

Administrative Office

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Outline of Coverage

Medicare Supplement Insurance

BENEFIT PLANS A, B, F, HIGH DEDUCTIBLE F, G, N

Underwritten by

Aetna Health and Life Insurance Company

COLORADO

AETNA HEALTH AND LIFE INSURANCE COMPANY

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 2 BENEFIT PLANS AVAILABLE: A, B, F, HIGH DEDUCTIBLE F, G, N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". 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, co-payments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of coinsurance or copayments

Blood: First three pints of blood each year.

Hospice-Part A coinsurance

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۷	В	C	D	F/F*	g	X	7	Σ	Z
Basic,	Basic,	Basic,	Basic,	Basic,	Basic,	Hospitalization	Hospitalization	Basic,	Basic, including
including	including	including	including	including	including	and preventive	and preventive	including	100% Part B
100% Part B	100% Part B	100% Part B	100% Part B	100% Part B	100% Part B	care paid at	care paid at	100% Part B	coinsurance, except
coinsurance	coinsurance	coinsurance	coinsurance	coinsurance	coinsurance	100%; other	100%; other	coinsurance	up to \$20 copayment
						basic benefits	basic benefits		for office visit, and
						paid at 50%	paid at 75%		up to \$50 copayment
									for ER
		Skilled	Skilled	Skilled	Skilled	20% Skilled	75% Skilled	Skilled	Skilled Nursing
		Nursing	Nursing	Nursing	Nursing	Nursing	Nursing Facility	Nursing	Facility Coinsurance
		Facility	Facility	Facility	Facility	Facility	Coinsurance	Facility	
		Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance		Coinsurance	
	Part A	Part A	Part A	Part A	Part A	50% Part A	75% Part A	50% Part A	Part A Deductible
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	
		Part B		Part B					
		Deductible		Deductible					
				Part B	Part B				
				Excess	Excess				
				(100%)	(100%)				
		Foreign	Foreign	Foreign	Foreign			Foreign	Foreign Travel
		Travel	Travel	Travel	Travel			Travel	Emergency
		Emergency	Emergency	Emergency	Emergency			Emergency	
						Out-of-pocket	Out-of-pocket		
						paid at 100%	paid at 100%		
						after limit	after limit		
						reached	reached		

[\$2140] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed [\$2140]. 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 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 separate foreign travel emergency deductible.

[05012014] AHLMS01784CO

Annual Attained Age Premiums For Use in ZIP Codes: 800-802

Male Rates

		NOII-SIIIONEI	IDVCI			Attained			smoker	ואכו		
Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
2,010	2,477	2,960	1,170	2,699	2,099	0-64	2,234	2,752	3,289	1,300	3,000	2,331
1,425	1,756	2,125	840	1,913	1,487	65	1,583	1,950	2,362	934	2,125	1,653
1,425	1,756	2,125	840	1,913	1,487	99	1,583	1,950	2,362	934	2,125	1,653
1,425	1,756	2,125	840	1,913	1,487	29	1,583	1,950	2,362	934	2,125	1,653
l,484	1,829	2,214	876	1,993	1,550	89	1,649	2,032	2,460	972	2,214	1,723
1,550	1,911	2,300	910	2,082	1,619	69	1,723	2,122	2,555	1,011	2,313	1,800
1,613	1,988	2,384	943	2,166	1,684	20	1,792	2,207	2,648	1,047	2,406	1,872
1,673	2,063	2,467	926	2,247	1,748	71	1,860	2,290	2,741	1,084	2,497	1,943
1,731	2,134	2,545	1,007	2,325	1,808	72	1,925	2,369	2,828	1,118	2,584	2,010
1,788	2,202	2,615	1,034	2,400	1,867	73	1,987	2,445	2,906	1,148	2,666	2,075
1,838	2,264	2,682	1,060	2,467	1,920	74	2,043	2,515	2,980	1,178	2,741	2,133
1,884	2,321	2,742	1,085	2,530	1,968	75	2,094	2,578	3,047	1,205	2,811	2,187
1,928	2,375	2,796	1,106	2,588	2,013	92	2,143	2,638	3,106	1,228	2,875	2,237
1,969	2,426	2,844	1,124	2,643	2,056	17	2,188	2,694	3,160	1,249	2,937	2,285
2,008	2,473	2,886	1,142	2,695	2,096	2%	2,231	2,747	3,208	1,267	2,994	2,330
2,042	2,516	2,928	1,158	2,741	2,132	79	2,269	2,794	3,254	1,286	3,046	2,369
2,075	2,556	2,966	1,173	2,785	2,166	8	2,306	2,839	3,295	1,302	3,095	2,408
2,105	2,594	3,003	1,188	2,826	2,198	81	2,340	2,881	3,337	1,319	3,141	2,443
2,133	2,628	3,042	1,203	2,863	2,226	82	2,371	2,919	3,379	1,335	3,182	2,475
2,160	2,662	3,078	1,218	2,901	2,255	88	2,401	2,958	3,419	1,352	3,224	2,507
2,187	2,695	3,114	1,232	2,936	2,283	8	2,431	2,994	3,461	1,368	3,264	2,538
2,213	2,728	3,148	1,245	2,971	2,310	82	2,461	3,031	3,499	1,384	3,303	2,569
2,237	2,758	3,180	1,257	3,003	2,335	98	2,487	3,064	3,533	1,397	3,339	2,596
2,262	2,787	3,214	1,271	3,035	2,361	87	2,514	3,097	3,571	1,412	3,374	2,624
2,286	2,817	3,242	1,282	3,067	2,386	88	2,540	3,130	3,603	1,425	3,409	2,651
2,307	2,844	3,270	1,293	3,095	2,408	88	2,563	3,158	3,633	1,437	3,441	2,675
2,327	2,868	3,298	1,304	3,122	2,429	06	2,585	3,186	3,665	1,449	3,471	2,698
2,346	2,892	3,324	1,313	3,148	2,450	91	2,607	3,213	3,694	1,460	3,500	2,721
2,364	2,913	3,345	1,321	3,171	2,467	92	2,626	3,236	3,717	1,469	3,526	2,741
2,382	2,934	3,367	1,330	3,194	2,485	93	2,644	3,259	3,742	1,478	3,551	2,761
2,397	2,954	3,383	1,337	3,215	2,501	94	2,662	3,281	3,759	1,485	3,575	2,780
2,410	2,970	3,401	1,344	3,233	2,516	95	2,676	3,299	3,780	1,494	3,595	2,795
2,423	2,987	3,419	1,351	3,251	2,530	96	2,691	3,317	3,798	1,502	3,615	2,811
2,439	3,006	3,438	1,357	3,271	2,547	6	2,708	3,339	3,819	1,509	3,639	2,829
2,452	3,023	3,456	1,365	3,289	2,561	86	2,723	3,356	3,840	1,518	3,659	2,845
2,466	3,040	3,472	1,372	3,309	2,576	66	2,739	3,376	3,857	1,525	3,681	2,861
Modal Factors	Comi	.lc.iaa A imo		0000								۱

The rates do not include the \$20 policy fee.

To calculate household discount:

Annual premium x modal factor=modal premium (round to nearest whole cent) Modal premium x .95-discounted premium

Annual Attained Age Premiums For Use in ZIP Codes: 800-802

Female Rates

	Plan N	2,027	1,438	1,438	1,438	1,498	1,565	1,628	1,690	1,748	1,804	1,855	1,902	1,946	1,988	2,026	2,061	2,094	2,125	2,154	2,182	2,209	2,235	2,259	2,284	2,308	2,329	2,349	2,368	2,386	2,404	2,420	2,433	2,446	2,463	2,476	2,490	
	Plan G	2,608	1,848	1,848	1,848	1,925	2,011	2,091	2,170	2,246	2,319	2,384	2,444	2,501	2,554	2,604	2,649	2,692	2,731	2,768	2,804	2,838	2,872	2,903	2,934	2,965	2,992	3,017	3,043	3,065	3,087	3,108	3,125	3,143	3,164	3,181	3,200	0.08333
er	Plan HF	1,131	812	812	812	846	879	911	943	972	666	1,024	1,047	1,068	1,087	1,103	1,119	1,133	1,147	1,162	1,176	1,190	1,203	1,216	1,229	1,240	1,251	1,262	1,272	1,279	1,288	1,294	1,301	1,308	1,315	1,322	1,328	
Smoker	Plan F	2,860	2,054	2,054	2,054	2,138	2,222	2,302	2,384	2,460	2,527	2,592	2,650	2,702	2,748	2,790	2,829	2,864	2,902	2,938	2,973	3,010	3,043	3,072	3,105	3,133	3,159	3,187	3,212	3,232	3,254	3,268	3,287	3,303	3,321	3,340	3,354	Monthly:
	Plan B	2,394	1,696	1,696	1,696	1,767	1,846	1,920	1,992	2,061	2,127	2,187	2,242	2,294	2,342	2,388	2,429	2,468	2,505	2,538	2,571	2,603	2,635	2,663	2,692	2,720	2,746	2,769	2,792	2,813	2,834	2,852	2,868	2,883	2,902	2,917	2,935	2
	Plan A	1,943	1,376	1,376	1,376	1,433	1,497	1,558	1,616	1,672	1,726	1,774	1,819	1,861	1,901	1,938	1,971	2,003	2,033	2,059	2,086	2,111	2,136	2,159	2,182	2,206	2,226	2,245	2,264	2,280	2,297	2,312	2,325	2,339	2,354	2,367	2,382	0.2650
Attained	Age	0-64	9	99	29	89	69	70	71	72	73	74	75	92	77	78	79	80	81	82	83	84	82	98	87	88	88	06	91	95	93	94	92	96	6	86	66	Quarterly:
	olan N	1,825	1,294	1,294	1,294	1,348	1,408	1,464	1,519	1,572	1,623	1,669	1,711	1,750	1,788	1,823	1,854	1,883	1,911	1,936	1,961	1,986	2,010	2,032	2,054	2,076	2,094	2,112	2,130	2,145	2,160	2,175	2,187	2,199	2,213	2,225	2,239	
	Plan G Plan N	2,347 1,825	1,663 1,294					1,882 1,464	1,954 1,519	2,022 1,572	2,087 1,623	2,145 1,669	2,199 1,711	2,250 1,750	2,298 1,788	2,343 1,823				_			2,585 2,010		_		2,692 2,094						2,812 2,187	2,827 2,199	2,846 2,213	7	2,878 2,239	0.5200
ıoker	Plan G					. 1,733	•	``	`.					_			2,384		2,457	2,490	2,523	2,554		2,613	2,640											7	2,	0.5200
Non-Smoker	(D	2,347	730 1,663	1,663	730 1,663	761 1,733	791 1,810	1,882	1,954	2,022	2,087	2,145	2,199	961 2,250	2,298	2,343	1,008 2,384	1,020 2,422	1,033 2,457	1,046 2,490	1,058 2,523	2,554	2,585	1,093 2,613	1,106 2,640	2,668	2,692	1,135 2,715	1,144 2,738	2,758	1,158 2,778	2,796	2,812	2,827	2,846	2,861 2,	2,878 2,	<u>.</u>
Non-Smoker	Plan HF Plan G	1,018 2,347	730 1,663	, 1,848 730 1,663 1	, 1,848 730 1,663	. 1,925 761 1,733	2,000 791 1,810	820 1,882	2,145 848 1,954	875 2,022	2,087	922 2,145	943 2,199	961 2,250	978 2,298	993 2,343	2,547 1,008 2,384	2,578 1,020 2,422	2,611 1,033 2,457	2,644 1,046 2,490	2,676 1,058 2,523	2,708 1,070 2,554	1,082 2,585	3 2,765 1,093 2,613	2,795 1,106 2,640	2,819 1,115 2,668	1,125 2,692	2,868 1,135 2,715	2,891 1,144 2,738	1,151 2,758	2,928 1,158 2,778	2,941 1,164 2,796	2,958 1,170 2,812	1,176 2,827	2,989 1,181 2,846	3,005 1,188 2,861 2,	1,194 2,878 2,	Semi-Annual: 0.5200
Non-Smoker	Plan F Plan HF Plan G	1 2,574 1,018 2,347	7 1,848 730 1,663	1,527 1,848 730 1,663 1	1,527 1,848 730 1,663	1,591 1,925 761 1,733	3 1,661 2,000 791 1,810	3 2,072 820 1,882	2,145 848 1,954	2,213 875 2,022	2,274 899 2,087	2,332 922 2,145	2,385 943 2,199	2,066 2,431 961 2,250	2,110 2,473 978 2,298	1 2,510 993 2,343	2,188 2,547 1,008 2,384	2,223 2,578 1,020 2,422	2,256 2,611 1,033 2,457	2,286 2,644 1,046 2,490	3 2,316 2,676 1,058 2,523	2,344 2,708 1,070 2,554	2,373 2,738 1,082 2,585	2,398 2,765 1,093 2,613	2,423 2,795 1,106 2,640	2,449 2,819 1,115 2,668	2,472 2,844 1,125 2,692	2,493 2,868 1,135 2,715	2,514 2,891 1,144 2,738	5 2,532 2,908 1,151 2,758	2,551 2,928 1,158 2,778	2,567 2,941 1,164 2,796	2,958 1,170 2,812	2,973 1,176 2,827	2,989 1,181 2,846	2,627 3,005 1,188 2,861 2,	3,018 1,194 2,878 2,	<u>.</u>

The rates do not include the \$20 policy fee.

To calculate household discount:
Annual premium x modal factor=modal premium (round to nearest whole cent)
Modal premium x .95=discounted premium

Annual Attained Age Premiums For Use in ZIP Codes: Rest of state

Male Rates

	F Plan G Plan N	2 2,727 2,119	9 1,932 1,503	1,932	1,932	4 2,013 1,566	9 2,103 1,636	2,187	5 2,270 1,766	5 2,349 1,827	1 2,424 1,886	1 2,492 1,939	5 2,555 1,988	5 2,614 2,034	5 2,670 2,077	יייי י	2,722 2,118	2,769	2,722 2,769 2,814	2,722 2,769 2,814 2,855	2,722 2,769 2,814 2,855 2,893	2,722 2,769 2,814 2,855 2,893 2,931	2,722 2,769 2,814 2,855 2,893 2,931 2,967	2,722 2,769 2,814 2,855 2,931 2,967 3,003	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,067	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,099	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,035 3,035 3,035 3,128	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,035 3,035 3,128 3,128	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,035 3,035 3,128 3,128 3,128 3,128	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,067 3,099 3,128 3,128 3,128 3,128 3,128	2,722 2,769 2,814 2,855 2,893 2,967 3,003 3,003 3,003 3,003 3,128 3,128 3,128 3,128 3,128 3,205 3,205	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,035 3,035 3,128 3,128 3,128 3,128 3,250 3,250	2,722 2,769 2,814 2,893 2,931 2,967 3,003 3,035 3,035 3,128 3,128 3,128 3,128 3,250 3,268	2,722 2,769 2,814 2,814 2,931 2,967 3,003 3,003 3,128 3,128 3,128 3,205 3,205 3,208 3,286 3,286	2,722 2,769 2,814 2,833 2,931 2,967 3,003 3,003 3,128 3,128 3,128 3,128 3,205 3,208 3,208 3,208 3,208 3,208 3,208	2,722 2,769 2,814 2,831 2,931 2,967 3,003 3,003 3,128 3,128 3,128 3,205 3,205 3,208 3,208 3,308 3,308
Smoker	Plan HF	1,182	849	849	849	884	919	952	985	1,016	1,044	1,071	1,095	1,116	1,135	1,152		1,169																			
Sm	Plan F	2,990	2,147	2,147	2,147	2,236	2,323	2,407	2,492	2,571	2,642	2,709	2,770	2,824	2,873	2,916		2,958	2,958 2,995																		
	Plan B	2,502	1,773	1,773	1,773	1,847	1,929	2,006	2,082	2,154	2,223	2,286	2,344	2,398	2,449	2,497		2,540	2,540 2,581	2,540 2,581 2,619	2,540 2,581 2,619 2,654	2,540 2,581 2,619 2,654 2,689	2,540 2,581 2,619 2,654 2,689 2,722	2,540 2,581 2,619 2,654 2,689 2,722 2,722 2,755	2,540 2,581 2,619 2,654 2,654 2,689 2,722 2,722 2,755 2,755 2,755	2,540 2,581 2,619 2,654 2,654 2,722 2,722 2,755 2,785 2,785 2,785	2,540 2,581 2,619 2,654 2,654 2,722 2,722 2,755 2,785 2,785 2,785 2,845	2,540 2,581 2,619 2,654 2,722 2,722 2,755 2,785 2,815 2,845 2,845 2,845	2,540 2,619 2,619 2,654 2,689 2,722 2,755 2,755 2,785 2,785 2,785 2,785 2,845 2,845 2,845 2,846 2,896 2,896	2,540 2,581 2,619 2,654 2,722 2,725 2,755 2,785 2,785 2,815 2,815 2,845 2,845 2,896 2,896 2,896 2,896 2,896 2,896 2,896 2,896	2,540 2,581 2,619 2,654 2,722 2,725 2,755 2,785 2,785 2,815 2,815 2,845 2,845 2,896 2,896 2,942	2,540 2,581 2,619 2,654 2,725 2,725 2,735 2,735 2,735 2,845 2,845 2,845 2,896 2,942 2,963	2,540 2,581 2,619 2,654 2,725 2,725 2,735 2,785 2,785 2,845 2,845 2,896 2,942 2,963 2,963 2,983	2,540 2,581 2,619 2,654 2,725 2,725 2,785 2,785 2,845 2,845 2,845 2,942 2,942 2,963 2,963 2,983 2,983 2,983 2,983	2,540 2,581 2,619 2,654 2,725 2,725 2,785 2,785 2,845 2,845 2,845 2,846 2,942 2,942 2,963 2,963 2,983 3,015	2,540 2,619 2,654 2,654 2,722 2,725 2,785 2,785 2,845 2,845 2,845 2,846 2,942 2,942 2,963 2,963 2,963 2,963 2,963 3,015 3,035	2,540 2,581 2,654 2,654 2,722 2,725 2,725 2,785 2,845 2,845 2,845 2,942 2,942 2,943
	Plan A	2,031	1,439	1,439	1,439	1,499	1,566	1,629	1,691	1,750	1,806	1,857	1,904	1,948	1,989	2,028		2,063	2,063 2,096	2,063 2,096 2,127	2,063 2,096 2,127 2,155	2,063 2,096 2,127 2,155 2,183	2,063 2,096 2,127 2,155 2,183 2,210	2,063 2,096 2,127 2,155 2,183 2,210 2,237	2,063 2,096 2,127 2,155 2,155 2,210 2,237 2,237 2,237	2,063 2,096 2,127 2,155 2,183 2,210 2,237 2,237 2,261 2,261	2,063 2,096 2,127 2,155 2,183 2,210 2,237 2,237 2,285 2,285	2,063 2,096 2,127 2,183 2,183 2,210 2,237 2,261 2,285 2,389 2,330	2,063 2,096 2,127 2,155 2,183 2,210 2,237 2,261 2,285 2,385 2,330	2,063 2,096 2,127 2,133 2,210 2,237 2,237 2,285 2,330 2,300	2,063 2,096 2,127 2,133 2,210 2,237 2,237 2,285 2,330 2,300	2,063 2,127 2,127 2,138 2,210 2,237 2,285 2,285 2,390 2,330 2,330 2,330 2,330 2,330 2,330 2,330 2,330 2,330 2,340 4,404	2,063 2,096 2,127 2,183 2,210 2,237 2,237 2,285 2,330 2,240	2,063 2,096 2,127 2,183 2,210 2,237 2,237 2,285 2,330 2,240	2,063 2,096 2,127 2,183 2,210 2,237 2,237 2,285 2,330 2,300	2,063 2,127 2,127 2,183 2,210 2,237 2,237 2,239 2,330 2,300	2,063 2,127 2,127 2,183 2,210 2,237 2,285 2,387 2,387 2,387 2,387 2,387 2,387 2,387 2,387 2,464 2,464 2,465 2,475
Attained	Age	0-64	65	99	29	89	69	20	71	72	73	74	75	9/	77	78	2	٦,	80	/9 80 81	79 80 81 82	79 80 82 83	79 80 81 83 84	7.9 80 82 83 83 85	7.9 80 81 82 83 84 85	7.9 80 81 82 83 84 85 86	80 81 82 83 83 85 85 86 88 88 88 88 88 88 88 88 88 88 88 88	88 88 88 88 88 88 88 88 88 88 88 88 88	88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	7, 8 80 83 83 84 87 89 89 90 91	7	7.7 8.8 8.8 8.8 8.8 8.9 9.0 9.0 9.3	7.9 8.0 8.0 8.0 8.0 8.0 9.0 9.0 9.0 9.0 9.0	7.9 8.0 8.0 8.0 8.0 8.0 9.0 9.0 9.0 9.0 9.0 9.0	7.9 8.0 8.0 8.0 8.0 8.0 8.0 8.0 9.0 9.0 9.0 9.0 9.0 9.0 9.0	7.9 8.0 8.0 8.0 8.0 8.0 8.0 8.0 9.0 9.0 9.0 9.0 9.0 9.0	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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	Plan N	1,908	1,352	1,352	1,352	1,409	1,472	1,531	1,589	1,644	1,697	1,745	1,789	1,830	1,869	1,905		1,938	1,938 1,969	1,938 1,969 1,998	1, 938 1, 969 1, 998 2, 024	1,938 1,969 1,998 2,024 2,050	1,938 1,969 1,998 2,024 2,050 2,075	1,938 1,969 1,998 2,024 2,050 2,075 2,100	1, 938 1, 969 1, 998 2, 024 2, 050 2, 100 2, 123	1, 938 1, 969 1, 998 2, 024 2, 050 2, 100 2, 123 2, 146	1, 938 1, 969 1, 998 2, 024 2, 050 2, 100 2, 123 2, 146	1,938 1,969 1,998 2,024 2,050 2,100 2,123 2,146 2,169	1,938 1,969 1,998 2,024 2,050 2,100 2,123 2,146 2,189 2,208	1,938 1,969 1,998 2,024 2,050 2,100 2,123 2,146 2,189 2,208	1,938 1,969 1,998 2,024 2,050 2,100 2,123 2,146 2,189 2,208 2,227	1,938 1,969 1,998 2,024 2,050 2,100 2,123 2,146 2,189 2,227 2,227 2,233	1,938 1,969 1,998 2,024 2,025 2,100 2,123 2,189 2,208 2,227 2,227 2,237 2,259	1,938 1,969 1,998 2,024 2,025 2,100 2,123 2,189 2,227 2,227 2,227 2,237 2,237 2,237	1,938 1,969 1,969 2,024 2,025 2,123 2,146 2,189 2,227 2,227 2,227 2,239 2,239 2,239 2,239 2,239	1,938 1,969 1,969 2,024 2,025 2,123 2,146 2,189 2,227 2,227 2,227 2,227 2,239 2,239 2,330	1,938 1,969 1,969 1,998 2,024 2,123 2,123 2,128 2,227 2,227 2,227 2,239 2,239 2,330 2,330
	Plan G Plan N	2,454 1,908	1,739 1,352	1,739 1,352	_	1,812 1,409	1,893 1,472	1,969 1,531	2,043 1,589	2,114 1,644	2,182 1,697	2,243 1,745	2,300 1,789	2,353 1,830	~	2,450 1,905		٠.																			
			_	-	_			_		_			_	~		_		1,053 2,492 1,938	2,492	2,492 2,532 2,569	2,492 2,532 2,569 2,603	2,492 2,532 2,569 2,603 2,637	2,492 2,532 2,569 2,603 2,637 2,669	2,492 2,532 2,569 2,603 2,637 2,637 2,669 2,6701	2,492 2,532 2,569 2,603 2,637 2,669 2,701 2,730	2,492 2,532 2,569 2,603 2,637 2,669 2,701 2,730 2,730	2,492 2,532 2,569 2,603 2,637 2,637 2,669 2,701 2,730 2,730 2,738	2,492 2,532 2,569 2,603 2,637 2,637 2,701 2,730 2,730 2,738 2,738 2,738 2,738	2,492 2,532 2,569 2,603 2,603 2,637 2,701 2,730 2,730 2,738 2,738 2,738 2,738 2,738 2,738	2,492 2,532 2,569 2,603 2,603 2,603 2,701 2,730 2,730 2,738 2,738 2,884 2,884 2,884 2,8862	2,492 2,532 2,569 2,603 2,603 2,637 2,701 2,730 2,730 2,738 2,788 2,884 2,883	2,492 2,532 2,569 2,603 2,603 2,637 2,701 2,730 2,730 2,738 2,788 2,884 2,883 2,883 2,904	2,492 2,532 2,569 2,603 2,603 2,637 2,701 2,730 2,730 2,738 2,788 2,814 2,814 2,838 2,838 2,838 2,904 2,904	2,492 2,532 2,569 2,603 2,603 2,637 2,730 2,730 2,738 2,738 2,814 2,814 2,838 2,838 2,939 2,933	2,492 2,532 2,569 2,603 2,603 2,637 2,730 2,730 2,730 2,738 2,814 2,838 2,838 2,939 2,933 2,933	2,492 2,532 2,569 2,603 2,603 2,637 2,730 2,730 2,738 2,814 2,838 2,838 2,939 2,933 2,933 2,935	2,492 2,532 2,569 2,603 2,603 2,637 2,730 2,730 2,738 2,814 2,838 2,838 2,838 2,939 2,939 2,955 2,955
Smoker	Plan G	2,454	1,739	1,739	764 1,739	1,812	1,893	1,969	2,043	2,114	2,182	2,243	2,300	2,353	2,403	2,450		2,492	1,053 2,492 1,066 2,532	1,053 2,492 1,066 2,532 1,080 2,569	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,175 2,788	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,788 1,165 2,788	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,788 1,165 2,888 1,165 2,888 1,175 2,814	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,888 1,175 2,814 1,185 2,883	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,888 1,175 2,814 1,185 2,888 1,190 2,904	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,888 1,175 2,814 1,185 2,883 1,194 2,862 1,201 2,883 1,201 2,883	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,888 1,175 2,814 1,185 2,883 1,109 2,904 1,201 2,883 1,201 2,933	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,788 1,165 2,883 1,109 2,904 1,209 2,904 1,215 2,933 1,222 2,933 1,222 2,933	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,788 1,165 2,883 1,109 2,904 1,201 2,883 1,209 2,904 1,215 2,933 1,222 2,933 1,222 2,933 1,222 2,933	1,053 2,492 1,066 2,532 1,080 2,569 1,094 2,603 1,107 2,637 1,120 2,669 1,132 2,701 1,143 2,730 1,155 2,759 1,165 2,788 1,165 2,788 1,165 2,883 1,109 2,904 1,201 2,883 1,209 2,904 1,215 2,923 1,222 2,939 1,222 2,939 1,238 2,955 1,238 2,955
Non-Smoker	Plan HF Plan G	1,064 2,454	764 1,739	1,932 764 1,739 1	1,932 764 1,739	796 1,812	. 827 1,893	, 857 1,969	887 2,043	915 2,114	, 940 2,182	964 2,243	986 2,300	1,005 2,353	1,022 2,403	2,624 1,038 2,450	000	2,662 1,053 2,492	1,053 2,492 1,066 2,532	2,696 1,053 2,492 2,696 1,066 2,532 3 2,730 1,080 2,569	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701	, 662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759	2,662 1,053 2,492 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,798 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,838	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,838 3,022 1,194 2,862	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,838 3,021 1,201 2,883 3,041 1,201 2,883	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,838 3,021 1,201 2,883 3,061 1,209 2,904	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,838 3,021 1,201 2,883 3,061 1,209 2,904 3,075 1,215 2,923	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,838 3,022 1,194 2,883 3,041 1,201 2,988 3,061 1,209 2,904 3,075 1,215 2,923 3,092 1,222 2,939	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,883 3,021 1,201 2,883 3,041 1,201 2,904 3,075 1,215 2,923 3,092 1,222 2,939 3,108 1,228 2,955	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,788 2,973 1,175 2,814 2,998 1,185 2,883 3,022 1,194 2,883 3,041 1,201 2,904 3,055 1,215 2,923 3,061 1,209 2,923 3,075 1,215 2,923 3,108 1,228 2,955 3,125 1,234 2,974	2,662 1,053 2,492 2,696 1,066 2,532 2,730 1,080 2,569 2,765 1,094 2,603 2,788 1,107 2,637 2,831 1,120 2,669 2,862 1,132 2,701 2,891 1,143 2,730 2,922 1,155 2,759 2,947 1,165 2,884 2,973 1,175 2,814 2,998 1,185 2,883 3,022 1,194 2,883 3,041 1,201 2,939 3,055 1,215 2,923 3,061 1,209 2,939 3,108 1,222 2,939 3,125 1,234 2,974 3,142 1,241 2,990
Non-Smoker	Plan F Plan HF Plan G	2,691 1,064 2,454	1,932 764 1,739	1,932 764 1,739 1	1,596 1,932 764 1,739	2,013 796 1,812	2,091 827 1,893	2,167 857 1,969	2,243 887 2,043	2,314 915 2,114	2,377 940 2,182	2,438 964 2,243	2,493 986 2,300	2,542 1,005 2,353	2,585 1,022 2,403	2,624 1,038 2,450	7 667 1 053 7 407	. 2,49, 2,002 1,055 2,492	2,324 2,696 1,066 2,532 :	2,227 2,002 1,003 2,492 2,324 2,696 1,066 2,532 2,358 2,730 1,080 2,569	2,267 2,002 1,003 2,492 2,334 2,696 1,066 2,532 2,358 2,730 1,080 2,569 2,389 2,765 1,094 2,603	2,324 2,696 1,055 2,492 2,324 2,696 1,066 2,532 2,388 2,730 1,080 2,569 2,389 2,765 1,094 2,603 2,420 2,798 1,107 2,637	2,324 2,696 1,055 2,492 2,358 2,358 2,730 1,080 2,569 2,389 2,765 1,094 2,603 2,420 2,798 1,107 2,637 2,450 2,831 1,120 2,669	2,324 2,696 1,095 2,492 2,358 2,358 2,730 1,080 2,569 2,389 2,765 1,094 2,603 2,420 2,798 1,107 2,637 2,450 2,881 1,120 2,669 2,480 2,862 1,132 2,701	2,267 2,002 1,033 2,492 2,324 2,696 1,066 2,532 2,388 2,730 1,080 2,569 2,420 2,798 1,107 2,637 2,450 2,831 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730	2,267 2,002 1,033 2,492 2,324 2,696 1,066 2,532 2,389 2,765 1,094 2,603 2,420 2,798 1,107 2,637 2,450 2,831 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,534 2,922 1,155 2,759	2,267 2,082 1,053 2,492 2,334 2,696 1,066 2,532 2,389 2,765 1,094 2,603 2,420 2,798 1,107 2,637 2,450 2,831 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,534 2,922 1,155 2,759 2,561 2,947 1,165 2,788	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,532 2,388 2,730 1,080 2,569 2,420 2,798 1,107 2,637 2,450 2,831 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,544 2,922 1,155 2,759 2,561 2,947 1,165 2,788 2,585 2,973 1,175 2,814	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,532 2,388 2,730 1,080 2,569 2,420 2,798 1,107 2,637 2,450 2,831 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,534 2,922 1,155 2,759 2,561 2,947 1,165 2,788 2,585 2,973 1,175 2,814 2,607 2,998 1,185 2,838	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,532 2,389 2,765 1,094 2,663 2,420 2,798 1,107 2,663 2,480 2,881 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,534 2,922 1,155 2,789 2,561 2,947 1,165 2,788 2,585 2,973 1,175 2,814 2,607 2,998 1,185 2,838 2,629 3,022 1,194 2,862	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,532 2,388 2,730 1,080 2,569 2,420 2,798 1,107 2,637 2,480 2,881 1,120 2,669 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,544 2,922 1,155 2,759 2,541 2,947 1,165 2,788 2,547 2,947 1,165 2,788 2,567 2,948 1,175 2,814 2,607 2,998 1,185 2,838 2,629 3,022 1,194 2,862 2,648 3,041 1,201 2,883	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,532 2,389 2,765 1,094 2,663 2,420 2,798 1,107 2,663 2,480 2,881 1,120 2,669 2,480 2,882 1,132 2,701 2,507 2,891 1,143 2,730 2,544 2,922 1,155 2,759 2,547 2,947 1,165 2,788 2,547 2,947 1,165 2,814 2,607 2,998 1,185 2,838 2,648 3,041 1,201 2,883 2,648 3,041 1,201 2,883 2,667 3,061 1,209 2,904	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,553 2,389 2,765 1,094 2,663 2,420 2,798 1,107 2,663 2,480 2,881 1,120 2,669 2,507 2,891 1,143 2,701 2,574 2,922 1,155 2,759 2,561 2,947 1,165 2,788 2,567 2,947 1,165 2,788 2,585 2,973 1,175 2,814 2,607 2,998 1,185 2,883 2,648 3,041 1,201 2,883 2,667 3,061 1,209 2,904 2,685 3,075 1,215 2,923	2,267 2,082 1,033 2,492 2,334 2,696 1,066 2,532 2,389 2,765 1,094 2,663 2,420 2,798 1,117 2,663 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,547 2,922 1,155 2,789 2,541 2,947 1,165 2,788 2,541 2,947 1,165 2,788 2,540 2,948 1,175 2,814 2,607 2,998 1,185 2,838 2,648 3,041 1,201 2,883 2,648 3,041 1,201 2,883 2,667 3,061 1,209 2,904 2,685 3,075 1,215 2,923 2,700 3,092 1,215 2,923 2,700 3,092 1,215 2,939	2,267 2,002 1,033 2,492 2,338 2,696 1,066 2,532 2,338 2,765 1,094 2,603 2,430 2,788 1,107 2,603 2,480 2,862 1,132 2,701 2,507 2,891 1,143 2,730 2,534 2,922 1,155 2,788 2,561 2,947 1,165 2,788 2,607 2,998 1,185 2,838 2,629 3,022 1,185 2,838 2,648 3,041 1,209 2,904 2,667 3,061 1,209 2,904 2,685 3,075 1,215 2,923 2,700 3,092 1,215 2,923 2,700 3,092 1,215 2,923 2,700 3,092 1,215 2,923 2,700 3,092 1,215 2,923 2,715 3,108 1,222 2,939 2,715 3,108 1,222 2,939 2,715 3,108 1,228 2,935	2,267 2,002 1,033 2,492 2,338 2,696 1,066 2,532 2,338 2,765 1,094 2,663 2,430 2,798 1,107 2,663 2,480 2,862 1,132 2,663 2,507 2,891 1,143 2,730 2,534 2,922 1,155 2,78 2,561 2,947 1,165 2,78 2,639 1,175 2,814 2,607 2,998 1,175 2,814 2,648 3,041 1,201 2,883 2,648 3,041 1,201 2,883 2,667 3,061 1,209 2,904 2,685 3,075 1,215 2,923 2,700 3,062 1,215 2,923 2,700 3,061 1,220 2,939 2,700 3,092 1,222 2,933 2,700 3,092 1,222 2,933 2,715 3,108 1,22	2,267 2,002 1,033 2,492 2,338 2,696 1,066 2,532 2,338 2,765 1,094 2,663 2,389 2,765 1,094 2,663 2,480 2,831 1,120 2,663 2,480 2,862 1,132 2,701 2,577 2,891 1,143 2,730 2,534 2,922 1,155 2,78 2,561 2,947 1,165 2,78 2,585 2,973 1,175 2,814 2,607 2,998 1,135 2,83 2,648 3,041 1,201 2,883 2,648 3,041 1,201 2,883 2,667 3,061 1,209 2,904 2,685 3,075 1,215 2,923 2,700 3,092 1,222 2,933 2,703 3,061 1,222 2,933 2,703 3,062 1,222 2,933 2,715 3,108

The rates do not include the \$20 policy fee.

To calculate household discount:
Annual premium x modal factor=modal premium (round to nearest whole cent)
Modal premium x .95=discounted premium

Annual Attained Age Premiums For Use in ZIP Codes: Rest of state Female Rates

	Plan N	1,843	1,307	1,307	1,307	1,362	1,423	1,480	1,536	1,589	1,640	1,686	1,729	1,769	1,807	1,842	1,874	1,904	1,932	1,958	1,984	2,008	2,032	2,054	2,076	2,098	2,117	2,135	2,153	2,169	2,185	2,200	2,212	2,224	2,239	2,251	2,264	
	Plan G	2,371	1,680	1,680	1,680	1,750	1,828	1,901	1,973	2,042	2,108	2,167	2,222	2,274	2,322	2,367	2,408	2,447	2,483	2,516	2,549	2,580	2,611	2,639	2,667	2,695	2,720	2,743	2,766	2,786	2,806	2,825	2,841	2,857	2,876	2,892	2,909	0.0833
er	Plan HF	1,028	738	738	738	692	799	828	857	884	806	931	952	971	886	1,003	1,017	1,030	1,043	1,056	1,069	1,082	1,094	1,105	1,117	1,127	1,137	1,147	1,156	1,163	1,171	1,176	1,183	1,189	1,195	1,202	1,207	
Smoker	Plan F	2,600	1,867	1,867	1,867	1,944	2,020	2,093	2,167	2,236	2,297	2,356	2,409	2,456	2,498	2,536	2,572	2,604	2,638	2,671	2,703	2,736	2,766	2,793	2,823	2,848	2,872	2,897	2,920	2,938	2,958	2,971	2,988	3,003	3,019	3,036	3,049	Monthly:
	Plan B	2,176	1,542	1,542	1,542	1,606	1,678	1,745	1,811	1,874	1,934	1,988	2,038	2,085	2,129	2,171	2,208	2,244	2,277	2,307	2,337	2,366	2,395	2,421	2,447	2,473	2,496	2,517	2,538	2,557	2,576	2,593	2,607	2,621	2,638	2,652	2,668	2
	Plan A	1,766	1,251	1,251	1,251	1,303	1,361	1,416	1,469	1,520	1,569	1,613	1,654	1,692	1,728	1,762	1,792	1,821	1,848	1,872	1,896	1,919	1,942	1,963	1,984	2,005	2,024	2,041	2,058	2,073	2,088	2,102	2,114	2,126	2,140	2,152	2,165	0.2650
Attained	Age	0-64	65	99	29	89	69	20	71	72	73	74	75	92	77	78	79	80	81	82	83	84	82	98	87	88	68	06	91	95	93	94	95	96	97	86	66	Quarterly:
																																						0
	Plan N	1,659	1,176	1,176	1,176	1,225	1,280	1,331	1,381	1,429	1,475	1,517	1,555	1,591	1,625	1,657	1,685	1,712	1,737	1,760	1,783	1,805	1,827	1,847	1,867	1,887	1,904	1,920	1,936	1,950	1,964	1,977	1,988	1,999	2,012	2,023	2,035	
	Plan G Plan N		1,512 1,176				1,645 1,280	1,711 1,331	1,776 1,381	1,838 1,429	1,897 1,475	1,950 1,517	1,999 1,555	2,045 1,591	2,089 1,625	2,130 1,657	2,167 1,685	2,202 1,712	_	_	_		2,350 1,827	2,375 1,847	2,400 1,867	2,425 1,887	2,447 1,904		_	_	2,525 1,964	2,542 1,977	2,556 1,988	2,570 1,999	2,587 2,012	2,601 2,023	2,616 2,035	0.5200
oker	: Plan G	2,134	-	1,512	. 1,512 1							_	_			_			2,234	2,264	_		_		_		2,447	2,468	2,489			``				2,601		
Non-Smoker	Plan HF Plan G	925 2,134	1,512	664 1,512 1	664 1,512 1	692 1,575	719 1,645	745 1,711		1,838	1,897	1,950	1,999	2,045	2,089	2,130	916 2,167	2,202	939 2,234	951 2,264	2,294	2,322	2,350	2,375	2,400	1,014 2,425	2,447	1,032 2,468	1,040 2,489	2,507	2,525	2,542	2,556	2,570	2,587	2,601	2,616	0.5200
Non-Smoker	: Plan G	3 2,340 925 2,134	; 1,680 664 1,512 1	1,680 664 1,512 1	1,680 664 1,512 1	1,750 692 1,575	1,818 719 1,645	1,884 745 1,711	771 1,776	795 1,838	817 1,897	838 1,950	857 1,999	874 2,045	889 2,089	903 2,130	2,315 916 2,167	2,344 927 2,202	2,374 939 2,234	2,404 951 2,264	2,433 962 2,294	2,462 973 2,322	984 2,350	994 2,375	1,005 2,400	1,014 2,425	1,023 2,447	2,607 1,032 2,468	2,628 1,040 2,489	1,046 2,507	1,053 2,525	. 1,058 2,542	1,064 2,556	1,069 2,570	7 1,074 2,587	2 1,080 2,601	1,085 2,616	
Non-Smoker	Plan F Plan HF Plan G	1,958 2,340 925 2,134	3 1,680 664 1,512 1	1,388 1,680 664 1,512 1	1,388 1,680 664 1,512 1	1,446 1,750 692 1,575	1,510 1,818 719 1,645	1,571 1,884 745 1,711	1,950 771 1,776 1	795 1,838	2,067 817 1,897	2,120 838 1,950	2,168 857 1,999	2,210 874 2,045	2,248 889 2,089	2,282 903 2,130	2,315 916 2,167	2,344 927 2,202	2,051 2,374 939 2,234	2,078 2,404 951 2,264	2,105 2,433 962 2,294	2,131 2,462 973 2,322	2,489 984 2,350	2,180 2,514 994 2,375	2,541 1,005 2,400	5 2,226 2,563 1,014 2,425	2,247 2,585 1,023 2,447	2,266 2,607 1,032 2,468	2,285 2,628 1,040 2,489	2,644 1,046 2,507	2,662 1,053 2,525	1 2,674 1,058 2,542	2,689 1,064 2,556	2,703 1,069 2,570	2,717 1,074 2,587	2,732 1,080 2,601	2,744 1,085 2,616	0.5200

The rates do not include the \$20 policy fee.

To calculate household discount:
Annual premium x modal factor=modal premium (round to nearest whole cent)
Modal premium x .95=discounted premium

PREMIUM INFORMATION

Aetna Health and Life Insurance Company can only raise your premium if we raise the premium for all policies like yours in this state. Premiums for this policy will increase due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the policy will be the renewal premium then in effect for your attained age. Other policies may be provided with Issue Age rating and do not increase with age. You should compare Issue Age with Attained Age policies.

Premiums payable other than annual will be determined according to the following factors:

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly EFT: 0.0833.

HOUSEHOLD DISCOUNT

In order to be eligible for the Household discount under an Aetna Health and Life Insurance Company Medicare supplement plan, you must apply for a Medicare supplement plan at the same time as another Medicare eligible adult or the other Medicare eligible adult must currently be covered by a Aetna Health and Life Insurance Company Medicare supplement policy. The Medicare eligible adult must be either (a) your spouse; (b) be someone with whom you are in a civil union partnership; or (c) be a permanent resident in your home. The household discount will only be applicable if a policy for each applicant is issued. The discounted rate will be 5 percent lower than the individual rates and will apply as long as both policies remain in force.

DISCLOSURES

Use this outline to compare benefits and premium among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Aetna Health and Life Insurance Company, P.O. Box 2368, Brentwood, Tennessee 37024. 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 your payments.

POLICY REPLACEMENT

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

NOTICE

The policy may not cover all of your medical costs.

Neither Aetna Health and Life Insurance Company nor its agents are connected with Medicare.

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

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 any claims if you leave out or falsify important medical information.

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

THE FOLLOWING CHARTS DESCRIBE PLANS A, B, F, HIGH DEDUCTIBLE F, G and N OFFERED BY AETNA HEALTH AND LIFE INSURANCE COMPANY.

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER CALENDAR YEAR

*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*	17110		
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies	AU	ФО.	[0.4040]
First 60 days	All but [\$1216]	\$0	[\$1216] (Part A Deductible)
61st thru 90th day	All but [\$304] a day	[\$304] a day	\$0
91st day and after			
While using 60 lifetime reserve			
days	All but [\$608] a day	[\$608] a day	\$0
Once lifetime reserve days are			
used:	Φ0	4000/ - (M - 1'	Φ0**
Additional 365 days	\$0	100% of Medicare	\$0**
Beyond the Additional 365 days	\$0	Eligible Expenses \$0	All costs
SKILLED NURSING FACILITY	ΨΟ	ΨΟ	All 60313
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 [\$152.00] a day	\$0	Up to [\$152.00] a
2 Tot and Toom day	/ ιιι εαι [φ102.00] α ααγ	Ψ	day
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	All I. C. and P. Maria	NA . P	Φ0
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's certification of terminal illness.	copayment/ coinsurance for	copayment/ coinsurance	
continuation of terminal liness.	outpatient drugs and	Johnstrande	
	inpatient respite care		

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

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

*Once you have been billed [\$147] 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			
1			
therapy, diagnostic test, durable			
medical equipment	ф <u>о</u>	ф _О	[04.47]
First [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*			(Part B Deductible)
Remainder of Medicare-Approved	0	0	# 0
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 [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			,
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			50.4.4=3
•First [\$147] of Medicare Approved amounts*	\$0	\$0	[\$147] (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 [\$1216]	[\$1216]	\$0
		(Part A Deductible)	
61st thru 90th day	All but [\$304] a day	[\$304] a day	\$0
91st day and after			
•While using 60 lifetime reserve			
days	All but [\$608] a day	[\$608] a day	\$0
•Once lifetime reserve days are			
used:		4000/ 414 !!	A O ***
Additional 365 days	\$0	100% of Medicare	\$0**
	00	Eligible Expenses	A II
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	\$0	\$0
1 Hot 20 days	amounts	Ψ	Ψ
21st thru 100th day	All but [\$152.00] a	\$0	Up to [\$152.00] a
	day		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	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness.	coinsurance for	coinsurance	
	outpatient drugs		
	and inpatient		
	respite care		

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

PLAN B

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed [\$147] 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 test, durable			
medical equipment First [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*	ΨΟ	ΨΟ	(Part B Deductible)
Remainder of Medicare-Approved			(i ait b beddetible)
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 [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC	4000/	00	Φο.
SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First [\$147] of Medicare Approved amounts*	\$0	\$0	[\$147] (Part B Deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0

PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1216]	[\$1216]	\$0
		(Part A Deductible)	
61st thru 90th day	All but [\$304] a day	[\$304] a day	\$0
91st day and after			
◆While using 60 lifetime reserve			
days	All but [\$608] a day	[\$608] a day	\$0
Once lifetime reserve days are			
used:			
Additional 365 days	\$0	100% of Medicare	\$0**
		Eligible Expenses	
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	A II		ФО.
First 20 days	All approved	\$0	\$0
04 at the 100th day	amounts		ФО
21st thru 100th day	All but [\$152.00] a	Up to [\$152.00] a	\$0
101et day and after	day \$0	day \$0	All costs
101st day and after BLOOD	φυ	φ0	All COSIS
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	10070	ΨΟ	ΨΟ
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	ΨΟ
certification of terminal illness.	coinsurance for	coinsurance	
Continuation of terminal liness.	outpatient drugs	Combarance	
	and inpatient		
	respite care		
	Toopile cale	1	

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

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

*Once you have been billed [\$147] 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 test, durable medical equipment			
First [\$147] of Medicare-Approved	\$0	[\$147]	\$0
amounts*	ΨΟ	(Part B Deductible)	ΨΟ
Remainder of Medicare-Approved		(1 art B Beddotible)	
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 [\$147] of Medicare-Approved	\$0	[\$147]	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved	000/	000/	4.0
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC	1000/	C O	CO
SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First [\$147] of Medicare Approved amounts*	\$0	[\$147] (Part B Deductible)	\$0
Remainder of Medicare Approved amounts	80%	20%	\$0

PLAN F
OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

High Deductible 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 [\$2140] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are [\$2140]. 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.

		AFTER YOU PAY [\$2140]	IN ADDITION TO [\$2140]
SERVICES	MEDICARE PAYS	DEDUCTIBLE*** PLAN PAYS	DEDUCTIBLE*** YOU PAY
HOSPITALIZATION*	-	_	
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1216]	[\$1216] (Part A Deductible)	\$0
61st thru 90th day	All but [\$304] a day	[\$304] a day	\$0
91st day and after			
•While using 60 lifetime reserve			
days	All but [\$608] a day	[\$608] a day	\$0
 Once lifetime reserve days are 			
used:			
 Additional 365 days 	\$0	100% of Medicare	\$0**
		Eligible Expenses	
 ●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	All ammay and	C O	C O
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\$152.00] a	Up to [\$152.00] a	\$0
213t tillu 100til uay	day	day	ΨΟ
101st day and after	\$0	\$0	All costs
BLOOD	т -	т -	
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

HOSPICE CARE			
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness.	coinsurance for	coinsurance	
	outpatient drugs		
	and inpatient		
	respite care		

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

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$147] 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 [\$2140] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are [\$2140]. 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.

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2140] DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO [\$2140] 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 test, durable			
medical equipment			
First [\$147] of Medicare-Approved	\$0	[\$147]	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved	0	0	# 0
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved			
amounts)	\$0	100%	\$0
BLOOD	T -		7.0
First 3 pints	\$0	All costs	\$0
Next [\$147] of Medicare-Approved	\$0	[\$147]	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
SLIVICES	100 /0	ΨΟ	ΨΟ

HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2140] DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO [\$2140] DEDUCTIBLE*** YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED			
SERVICES •Medically necessary skilled care	100%	\$0	\$0
services and medical supplies	1.00%		
Durable medical equipment First [\$147] of Medicare Approved amounts*	\$0	[\$147] (Part B Deductible)	\$0
•Remainder of Medicare	200/	,	¢o.
Approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2140] DEDUCTIBLE** PLAN PAYS	IN ADDITION TO [\$2140] DEDUCTIBLE** YOU PAY
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	20% and amounts
		maximum benefit of	over the \$50,000
		\$50,000	lifetime maximum

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1216]	[\$1216]	\$0
		(Part A Deductible)	
61st thru 90th day	All but [\$304] a day	[\$304] a day	\$0
91st day and after			
While using 60 lifetime reserve			
days	All but [\$608] a day	[\$608] a day	\$0
 Once lifetime reserve days are 			
used:			
Additional 365 days	\$0	100% of Medicare	\$0**
,		Eligible Expenses	
 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	\$0	\$0
	amounts		
21st thru 100th day	All but [\$152.00] a	Up to [\$152.00] a	\$0
	day	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	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

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

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

*Once you have been billed [\$147] 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 test, durable			
medical equipment	Φ0	.	[M4 47]
First [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*			(Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges	Generally 60 /6	Generally 2076	ΨΟ
(Above Medicare-Approved			
amounts)	\$0	100%	\$0
BLOOD	ΨΟ	10070	ΨΟ
First 3 pints	\$0	All costs	\$0
Next [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*	Ψ		(Part B Deductible)
Remainder of Medicare-Approved			(
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE –			
MEDICARE APPROVED			
SERVICES			
 Medically necessary skilled care 			
services and medical supplies	100%	\$0	\$0
Durable medical equipment			
•First [\$147] of Medicare	\$0	\$0	[\$147]
Approved amounts*			(Part B Deductible)
•Remainder of Medicare			
Approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

PLAN G

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

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 [\$1216]	[\$1216] (Part A Deductible)	\$0
61st thru 90th day	All but [\$304] a day	[\$304] a day	\$0
91st day and after	, [400 .] a aay	[tee if a day	
While using 60 lifetime reserve			
days	All but [\$608] a day	[\$608] a day	\$0
Once lifetime reserve days are		[4000] a any	
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	\$0	\$0
	amounts		
21st thru 100th day	All but [\$152.00] a	Up to [\$152.00] a	\$0
	day	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	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	co-payment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

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

PLAN N

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$147] 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 test, durable medical equipment First [\$147] 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 co-payment 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.	[\$147] (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 [\$147] of Medicare-Approved amounts* Remainder of Medicare-Approved	\$0 \$0	All costs \$0	\$0 [\$147] (Part B Deductible)
amounts CLINICAL LABORATORY	80%	20%	\$0
SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE –			
MEDICARE APPROVED			
SERVICES			
 Medically necessary skilled care 			
services and medical supplies	100%	\$0	\$0
 Durable medical equipment 			
•First [\$147] of Medicare	\$0	\$0	[\$147]
Approved amounts*			(Part B Deductible)
•Remainder of Medicare			
Approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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