

## Cigna Application Packet

Thank you for your interest in applying for the Cigna Medicare Supplement plan!

This application packet provides you with access to a printable copy of the Enrollment Form and the Outline of Coverage in addition to a link to the Choosing a Medigap Policy Guide.

Should you decide to apply by secure upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to Cigna. You may upload, email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)
- Secure File Upload: [Click here](#)
- Mail: CDA Insurance LLC  
PO Box 26540  
Eugene, Oregon 97402

### Other Important Information

Download Medicare's [Choosing a Medigap Policy Guide](#) (.pdf)

Download [Policy Outline](#) (.pdf)

Download [application](#) (.pdf)

Our website: <http://www.medicare-texas.net>

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.



# OUTLINE OF COVERAGE AND RATES FOR TEXAS RESIDENTS

Medicare Supplement benefit plans A, F, High-Deductible F, G, and N

**Together, all the way.®**



**Cigna Medicare Supplement Insurance**  
Cigna Health and Life Insurance Company

CHLIC-HHD-OC.v2-AA-TX

902464 01/18



## CIGNA HEALTH AND LIFE INSURANCE COMPANY

PO Box 26700, Austin, TX 78755-0580 • 866-459-4272

### Outline of Medicare Supplement Coverage – Benefit Plans A, F, High-Deductible F, G, and N Benefit Chart of Medicare Supplemental Plans Sold for Effective Dates on or after June 1, 2010

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

#### 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.

A	B	C	D	F	HDF*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 co-payment for office visit and up to \$50 copayment for ER visit
		Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance		Skilled nursing facility coinsurance	50% Skilled nursing facility coinsurance	75% Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible		Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Part B deductible		Part B deductible						
				Part B excess (100%)		Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency		Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
							Out-of-pocket limit \$5,240; paid at 100% after limit reached	Out-of-pocket limit \$2,620; paid at 100% after limit reached		

\*Plan F also has an option called a high-deductible Plan F. This high-deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,240 deductible. Benefits from high-deductible Plan F will not begin until out-of-pocket expenses exceed \$2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the Plan's separate foreign travel emergency deductible.

**Cigna Health and Life Insurance Company**

**MEDICARE SUPPLEMENT**

**Texas**

**Attained Age Rates -- Effective 11/1/2017 -- Area I (733, 753-759, 762-769, 778-781, 783, 785-792, 795-799, 885)**

**PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES										Attained Age	MALE RATES									
Plan A		Plan F		Plan HDF		Plan G		Plan N			Plan A		Plan F		Plan HDF		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
4,645.97	387.01									<65	5,263.88	438.48								
1,161.49	96.75	1,451.87	120.94	426.26	35.51	1,163.33	96.91	962.96	80.21	65	1,315.97	109.62	1,644.96	137.03	482.95	40.23	1,318.06	109.79	1,091.03	90.88
1,161.49	96.75	1,451.87	120.94	426.26	35.51	1,163.33	96.91	962.96	80.21	66	1,315.97	109.62	1,644.96	137.03	482.95	40.23	1,318.06	109.79	1,091.03	90.88
1,161.49	96.75	1,451.87	120.94	426.26	35.51	1,163.33	96.91	962.96	80.21	67	1,315.97	109.62	1,644.96	137.03	482.95	40.23	1,318.06	109.79	1,091.03	90.88
1,169.35	97.41	1,461.69	121.76	429.15	35.75	1,187.72	98.94	968.11	80.64	68	1,324.88	110.36	1,656.10	137.95	486.22	40.50	1,345.68	112.10	1,096.87	91.37
1,213.58	101.09	1,516.98	126.36	445.38	37.10	1,232.93	102.70	1,005.56	83.76	69	1,374.99	114.54	1,718.73	143.17	504.61	42.03	1,396.91	116.36	1,139.29	94.90
1,256.38	104.66	1,570.47	130.82	461.08	38.41	1,270.13	105.80	1,034.54	86.18	70	1,423.47	118.58	1,779.34	148.22	522.41	43.52	1,439.06	119.87	1,172.13	97.64
1,296.59	108.01	1,620.74	135.01	475.84	39.64	1,311.23	109.23	1,069.80	89.11	71	1,469.04	122.37	1,836.30	152.96	539.13	44.91	1,485.62	123.75	1,212.08	100.97
1,336.80	111.36	1,671.01	139.19	490.60	40.87	1,352.32	112.65	1,103.27	91.90	72	1,514.60	126.17	1,893.25	157.71	555.85	46.30	1,532.17	127.63	1,250.01	104.13
1,377.01	114.70	1,721.26	143.38	505.36	42.10	1,393.39	116.07	1,136.75	94.69	73	1,560.15	129.96	1,950.19	162.45	572.57	47.69	1,578.71	131.51	1,287.94	107.29
1,417.21	118.05	1,771.51	147.57	520.11	43.32	1,434.45	119.49	1,170.23	97.48	74	1,605.70	133.75	2,007.12	167.19	589.28	49.09	1,625.23	135.38	1,325.87	110.44
1,464.53	122.00	1,830.66	152.49	537.47	44.77	1,484.15	123.63	1,203.70	100.27	75	1,659.31	138.22	2,074.14	172.78	608.96	50.73	1,681.54	140.07	1,363.80	113.60
1,512.36	125.98	1,890.45	157.47	555.03	46.23	1,536.33	127.98	1,238.43	103.16	76	1,713.50	142.73	2,141.88	178.42	628.85	52.38	1,740.66	145.00	1,403.14	116.88
1,555.25	129.55	1,952.12	162.61	573.13	47.74	1,585.00	132.03	1,289.67	107.43	77	1,762.10	146.78	2,211.75	184.24	649.36	54.09	1,795.80	149.59	1,461.20	121.72
1,594.71	132.84	2,014.03	167.77	591.31	49.26	1,628.95	135.69	1,339.11	111.55	78	1,806.81	150.51	2,281.90	190.08	669.96	55.81	1,845.60	153.74	1,517.21	126.38
1,635.89	136.27	2,078.64	173.15	610.28	50.84	1,671.21	139.21	1,388.30	115.65	79	1,853.46	154.39	2,355.10	196.18	691.45	57.60	1,893.48	157.73	1,572.95	131.03
1,677.24	139.71	2,143.71	178.57	629.38	52.43	1,715.23	142.88	1,435.69	119.59	80	1,900.31	158.30	2,428.82	202.32	713.09	59.40	1,943.36	161.88	1,626.64	135.50
1,699.48	141.57	2,192.03	182.60	643.57	53.61	1,749.35	145.72	1,458.86	121.52	81	1,925.51	160.39	2,483.56	206.88	729.16	60.74	1,982.01	165.10	1,652.89	137.69
1,722.54	143.49	2,241.72	186.74	658.16	54.82	1,777.74	148.09	1,486.44	123.82	82	1,951.63	162.57	2,539.87	211.57	745.69	62.12	2,014.18	167.78	1,684.13	140.29
1,744.88	145.35	2,290.17	190.77	672.38	56.01	1,808.48	150.65	1,532.15	127.63	83	1,976.95	164.68	2,594.76	216.14	761.81	63.46	2,049.01	170.68	1,735.93	144.60
1,776.65	148.00	2,337.70	194.73	686.34	57.17	1,843.54	153.57	1,565.34	130.39	84	2,012.95	167.68	2,648.61	220.63	777.62	64.78	2,088.73	173.99	1,773.53	147.74
1,810.74	150.83	2,382.55	198.47	699.51	58.27	1,879.15	156.53	1,589.84	132.43	85	2,051.57	170.90	2,699.43	224.86	792.54	66.02	2,129.08	177.35	1,801.29	150.05
1,850.58	154.15	2,434.97	202.83	714.90	59.55	1,923.27	160.21	1,629.36	135.73	86	2,096.70	174.66	2,758.82	229.81	809.98	67.47	2,179.06	181.52	1,846.07	153.78
1,891.29	157.54	2,488.54	207.30	730.62	60.86	1,968.38	163.97	1,669.70	139.09	87	2,142.83	178.50	2,819.51	234.87	827.80	68.96	2,230.17	185.77	1,891.77	157.58
1,932.90	161.01	2,543.29	211.86	746.70	62.20	2,014.50	167.81	1,710.89	142.52	88	2,189.97	182.42	2,881.54	240.03	846.01	70.47	2,282.43	190.13	1,938.43	161.47
1,975.42	164.55	2,599.24	216.52	763.13	63.57	2,061.65	171.74	1,752.93	146.02	89	2,238.15	186.44	2,944.94	245.31	864.62	72.02	2,335.85	194.58	1,986.07	165.44
2,018.88	168.17	2,656.42	221.28	779.91	64.97	2,109.85	175.75	1,795.85	149.59	90	2,287.39	190.54	3,009.73	250.71	883.64	73.61	2,390.46	199.13	2,034.70	169.49
2,063.30	171.87	2,714.86	226.15	797.07	66.40	2,158.34	179.79	1,840.00	153.27	91	2,337.71	194.73	3,075.94	256.23	903.08	75.23	2,445.40	203.70	2,084.72	173.66
2,108.69	175.65	2,774.59	231.12	814.61	67.86	2,207.94	183.92	1,885.05	157.02	92	2,389.14	199.02	3,143.61	261.86	922.95	76.88	2,501.59	208.38	2,135.76	177.91
2,155.08	179.52	2,835.63	236.21	832.53	69.35	2,258.66	188.15	1,931.02	160.85	93	2,441.71	203.39	3,212.77	267.62	943.26	78.57	2,559.06	213.17	2,187.85	182.25
2,202.49	183.47	2,898.02	241.40	850.85	70.88	2,310.53	192.47	1,977.95	164.76	94	2,495.42	207.87	3,283.45	273.51	964.01	80.30	2,617.83	218.06	2,241.02	186.68
2,250.95	187.50	2,961.77	246.72	869.56	72.43	2,363.57	196.89	2,025.85	168.75	95	2,550.32	212.44	3,355.69	279.53	985.22	82.07	2,677.93	223.07	2,295.29	191.20
2,250.95	187.50	2,961.77	246.72	869.56	72.43	2,363.57	196.89	2,025.85	168.75	96	2,550.32	212.44	3,355.69	279.53	985.22	82.07	2,677.93	223.07	2,295.29	191.20
2,250.95	187.50	2,961.77	246.72	869.56	72.43	2,363.57	196.89	2,025.85	168.75	97	2,550.32	212.44	3,355.69	279.53	985.22	82.07	2,677.93	223.07	2,295.29	191.20
2,250.95	187.50	2,961.77	246.72	869.56	72.43	2,363.57	196.89	2,025.85	168.75	98	2,550.32	212.44	3,355.69	279.53	985.22	82.07	2,677.93	223.07	2,295.29	191.20
2,250.95	187.50	2,961.77	246.72	869.56	72.43	2,363.57	196.89	2,025.85	168.75	99	2,550.32	212.44	3,355.69	279.53	985.22	82.07	2,677.93	223.07	2,295.29	191.20

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.  
To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Applicants who qualify for Household Discount multiply above rates by 0.93

**Cigna Health and Life Insurance Company**

**MEDICARE SUPPLEMENT**

**Texas**

**Attained Age Rates -- Effective 11/1/2017 -- Area I (733, 753-759, 762-769, 778-781, 783, 785-792, 795-799, 885)**

**STANDARD ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES										Attained Age	MALE RATES									
Plan A		Plan F		Plan HDF		Plan G		Plan N			Plan A		Plan F		Plan HDF		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
5,110.57	425.71									<65	5,790.27	482.33								
1,277.64	106.43	1,597.05	133.03	468.89	39.06	1,279.67	106.60	1,059.26	88.24	65	1,447.57	120.58	1,809.46	150.73	531.25	44.25	1,449.86	120.77	1,200.14	99.97
1,277.64	106.43	1,597.05	133.03	468.89	39.06	1,279.67	106.60	1,059.26	88.24	66	1,447.57	120.58	1,809.46	150.73	531.25	44.25	1,449.86	120.77	1,200.14	99.97
1,277.64	106.43	1,597.05	133.03	468.89	39.06	1,279.67	106.60	1,059.26	88.24	67	1,447.57	120.58	1,809.46	150.73	531.25	44.25	1,449.86	120.77	1,200.14	99.97
1,286.29	107.15	1,607.86	133.93	472.06	39.32	1,306.49	108.83	1,064.92	88.71	68	1,457.37	121.40	1,821.71	151.75	534.85	44.55	1,480.25	123.31	1,206.55	100.51
1,334.94	111.20	1,668.67	139.00	489.92	40.81	1,356.22	112.97	1,106.11	92.14	69	1,512.49	125.99	1,890.61	157.49	555.07	46.24	1,536.60	128.00	1,253.22	104.39
1,382.01	115.12	1,727.52	143.90	507.19	42.25	1,397.14	116.38	1,137.99	94.79	70	1,565.82	130.43	1,957.28	163.04	574.65	47.87	1,582.96	131.86	1,289.34	107.40
1,426.25	118.81	1,782.82	148.51	523.43	43.60	1,442.35	120.15	1,176.77	98.03	71	1,615.95	134.61	2,019.93	168.26	593.04	49.40	1,634.19	136.13	1,333.29	111.06
1,470.49	122.49	1,838.11	153.11	539.66	44.95	1,487.55	123.91	1,213.60	101.09	72	1,666.06	138.78	2,082.57	173.48	611.44	50.93	1,685.39	140.39	1,375.01	114.54
1,514.71	126.18	1,893.39	157.72	555.89	46.31	1,532.72	127.68	1,250.42	104.16	73	1,716.17	142.96	2,145.21	178.70	629.82	52.46	1,736.58	144.66	1,416.73	118.01
1,558.93	129.86	1,948.66	162.32	572.12	47.66	1,577.89	131.44	1,287.25	107.23	74	1,766.27	147.13	2,207.83	183.91	648.21	54.00	1,787.75	148.92	1,458.45	121.49
1,610.98	134.19	2,013.73	167.74	591.22	49.25	1,632.56	135.99	1,324.07	110.30	75	1,825.24	152.04	2,281.55	190.05	669.85	55.80	1,849.69	154.08	1,500.17	124.96
1,663.60	138.58	2,079.50	173.22	610.53	50.86	1,689.97	140.77	1,362.27	113.48	76	1,884.86	157.01	2,356.07	196.26	691.73	57.62	1,914.73	159.50	1,543.45	128.57
1,710.78	142.51	2,147.33	178.87	630.45	52.52	1,743.50	145.23	1,418.64	118.17	77	1,938.31	161.46	2,432.93	202.66	714.30	59.50	1,975.38	164.55	1,607.32	133.89
1,754.18	146.12	2,215.44	184.55	650.44	54.18	1,791.85	149.26	1,473.02	122.70	78	1,987.49	165.56	2,510.09	209.09	736.95	61.39	2,030.16	169.11	1,668.93	139.02
1,799.48	149.90	2,286.51	190.47	671.31	55.92	1,838.33	153.13	1,527.13	127.21	79	2,038.81	169.83	2,590.61	215.80	760.59	63.36	2,082.83	173.50	1,730.24	144.13
1,844.96	153.69	2,358.08	196.43	692.32	57.67	1,886.75	157.17	1,579.26	131.55	80	2,090.34	174.13	2,671.70	222.55	784.40	65.34	2,137.69	178.07	1,789.30	149.05
1,869.42	155.72	2,411.23	200.86	707.93	58.97	1,924.28	160.29	1,604.75	133.68	81	2,118.06	176.43	2,731.92	227.57	802.08	66.81	2,180.21	181.61	1,818.18	151.45
1,894.79	157.84	2,465.89	205.41	723.98	60.31	1,955.52	162.89	1,635.08	136.20	82	2,146.80	178.83	2,793.85	232.73	820.26	68.33	2,215.60	184.56	1,852.55	154.32
1,919.37	159.88	2,519.18	209.85	739.62	61.61	1,989.33	165.71	1,685.37	140.39	83	2,174.64	181.15	2,854.23	237.76	837.99	69.80	2,253.91	187.75	1,909.52	159.06
1,954.32	162.79	2,571.47	214.20	754.97	62.89	2,027.89	168.92	1,721.88	143.43	84	2,214.24	184.45	2,913.47	242.69	855.38	71.25	2,297.60	191.39	1,950.89	162.51
1,991.81	165.92	2,620.81	218.31	769.46	64.10	2,067.06	172.19	1,748.82	145.68	85	2,256.73	187.99	2,969.38	247.35	871.80	72.62	2,341.98	195.09	1,981.41	165.05
2,035.63	169.57	2,678.47	223.12	786.39	65.51	2,115.60	176.23	1,792.30	149.30	86	2,306.37	192.12	3,034.70	252.79	890.98	74.22	2,396.97	199.67	2,030.67	169.16
2,080.42	173.30	2,737.39	228.02	803.69	66.95	2,165.22	180.36	1,836.67	152.99	87	2,357.11	196.35	3,101.47	258.35	910.58	75.85	2,453.19	204.35	2,080.95	173.34
2,126.19	177.11	2,797.62	233.04	821.37	68.42	2,215.95	184.59	1,881.97	156.77	88	2,408.97	200.67	3,169.70	264.04	930.61	77.52	2,510.67	209.14	2,132.28	177.62
2,172.96	181.01	2,859.16	238.17	839.44	69.93	2,267.81	188.91	1,928.22	160.62	89	2,461.97	205.08	3,239.43	269.84	951.08	79.23	2,569.43	214.03	2,184.67	181.98
2,220.77	184.99	2,922.06	243.41	857.91	71.46	2,320.84	193.33	1,975.44	164.55	90	2,516.13	209.59	3,310.70	275.78	972.01	80.97	2,629.51	219.04	2,238.17	186.44
2,269.63	189.06	2,986.35	248.76	876.78	73.04	2,374.18	197.77	2,024.00	168.60	91	2,571.49	214.20	3,383.53	281.85	993.39	82.75	2,689.95	224.07	2,293.19	191.02
2,319.56	193.22	3,052.05	254.24	896.07	74.64	2,428.73	202.31	2,073.55	172.73	92	2,628.06	218.92	3,457.97	288.05	1,015.25	84.57	2,751.75	229.22	2,349.33	195.70
2,370.59	197.47	3,119.19	259.83	915.78	76.28	2,484.52	206.96	2,124.13	176.94	93	2,685.88	223.73	3,534.05	294.39	1,037.58	86.43	2,814.96	234.49	2,406.63	200.47
2,422.74	201.81	3,187.82	265.55	935.93	77.96	2,541.58	211.71	2,175.75	181.24	94	2,744.97	228.66	3,611.80	300.86	1,060.41	88.33	2,879.61	239.87	2,465.12	205.34
2,476.04	206.25	3,257.95	271.39	956.52	79.68	2,599.93	216.57	2,228.44	185.63	95	2,805.35	233.69	3,691.26	307.48	1,083.74	90.28	2,945.72	245.38	2,524.82	210.32
2,476.04	206.25	3,257.95	271.39	956.52	79.68	2,599.93	216.57	2,228.44	185.63	96	2,805.35	233.69	3,691.26	307.48	1,083.74	90.28	2,945.72	245.38	2,524.82	210.32
2,476.04	206.25	3,257.95	271.39	956.52	79.68	2,599.93	216.57	2,228.44	185.63	97	2,805.35	233.69	3,691.26	307.48	1,083.74	90.28	2,945.72	245.38	2,524.82	210.32
2,476.04	206.25	3,257.95	271.39	956.52	79.68	2,599.93	216.57	2,228.44	185.63	98	2,805.35	233.69	3,691.26	307.48	1,083.74	90.28	2,945.72	245.38	2,524.82	210.32
2,476.04	206.25	3,257.95	271.39	956.52	79.68	2,599.93	216.57	2,228.44	185.63	99	2,805.35	233.69	3,691.26	307.48	1,083.74	90.28	2,945.72	245.38	2,524.82	210.32

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.  
To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Applicants who qualify for Household Discount multiply above rates by 0.93

**Cigna Health and Life Insurance Company**

**MEDICARE SUPPLEMENT**

**Texas**

**Attained Age Rates -- Effective 11/1/2017 -- Area II (750-752, 760-761, 774, 776-777, 782, 784, 793-794)**

**PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES										Attained Age	MALE RATES									
Plan A		Plan F		Plan HDF		Plan G		Plan N			Plan A		Plan F		Plan HDF		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
5,132.18	427.51									<65	5,814.76	484.37								
1,283.04	106.88	1,603.81	133.60	470.87	39.22	1,285.08	107.05	1,063.74	88.61	65	1,453.69	121.09	1,817.11	151.37	533.50	44.44	1,455.99	121.28	1,205.21	100.39
1,283.04	106.88	1,603.81	133.60	470.87	39.22	1,285.08	107.05	1,063.74	88.61	66	1,453.69	121.09	1,817.11	151.37	533.50	44.44	1,455.99	121.28	1,205.21	100.39
1,283.04	106.88	1,603.81	133.60	470.87	39.22	1,285.08	107.05	1,063.74	88.61	67	1,453.69	121.09	1,817.11	151.37	533.50	44.44	1,455.99	121.28	1,205.21	100.39
1,291.73	107.60	1,614.66	134.50	474.06	39.49	1,312.01	109.29	1,069.42	89.08	68	1,463.53	121.91	1,829.41	152.39	537.11	44.74	1,486.51	123.83	1,211.66	100.93
1,340.58	111.67	1,675.73	139.59	491.99	40.98	1,361.96	113.45	1,110.79	92.53	69	1,518.88	126.52	1,898.60	158.15	557.42	46.43	1,543.10	128.54	1,258.52	104.83
1,387.86	115.61	1,734.82	144.51	509.34	42.43	1,403.05	116.87	1,142.80	95.20	70	1,572.44	130.98	1,965.55	163.73	577.08	48.07	1,589.66	132.42	1,294.79	107.86
1,432.28	119.31	1,790.36	149.14	525.64	43.79	1,448.45	120.66	1,181.75	98.44	71	1,622.78	135.18	2,028.47	168.97	595.55	49.61	1,641.10	136.70	1,338.92	111.53
1,476.70	123.01	1,845.88	153.76	541.94	45.14	1,493.84	124.44	1,218.73	101.52	72	1,673.10	139.37	2,091.38	174.21	614.02	51.15	1,692.52	140.99	1,380.82	115.02
1,521.11	126.71	1,901.39	158.39	558.24	46.50	1,539.21	128.22	1,255.71	104.60	73	1,723.42	143.56	2,154.28	179.45	632.49	52.69	1,743.92	145.27	1,422.72	118.51
1,565.52	130.41	1,956.90	163.01	574.54	47.86	1,584.56	131.99	1,292.69	107.68	74	1,773.73	147.75	2,217.17	184.69	650.95	54.22	1,795.31	149.55	1,464.62	122.00
1,617.79	134.76	2,022.24	168.45	593.72	49.46	1,639.46	136.57	1,329.67	110.76	75	1,832.96	152.69	2,291.20	190.86	672.69	56.03	1,857.51	154.73	1,506.52	125.49
1,670.63	139.16	2,088.29	173.95	613.11	51.07	1,697.11	141.37	1,368.03	113.96	76	1,892.82	157.67	2,366.03	197.09	694.66	57.86	1,922.83	160.17	1,549.98	129.11
1,718.01	143.11	2,156.41	179.63	633.11	52.74	1,750.87	145.85	1,424.64	118.67	77	1,946.51	162.14	2,443.21	203.52	717.32	59.75	1,983.74	165.25	1,614.12	134.46
1,761.60	146.74	2,224.80	185.33	653.19	54.41	1,799.42	149.89	1,479.25	123.22	78	1,995.89	166.26	2,520.70	209.97	740.07	61.65	2,038.75	169.83	1,675.99	139.61
1,807.09	150.53	2,296.17	191.27	674.15	56.16	1,846.10	153.78	1,533.59	127.75	79	2,047.43	170.55	2,601.57	216.71	763.81	63.63	2,091.63	174.23	1,737.56	144.74
1,852.76	154.33	2,368.05	197.26	695.25	57.91	1,894.73	157.83	1,585.94	132.11	80	2,099.18	174.86	2,683.00	223.49	787.72	65.62	2,146.73	178.82	1,796.87	149.68
1,877.33	156.38	2,421.42	201.70	710.92	59.22	1,932.42	160.97	1,611.54	134.24	81	2,127.01	177.18	2,743.47	228.53	805.47	67.10	2,189.43	182.38	1,825.87	152.10
1,902.80	158.50	2,476.32	206.28	727.04	60.56	1,963.78	163.58	1,641.99	136.78	82	2,155.88	179.58	2,805.67	233.71	823.73	68.62	2,224.97	185.34	1,860.38	154.97
1,927.48	160.56	2,529.83	210.74	742.75	61.87	1,997.74	166.41	1,692.49	140.98	83	2,183.84	181.91	2,866.30	238.76	841.53	70.10	2,263.44	188.54	1,917.60	159.74
1,962.58	163.48	2,582.34	215.11	758.16	63.16	2,036.47	169.64	1,729.16	144.04	84	2,223.60	185.23	2,925.79	243.72	859.00	71.55	2,307.32	192.20	1,959.14	163.20
2,000.24	166.62	2,631.89	219.24	772.71	64.37	2,075.80	172.91	1,756.22	146.29	85	2,266.27	188.78	2,981.93	248.39	875.48	72.93	2,351.89	195.91	1,989.79	165.75
2,044.24	170.29	2,689.79	224.06	789.71	65.78	2,124.54	176.97	1,799.88	149.93	86	2,316.13	192.93	3,047.53	253.86	894.74	74.53	2,407.11	200.51	2,039.26	169.87
2,089.21	174.03	2,748.97	228.99	807.09	67.23	2,174.37	181.13	1,844.44	153.64	87	2,367.08	197.18	3,114.58	259.44	914.43	76.17	2,463.56	205.21	2,089.75	174.08
2,135.18	177.86	2,809.44	234.03	824.84	68.71	2,225.32	185.37	1,889.93	157.43	88	2,419.16	201.52	3,183.10	265.15	934.55	77.85	2,521.28	210.02	2,141.29	178.37
2,182.15	181.77	2,871.25	239.18	842.99	70.22	2,277.40	189.71	1,936.37	161.30	89	2,472.38	205.95	3,253.13	270.99	955.11	79.56	2,580.30	214.94	2,193.91	182.75
2,230.16	185.77	2,934.42	244.44	861.53	71.77	2,330.65	194.14	1,983.79	165.25	90	2,526.77	210.48	3,324.70	276.95	976.12	81.31	2,640.63	219.96	2,247.63	187.23
2,279.22	189.86	2,998.98	249.81	880.49	73.34	2,384.22	198.61	2,032.56	169.31	91	2,582.36	215.11	3,397.84	283.04	997.59	83.10	2,701.32	225.02	2,302.89	191.83
2,329.37	194.04	3,064.95	255.31	899.86	74.96	2,439.00	203.17	2,082.32	173.46	92	2,639.17	219.84	3,472.59	289.27	1,019.54	84.93	2,763.39	230.19	2,359.27	196.53
2,380.61	198.30	3,132.38	260.93	919.65	76.61	2,495.03	207.84	2,133.11	177.69	93	2,697.23	224.68	3,548.99	295.63	1,041.97	86.80	2,826.87	235.48	2,416.81	201.32
2,432.98	202.67	3,201.30	266.67	939.89	78.29	2,552.33	212.61	2,184.95	182.01	94	2,756.57	229.62	3,627.07	302.13	1,064.89	88.71	2,891.79	240.89	2,475.54	206.21
2,486.51	207.13	3,271.72	272.53	960.56	80.02	2,610.92	217.49	2,237.86	186.41	95	2,817.22	234.67	3,706.86	308.78	1,088.32	90.66	2,958.18	246.42	2,535.50	211.21
2,486.51	207.13	3,271.72	272.53	960.56	80.02	2,610.92	217.49	2,237.86	186.41	96	2,817.22	234.67	3,706.86	308.78	1,088.32	90.66	2,958.18	246.42	2,535.50	211.21
2,486.51	207.13	3,271.72	272.53	960.56	80.02	2,610.92	217.49	2,237.86	186.41	97	2,817.22	234.67	3,706.86	308.78	1,088.32	90.66	2,958.18	246.42	2,535.50	211.21
2,486.51	207.13	3,271.72	272.53	960.56	80.02	2,610.92	217.49	2,237.86	186.41	98	2,817.22	234.67	3,706.86	308.78	1,088.32	90.66	2,958.18	246.42	2,535.50	211.21
2,486.51	207.13	3,271.72	272.53	960.56	80.02	2,610.92	217.49	2,237.86	186.41	99	2,817.22	234.67	3,706.86	308.78	1,088.32	90.66	2,958.18	246.42	2,535.50	211.21

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Applicants who qualify for Household Discount multiply above rates by 0.93

**Cigna Health and Life Insurance Company**

**MEDICARE SUPPLEMENT**

**Texas**

**Attained Age Rates -- Effective 11/1/2017 -- Area II (750-752, 760-761, 774, 776-777, 782, 784, 793-794)**

**STANDARD ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES										Attained Age	MALE RATES									
Plan A		Plan F		Plan HDF		Plan G		Plan N			Plan A		Plan F		Plan HDF		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
5,645.39	470.26									<65	6,396.23	532.81								
1,411.35	117.57	1,764.19	146.96	517.96	43.15	1,413.59	117.75	1,170.11	97.47	65	1,599.06	133.20	1,998.82	166.50	586.85	48.88	1,601.59	133.41	1,325.73	110.43
1,411.35	117.57	1,764.19	146.96	517.96	43.15	1,413.59	117.75	1,170.11	97.47	66	1,599.06	133.20	1,998.82	166.50	586.85	48.88	1,601.59	133.41	1,325.73	110.43
1,411.35	117.57	1,764.19	146.96	517.96	43.15	1,413.59	117.75	1,170.11	97.47	67	1,599.06	133.20	1,998.82	166.50	586.85	48.88	1,601.59	133.41	1,325.73	110.43
1,420.90	118.36	1,776.13	147.95	521.46	43.44	1,443.22	120.22	1,176.37	97.99	68	1,609.88	134.10	2,012.35	167.63	590.82	49.22	1,635.16	136.21	1,332.82	111.02
1,474.64	122.84	1,843.30	153.55	541.19	45.08	1,498.15	124.80	1,221.87	101.78	69	1,670.77	139.18	2,088.46	173.97	613.16	51.08	1,697.41	141.39	1,384.37	115.32
1,526.64	127.17	1,908.30	158.96	560.27	46.67	1,543.36	128.56	1,257.08	104.71	70	1,729.69	144.08	2,162.11	180.10	634.79	52.88	1,748.62	145.66	1,424.27	118.64
1,575.51	131.24	1,969.39	164.05	578.20	48.16	1,593.30	132.72	1,299.93	108.28	71	1,785.06	148.70	2,231.32	185.87	655.11	54.57	1,805.21	150.37	1,472.82	122.69
1,624.37	135.31	2,030.47	169.14	596.14	49.66	1,643.22	136.88	1,340.60	111.67	72	1,840.42	153.31	2,300.52	191.63	675.42	56.26	1,861.77	155.09	1,518.90	126.52
1,673.23	139.38	2,091.53	174.22	614.07	51.15	1,693.13	141.04	1,381.28	115.06	73	1,895.77	157.92	2,369.71	197.40	695.74	57.95	1,918.31	159.80	1,564.99	130.36
1,722.07	143.45	2,152.59	179.31	631.99	52.64	1,743.02	145.19	1,421.96	118.45	74	1,951.11	162.53	2,438.88	203.16	716.05	59.65	1,974.84	164.50	1,611.08	134.20
1,779.57	148.24	2,224.47	185.30	653.09	54.40	1,803.41	150.22	1,462.64	121.84	75	2,016.26	167.95	2,520.32	209.94	739.96	61.64	2,043.26	170.20	1,657.17	138.04
1,837.69	153.08	2,297.12	191.35	674.42	56.18	1,866.82	155.51	1,504.83	125.35	76	2,082.11	173.44	2,602.63	216.80	764.12	63.65	2,115.11	176.19	1,704.97	142.02
1,889.81	157.42	2,372.05	197.59	696.42	58.01	1,925.96	160.43	1,567.10	130.54	77	2,141.16	178.36	2,687.53	223.87	789.05	65.73	2,182.11	181.77	1,775.53	147.90
1,937.76	161.42	2,447.28	203.86	718.51	59.85	1,979.37	164.88	1,627.17	135.54	78	2,195.48	182.88	2,772.77	230.97	814.07	67.81	2,242.62	186.81	1,843.59	153.57
1,987.80	165.58	2,525.79	210.40	741.56	61.77	2,030.71	169.16	1,686.95	140.52	79	2,252.18	187.61	2,861.72	238.38	840.19	69.99	2,300.80	191.66	1,911.31	159.21
2,038.04	169.77	2,604.85	216.98	764.77	63.71	2,084.20	173.61	1,744.53	145.32	80	2,309.10	192.35	2,951.30	245.84	866.49	72.18	2,361.40	196.70	1,976.55	164.65
2,065.06	172.02	2,663.57	221.88	782.01	65.14	2,125.66	177.07	1,772.69	147.67	81	2,339.72	194.90	3,017.82	251.38	886.02	73.81	2,408.38	200.62	2,008.46	167.30
2,093.08	174.35	2,723.95	226.90	799.74	66.62	2,160.16	179.94	1,806.19	150.46	82	2,371.46	197.54	3,086.23	257.08	906.11	75.48	2,447.46	203.87	2,046.42	170.47
2,120.23	176.62	2,782.82	231.81	817.02	68.06	2,197.52	183.05	1,861.74	155.08	83	2,402.22	200.10	3,152.93	262.64	925.69	77.11	2,489.79	207.40	2,109.36	175.71
2,158.84	179.83	2,840.58	236.62	833.98	69.47	2,240.11	186.60	1,902.07	158.44	84	2,445.96	203.75	3,218.37	268.09	944.90	78.71	2,538.05	211.42	2,155.05	179.52
2,200.26	183.28	2,895.08	241.16	849.98	70.80	2,283.38	190.21	1,931.84	160.92	85	2,492.89	207.66	3,280.12	273.23	963.03	80.22	2,587.08	215.50	2,188.77	182.32
2,248.67	187.31	2,958.77	246.47	868.68	72.36	2,337.00	194.67	1,979.86	164.92	86	2,547.74	212.23	3,352.29	279.25	984.22	81.99	2,647.82	220.56	2,243.19	186.86
2,298.14	191.43	3,023.86	251.89	887.79	73.95	2,391.81	199.24	2,028.88	169.01	87	2,603.79	216.90	3,426.04	285.39	1,005.87	83.79	2,709.92	225.74	2,298.73	191.48
2,348.70	195.65	3,090.39	257.43	907.33	75.58	2,447.85	203.91	2,078.92	173.17	88	2,661.07	221.67	3,501.41	291.67	1,028.00	85.63	2,773.41	231.03	2,355.42	196.21
2,400.37	199.95	3,158.38	263.09	927.29	77.24	2,505.14	208.68	2,130.01	177.43	89	2,719.62	226.54	3,578.44	298.08	1,050.62	87.52	2,838.33	236.43	2,413.30	201.03
2,453.17	204.35	3,227.86	268.88	947.69	78.94	2,563.72	213.56	2,182.17	181.77	90	2,779.45	231.53	3,657.17	304.64	1,073.73	89.44	2,904.69	241.96	2,472.40	205.95
2,507.14	208.85	3,298.87	274.80	968.54	80.68	2,622.64	218.47	2,235.81	186.24	91	2,840.59	236.62	3,737.62	311.34	1,097.35	91.41	2,971.45	247.52	2,533.17	211.01
2,562.30	213.44	3,371.45	280.84	989.84	82.45	2,682.90	223.49	2,290.55	190.80	92	2,903.09	241.83	3,819.85	318.19	1,121.49	93.42	3,039.73	253.21	2,595.19	216.18
2,618.67	218.14	3,445.62	287.02	1,011.62	84.27	2,744.53	228.62	2,346.42	195.46	93	2,966.96	247.15	3,903.89	325.19	1,146.17	95.48	3,109.55	259.03	2,658.49	221.45
2,676.28	222.93	3,521.43	293.33	1,033.88	86.12	2,807.56	233.87	2,403.44	200.21	94	3,032.23	252.58	3,989.78	332.35	1,171.38	97.58	3,180.96	264.97	2,723.10	226.83
2,735.16	227.84	3,598.90	299.79	1,056.62	88.02	2,872.02	239.24	2,461.65	205.06	95	3,098.94	258.14	4,077.55	339.66	1,197.15	99.72	3,253.99	271.06	2,789.05	232.33
2,735.16	227.84	3,598.90	299.79	1,056.62	88.02	2,872.02	239.24	2,461.65	205.06	96	3,098.94	258.14	4,077.55	339.66	1,197.15	99.72	3,253.99	271.06	2,789.05	232.33
2,735.16	227.84	3,598.90	299.79	1,056.62	88.02	2,872.02	239.24	2,461.65	205.06	97	3,098.94	258.14	4,077.55	339.66	1,197.15	99.72	3,253.99	271.06	2,789.05	232.33
2,735.16	227.84	3,598.90	299.79	1,056.62	88.02	2,872.02	239.24	2,461.65	205.06	98	3,098.94	258.14	4,077.55	339.66	1,197.15	99.72	3,253.99	271.06	2,789.05	232.33
2,735.16	227.84	3,598.90	299.79	1,056.62	88.02	2,872.02	239.24	2,461.65	205.06	99	3,098.94	258.14	4,077.55	339.66	1,197.15	99.72	3,253.99	271.06	2,789.05	232.33

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Applicants who qualify for Household Discount multiply above rates by 0.93



**Cigna Health and Life Insurance Company**

**MEDICARE SUPPLEMENT**

**Texas**

**Attained Age Rates -- Effective 11/1/2017 -- Area III (770, 772-773, 775)**

**PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES										Attained Age	MALE RATES									
Plan A		Plan F		Plan HDF		Plan G		Plan N			Plan A	Plan F		Plan HDF		Plan G		Plan N		
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly			
6,212.64	517.51									<65	7,038.92	586.34								
1,553.16	129.38	1,941.45	161.72	570.00	47.48	1,555.62	129.58	1,287.68	107.26	65	1,759.73	146.59	2,199.66	183.23	645.81	53.80	1,762.52	146.82	1,458.94	121.53
1,553.16	129.38	1,941.45	161.72	570.00	47.48	1,555.62	129.58	1,287.68	107.26	66	1,759.73	146.59	2,199.66	183.23	645.81	53.80	1,762.52	146.82	1,458.94	121.53
1,553.16	129.38	1,941.45	161.72	570.00	47.48	1,555.62	129.58	1,287.68	107.26	67	1,759.73	146.59	2,199.66	183.23	645.81	53.80	1,762.52	146.82	1,458.94	121.53
1,563.67	130.25	1,954.59	162.82	573.86	47.80	1,588.23	132.30	1,294.56	107.84	68	1,771.64	147.58	2,214.55	184.47	650.18	54.16	1,799.46	149.90	1,466.74	122.18
1,622.81	135.18	2,028.51	168.98	595.56	49.61	1,648.68	137.34	1,344.64	112.01	69	1,838.65	153.16	2,298.31	191.45	674.77	56.21	1,867.96	155.60	1,523.47	126.91
1,680.04	139.95	2,100.05	174.93	616.57	51.36	1,698.43	141.48	1,383.39	115.24	70	1,903.48	158.56	2,379.35	198.20	698.57	58.19	1,924.32	160.30	1,567.38	130.56
1,733.82	144.43	2,167.27	180.53	636.30	53.00	1,753.39	146.06	1,430.54	119.16	71	1,964.42	163.64	2,455.52	204.54	720.93	60.05	1,986.59	165.48	1,620.80	135.01
1,787.59	148.91	2,234.48	186.13	656.04	54.65	1,808.33	150.63	1,475.31	122.89	72	2,025.34	168.71	2,531.67	210.89	743.29	61.92	2,048.84	170.67	1,671.52	139.24
1,841.35	153.38	2,301.69	191.73	675.77	56.29	1,863.25	155.21	1,520.07	126.62	73	2,086.25	173.78	2,607.81	217.23	765.64	63.78	2,111.06	175.85	1,722.24	143.46
1,895.10	157.86	2,368.88	197.33	695.49	57.93	1,918.15	159.78	1,564.84	130.35	74	2,147.15	178.86	2,683.94	223.57	787.99	65.64	2,173.27	181.03	1,772.96	147.69
1,958.38	163.13	2,447.98	203.92	718.72	59.87	1,984.61	165.32	1,609.60	134.08	75	2,218.85	184.83	2,773.56	231.04	814.31	67.83	2,248.57	187.31	1,823.68	151.91
2,022.34	168.46	2,527.93	210.58	742.19	61.82	2,054.40	171.13	1,656.03	137.95	76	2,291.31	190.87	2,864.14	238.58	840.90	70.05	2,327.63	193.89	1,876.29	156.29
2,079.70	173.24	2,610.39	217.45	766.40	63.84	2,119.47	176.55	1,724.56	143.66	77	2,356.30	196.28	2,957.57	246.37	868.33	72.33	2,401.36	200.03	1,953.93	162.76
2,132.46	177.63	2,693.18	224.34	790.71	65.87	2,178.25	181.45	1,790.67	149.16	78	2,416.08	201.26	3,051.38	254.18	895.87	74.63	2,467.96	205.58	2,028.83	169.00
2,187.53	182.22	2,779.58	231.54	816.07	67.98	2,234.75	186.15	1,856.45	154.64	79	2,478.47	206.46	3,149.26	262.33	924.61	77.02	2,531.98	210.91	2,103.36	175.21
2,242.82	186.83	2,866.58	238.79	841.62	70.11	2,293.62	191.06	1,919.82	159.92	80	2,541.11	211.67	3,247.84	270.55	953.55	79.43	2,598.67	216.47	2,175.15	181.19
2,272.56	189.30	2,931.20	244.17	860.59	71.69	2,339.25	194.86	1,950.81	162.50	81	2,574.81	214.48	3,321.05	276.64	975.05	81.22	2,650.37	220.78	2,210.26	184.12
2,303.39	191.87	2,997.65	249.70	880.10	73.31	2,377.21	198.02	1,987.68	165.57	82	2,609.74	217.39	3,396.33	282.91	997.15	83.06	2,693.38	224.36	2,252.04	187.59
2,333.27	194.36	3,062.43	255.10	899.12	74.90	2,418.32	201.45	2,048.81	170.67	83	2,643.59	220.21	3,469.73	289.03	1,018.70	84.86	2,739.96	228.24	2,321.30	193.36
2,375.75	197.90	3,125.99	260.40	917.78	76.45	2,465.19	205.35	2,093.19	174.36	84	2,691.73	224.22	3,541.75	295.03	1,039.84	86.62	2,793.07	232.66	2,371.59	197.55
2,421.34	201.70	3,185.97	265.39	935.39	77.92	2,512.82	209.32	2,125.94	177.09	85	2,743.38	228.52	3,609.71	300.69	1,059.79	88.28	2,847.02	237.16	2,408.70	200.64
2,474.61	206.13	3,256.06	271.23	955.97	79.63	2,571.81	214.23	2,178.80	181.49	86	2,803.73	233.55	3,689.12	307.30	1,083.11	90.22	2,913.87	242.73	2,468.58	205.63
2,529.05	210.67	3,327.70	277.20	977.00	81.38	2,632.13	219.26	2,232.74	185.99	87	2,865.41	238.69	3,770.28	314.06	1,106.94	92.21	2,982.21	248.42	2,529.70	210.72
2,584.69	215.30	3,400.91	283.30	998.49	83.17	2,693.80	224.39	2,287.81	190.57	88	2,928.45	243.94	3,853.23	320.97	1,131.29	94.24	3,052.08	254.24	2,592.09	215.92
2,641.55	220.04	3,475.73	289.53	1,020.46	85.00	2,756.85	229.65	2,344.03	195.26	89	2,992.88	249.31	3,938.00	328.04	1,156.18	96.31	3,123.52	260.19	2,655.79	221.23
2,699.67	224.88	3,552.19	295.90	1,042.91	86.87	2,821.32	235.02	2,401.43	200.04	90	3,058.72	254.79	4,024.63	335.25	1,181.62	98.43	3,196.55	266.27	2,720.82	226.64
2,759.06	229.83	3,630.34	302.41	1,065.85	88.79	2,886.16	240.42	2,460.46	204.96	91	3,126.01	260.40	4,113.18	342.63	1,207.61	100.59	3,270.02	272.39	2,787.70	232.22
2,819.76	234.89	3,710.21	309.06	1,089.30	90.74	2,952.48	245.94	2,520.70	209.97	92	3,194.79	266.13	4,203.67	350.17	1,234.18	102.81	3,345.15	278.65	2,855.96	237.90
2,881.79	240.05	3,791.83	315.86	1,113.27	92.74	3,020.30	251.59	2,582.18	215.10	93	3,265.07	271.98	4,296.15	357.87	1,261.33	105.07	3,422.00	285.05	2,925.61	243.70
2,945.19	245.33	3,875.25	322.81	1,137.76	94.78	3,089.66	257.37	2,644.93	220.32	94	3,336.90	277.96	4,390.66	365.74	1,289.08	107.38	3,500.58	291.60	2,996.71	249.63
3,009.99	250.73	3,960.51	329.91	1,162.79	96.86	3,160.59	263.28	2,708.99	225.66	95	3,410.31	284.08	4,487.26	373.79	1,317.44	109.74	3,580.95	298.29	3,069.29	255.67
3,009.99	250.73	3,960.51	329.91	1,162.79	96.86	3,160.59	263.28	2,708.99	225.66	96	3,410.31	284.08	4,487.26	373.79	1,317.44	109.74	3,580.95	298.29	3,069.29	255.67
3,009.99	250.73	3,960.51	329.91	1,162.79	96.86	3,160.59	263.28	2,708.99	225.66	97	3,410.31	284.08	4,487.26	373.79	1,317.44	109.74	3,580.95	298.29	3,069.29	255.67
3,009.99	250.73	3,960.51	329.91	1,162.79	96.86	3,160.59	263.28	2,708.99	225.66	98	3,410.31	284.08	4,487.26	373.79	1,317.44	109.74	3,580.95	298.29	3,069.29	255.67
3,009.99	250.73	3,960.51	329.91	1,162.79	96.86	3,160.59	263.28	2,708.99	225.66	99	3,410.31	284.08	4,487.26	373.79	1,317.44	109.74	3,580.95	298.29	3,069.29	255.67

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Applicants who qualify for Household Discount multiply above rates by 0.93

**Cigna Health and Life Insurance Company**

**MEDICARE SUPPLEMENT**

**Texas**

**Attained Age Rates -- Effective 11/1/2017 -- Area III (770, 772-773, 775)**

**STANDARD ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES										Attained Age	MALE RATES									
Plan A		Plan F		Plan HDF		Plan G		Plan N			Age	Plan A		Plan F		Plan HDF		Plan G		Plan N
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	<65	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
6,833.90	569.26									65	7,742.81	644.98								
1,708.47	142.32	2,135.59	177.89	627.00	52.23	1,711.18	142.54	1,416.45	117.99	66	1,935.70	161.24	2,419.63	201.55	710.39	59.18	1,938.77	161.50	1,604.84	133.68
1,708.47	142.32	2,135.59	177.89	627.00	52.23	1,711.18	142.54	1,416.45	117.99	67	1,935.70	161.24	2,419.63	201.55	710.39	59.18	1,938.77	161.50	1,604.84	133.68
1,708.47	142.32	2,135.59	177.89	627.00	52.23	1,711.18	142.54	1,416.45	117.99	68	1,935.70	161.24	2,419.63	201.55	710.39	59.18	1,938.77	161.50	1,604.84	133.68
1,720.04	143.28	2,150.05	179.10	631.24	52.58	1,747.05	145.53	1,424.02	118.62	69	1,948.80	162.34	2,436.00	202.92	715.20	59.58	1,979.41	164.88	1,613.42	134.40
1,785.09	148.70	2,231.37	185.87	655.12	54.57	1,813.55	151.07	1,479.10	123.21	70	2,022.51	168.48	2,528.14	210.59	742.25	61.83	2,054.76	171.16	1,675.82	139.60
1,848.04	153.94	2,310.05	192.43	678.22	56.50	1,868.27	155.63	1,521.73	126.76	71	2,093.83	174.42	2,617.29	218.02	768.43	64.01	2,116.75	176.33	1,724.12	143.62
1,907.20	158.87	2,384.00	198.59	699.93	58.30	1,928.73	160.66	1,573.59	131.08	72	2,160.86	180.00	2,701.07	225.00	793.02	66.06	2,185.25	182.03	1,782.88	148.51
1,966.35	163.80	2,457.93	204.75	721.64	60.11	1,989.16	165.70	1,622.84	135.18	73	2,227.87	185.58	2,784.84	231.98	817.62	68.11	2,253.72	187.73	1,838.67	153.16
2,025.48	168.72	2,531.86	210.90	743.34	61.92	2,049.57	170.73	1,672.08	139.28	74	2,294.87	191.16	2,868.59	238.95	842.21	70.16	2,322.17	193.44	1,894.46	157.81
2,084.61	173.65	2,605.77	217.06	765.04	63.73	2,109.97	175.76	1,721.32	143.39	75	2,361.87	196.74	2,952.33	245.93	866.79	72.20	2,390.59	199.14	1,950.26	162.46
2,154.22	179.45	2,692.77	224.31	790.59	65.86	2,183.08	181.85	1,770.56	147.49	76	2,440.73	203.31	3,050.91	254.14	895.74	74.61	2,473.42	206.04	2,006.05	167.10
2,224.58	185.31	2,780.72	231.63	816.41	68.01	2,259.84	188.24	1,821.64	151.74	77	2,520.45	209.95	3,150.56	262.44	924.99	77.05	2,560.40	213.28	2,063.91	171.92
2,287.67	190.56	2,871.43	239.19	843.04	70.23	2,331.42	194.21	1,897.02	158.02	78	2,591.93	215.91	3,253.33	271.00	955.16	79.57	2,641.50	220.04	2,149.32	179.04
2,345.71	195.40	2,962.50	246.78	869.78	72.45	2,396.07	199.59	1,969.74	164.08	79	2,657.69	221.39	3,356.52	279.60	985.46	82.09	2,714.75	226.14	2,231.71	185.90
2,406.28	200.44	3,057.54	254.69	897.68	74.78	2,458.23	204.77	2,042.10	170.11	80	2,726.32	227.10	3,464.19	288.57	1,017.07	84.72	2,785.17	232.00	2,313.70	192.73
2,467.10	205.51	3,153.24	262.67	925.78	77.12	2,522.98	210.16	2,111.80	175.91	81	2,795.22	232.84	3,572.62	297.60	1,048.91	87.37	2,858.54	238.12	2,392.67	199.31
2,499.81	208.23	3,224.32	268.59	946.65	78.86	2,573.17	214.35	2,145.89	178.75	82	2,832.29	235.93	3,653.15	304.31	1,072.55	89.34	2,915.40	242.85	2,431.29	202.53
2,533.73	211.06	3,297.41	274.67	968.11	80.64	2,614.93	217.82	2,186.45	182.13	83	2,870.72	239.13	3,735.97	311.21	1,096.86	91.37	2,962.72	246.79	2,477.24	206.35
2,566.59	213.80	3,368.67	280.61	989.03	82.39	2,660.15	221.59	2,253.69	187.73	84	2,907.95	242.23	3,816.71	317.93	1,120.57	93.34	3,013.95	251.06	2,553.43	212.70
2,613.33	217.69	3,438.59	286.43	1,009.56	84.10	2,711.71	225.89	2,302.51	191.80	85	2,960.90	246.64	3,895.93	324.53	1,143.83	95.28	3,072.37	255.93	2,608.74	217.31
2,663.47	221.87	3,504.57	291.93	1,028.93	85.71	2,764.10	230.25	2,338.54	194.80	86	3,017.71	251.38	3,970.68	330.76	1,165.77	97.11	3,131.72	260.87	2,649.57	220.71
2,722.07	226.75	3,581.67	298.35	1,051.56	87.60	2,829.00	235.66	2,396.68	199.64	87	3,084.10	256.91	4,058.03	338.03	1,191.42	99.25	3,205.25	267.00	2,715.43	226.20
2,781.95	231.74	3,660.47	304.92	1,074.70	89.52	2,895.35	241.18	2,456.02	204.59	88	3,151.95	262.56	4,147.31	345.47	1,217.63	101.43	3,280.43	273.26	2,782.67	231.80
2,843.16	236.84	3,741.00	311.63	1,098.34	91.49	2,963.19	246.83	2,516.59	209.63	89	3,221.30	268.33	4,238.55	353.07	1,244.42	103.66	3,357.29	279.66	2,851.30	237.51
2,905.71	242.05	3,823.30	318.48	1,122.50	93.50	3,032.54	252.61	2,578.43	214.78	90	3,292.17	274.24	4,331.80	360.84	1,271.80	105.94	3,435.87	286.21	2,921.37	243.35
2,969.63	247.37	3,907.41	325.49	1,147.20	95.56	3,103.45	258.52	2,641.57	220.04	91	3,364.59	280.27	4,427.10	368.78	1,299.78	108.27	3,516.21	292.90	2,992.90	249.31
3,034.96	252.81	3,993.37	332.65	1,172.44	97.66	3,174.77	264.46	2,706.51	225.45	92	3,438.61	286.44	4,524.49	376.89	1,328.37	110.65	3,597.02	299.63	3,066.47	255.44
3,101.73	258.37	4,081.23	339.97	1,198.23	99.81	3,247.72	270.54	2,772.77	230.97	93	3,514.26	292.74	4,624.03	385.18	1,357.60	113.09	3,679.67	306.52	3,141.55	261.69
3,169.97	264.06	4,171.02	347.45	1,224.59	102.01	3,322.33	276.75	2,840.40	236.61	94	3,591.58	299.18	4,725.76	393.66	1,387.46	115.58	3,764.20	313.56	3,218.17	268.07
3,239.71	269.87	4,262.78	355.09	1,251.53	104.25	3,398.62	283.11	2,909.43	242.36	95	3,670.59	305.76	4,829.73	402.32	1,417.99	118.12	3,850.64	320.76	3,296.38	274.59
3,310.99	275.81	4,356.56	362.90	1,279.07	106.55	3,476.65	289.60	2,979.89	248.22	96	3,751.35	312.49	4,935.98	411.17	1,449.18	120.72	3,939.04	328.12	3,376.22	281.24
3,310.99	275.81	4,356.56	362.90	1,279.07	106.55	3,476.65	289.60	2,979.89	248.22	97	3,751.35	312.49	4,935.98	411.17	1,449.18	120.72	3,939.04	328.12	3,376.22	281.24
3,310.99	275.81	4,356.56	362.90	1,279.07	106.55	3,476.65	289.60	2,979.89	248.22	98	3,751.35	312.49	4,935.98	411.17	1,449.18	120.72	3,939.04	328.12	3,376.22	281.24
3,310.99	275.81	4,356.56	362.90	1,279.07	106.55	3,476.65	289.60	2,979.89	248.22	99	3,751.35	312.49	4,935.98	411.17	1,449.18	120.72	3,939.04	328.12	3,376.22	281.24

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Applicants who qualify for Household Discount multiply above rates by 0.93

THIS PAGE INTENTIONALLY LEFT BLANK

**Locate appropriate Area according to the Applicant's ZIP Code in the ZIP Code chart below.**

**TEXAS ZIP CODES:**

<b><u>Area</u></b>	<b><u>3-digit ZIP Codes</u></b>
Area I	733, 753-759, 762-769, 778-781, 783, 785-792, 795-799, 885
Area II	750-752, 760-761, 774, 776-777, 782, 784, 793-794
Area III	770, 772-773, 775

THIS PAGE INTENTIONALLY LEFT BLANK

## **PREMIUM INFORMATION**

Your premium will increase each year because of the increase in Your attained age. We, Cigna Health and Life Insurance Company, can also raise Your premium if (a) We change the rates or discounts which apply to all policies of this form issued by Us and in force in the state where Your policy was issued; or (b) coverage under Medicare changes. We will send You a written notice at least thirty (30) days in advance when We change the premium rates or discounts for all policies of this form issued by Us and in force in the state where Your policy was issued.

Affiliate means an insurance company that is under common ownership or control with Cigna Health and Life Insurance Company and that is a member of the same insurance holding company system.

Household Discount is a discount that is available when more than one member of Your household enrolls or is enrolled in a Medicare Supplement policy provided by or through an Affiliate of Cigna Health and Life Insurance Company. Household is defined as a condominium unit, a single-family home, or an apartment unit within an apartment complex. Assisted Living facilities, Group Homes, Adult Day Care facilities and Nursing Homes, or any other health residential facility are not included in the definition of "Household."

The household premium discount will be removed if the other Medicare Supplement policyholder whose policy status entitles You to the discount no longer resides with You or no longer has a Medicare Supplement policy through Cigna Health and Life Insurance Company or an Affiliate of Cigna Health and Life Insurance Company. However, if that person becomes deceased, Your discount will still apply. The addition or removal of the discount will occur on the billing cycle following the date We learn Your eligibility has changed.

## **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 Cigna Health and Life Insurance Company.

## **30-DAY RIGHT TO RETURN POLICY**

If You find that You are not satisfied with Your policy, You may return it to Cigna Health and Life Insurance Company, PO Box 26580, Austin, TX 78755-0580. If You send the policy back to Us within thirty (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**

The policy may not fully cover all of Your medical costs. Neither Cigna Health and Life 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 the *Medicare and You* for more details.

## **EXCLUSIONS AND LIMITATIONS**

The benefits of this policy will not duplicate any benefits paid by Medicare. The combined benefits of this policy and the benefits paid by Medicare may not exceed one hundred percent (100%) of the Medicare eligible expenses incurred. This policy will not pay benefits for the following:

- 1) the Medicare Part B deductible (not applicable in Plan F);
- 2) any expense which You are not legally obligated to pay or services for which no charge is normally made in the absence of insurance;
- 3) any services that are not medically necessary as determined by Medicare;
- 4) any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid) or for which payment would have been made by Medicare if You were enrolled in Parts A and B of Medicare;
- 5) any type of expense not a Medicare eligible expense except as provided previously in this policy;
- 6) any deductible, coinsurance, or copayment not covered by Medicare, unless such coverage is listed as a benefit in this policy;
- 7) expenses incurred while Your policy is not in force except as provided in the Extension of Benefits section of the policy;
- 8) Pre-existing Conditions: We will not pay for any expenses incurred for care or treatment of a Pre-existing Condition for the first six (6) months from the effective date of coverage. This exclusion does not apply if You applied for and were issued this policy under guaranteed issue status; if on the date of application for this policy You had at least six (6) months of prior Creditable Coverage; or if this policy is replacing another Medicare Supplement policy and a six (6) month waiting period has already been satisfied. Evidence of prior coverage or replacement must have been disclosed on the application for this policy.

If You had less than six (6) months prior Creditable Coverage, the Pre-existing Conditions limitation will be reduced by the aggregate amount of Creditable Coverage. If this policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied. Please see form entitled *Definitions of Eligible Person for Guaranteed Issue and Creditable Coverage* to determine qualifications for guaranteed issue status.

A Pre-existing Condition is a condition for which medical advice was given or treatment was recommended by or received from a Physician within six (6) months prior to the policy effective date.

## **REFUND OF PREMIUM**

In the event of Your cancellation request, We will return to You the pro rata portion of any premium paid for a period after the date of Your cancellation. Your cancellation will be effective upon receipt of Your notice or on such later date as may be specified in such notice. If You die while insured under the policy, We will refund the pro rata portion of any premium paid for a period after Your death. It will be paid to Your estate or beneficiary.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When You fill out the application for the new policy, be sure to answer truthfully and completely all questions about Your medical and health history. We may cancel Your policy and refuse to pay any claims if You leave out or falsify important medical information.

Review the application carefully before You sign it. Be certain that all information has been properly recorded.

## **RENEWABILITY**

The policy is guaranteed renewable for life.

**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 A PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1,340 All but \$335 per day All but \$670 per day \$0 \$0	\$0 \$335 per day \$670 per day 100% of Medicare eligible expenses \$0	\$1,340 (Part A deductible) \$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 entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$167.50 per day \$0	\$0 \$0 \$0	\$0 Up to \$167.50 per day 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 for 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 \$183 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 A 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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$183 (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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$183 (Part B deductible) \$0**

**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.

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1,340 All but \$335 per day All but \$670 per day \$0 \$0	\$1,340 (Part A deductible) \$335 per day \$670 per 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 entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$167.50 per day \$0	\$0 Up to \$167.50 per 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

\*Once You have been billed \$183 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 F 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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$183 (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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$183 (Part B deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	** \$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$183 (Part B deductible) 20%	\$0 \$0 \$0

**PLAN F**  
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONT'D.)**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN F PAYS</b>	<b>YOU PAY</b>
<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

**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 \$2,240 deductible. Benefits from the high-deductible Plan F will not begin until out-of-pocket expenses are \$2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY \$2,240 DEDUCTIBLE**, PLAN PAYS</b>	<b>IN ADDITION TO \$2,240 DEDUCTIBLE**, YOU PAY</b>
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1,340 All but \$335 per day All but \$670 per day \$0 \$0	\$1,340 (Part A deductible) \$335 per day \$670 per 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 entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$167.50 per day \$0	\$0 Up to \$167.50 per 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

\*Once You have been billed \$183 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 \$2,240 deductible. Benefits from the high-deductible Plan F will not begin until out-of-pocket expenses are \$2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,240 DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$2,240 DEDUCTIBLE**, 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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$183 (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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$183 (Part B deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**HIGH-DEDUCTIBLE PLAN F  
MEDICARE (PARTS A & B)**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY \$2,240 DEDUCTIBLE**, PLAN PAYS</b>	<b>IN ADDITION TO \$2,240 DEDUCTIBLE**, YOU PAY</b>
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>AFTER YOU PAY \$2,240 DEDUCTIBLE**, PLAN PAYS</b>	<b>IN ADDITION TO \$2,240 DEDUCTIBLE**, YOU PAY</b>
<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

**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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN G PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1,340 All but \$335 per day All but \$670 per day \$0 \$0	\$1,340 (Part A deductible) \$335 per day \$670 per 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 entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$167.50 per day \$0	\$0 Up to \$167.50 per 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.



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

\*Once You have been billed \$183 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 G 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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$183 (Part B deductible) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$183 (Part B deductible) \$0

**PLAN G**  
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONT'D.)**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<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

**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 N PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> 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 \$1,340 All but \$335 per day All but \$670 per day \$0 \$0	\$1,340 (Part A deductible) \$335 per day \$670 per 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 entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$167.50 per day \$0	\$0 Up to \$167.50 per 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 for 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 \$183 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 N 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 \$183 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.	\$183 (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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**PLAN N  
 MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONT'D.)**

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN N PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN N PAYS</b>	<b>YOU PAY</b>
<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	\$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