



# ProCare<sup>®</sup>

## Medicare Supplement Insurance Policies

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

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# United American's ProCare<sup>®</sup> 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<sup>†</sup> & 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](http://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](http://www.ambest.com); [www.standardandpoors.com](http://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 <sup>▼</sup>	K <sup>■</sup>	L <sup>■</sup>	N <sup>●</sup>	C	F <sup>▼</sup>
<b>Basic Benefits</b>									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	50%	75%	Copay <sup>●</sup>	100%	100%
Blood	✓	✓	✓	✓	50%	75%	✓	✓	✓
Hospice	✓	✓	✓	✓	50%	75%	✓	✓	✓
<b>Skilled Nursing Facility Coinsurance</b>			✓	✓	50%	75%	✓	✓	✓
<b>Part A Deductible</b>		✓	✓	✓	50%	75%	✓	✓	✓
<b>Part B Deductible</b>								✓	✓
<b>Excess Doctor Charges</b>				100%					100%
<b>Foreign Travel Emergency</b>			✓	✓			✓	✓	✓
<b>Out-of-Pocket Annual Limit<sup>■</sup></b>					\$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<sup>®</sup>

## 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**

<b>Plan Code</b> <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	<b>Effective Date Requested (mm-dd-yyyy)</b> <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"/>	<b>Mode of Premium</b> <input type="radio"/> Annual <input type="radio"/> Semi-Annual <input type="radio"/> Quarterly <input type="radio"/> Monthly	<b>Method of Payment</b> <input type="radio"/> Send Premium Notices <input type="radio"/> Automatic Payment Plan	<b>Draft Date</b> 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"/>
<b>Select Plan Applying for</b> <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   M.I.

Last Name

**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

<b>Application Verification Information</b>	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 (continued)**

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

- |   | <b>Yes No</b> |
|---|---------------|
| 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? -----  | ○ ○           |
| 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? -----  | ○ ○           |
| 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? -----  | ○ ○           |
| 10. Have you been advised that surgery may be required within the next twelve months for cataracts? -----   | ○ ○           |
| 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? -----  | ○ ○           |
| 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? -----   | ○ ○           |
| 13. Do you have diabetes requiring more than 50 units of insulin daily? -----   | ○ ○           |
| 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? -----   | ○ ○           |
| 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)? -----  | ○ ○           |
| 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? -----   | ○ ○           |
| 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? ----- | ○ ○           |

**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.

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

**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.

<b>Application Signed at City</b>	<b>State</b>	<b>On this Date (mm-dd-yyyy)</b>
<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"/>





**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:

---

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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

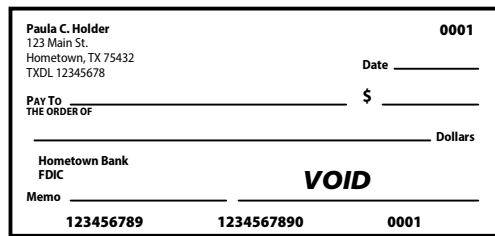
-   -

Requested Bank Draft Day (dd)

Payor's First Name												M.I.	
<input type="text"/>												<input type="text"/>	
Payor's Last Name													
<input type="text"/>													
Bank ABA Routing Number						Account Number							
<input type="text"/>						<input type="text"/>							
Bank Name													
<input type="text"/>													

**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 <sup>st</sup> – 10 <sup>th</sup>	14 <sup>th</sup>
Third Wednesday	11 <sup>th</sup> – 20 <sup>th</sup>	21 <sup>st</sup>
Fourth Wednesday	21 <sup>st</sup> – 31 <sup>st</sup>	28 <sup>th</sup>

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.

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OR MEDICARE ADVANTAGE

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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.

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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.

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---

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 <sup>3</sup>	✓	✓
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 <sup>2</sup>						\$7,220 <sup>2</sup>	\$3,610 <sup>2</sup>			

\* 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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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: 03/15/2025		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2587	1294	647	216
66	2734	1367	684	228
67	2734	1367	684	228
68	2734	1367	684	228
69	2734	1367	684	228
70	2997	1499	749	250
71	2997	1499	749	250
72	2997	1499	749	250
73	2997	1499	749	250
74	2997	1499	749	250
75	3167	1584	792	264
76	3167	1584	792	264
77	3167	1584	792	264
78	3167	1584	792	264
79	3167	1584	792	264
80+	3167	1584	792	264

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2250	1125	563	188
66	2378	1189	595	198
67	2378	1189	595	198
68	2378	1189	595	198
69	2378	1189	595	198
70	2607	1304	652	217
71	2607	1304	652	217
72	2607	1304	652	217
73	2607	1304	652	217
74	2607	1304	652	217
75	2755	1378	689	230
76	2755	1378	689	230
77	2755	1378	689	230
78	2755	1378	689	230
79	2755	1378	689	230
80+	2755	1378	689	230

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2977	1489	744	248
66	3146	1573	787	262
67	3146	1573	787	262
68	3146	1573	787	262
69	3146	1573	787	262
70	3449	1725	862	287
71	3449	1725	862	287
72	3449	1725	862	287
73	3449	1725	862	287
74	3449	1725	862	287
75	3645	1823	911	304
76	3645	1823	911	304
77	3645	1823	911	304
78	3645	1823	911	304
79	3645	1823	911	304
80+	3645	1823	911	304

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2587	1294	647	216
66	2734	1367	684	228
67	2734	1367	684	228
68	2734	1367	684	228
69	2734	1367	684	228
70	2997	1499	749	250
71	2997	1499	749	250
72	2997	1499	749	250
73	2997	1499	749	250
74	2997	1499	749	250
75	3167	1584	792	264
76	3167	1584	792	264
77	3167	1584	792	264
78	3167	1584	792	264
79	3167	1584	792	264
80+	3167	1584	792	264

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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E4
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3514	1757	879	293
66	3728	1864	932	311
67	3728	1864	932	311
68	3728	1864	932	311
69	3728	1864	932	311
70	4130	2065	1033	344
71	4130	2065	1033	344
72	4130	2065	1033	344
73	4130	2065	1033	344
74	4130	2065	1033	344
75	4449	2225	1112	371
76	4449	2225	1112	371
77	4449	2225	1112	371
78	4449	2225	1112	371
79	4449	2225	1112	371
80+	4458	2229	1115	372

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E5
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3057	1529	764	255
66	3242	1621	811	270
67	3242	1621	811	270
68	3242	1621	811	270
69	3242	1621	811	270
70	3593	1797	898	299
71	3593	1797	898	299
72	3593	1797	898	299
73	3593	1797	898	299
74	3593	1797	898	299
75	3870	1935	968	323
76	3870	1935	968	323
77	3870	1935	968	323
78	3870	1935	968	323
79	3870	1935	968	323
80+	3878	1939	970	323

Standard		Effective Date: 03/15/2025		Plan Code: 5E6
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4044	2022	1011	337
66	4289	2145	1072	357
67	4289	2145	1072	357
68	4289	2145	1072	357
69	4289	2145	1072	357
70	4753	2377	1188	396
71	4753	2377	1188	396
72	4753	2377	1188	396
73	4753	2377	1188	396
74	4753	2377	1188	396
75	5120	2560	1280	427
76	5120	2560	1280	427
77	5120	2560	1280	427
78	5120	2560	1280	427
79	5120	2560	1280	427
80+	5130	2565	1283	428

Standard		Effective Date: 03/15/2025		Plan Code: 5E7
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3514	1757	879	293
66	3728	1864	932	311
67	3728	1864	932	311
68	3728	1864	932	311
69	3728	1864	932	311
70	4130	2065	1033	344
71	4130	2065	1033	344
72	4130	2065	1033	344
73	4130	2065	1033	344
74	4130	2065	1033	344
75	4449	2225	1112	371
76	4449	2225	1112	371
77	4449	2225	1112	371
78	4449	2225	1112	371
79	4449	2225	1112	371
80+	4458	2229	1115	372



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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3929	1965	982	327
66	4183	2092	1046	349
67	4183	2092	1046	349
68	4183	2092	1046	349
69	4183	2092	1046	349
70	4694	2347	1174	391
71	4694	2347	1174	391
72	4694	2347	1174	391
73	4694	2347	1174	391
74	4694	2347	1174	391
75	5205	2603	1301	434
76	5205	2603	1301	434
77	5205	2603	1301	434
78	5205	2603	1301	434
79	5205	2603	1301	434
80+	5456	2728	1364	455

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3418	1709	855	285
66	3639	1820	910	303
67	3639	1820	910	303
68	3639	1820	910	303
69	3639	1820	910	303
70	4083	2042	1021	340
71	4083	2042	1021	340
72	4083	2042	1021	340
73	4083	2042	1021	340
74	4083	2042	1021	340
75	4527	2264	1132	377
76	4527	2264	1132	377
77	4527	2264	1132	377
78	4527	2264	1132	377
79	4527	2264	1132	377
80+	4746	2373	1187	396

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4522	2261	1131	377
66	4814	2407	1204	401
67	4814	2407	1204	401
68	4814	2407	1204	401
69	4814	2407	1204	401
70	5401	2701	1350	450
71	5401	2701	1350	450
72	5401	2701	1350	450
73	5401	2701	1350	450
74	5401	2701	1350	450
75	5990	2995	1498	499
76	5990	2995	1498	499
77	5990	2995	1498	499
78	5990	2995	1498	499
79	5990	2995	1498	499
80+	6278	3139	1570	523

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3929	1965	982	327
66	4183	2092	1046	349
67	4183	2092	1046	349
68	4183	2092	1046	349
69	4183	2092	1046	349
70	4694	2347	1174	391
71	4694	2347	1174	391
72	4694	2347	1174	391
73	4694	2347	1174	391
74	4694	2347	1174	391
75	5205	2603	1301	434
76	5205	2603	1301	434
77	5205	2603	1301	434
78	5205	2603	1301	434
79	5205	2603	1301	434
80+	5456	2728	1364	455

**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: 03/15/2025		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3712	1856	928	309
66	3966	1983	992	331
67	3966	1983	992	331
68	3966	1983	992	331
69	3966	1983	992	331
70	4475	2238	1119	373
71	4475	2238	1119	373
72	4475	2238	1119	373
73	4475	2238	1119	373
74	4475	2238	1119	373
75	4989	2495	1247	416
76	4989	2495	1247	416
77	4989	2495	1247	416
78	4989	2495	1247	416
79	4989	2495	1247	416
80+	5240	2620	1310	437

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3229	1615	807	269
66	3450	1725	863	288
67	3450	1725	863	288
68	3450	1725	863	288
69	3450	1725	863	288
70	3893	1947	973	324
71	3893	1947	973	324
72	3893	1947	973	324
73	3893	1947	973	324
74	3893	1947	973	324
75	4339	2170	1085	362
76	4339	2170	1085	362
77	4339	2170	1085	362
78	4339	2170	1085	362
79	4339	2170	1085	362
80+	4558	2279	1140	380

Standard		Effective Date: 03/15/2025		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4272	2136	1068	356
66	4564	2282	1141	380
67	4564	2282	1141	380
68	4564	2282	1141	380
69	4564	2282	1141	380
70	5150	2575	1288	429
71	5150	2575	1288	429
72	5150	2575	1288	429
73	5150	2575	1288	429
74	5150	2575	1288	429
75	5741	2871	1435	478
76	5741	2871	1435	478
77	5741	2871	1435	478
78	5741	2871	1435	478
79	5741	2871	1435	478
80+	6030	3015	1508	503

Standard		Effective Date: 03/15/2025		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3712	1856	928	309
66	3966	1983	992	331
67	3966	1983	992	331
68	3966	1983	992	331
69	3966	1983	992	331
70	4475	2238	1119	373
71	4475	2238	1119	373
72	4475	2238	1119	373
73	4475	2238	1119	373
74	4475	2238	1119	373
75	4989	2495	1247	416
76	4989	2495	1247	416
77	4989	2495	1247	416
78	4989	2495	1247	416
79	4989	2495	1247	416
80+	5240	2620	1310	437

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

**Male**

<b>Preferred</b>		<b>Effective Date: 03/15/2025</b>			<b>Plan Code: 5EG</b>
<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	3646	1823	912	304	
66	3881	1941	970	323	
67	3881	1941	970	323	
68	3881	1941	970	323	
69	3881	1941	970	323	
70	4349	2175	1087	362	
71	4349	2175	1087	362	
72	4349	2175	1087	362	
73	4349	2175	1087	362	
74	4349	2175	1087	362	
75	4823	2412	1206	402	
76	4823	2412	1206	402	
77	4823	2412	1206	402	
78	4823	2412	1206	402	
79	4823	2412	1206	402	
80+	5057	2529	1264	421	

<b>Standard</b>		<b>Effective Date: 03/15/2025</b>			<b>Plan Code: 5EI</b>
<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	4195	2098	1049	350	
66	4466	2233	1117	372	
67	4466	2233	1117	372	
68	4466	2233	1117	372	
69	4466	2233	1117	372	
70	5005	2503	1251	417	
71	5005	2503	1251	417	
72	5005	2503	1251	417	
73	5005	2503	1251	417	
74	5005	2503	1251	417	
75	5550	2775	1388	463	
76	5550	2775	1388	463	
77	5550	2775	1388	463	
78	5550	2775	1388	463	
79	5550	2775	1388	463	
80+	5819	2910	1455	485	

**Female**

<b>Preferred</b>		<b>Effective Date: 03/15/2025</b>			<b>Plan Code: 5EH</b>
<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	3171	1586	793	264	
66	3376	1688	844	281	
67	3376	1688	844	281	
68	3376	1688	844	281	
69	3376	1688	844	281	
70	3783	1892	946	315	
71	3783	1892	946	315	
72	3783	1892	946	315	
73	3783	1892	946	315	
74	3783	1892	946	315	
75	4196	2098	1049	350	
76	4196	2098	1049	350	
77	4196	2098	1049	350	
78	4196	2098	1049	350	
79	4196	2098	1049	350	
80+	4399	2200	1100	367	

<b>Standard</b>		<b>Effective Date: 03/15/2025</b>			<b>Plan Code: 5EJ</b>
<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	3646	1823	912	304	
66	3881	1941	970	323	
67	3881	1941	970	323	
68	3881	1941	970	323	
69	3881	1941	970	323	
70	4349	2175	1087	362	
71	4349	2175	1087	362	
72	4349	2175	1087	362	
73	4349	2175	1087	362	
74	4349	2175	1087	362	
75	4823	2412	1206	402	
76	4823	2412	1206	402	
77	4823	2412	1206	402	
78	4823	2412	1206	402	
79	4823	2412	1206	402	
80+	5057	2529	1264	421	

**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**

<b>Preferred</b>		<b>Effective Date: 03/15/2025</b>			<b>Plan Code: 5EK</b>
<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	739	370	185	62	
66	797	399	199	66	
67	797	399	199	66	
68	797	399	199	66	
69	797	399	199	66	
70	951	476	238	79	
71	951	476	238	79	
72	951	476	238	79	
73	951	476	238	79	
74	951	476	238	79	
75	1224	612	306	102	
76	1224	612	306	102	
77	1224	612	306	102	
78	1224	612	306	102	
79	1224	612	306	102	
80+	1356	678	339	113	

**Female**

<b>Preferred</b>		<b>Effective Date: 03/15/2025</b>			<b>Plan Code: 5EL</b>
<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	643	322	161	54	
66	693	347	173	58	
67	693	347	173	58	
68	693	347	173	58	
69	693	347	173	58	
70	827	414	207	69	
71	827	414	207	69	
72	827	414	207	69	
73	827	414	207	69	
74	827	414	207	69	
75	1064	532	266	89	
76	1064	532	266	89	
77	1064	532	266	89	
78	1064	532	266	89	
79	1064	532	266	89	
80+	1180	590	295	98	

**Standard** **Effective Date: 03/15/2025** **Plan Code: 5EM**

<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	851	426	213	71	
66	917	459	229	76	
67	917	459	229	76	
68	917	459	229	76	
69	917	459	229	76	
70	1094	547	274	91	
71	1094	547	274	91	
72	1094	547	274	91	
73	1094	547	274	91	
74	1094	547	274	91	
75	1408	704	352	117	
76	1408	704	352	117	
77	1408	704	352	117	
78	1408	704	352	117	
79	1408	704	352	117	
80+	1561	781	390	130	

**Standard** **Effective Date: 03/15/2025** **Plan Code: 5EN**

<b>Issue Age</b>	<b>Annual</b>	<b>Semi Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	
65	739	370	185	62	
66	797	399	199	66	
67	797	399	199	66	
68	797	399	199	66	
69	797	399	199	66	
70	951	476	238	79	
71	951	476	238	79	
72	951	476	238	79	
73	951	476	238	79	
74	951	476	238	79	
75	1224	612	306	102	
76	1224	612	306	102	
77	1224	612	306	102	
78	1224	612	306	102	
79	1224	612	306	102	
80+	1356	678	339	113	

**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: 03/15/2025		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3007	1504	752	251
66	3212	1606	803	268
67	3212	1606	803	268
68	3212	1606	803	268
69	3212	1606	803	268
70	3624	1812	906	302
71	3624	1812	906	302
72	3624	1812	906	302
73	3624	1812	906	302
74	3624	1812	906	302
75	4036	2018	1009	336
76	4036	2018	1009	336
77	4036	2018	1009	336
78	4036	2018	1009	336
79	4036	2018	1009	336
80+	4239	2120	1060	353

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2615	1308	654	218
66	2794	1397	699	233
67	2794	1397	699	233
68	2794	1397	699	233
69	2794	1397	699	233
70	3152	1576	788	263
71	3152	1576	788	263
72	3152	1576	788	263
73	3152	1576	788	263
74	3152	1576	788	263
75	3511	1756	878	293
76	3511	1756	878	293
77	3511	1756	878	293
78	3511	1756	878	293
79	3511	1756	878	293
80+	3687	1844	922	307

Standard		Effective Date: 03/15/2025		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3460	1730	865	288
66	3697	1849	924	308
67	3697	1849	924	308
68	3697	1849	924	308
69	3697	1849	924	308
70	4170	2085	1043	348
71	4170	2085	1043	348
72	4170	2085	1043	348
73	4170	2085	1043	348
74	4170	2085	1043	348
75	4645	2323	1161	387
76	4645	2323	1161	387
77	4645	2323	1161	387
78	4645	2323	1161	387
79	4645	2323	1161	387
80+	4878	2439	1220	407

Standard		Effective Date: 03/15/2025		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3007	1504	752	251
66	3212	1606	803	268
67	3212	1606	803	268
68	3212	1606	803	268
69	3212	1606	803	268
70	3624	1812	906	302
71	3624	1812	906	302
72	3624	1812	906	302
73	3624	1812	906	302
74	3624	1812	906	302
75	4036	2018	1009	336
76	4036	2018	1009	336
77	4036	2018	1009	336
78	4036	2018	1009	336
79	4036	2018	1009	336
80+	4239	2120	1060	353



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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	739	370	185	62
66	797	399	199	66
67	797	399	199	66
68	797	399	199	66
69	797	399	199	66
70	951	476	238	79
71	951	476	238	79
72	951	476	238	79
73	951	476	238	79
74	951	476	238	79
75	1224	612	306	102
76	1224	612	306	102
77	1224	612	306	102
78	1224	612	306	102
79	1224	612	306	102
80+	1356	678	339	113

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	643	322	161	54
66	693	347	173	58
67	693	347	173	58
68	693	347	173	58
69	693	347	173	58
70	827	414	207	69
71	827	414	207	69
72	827	414	207	69
73	827	414	207	69
74	827	414	207	69
75	1064	532	266	89
76	1064	532	266	89
77	1064	532	266	89
78	1064	532	266	89
79	1064	532	266	89
80+	1180	590	295	98

Standard		Effective Date: 03/15/2025		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	851	426	213	71
66	917	459	229	76
67	917	459	229	76
68	917	459	229	76
69	917	459	229	76
70	1094	547	274	91
71	1094	547	274	91
72	1094	547	274	91
73	1094	547	274	91
74	1094	547	274	91
75	1408	704	352	117
76	1408	704	352	117
77	1408	704	352	117
78	1408	704	352	117
79	1408	704	352	117
80+	1561	781	390	130

Standard		Effective Date: 03/15/2025		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	739	370	185	62
66	797	399	199	66
67	797	399	199	66
68	797	399	199	66
69	797	399	199	66
70	951	476	238	79
71	951	476	238	79
72	951	476	238	79
73	951	476	238	79
74	951	476	238	79
75	1224	612	306	102
76	1224	612	306	102
77	1224	612	306	102
78	1224	612	306	102
79	1224	612	306	102
80+	1356	678	339	113

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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5ES
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2205	1103	551	184
66	2359	1180	590	197
67	2359	1180	590	197
68	2359	1180	590	197
69	2359	1180	590	197
70	2669	1335	667	222
71	2669	1335	667	222
72	2669	1335	667	222
73	2669	1335	667	222
74	2669	1335	667	222
75	2993	1497	748	249
76	2993	1497	748	249
77	2993	1497	748	249
78	2993	1497	748	249
79	2993	1497	748	249
80+	3166	1583	792	264

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5ET
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1918	959	480	160
66	2052	1026	513	171
67	2052	1026	513	171
68	2052	1026	513	171
69	2052	1026	513	171
70	2322	1161	581	194
71	2322	1161	581	194
72	2322	1161	581	194
73	2322	1161	581	194
74	2322	1161	581	194
75	2604	1302	651	217
76	2604	1302	651	217
77	2604	1302	651	217
78	2604	1302	651	217
79	2604	1302	651	217
80+	2754	1377	689	230

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EU
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2537	1269	634	211
66	2714	1357	679	226
67	2714	1357	679	226
68	2714	1357	679	226
69	2714	1357	679	226
70	3072	1536	768	256
71	3072	1536	768	256
72	3072	1536	768	256
73	3072	1536	768	256
74	3072	1536	768	256
75	3444	1722	861	287
76	3444	1722	861	287
77	3444	1722	861	287
78	3444	1722	861	287
79	3444	1722	861	287
80+	3643	1822	911	304

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EV
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2205	1103	551	184
66	2359	1180	590	197
67	2359	1180	590	197
68	2359	1180	590	197
69	2359	1180	590	197
70	2669	1335	667	222
71	2669	1335	667	222
72	2669	1335	667	222
73	2669	1335	667	222
74	2669	1335	667	222
75	2993	1497	748	249
76	2993	1497	748	249
77	2993	1497	748	249
78	2993	1497	748	249
79	2993	1497	748	249
80+	3166	1583	792	264

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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2874	1437	719	240
66	3037	1519	759	253
67	3037	1519	759	253
68	3037	1519	759	253
69	3037	1519	759	253
70	3330	1665	833	278
71	3330	1665	833	278
72	3330	1665	833	278
73	3330	1665	833	278
74	3330	1665	833	278
75	3519	1760	880	293
76	3519	1760	880	293
77	3519	1760	880	293
78	3519	1760	880	293
79	3519	1760	880	293
80+	3519	1760	880	293

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2500	1250	625	208
66	2642	1321	661	220
67	2642	1321	661	220
68	2642	1321	661	220
69	2642	1321	661	220
70	2897	1449	724	241
71	2897	1449	724	241
72	2897	1449	724	241
73	2897	1449	724	241
74	2897	1449	724	241
75	3061	1531	765	255
76	3061	1531	765	255
77	3061	1531	765	255
78	3061	1531	765	255
79	3061	1531	765	255
80+	3061	1531	765	255

Standard		Effective Date: 03/15/2025		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3307	1654	827	276
66	3495	1748	874	291
67	3495	1748	874	291
68	3495	1748	874	291
69	3495	1748	874	291
70	3832	1916	958	319
71	3832	1916	958	319
72	3832	1916	958	319
73	3832	1916	958	319
74	3832	1916	958	319
75	4050	2025	1013	338
76	4050	2025	1013	338
77	4050	2025	1013	338
78	4050	2025	1013	338
79	4050	2025	1013	338
80+	4050	2025	1013	338

Standard		Effective Date: 03/15/2025		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2874	1437	719	240
66	3037	1519	759	253
67	3037	1519	759	253
68	3037	1519	759	253
69	3037	1519	759	253
70	3330	1665	833	278
71	3330	1665	833	278
72	3330	1665	833	278
73	3330	1665	833	278
74	3330	1665	833	278
75	3519	1760	880	293
76	3519	1760	880	293
77	3519	1760	880	293
78	3519	1760	880	293
79	3519	1760	880	293
80+	3519	1760	880	293

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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E4
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3905	1953	976	325
66	4142	2071	1036	345
67	4142	2071	1036	345
68	4142	2071	1036	345
69	4142	2071	1036	345
70	4589	2295	1147	382
71	4589	2295	1147	382
72	4589	2295	1147	382
73	4589	2295	1147	382
74	4589	2295	1147	382
75	4944	2472	1236	412
76	4944	2472	1236	412
77	4944	2472	1236	412
78	4944	2472	1236	412
79	4944	2472	1236	412
80+	4953	2477	1238	413

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E5
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3396	1698	849	283
66	3603	1802	901	300
67	3603	1802	901	300
68	3603	1802	901	300
69	3603	1802	901	300
70	3992	1996	998	333
71	3992	1996	998	333
72	3992	1996	998	333
73	3992	1996	998	333
74	3992	1996	998	333
75	4300	2150	1075	358
76	4300	2150	1075	358
77	4300	2150	1075	358
78	4300	2150	1075	358
79	4300	2150	1075	358
80+	4309	2155	1077	359

Standard		Effective Date: 03/15/2025		Plan Code: 5E6
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4493	2247	1123	374
66	4766	2383	1192	397
67	4766	2383	1192	397
68	4766	2383	1192	397
69	4766	2383	1192	397
70	5281	2641	1320	440
71	5281	2641	1320	440
72	5281	2641	1320	440
73	5281	2641	1320	440
74	5281	2641	1320	440
75	5689	2845	1422	474
76	5689	2845	1422	474
77	5689	2845	1422	474
78	5689	2845	1422	474
79	5689	2845	1422	474
80+	5700	2850	1425	475

Standard		Effective Date: 03/15/2025		Plan Code: 5E7
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3905	1953	976	325
66	4142	2071	1036	345
67	4142	2071	1036	345
68	4142	2071	1036	345
69	4142	2071	1036	345
70	4589	2295	1147	382
71	4589	2295	1147	382
72	4589	2295	1147	382
73	4589	2295	1147	382
74	4589	2295	1147	382
75	4944	2472	1236	412
76	4944	2472	1236	412
77	4944	2472	1236	412
78	4944	2472	1236	412
79	4944	2472	1236	412
80+	4953	2477	1238	413

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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4366	2183	1092	364
66	4648	2324	1162	387
67	4648	2324	1162	387
68	4648	2324	1162	387
69	4648	2324	1162	387
70	5215	2608	1304	435
71	5215	2608	1304	435
72	5215	2608	1304	435
73	5215	2608	1304	435
74	5215	2608	1304	435
75	5783	2892	1446	482
76	5783	2892	1446	482
77	5783	2892	1446	482
78	5783	2892	1446	482
79	5783	2892	1446	482
80+	6062	3031	1516	505

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3798	1899	950	317
66	4043	2022	1011	337
67	4043	2022	1011	337
68	4043	2022	1011	337
69	4043	2022	1011	337
70	4536	2268	1134	378
71	4536	2268	1134	378
72	4536	2268	1134	378
73	4536	2268	1134	378
74	4536	2268	1134	378
75	5031	2516	1258	419
76	5031	2516	1258	419
77	5031	2516	1258	419
78	5031	2516	1258	419
79	5031	2516	1258	419
80+	5273	2637	1318	439

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5024	2512	1256	419
66	5349	2675	1337	446
67	5349	2675	1337	446
68	5349	2675	1337	446
69	5349	2675	1337	446
70	6001	3001	1500	500
71	6001	3001	1500	500
72	6001	3001	1500	500
73	6001	3001	1500	500
74	6001	3001	1500	500
75	6655	3328	1664	555
76	6655	3328	1664	555
77	6655	3328	1664	555
78	6655	3328	1664	555
79	6655	3328	1664	555
80+	6976	3488	1744	581

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4366	2183	1092	364
66	4648	2324	1162	387
67	4648	2324	1162	387
68	4648	2324	1162	387
69	4648	2324	1162	387
70	5215	2608	1304	435
71	5215	2608	1304	435
72	5215	2608	1304	435
73	5215	2608	1304	435
74	5215	2608	1304	435
75	5783	2892	1446	482
76	5783	2892	1446	482
77	5783	2892	1446	482
78	5783	2892	1446	482
79	5783	2892	1446	482
80+	6062	3031	1516	505

**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: 03/15/2025		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4125	2063	1031	344
66	4407	2204	1102	367
67	4407	2204	1102	367
68	4407	2204	1102	367
69	4407	2204	1102	367
70	4973	2487	1243	414
71	4973	2487	1243	414
72	4973	2487	1243	414
73	4973	2487	1243	414
74	4973	2487	1243	414
75	5543	2772	1386	462
76	5543	2772	1386	462
77	5543	2772	1386	462
78	5543	2772	1386	462
79	5543	2772	1386	462
80+	5823	2912	1456	485

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3588	1794	897	299
66	3833	1917	958	319
67	3833	1917	958	319
68	3833	1917	958	319
69	3833	1917	958	319
70	4325	2163	1081	360
71	4325	2163	1081	360
72	4325	2163	1081	360
73	4325	2163	1081	360
74	4325	2163	1081	360
75	4822	2411	1206	402
76	4822	2411	1206	402
77	4822	2411	1206	402
78	4822	2411	1206	402
79	4822	2411	1206	402
80+	5065	2533	1266	422

Standard		Effective Date: 03/15/2025		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4746	2373	1187	396
66	5071	2536	1268	423
67	5071	2536	1268	423
68	5071	2536	1268	423
69	5071	2536	1268	423
70	5722	2861	1431	477
71	5722	2861	1431	477
72	5722	2861	1431	477
73	5722	2861	1431	477
74	5722	2861	1431	477
75	6379	3190	1595	532
76	6379	3190	1595	532
77	6379	3190	1595	532
78	6379	3190	1595	532
79	6379	3190	1595	532
80+	6701	3351	1675	558

Standard		Effective Date: 03/15/2025		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4125	2063	1031	344
66	4407	2204	1102	367
67	4407	2204	1102	367
68	4407	2204	1102	367
69	4407	2204	1102	367
70	4973	2487	1243	414
71	4973	2487	1243	414
72	4973	2487	1243	414
73	4973	2487	1243	414
74	4973	2487	1243	414
75	5543	2772	1386	462
76	5543	2772	1386	462
77	5543	2772	1386	462
78	5543	2772	1386	462
79	5543	2772	1386	462
80+	5823	2912	1456	485

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

**Male**

Preferred		Effective Date: 03/15/2025			Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4051	2026	1013	338	
66	4313	2157	1078	359	
67	4313	2157	1078	359	
68	4313	2157	1078	359	
69	4313	2157	1078	359	
70	4833	2417	1208	403	
71	4833	2417	1208	403	
72	4833	2417	1208	403	
73	4833	2417	1208	403	
74	4833	2417	1208	403	
75	5359	2680	1340	447	
76	5359	2680	1340	447	
77	5359	2680	1340	447	
78	5359	2680	1340	447	
79	5359	2680	1340	447	
80+	5619	2810	1405	468	

Standard		Effective Date: 03/15/2025			Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4662	2331	1166	389	
66	4963	2482	1241	414	
67	4963	2482	1241	414	
68	4963	2482	1241	414	
69	4963	2482	1241	414	
70	5561	2781	1390	463	
71	5561	2781	1390	463	
72	5561	2781	1390	463	
73	5561	2781	1390	463	
74	5561	2781	1390	463	
75	6167	3084	1542	514	
76	6167	3084	1542	514	
77	6167	3084	1542	514	
78	6167	3084	1542	514	
79	6167	3084	1542	514	
80+	6466	3233	1617	539	

**Female**

Preferred		Effective Date: 03/15/2025			Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	3524	1762	881	294	
66	3751	1876	938	313	
67	3751	1876	938	313	
68	3751	1876	938	313	
69	3751	1876	938	313	
70	4204	2102	1051	350	
71	4204	2102	1051	350	
72	4204	2102	1051	350	
73	4204	2102	1051	350	
74	4204	2102	1051	350	
75	4662	2331	1166	389	
76	4662	2331	1166	389	
77	4662	2331	1166	389	
78	4662	2331	1166	389	
79	4662	2331	1166	389	
80+	4887	2444	1222	407	

Standard		Effective Date: 03/15/2025			Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4051	2026	1013	338	
66	4313	2157	1078	359	
67	4313	2157	1078	359	
68	4313	2157	1078	359	
69	4313	2157	1078	359	
70	4833	2417	1208	403	
71	4833	2417	1208	403	
72	4833	2417	1208	403	
73	4833	2417	1208	403	
74	4833	2417	1208	403	
75	5359	2680	1340	447	
76	5359	2680	1340	447	
77	5359	2680	1340	447	
78	5359	2680	1340	447	
79	5359	2680	1340	447	
80+	5619	2810	1405	468	

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

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EK
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	821	411	205	68
66	885	443	221	74
67	885	443	221	74
68	885	443	221	74
69	885	443	221	74
70	1056	528	264	88
71	1056	528	264	88
72	1056	528	264	88
73	1056	528	264	88
74	1056	528	264	88
75	1360	680	340	113
76	1360	680	340	113
77	1360	680	340	113
78	1360	680	340	113
79	1360	680	340	113
80+	1507	754	377	126

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EL
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	714	357	179	60
66	770	385	193	64
67	770	385	193	64
68	770	385	193	64
69	770	385	193	64
70	919	460	230	77
71	919	460	230	77
72	919	460	230	77
73	919	460	230	77
74	919	460	230	77
75	1183	592	296	99
76	1183	592	296	99
77	1183	592	296	99
78	1183	592	296	99
79	1183	592	296	99
80+	1311	656	328	109

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EM
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	945	473	236	79
66	1019	510	255	85
67	1019	510	255	85
68	1019	510	255	85
69	1019	510	255	85
70	1215	608	304	101
71	1215	608	304	101
72	1215	608	304	101
73	1215	608	304	101
74	1215	608	304	101
75	1565	783	391	130
76	1565	783	391	130
77	1565	783	391	130
78	1565	783	391	130
79	1565	783	391	130
80+	1734	867	434	145

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EN
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	821	411	205	68
66	885	443	221	74
67	885	443	221	74
68	885	443	221	74
69	885	443	221	74
70	1056	528	264	88
71	1056	528	264	88
72	1056	528	264	88
73	1056	528	264	88
74	1056	528	264	88
75	1360	680	340	113
76	1360	680	340	113
77	1360	680	340	113
78	1360	680	340	113
79	1360	680	340	113
80+	1507	754	377	126

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

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

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EO	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3341	1671	835	278
66	3569	1785	892	297
67	3569	1785	892	297
68	3569	1785	892	297
69	3569	1785	892	297
70	4026	2013	1007	336
71	4026	2013	1007	336
72	4026	2013	1007	336
73	4026	2013	1007	336
74	4026	2013	1007	336
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+	4710	2355	1178	393

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EP	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2906	1453	727	242
66	3105	1553	776	259
67	3105	1553	776	259
68	3105	1553	776	259
69	3105	1553	776	259
70	3502	1751	876	292
71	3502	1751	876	292
72	3502	1751	876	292
73	3502	1751	876	292
74	3502	1751	876	292
75	3901	1951	975	325
76	3901	1951	975	325
77	3901	1951	975	325
78	3901	1951	975	325
79	3901	1951	975	325
80+	4097	2049	1024	341

Standard	Effective Date: 03/15/2025		Plan Code: 5EQ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3844	1922	961	320
66	4107	2054	1027	342
67	4107	2054	1027	342
68	4107	2054	1027	342
69	4107	2054	1027	342
70	4633	2317	1158	386
71	4633	2317	1158	386
72	4633	2317	1158	386
73	4633	2317	1158	386
74	4633	2317	1158	386
75	5161	2581	1290	430
76	5161	2581	1290	430
77	5161	2581	1290	430
78	5161	2581	1290	430
79	5161	2581	1290	430
80+	5420	2710	1355	452

Standard	Effective Date: 03/15/2025		Plan Code: 5ER	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3341	1671	835	278
66	3569	1785	892	297
67	3569	1785	892	297
68	3569	1785	892	297
69	3569	1785	892	297
70	4026	2013	1007	336
71	4026	2013	1007	336
72	4026	2013	1007	336
73	4026	2013	1007	336
74	4026	2013	1007	336
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+	4710	2355	1178	393

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

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 512	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	821	411	205	68
66	885	443	221	74
67	885	443	221	74
68	885	443	221	74
69	885	443	221	74
70	1056	528	264	88
71	1056	528	264	88
72	1056	528	264	88
73	1056	528	264	88
74	1056	528	264	88
75	1360	680	340	113
76	1360	680	340	113
77	1360	680	340	113
78	1360	680	340	113
79	1360	680	340	113
80+	1507	754	377	126

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 513	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	714	357	179	60
66	770	385	193	64
67	770	385	193	64
68	770	385	193	64
69	770	385	193	64
70	919	460	230	77
71	919	460	230	77
72	919	460	230	77
73	919	460	230	77
74	919	460	230	77
75	1183	592	296	99
76	1183	592	296	99
77	1183	592	296	99
78	1183	592	296	99
79	1183	592	296	99
80+	1311	656	328	109

Standard	Effective Date: 03/15/2025		Plan Code: 514	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	945	473	236	79
66	1019	510	255	85
67	1019	510	255	85
68	1019	510	255	85
69	1019	510	255	85
70	1215	608	304	101
71	1215	608	304	101
72	1215	608	304	101
73	1215	608	304	101
74	1215	608	304	101
75	1565	783	391	130
76	1565	783	391	130
77	1565	783	391	130
78	1565	783	391	130
79	1565	783	391	130
80+	1734	867	434	145

Standard	Effective Date: 03/15/2025		Plan Code: 515	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	821	411	205	68
66	885	443	221	74
67	885	443	221	74
68	885	443	221	74
69	885	443	221	74
70	1056	528	264	88
71	1056	528	264	88
72	1056	528	264	88
73	1056	528	264	88
74	1056	528	264	88
75	1360	680	340	113
76	1360	680	340	113
77	1360	680	340	113
78	1360	680	340	113
79	1360	680	340	113
80+	1507	754	377	126

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

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2450	1225	613	204
66	2621	1311	655	218
67	2621	1311	655	218
68	2621	1311	655	218
69	2621	1311	655	218
70	2966	1483	742	247
71	2966	1483	742	247
72	2966	1483	742	247
73	2966	1483	742	247
74	2966	1483	742	247
75	3326	1663	832	277
76	3326	1663	832	277
77	3326	1663	832	277
78	3326	1663	832	277
79	3326	1663	832	277
80+	3518	1759	880	293

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2131	1066	533	178
66	2280	1140	570	190
67	2280	1140	570	190
68	2280	1140	570	190
69	2280	1140	570	190
70	2580	1290	645	215
71	2580	1290	645	215
72	2580	1290	645	215
73	2580	1290	645	215
74	2580	1290	645	215
75	2893	1447	723	241
76	2893	1447	723	241
77	2893	1447	723	241
78	2893	1447	723	241
79	2893	1447	723	241
80+	3060	1530	765	255

Standard	Effective Date: 03/15/2025		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2819	1410	705	235
66	3016	1508	754	251
67	3016	1508	754	251
68	3016	1508	754	251
69	3016	1508	754	251
70	3413	1707	853	284
71	3413	1707	853	284
72	3413	1707	853	284
73	3413	1707	853	284
74	3413	1707	853	284
75	3827	1914	957	319
76	3827	1914	957	319
77	3827	1914	957	319
78	3827	1914	957	319
79	3827	1914	957	319
80+	4048	2024	1012	337

Standard	Effective Date: 03/15/2025		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2450	1225	613	204
66	2621	1311	655	218
67	2621	1311	655	218
68	2621	1311	655	218
69	2621	1311	655	218
70	2966	1483	742	247
71	2966	1483	742	247
72	2966	1483	742	247
73	2966	1483	742	247
74	2966	1483	742	247
75	3326	1663	832	277
76	3326	1663	832	277
77	3326	1663	832	277
78	3326	1663	832	277
79	3326	1663	832	277
80+	3518	1759	880	293

**PLAN A - AREA 3 (ZIP 330; 334)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E0
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3161	1581	790	263
66	3341	1671	835	278
67	3341	1671	835	278
68	3341	1671	835	278
69	3341	1671	835	278
70	3663	1832	916	305
71	3663	1832	916	305
72	3663	1832	916	305
73	3663	1832	916	305
74	3663	1832	916	305
75	3871	1936	968	323
76	3871	1936	968	323
77	3871	1936	968	323
78	3871	1936	968	323
79	3871	1936	968	323
80+	3871	1936	968	323

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E1
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2750	1375	688	229
66	2906	1453	727	242
67	2906	1453	727	242
68	2906	1453	727	242
69	2906	1453	727	242
70	3186	1593	797	266
71	3186	1593	797	266
72	3186	1593	797	266
73	3186	1593	797	266
74	3186	1593	797	266
75	3367	1684	842	281
76	3367	1684	842	281
77	3367	1684	842	281
78	3367	1684	842	281
79	3367	1684	842	281
80+	3367	1684	842	281

Standard		Effective Date: 03/15/2025		Plan Code: 5E2
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3638	1819	910	303
66	3845	1923	961	320
67	3845	1923	961	320
68	3845	1923	961	320
69	3845	1923	961	320
70	4215	2108	1054	351
71	4215	2108	1054	351
72	4215	2108	1054	351
73	4215	2108	1054	351
74	4215	2108	1054	351
75	4455	2228	1114	371
76	4455	2228	1114	371
77	4455	2228	1114	371
78	4455	2228	1114	371
79	4455	2228	1114	371
80+	4455	2228	1114	371

Standard		Effective Date: 03/15/2025		Plan Code: 5E3
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3161	1581	790	263
66	3341	1671	835	278
67	3341	1671	835	278
68	3341	1671	835	278
69	3341	1671	835	278
70	3663	1832	916	305
71	3663	1832	916	305
72	3663	1832	916	305
73	3663	1832	916	305
74	3663	1832	916	305
75	3871	1936	968	323
76	3871	1936	968	323
77	3871	1936	968	323
78	3871	1936	968	323
79	3871	1936	968	323
80+	3871	1936	968	323



**PLAN B - AREA 3 (ZIP 330; 334)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5E4	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4295	2148	1074	358
66	4556	2278	1139	380
67	4556	2278	1139	380
68	4556	2278	1139	380
69	4556	2278	1139	380
70	5048	2524	1262	421
71	5048	2524	1262	421
72	5048	2524	1262	421
73	5048	2524	1262	421
74	5048	2524	1262	421
75	5438	2719	1360	453
76	5438	2719	1360	453
77	5438	2719	1360	453
78	5438	2719	1360	453
79	5438	2719	1360	453
80+	5449	2725	1362	454

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5E5	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3736	1868	934	311
66	3963	1982	991	330
67	3963	1982	991	330
68	3963	1982	991	330
69	3963	1982	991	330
70	4391	2196	1098	366
71	4391	2196	1098	366
72	4391	2196	1098	366
73	4391	2196	1098	366
74	4391	2196	1098	366
75	4730	2365	1183	394
76	4730	2365	1183	394
77	4730	2365	1183	394
78	4730	2365	1183	394
79	4730	2365	1183	394
80+	4740	2370	1185	395

Standard	Effective Date: 03/15/2025		Plan Code: 5E6	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4943	2472	1236	412
66	5243	2622	1311	437
67	5243	2622	1311	437
68	5243	2622	1311	437
69	5243	2622	1311	437
70	5809	2905	1452	484
71	5809	2905	1452	484
72	5809	2905	1452	484
73	5809	2905	1452	484
74	5809	2905	1452	484
75	6258	3129	1565	522
76	6258	3129	1565	522
77	6258	3129	1565	522
78	6258	3129	1565	522
79	6258	3129	1565	522
80+	6270	3135	1568	523

Standard	Effective Date: 03/15/2025		Plan Code: 5E7	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4295	2148	1074	358
66	4556	2278	1139	380
67	4556	2278	1139	380
68	4556	2278	1139	380
69	4556	2278	1139	380
70	5048	2524	1262	421
71	5048	2524	1262	421
72	5048	2524	1262	421
73	5048	2524	1262	421
74	5048	2524	1262	421
75	5438	2719	1360	453
76	5438	2719	1360	453
77	5438	2719	1360	453
78	5438	2719	1360	453
79	5438	2719	1360	453
80+	5449	2725	1362	454

**PLAN C - AREA 3 (ZIP 330; 334)**

**Male**

Preferred		Effective Date: 03/15/2025			Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4803	2402	1201	400	
66	5113	2557	1278	426	
67	5113	2557	1278	426	
68	5113	2557	1278	426	
69	5113	2557	1278	426	
70	5737	2869	1434	478	
71	5737	2869	1434	478	
72	5737	2869	1434	478	
73	5737	2869	1434	478	
74	5737	2869	1434	478	
75	6362	3181	1591	530	
76	6362	3181	1591	530	
77	6362	3181	1591	530	
78	6362	3181	1591	530	
79	6362	3181	1591	530	
80+	6668	3334	1667	556	

Standard		Effective Date: 03/15/2025			Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	5527	2764	1382	461	
66	5883	2942	1471	490	
67	5883	2942	1471	490	
68	5883	2942	1471	490	
69	5883	2942	1471	490	
70	6601	3301	1650	550	
71	6601	3301	1650	550	
72	6601	3301	1650	550	
73	6601	3301	1650	550	
74	6601	3301	1650	550	
75	7321	3661	1830	610	
76	7321	3661	1830	610	
77	7321	3661	1830	610	
78	7321	3661	1830	610	
79	7321	3661	1830	610	
80+	7673	3837	1918	639	

**Female**

Preferred		Effective Date: 03/15/2025			Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4178	2089	1045	348	
66	4447	2224	1112	371	
67	4447	2224	1112	371	
68	4447	2224	1112	371	
69	4447	2224	1112	371	
70	4990	2495	1248	416	
71	4990	2495	1248	416	
72	4990	2495	1248	416	
73	4990	2495	1248	416	
74	4990	2495	1248	416	
75	5534	2767	1384	461	
76	5534	2767	1384	461	
77	5534	2767	1384	461	
78	5534	2767	1384	461	
79	5534	2767	1384	461	
80+	5800	2900	1450	483	

Standard		Effective Date: 03/15/2025			Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	4803	2402	1201	400	
66	5113	2557	1278	426	
67	5113	2557	1278	426	
68	5113	2557	1278	426	
69	5113	2557	1278	426	
70	5737	2869	1434	478	
71	5737	2869	1434	478	
72	5737	2869	1434	478	
73	5737	2869	1434	478	
74	5737	2869	1434	478	
75	6362	3181	1591	530	
76	6362	3181	1591	530	
77	6362	3181	1591	530	
78	6362	3181	1591	530	
79	6362	3181	1591	530	
80+	6668	3334	1667	556	

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

**PLAN D - AREA 3 (ZIP 330; 334)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EC	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4537	2269	1134	378
66	4847	2424	1212	404
67	4847	2424	1212	404
68	4847	2424	1212	404
69	4847	2424	1212	404
70	5470	2735	1368	456
71	5470	2735	1368	456
72	5470	2735	1368	456
73	5470	2735	1368	456
74	5470	2735	1368	456
75	6097	3049	1524	508
76	6097	3049	1524	508
77	6097	3049	1524	508
78	6097	3049	1524	508
79	6097	3049	1524	508
80+	6405	3203	1601	534

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ED	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3947	1974	987	329
66	4216	2108	1054	351
67	4216	2108	1054	351
68	4216	2108	1054	351
69	4216	2108	1054	351
70	4758	2379	1190	397
71	4758	2379	1190	397
72	4758	2379	1190	397
73	4758	2379	1190	397
74	4758	2379	1190	397
75	5304	2652	1326	442
76	5304	2652	1326	442
77	5304	2652	1326	442
78	5304	2652	1326	442
79	5304	2652	1326	442
80+	5571	2786	1393	464

Standard	Effective Date: 03/15/2025		Plan Code: 5EE	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5221	2611	1305	435
66	5578	2789	1395	465
67	5578	2789	1395	465
68	5578	2789	1395	465
69	5578	2789	1395	465
70	6294	3147	1574	525
71	6294	3147	1574	525
72	6294	3147	1574	525
73	6294	3147	1574	525
74	6294	3147	1574	525
75	7016	3508	1754	585
76	7016	3508	1754	585
77	7016	3508	1754	585
78	7016	3508	1754	585
79	7016	3508	1754	585
80+	7371	3686	1843	614

Standard	Effective Date: 03/15/2025		Plan Code: 5EF	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4537	2269	1134	378
66	4847	2424	1212	404
67	4847	2424	1212	404
68	4847	2424	1212	404
69	4847	2424	1212	404
70	5470	2735	1368	456
71	5470	2735	1368	456
72	5470	2735	1368	456
73	5470	2735	1368	456
74	5470	2735	1368	456
75	6097	3049	1524	508
76	6097	3049	1524	508
77	6097	3049	1524	508
78	6097	3049	1524	508
79	6097	3049	1524	508
80+	6405	3203	1601	534

**PLAN F - AREA 3 (ZIP 330; 334)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EG	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4456	2228	1114	371
66	4744	2372	1186	395
67	4744	2372	1186	395
68	4744	2372	1186	395
69	4744	2372	1186	395
70	5316	2658	1329	443
71	5316	2658	1329	443
72	5316	2658	1329	443
73	5316	2658	1329	443
74	5316	2658	1329	443
75	5895	2948	1474	491
76	5895	2948	1474	491
77	5895	2948	1474	491
78	5895	2948	1474	491
79	5895	2948	1474	491
80+	6181	3091	1545	515

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EH	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3876	1938	969	323
66	4126	2063	1032	344
67	4126	2063	1032	344
68	4126	2063	1032	344
69	4126	2063	1032	344
70	4624	2312	1156	385
71	4624	2312	1156	385
72	4624	2312	1156	385
73	4624	2312	1156	385
74	4624	2312	1156	385
75	5128	2564	1282	427
76	5128	2564	1282	427
77	5128	2564	1282	427
78	5128	2564	1282	427
79	5128	2564	1282	427
80+	5376	2688	1344	448

Standard	Effective Date: 03/15/2025		Plan Code: 5EI	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5128	2564	1282	427
66	5459	2730	1365	455
67	5459	2730	1365	455
68	5459	2730	1365	455
69	5459	2730	1365	455
70	6117	3059	1529	510
71	6117	3059	1529	510
72	6117	3059	1529	510
73	6117	3059	1529	510
74	6117	3059	1529	510
75	6784	3392	1696	565
76	6784	3392	1696	565
77	6784	3392	1696	565
78	6784	3392	1696	565
79	6784	3392	1696	565
80+	7112	3556	1778	593

Standard	Effective Date: 03/15/2025		Plan Code: 5EJ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4456	2228	1114	371
66	4744	2372	1186	395
67	4744	2372	1186	395
68	4744	2372	1186	395
69	4744	2372	1186	395
70	5316	2658	1329	443
71	5316	2658	1329	443
72	5316	2658	1329	443
73	5316	2658	1329	443
74	5316	2658	1329	443
75	5895	2948	1474	491
76	5895	2948	1474	491
77	5895	2948	1474	491
78	5895	2948	1474	491
79	5895	2948	1474	491
80+	6181	3091	1545	515

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**PLAN HDF - AREA 3 (ZIP 330; 334)**

**Male**

Preferred		Effective Date: 03/15/2025			Plan Code: 5EK
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	903	452	226	75	
66	974	487	244	81	
67	974	487	244	81	
68	974	487	244	81	
69	974	487	244	81	
70	1162	581	291	97	
71	1162	581	291	97	
72	1162	581	291	97	
73	1162	581	291	97	
74	1162	581	291	97	
75	1496	748	374	125	
76	1496	748	374	125	
77	1496	748	374	125	
78	1496	748	374	125	
79	1496	748	374	125	
80+	1658	829	415	138	

**Female**

Preferred		Effective Date: 03/15/2025			Plan Code: 5EL
Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	786	393	197	66	
66	847	424	212	71	
67	847	424	212	71	
68	847	424	212	71	
69	847	424	212	71	
70	1011	506	253	84	
71	1011	506	253	84	
72	1011	506	253	84	
73	1011	506	253	84	
74	1011	506	253	84	
75	1301	651	325	108	
76	1301	651	325	108	
77	1301	651	325	108	
78	1301	651	325	108	
79	1301	651	325	108	
80+	1442	721	361	120	

**Standard** Effective Date: 03/15/2025 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	1040	520	260	87	
66	1121	561	280	93	
67	1121	561	280	93	
68	1121	561	280	93	
69	1121	561	280	93	
70	1337	669	334	111	
71	1337	669	334	111	
72	1337	669	334	111	
73	1337	669	334	111	
74	1337	669	334	111	
75	1721	861	430	143	
76	1721	861	430	143	
77	1721	861	430	143	
78	1721	861	430	143	
79	1721	861	430	143	
80+	1908	954	477	159	

**Standard** Effective Date: 03/15/2025 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly	
65	903	452	226	75	
66	974	487	244	81	
67	974	487	244	81	
68	974	487	244	81	
69	974	487	244	81	
70	1162	581	291	97	
71	1162	581	291	97	
72	1162	581	291	97	
73	1162	581	291	97	
74	1162	581	291	97	
75	1496	748	374	125	
76	1496	748	374	125	
77	1496	748	374	125	
78	1496	748	374	125	
79	1496	748	374	125	
80+	1658	829	415	138	

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**PLAN G - AREA 3 (ZIP 330; 334)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EO	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3675	1838	919	306
66	3926	1963	982	327
67	3926	1963	982	327
68	3926	1963	982	327
69	3926	1963	982	327
70	4429	2215	1107	369
71	4429	2215	1107	369
72	4429	2215	1107	369
73	4429	2215	1107	369
74	4429	2215	1107	369
75	4933	2467	1233	411
76	4933	2467	1233	411
77	4933	2467	1233	411
78	4933	2467	1233	411
79	4933	2467	1233	411
80+	5181	2591	1295	432

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5EP	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3197	1599	799	266
66	3415	1708	854	285
67	3415	1708	854	285
68	3415	1708	854	285
69	3415	1708	854	285
70	3853	1927	963	321
71	3853	1927	963	321
72	3853	1927	963	321
73	3853	1927	963	321
74	3853	1927	963	321
75	4291	2146	1073	358
76	4291	2146	1073	358
77	4291	2146	1073	358
78	4291	2146	1073	358
79	4291	2146	1073	358
80+	4507	2254	1127	376

Standard	Effective Date: 03/15/2025		Plan Code: 5EQ	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4229	2115	1057	352
66	4518	2259	1130	377
67	4518	2259	1130	377
68	4518	2259	1130	377
69	4518	2259	1130	377
70	5097	2549	1274	425
71	5097	2549	1274	425
72	5097	2549	1274	425
73	5097	2549	1274	425
74	5097	2549	1274	425
75	5677	2839	1419	473
76	5677	2839	1419	473
77	5677	2839	1419	473
78	5677	2839	1419	473
79	5677	2839	1419	473
80+	5962	2981	1491	497

Standard	Effective Date: 03/15/2025		Plan Code: 5ER	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3675	1838	919	306
66	3926	1963	982	327
67	3926	1963	982	327
68	3926	1963	982	327
69	3926	1963	982	327
70	4429	2215	1107	369
71	4429	2215	1107	369
72	4429	2215	1107	369
73	4429	2215	1107	369
74	4429	2215	1107	369
75	4933	2467	1233	411
76	4933	2467	1233	411
77	4933	2467	1233	411
78	4933	2467	1233	411
79	4933	2467	1233	411
80+	5181	2591	1295	432

**PLAN HDG - AREA 3 (ZIP 330; 334)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	903	452	226	75
66	974	487	244	81
67	974	487	244	81
68	974	487	244	81
69	974	487	244	81
70	1162	581	291	97
71	1162	581	291	97
72	1162	581	291	97
73	1162	581	291	97
74	1162	581	291	97
75	1496	748	374	125
76	1496	748	374	125
77	1496	748	374	125
78	1496	748	374	125
79	1496	748	374	125
80+	1658	829	415	138

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	786	393	197	66
66	847	424	212	71
67	847	424	212	71
68	847	424	212	71
69	847	424	212	71
70	1011	506	253	84
71	1011	506	253	84
72	1011	506	253	84
73	1011	506	253	84
74	1011	506	253	84
75	1301	651	325	108
76	1301	651	325	108
77	1301	651	325	108
78	1301	651	325	108
79	1301	651	325	108
80+	1442	721	361	120

Standard		Effective Date: 03/15/2025		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1040	520	260	87
66	1121	561	280	93
67	1121	561	280	93
68	1121	561	280	93
69	1121	561	280	93
70	1337	669	334	111
71	1337	669	334	111
72	1337	669	334	111
73	1337	669	334	111
74	1337	669	334	111
75	1721	861	430	143
76	1721	861	430	143
77	1721	861	430	143
78	1721	861	430	143
79	1721	861	430	143
80+	1908	954	477	159

Standard		Effective Date: 03/15/2025		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	903	452	226	75
66	974	487	244	81
67	974	487	244	81
68	974	487	244	81
69	974	487	244	81
70	1162	581	291	97
71	1162	581	291	97
72	1162	581	291	97
73	1162	581	291	97
74	1162	581	291	97
75	1496	748	374	125
76	1496	748	374	125
77	1496	748	374	125
78	1496	748	374	125
79	1496	748	374	125
80+	1658	829	415	138



**PLAN N - AREA 3 (ZIP 330; 334)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2695	1348	674	225
66	2883	1442	721	240
67	2883	1442	721	240
68	2883	1442	721	240
69	2883	1442	721	240
70	3262	1631	816	272
71	3262	1631	816	272
72	3262	1631	816	272
73	3262	1631	816	272
74	3262	1631	816	272
75	3658	1829	915	305
76	3658	1829	915	305
77	3658	1829	915	305
78	3658	1829	915	305
79	3658	1829	915	305
80+	3870	1935	968	323

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2344	1172	586	195
66	2508	1254	627	209
67	2508	1254	627	209
68	2508	1254	627	209
69	2508	1254	627	209
70	2838	1419	710	237
71	2838	1419	710	237
72	2838	1419	710	237
73	2838	1419	710	237
74	2838	1419	710	237
75	3182	1591	796	265
76	3182	1591	796	265
77	3182	1591	796	265
78	3182	1591	796	265
79	3182	1591	796	265
80+	3366	1683	842	281

Standard	Effective Date: 03/15/2025		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3101	1551	775	258
66	3318	1659	830	277
67	3318	1659	830	277
68	3318	1659	830	277
69	3318	1659	830	277
70	3754	1877	939	313
71	3754	1877	939	313
72	3754	1877	939	313
73	3754	1877	939	313
74	3754	1877	939	313
75	4210	2105	1053	351
76	4210	2105	1053	351
77	4210	2105	1053	351
78	4210	2105	1053	351
79	4210	2105	1053	351
80+	4453	2227	1113	371

Standard	Effective Date: 03/15/2025		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2695	1348	674	225
66	2883	1442	721	240
67	2883	1442	721	240
68	2883	1442	721	240
69	2883	1442	721	240
70	3262	1631	816	272
71	3262	1631	816	272
72	3262	1631	816	272
73	3262	1631	816	272
74	3262	1631	816	272
75	3658	1829	915	305
76	3658	1829	915	305
77	3658	1829	915	305
78	3658	1829	915	305
79	3658	1829	915	305
80+	3870	1935	968	323

**PLAN A - AREA 4 (ZIP 331-333)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5E0	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3449	1725	862	287
66	3645	1823	911	304
67	3645	1823	911	304
68	3645	1823	911	304
69	3645	1823	911	304
70	3996	1998	999	333
71	3996	1998	999	333
72	3996	1998	999	333
73	3996	1998	999	333
74	3996	1998	999	333
75	4223	2112	1056	352
76	4223	2112	1056	352
77	4223	2112	1056	352
78	4223	2112	1056	352
79	4223	2112	1056	352
80+	4223	2112	1056	352

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5E1	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3000	1500	750	250
66	3170	1585	793	264
67	3170	1585	793	264
68	3170	1585	793	264
69	3170	1585	793	264
70	3476	1738	869	290
71	3476	1738	869	290
72	3476	1738	869	290
73	3476	1738	869	290
74	3476	1738	869	290
75	3673	1837	918	306
76	3673	1837	918	306
77	3673	1837	918	306
78	3673	1837	918	306
79	3673	1837	918	306
80+	3673	1837	918	306

Standard	Effective Date: 03/15/2025		Plan Code: 5E2	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3969	1985	992	331
66	4194	2097	1049	350
67	4194	2097	1049	350
68	4194	2097	1049	350
69	4194	2097	1049	350
70	4598	2299	1150	383
71	4598	2299	1150	383
72	4598	2299	1150	383
73	4598	2299	1150	383
74	4598	2299	1150	383
75	4859	2430	1215	405
76	4859	2430	1215	405
77	4859	2430	1215	405
78	4859	2430	1215	405
79	4859	2430	1215	405
80+	4859	2430	1215	405

Standard	Effective Date: 03/15/2025		Plan Code: 5E3	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3449	1725	862	287
66	3645	1823	911	304
67	3645	1823	911	304
68	3645	1823	911	304
69	3645	1823	911	304
70	3996	1998	999	333
71	3996	1998	999	333
72	3996	1998	999	333
73	3996	1998	999	333
74	3996	1998	999	333
75	4223	2112	1056	352
76	4223	2112	1056	352
77	4223	2112	1056	352
78	4223	2112	1056	352
79	4223	2112	1056	352
80+	4223	2112	1056	352

**PLAN B - AREA 4 (ZIP 331-333)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5E4	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4686	2343	1172	391
66	4970	2485	1243	414
67	4970	2485	1243	414
68	4970	2485	1243	414
69	4970	2485	1243	414
70	5507	2754	1377	459
71	5507	2754	1377	459
72	5507	2754	1377	459
73	5507	2754	1377	459
74	5507	2754	1377	459
75	5933	2967	1483	494
76	5933	2967	1483	494
77	5933	2967	1483	494
78	5933	2967	1483	494
79	5933	2967	1483	494
80+	5944	2972	1486	495

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5E5	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4076	2038	1019	340
66	4323	2162	1081	360
67	4323	2162	1081	360
68	4323	2162	1081	360
69	4323	2162	1081	360
70	4790	2395	1198	399
71	4790	2395	1198	399
72	4790	2395	1198	399
73	4790	2395	1198	399
74	4790	2395	1198	399
75	5160	2580	1290	430
76	5160	2580	1290	430
77	5160	2580	1290	430
78	5160	2580	1290	430
79	5160	2580	1290	430
80+	5170	2585	1293	431

Standard	Effective Date: 03/15/2025		Plan Code: 5E6	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5392	2696	1348	449
66	5719	2860	1430	477
67	5719	2860	1430	477
68	5719	2860	1430	477
69	5719	2860	1430	477
70	6337	3169	1584	528
71	6337	3169	1584	528
72	6337	3169	1584	528
73	6337	3169	1584	528
74	6337	3169	1584	528
75	6827	3414	1707	569
76	6827	3414	1707	569
77	6827	3414	1707	569
78	6827	3414	1707	569
79	6827	3414	1707	569
80+	6840	3420	1710	570

Standard	Effective Date: 03/15/2025		Plan Code: 5E7	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4686	2343	1172	391
66	4970	2485	1243	414
67	4970	2485	1243	414
68	4970	2485	1243	414
69	4970	2485	1243	414
70	5507	2754	1377	459
71	5507	2754	1377	459
72	5507	2754	1377	459
73	5507	2754	1377	459
74	5507	2754	1377	459
75	5933	2967	1483	494
76	5933	2967	1483	494
77	5933	2967	1483	494
78	5933	2967	1483	494
79	5933	2967	1483	494
80+	5944	2972	1486	495

**PLAN C - AREA 4 (ZIP 331-333)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E8
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5239	2620	1310	437
66	5578	2789	1395	465
67	5578	2789	1395	465
68	5578	2789	1395	465
69	5578	2789	1395	465
70	6258	3129	1565	522
71	6258	3129	1565	522
72	6258	3129	1565	522
73	6258	3129	1565	522
74	6258	3129	1565	522
75	6940	3470	1735	578
76	6940	3470	1735	578
77	6940	3470	1735	578
78	6940	3470	1735	578
79	6940	3470	1735	578
80+	7274	3637	1819	606

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5E9
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4557	2279	1139	380
66	4852	2426	1213	404
67	4852	2426	1213	404
68	4852	2426	1213	404
69	4852	2426	1213	404
70	5444	2722	1361	454
71	5444	2722	1361	454
72	5444	2722	1361	454
73	5444	2722	1361	454
74	5444	2722	1361	454
75	6037	3019	1509	503
76	6037	3019	1509	503
77	6037	3019	1509	503
78	6037	3019	1509	503
79	6037	3019	1509	503
80+	6328	3164	1582	527

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EA
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6029	3015	1507	502
66	6418	3209	1605	535
67	6418	3209	1605	535
68	6418	3209	1605	535
69	6418	3209	1605	535
70	7201	3601	1800	600
71	7201	3601	1800	600
72	7201	3601	1800	600
73	7201	3601	1800	600
74	7201	3601	1800	600
75	7986	3993	1997	666
76	7986	3993	1997	666
77	7986	3993	1997	666
78	7986	3993	1997	666
79	7986	3993	1997	666
80+	8371	4186	2093	698

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EB
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5239	2620	1310	437
66	5578	2789	1395	465
67	5578	2789	1395	465
68	5578	2789	1395	465
69	5578	2789	1395	465
70	6258	3129	1565	522
71	6258	3129	1565	522
72	6258	3129	1565	522
73	6258	3129	1565	522
74	6258	3129	1565	522
75	6940	3470	1735	578
76	6940	3470	1735	578
77	6940	3470	1735	578
78	6940	3470	1735	578
79	6940	3470	1735	578
80+	7274	3637	1819	606

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**PLAN D - AREA 4 (ZIP 331-333)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EC
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4950	2475	1238	413
66	5288	2644	1322	441
67	5288	2644	1322	441
68	5288	2644	1322	441
69	5288	2644	1322	441
70	5967	2984	1492	497
71	5967	2984	1492	497
72	5967	2984	1492	497
73	5967	2984	1492	497
74	5967	2984	1492	497
75	6652	3326	1663	554
76	6652	3326	1663	554
77	6652	3326	1663	554
78	6652	3326	1663	554
79	6652	3326	1663	554
80+	6987	3494	1747	582

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5ED
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4305	2153	1076	359
66	4600	2300	1150	383
67	4600	2300	1150	383
68	4600	2300	1150	383
69	4600	2300	1150	383
70	5191	2596	1298	433
71	5191	2596	1298	433
72	5191	2596	1298	433
73	5191	2596	1298	433
74	5191	2596	1298	433
75	5786	2893	1447	482
76	5786	2893	1447	482
77	5786	2893	1447	482
78	5786	2893	1447	482
79	5786	2893	1447	482
80+	6078	3039	1520	507

Standard		Effective Date: 03/15/2025		Plan Code: 5EE
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5696	2848	1424	475
66	6085	3043	1521	507
67	6085	3043	1521	507
68	6085	3043	1521	507
69	6085	3043	1521	507
70	6867	3434	1717	572
71	6867	3434	1717	572
72	6867	3434	1717	572
73	6867	3434	1717	572
74	6867	3434	1717	572
75	7654	3827	1914	638
76	7654	3827	1914	638
77	7654	3827	1914	638
78	7654	3827	1914	638
79	7654	3827	1914	638
80+	8041	4021	2010	670

Standard		Effective Date: 03/15/2025		Plan Code: 5EF
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4950	2475	1238	413
66	5288	2644	1322	441
67	5288	2644	1322	441
68	5288	2644	1322	441
69	5288	2644	1322	441
70	5967	2984	1492	497
71	5967	2984	1492	497
72	5967	2984	1492	497
73	5967	2984	1492	497
74	5967	2984	1492	497
75	6652	3326	1663	554
76	6652	3326	1663	554
77	6652	3326	1663	554
78	6652	3326	1663	554
79	6652	3326	1663	554
80+	6987	3494	1747	582

**PLAN F - AREA 4 (ZIP 331-333)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EG
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4861	2431	1215	405
66	5175	2588	1294	431
67	5175	2588	1294	431
68	5175	2588	1294	431
69	5175	2588	1294	431
70	5799	2900	1450	483
71	5799	2900	1450	483
72	5799	2900	1450	483
73	5799	2900	1450	483
74	5799	2900	1450	483
75	6431	3216	1608	536
76	6431	3216	1608	536
77	6431	3216	1608	536
78	6431	3216	1608	536
79	6431	3216	1608	536
80+	6742	3371	1686	562

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EH
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4228	2114	1057	352
66	4502	2251	1126	375
67	4502	2251	1126	375
68	4502	2251	1126	375
69	4502	2251	1126	375
70	5044	2522	1261	420
71	5044	2522	1261	420
72	5044	2522	1261	420
73	5044	2522	1261	420
74	5044	2522	1261	420
75	5594	2797	1399	466
76	5594	2797	1399	466
77	5594	2797	1399	466
78	5594	2797	1399	466
79	5594	2797	1399	466
80+	5865	2933	1466	489

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EI
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5594	2797	1399	466
66	5955	2978	1489	496
67	5955	2978	1489	496
68	5955	2978	1489	496
69	5955	2978	1489	496
70	6673	3337	1668	556
71	6673	3337	1668	556
72	6673	3337	1668	556
73	6673	3337	1668	556
74	6673	3337	1668	556
75	7401	3701	1850	617
76	7401	3701	1850	617
77	7401	3701	1850	617
78	7401	3701	1850	617
79	7401	3701	1850	617
80+	7759	3880	1940	647

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EJ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4861	2431	1215	405
66	5175	2588	1294	431
67	5175	2588	1294	431
68	5175	2588	1294	431
69	5175	2588	1294	431
70	5799	2900	1450	483
71	5799	2900	1450	483
72	5799	2900	1450	483
73	5799	2900	1450	483
74	5799	2900	1450	483
75	6431	3216	1608	536
76	6431	3216	1608	536
77	6431	3216	1608	536
78	6431	3216	1608	536
79	6431	3216	1608	536
80+	6742	3371	1686	562

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**PLAN HDF - AREA 4 (ZIP 331-333)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EK
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	986	493	247	82
66	1062	531	266	89
67	1062	531	266	89
68	1062	531	266	89
69	1062	531	266	89
70	1268	634	317	106
71	1268	634	317	106
72	1268	634	317	106
73	1268	634	317	106
74	1268	634	317	106
75	1631	816	408	136
76	1631	816	408	136
77	1631	816	408	136
78	1631	816	408	136
79	1631	816	408	136
80+	1808	904	452	151

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EL
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	857	429	214	71
66	924	462	231	77
67	924	462	231	77
68	924	462	231	77
69	924	462	231	77
70	1103	552	276	92
71	1103	552	276	92
72	1103	552	276	92
73	1103	552	276	92
74	1103	552	276	92
75	1419	710	355	118
76	1419	710	355	118
77	1419	710	355	118
78	1419	710	355	118
79	1419	710	355	118
80+	1573	787	393	131

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EM
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1134	567	284	95
66	1223	612	306	102
67	1223	612	306	102
68	1223	612	306	102
69	1223	612	306	102
70	1459	730	365	122
71	1459	730	365	122
72	1459	730	365	122
73	1459	730	365	122
74	1459	730	365	122
75	1877	939	469	156
76	1877	939	469	156
77	1877	939	469	156
78	1877	939	469	156
79	1877	939	469	156
80+	2081	1041	520	173

Standard				
Standard		Effective Date: 03/15/2025		Plan Code: 5EN
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	986	493	247	82
66	1062	531	266	89
67	1062	531	266	89
68	1062	531	266	89
69	1062	531	266	89
70	1268	634	317	106
71	1268	634	317	106
72	1268	634	317	106
73	1268	634	317	106
74	1268	634	317	106
75	1631	816	408	136
76	1631	816	408	136
77	1631	816	408	136
78	1631	816	408	136
79	1631	816	408	136
80+	1808	904	452	151

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**PLAN G - AREA 4 (ZIP 331-333)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EO
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4009	2005	1002	334
66	4283	2142	1071	357
67	4283	2142	1071	357
68	4283	2142	1071	357
69	4283	2142	1071	357
70	4832	2416	1208	403
71	4832	2416	1208	403
72	4832	2416	1208	403
73	4832	2416	1208	403
74	4832	2416	1208	403
75	5381	2691	1345	448
76	5381	2691	1345	448
77	5381	2691	1345	448
78	5381	2691	1345	448
79	5381	2691	1345	448
80+	5652	2826	1413	471

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 5EP
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3487	1744	872	291
66	3726	1863	932	311
67	3726	1863	932	311
68	3726	1863	932	311
69	3726	1863	932	311
70	4203	2102	1051	350
71	4203	2102	1051	350
72	4203	2102	1051	350
73	4203	2102	1051	350
74	4203	2102	1051	350
75	4681	2341	1170	390
76	4681	2341	1170	390
77	4681	2341	1170	390
78	4681	2341	1170	390
79	4681	2341	1170	390
80+	4916	2458	1229	410

Standard		Effective Date: 03/15/2025		Plan Code: 5EQ
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4613	2307	1153	384
66	4929	2465	1232	411
67	4929	2465	1232	411
68	4929	2465	1232	411
69	4929	2465	1232	411
70	5560	2780	1390	463
71	5560	2780	1390	463
72	5560	2780	1390	463
73	5560	2780	1390	463
74	5560	2780	1390	463
75	6193	3097	1548	516
76	6193	3097	1548	516
77	6193	3097	1548	516
78	6193	3097	1548	516
79	6193	3097	1548	516
80+	6504	3252	1626	542

Standard		Effective Date: 03/15/2025		Plan Code: 5ER
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4009	2005	1002	334
66	4283	2142	1071	357
67	4283	2142	1071	357
68	4283	2142	1071	357
69	4283	2142	1071	357
70	4832	2416	1208	403
71	4832	2416	1208	403
72	4832	2416	1208	403
73	4832	2416	1208	403
74	4832	2416	1208	403
75	5381	2691	1345	448
76	5381	2691	1345	448
77	5381	2691	1345	448
78	5381	2691	1345	448
79	5381	2691	1345	448
80+	5652	2826	1413	471

**PLAN HDG - AREA 4 (ZIP 331-333)**

Male				
Preferred		Effective Date: 03/15/2025		Plan Code: 512
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	986	493	247	82
66	1062	531	266	89
67	1062	531	266	89
68	1062	531	266	89
69	1062	531	266	89
70	1268	634	317	106
71	1268	634	317	106
72	1268	634	317	106
73	1268	634	317	106
74	1268	634	317	106
75	1631	816	408	136
76	1631	816	408	136
77	1631	816	408	136
78	1631	816	408	136
79	1631	816	408	136
80+	1808	904	452	151

Female				
Preferred		Effective Date: 03/15/2025		Plan Code: 513
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	857	429	214	71
66	924	462	231	77
67	924	462	231	77
68	924	462	231	77
69	924	462	231	77
70	1103	552	276	92
71	1103	552	276	92
72	1103	552	276	92
73	1103	552	276	92
74	1103	552	276	92
75	1419	710	355	118
76	1419	710	355	118
77	1419	710	355	118
78	1419	710	355	118
79	1419	710	355	118
80+	1573	787	393	131

Standard		Effective Date: 03/15/2025		Plan Code: 514
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1134	567	284	95
66	1223	612	306	102
67	1223	612	306	102
68	1223	612	306	102
69	1223	612	306	102
70	1459	730	365	122
71	1459	730	365	122
72	1459	730	365	122
73	1459	730	365	122
74	1459	730	365	122
75	1877	939	469	156
76	1877	939	469	156
77	1877	939	469	156
78	1877	939	469	156
79	1877	939	469	156
80+	2081	1041	520	173

Standard		Effective Date: 03/15/2025		Plan Code: 515
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	986	493	247	82
66	1062	531	266	89
67	1062	531	266	89
68	1062	531	266	89
69	1062	531	266	89
70	1268	634	317	106
71	1268	634	317	106
72	1268	634	317	106
73	1268	634	317	106
74	1268	634	317	106
75	1631	816	408	136
76	1631	816	408	136
77	1631	816	408	136
78	1631	816	408	136
79	1631	816	408	136
80+	1808	904	452	151

**PLAN N - AREA 4 (ZIP 331-333)**

Male				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ES	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2940	1470	735	245
66	3145	1573	786	262
67	3145	1573	786	262
68	3145	1573	786	262
69	3145	1573	786	262
70	3559	1780	890	297
71	3559	1780	890	297
72	3559	1780	890	297
73	3559	1780	890	297
74	3559	1780	890	297
75	3991	1996	998	333
76	3991	1996	998	333
77	3991	1996	998	333
78	3991	1996	998	333
79	3991	1996	998	333
80+	4222	2111	1056	352

Female				
Preferred	Effective Date: 03/15/2025		Plan Code: 5ET	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2557	1279	639	213
66	2736	1368	684	228
67	2736	1368	684	228
68	2736	1368	684	228
69	2736	1368	684	228
70	3096	1548	774	258
71	3096	1548	774	258
72	3096	1548	774	258
73	3096	1548	774	258
74	3096	1548	774	258
75	3471	1736	868	289
76	3471	1736	868	289
77	3471	1736	868	289
78	3471	1736	868	289
79	3471	1736	868	289
80+	3672	1836	918	306

Standard	Effective Date: 03/15/2025		Plan Code: 5EU	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3383	1692	846	282
66	3619	1810	905	302
67	3619	1810	905	302
68	3619	1810	905	302
69	3619	1810	905	302
70	4096	2048	1024	341
71	4096	2048	1024	341
72	4096	2048	1024	341
73	4096	2048	1024	341
74	4096	2048	1024	341
75	4593	2297	1148	383
76	4593	2297	1148	383
77	4593	2297	1148	383
78	4593	2297	1148	383
79	4593	2297	1148	383
80+	4858	2429	1215	405

Standard	Effective Date: 03/15/2025		Plan Code: 5EV	
Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2940	1470	735	245
66	3145	1573	786	262
67	3145	1573	786	262
68	3145	1573	786	262
69	3145	1573	786	262
70	3559	1780	890	297
71	3559	1780	890	297
72	3559	1780	890	297
73	3559	1780	890	297
74	3559	1780	890	297
75	3991	1996	998	333
76	3991	1996	998	333
77	3991	1996	998	333
78	3991	1996	998	333
79	3991	1996	998	333
80+	4222	2111	1056	352

**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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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**

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

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2870 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2870 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> 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
<b>SKILLED NURSING FACILITY CARE*</b> 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
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as</b> 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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
<b>HOSPITALIZATION*</b> 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
<b>SKILLED NURSING FACILITY CARE*</b> 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
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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
<b>MEDICAL EXPENSES</b> – 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
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
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
<b>CLINICAL LABORATORY SERVICES</b>			
– Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> – 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**

<b>FOREIGN TRAVEL</b> – 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
<b>HOSPITALIZATION*</b>			
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
<b>SKILLED NURSING FACILITY CARE*</b>			
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
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as:</b> 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.
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> 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
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b> – 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**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> 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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