485
75	6455	3228	1614	538
76	6455	3228	1614	538
77	6455	3228	1614	538
78	6455	3228	1614	538
79	6455	3228	1614	538
80+	6767	3384	1692	564

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4240	2120	1060	353
66	4513	2257	1128	376
67	4513	2257	1128	376
68	4513	2257	1128	376
69	4513	2257	1128	376
70	5063	2532	1266	422
71	5063	2532	1266	422
72	5063	2532	1266	422
73	5063	2532	1266	422
74	5063	2532	1266	422
75	5615	2808	1404	468
76	5615	2808	1404	468
77	5615	2808	1404	468
78	5615	2808	1404	468
79	5615	2808	1404	468
80+	5886	2943	1472	491

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5609	2805	1402	467
66	5970	2985	1493	498
67	5970	2985	1493	498
68	5970	2985	1493	498
69	5970	2985	1493	498
70	6699	3350	1675	558
71	6699	3350	1675	558
72	6699	3350	1675	558
73	6699	3350	1675	558
74	6699	3350	1675	558
75	7429	3715	1857	619
76	7429	3715	1857	619
77	7429	3715	1857	619
78	7429	3715	1857	619
79	7429	3715	1857	619
80+	7787	3894	1947	649

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4874	2437	1219	406
66	5188	2594	1297	432
67	5188	2594	1297	432
68	5188	2594	1297	432
69	5188	2594	1297	432
70	5821	2911	1455	485
71	5821	2911	1455	485
72	5821	2911	1455	485
73	5821	2911	1455	485
74	5821	2911	1455	485
75	6455	3228	1614	538
76	6455	3228	1614	538
77	6455	3228	1614	538
78	6455	3228	1614	538
79	6455	3228	1614	538
80+	6767	3384	1692	564

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PLAN D - AREA 4 (ZIP 331-333)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5EC	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4605	2303	1151	384
66	4919	2460	1230	410
67	4919	2460	1230	410
68	4919	2460	1230	410
69	4919	2460	1230	410
70	5551	2776	1388	463
71	5551	2776	1388	463
72	5551	2776	1388	463
73	5551	2776	1388	463
74	5551	2776	1388	463
75	6188	3094	1547	516
76	6188	3094	1547	516
77	6188	3094	1547	516
78	6188	3094	1547	516
79	6188	3094	1547	516
80+	6500	3250	1625	542

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ED	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4005	2003	1001	334
66	4279	2140	1070	357
67	4279	2140	1070	357
68	4279	2140	1070	357
69	4279	2140	1070	357
70	4828	2414	1207	402
71	4828	2414	1207	402
72	4828	2414	1207	402
73	4828	2414	1207	402
74	4828	2414	1207	402
75	5382	2691	1346	449
76	5382	2691	1346	449
77	5382	2691	1346	449
78	5382	2691	1346	449
79	5382	2691	1346	449
80+	5654	2827	1414	471

Standard	Effective Date: 03/15/2024		Plan Code: 5EE	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5299	2650	1325	442
66	5660	2830	1415	472
67	5660	2830	1415	472
68	5660	2830	1415	472
69	5660	2830	1415	472
70	6387	3194	1597	532
71	6387	3194	1597	532
72	6387	3194	1597	532
73	6387	3194	1597	532
74	6387	3194	1597	532
75	7120	3560	1780	593
76	7120	3560	1780	593
77	7120	3560	1780	593
78	7120	3560	1780	593
79	7120	3560	1780	593
80+	7480	3740	1870	623

Standard	Effective Date: 03/15/2024		Plan Code: 5EF	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4605	2303	1151	384
66	4919	2460	1230	410
67	4919	2460	1230	410
68	4919	2460	1230	410
69	4919	2460	1230	410
70	5551	2776	1388	463
71	5551	2776	1388	463
72	5551	2776	1388	463
73	5551	2776	1388	463
74	5551	2776	1388	463
75	6188	3094	1547	516
76	6188	3094	1547	516
77	6188	3094	1547	516
78	6188	3094	1547	516
79	6188	3094	1547	516
80+	6500	3250	1625	542

PLAN F - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4521	2261	1130	377
66	4814	2407	1204	401
67	4814	2407	1204	401
68	4814	2407	1204	401
69	4814	2407	1204	401
70	5394	2697	1349	450
71	5394	2697	1349	450
72	5394	2697	1349	450
73	5394	2697	1349	450
74	5394	2697	1349	450
75	5983	2992	1496	499
76	5983	2992	1496	499
77	5983	2992	1496	499
78	5983	2992	1496	499
79	5983	2992	1496	499
80+	6272	3136	1568	523

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3933	1967	983	328
66	4187	2094	1047	349
67	4187	2094	1047	349
68	4187	2094	1047	349
69	4187	2094	1047	349
70	4692	2346	1173	391
71	4692	2346	1173	391
72	4692	2346	1173	391
73	4692	2346	1173	391
74	4692	2346	1173	391
75	5204	2602	1301	434
76	5204	2602	1301	434
77	5204	2602	1301	434
78	5204	2602	1301	434
79	5204	2602	1301	434
80+	5456	2728	1364	455

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5203	2602	1301	434
66	5539	2770	1385	462
67	5539	2770	1385	462
68	5539	2770	1385	462
69	5539	2770	1385	462
70	6207	3104	1552	517
71	6207	3104	1552	517
72	6207	3104	1552	517
73	6207	3104	1552	517
74	6207	3104	1552	517
75	6884	3442	1721	574
76	6884	3442	1721	574
77	6884	3442	1721	574
78	6884	3442	1721	574
79	6884	3442	1721	574
80+	7218	3609	1805	602

Standard				
Standard		Effective Date: 03/15/2024		Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4521	2261	1130	377
66	4814	2407	1204	401
67	4814	2407	1204	401
68	4814	2407	1204	401
69	4814	2407	1204	401
70	5394	2697	1349	450
71	5394	2697	1349	450
72	5394	2697	1349	450
73	5394	2697	1349	450
74	5394	2697	1349	450
75	5983	2992	1496	499
76	5983	2992	1496	499
77	5983	2992	1496	499
78	5983	2992	1496	499
79	5983	2992	1496	499
80+	6272	3136	1568	523

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PLAN HDF - AREA 4 (ZIP 331-333)

Male

Preferred		Effective Date: 03/15/2024			Plan Code: 5EK
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	916	458	229	76	
66	988	494	247	82	
67	988	494	247	82	
68	988	494	247	82	
69	988	494	247	82	
70	1179	590	295	98	
71	1179	590	295	98	
72	1179	590	295	98	
73	1179	590	295	98	
74	1179	590	295	98	
75	1517	759	379	126	
76	1517	759	379	126	
77	1517	759	379	126	
78	1517	759	379	126	
79	1517	759	379	126	
80+	1683	842	421	140	

Standard		Effective Date: 03/15/2024			Plan Code: 5EM
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	1054	527	264	88	
66	1137	569	284	95	
67	1137	569	284	95	
68	1137	569	284	95	
69	1137	569	284	95	
70	1357	679	339	113	
71	1357	679	339	113	
72	1357	679	339	113	
73	1357	679	339	113	
74	1357	679	339	113	
75	1746	873	437	146	
76	1746	873	437	146	
77	1746	873	437	146	
78	1746	873	437	146	
79	1746	873	437	146	
80+	1936	968	484	161	

Female

Preferred		Effective Date: 03/15/2024			Plan Code: 5EL
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	797	399	199	66	
66	860	430	215	72	
67	860	430	215	72	
68	860	430	215	72	
69	860	430	215	72	
70	1026	513	257	86	
71	1026	513	257	86	
72	1026	513	257	86	
73	1026	513	257	86	
74	1026	513	257	86	
75	1320	660	330	110	
76	1320	660	330	110	
77	1320	660	330	110	
78	1320	660	330	110	
79	1320	660	330	110	
80+	1464	732	366	122	

Standard		Effective Date: 03/15/2024			Plan Code: 5EN
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	916	458	229	76	
66	988	494	247	82	
67	988	494	247	82	
68	988	494	247	82	
69	988	494	247	82	
70	1179	590	295	98	
71	1179	590	295	98	
72	1179	590	295	98	
73	1179	590	295	98	
74	1179	590	295	98	
75	1517	759	379	126	
76	1517	759	379	126	
77	1517	759	379	126	
78	1517	759	379	126	
79	1517	759	379	126	
80+	1683	842	421	140	

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PLAN G - AREA 4 (ZIP 331-333)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5EO	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3900	1950	975	325
66	4166	2083	1042	347
67	4166	2083	1042	347
68	4166	2083	1042	347
69	4166	2083	1042	347
70	4700	2350	1175	392
71	4700	2350	1175	392
72	4700	2350	1175	392
73	4700	2350	1175	392
74	4700	2350	1175	392
75	5235	2618	1309	436
76	5235	2618	1309	436
77	5235	2618	1309	436
78	5235	2618	1309	436
79	5235	2618	1309	436
80+	5498	2749	1375	458

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5EP	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3392	1696	848	283
66	3624	1812	906	302
67	3624	1812	906	302
68	3624	1812	906	302
69	3624	1812	906	302
70	4088	2044	1022	341
71	4088	2044	1022	341
72	4088	2044	1022	341
73	4088	2044	1022	341
74	4088	2044	1022	341
75	4554	2277	1139	380
76	4554	2277	1139	380
77	4554	2277	1139	380
78	4554	2277	1139	380
79	4554	2277	1139	380
80+	4782	2391	1196	399

Standard	Effective Date: 03/15/2024		Plan Code: 5EQ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4488	2244	1122	374
66	4795	2398	1199	400
67	4795	2398	1199	400
68	4795	2398	1199	400
69	4795	2398	1199	400
70	5408	2704	1352	451
71	5408	2704	1352	451
72	5408	2704	1352	451
73	5408	2704	1352	451
74	5408	2704	1352	451
75	6025	3013	1506	502
76	6025	3013	1506	502
77	6025	3013	1506	502
78	6025	3013	1506	502
79	6025	3013	1506	502
80+	6327	3164	1582	527

Standard	Effective Date: 03/15/2024		Plan Code: 5ER	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3900	1950	975	325
66	4166	2083	1042	347
67	4166	2083	1042	347
68	4166	2083	1042	347
69	4166	2083	1042	347
70	4700	2350	1175	392
71	4700	2350	1175	392
72	4700	2350	1175	392
73	4700	2350	1175	392
74	4700	2350	1175	392
75	5235	2618	1309	436
76	5235	2618	1309	436
77	5235	2618	1309	436
78	5235	2618	1309	436
79	5235	2618	1309	436
80+	5498	2749	1375	458

PLAN HDG - AREA 4 (ZIP 331-333)

Male				
Preferred		Effective Date: 03/15/2024		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	916	458	229	76
66	988	494	247	82
67	988	494	247	82
68	988	494	247	82
69	988	494	247	82
70	1179	590	295	98
71	1179	590	295	98
72	1179	590	295	98
73	1179	590	295	98
74	1179	590	295	98
75	1517	759	379	126
76	1517	759	379	126
77	1517	759	379	126
78	1517	759	379	126
79	1517	759	379	126
80+	1683	842	421	140

Female				
Preferred		Effective Date: 03/15/2024		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	797	399	199	66
66	860	430	215	72
67	860	430	215	72
68	860	430	215	72
69	860	430	215	72
70	1026	513	257	86
71	1026	513	257	86
72	1026	513	257	86
73	1026	513	257	86
74	1026	513	257	86
75	1320	660	330	110
76	1320	660	330	110
77	1320	660	330	110
78	1320	660	330	110
79	1320	660	330	110
80+	1464	732	366	122

Standard		Effective Date: 03/15/2024		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1054	527	264	88
66	1137	569	284	95
67	1137	569	284	95
68	1137	569	284	95
69	1137	569	284	95
70	1357	679	339	113
71	1357	679	339	113
72	1357	679	339	113
73	1357	679	339	113
74	1357	679	339	113
75	1746	873	437	146
76	1746	873	437	146
77	1746	873	437	146
78	1746	873	437	146
79	1746	873	437	146
80+	1936	968	484	161

Standard		Effective Date: 03/15/2024		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	916	458	229	76
66	988	494	247	82
67	988	494	247	82
68	988	494	247	82
69	988	494	247	82
70	1179	590	295	98
71	1179	590	295	98
72	1179	590	295	98
73	1179	590	295	98
74	1179	590	295	98
75	1517	759	379	126
76	1517	759	379	126
77	1517	759	379	126
78	1517	759	379	126
79	1517	759	379	126
80+	1683	842	421	140

PLAN N - AREA 4 (ZIP 331-333)

Male				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2735	1368	684	228
66	2926	1463	732	244
67	2926	1463	732	244
68	2926	1463	732	244
69	2926	1463	732	244
70	3310	1655	828	276
71	3310	1655	828	276
72	3310	1655	828	276
73	3310	1655	828	276
74	3310	1655	828	276
75	3713	1857	928	309
76	3713	1857	928	309
77	3713	1857	928	309
78	3713	1857	928	309
79	3713	1857	928	309
80+	3927	1964	982	327

Female				
Preferred	Effective Date: 03/15/2024		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2379	1190	595	198
66	2545	1273	636	212
67	2545	1273	636	212
68	2545	1273	636	212
69	2545	1273	636	212
70	2880	1440	720	240
71	2880	1440	720	240
72	2880	1440	720	240
73	2880	1440	720	240
74	2880	1440	720	240
75	3230	1615	808	269
76	3230	1615	808	269
77	3230	1615	808	269
78	3230	1615	808	269
79	3230	1615	808	269
80+	3416	1708	854	285

Standard	Effective Date: 03/15/2024		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3147	1574	787	262
66	3367	1684	842	281
67	3367	1684	842	281
68	3367	1684	842	281
69	3367	1684	842	281
70	3809	1905	952	317
71	3809	1905	952	317
72	3809	1905	952	317
73	3809	1905	952	317
74	3809	1905	952	317
75	4272	2136	1068	356
76	4272	2136	1068	356
77	4272	2136	1068	356
78	4272	2136	1068	356
79	4272	2136	1068	356
80+	4519	2260	1130	377

Standard	Effective Date: 03/15/2024		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2735	1368	684	228
66	2926	1463	732	244
67	2926	1463	732	244
68	2926	1463	732	244
69	2926	1463	732	244
70	3310	1655	828	276
71	3310	1655	828	276
72	3310	1655	828	276
73	3310	1655	828	276
74	3310	1655	828	276
75	3713	1857	928	309
76	3713	1857	928	309
77	3713	1857	928	309
78	3713	1857	928	309
79	3713	1857	928	309
80+	3927	1964	982	327

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$0	\$1676 (Part A Deductible)
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$257 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$257 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$257 (Part B Deductible) \$0
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PLAN B
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	\$0	Up to \$209.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respice care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$257 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$257 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$257 (Part B Deductible) \$0
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PLAN C
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respice 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.

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

* Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$257 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$257 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$257 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respice care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

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 \$2870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A Deductible) \$419 a day \$838 a day 100% of Medicare-Eligible Expenses \$0	\$0 \$0 \$0 \$0 *** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

- * Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.
- ** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2870 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$257 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$257 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$257 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

- * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ** This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1676 All but \$419 a day All but \$838 a day \$0 \$0	\$1676 (Part A Deductible) \$419 a day \$838 a day 100% of Medicare-Eligible Expenses \$0	\$0 \$0 \$0 \$0 *** All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$209.50 a day \$0	\$0 Up to \$209.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$257 of Medicare-Approved Amounts*	\$0	\$0	\$257 (Unless Part B Deductible has been met)
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 N
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1676	\$1676 (Part A Deductible)	\$0
61st thru 90th day	All but \$419 a day	\$419 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$838 a day	\$838 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$209.50 a day	Up to \$209.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$257 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$257 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$257 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$257 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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