

United American Application Packet

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

This packet provides you with access to the policy Outline of Coverage, printable application in addition to a link to the Choosing a Medigap Policy Guide.

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

- Fax: 1.541.284.2994
- Email: 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.

UNITED AMERICAN INSURANCE COMPANY
P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company • Administrative Offices: McKinney, Texas

Benefit Chart of Medicare Supplement 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 the Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F	F *	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	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 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	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	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 \$5120; paid at 100% after limit reached	Out-of-pocket limit \$2560; 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 \$2200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2200. 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.**

PREMIUM INFORMATION

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an Outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and United American Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all your medical costs.

Neither United American Insurance Company nor its agents are connected with Medicare.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this policy for:

- 1) Any portion of any expense for which payment is made by Medicare; or
- 2) Any type of expense not eligible for coverage under Medicare.
- 3) Loss due to a pre-existing condition is not covered unless the loss is incurred more than 60 days after the policy effective date. If you have a pre-existing condition and qualify for open enrollment and have had continuous period of creditable coverage for at least 60 days, we cannot exclude coverage based on the pre-existing condition. If the period of creditable coverage is less than 60 days, we will give credit for the amount of time of creditable coverage you have had towards fulfilling the pre-existing condition exclusion period.

Any benefits payable under this policy for expense incurred that is paid for by the Texas Department of Human Services will be paid to the Department.

REFUND OF PREMIUM

This policy provides for a refund or partial refund of premium upon the death of the insured or the surrender of the policy.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A - AREA 1 (ZIP 770-777)

Male

Non-Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A4				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1733	867	434	145
66	1817	909	455	152
67	1893	947	474	158
68	1953	977	489	163
69	2025	1013	507	169
70	2097	1049	525	175
71	2148	1074	537	179
72	2171	1086	543	181
73	2213	1107	554	185
74	2244	1122	561	187
75	2275	1138	569	190
76	2294	1147	574	192
77	2294	1147	574	192
78	2294	1147	574	192
79	2294	1147	574	192
80+	2294	1147	574	192

Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A6				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1994	997	499	167
66	2090	1045	523	175
67	2178	1089	545	182
68	2247	1124	562	188
69	2331	1166	583	195
70	2413	1207	604	202
71	2472	1236	618	206
72	2499	1250	625	209
73	2547	1274	637	213
74	2582	1291	646	216
75	2618	1309	655	219
76	2640	1320	660	220
77	2640	1320	660	220
78	2640	1320	660	220
79	2640	1320	660	220
80+	2640	1320	660	220

Female

Non-Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A5				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1507	754	377	126
66	1580	790	395	132
67	1646	823	412	138
68	1699	850	425	142
69	1762	881	441	147
70	1824	912	456	152
71	1869	935	468	156
72	1889	945	473	158
73	1925	963	482	161
74	1952	976	488	163
75	1979	990	495	165
76	1996	998	499	167
77	1996	998	499	167
78	1996	998	499	167
79	1996	998	499	167
80+	1996	998	499	167

Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A7				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1733	867	434	145
66	1817	909	455	152
67	1893	947	474	158
68	1953	977	489	163
69	2025	1013	507	169
70	2097	1049	525	175
71	2148	1074	537	179
72	2171	1086	543	181
73	2213	1107	554	185
74	2244	1122	561	187
75	2275	1138	569	190
76	2294	1147	574	192
77	2294	1147	574	192
78	2294	1147	574	192
79	2294	1147	574	192
80+	2294	1147	574	192

PLAN B - AREA 1 (ZIP 770-777)

Male				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2691	1346	673	225
66	2831	1416	708	236
67	2965	1483	742	248
68	3074	1537	769	257
69	3206	1603	802	268
70	3326	1663	832	278
71	3427	1714	857	286
72	3486	1743	872	291
73	3573	1787	894	298
74	3650	1825	913	305
75	3721	1861	931	311
76	3782	1891	946	316
77	3803	1902	951	317
78	3821	1911	956	319
79	3842	1921	961	321
80+	3842	1921	961	321

Female				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2341	1171	586	196
66	2463	1232	616	206
67	2579	1290	645	215
68	2674	1337	669	223
69	2788	1394	697	233
70	2893	1447	724	242
71	2981	1491	746	249
72	3032	1516	758	253
73	3108	1554	777	259
74	3175	1588	794	265
75	3237	1619	810	270
76	3289	1645	823	275
77	3308	1654	827	276
78	3324	1662	831	277
79	3342	1671	836	279
80+	3342	1671	836	279

Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3097	1549	775	259
66	3258	1629	815	272
67	3412	1706	853	285
68	3538	1769	885	295
69	3689	1845	923	308
70	3827	1914	957	319
71	3943	1972	986	329
72	4011	2006	1003	335
73	4111	2056	1028	343
74	4200	2100	1050	350
75	4282	2141	1071	357
76	4352	2176	1088	363
77	4376	2188	1094	365
78	4397	2199	1100	367
79	4421	2211	1106	369
80+	4421	2211	1106	369

Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2691	1346	673	225
66	2831	1416	708	236
67	2965	1483	742	248
68	3074	1537	769	257
69	3206	1603	802	268
70	3326	1663	832	278
71	3427	1714	857	286
72	3486	1743	872	291
73	3573	1787	894	298
74	3650	1825	913	305
75	3721	1861	931	311
76	3782	1891	946	316
77	3803	1902	951	317
78	3821	1911	956	319
79	3842	1921	961	321
80+	3842	1921	961	321

PLAN C - AREA 1 (ZIP 770-777)

Male				
Non-Tobacco User	Effective Date: 01/01/2017		Plan Code: 5B4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3093	1547	774	258
66	3255	1628	814	272
67	3405	1703	852	284
68	3543	1772	886	296
69	3713	1857	929	310
70	3879	1940	970	324
71	4017	2009	1005	335
72	4123	2062	1031	344
73	4251	2126	1063	355
74	4364	2182	1091	364
75	4471	2236	1118	373
76	4564	2282	1141	381
77	4654	2327	1164	388
78	4745	2373	1187	396
79	4835	2418	1209	403
80+	4994	2497	1249	417

Tobacco User	Effective Date: 01/01/2017		Plan Code: 5B6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3559	1780	890	297
66	3745	1873	937	313
67	3918	1959	980	327
68	4078	2039	1020	340
69	4273	2137	1069	357
70	4463	2232	1116	372
71	4623	2312	1156	386
72	4745	2373	1187	396
73	4892	2446	1223	408
74	5022	2511	1256	419
75	5145	2573	1287	429
76	5252	2626	1313	438
77	5355	2678	1339	447
78	5460	2730	1365	455
79	5564	2782	1391	464
80+	5747	2874	1437	479

Female				
Non-Tobacco User	Effective Date: 01/01/2017		Plan Code: 5B5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2690	1345	673	225
66	2831	1416	708	236
67	2961	1481	741	247
68	3082	1541	771	257
69	3230	1615	808	270
70	3374	1687	844	282
71	3495	1748	874	292
72	3586	1793	897	299
73	3698	1849	925	309
74	3796	1898	949	317
75	3889	1945	973	325
76	3970	1985	993	331
77	4048	2024	1012	338
78	4127	2064	1032	344
79	4206	2103	1052	351
80+	4344	2172	1086	362

Tobacco User	Effective Date: 01/01/2017		Plan Code: 5B7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3093	1547	774	258
66	3255	1628	814	272
67	3405	1703	852	284
68	3543	1772	886	296
69	3713	1857	929	310
70	3879	1940	970	324
71	4017	2009	1005	335
72	4123	2062	1031	344
73	4251	2126	1063	355
74	4364	2182	1091	364
75	4471	2236	1118	373
76	4564	2282	1141	381
77	4654	2327	1164	388
78	4745	2373	1187	396
79	4835	2418	1209	403
80+	4994	2497	1249	417

PLAN D - AREA 1 (ZIP 770-777)

Male				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2971	1486	743	248
66	3134	1567	784	262
67	3295	1648	824	275
68	3438	1719	860	287
69	3612	1806	903	301
70	3779	1890	945	315
71	3925	1963	982	328
72	4035	2018	1009	337
73	4167	2084	1042	348
74	4282	2141	1071	357
75	4392	2196	1098	366
76	4490	2245	1123	375
77	4582	2291	1146	382
78	4675	2338	1169	390
79	4769	2385	1193	398
80+	4932	2466	1233	411

Female				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2584	1292	646	216
66	2726	1363	682	228
67	2866	1433	717	239
68	2990	1495	748	250
69	3142	1571	786	262
70	3287	1644	822	274
71	3414	1707	854	285
72	3510	1755	878	293
73	3625	1813	907	303
74	3724	1862	931	311
75	3820	1910	955	319
76	3906	1953	977	326
77	3986	1993	997	333
78	4066	2033	1017	339
79	4148	2074	1037	346
80+	4290	2145	1073	358

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3419	1710	855	285
66	3607	1804	902	301
67	3792	1896	948	316
68	3956	1978	989	330
69	4157	2079	1040	347
70	4349	2175	1088	363
71	4517	2259	1130	377
72	4643	2322	1161	387
73	4795	2398	1199	400
74	4927	2464	1232	411
75	5054	2527	1264	422
76	5167	2584	1292	431
77	5273	2637	1319	440
78	5379	2690	1345	449
79	5488	2744	1372	458
80+	5676	2838	1419	473

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2971	1486	743	248
66	3134	1567	784	262
67	3295	1648	824	275
68	3438	1719	860	287
69	3612	1806	903	301
70	3779	1890	945	315
71	3925	1963	982	328
72	4035	2018	1009	337
73	4167	2084	1042	348
74	4282	2141	1071	357
75	4392	2196	1098	366
76	4490	2245	1123	375
77	4582	2291	1146	382
78	4675	2338	1169	390
79	4769	2385	1193	398
80+	4932	2466	1233	411

PLAN F - AREA 1 (ZIP 770-777)

Male

Non-Tobacco User		Effective Date: 01/01/2017			Plan Code: 5C4
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2563	1282	641	214	
66	2695	1348	674	225	
67	2820	1410	705	235	
68	2933	1467	734	245	
69	3073	1537	769	257	
70	3207	1604	802	268	
71	3324	1662	831	277	
72	3411	1706	853	285	
73	3516	1758	879	293	
74	3607	1804	902	301	
75	3697	1849	925	309	
76	3774	1887	944	315	
77	3848	1924	962	321	
78	3923	1962	981	327	
79	3997	1999	1000	334	
80+	4127	2064	1032	344	

Tobacco User		Effective Date: 01/01/2017			Plan Code: 5C6
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2950	1475	738	246	
66	3101	1551	776	259	
67	3245	1623	812	271	
68	3375	1688	844	282	
69	3536	1768	884	295	
70	3690	1845	923	308	
71	3825	1913	957	319	
72	3925	1963	982	328	
73	4046	2023	1012	338	
74	4151	2076	1038	346	
75	4254	2127	1064	355	
76	4343	2172	1086	362	
77	4428	2214	1107	369	
78	4514	2257	1129	377	
79	4599	2300	1150	384	
80+	4749	2375	1188	396	

Female

Non-Tobacco User		Effective Date: 01/01/2017			Plan Code: 5C5
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2230	1115	558	186	
66	2344	1172	586	196	
67	2453	1227	614	205	
68	2551	1276	638	213	
69	2673	1337	669	223	
70	2789	1395	698	233	
71	2891	1446	723	241	
72	2967	1484	742	248	
73	3059	1530	765	255	
74	3138	1569	785	262	
75	3216	1608	804	268	
76	3283	1642	821	274	
77	3347	1674	837	279	
78	3412	1706	853	285	
79	3476	1738	869	290	
80+	3590	1795	898	300	

Tobacco User		Effective Date: 01/01/2017			Plan Code: 5C7
Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2563	1282	641	214	
66	2695	1348	674	225	
67	2820	1410	705	235	
68	2933	1467	734	245	
69	3073	1537	769	257	
70	3207	1604	802	268	
71	3324	1662	831	277	
72	3411	1706	853	285	
73	3516	1758	879	293	
74	3607	1804	902	301	
75	3697	1849	925	309	
76	3774	1887	944	315	
77	3848	1924	962	321	
78	3923	1962	981	327	
79	3997	1999	1000	334	
80+	4127	2064	1032	344	

PLAN HDF - AREA 1 (ZIP 770-777)

Male

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	473	237	119	40		
66	511	256	128	43		
67	550	275	138	46		
68	571	286	143	48		
69	599	300	150	50		
70	626	313	157	53		
71	647	324	162	54		
72	682	341	171	57		
73	720	360	180	60		
74	757	379	190	64		
75	795	398	199	67		
76	833	417	209	70		
77	877	439	220	74		
78	920	460	230	77		
79	964	482	241	81		
80+	1040	520	260	87		

Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	544	272	136	46		
66	588	294	147	49		
67	633	317	159	53		
68	657	329	165	55		
69	690	345	173	58		
70	721	361	181	61		
71	745	373	187	63		
72	784	392	196	66		
73	828	414	207	69		
74	871	436	218	73		
75	914	457	229	77		
76	958	479	240	80		
77	1009	505	253	85		
78	1059	530	265	89		
79	1109	555	278	93		
80+	1197	599	300	100		

Female

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	411	206	103	35		
66	444	222	111	37		
67	479	240	120	40		
68	497	249	125	42		
69	521	261	131	44		
70	545	273	137	46		
71	563	282	141	47		
72	593	297	149	50		
73	626	313	157	53		
74	658	329	165	55		
75	691	346	173	58		
76	724	362	181	61		
77	763	382	191	64		
78	800	400	200	67		
79	839	420	210	70		
80+	905	453	227	76		

Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	473	237	119	40		
66	511	256	128	43		
67	550	275	138	46		
68	571	286	143	48		
69	599	300	150	50		
70	626	313	157	53		
71	647	324	162	54		
72	682	341	171	57		
73	720	360	180	60		
74	757	379	190	64		
75	795	398	199	67		
76	833	417	209	70		
77	877	439	220	74		
78	920	460	230	77		
79	964	482	241	81		
80+	1040	520	260	87		

PLAN G - AREA 1 (ZIP 770-777)

Male				
Non-Tobacco User	Effective Date: 01/01/2017		Plan Code: 5D4	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2987	1494	747	249
66	3149	1575	788	263
67	3312	1656	828	276
68	3451	1726	863	288
69	3627	1814	907	303
70	3795	1898	949	317
71	3941	1971	986	329
72	4048	2024	1012	338
73	4181	2091	1046	349
74	4295	2148	1074	358
75	4409	2205	1103	368
76	4506	2253	1127	376
77	4598	2299	1150	384
78	4690	2345	1173	391
79	4785	2393	1197	399
80+	4946	2473	1237	413

Female				
Non-Tobacco User	Effective Date: 01/01/2017		Plan Code: 5D5	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2598	1299	650	217
66	2739	1370	685	229
67	2881	1441	721	241
68	3002	1501	751	251
69	3155	1578	789	263
70	3301	1651	826	276
71	3428	1714	857	286
72	3521	1761	881	294
73	3637	1819	910	304
74	3736	1868	934	312
75	3835	1918	959	320
76	3920	1960	980	327
77	4000	2000	1000	334
78	4080	2040	1020	340
79	4162	2081	1041	347
80+	4302	2151	1076	359

Tobacco User	Effective Date: 01/01/2017		Plan Code: 5D6	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3437	1719	860	287
66	3624	1812	906	302
67	3812	1906	953	318
68	3972	1986	993	331
69	4174	2087	1044	348
70	4367	2184	1092	364
71	4535	2268	1134	378
72	4658	2329	1165	389
73	4811	2406	1203	401
74	4942	2471	1236	412
75	5074	2537	1269	423
76	5186	2593	1297	433
77	5292	2646	1323	441
78	5398	2699	1350	450
79	5506	2753	1377	459
80+	5692	2846	1423	475

Tobacco User	Effective Date: 01/01/2017		Plan Code: 5D7	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2987	1494	747	249
66	3149	1575	788	263
67	3312	1656	828	276
68	3451	1726	863	288
69	3627	1814	907	303
70	3795	1898	949	317
71	3941	1971	986	329
72	4048	2024	1012	338
73	4181	2091	1046	349
74	4295	2148	1074	358
75	4409	2205	1103	368
76	4506	2253	1127	376
77	4598	2299	1150	384
78	4690	2345	1173	391
79	4785	2393	1197	399
80+	4946	2473	1237	413

PLAN K - AREA 1 (ZIP 770-777)

Male

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: P44				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1572	786	393	131
66	1695	848	424	142
67	1793	897	449	150
68	1884	942	471	157
69	1980	990	495	165
70	2097	1049	525	175
71	2154	1077	539	180
72	2196	1098	549	183
73	2239	1120	560	187
74	2275	1138	569	190
75	2325	1163	582	194
76	2354	1177	589	197
77	2372	1186	593	198
78	2388	1194	597	199
79	2402	1201	601	201
80+	2427	1214	607	203

Tobacco User				
Effective Date: 01/01/2014 Plan Code: P46				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1809	905	453	151
66	1950	975	488	163
67	2063	1032	516	172
68	2168	1084	542	181
69	2278	1139	570	190
70	2413	1207	604	202
71	2479	1240	620	207
72	2527	1264	632	211
73	2577	1289	645	215
74	2618	1309	655	219
75	2675	1338	669	223
76	2709	1355	678	226
77	2729	1365	683	228
78	2748	1374	687	229
79	2765	1383	692	231
80+	2793	1397	699	233

Female

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: P45				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1367	684	342	114
66	1474	737	369	123
67	1560	780	390	130
68	1639	820	410	137
69	1722	861	431	144
70	1824	912	456	152
71	1874	937	469	157
72	1910	955	478	160
73	1948	974	487	163
74	1979	990	495	165
75	2022	1011	506	169
76	2048	1024	512	171
77	2063	1032	516	172
78	2077	1039	520	174
79	2090	1045	523	175
80+	2111	1056	528	176

Tobacco User				
Effective Date: 01/01/2014 Plan Code: P47				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1572	786	393	131
66	1695	848	424	142
67	1793	897	449	150
68	1884	942	471	157
69	1980	990	495	165
70	2097	1049	525	175
71	2154	1077	539	180
72	2196	1098	549	183
73	2239	1120	560	187
74	2275	1138	569	190
75	2325	1163	582	194
76	2354	1177	589	197
77	2372	1186	593	198
78	2388	1194	597	199
79	2402	1201	601	201
80+	2427	1214	607	203

PLAN L - AREA 1 (ZIP 770-777)

Male

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: P60				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2212	1106	553	185
66	2381	1191	596	199
67	2525	1263	632	211
68	2654	1327	664	222
69	2790	1395	698	233
70	2948	1474	737	246
71	3034	1517	759	253
72	3089	1545	773	258
73	3155	1578	789	263
74	3207	1604	802	268
75	3271	1636	818	273
76	3316	1658	829	277
77	3342	1671	836	279
78	3364	1682	841	281
79	3384	1692	846	282
80+	3413	1707	854	285

Tobacco User				
Effective Date: 01/01/2014 Plan Code: P62				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2545	1273	637	213
66	2740	1370	685	229
67	2906	1453	727	243
68	3054	1527	764	255
69	3211	1606	803	268
70	3392	1696	848	283
71	3491	1746	873	291
72	3555	1778	889	297
73	3631	1816	908	303
74	3690	1845	923	308
75	3764	1882	941	314
76	3816	1908	954	318
77	3846	1923	962	321
78	3871	1936	968	323
79	3894	1947	974	325
80+	3928	1964	982	328

Female

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: P61				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1924	962	481	161
66	2072	1036	518	173
67	2197	1099	550	184
68	2309	1155	578	193
69	2427	1214	607	203
70	2564	1282	641	214
71	2639	1320	660	220
72	2687	1344	672	224
73	2745	1373	687	229
74	2789	1395	698	233
75	2845	1423	712	238
76	2885	1443	722	241
77	2907	1454	727	243
78	2926	1463	732	244
79	2943	1472	736	246
80+	2969	1485	743	248

Tobacco User				
Effective Date: 01/01/2014 Plan Code: P63				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2212	1106	553	185
66	2381	1191	596	199
67	2525	1263	632	211
68	2654	1327	664	222
69	2790	1395	698	233
70	2948	1474	737	246
71	3034	1517	759	253
72	3089	1545	773	258
73	3155	1578	789	263
74	3207	1604	802	268
75	3271	1636	818	273
76	3316	1658	829	277
77	3342	1671	836	279
78	3364	1682	841	281
79	3384	1692	846	282
80+	3413	1707	854	285

PLAN N - AREA 1 (ZIP 770-777)

Male

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5DM				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2314	1157	579	193
66	2442	1221	611	204
67	2569	1285	643	215
68	2685	1343	672	224
69	2824	1412	706	236
70	2959	1480	740	247
71	3080	1540	770	257
72	3171	1586	793	265
73	3277	1639	820	274
74	3370	1685	843	281
75	3464	1732	866	289
76	3548	1774	887	296
77	3629	1815	908	303
78	3710	1855	928	310
79	3791	1896	948	316
80+	3941	1971	986	329

Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5DO				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2663	1332	666	222
66	2810	1405	703	235
67	2957	1479	740	247
68	3090	1545	773	258
69	3249	1625	813	271
70	3405	1703	852	284
71	3545	1773	887	296
72	3649	1825	913	305
73	3771	1886	943	315
74	3878	1939	970	324
75	3986	1993	997	333
76	4083	2042	1021	341
77	4176	2088	1044	348
78	4270	2135	1068	356
79	4363	2182	1091	364
80+	4535	2268	1134	378

Female

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5DN				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2013	1007	504	168
66	2124	1062	531	177
67	2235	1118	559	187
68	2335	1168	584	195
69	2456	1228	614	205
70	2574	1287	644	215
71	2679	1340	670	224
72	2758	1379	690	230
73	2850	1425	713	238
74	2932	1466	733	245
75	3013	1507	754	252
76	3086	1543	772	258
77	3157	1579	790	264
78	3227	1614	807	269
79	3298	1649	825	275
80+	3428	1714	857	286

Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5DP				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2314	1157	579	193
66	2442	1221	611	204
67	2569	1285	643	215
68	2685	1343	672	224
69	2824	1412	706	236
70	2959	1480	740	247
71	3080	1540	770	257
72	3171	1586	793	265
73	3277	1639	820	274
74	3370	1685	843	281
75	3464	1732	866	289
76	3548	1774	887	296
77	3629	1815	908	303
78	3710	1855	928	310
79	3791	1896	948	316
80+	3941	1971	986	329

PLAN A - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male				
Non-Tobacco User		Effective Date: 01/01/2013		Plan Code: 5A4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1432	716	358	120
66	1501	751	376	126
67	1563	782	391	131
68	1613	807	404	135
69	1673	837	419	140
70	1732	866	433	145
71	1775	888	444	148
72	1794	897	449	150
73	1828	914	457	153
74	1854	927	464	155
75	1879	940	470	157
76	1895	948	474	158
77	1895	948	474	158
78	1895	948	474	158
79	1895	948	474	158
80+	1895	948	474	158

Female				
Non-Tobacco User		Effective Date: 01/01/2013		Plan Code: 5A5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1245	623	312	104
66	1305	653	327	109
67	1360	680	340	114
68	1403	702	351	117
69	1455	728	364	122
70	1507	754	377	126
71	1544	772	386	129
72	1560	780	390	130
73	1590	795	398	133
74	1612	806	403	135
75	1634	817	409	137
76	1649	825	413	138
77	1649	825	413	138
78	1649	825	413	138
79	1649	825	413	138
80+	1649	825	413	138

Tobacco User		Effective Date: 01/01/2013		Plan Code: 5A6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1647	824	412	138
66	1727	864	432	144
67	1799	900	450	150
68	1856	928	464	155
69	1925	963	482	161
70	1993	997	499	167
71	2042	1021	511	171
72	2064	1032	516	172
73	2104	1052	526	176
74	2133	1067	534	178
75	2162	1081	541	181
76	2181	1091	546	182
77	2181	1091	546	182
78	2181	1091	546	182
79	2181	1091	546	182
80+	2181	1091	546	182

Tobacco User		Effective Date: 01/01/2013		Plan Code: 5A7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1432	716	358	120
66	1501	751	376	126
67	1563	782	391	131
68	1613	807	404	135
69	1673	837	419	140
70	1732	866	433	145
71	1775	888	444	148
72	1794	897	449	150
73	1828	914	457	153
74	1854	927	464	155
75	1879	940	470	157
76	1895	948	474	158
77	1895	948	474	158
78	1895	948	474	158
79	1895	948	474	158
80+	1895	948	474	158

PLAN B - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2223	1112	556	186
66	2339	1170	585	195
67	2449	1225	613	205
68	2540	1270	635	212
69	2648	1324	662	221
70	2748	1374	687	229
71	2831	1416	708	236
72	2879	1440	720	240
73	2951	1476	738	246
74	3015	1508	754	252
75	3074	1537	769	257
76	3124	1562	781	261
77	3141	1571	786	262
78	3156	1578	789	263
79	3174	1587	794	265
80+	3174	1587	794	265

Female				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1934	967	484	162
66	2034	1017	509	170
67	2130	1065	533	178
68	2209	1105	553	185
69	2303	1152	576	192
70	2390	1195	598	200
71	2462	1231	616	206
72	2505	1253	627	209
73	2567	1284	642	214
74	2623	1312	656	219
75	2674	1337	669	223
76	2717	1359	680	227
77	2732	1366	683	228
78	2746	1373	687	229
79	2761	1381	691	231
80+	2761	1381	691	231

Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2558	1279	640	214
66	2691	1346	673	225
67	2818	1409	705	235
68	2922	1461	731	244
69	3047	1524	762	254
70	3162	1581	791	264
71	3257	1629	815	272
72	3314	1657	829	277
73	3396	1698	849	283
74	3470	1735	868	290
75	3538	1769	885	295
76	3595	1798	899	300
77	3615	1808	904	302
78	3632	1816	908	303
79	3652	1826	913	305
80+	3652	1826	913	305

Tobacco User	Effective Date: 01/01/2014		Plan Code: 5AP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2223	1112	556	186
66	2339	1170	585	195
67	2449	1225	613	205
68	2540	1270	635	212
69	2648	1324	662	221
70	2748	1374	687	229
71	2831	1416	708	236
72	2879	1440	720	240
73	2951	1476	738	246
74	3015	1508	754	252
75	3074	1537	769	257
76	3124	1562	781	261
77	3141	1571	786	262
78	3156	1578	789	263
79	3174	1587	794	265
80+	3174	1587	794	265

PLAN C - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male

Non-Tobacco User		Effective Date: 01/01/2017 Plan Code: 5B4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2555	1278	639	213
66	2689	1345	673	225
67	2812	1406	703	235
68	2927	1464	732	244
69	3067	1534	767	256
70	3204	1602	801	267
71	3319	1660	830	277
72	3406	1703	852	284
73	3512	1756	878	293
74	3605	1803	902	301
75	3693	1847	924	308
76	3770	1885	943	315
77	3844	1922	961	321
78	3919	1960	980	327
79	3994	1997	999	333
80+	4125	2063	1032	344

Tobacco User		Effective Date: 01/01/2017 Plan Code: 5B6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2940	1470	735	245
66	3094	1547	774	258
67	3236	1618	809	270
68	3368	1684	842	281
69	3530	1765	883	295
70	3687	1844	922	308
71	3819	1910	955	319
72	3919	1960	980	327
73	4041	2021	1011	337
74	4148	2074	1037	346
75	4250	2125	1063	355
76	4339	2170	1085	362
77	4424	2212	1106	369
78	4510	2255	1128	376
79	4597	2299	1150	384
80+	4747	2374	1187	396

Female

Non-Tobacco User		Effective Date: 01/01/2017 Plan Code: 5B5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2222	1111	556	186
66	2339	1170	585	195
67	2446	1223	612	204
68	2546	1273	637	213
69	2668	1334	667	223
70	2787	1394	697	233
71	2887	1444	722	241
72	2963	1482	741	247
73	3055	1528	764	255
74	3136	1568	784	262
75	3212	1606	803	268
76	3280	1640	820	274
77	3344	1672	836	279
78	3409	1705	853	285
79	3475	1738	869	290
80+	3588	1794	897	299

Tobacco User		Effective Date: 01/01/2017 Plan Code: 5B7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2555	1278	639	213
66	2689	1345	673	225
67	2812	1406	703	235
68	2927	1464	732	244
69	3067	1534	767	256
70	3204	1602	801	267
71	3319	1660	830	277
72	3406	1703	852	284
73	3512	1756	878	293
74	3605	1803	902	301
75	3693	1847	924	308
76	3770	1885	943	315
77	3844	1922	961	321
78	3919	1960	980	327
79	3994	1997	999	333
80+	4125	2063	1032	344

PLAN D - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2454	1227	614	205
66	2589	1295	648	216
67	2722	1361	681	227
68	2840	1420	710	237
69	2984	1492	746	249
70	3122	1561	781	261
71	3243	1622	811	271
72	3333	1667	834	278
73	3443	1722	861	287
74	3537	1769	885	295
75	3628	1814	907	303
76	3709	1855	928	310
77	3785	1893	947	316
78	3862	1931	966	322
79	3940	1970	985	329
80+	4075	2038	1019	340

Female				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2135	1068	534	178
66	2252	1126	563	188
67	2368	1184	592	198
68	2470	1235	618	206
69	2596	1298	649	217
70	2716	1358	679	227
71	2821	1411	706	236
72	2899	1450	725	242
73	2994	1497	749	250
74	3077	1539	770	257
75	3156	1578	789	263
76	3227	1614	807	269
77	3293	1647	824	275
78	3359	1680	840	280
79	3427	1714	857	286
80+	3544	1772	886	296

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2824	1412	706	236
66	2980	1490	745	249
67	3133	1567	784	262
68	3268	1634	817	273
69	3434	1717	859	287
70	3593	1797	899	300
71	3731	1866	933	311
72	3835	1918	959	320
73	3961	1981	991	331
74	4070	2035	1018	340
75	4175	2088	1044	348
76	4269	2135	1068	356
77	4356	2178	1089	363
78	4444	2222	1111	371
79	4534	2267	1134	378
80+	4689	2345	1173	391

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2454	1227	614	205
66	2589	1295	648	216
67	2722	1361	681	227
68	2840	1420	710	237
69	2984	1492	746	249
70	3122	1561	781	261
71	3243	1622	811	271
72	3333	1667	834	278
73	3443	1722	861	287
74	3537	1769	885	295
75	3628	1814	907	303
76	3709	1855	928	310
77	3785	1893	947	316
78	3862	1931	966	322
79	3940	1970	985	329
80+	4075	2038	1019	340

PLAN F - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male

Non-Tobacco User		Effective Date: 01/01/2017 Plan Code: 5C4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2117	1059	530	177
66	2226	1113	557	186
67	2330	1165	583	195
68	2423	1212	606	202
69	2539	1270	635	212
70	2649	1325	663	221
71	2746	1373	687	229
72	2818	1409	705	235
73	2905	1453	727	243
74	2980	1490	745	249
75	3054	1527	764	255
76	3118	1559	780	260
77	3179	1590	795	265
78	3241	1621	811	271
79	3302	1651	826	276
80+	3409	1705	853	285

Tobacco User		Effective Date: 01/01/2017 Plan Code: 5C6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2437	1219	610	204
66	2562	1281	641	214
67	2681	1341	671	224
68	2788	1394	697	233
69	2921	1461	731	244
70	3048	1524	762	254
71	3159	1580	790	264
72	3242	1621	811	271
73	3343	1672	836	279
74	3429	1715	858	286
75	3514	1757	879	293
76	3588	1794	897	299
77	3658	1829	915	305
78	3729	1865	933	311
79	3799	1900	950	317
80+	3923	1962	981	327

Female

Non-Tobacco User		Effective Date: 01/01/2017 Plan Code: 5C5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1842	921	461	154
66	1936	968	484	162
67	2026	1013	507	169
68	2108	1054	527	176
69	2208	1104	552	184
70	2304	1152	576	192
71	2388	1194	597	199
72	2451	1226	613	205
73	2527	1264	632	211
74	2592	1296	648	216
75	2656	1328	664	222
76	2712	1356	678	226
77	2765	1383	692	231
78	2819	1410	705	235
79	2872	1436	718	240
80+	2965	1483	742	248

Tobacco User		Effective Date: 01/01/2017 Plan Code: 5C7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2117	1059	530	177
66	2226	1113	557	186
67	2330	1165	583	195
68	2423	1212	606	202
69	2539	1270	635	212
70	2649	1325	663	221
71	2746	1373	687	229
72	2818	1409	705	235
73	2905	1453	727	243
74	2980	1490	745	249
75	3054	1527	764	255
76	3118	1559	780	260
77	3179	1590	795	265
78	3241	1621	811	271
79	3302	1651	826	276
80+	3409	1705	853	285

PLAN HDF - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	391	196	98	33		
66	422	211	106	36		
67	455	228	114	38		
68	472	236	118	40		
69	495	248	124	42		
70	517	259	130	44		
71	535	268	134	45		
72	563	282	141	47		
73	595	298	149	50		
74	625	313	157	53		
75	656	328	164	55		
76	688	344	172	58		
77	724	362	181	61		
78	760	380	190	64		
79	796	398	199	67		
80+	859	430	215	72		

Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	450	225	113	38		
66	486	243	122	41		
67	523	262	131	44		
68	543	272	136	46		
69	570	285	143	48		
70	595	298	149	50		
71	615	308	154	52		
72	648	324	162	54		
73	684	342	171	57		
74	719	360	180	60		
75	755	378	189	63		
76	792	396	198	66		
77	834	417	209	70		
78	874	437	219	73		
79	917	459	230	77		
80+	989	495	248	83		

Female

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	340	170	85	29		
66	367	184	92	31		
67	395	198	99	33		
68	410	205	103	35		
69	431	216	108	36		
70	450	225	113	38		
71	465	233	117	39		
72	490	245	123	41		
73	517	259	130	44		
74	544	272	136	46		
75	571	286	143	48		
76	598	299	150	50		
77	630	315	158	53		
78	661	331	166	56		
79	693	347	174	58		
80+	748	374	187	63		

Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	391	196	98	33		
66	422	211	106	36		
67	455	228	114	38		
68	472	236	118	40		
69	495	248	124	42		
70	517	259	130	44		
71	535	268	134	45		
72	563	282	141	47		
73	595	298	149	50		
74	625	313	157	53		
75	656	328	164	55		
76	688	344	172	58		
77	724	362	181	61		
78	760	380	190	64		
79	796	398	199	67		
80+	859	430	215	72		

PLAN G - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male

Non-Tobacco User		Effective Date: 01/01/2017 Plan Code: 5D4		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2468	1234	617	206
66	2601	1301	651	217
67	2736	1368	684	228
68	2851	1426	713	238
69	2996	1498	749	250
70	3135	1568	784	262
71	3256	1628	814	272
72	3344	1672	836	279
73	3454	1727	864	288
74	3548	1774	887	296
75	3642	1821	911	304
76	3723	1862	931	311
77	3799	1900	950	317
78	3875	1938	969	323
79	3953	1977	989	330
80+	4086	2043	1022	341

Tobacco User		Effective Date: 01/01/2017 Plan Code: 5D6		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2839	1420	710	237
66	2994	1497	749	250
67	3149	1575	788	263
68	3281	1641	821	274
69	3448	1724	862	288
70	3608	1804	902	301
71	3747	1874	937	313
72	3848	1924	962	321
73	3974	1987	994	332
74	4083	2042	1021	341
75	4192	2096	1048	350
76	4284	2142	1071	357
77	4371	2186	1093	365
78	4459	2230	1115	372
79	4549	2275	1138	380
80+	4702	2351	1176	392

Female

Non-Tobacco User		Effective Date: 01/01/2017 Plan Code: 5D5		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2146	1073	537	179
66	2263	1132	566	189
67	2380	1190	595	199
68	2480	1240	620	207
69	2606	1303	652	218
70	2727	1364	682	228
71	2832	1416	708	236
72	2909	1455	728	243
73	3004	1502	751	251
74	3086	1543	772	258
75	3168	1584	792	264
76	3238	1619	810	270
77	3304	1652	826	276
78	3370	1685	843	281
79	3438	1719	860	287
80+	3554	1777	889	297

Tobacco User		Effective Date: 01/01/2017 Plan Code: 5D7		
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2468	1234	617	206
66	2601	1301	651	217
67	2736	1368	684	228
68	2851	1426	713	238
69	2996	1498	749	250
70	3135	1568	784	262
71	3256	1628	814	272
72	3344	1672	836	279
73	3454	1727	864	288
74	3548	1774	887	296
75	3642	1821	911	304
76	3723	1862	931	311
77	3799	1900	950	317
78	3875	1938	969	323
79	3953	1977	989	330
80+	4086	2043	1022	341

PLAN K - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male				
Non-Tobacco User		Effective Date: 01/01/2014		Plan Code: P44
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1299	650	325	109
66	1400	700	350	117
67	1481	741	371	124
68	1556	778	389	130
69	1636	818	409	137
70	1732	866	433	145
71	1780	890	445	149
72	1814	907	454	152
73	1850	925	463	155
74	1879	940	470	157
75	1921	961	481	161
76	1945	973	487	163
77	1959	980	490	164
78	1972	986	493	165
79	1985	993	497	166
80+	2005	1003	502	168

Female				
Non-Tobacco User		Effective Date: 01/01/2014		Plan Code: P45
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1130	565	283	95
66	1218	609	305	102
67	1289	645	323	108
68	1354	677	339	113
69	1423	712	356	119
70	1507	754	377	126
71	1548	774	387	129
72	1578	789	395	132
73	1609	805	403	135
74	1634	817	409	137
75	1671	836	418	140
76	1692	846	423	141
77	1704	852	426	142
78	1716	858	429	143
79	1726	863	432	144
80+	1744	872	436	146

Tobacco User		Effective Date: 01/01/2014		Plan Code: P46
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1494	747	374	125
66	1611	806	403	135
67	1705	853	427	143
68	1791	896	448	150
69	1882	941	471	157
70	1993	997	499	167
71	2048	1024	512	171
72	2088	1044	522	174
73	2128	1064	532	178
74	2162	1081	541	181
75	2210	1105	553	185
76	2238	1119	560	187
77	2255	1128	564	188
78	2270	1135	568	190
79	2284	1142	571	191
80+	2307	1154	577	193

Tobacco User		Effective Date: 01/01/2014		Plan Code: P47
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1299	650	325	109
66	1400	700	350	117
67	1481	741	371	124
68	1556	778	389	130
69	1636	818	409	137
70	1732	866	433	145
71	1780	890	445	149
72	1814	907	454	152
73	1850	925	463	155
74	1879	940	470	157
75	1921	961	481	161
76	1945	973	487	163
77	1959	980	490	164
78	1972	986	493	165
79	1985	993	497	166
80+	2005	1003	502	168

PLAN L - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: P60	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1827	914	457	153		
66	1967	984	492	164		
67	2086	1043	522	174		
68	2193	1097	549	183		
69	2305	1153	577	193		
70	2435	1218	609	203		
71	2506	1253	627	209		
72	2552	1276	638	213		
73	2607	1304	652	218		
74	2649	1325	663	221		
75	2702	1351	676	226		
76	2739	1370	685	229		
77	2761	1381	691	231		
78	2779	1390	695	232		
79	2795	1398	699	233		
80+	2820	1410	705	235		

Tobacco User		Effective Date: 01/01/2014			Plan Code: P62	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	2103	1052	526	176		
66	2264	1132	566	189		
67	2400	1200	600	200		
68	2523	1262	631	211		
69	2653	1327	664	222		
70	2802	1401	701	234		
71	2884	1442	721	241		
72	2936	1468	734	245		
73	2999	1500	750	250		
74	3048	1524	762	254		
75	3109	1555	778	260		
76	3152	1576	788	263		
77	3177	1589	795	265		
78	3198	1599	800	267		
79	3217	1609	805	269		
80+	3245	1623	812	271		

Female

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: P61	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1589	795	398	133		
66	1711	856	428	143		
67	1815	908	454	152		
68	1907	954	477	159		
69	2005	1003	502	168		
70	2118	1059	530	177		
71	2180	1090	545	182		
72	2220	1110	555	185		
73	2267	1134	567	189		
74	2304	1152	576	192		
75	2350	1175	588	196		
76	2383	1192	596	199		
77	2401	1201	601	201		
78	2417	1209	605	202		
79	2431	1216	608	203		
80+	2453	1227	614	205		

Tobacco User		Effective Date: 01/01/2014			Plan Code: P63	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	1827	914	457	153		
66	1967	984	492	164		
67	2086	1043	522	174		
68	2193	1097	549	183		
69	2305	1153	577	193		
70	2435	1218	609	203		
71	2506	1253	627	209		
72	2552	1276	638	213		
73	2607	1304	652	218		
74	2649	1325	663	221		
75	2702	1351	676	226		
76	2739	1370	685	229		
77	2761	1381	691	231		
78	2779	1390	695	232		
79	2795	1398	699	233		
80+	2820	1410	705	235		

PLAN N - AREA 2 (ZIP 733; 750-753; 760-762; 786-787)

Male				
Non-Tobacco User		Effective Date: 01/01/2014		Plan Code: 5DM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1912	956	478	160
66	2017	1009	505	169
67	2123	1062	531	177
68	2218	1109	555	185
69	2333	1167	584	195
70	2444	1222	611	204
71	2545	1273	637	213
72	2620	1310	655	219
73	2707	1354	677	226
74	2784	1392	696	232
75	2861	1431	716	239
76	2931	1466	733	245
77	2998	1499	750	250
78	3065	1533	767	256
79	3132	1566	783	261
80+	3256	1628	814	272

Female				
Non-Tobacco User		Effective Date: 01/01/2014		Plan Code: 5DN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1663	832	416	139
66	1755	878	439	147
67	1846	923	462	154
68	1929	965	483	161
69	2029	1015	508	170
70	2126	1063	532	178
71	2213	1107	554	185
72	2279	1140	570	190
73	2355	1178	589	197
74	2422	1211	606	202
75	2489	1245	623	208
76	2550	1275	638	213
77	2608	1304	652	218
78	2666	1333	667	223
79	2724	1362	681	227
80+	2832	1416	708	236

Tobacco User		Effective Date: 01/01/2014		Plan Code: 5DO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2200	1100	550	184
66	2321	1161	581	194
67	2443	1222	611	204
68	2552	1276	638	213
69	2684	1342	671	224
70	2813	1407	704	235
71	2928	1464	732	244
72	3015	1508	754	252
73	3115	1558	779	260
74	3204	1602	801	267
75	3292	1646	823	275
76	3373	1687	844	282
77	3450	1725	863	288
78	3527	1764	882	294
79	3604	1802	901	301
80+	3747	1874	937	313

Tobacco User		Effective Date: 01/01/2014		Plan Code: 5DP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1912	956	478	160
66	2017	1009	505	169
67	2123	1062	531	177
68	2218	1109	555	185
69	2333	1167	584	195
70	2444	1222	611	204
71	2545	1273	637	213
72	2620	1310	655	219
73	2707	1354	677	226
74	2784	1392	696	232
75	2861	1431	716	239
76	2931	1466	733	245
77	2998	1499	750	250
78	3065	1533	767	256
79	3132	1566	783	261
80+	3256	1628	814	272

PLAN A - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male

Non-Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A4				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1356	678	339	113
66	1422	711	356	119
67	1481	741	371	124
68	1528	764	382	128
69	1585	793	397	133
70	1641	821	411	137
71	1681	841	421	141
72	1699	850	425	142
73	1732	866	433	145
74	1756	878	439	147
75	1780	890	445	149
76	1796	898	449	150
77	1796	898	449	150
78	1796	898	449	150
79	1796	898	449	150
80+	1796	898	449	150

Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A6				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1561	781	391	131
66	1636	818	409	137
67	1705	853	427	143
68	1759	880	440	147
69	1824	912	456	152
70	1888	944	472	158
71	1935	968	484	162
72	1956	978	489	163
73	1993	997	499	167
74	2021	1011	506	169
75	2048	1024	512	171
76	2066	1033	517	173
77	2066	1033	517	173
78	2066	1033	517	173
79	2066	1033	517	173
80+	2066	1033	517	173

Female

Non-Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A5				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1180	590	295	99
66	1237	619	310	104
67	1288	644	322	108
68	1329	665	333	111
69	1379	690	345	115
70	1427	714	357	119
71	1462	731	366	122
72	1478	739	370	124
73	1507	754	377	126
74	1528	764	382	128
75	1548	774	387	129
76	1562	781	391	131
77	1562	781	391	131
78	1562	781	391	131
79	1562	781	391	131
80+	1562	781	391	131

Tobacco User				
Effective Date: 01/01/2013 Plan Code: 5A7				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1356	678	339	113
66	1422	711	356	119
67	1481	741	371	124
68	1528	764	382	128
69	1585	793	397	133
70	1641	821	411	137
71	1681	841	421	141
72	1699	850	425	142
73	1732	866	433	145
74	1756	878	439	147
75	1780	890	445	149
76	1796	898	449	150
77	1796	898	449	150
78	1796	898	449	150
79	1796	898	449	150
80+	1796	898	449	150

PLAN B - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5AM				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2106	1053	527	176
66	2216	1108	554	185
67	2320	1160	580	194
68	2406	1203	602	201
69	2509	1255	628	210
70	2603	1302	651	217
71	2682	1341	671	224
72	2728	1364	682	228
73	2796	1398	699	233
74	2857	1429	715	239
75	2912	1456	728	243
76	2960	1480	740	247
77	2976	1488	744	248
78	2990	1495	748	250
79	3007	1504	752	251
80+	3007	1504	752	251

Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5AO				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2423	1212	606	202
66	2550	1275	638	213
67	2670	1335	668	223
68	2769	1385	693	231
69	2887	1444	722	241
70	2995	1498	749	250
71	3086	1543	772	258
72	3139	1570	785	262
73	3218	1609	805	269
74	3287	1644	822	274
75	3351	1676	838	280
76	3406	1703	852	284
77	3424	1712	856	286
78	3441	1721	861	287
79	3460	1730	865	289
80+	3460	1730	865	289

Female

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5AN				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1832	916	458	153
66	1927	964	482	161
67	2018	1009	505	169
68	2093	1047	524	175
69	2182	1091	546	182
70	2264	1132	566	189
71	2333	1167	584	195
72	2373	1187	594	198
73	2432	1216	608	203
74	2485	1243	622	208
75	2533	1267	634	212
76	2574	1287	644	215
77	2589	1295	648	216
78	2601	1301	651	217
79	2615	1308	654	218
80+	2615	1308	654	218

Tobacco User				
Effective Date: 01/01/2014 Plan Code: 5AP				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2106	1053	527	176
66	2216	1108	554	185
67	2320	1160	580	194
68	2406	1203	602	201
69	2509	1255	628	210
70	2603	1302	651	217
71	2682	1341	671	224
72	2728	1364	682	228
73	2796	1398	699	233
74	2857	1429	715	239
75	2912	1456	728	243
76	2960	1480	740	247
77	2976	1488	744	248
78	2990	1495	748	250
79	3007	1504	752	251
80+	3007	1504	752	251

PLAN C - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5B4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2420	1210	605	202
66	2547	1274	637	213
67	2664	1332	666	222
68	2773	1387	694	232
69	2906	1453	727	243
70	3035	1518	759	253
71	3144	1572	786	262
72	3227	1614	807	269
73	3327	1664	832	278
74	3415	1708	854	285
75	3499	1750	875	292
76	3572	1786	893	298
77	3642	1821	911	304
78	3713	1857	929	310
79	3784	1892	946	316
80+	3908	1954	977	326

Female				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5B5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2105	1053	527	176
66	2216	1108	554	185
67	2318	1159	580	194
68	2412	1206	603	201
69	2528	1264	632	211
70	2640	1320	660	220
71	2735	1368	684	228
72	2807	1404	702	234
73	2894	1447	724	242
74	2971	1486	743	248
75	3043	1522	761	254
76	3107	1554	777	259
77	3168	1584	792	264
78	3230	1615	808	270
79	3292	1646	823	275
80+	3400	1700	850	284

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5B6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2785	1393	697	233
66	2931	1466	733	245
67	3066	1533	767	256
68	3191	1596	798	266
69	3344	1672	836	279
70	3493	1747	874	292
71	3618	1809	905	302
72	3713	1857	929	310
73	3828	1914	957	319
74	3930	1965	983	328
75	4026	2013	1007	336
76	4110	2055	1028	343
77	4191	2096	1048	350
78	4273	2137	1069	357
79	4355	2178	1089	363
80+	4497	2249	1125	375

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5B7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2420	1210	605	202
66	2547	1274	637	213
67	2664	1332	666	222
68	2773	1387	694	232
69	2906	1453	727	243
70	3035	1518	759	253
71	3144	1572	786	262
72	3227	1614	807	269
73	3327	1664	832	278
74	3415	1708	854	285
75	3499	1750	875	292
76	3572	1786	893	298
77	3642	1821	911	304
78	3713	1857	929	310
79	3784	1892	946	316
80+	3908	1954	977	326

PLAN D - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BM
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2325	1163	582	194
66	2453	1227	614	205
67	2579	1290	645	215
68	2690	1345	673	225
69	2827	1414	707	236
70	2958	1479	740	247
71	3072	1536	768	256
72	3158	1579	790	264
73	3261	1631	816	272
74	3351	1676	838	280
75	3437	1719	860	287
76	3514	1757	879	293
77	3586	1793	897	299
78	3658	1829	915	305
79	3732	1866	933	311
80+	3860	1930	965	322

Female				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BN
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2023	1012	506	169
66	2134	1067	534	178
67	2243	1122	561	187
68	2340	1170	585	195
69	2459	1230	615	205
70	2573	1287	644	215
71	2672	1336	668	223
72	2747	1374	687	229
73	2837	1419	710	237
74	2915	1458	729	243
75	2990	1495	748	250
76	3057	1529	765	255
77	3119	1560	780	260
78	3182	1591	796	266
79	3247	1624	812	271
80+	3358	1679	840	280

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BO
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2676	1338	669	223
66	2823	1412	706	236
67	2968	1484	742	248
68	3096	1548	774	258
69	3253	1627	814	272
70	3403	1702	851	284
71	3535	1768	884	295
72	3634	1817	909	303
73	3753	1877	939	313
74	3856	1928	964	322
75	3955	1978	989	330
76	4044	2022	1011	337
77	4127	2064	1032	344
78	4210	2105	1053	351
79	4295	2148	1074	358
80+	4442	2221	1111	371

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5BP
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2325	1163	582	194
66	2453	1227	614	205
67	2579	1290	645	215
68	2690	1345	673	225
69	2827	1414	707	236
70	2958	1479	740	247
71	3072	1536	768	256
72	3158	1579	790	264
73	3261	1631	816	272
74	3351	1676	838	280
75	3437	1719	860	287
76	3514	1757	879	293
77	3586	1793	897	299
78	3658	1829	915	305
79	3732	1866	933	311
80+	3860	1930	965	322

PLAN F - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5C4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2006	1003	502	168
66	2109	1055	528	176
67	2207	1104	552	184
68	2295	1148	574	192
69	2405	1203	602	201
70	2510	1255	628	210
71	2601	1301	651	217
72	2669	1335	668	223
73	2752	1376	688	230
74	2823	1412	706	236
75	2893	1447	724	242
76	2954	1477	739	247
77	3011	1506	753	251
78	3070	1535	768	256
79	3128	1564	782	261
80+	3230	1615	808	270

Female				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5C5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1745	873	437	146
66	1834	917	459	153
67	1920	960	480	160
68	1997	999	500	167
69	2092	1046	523	175
70	2183	1092	546	182
71	2262	1131	566	189
72	2322	1161	581	194
73	2394	1197	599	200
74	2456	1228	614	205
75	2517	1259	630	210
76	2569	1285	643	215
77	2620	1310	655	219
78	2671	1336	668	223
79	2721	1361	681	227
80+	2809	1405	703	235

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5C6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2308	1154	577	193
66	2427	1214	607	203
67	2540	1270	635	212
68	2641	1321	661	221
69	2767	1384	692	231
70	2888	1444	722	241
71	2993	1497	749	250
72	3072	1536	768	256
73	3167	1584	792	264
74	3249	1625	813	271
75	3329	1665	833	278
76	3399	1700	850	284
77	3465	1733	867	289
78	3533	1767	884	295
79	3599	1800	900	300
80+	3716	1858	929	310

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5C7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2006	1003	502	168
66	2109	1055	528	176
67	2207	1104	552	184
68	2295	1148	574	192
69	2405	1203	602	201
70	2510	1255	628	210
71	2601	1301	651	217
72	2669	1335	668	223
73	2752	1376	688	230
74	2823	1412	706	236
75	2893	1447	724	242
76	2954	1477	739	247
77	3011	1506	753	251
78	3070	1535	768	256
79	3128	1564	782	261
80+	3230	1615	808	270

PLAN HDF - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	370	185	93	31		
66	400	200	100	34		
67	431	216	108	36		
68	447	224	112	38		
69	469	235	118	40		
70	490	245	123	41		
71	507	254	127	43		
72	533	267	134	45		
73	563	282	141	47		
74	592	296	148	50		
75	622	311	156	52		
76	652	326	163	55		
77	686	343	172	58		
78	720	360	180	60		
79	755	378	189	63		
80+	814	407	204	68		

Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	426	213	107	36		
66	460	230	115	39		
67	496	248	124	42		
68	514	257	129	43		
69	540	270	135	45		
70	564	282	141	47		
71	583	292	146	49		
72	614	307	154	52		
73	648	324	162	54		
74	681	341	171	57		
75	716	358	179	60		
76	750	375	188	63		
77	790	395	198	66		
78	828	414	207	69		
79	868	434	217	73		
80+	937	469	235	79		

Female

Non-Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	322	161	81	27		
66	348	174	87	29		
67	375	188	94	32		
68	389	195	98	33		
69	408	204	102	34		
70	426	213	107	36		
71	441	221	111	37		
72	464	232	116	39		
73	490	245	123	41		
74	515	258	129	43		
75	541	271	136	46		
76	567	284	142	48		
77	597	299	150	50		
78	626	313	157	53		
79	656	328	164	55		
80+	708	354	177	59		

Tobacco User		Effective Date: 01/01/2014			Plan Code: 5CP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly		
65	370	185	93	31		
66	400	200	100	34		
67	431	216	108	36		
68	447	224	112	38		
69	469	235	118	40		
70	490	245	123	41		
71	507	254	127	43		
72	533	267	134	45		
73	563	282	141	47		
74	592	296	148	50		
75	622	311	156	52		
76	652	326	163	55		
77	686	343	172	58		
78	720	360	180	60		
79	755	378	189	63		
80+	814	407	204	68		

PLAN G - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5D4
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2338	1169	585	195
66	2465	1233	617	206
67	2592	1296	648	216
68	2701	1351	676	226
69	2838	1419	710	237
70	2970	1485	743	248
71	3084	1542	771	257
72	3168	1584	792	264
73	3272	1636	818	273
74	3361	1681	841	281
75	3451	1726	863	288
76	3527	1764	882	294
77	3599	1800	900	300
78	3671	1836	918	306
79	3745	1873	937	313
80+	3871	1936	968	323

Female				
Non-Tobacco User		Effective Date: 01/01/2017		Plan Code: 5D5
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2033	1017	509	170
66	2144	1072	536	179
67	2255	1128	564	188
68	2349	1175	588	196
69	2469	1235	618	206
70	2584	1292	646	216
71	2683	1342	671	224
72	2756	1378	689	230
73	2846	1423	712	238
74	2924	1462	731	244
75	3002	1501	751	251
76	3068	1534	767	256
77	3130	1565	783	261
78	3193	1597	799	267
79	3257	1629	815	272
80+	3367	1684	842	281

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5D6
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2690	1345	673	225
66	2836	1418	709	237
67	2983	1492	746	249
68	3108	1554	777	259
69	3266	1633	817	273
70	3418	1709	855	285
71	3549	1775	888	296
72	3646	1823	912	304
73	3765	1883	942	314
74	3868	1934	967	323
75	3971	1986	993	331
76	4058	2029	1015	339
77	4141	2071	1036	346
78	4224	2112	1056	352
79	4309	2155	1078	360
80+	4454	2227	1114	372

Tobacco User		Effective Date: 01/01/2017		Plan Code: 5D7
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2338	1169	585	195
66	2465	1233	617	206
67	2592	1296	648	216
68	2701	1351	676	226
69	2838	1419	710	237
70	2970	1485	743	248
71	3084	1542	771	257
72	3168	1584	792	264
73	3272	1636	818	273
74	3361	1681	841	281
75	3451	1726	863	288
76	3527	1764	882	294
77	3599	1800	900	300
78	3671	1836	918	306
79	3745	1873	937	313
80+	3871	1936	968	323

PLAN K - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: P44	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1230	615	308	103
66	1326	663	332	111
67	1403	702	351	117
68	1474	737	369	123
69	1549	775	388	130
70	1641	821	411	137
71	1686	843	422	141
72	1719	860	430	144
73	1752	876	438	146
74	1780	890	445	149
75	1820	910	455	152
76	1843	922	461	154
77	1856	928	464	155
78	1869	935	468	156
79	1880	940	470	157
80+	1899	950	475	159

Female				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: P45	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1070	535	268	90
66	1154	577	289	97
67	1221	611	306	102
68	1283	642	321	107
69	1348	674	337	113
70	1427	714	357	119
71	1467	734	367	123
72	1495	748	374	125
73	1524	762	381	127
74	1548	774	387	129
75	1583	792	396	132
76	1603	802	401	134
77	1615	808	404	135
78	1625	813	407	136
79	1635	818	409	137
80+	1652	826	413	138

Tobacco User	Effective Date: 01/01/2014		Plan Code: P46	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1416	708	354	118
66	1526	763	382	128
67	1615	808	404	135
68	1697	849	425	142
69	1783	892	446	149
70	1888	944	472	158
71	1940	970	485	162
72	1978	989	495	165
73	2016	1008	504	168
74	2048	1024	512	171
75	2094	1047	524	175
76	2120	1060	530	177
77	2136	1068	534	178
78	2150	1075	538	180
79	2164	1082	541	181
80+	2186	1093	547	183

Tobacco User	Effective Date: 01/01/2014		Plan Code: P47	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1230	615	308	103
66	1326	663	332	111
67	1403	702	351	117
68	1474	737	369	123
69	1549	775	388	130
70	1641	821	411	137
71	1686	843	422	141
72	1719	860	430	144
73	1752	876	438	146
74	1780	890	445	149
75	1820	910	455	152
76	1843	922	461	154
77	1856	928	464	155
78	1869	935	468	156
79	1880	940	470	157
80+	1899	950	475	159

PLAN L - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: P60				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1731	866	433	145
66	1864	932	466	156
67	1976	988	494	165
68	2077	1039	520	174
69	2184	1092	546	182
70	2307	1154	577	193
71	2374	1187	594	198
72	2417	1209	605	202
73	2469	1235	618	206
74	2510	1255	628	210
75	2560	1280	640	214
76	2595	1298	649	217
77	2615	1308	654	218
78	2633	1317	659	220
79	2648	1324	662	221
80+	2671	1336	668	223

Tobacco User				
Effective Date: 01/01/2014 Plan Code: P62				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1992	996	498	166
66	2145	1073	537	179
67	2274	1137	569	190
68	2390	1195	598	200
69	2513	1257	629	210
70	2655	1328	664	222
71	2732	1366	683	228
72	2782	1391	696	232
73	2842	1421	711	237
74	2888	1444	722	241
75	2946	1473	737	246
76	2986	1493	747	249
77	3010	1505	753	251
78	3030	1515	758	253
79	3047	1524	762	254
80+	3074	1537	769	257

Female

Non-Tobacco User				
Effective Date: 01/01/2014 Plan Code: P61				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1506	753	377	126
66	1621	811	406	136
67	1719	860	430	144
68	1807	904	452	151
69	1900	950	475	159
70	2007	1004	502	168
71	2065	1033	517	173
72	2103	1052	526	176
73	2148	1074	537	179
74	2183	1092	546	182
75	2227	1114	557	186
76	2257	1129	565	189
77	2275	1138	569	190
78	2290	1145	573	191
79	2303	1152	576	192
80+	2324	1162	581	194

Tobacco User				
Effective Date: 01/01/2014 Plan Code: P63				
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1731	866	433	145
66	1864	932	466	156
67	1976	988	494	165
68	2077	1039	520	174
69	2184	1092	546	182
70	2307	1154	577	193
71	2374	1187	594	198
72	2417	1209	605	202
73	2469	1235	618	206
74	2510	1255	628	210
75	2560	1280	640	214
76	2595	1298	649	217
77	2615	1308	654	218
78	2633	1317	659	220
79	2648	1324	662	221
80+	2671	1336	668	223

PLAN N - AREA 3 (ZIP 754-759; 763-769; 778-785; 788-799; 885)

Male				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: 5DM	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1811	906	453	151
66	1911	956	478	160
67	2011	1006	503	168
68	2101	1051	526	176
69	2210	1105	553	185
70	2316	1158	579	193
71	2411	1206	603	201
72	2482	1241	621	207
73	2564	1282	641	214
74	2638	1319	660	220
75	2711	1356	678	226
76	2777	1389	695	232
77	2840	1420	710	237
78	2904	1452	726	242
79	2967	1484	742	248
80+	3084	1542	771	257

Female				
Non-Tobacco User	Effective Date: 01/01/2014		Plan Code: 5DN	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1575	788	394	132
66	1662	831	416	139
67	1749	875	438	146
68	1828	914	457	153
69	1922	961	481	161
70	2014	1007	504	168
71	2097	1049	525	175
72	2159	1080	540	180
73	2231	1116	558	186
74	2294	1147	574	192
75	2358	1179	590	197
76	2415	1208	604	202
77	2471	1236	618	206
78	2526	1263	632	211
79	2581	1291	646	216
80+	2683	1342	671	224

Tobacco User	Effective Date: 01/01/2014		Plan Code: 5DO	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2084	1042	521	174
66	2199	1100	550	184
67	2314	1157	579	193
68	2418	1209	605	202
69	2543	1272	636	212
70	2665	1333	667	223
71	2774	1387	694	232
72	2856	1428	714	238
73	2951	1476	738	246
74	3035	1518	759	253
75	3119	1560	780	260
76	3196	1598	799	267
77	3269	1635	818	273
78	3342	1671	836	279
79	3415	1708	854	285
80+	3549	1775	888	296

Tobacco User	Effective Date: 01/01/2014		Plan Code: 5DP	
Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1811	906	453	151
66	1911	956	478	160
67	2011	1006	503	168
68	2101	1051	526	176
69	2210	1105	553	185
70	2316	1158	579	193
71	2411	1206	603	201
72	2482	1241	621	207
73	2564	1282	641	214
74	2638	1319	660	220
75	2711	1356	678	226
76	2777	1389	695	232
77	2840	1420	710	237
78	2904	1452	726	242
79	2967	1484	742	248
80+	3084	1542	771	257

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$0	\$1316 (Part A Deductible)
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	\$0	Up to \$164.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$1316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	\$0	Up to \$164.50 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$1316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

PLAN C

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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare Approved Amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$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

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

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$1316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

* Once you have been billed \$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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$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

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

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

- * A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ** **This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2200 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2200. 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 \$2200 DEDUCTIBLE, ** PLAN PAYS	IN ADDITION TO \$2200 DEDUCTIBLE, ** YOU PAY
HOSPITALIZATION * Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the Additional 365 days	All but \$1316 All but \$329 a day All but \$658 a day \$0 \$0	\$1316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0*** All Costs
SKILLED NURSING FACILITY CARE * You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All Costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$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 \$2200 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2200. 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 \$2200 DEDUCTIBLE, ** PLAN PAYS	IN ADDITION TO \$2200 DEDUCTIBLE, ** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$183 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$183 (Part B Deductible) 20%	\$0 \$0 \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$1316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

PLAN G
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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$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

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

PLAN K

- * You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$5120 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying the difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
HOSPITALIZATION **			
Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1316	\$658 (50% of Part A Deductible)	\$658 (50% of Part A Deductible)◆
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days	All but \$658 a day	\$658 a day	\$0
– Beyond the Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE **			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$82.25 a day (50% of Part A Coinsurance)	Up to \$82.25 a day (50% of Part A Coinsurance)◆
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	50%	50%◆
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance	50% of copayment/coinsurance◆

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

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

**** Once you have been billed \$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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved Amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare approved amounts Generally 80%	\$0 Remainder of Medicare approved amounts Generally 10%	\$183 (Part B Deductible)****◆ All costs above Medicare approved amounts Generally 10%◆
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$5120)*
BLOOD First 3 pints Next \$183 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$183 (Part B Deductible)****◆ Generally 10%◆
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare Approved Amounts***** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$183 (Part B Deductible)◆ 10%◆
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* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$5120 per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

***** Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

PLAN L

- * You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2560 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying the difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY *
HOSPITALIZATION **			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$987 (75% of Part A Deductible)	\$329 (25% of Part A Deductible)◆
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE **			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$123.37 a day (75% of Part A Coinsurance)	Up to \$41.13 a day (25% of Part A Coinsurance) ◆
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	75%	25%◆
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance◆

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

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

**** Once you have been billed \$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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare Approved Amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare approved amounts Generally 80%	\$0 Remainder of Medicare approved amounts Generally 15%	\$183 (Part B Deductible)****◆ All costs above Medicare approved amounts Generally 5%◆
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs (and they do not count toward annual out-of-pocket limit of \$2560)*
BLOOD First 3 pints Next \$183 of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%◆ \$183 (Part B Deductible)****◆ Generally 5%◆
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare Approved Amounts***** Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 15%	\$0 \$183 (Part B Deductible)◆ 5%◆
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* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$2560 per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

***** Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

PLAN N

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION *			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1316	\$1316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

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

* Once you have been billed \$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 PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$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.
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$183 (Part B Deductible) \$0
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OTHER BENEFITS – NOT COVERED BY MEDICARE

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