

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

Outline of Coverage Medicare Supplement Plans Sold on or After June 1, 2010

Benefit Plans A, B, C, D, F, HDF, G, K, L, N

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 | 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 | 50% Skilled Nursing Facility Coinsurance | 75% Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Coinsurance |
| | Part A Deductible | Part A Deductible | Part A Deductible | Part A Deductible | | Part A Deductible | 50% Part A Deductible | 75% Part A Deductible | 50% Part A Deductible | Part A Deductible |
| | | Part B Deductible | | Part B Deductible | | | | | | |
| | | | | Part B Excess (100%) | | Part B Excess (100%) | | | | |
| | | Foreign Travel Emergency | Foreign Travel Emergency | Foreign Travel Emergency | | Foreign Travel Emergency | | | Foreign Travel Emergency | Foreign Travel Emergency |
| | | | | | | | Out-of-pocket limit \$4800; paid at 100% after limit reached | Out-of-pocket limit \$2400; paid at 100% after limit reached | | |

* Denotes plans available by United American Insurance Company.

** 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 \$2110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2110. 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.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all your medical costs.

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, 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.

RENEWABILITY

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

UNDER AGE 65 DISABILITY (U/W)/UNDER AGE 65 DURING OPEN ENROLLMENT (OE)/GUARANTEED ISSUE PERIOD (GI)

MALE

FEMALE

PREFERRED

| PLAN | A | SA | Q | M | Plan Code | | | Effective Date |
|------|------|------|------|-----|-----------|-----|-----|----------------|
| | | | | | U/W | OE | GI | |
| A | 6656 | 3328 | 1664 | 555 | --- | 5A9 | 5A9 | 01-01-13 |
| B | 6770 | 3385 | 1693 | 565 | 5GW | 5AR | 5AR | 01-01-13 |
| C | 8287 | 4144 | 2072 | 691 | --- | 5B9 | 5B9 | 01-01-13 |
| D | 8321 | 4161 | 2081 | 694 | --- | 5BR | --- | 01-01-13 |
| F | 8553 | 4277 | 2139 | 713 | --- | 5C9 | 5C9 | 01-01-13 |
| HDF | 3779 | 1890 | 945 | 315 | 5H0 | 5CR | 5CR | 01-01-13 |
| G | 8109 | 4055 | 2028 | 676 | --- | 5D9 | --- | 01-01-13 |
| K | 4293 | 2147 | 1074 | 358 | --- | P48 | P48 | 01-01-13 |
| L | 5949 | 2975 | 1488 | 496 | --- | P64 | P64 | 01-01-13 |
| N | 6816 | 3408 | 1704 | 568 | --- | 5DR | --- | 01-01-13 |

| PLAN | A | SA | Q | M | Plan Code | | | Effective Date |
|------|------|------|------|-----|-----------|-----|-----|----------------|
| | | | | | U/W | OE | GI | |
| A | 5790 | 2895 | 1448 | 483 | --- | 5AA | 5AA | 01-01-13 |
| B | 5889 | 2945 | 1473 | 491 | 5GX | 5AS | 5AS | 01-01-13 |
| C | 7208 | 3604 | 1802 | 601 | --- | 5BA | 5BA | 01-01-13 |
| D | 7238 | 3619 | 1810 | 604 | --- | 5BS | --- | 01-01-13 |
| F | 7439 | 3720 | 1860 | 620 | --- | 5CA | 5CA | 01-01-13 |
| HDF | 3287 | 1644 | 822 | 274 | 5H1 | 5CS | 5CS | 01-01-13 |
| G | 7054 | 3527 | 1764 | 588 | --- | 5DA | --- | 01-01-13 |
| K | 3735 | 1868 | 934 | 312 | --- | P49 | P49 | 01-01-13 |
| L | 5175 | 2588 | 1294 | 432 | --- | P65 | P65 | 01-01-13 |
| N | 5929 | 2965 | 1483 | 495 | --- | 5DS | --- | 01-01-13 |

STANDARD

| PLAN | A | SA | Q | M | Plan Code | | | Effective Date |
|------|------|------|------|-----|-----------|-----|-----|----------------|
| | | | | | U/W | OE | GI | |
| A | 7659 | 3830 | 1915 | 639 | --- | 5AB | 5AB | 01-01-13 |
| B | 7791 | 3896 | 1948 | 650 | 5GY | 5AT | 5AT | 01-01-13 |
| C | 9536 | 4768 | 2384 | 795 | --- | 5BB | 5BB | 01-01-13 |
| D | 9575 | 4788 | 2394 | 798 | --- | 5BT | --- | 01-01-13 |
| F | 9842 | 4921 | 2461 | 821 | --- | 5CB | 5CB | 01-01-13 |
| HDF | 4348 | 2174 | 1087 | 363 | 5H2 | 5CT | 5CT | 01-01-13 |
| G | 9332 | 4666 | 2333 | 778 | --- | 5DB | --- | 01-01-13 |
| K | 4941 | 2471 | 1236 | 412 | --- | P50 | P50 | 01-01-13 |
| L | 6846 | 3423 | 1712 | 571 | --- | P66 | P66 | 01-01-13 |
| N | 7843 | 3922 | 1961 | 654 | --- | 5DT | --- | 01-01-13 |

| PLAN | A | SA | Q | M | Plan Code | | | Effective Date |
|------|------|------|------|-----|-----------|-----|-----|----------------|
| | | | | | U/W | OE | GI | |
| A | 6656 | 3328 | 1664 | 555 | --- | 5AC | 5AC | 01-01-13 |
| B | 6770 | 3385 | 1693 | 565 | 5GZ | 5AU | 5AU | 01-01-13 |
| C | 8287 | 4144 | 2072 | 691 | --- | 5BC | 5BC | 01-01-13 |
| D | 8321 | 4161 | 2081 | 694 | --- | 5BU | --- | 01-01-13 |
| F | 8553 | 4277 | 2139 | 713 | --- | 5CC | 5CC | 01-01-13 |
| HDF | 3779 | 1890 | 945 | 315 | 5H3 | 5CU | 5CU | 01-01-13 |
| G | 8109 | 4055 | 2028 | 676 | --- | 5DC | --- | 01-01-13 |
| K | 4293 | 2147 | 1074 | 358 | --- | P51 | P51 | 01-01-13 |
| L | 5949 | 2975 | 1488 | 496 | --- | P67 | P67 | 01-01-13 |
| N | 6816 | 3408 | 1704 | 568 | --- | 5DU | --- | 01-01-13 |

PLAN A

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5A0 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1718 | 859 | 430 | 144 |
| 66 | 1747 | 874 | 437 | 146 |
| 67 | 1747 | 874 | 437 | 146 |
| 68 | 1747 | 874 | 437 | 146 |
| 69 | 1747 | 874 | 437 | 146 |
| 70 | 1750 | 875 | 438 | 146 |
| 71 | 1750 | 875 | 438 | 146 |
| 72 | 1750 | 875 | 438 | 146 |
| 73 | 1750 | 875 | 438 | 146 |
| 74 | 1750 | 875 | 438 | 146 |
| 75 | 1750 | 875 | 438 | 146 |
| 76 | 1750 | 875 | 438 | 146 |
| 77 | 1750 | 875 | 438 | 146 |
| 78 | 1750 | 875 | 438 | 146 |
| 79 | 1750 | 875 | 438 | 146 |
| 80+ | 1750 | 875 | 438 | 146 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5A1 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1495 | 748 | 374 | 125 |
| 66 | 1520 | 760 | 380 | 127 |
| 67 | 1520 | 760 | 380 | 127 |
| 68 | 1520 | 760 | 380 | 127 |
| 69 | 1520 | 760 | 380 | 127 |
| 70 | 1523 | 762 | 381 | 127 |
| 71 | 1523 | 762 | 381 | 127 |
| 72 | 1523 | 762 | 381 | 127 |
| 73 | 1523 | 762 | 381 | 127 |
| 74 | 1523 | 762 | 381 | 127 |
| 75 | 1523 | 762 | 381 | 127 |
| 76 | 1523 | 762 | 381 | 127 |
| 77 | 1523 | 762 | 381 | 127 |
| 78 | 1523 | 762 | 381 | 127 |
| 79 | 1523 | 762 | 381 | 127 |
| 80+ | 1523 | 762 | 381 | 127 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5A2 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1977 | 989 | 495 | 165 |
| 66 | 2011 | 1006 | 503 | 168 |
| 67 | 2011 | 1006 | 503 | 168 |
| 68 | 2011 | 1006 | 503 | 168 |
| 69 | 2011 | 1006 | 503 | 168 |
| 70 | 2014 | 1007 | 504 | 168 |
| 71 | 2014 | 1007 | 504 | 168 |
| 72 | 2014 | 1007 | 504 | 168 |
| 73 | 2014 | 1007 | 504 | 168 |
| 74 | 2014 | 1007 | 504 | 168 |
| 75 | 2014 | 1007 | 504 | 168 |
| 76 | 2014 | 1007 | 504 | 168 |
| 77 | 2014 | 1007 | 504 | 168 |
| 78 | 2014 | 1007 | 504 | 168 |
| 79 | 2014 | 1007 | 504 | 168 |
| 80+ | 2014 | 1007 | 504 | 168 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5A3 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1718 | 859 | 430 | 144 |
| 66 | 1747 | 874 | 437 | 146 |
| 67 | 1747 | 874 | 437 | 146 |
| 68 | 1747 | 874 | 437 | 146 |
| 69 | 1747 | 874 | 437 | 146 |
| 70 | 1750 | 875 | 438 | 146 |
| 71 | 1750 | 875 | 438 | 146 |
| 72 | 1750 | 875 | 438 | 146 |
| 73 | 1750 | 875 | 438 | 146 |
| 74 | 1750 | 875 | 438 | 146 |
| 75 | 1750 | 875 | 438 | 146 |
| 76 | 1750 | 875 | 438 | 146 |
| 77 | 1750 | 875 | 438 | 146 |
| 78 | 1750 | 875 | 438 | 146 |
| 79 | 1750 | 875 | 438 | 146 |
| 80+ | 1750 | 875 | 438 | 146 |

PLAN B

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5AI | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2794 | 1397 | 699 | 233 |
| 66 | 2872 | 1436 | 718 | 240 |
| 67 | 2872 | 1436 | 718 | 240 |
| 68 | 2872 | 1436 | 718 | 240 |
| 69 | 2872 | 1436 | 718 | 240 |
| 70 | 2944 | 1472 | 736 | 246 |
| 71 | 2944 | 1472 | 736 | 246 |
| 72 | 2944 | 1472 | 736 | 246 |
| 73 | 2944 | 1472 | 736 | 246 |
| 74 | 2944 | 1472 | 736 | 246 |
| 75 | 2955 | 1478 | 739 | 247 |
| 76 | 2955 | 1478 | 739 | 247 |
| 77 | 2955 | 1478 | 739 | 247 |
| 78 | 2955 | 1478 | 739 | 247 |
| 79 | 2955 | 1478 | 739 | 247 |
| 80+ | 2955 | 1478 | 739 | 247 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5AJ | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2430 | 1215 | 608 | 203 |
| 66 | 2498 | 1249 | 625 | 209 |
| 67 | 2498 | 1249 | 625 | 209 |
| 68 | 2498 | 1249 | 625 | 209 |
| 69 | 2498 | 1249 | 625 | 209 |
| 70 | 2561 | 1281 | 641 | 214 |
| 71 | 2561 | 1281 | 641 | 214 |
| 72 | 2561 | 1281 | 641 | 214 |
| 73 | 2561 | 1281 | 641 | 214 |
| 74 | 2561 | 1281 | 641 | 214 |
| 75 | 2571 | 1286 | 643 | 215 |
| 76 | 2571 | 1286 | 643 | 215 |
| 77 | 2571 | 1286 | 643 | 215 |
| 78 | 2571 | 1286 | 643 | 215 |
| 79 | 2571 | 1286 | 643 | 215 |
| 80+ | 2571 | 1286 | 643 | 215 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5AK | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3215 | 1608 | 804 | 268 |
| 66 | 3305 | 1653 | 827 | 276 |
| 67 | 3305 | 1653 | 827 | 276 |
| 68 | 3305 | 1653 | 827 | 276 |
| 69 | 3305 | 1653 | 827 | 276 |
| 70 | 3388 | 1694 | 847 | 283 |
| 71 | 3388 | 1694 | 847 | 283 |
| 72 | 3388 | 1694 | 847 | 283 |
| 73 | 3388 | 1694 | 847 | 283 |
| 74 | 3388 | 1694 | 847 | 283 |
| 75 | 3401 | 1701 | 851 | 284 |
| 76 | 3401 | 1701 | 851 | 284 |
| 77 | 3401 | 1701 | 851 | 284 |
| 78 | 3401 | 1701 | 851 | 284 |
| 79 | 3401 | 1701 | 851 | 284 |
| 80+ | 3401 | 1701 | 851 | 284 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5AL | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2794 | 1397 | 699 | 233 |
| 66 | 2872 | 1436 | 718 | 240 |
| 67 | 2872 | 1436 | 718 | 240 |
| 68 | 2872 | 1436 | 718 | 240 |
| 69 | 2872 | 1436 | 718 | 240 |
| 70 | 2944 | 1472 | 736 | 246 |
| 71 | 2944 | 1472 | 736 | 246 |
| 72 | 2944 | 1472 | 736 | 246 |
| 73 | 2944 | 1472 | 736 | 246 |
| 74 | 2944 | 1472 | 736 | 246 |
| 75 | 2955 | 1478 | 739 | 247 |
| 76 | 2955 | 1478 | 739 | 247 |
| 77 | 2955 | 1478 | 739 | 247 |
| 78 | 2955 | 1478 | 739 | 247 |
| 79 | 2955 | 1478 | 739 | 247 |
| 80+ | 2955 | 1478 | 739 | 247 |

PLAN C

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5B0 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3125 | 1563 | 782 | 261 |
| 66 | 3240 | 1620 | 810 | 270 |
| 67 | 3240 | 1620 | 810 | 270 |
| 68 | 3240 | 1620 | 810 | 270 |
| 69 | 3240 | 1620 | 810 | 270 |
| 70 | 3389 | 1695 | 848 | 283 |
| 71 | 3389 | 1695 | 848 | 283 |
| 72 | 3389 | 1695 | 848 | 283 |
| 73 | 3389 | 1695 | 848 | 283 |
| 74 | 3389 | 1695 | 848 | 283 |
| 75 | 3562 | 1781 | 891 | 297 |
| 76 | 3562 | 1781 | 891 | 297 |
| 77 | 3562 | 1781 | 891 | 297 |
| 78 | 3562 | 1781 | 891 | 297 |
| 79 | 3562 | 1781 | 891 | 297 |
| 80+ | 3709 | 1855 | 928 | 310 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5B1 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2718 | 1359 | 680 | 227 |
| 66 | 2819 | 1410 | 705 | 235 |
| 67 | 2819 | 1410 | 705 | 235 |
| 68 | 2819 | 1410 | 705 | 235 |
| 69 | 2819 | 1410 | 705 | 235 |
| 70 | 2948 | 1474 | 737 | 246 |
| 71 | 2948 | 1474 | 737 | 246 |
| 72 | 2948 | 1474 | 737 | 246 |
| 73 | 2948 | 1474 | 737 | 246 |
| 74 | 2948 | 1474 | 737 | 246 |
| 75 | 3098 | 1549 | 775 | 259 |
| 76 | 3098 | 1549 | 775 | 259 |
| 77 | 3098 | 1549 | 775 | 259 |
| 78 | 3098 | 1549 | 775 | 259 |
| 79 | 3098 | 1549 | 775 | 259 |
| 80+ | 3226 | 1613 | 807 | 269 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5B2 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3596 | 1798 | 899 | 300 |
| 66 | 3729 | 1865 | 933 | 311 |
| 67 | 3729 | 1865 | 933 | 311 |
| 68 | 3729 | 1865 | 933 | 311 |
| 69 | 3729 | 1865 | 933 | 311 |
| 70 | 3900 | 1950 | 975 | 325 |
| 71 | 3900 | 1950 | 975 | 325 |
| 72 | 3900 | 1950 | 975 | 325 |
| 73 | 3900 | 1950 | 975 | 325 |
| 74 | 3900 | 1950 | 975 | 325 |
| 75 | 4099 | 2050 | 1025 | 342 |
| 76 | 4099 | 2050 | 1025 | 342 |
| 77 | 4099 | 2050 | 1025 | 342 |
| 78 | 4099 | 2050 | 1025 | 342 |
| 79 | 4099 | 2050 | 1025 | 342 |
| 80+ | 4268 | 2134 | 1067 | 356 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5B3 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3125 | 1563 | 782 | 261 |
| 66 | 3240 | 1620 | 810 | 270 |
| 67 | 3240 | 1620 | 810 | 270 |
| 68 | 3240 | 1620 | 810 | 270 |
| 69 | 3240 | 1620 | 810 | 270 |
| 70 | 3389 | 1695 | 848 | 283 |
| 71 | 3389 | 1695 | 848 | 283 |
| 72 | 3389 | 1695 | 848 | 283 |
| 73 | 3389 | 1695 | 848 | 283 |
| 74 | 3389 | 1695 | 848 | 283 |
| 75 | 3562 | 1781 | 891 | 297 |
| 76 | 3562 | 1781 | 891 | 297 |
| 77 | 3562 | 1781 | 891 | 297 |
| 78 | 3562 | 1781 | 891 | 297 |
| 79 | 3562 | 1781 | 891 | 297 |
| 80+ | 3709 | 1855 | 928 | 310 |

PLAN D

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5BI | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3036 | 1518 | 759 | 253 |
| 66 | 3154 | 1577 | 789 | 263 |
| 67 | 3154 | 1577 | 789 | 263 |
| 68 | 3154 | 1577 | 789 | 263 |
| 69 | 3154 | 1577 | 789 | 263 |
| 70 | 3310 | 1655 | 828 | 276 |
| 71 | 3310 | 1655 | 828 | 276 |
| 72 | 3310 | 1655 | 828 | 276 |
| 73 | 3310 | 1655 | 828 | 276 |
| 74 | 3310 | 1655 | 828 | 276 |
| 75 | 3489 | 1745 | 873 | 291 |
| 76 | 3489 | 1745 | 873 | 291 |
| 77 | 3489 | 1745 | 873 | 291 |
| 78 | 3489 | 1745 | 873 | 291 |
| 79 | 3489 | 1745 | 873 | 291 |
| 80+ | 3641 | 1821 | 911 | 304 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5BJ | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2641 | 1321 | 661 | 221 |
| 66 | 2743 | 1372 | 686 | 229 |
| 67 | 2743 | 1372 | 686 | 229 |
| 68 | 2743 | 1372 | 686 | 229 |
| 69 | 2743 | 1372 | 686 | 229 |
| 70 | 2879 | 1440 | 720 | 240 |
| 71 | 2879 | 1440 | 720 | 240 |
| 72 | 2879 | 1440 | 720 | 240 |
| 73 | 2879 | 1440 | 720 | 240 |
| 74 | 2879 | 1440 | 720 | 240 |
| 75 | 3035 | 1518 | 759 | 253 |
| 76 | 3035 | 1518 | 759 | 253 |
| 77 | 3035 | 1518 | 759 | 253 |
| 78 | 3035 | 1518 | 759 | 253 |
| 79 | 3035 | 1518 | 759 | 253 |
| 80+ | 3167 | 1584 | 792 | 264 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5BK | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3494 | 1747 | 874 | 292 |
| 66 | 3629 | 1815 | 908 | 303 |
| 67 | 3629 | 1815 | 908 | 303 |
| 68 | 3629 | 1815 | 908 | 303 |
| 69 | 3629 | 1815 | 908 | 303 |
| 70 | 3809 | 1905 | 953 | 318 |
| 71 | 3809 | 1905 | 953 | 318 |
| 72 | 3809 | 1905 | 953 | 318 |
| 73 | 3809 | 1905 | 953 | 318 |
| 74 | 3809 | 1905 | 953 | 318 |
| 75 | 4015 | 2008 | 1004 | 335 |
| 76 | 4015 | 2008 | 1004 | 335 |
| 77 | 4015 | 2008 | 1004 | 335 |
| 78 | 4015 | 2008 | 1004 | 335 |
| 79 | 4015 | 2008 | 1004 | 335 |
| 80+ | 4190 | 2095 | 1048 | 350 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5BL | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3036 | 1518 | 759 | 253 |
| 66 | 3154 | 1577 | 789 | 263 |
| 67 | 3154 | 1577 | 789 | 263 |
| 68 | 3154 | 1577 | 789 | 263 |
| 69 | 3154 | 1577 | 789 | 263 |
| 70 | 3310 | 1655 | 828 | 276 |
| 71 | 3310 | 1655 | 828 | 276 |
| 72 | 3310 | 1655 | 828 | 276 |
| 73 | 3310 | 1655 | 828 | 276 |
| 74 | 3310 | 1655 | 828 | 276 |
| 75 | 3489 | 1745 | 873 | 291 |
| 76 | 3489 | 1745 | 873 | 291 |
| 77 | 3489 | 1745 | 873 | 291 |
| 78 | 3489 | 1745 | 873 | 291 |
| 79 | 3489 | 1745 | 873 | 291 |
| 80+ | 3641 | 1821 | 911 | 304 |

PLAN F

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5C0 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3231 | 1616 | 808 | 270 |
| 66 | 3348 | 1674 | 837 | 279 |
| 67 | 3348 | 1674 | 837 | 279 |
| 68 | 3348 | 1674 | 837 | 279 |
| 69 | 3348 | 1674 | 837 | 279 |
| 70 | 3503 | 1752 | 876 | 292 |
| 71 | 3503 | 1752 | 876 | 292 |
| 72 | 3503 | 1752 | 876 | 292 |
| 73 | 3503 | 1752 | 876 | 292 |
| 74 | 3503 | 1752 | 876 | 292 |
| 75 | 3680 | 1840 | 920 | 307 |
| 76 | 3680 | 1840 | 920 | 307 |
| 77 | 3680 | 1840 | 920 | 307 |
| 78 | 3680 | 1840 | 920 | 307 |
| 79 | 3680 | 1840 | 920 | 307 |
| 80+ | 3830 | 1915 | 958 | 320 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5C1 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2810 | 1405 | 703 | 235 |
| 66 | 2912 | 1456 | 728 | 243 |
| 67 | 2912 | 1456 | 728 | 243 |
| 68 | 2912 | 1456 | 728 | 243 |
| 69 | 2912 | 1456 | 728 | 243 |
| 70 | 3047 | 1524 | 762 | 254 |
| 71 | 3047 | 1524 | 762 | 254 |
| 72 | 3047 | 1524 | 762 | 254 |
| 73 | 3047 | 1524 | 762 | 254 |
| 74 | 3047 | 1524 | 762 | 254 |
| 75 | 3201 | 1601 | 801 | 267 |
| 76 | 3201 | 1601 | 801 | 267 |
| 77 | 3201 | 1601 | 801 | 267 |
| 78 | 3201 | 1601 | 801 | 267 |
| 79 | 3201 | 1601 | 801 | 267 |
| 80+ | 3331 | 1666 | 833 | 278 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5C2 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3718 | 1859 | 930 | 310 |
| 66 | 3853 | 1927 | 964 | 322 |
| 67 | 3853 | 1927 | 964 | 322 |
| 68 | 3853 | 1927 | 964 | 322 |
| 69 | 3853 | 1927 | 964 | 322 |
| 70 | 4031 | 2016 | 1008 | 336 |
| 71 | 4031 | 2016 | 1008 | 336 |
| 72 | 4031 | 2016 | 1008 | 336 |
| 73 | 4031 | 2016 | 1008 | 336 |
| 74 | 4031 | 2016 | 1008 | 336 |
| 75 | 4235 | 2118 | 1059 | 353 |
| 76 | 4235 | 2118 | 1059 | 353 |
| 77 | 4235 | 2118 | 1059 | 353 |
| 78 | 4235 | 2118 | 1059 | 353 |
| 79 | 4235 | 2118 | 1059 | 353 |
| 80+ | 4407 | 2204 | 1102 | 368 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5C3 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3231 | 1616 | 808 | 270 |
| 66 | 3348 | 1674 | 837 | 279 |
| 67 | 3348 | 1674 | 837 | 279 |
| 68 | 3348 | 1674 | 837 | 279 |
| 69 | 3348 | 1674 | 837 | 279 |
| 70 | 3503 | 1752 | 876 | 292 |
| 71 | 3503 | 1752 | 876 | 292 |
| 72 | 3503 | 1752 | 876 | 292 |
| 73 | 3503 | 1752 | 876 | 292 |
| 74 | 3503 | 1752 | 876 | 292 |
| 75 | 3680 | 1840 | 920 | 307 |
| 76 | 3680 | 1840 | 920 | 307 |
| 77 | 3680 | 1840 | 920 | 307 |
| 78 | 3680 | 1840 | 920 | 307 |
| 79 | 3680 | 1840 | 920 | 307 |
| 80+ | 3830 | 1915 | 958 | 320 |

PLAN HDF

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5CI | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 644 | 322 | 161 | 54 |
| 66 | 675 | 338 | 169 | 57 |
| 67 | 675 | 338 | 169 | 57 |
| 68 | 675 | 338 | 169 | 57 |
| 69 | 675 | 338 | 169 | 57 |
| 70 | 718 | 359 | 180 | 60 |
| 71 | 718 | 359 | 180 | 60 |
| 72 | 718 | 359 | 180 | 60 |
| 73 | 718 | 359 | 180 | 60 |
| 74 | 718 | 359 | 180 | 60 |
| 75 | 766 | 383 | 192 | 64 |
| 76 | 766 | 383 | 192 | 64 |
| 77 | 766 | 383 | 192 | 64 |
| 78 | 766 | 383 | 192 | 64 |
| 79 | 766 | 383 | 192 | 64 |
| 80+ | 804 | 402 | 201 | 67 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5CJ | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 560 | 280 | 140 | 47 |
| 66 | 587 | 294 | 147 | 49 |
| 67 | 587 | 294 | 147 | 49 |
| 68 | 587 | 294 | 147 | 49 |
| 69 | 587 | 294 | 147 | 49 |
| 70 | 624 | 312 | 156 | 52 |
| 71 | 624 | 312 | 156 | 52 |
| 72 | 624 | 312 | 156 | 52 |
| 73 | 624 | 312 | 156 | 52 |
| 74 | 624 | 312 | 156 | 52 |
| 75 | 666 | 333 | 167 | 56 |
| 76 | 666 | 333 | 167 | 56 |
| 77 | 666 | 333 | 167 | 56 |
| 78 | 666 | 333 | 167 | 56 |
| 79 | 666 | 333 | 167 | 56 |
| 80+ | 700 | 350 | 175 | 59 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5CK | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 741 | 371 | 186 | 62 |
| 66 | 777 | 389 | 195 | 65 |
| 67 | 777 | 389 | 195 | 65 |
| 68 | 777 | 389 | 195 | 65 |
| 69 | 777 | 389 | 195 | 65 |
| 70 | 826 | 413 | 207 | 69 |
| 71 | 826 | 413 | 207 | 69 |
| 72 | 826 | 413 | 207 | 69 |
| 73 | 826 | 413 | 207 | 69 |
| 74 | 826 | 413 | 207 | 69 |
| 75 | 881 | 441 | 221 | 74 |
| 76 | 881 | 441 | 221 | 74 |
| 77 | 881 | 441 | 221 | 74 |
| 78 | 881 | 441 | 221 | 74 |
| 79 | 881 | 441 | 221 | 74 |
| 80+ | 925 | 463 | 232 | 78 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5CL | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 644 | 322 | 161 | 54 |
| 66 | 675 | 338 | 169 | 57 |
| 67 | 675 | 338 | 169 | 57 |
| 68 | 675 | 338 | 169 | 57 |
| 69 | 675 | 338 | 169 | 57 |
| 70 | 718 | 359 | 180 | 60 |
| 71 | 718 | 359 | 180 | 60 |
| 72 | 718 | 359 | 180 | 60 |
| 73 | 718 | 359 | 180 | 60 |
| 74 | 718 | 359 | 180 | 60 |
| 75 | 766 | 383 | 192 | 64 |
| 76 | 766 | 383 | 192 | 64 |
| 77 | 766 | 383 | 192 | 64 |
| 78 | 766 | 383 | 192 | 64 |
| 79 | 766 | 383 | 192 | 64 |
| 80+ | 804 | 402 | 201 | 67 |

PLAN G

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5D0 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2963 | 1482 | 741 | 247 |
| 66 | 3079 | 1540 | 770 | 257 |
| 67 | 3079 | 1540 | 770 | 257 |
| 68 | 3079 | 1540 | 770 | 257 |
| 69 | 3079 | 1540 | 770 | 257 |
| 70 | 3230 | 1615 | 808 | 270 |
| 71 | 3230 | 1615 | 808 | 270 |
| 72 | 3230 | 1615 | 808 | 270 |
| 73 | 3230 | 1615 | 808 | 270 |
| 74 | 3230 | 1615 | 808 | 270 |
| 75 | 3404 | 1702 | 851 | 284 |
| 76 | 3404 | 1702 | 851 | 284 |
| 77 | 3404 | 1702 | 851 | 284 |
| 78 | 3404 | 1702 | 851 | 284 |
| 79 | 3404 | 1702 | 851 | 284 |
| 80+ | 3550 | 1775 | 888 | 296 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5D1 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2577 | 1289 | 645 | 215 |
| 66 | 2678 | 1339 | 670 | 224 |
| 67 | 2678 | 1339 | 670 | 224 |
| 68 | 2678 | 1339 | 670 | 224 |
| 69 | 2678 | 1339 | 670 | 224 |
| 70 | 2809 | 1405 | 703 | 235 |
| 71 | 2809 | 1405 | 703 | 235 |
| 72 | 2809 | 1405 | 703 | 235 |
| 73 | 2809 | 1405 | 703 | 235 |
| 74 | 2809 | 1405 | 703 | 235 |
| 75 | 2961 | 1481 | 741 | 247 |
| 76 | 2961 | 1481 | 741 | 247 |
| 77 | 2961 | 1481 | 741 | 247 |
| 78 | 2961 | 1481 | 741 | 247 |
| 79 | 2961 | 1481 | 741 | 247 |
| 80+ | 3088 | 1544 | 772 | 258 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5D2 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 3409 | 1705 | 853 | 285 |
| 66 | 3543 | 1772 | 886 | 296 |
| 67 | 3543 | 1772 | 886 | 296 |
| 68 | 3543 | 1772 | 886 | 296 |
| 69 | 3543 | 1772 | 886 | 296 |
| 70 | 3716 | 1858 | 929 | 310 |
| 71 | 3716 | 1858 | 929 | 310 |
| 72 | 3716 | 1858 | 929 | 310 |
| 73 | 3716 | 1858 | 929 | 310 |
| 74 | 3716 | 1858 | 929 | 310 |
| 75 | 3917 | 1959 | 980 | 327 |
| 76 | 3917 | 1959 | 980 | 327 |
| 77 | 3917 | 1959 | 980 | 327 |
| 78 | 3917 | 1959 | 980 | 327 |
| 79 | 3917 | 1959 | 980 | 327 |
| 80+ | 4085 | 2043 | 1022 | 341 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5D3 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2963 | 1482 | 741 | 247 |
| 66 | 3079 | 1540 | 770 | 257 |
| 67 | 3079 | 1540 | 770 | 257 |
| 68 | 3079 | 1540 | 770 | 257 |
| 69 | 3079 | 1540 | 770 | 257 |
| 70 | 3230 | 1615 | 808 | 270 |
| 71 | 3230 | 1615 | 808 | 270 |
| 72 | 3230 | 1615 | 808 | 270 |
| 73 | 3230 | 1615 | 808 | 270 |
| 74 | 3230 | 1615 | 808 | 270 |
| 75 | 3404 | 1702 | 851 | 284 |
| 76 | 3404 | 1702 | 851 | 284 |
| 77 | 3404 | 1702 | 851 | 284 |
| 78 | 3404 | 1702 | 851 | 284 |
| 79 | 3404 | 1702 | 851 | 284 |
| 80+ | 3550 | 1775 | 888 | 296 |

PLAN K

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P40 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1409 | 705 | 353 | 118 |
| 66 | 1466 | 733 | 367 | 123 |
| 67 | 1466 | 733 | 367 | 123 |
| 68 | 1466 | 733 | 367 | 123 |
| 69 | 1466 | 733 | 367 | 123 |
| 70 | 1565 | 783 | 392 | 131 |
| 71 | 1565 | 783 | 392 | 131 |
| 72 | 1565 | 783 | 392 | 131 |
| 73 | 1565 | 783 | 392 | 131 |
| 74 | 1565 | 783 | 392 | 131 |
| 75 | 1628 | 814 | 407 | 136 |
| 76 | 1628 | 814 | 407 | 136 |
| 77 | 1628 | 814 | 407 | 136 |
| 78 | 1628 | 814 | 407 | 136 |
| 79 | 1628 | 814 | 407 | 136 |
| 80+ | 1650 | 825 | 413 | 138 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P41 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1225 | 613 | 307 | 103 |
| 66 | 1276 | 638 | 319 | 107 |
| 67 | 1276 | 638 | 319 | 107 |
| 68 | 1276 | 638 | 319 | 107 |
| 69 | 1276 | 638 | 319 | 107 |
| 70 | 1361 | 681 | 341 | 114 |
| 71 | 1361 | 681 | 341 | 114 |
| 72 | 1361 | 681 | 341 | 114 |
| 73 | 1361 | 681 | 341 | 114 |
| 74 | 1361 | 681 | 341 | 114 |
| 75 | 1416 | 708 | 354 | 118 |
| 76 | 1416 | 708 | 354 | 118 |
| 77 | 1416 | 708 | 354 | 118 |
| 78 | 1416 | 708 | 354 | 118 |
| 79 | 1416 | 708 | 354 | 118 |
| 80+ | 1435 | 718 | 359 | 120 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P42 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1621 | 811 | 406 | 136 |
| 66 | 1687 | 844 | 422 | 141 |
| 67 | 1687 | 844 | 422 | 141 |
| 68 | 1687 | 844 | 422 | 141 |
| 69 | 1687 | 844 | 422 | 141 |
| 70 | 1800 | 900 | 450 | 150 |
| 71 | 1800 | 900 | 450 | 150 |
| 72 | 1800 | 900 | 450 | 150 |
| 73 | 1800 | 900 | 450 | 150 |
| 74 | 1800 | 900 | 450 | 150 |
| 75 | 1873 | 937 | 469 | 157 |
| 76 | 1873 | 937 | 469 | 157 |
| 77 | 1873 | 937 | 469 | 157 |
| 78 | 1873 | 937 | 469 | 157 |
| 79 | 1873 | 937 | 469 | 157 |
| 80+ | 1899 | 950 | 475 | 159 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P43 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1409 | 705 | 353 | 118 |
| 66 | 1466 | 733 | 367 | 123 |
| 67 | 1466 | 733 | 367 | 123 |
| 68 | 1466 | 733 | 367 | 123 |
| 69 | 1466 | 733 | 367 | 123 |
| 70 | 1565 | 783 | 392 | 131 |
| 71 | 1565 | 783 | 392 | 131 |
| 72 | 1565 | 783 | 392 | 131 |
| 73 | 1565 | 783 | 392 | 131 |
| 74 | 1565 | 783 | 392 | 131 |
| 75 | 1628 | 814 | 407 | 136 |
| 76 | 1628 | 814 | 407 | 136 |
| 77 | 1628 | 814 | 407 | 136 |
| 78 | 1628 | 814 | 407 | 136 |
| 79 | 1628 | 814 | 407 | 136 |
| 80+ | 1650 | 825 | 413 | 138 |

PLAN L

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P56 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1981 | 991 | 496 | 166 |
| 66 | 2060 | 1030 | 515 | 172 |
| 67 | 2060 | 1030 | 515 | 172 |
| 68 | 2060 | 1030 | 515 | 172 |
| 69 | 2060 | 1030 | 515 | 172 |
| 70 | 2198 | 1099 | 550 | 184 |
| 71 | 2198 | 1099 | 550 | 184 |
| 72 | 2198 | 1099 | 550 | 184 |
| 73 | 2198 | 1099 | 550 | 184 |
| 74 | 2198 | 1099 | 550 | 184 |
| 75 | 2289 | 1145 | 573 | 191 |
| 76 | 2289 | 1145 | 573 | 191 |
| 77 | 2289 | 1145 | 573 | 191 |
| 78 | 2289 | 1145 | 573 | 191 |
| 79 | 2289 | 1145 | 573 | 191 |
| 80+ | 2320 | 1160 | 580 | 194 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P57 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1723 | 862 | 431 | 144 |
| 66 | 1792 | 896 | 448 | 150 |
| 67 | 1792 | 896 | 448 | 150 |
| 68 | 1792 | 896 | 448 | 150 |
| 69 | 1792 | 896 | 448 | 150 |
| 70 | 1912 | 956 | 478 | 160 |
| 71 | 1912 | 956 | 478 | 160 |
| 72 | 1912 | 956 | 478 | 160 |
| 73 | 1912 | 956 | 478 | 160 |
| 74 | 1912 | 956 | 478 | 160 |
| 75 | 1991 | 996 | 498 | 166 |
| 76 | 1991 | 996 | 498 | 166 |
| 77 | 1991 | 996 | 498 | 166 |
| 78 | 1991 | 996 | 498 | 166 |
| 79 | 1991 | 996 | 498 | 166 |
| 80+ | 2018 | 1009 | 505 | 169 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P58 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2280 | 1140 | 570 | 190 |
| 66 | 2371 | 1186 | 593 | 198 |
| 67 | 2371 | 1186 | 593 | 198 |
| 68 | 2371 | 1186 | 593 | 198 |
| 69 | 2371 | 1186 | 593 | 198 |
| 70 | 2529 | 1265 | 633 | 211 |
| 71 | 2529 | 1265 | 633 | 211 |
| 72 | 2529 | 1265 | 633 | 211 |
| 73 | 2529 | 1265 | 633 | 211 |
| 74 | 2529 | 1265 | 633 | 211 |
| 75 | 2634 | 1317 | 659 | 220 |
| 76 | 2634 | 1317 | 659 | 220 |
| 77 | 2634 | 1317 | 659 | 220 |
| 78 | 2634 | 1317 | 659 | 220 |
| 79 | 2634 | 1317 | 659 | 220 |
| 80+ | 2669 | 1335 | 668 | 223 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: P59 | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 1981 | 991 | 496 | 166 |
| 66 | 2060 | 1030 | 515 | 172 |
| 67 | 2060 | 1030 | 515 | 172 |
| 68 | 2060 | 1030 | 515 | 172 |
| 69 | 2060 | 1030 | 515 | 172 |
| 70 | 2198 | 1099 | 550 | 184 |
| 71 | 2198 | 1099 | 550 | 184 |
| 72 | 2198 | 1099 | 550 | 184 |
| 73 | 2198 | 1099 | 550 | 184 |
| 74 | 2198 | 1099 | 550 | 184 |
| 75 | 2289 | 1145 | 573 | 191 |
| 76 | 2289 | 1145 | 573 | 191 |
| 77 | 2289 | 1145 | 573 | 191 |
| 78 | 2289 | 1145 | 573 | 191 |
| 79 | 2289 | 1145 | 573 | 191 |
| 80+ | 2320 | 1160 | 580 | 194 |

PLAN N

MALE

FEMALE

PREFERRED

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5DI | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2462 | 1231 | 616 | 206 |
| 66 | 2564 | 1282 | 641 | 214 |
| 67 | 2564 | 1282 | 641 | 214 |
| 68 | 2564 | 1282 | 641 | 214 |
| 69 | 2564 | 1282 | 641 | 214 |
| 70 | 2703 | 1352 | 676 | 226 |
| 71 | 2703 | 1352 | 676 | 226 |
| 72 | 2703 | 1352 | 676 | 226 |
| 73 | 2703 | 1352 | 676 | 226 |
| 74 | 2703 | 1352 | 676 | 226 |
| 75 | 2873 | 1437 | 719 | 240 |
| 76 | 2873 | 1437 | 719 | 240 |
| 77 | 2873 | 1437 | 719 | 240 |
| 78 | 2873 | 1437 | 719 | 240 |
| 79 | 2873 | 1437 | 719 | 240 |
| 80+ | 3026 | 1513 | 757 | 253 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5DJ | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2141 | 1071 | 536 | 179 |
| 66 | 2231 | 1116 | 558 | 186 |
| 67 | 2231 | 1116 | 558 | 186 |
| 68 | 2231 | 1116 | 558 | 186 |
| 69 | 2231 | 1116 | 558 | 186 |
| 70 | 2351 | 1176 | 588 | 196 |
| 71 | 2351 | 1176 | 588 | 196 |
| 72 | 2351 | 1176 | 588 | 196 |
| 73 | 2351 | 1176 | 588 | 196 |
| 74 | 2351 | 1176 | 588 | 196 |
| 75 | 2499 | 1250 | 625 | 209 |
| 76 | 2499 | 1250 | 625 | 209 |
| 77 | 2499 | 1250 | 625 | 209 |
| 78 | 2499 | 1250 | 625 | 209 |
| 79 | 2499 | 1250 | 625 | 209 |
| 80+ | 2632 | 1316 | 658 | 220 |

STANDARD

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5DK | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2833 | 1417 | 709 | 237 |
| 66 | 2951 | 1476 | 738 | 246 |
| 67 | 2951 | 1476 | 738 | 246 |
| 68 | 2951 | 1476 | 738 | 246 |
| 69 | 2951 | 1476 | 738 | 246 |
| 70 | 3111 | 1556 | 778 | 260 |
| 71 | 3111 | 1556 | 778 | 260 |
| 72 | 3111 | 1556 | 778 | 260 |
| 73 | 3111 | 1556 | 778 | 260 |
| 74 | 3111 | 1556 | 778 | 260 |
| 75 | 3306 | 1653 | 827 | 276 |
| 76 | 3306 | 1653 | 827 | 276 |
| 77 | 3306 | 1653 | 827 | 276 |
| 78 | 3306 | 1653 | 827 | 276 |
| 79 | 3306 | 1653 | 827 | 276 |
| 80+ | 3482 | 1741 | 871 | 291 |

| ISSUE AGE | Effective Date: 01-01-13 | | Plan Code: 5DL | |
|-----------|--------------------------|-------------|----------------|---------|
| | Annual | Semi Annual | Quarterly | Monthly |
| 65 | 2462 | 1231 | 616 | 206 |
| 66 | 2564 | 1282 | 641 | 214 |
| 67 | 2564 | 1282 | 641 | 214 |
| 68 | 2564 | 1282 | 641 | 214 |
| 69 | 2564 | 1282 | 641 | 214 |
| 70 | 2703 | 1352 | 676 | 226 |
| 71 | 2703 | 1352 | 676 | 226 |
| 72 | 2703 | 1352 | 676 | 226 |
| 73 | 2703 | 1352 | 676 | 226 |
| 74 | 2703 | 1352 | 676 | 226 |
| 75 | 2873 | 1437 | 719 | 240 |
| 76 | 2873 | 1437 | 719 | 240 |
| 77 | 2873 | 1437 | 719 | 240 |
| 78 | 2873 | 1437 | 719 | 240 |
| 79 | 2873 | 1437 | 719 | 240 |
| 80+ | 3026 | 1513 | 757 | 253 |

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 \$1184 | \$0 | \$1184 (Part A Deductible) |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | \$0 | Up to \$148 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 \$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 tests, durable medical equipment | | | |
| First \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$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 \$1184 | \$1184 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | \$0 | Up to \$148 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 \$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 tests, durable medical equipment | | | |
| First \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$1184 | \$1184 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$148 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 \$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 tests, durable medical equipment | | | |
| First \$147 of Medicare Approved Amounts* | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$147 (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 \$1184 | \$1184 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$148 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 \$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 tests, durable medical equipment | | | |
| First \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$2110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2110. 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 \$2110 DEDUCTIBLE, ** PLAN PAYS | IN ADDITION TO \$2110 DEDUCTIBLE, ** YOU PAY |
|---|---|---|--|
| HOSPITALIZATION * | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1184 | \$1184 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$148 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 F or 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 \$2110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2110. 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 \$2110 DEDUCTIBLE, ** PLAN PAYS | IN ADDITION TO \$2110 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 \$147 of Medicare Approved Amounts* | \$0 | \$147 (Part B Deductible) | \$0 |
| 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 \$147 of Medicare Approved Amounts* | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$147 (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 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 \$1184 | \$1184 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$148 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 \$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 tests, durable medical equipment | | | |
| First \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$147 of Medicare Approved Amounts* | \$0 | \$0 | \$147 (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 \$4800 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 \$1184 | \$592 (50% of Part A Deductible) | \$592 (50% of Part A Deductible)◆ |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$74 a day (50% of Part A Coinsurance) | Up to \$74 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 \$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 tests, durable medical equipment First \$147 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% | \$147 (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 \$4800)* |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amounts **** Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | 50% \$0 Generally 10% | 50%◆ \$147 (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 \$147 of Medicare Approved Amounts ***** Remainder of Medicare Approved Amounts | 100% \$0 80% | \$0 \$0 10% | \$0 \$147 (Part B Deductible)◆ 10%◆ |
|--|--------------------|-------------------|---|

* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$4800 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 \$2400 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 \$1184 | \$888 (75% of Part A Deductible) | \$296 (25% of Part A Deductible)♦ |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$111 a day (75% of Part A Coinsurance) | Up to \$37 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 \$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 tests, durable medical equipment First \$147 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% | \$147 (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 \$2400)* |
| BLOOD First 3 pints Next \$147 of Medicare Approved Amounts **** Remainder of Medicare Approved Amounts | \$0 \$0 Generally 80% | 75% \$0 Generally 15% | 25%◆ \$147 (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 \$147 of Medicare Approved Amounts ***** Remainder of Medicare Approved Amounts | 100% \$0 80% | \$0 \$0 15% | \$0 \$147 (Part B Deductible)◆ 5%◆ |
|--|--------------------|-------------------|--|

* This plan limits your annual out-of-pocket payment for Medicare-approved amounts \$2400 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 \$1184 | \$1184 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$296 a day | \$296 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 lifetime reserve days | All but \$592 a day | \$592 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 \$148 a day | Up to \$148 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 \$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 tests, 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 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. | \$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 Amounts | \$0 \$0 80% | All Costs \$0 20% | \$0 \$147 (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 \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts | 100% \$0 80% | \$0 \$0 20% | \$0 \$147 (Part B Deductible) \$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 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 |
|---|------------|--|---|