

# Choosing the Right Medicare Supplement Plan for Your Needs

Please review the following pages to learn about plan options, monthly premiums and detailed benefit descriptions.

Once you have selected a plan, your monthly premium is based on your age at the time of enrollment, and county or zip code (where applicable) where you reside. Los Angeles and San Diego County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 3 for Los Angeles and region 2 for San Diego), rates are based on age at the time of enrollment, and not specific zip codes.

After locating your monthly premium for a particular plan, please review each of the Medicare Supplement plan descriptions in this booklet. You'll find benefit information, details on covered services, and what each plan pays.

Once you choose the plan that works best for your needs, you are ready to enroll!

**F, High F, IF, G = Area 3**

**D, High G, IG, N = Zip Codes**



## Los Angeles County (Region 1)

Los Angeles County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 3), rates are based on age at the time of enrollment, and not specific zip codes.

| Region 1 Zip Codes (Within Los Angeles County) |               |               |               |
|--|---------------|---------------|---------------|
| 90001  | 90060         | 90266 - 90270 | 91016         |
| 90004 - 90007                                  | 90063         | 90274 - 90280 | 91030         |
| 90009  | 90065         | 90295 - 90296 | 91105         |
| 90011 - 90015                                  | 90071         | 90501         | 91204 - 91206 |
| 90017  | 90081         | 90503 - 90505 | 91702 - 91722 |
| 90021 - 90023                                  | 90083 - 90088 | 90507 - 90707 | 91724 - 91735 |
| 90026 - 90027                                  | 90090 - 90091 | 90711 - 90734 | 91744 - 91756 |
| 90029 - 90033                                  | 90096         | 90748         | 91765 - 91773 |
| 90039 - 90042                                  | 90099 - 90202 | 90755 - 90804 | 91776         |
| 90050  | 90239 - 90242 | 90806 - 90809 | 91780 - 91793 |
| 90053 - 90055                                  | 90254 - 90255 | 90813 - 90899 | 92821 - 92823 |
| 90057 - 90058                                  |               | 91010         |               |

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$145      | \$66        | \$154             | \$130  |
| 67-68             | \$162      | \$73        | \$171             | \$145  |
| 69-70             | \$179      | \$81        | \$188             | \$160  |
| 71-72             | \$196      | \$89        | \$205             | \$175  |
| 73-74             | \$213      | \$96        | \$222             | \$190  |
| 75-76             | \$230      | \$104       | \$239             | \$206  |
| 77-78             | \$249      | \$113       | \$257             | \$222  |
| 79-80             | \$264      | \$119       | \$273             | \$236  |
| 81-82             | \$282      | \$128       | \$291             | \$252  |
| 83-84             | \$299      | \$135       | \$307             | \$267  |
| 85-86             | \$316      | \$143       | \$324             | \$282  |
| 87-88             | \$330      | \$149       | \$339             | \$295  |
| 89-90             | \$343      | \$155       | \$352             | \$307  |
| 91-92             | \$357      | \$161       | \$366             | \$319  |
| 93-94             | \$369      | \$167       | \$378             | \$330  |
| 95+               | \$391      | \$177       | \$400             | \$349  |
| Disabled under 65 | \$391      | \$177       | \$400             | \$349  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$169                | \$77        | \$178             | \$151  |
| 67-68             | \$190                | \$86        | \$198             | \$170  |
| 69-70             | \$209                | \$94        | \$217             | \$186  |
| 71-72             | \$228                | \$103       | \$237             | \$204  |
| 73-74             | \$249                | \$113       | \$257             | \$222  |
| 75-76             | \$268                | \$121       | \$277             | \$240  |
| 77-78             | \$291                | \$132       | \$299             | \$260  |
| 79-80             | \$309                | \$140       | \$317             | \$276  |
| 81-82             | \$328                | \$149       | \$337             | \$293  |
| 83-84             | \$348                | \$157       | \$357             | \$311  |
| 85-86             | \$368                | \$167       | \$377             | \$329  |
| 87-88             | \$384                | \$174       | \$393             | \$344  |
| 89-90             | \$401                | \$181       | \$409             | \$358  |
| 91-92             | \$416                | \$188       | \$425             | \$371  |
| 93-94             | \$431                | \$195       | \$440             | \$385  |
| 95+               | \$455                | \$206       | \$464             | \$406  |
| Disabled under 65 | \$455                | \$206       | \$464             | \$406  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**Los Angeles County (Region 2)**

Los Angeles County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 3), rates are based on age at the time of enrollment, and not specific zip codes.

| <b>Region 2 Zip Codes (Within Los Angeles County)</b> |               |
|---|---------------|
| 91001 - 91009   | 92397         |
| 91011 - 91012   | 93243 - 93591 |
| 91017 - 91025   | 91354 - 91355 |
| 91031   | 91380 - 91390 |
| 91041 - 91104   | 91394         |
| 91106 - 91203   | 91501 - 91504 |
| 91207 - 91226   | 91507 - 91526 |
| 91310   | 91723         |
| 91321 - 91322   | 91740 - 91741 |
| 91326 - 91327   | 91759         |
| 91350 - 91351   | 91775         |
| 91801-91899   | 91778         |

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$137      | \$62        | \$146             | \$123  |
| 67-68             | \$154      | \$70        | \$163             | \$138  |
| 69-70             | \$169      | \$77        | \$178             | \$151  |
| 71-72             | \$186      | \$84        | \$194             | \$166  |
| 73-74             | \$202      | \$91        | \$210             | \$180  |
| 75-76             | \$218      | \$98        | \$226             | \$194  |
| 77-78             | \$235      | \$107       | \$244             | \$210  |
| 79-80             | \$251      | \$113       | \$259             | \$224  |
| 81-82             | \$267      | \$121       | \$275             | \$238  |
| 83-84             | \$283      | \$128       | \$291             | \$253  |
| 85-86             | \$299      | \$135       | \$307             | \$267  |
| 87-88             | \$312      | \$141       | \$321             | \$279  |
| 89-90             | \$325      | \$147       | \$333             | \$290  |
| 91-92             | \$338      | \$153       | \$347             | \$302  |
| 93-94             | \$350      | \$158       | \$358             | \$312  |
| 95+               | \$369      | \$167       | \$378             | \$330  |
| Disabled under 65 | \$369      | \$167       | \$378             | \$330  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$161                | \$73        | \$169             | \$143  |
| 67-68             | \$179                | \$81        | \$188             | \$160  |
| 69-70             | \$198                | \$90        | \$206             | \$177  |
| 71-72             | \$217                | \$98        | \$225             | \$194  |
| 73-74             | \$235                | \$107       | \$244             | \$210  |
| 75-76             | \$254                | \$115       | \$263             | \$227  |
| 77-78             | \$275                | \$124       | \$283             | \$245  |
| 79-80             | \$292                | \$132       | \$300             | \$261  |
| 81-82             | \$311                | \$141       | \$320             | \$278  |
| 83-84             | \$330                | \$149       | \$339             | \$295  |
| 85-86             | \$349                | \$158       | \$358             | \$312  |
| 87-88             | \$364                | \$165       | \$373             | \$325  |
| 89-90             | \$379                | \$172       | \$388             | \$339  |
| 91-92             | \$393                | \$178       | \$402             | \$351  |
| 93-94             | \$409                | \$185       | \$417             | \$365  |
| 95+               | \$431                | \$195       | \$440             | \$385  |
| Disabled under 65 | \$431                | \$195       | \$440             | \$385  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

## Los Angeles County (Region 3)

Los Angeles County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G, rates are based on age at the time of enrollment, and not specific zip codes.

| Region 3 Zip Codes (Within Los Angeles County) |               |               |               |               |
|--|---------------|---------------|---------------|---------------|
| 90002 - 90003                                  | 90051 - 90052 | 90744 - 90747 | 90072 - 90080 | 91324 - 91325 |
| 90008  | 90056         | 90749         | 90082         | 91328 - 91346 |
| 90010  | 90260 - 90265 | 90805         | 90089         | 91352 - 91353 |
| 90016  | 90272         | 90810         | 90093 - 90095 | 91356 - 91376 |
| 90018 - 90020                                  | 90290 - 90294 | 91040         | 90209 - 90233 | 91392 - 91393 |
| 90024 - 90025                                  | 90301 - 90411 | 90059         | 90245 - 90251 | 91395 - 91436 |
| 90028  | 90502         | 90061 - 90062 | 93599         | 91470 - 91499 |
| 90034 - 90038                                  | 90506         | 90064         | 91301 - 91309 | 91505 - 91506 |
| 90043 - 90049                                  | 90710         | 90066 - 90070 | 91311 - 91316 | 91601 - 91618 |

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$132      | \$188  | \$79        | \$193             | \$173  |
| 67-68             | \$146      | \$208  | \$87        | \$213             | \$191  |
| 69-70             | \$158      | \$226  | \$95        | \$231             | \$208  |
| 71-72             | \$171      | \$244  | \$102       | \$249             | \$224  |
| 73-74             | \$184      | \$263  | \$110       | \$268             | \$242  |
| 75-76             | \$197      | \$281  | \$118       | \$286             | \$259  |
| 77-78             | \$209      | \$299  | \$126       | \$304             | \$275  |
| 79-80             | \$221      | \$315  | \$132       | \$320             | \$290  |
| 81-84             | \$238      | \$340  | \$143       | \$345             | \$313  |
| 85+               | \$267      | \$381  | \$160       | \$386             | \$351  |
| Disabled under 65 | \$267      | \$381  | \$160       | \$386             | \$351  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$153                | \$219  | \$92        | \$224             | \$201  |
| 67-68             | \$169                | \$242  | \$102       | \$247             | \$223  |
| 69-70             | \$185                | \$264  | \$111       | \$269             | \$243  |
| 71-72             | \$199                | \$284  | \$119       | \$289             | \$261  |
| 73-74             | \$215                | \$307  | \$129       | \$312             | \$282  |
| 75-76             | \$229                | \$327  | \$137       | \$332             | \$301  |
| 77-78             | \$244                | \$349  | \$147       | \$354             | \$321  |
| 79-80             | \$258                | \$368  | \$155       | \$373             | \$339  |
| 81-84             | \$278                | \$397  | \$167       | \$402             | \$365  |
| 85+               | \$311                | \$444  | \$186       | \$449             | \$408  |
| Disabled under 65 | \$311                | \$444  | \$186       | \$449             | \$408  |

### Los Angeles County (Region 3)

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$161      | \$73        | \$169             | \$143  |
| 67-68             | \$179      | \$81        | \$188             | \$160  |
| 69-70             | \$197      | \$89        | \$206             | \$176  |
| 71-72             | \$216      | \$98        | \$224             | \$193  |
| 73-74             | \$235      | \$107       | \$244             | \$210  |
| 75-76             | \$254      | \$115       | \$263             | \$227  |
| 77-78             | \$275      | \$124       | \$283             | \$245  |
| 79-80             | \$292      | \$132       | \$300             | \$261  |
| 81-82             | \$310      | \$140       | \$319             | \$277  |
| 83-84             | \$329      | \$149       | \$338             | \$294  |
| 85-86             | \$349      | \$158       | \$358             | \$312  |
| 87-88             | \$364      | \$165       | \$373             | \$325  |
| 89-90             | \$378      | \$171       | \$387             | \$338  |
| 91-92             | \$393      | \$178       | \$402             | \$351  |
| 93-94             | \$408      | \$184       | \$417             | \$364  |
| 95+               | \$431      | \$195       | \$440             | \$385  |
| Disabled under 65 | \$431      | \$195       | \$440             | \$385  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$186                | \$84        | \$195             | \$167  |
| 67-68             | \$210                | \$95        | \$218             | \$187  |
| 69-70             | \$230                | \$104       | \$239             | \$206  |
| 71-72             | \$252                | \$114       | \$261             | \$226  |
| 73-74             | \$274                | \$124       | \$282             | \$245  |
| 75-76             | \$296                | \$134       | \$305             | \$265  |
| 77-78             | \$320                | \$145       | \$329             | \$286  |
| 79-80             | \$340                | \$154       | \$349             | \$304  |
| 81-82             | \$362                | \$164       | \$371             | \$324  |
| 83-84             | \$384                | \$174       | \$393             | \$344  |
| 85-86             | \$406                | \$184       | \$415             | \$363  |
| 87-88             | \$424                | \$192       | \$433             | \$379  |
| 89-90             | \$442                | \$200       | \$451             | \$395  |
| 91-92             | \$458                | \$207       | \$468             | \$410  |
| 93-94             | \$475                | \$215       | \$485             | \$425  |
| 95+               | \$502                | \$227       | \$511             | \$449  |
| Disabled under 65 | \$502                | \$227       | \$511             | \$449  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

### Orange County (Region 3)

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$132      | \$188  | \$79        | \$193             | \$173  |
| 67-68             | \$146      | \$208  | \$87        | \$213             | \$191  |
| 69-70             | \$158      | \$226  | \$95        | \$231             | \$208  |
| 71-72             | \$171      | \$244  | \$102       | \$249             | \$224  |
| 73-74             | \$184      | \$263  | \$110       | \$268             | \$242  |
| 75-76             | \$197      | \$281  | \$118       | \$286             | \$259  |
| 77-78             | \$209      | \$299  | \$126       | \$304             | \$275  |
| 79-80             | \$221      | \$315  | \$132       | \$320             | \$290  |
| 81-84             | \$238      | \$340  | \$143       | \$345             | \$313  |
| 85+               | \$267      | \$381  | \$160       | \$386             | \$351  |
| Disabled under 65 | \$267      | \$381  | \$160       | \$386             | \$351  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$153                | \$219  | \$92        | \$224             | \$201  |
| 67-68             | \$169                | \$242  | \$102       | \$247             | \$223  |
| 69-70             | \$185                | \$264  | \$111       | \$269             | \$243  |
| 71-72             | \$199                | \$284  | \$119       | \$289             | \$261  |
| 73-74             | \$215                | \$307  | \$129       | \$312             | \$282  |
| 75-76             | \$229                | \$327  | \$137       | \$332             | \$301  |
| 77-78             | \$244                | \$349  | \$147       | \$354             | \$321  |
| 79-80             | \$258                | \$368  | \$155       | \$373             | \$339  |
| 81-84             | \$278                | \$397  | \$167       | \$402             | \$365  |
| 85+               | \$311                | \$444  | \$186       | \$449             | \$408  |
| Disabled under 65 | \$311                | \$444  | \$186       | \$449             | \$408  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

## Orange County (Region 3)

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$161      | \$73        | \$169             | \$143  |
| 67-68             | \$179      | \$81        | \$188             | \$160  |
| 69-70             | \$197      | \$89        | \$206             | \$176  |
| 71-72             | \$216      | \$98        | \$224             | \$193  |
| 73-74             | \$235      | \$107       | \$244             | \$210  |
| 75-76             | \$254      | \$115       | \$263             | \$227  |
| 77-78             | \$275      | \$124       | \$283             | \$245  |
| 79-80             | \$292      | \$132       | \$300             | \$261  |
| 81-82             | \$310      | \$140       | \$319             | \$277  |
| 83-84             | \$329      | \$149       | \$338             | \$294  |
| 85-86             | \$349      | \$158       | \$358             | \$312  |
| 87-88             | \$364      | \$165       | \$373             | \$325  |
| 89-90             | \$378      | \$171       | \$387             | \$338  |
| 91-92             | \$393      | \$178       | \$402             | \$351  |
| 93-94             | \$408      | \$184       | \$417             | \$364  |
| 95+               | \$431      | \$195       | \$440             | \$385  |
| Disabled under 65 | \$431      | \$195       | \$440             | \$385  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$186                | \$84        | \$195             | \$167  |
| 67-68             | \$210                | \$95        | \$218             | \$187  |
| 69-70             | \$230                | \$104       | \$239             | \$206  |
| 71-72             | \$252                | \$114       | \$261             | \$226  |
| 73-74             | \$274                | \$124       | \$282             | \$245  |
| 75-76             | \$296                | \$134       | \$305             | \$265  |
| 77-78             | \$320                | \$145       | \$329             | \$286  |
| 79-80             | \$340                | \$154       | \$349             | \$304  |
| 81-82             | \$362                | \$164       | \$371             | \$324  |
| 83-84             | \$384                | \$174       | \$393             | \$344  |
| 85-86             | \$406                | \$184       | \$415             | \$363  |
| 87-88             | \$424                | \$192       | \$433             | \$379  |
| 89-90             | \$442                | \$200       | \$451             | \$395  |
| 91-92             | \$458                | \$207       | \$468             | \$410  |
| 93-94             | \$475                | \$215       | \$485             | \$425  |
| 95+               | \$502                | \$227       | \$511             | \$449  |
| Disabled under 65 | \$502                | \$227       | \$511             | \$449  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**San Diego County (Region 1)**

San Diego County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G (refer to region 2), rates are based on age at the time of enrollment, and not specific zip codes.

| <b>Region 1 Zip Codes (Within San Diego County)</b> |               |
|---|---------------|
| 91901 - 92013                                       | 92143         |
| 92018 - 92036                                       | 92153 - 92155 |
| 92040 - 92061                                       | 92170         |
| 92065 - 92072                                       | 92173         |
| 92075 - 92091                                       | 92179         |
| 92096   |               |

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$145      | \$66        | \$154             | \$130  |
| 67-68             | \$162      | \$73        | \$171             | \$145  |
| 69-70             | \$179      | \$81        | \$188             | \$160  |
| 71-72             | \$196      | \$89        | \$205             | \$175  |
| 73-74             | \$213      | \$96        | \$222             | \$190  |
| 75-76             | \$230      | \$104       | \$239             | \$206  |
| 77-78             | \$249      | \$113       | \$257             | \$222  |
| 79-80             | \$264      | \$119       | \$273             | \$236  |
| 81-82             | \$282      | \$128       | \$291             | \$252  |
| 83-84             | \$299      | \$135       | \$307             | \$267  |
| 85-86             | \$316      | \$143       | \$324             | \$282  |
| 87-88             | \$330      | \$149       | \$339             | \$295  |
| 89-90             | \$343      | \$155       | \$352             | \$307  |
| 91-92             | \$357      | \$161       | \$366             | \$319  |
| 93-94             | \$369      | \$167       | \$378             | \$330  |
| 95+               | \$391      | \$177       | \$400             | \$349  |
| Disabled under 65 | \$391      | \$177       | \$400             | \$349  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$169                | \$77        | \$178             | \$151  |
| 67-68             | \$190                | \$86        | \$198             | \$170  |
| 69-70             | \$209                | \$94        | \$217             | \$186  |
| 71-72             | \$228                | \$103       | \$237             | \$204  |
| 73-74             | \$249                | \$113       | \$257             | \$222  |
| 75-76             | \$268                | \$121       | \$277             | \$240  |
| 77-78             | \$291                | \$132       | \$299             | \$260  |
| 79-80             | \$309                | \$140       | \$317             | \$276  |
| 81-82             | \$328                | \$149       | \$337             | \$293  |
| 83-84             | \$348                | \$157       | \$357             | \$311  |
| 85-86             | \$368                | \$167       | \$377             | \$329  |
| 87-88             | \$384                | \$174       | \$393             | \$344  |
| 89-90             | \$401                | \$181       | \$409             | \$358  |
| 91-92             | \$416                | \$188       | \$425             | \$371  |
| 93-94             | \$431                | \$195       | \$440             | \$385  |
| 95+               | \$455                | \$206       | \$464             | \$406  |
| Disabled under 65 | \$455                | \$206       | \$464             | \$406  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

## San Diego County (Region 2)

San Diego County monthly premiums are rated by zip code for plans D, High Deductible G, Innovative Plan G and N. For plans A, F, High Deductible F, Innovative F, and G, rates are based on age at the time of enrollment, and not specific zip codes.

| Region 2 Zip Codes (Within San Diego County) |               |
|--|---------------|
| 92014  | 92145 - 92152 |
| 92037 - 92039                                | 92158 - 92169 |
| 92064  | 92171 - 92172 |
| 92074  | 92174 - 92178 |
| 92092 - 92093                                | 92182 - 92199 |
| 92101-92142                                  |               |

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$117      | \$167  | \$70        | \$172             | \$154  |
| 67-68             | \$130      | \$185  | \$78        | \$190             | \$170  |
| 69-70             | \$141      | \$201  | \$84        | \$206             | \$185  |
| 71-72             | \$152      | \$217  | \$91        | \$222             | \$200  |
| 73-74             | \$164      | \$234  | \$98        | \$239             | \$215  |
| 75-76             | \$175      | \$250  | \$105       | \$255             | \$230  |
| 77-78             | \$186      | \$266  | \$112       | \$271             | \$245  |
| 79-80             | \$197      | \$281  | \$118       | \$286             | \$259  |
| 81-84             | \$212      | \$303  | \$127       | \$308             | \$279  |
| 85+               | \$237      | \$339  | \$142       | \$344             | \$312  |
| Disabled under 65 | \$237      | \$339  | \$142       | \$344             | \$312  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$137                | \$195  | \$82        | \$200             | \$179  |
| 67-68             | \$151                | \$216  | \$91        | \$221             | \$199  |
| 69-70             | \$165                | \$235  | \$99        | \$240             | \$216  |
| 71-72             | \$177                | \$253  | \$106       | \$258             | \$233  |
| 73-74             | \$191                | \$273  | \$115       | \$278             | \$251  |
| 75-76             | \$204                | \$291  | \$122       | \$296             | \$268  |
| 77-78             | \$218                | \$311  | \$131       | \$316             | \$286  |
| 79-80             | \$229                | \$327  | \$137       | \$332             | \$301  |
| 81-84             | \$247                | \$353  | \$148       | \$358             | \$325  |
| 85+               | \$277                | \$395  | \$166       | \$400             | \$363  |
| Disabled under 65 | \$277                | \$395  | \$166       | \$400             | \$363  |

## San Diego County (Region 2)

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$137      | \$62        | \$146             | \$123  |
| 67-68             | \$154      | \$70        | \$163             | \$138  |
| 69-70             | \$169      | \$77        | \$178             | \$151  |
| 71-72             | \$186      | \$84        | \$194             | \$166  |
| 73-74             | \$202      | \$91        | \$210             | \$180  |
| 75-76             | \$218      | \$98        | \$226             | \$194  |
| 77-78             | \$235      | \$107       | \$244             | \$210  |
| 79-80             | \$251      | \$113       | \$259             | \$224  |
| 81-82             | \$267      | \$121       | \$275             | \$238  |
| 83-84             | \$283      | \$128       | \$291             | \$253  |
| 85-86             | \$299      | \$135       | \$307             | \$267  |
| 87-88             | \$312      | \$141       | \$321             | \$279  |
| 89-90             | \$325      | \$147       | \$333             | \$290  |
| 91-92             | \$338      | \$153       | \$347             | \$302  |
| 93-94             | \$350      | \$158       | \$358             | \$312  |
| 95+               | \$369      | \$167       | \$378             | \$330  |
| Disabled under 65 | \$369      | \$167       | \$378             | \$330  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$161                | \$73        | \$169             | \$143  |
| 67-68             | \$179                | \$81        | \$188             | \$160  |
| 69-70             | \$198                | \$90        | \$206             | \$177  |
| 71-72             | \$217                | \$98        | \$225             | \$194  |
| 73-74             | \$235                | \$107       | \$244             | \$210  |
| 75-76             | \$254                | \$115       | \$263             | \$227  |
| 77-78             | \$275                | \$124       | \$283             | \$245  |
| 79-80             | \$292                | \$132       | \$300             | \$261  |
| 81-82             | \$311                | \$141       | \$320             | \$278  |
| 83-84             | \$330                | \$149       | \$339             | \$295  |
| 85-86             | \$349                | \$158       | \$358             | \$312  |
| 87-88             | \$364                | \$165       | \$373             | \$325  |
| 89-90             | \$379                | \$172       | \$388             | \$339  |
| 91-92             | \$393                | \$178       | \$402             | \$351  |
| 93-94             | \$409                | \$185       | \$417             | \$365  |
| 95+               | \$431                | \$195       | \$440             | \$385  |
| Disabled under 65 | \$431                | \$195       | \$440             | \$385  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**Alameda, Contra Costa, Shasta Counties (Region 1)**

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$120      | \$172  | \$72        | \$177             | \$158  |
| 67-68             | \$132      | \$189  | \$79        | \$194             | \$174  |
| 69-70             | \$144      | \$206  | \$87        | \$211             | \$190  |
| 71-72             | \$155      | \$222  | \$93        | \$227             | \$204  |
| 73-74             | \$168      | \$240  | \$101       | \$245             | \$221  |
| 75-76             | \$179      | \$256  | \$108       | \$261             | \$236  |
| 77-78             | \$191      | \$273  | \$115       | \$278             | \$251  |
| 79-80             | \$202      | \$288  | \$121       | \$293             | \$265  |
| 81-84             | \$217      | \$310  | \$130       | \$315             | \$285  |
| 85+               | \$243      | \$347  | \$146       | \$352             | \$319  |
| Disabled under 65 | \$243      | \$347  | \$146       | \$352             | \$319  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$140                | \$200  | \$84        | \$205             | \$184  |
| 67-68             | \$155                | \$221  | \$93        | \$226             | \$203  |
| 69-70             | \$169                | \$241  | \$101       | \$246             | \$222  |
| 71-72             | \$181                | \$259  | \$109       | \$264             | \$238  |
| 73-74             | \$196                | \$280  | \$118       | \$285             | \$258  |
| 75-76             | \$209                | \$299  | \$126       | \$304             | \$275  |
| 77-78             | \$223                | \$318  | \$134       | \$323             | \$293  |
| 79-80             | \$235                | \$336  | \$141       | \$341             | \$309  |
| 81-84             | \$253                | \$362  | \$152       | \$367             | \$333  |
| 85+               | \$284                | \$405  | \$170       | \$410             | \$373  |
| Disabled under 65 | \$284                | \$405  | \$170       | \$410             | \$373  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

## Alameda, Contra Costa, Shasta Counties (Region 1)

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$145      | \$66        | \$154             | \$130  |
| 67-68             | \$162      | \$73        | \$171             | \$145  |
| 69-70             | \$179      | \$81        | \$188             | \$160  |
| 71-72             | \$196      | \$89        | \$205             | \$175  |
| 73-74             | \$213      | \$96        | \$222             | \$190  |
| 75-76             | \$230      | \$104       | \$239             | \$206  |
| 77-78             | \$249      | \$113       | \$257             | \$222  |
| 79-80             | \$264      | \$119       | \$273             | \$236  |
| 81-82             | \$282      | \$128       | \$291             | \$252  |
| 83-84             | \$299      | \$135       | \$307             | \$267  |
| 85-86             | \$316      | \$143       | \$324             | \$282  |
| 87-88             | \$330      | \$149       | \$339             | \$295  |
| 89-90             | \$343      | \$155       | \$352             | \$307  |
| 91-92             | \$357      | \$161       | \$366             | \$319  |
| 93-94             | \$369      | \$167       | \$378             | \$330  |
| 95+               | \$391      | \$177       | \$400             | \$349  |
| Disabled under 65 | \$391      | \$177       | \$400             | \$349  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$169                | \$77        | \$178             | \$151  |
| 67-68             | \$190                | \$86        | \$198             | \$170  |
| 69-70             | \$209                | \$94        | \$217             | \$186  |
| 71-72             | \$228                | \$103       | \$237             | \$204  |
| 73-74             | \$249                | \$113       | \$257             | \$222  |
| 75-76             | \$268                | \$121       | \$277             | \$240  |
| 77-78             | \$291                | \$132       | \$299             | \$260  |
| 79-80             | \$309                | \$140       | \$317             | \$276  |
| 81-82             | \$328                | \$149       | \$337             | \$293  |
| 83-84             | \$348                | \$157       | \$357             | \$311  |
| 85-86             | \$368                | \$167       | \$377             | \$329  |
| 87-88             | \$384                | \$174       | \$393             | \$344  |
| 89-90             | \$401                | \$181       | \$409             | \$358  |
| 91-92             | \$416                | \$188       | \$425             | \$371  |
| 93-94             | \$431                | \$195       | \$440             | \$385  |
| 95+               | \$455                | \$206       | \$464             | \$406  |
| Disabled under 65 | \$455                | \$206       | \$464             | \$406  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yuba Counties (Region 2)**

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$117      | \$167  | \$70        | \$172             | \$154  |
| 67-68             | \$130      | \$185  | \$78        | \$190             | \$170  |
| 69-70             | \$141      | \$201  | \$84        | \$206             | \$185  |
| 71-72             | \$152      | \$217  | \$91        | \$222             | \$200  |
| 73-74             | \$164      | \$234  | \$98        | \$239             | \$215  |
| 75-76             | \$175      | \$250  | \$105       | \$255             | \$230  |
| 77-78             | \$186      | \$266  | \$112       | \$271             | \$245  |
| 79-80             | \$197      | \$281  | \$118       | \$286             | \$259  |
| 81-84             | \$212      | \$303  | \$127       | \$308             | \$279  |
| 85+               | \$237      | \$339  | \$142       | \$344             | \$312  |
| Disabled under 65 | \$237      | \$339  | \$142       | \$344             | \$312  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$137                | \$195  | \$82        | \$200             | \$179  |
| 67-68             | \$151                | \$216  | \$91        | \$221             | \$199  |
| 69-70             | \$165                | \$235  | \$99        | \$240             | \$216  |
| 71-72             | \$177                | \$253  | \$106       | \$258             | \$233  |
| 73-74             | \$191                | \$273  | \$115       | \$278             | \$251  |
| 75-76             | \$204                | \$291  | \$122       | \$296             | \$268  |
| 77-78             | \$218                | \$311  | \$131       | \$316             | \$286  |
| 79-80             | \$229                | \$327  | \$137       | \$332             | \$301  |
| 81-84             | \$247                | \$353  | \$148       | \$358             | \$325  |
| 85+               | \$277                | \$395  | \$166       | \$400             | \$363  |
| Disabled under 65 | \$277                | \$395  | \$166       | \$400             | \$363  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yuba Counties (Region 2)**

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$137      | \$62        | \$146             | \$123  |
| 67-68             | \$154      | \$70        | \$163             | \$138  |
| 69-70             | \$169      | \$77        | \$178             | \$151  |
| 71-72             | \$186      | \$84        | \$194             | \$166  |
| 73-74             | \$202      | \$91        | \$210             | \$180  |
| 75-76             | \$218      | \$98        | \$226             | \$194  |
| 77-78             | \$235      | \$107       | \$244             | \$210  |
| 79-80             | \$251      | \$113       | \$259             | \$224  |
| 81-82             | \$267      | \$121       | \$275             | \$238  |
| 83-84             | \$283      | \$128       | \$291             | \$253  |
| 85-86             | \$299      | \$135       | \$307             | \$267  |
| 87-88             | \$312      | \$141       | \$321             | \$279  |
| 89-90             | \$325      | \$147       | \$333             | \$290  |
| 91-92             | \$338      | \$153       | \$347             | \$302  |
| 93-94             | \$350      | \$158       | \$358             | \$312  |
| 95+               | \$369      | \$167       | \$378             | \$330  |
| Disabled under 65 | \$369      | \$167       | \$378             | \$330  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$161                | \$73        | \$169             | \$143  |
| 67-68             | \$179                | \$81        | \$188             | \$160  |
| 69-70             | \$198                | \$90        | \$206             | \$177  |
| 71-72             | \$217                | \$98        | \$225             | \$194  |
| 73-74             | \$235                | \$107       | \$244             | \$210  |
| 75-76             | \$254                | \$115       | \$263             | \$227  |
| 77-78             | \$275                | \$124       | \$283             | \$245  |
| 79-80             | \$292                | \$132       | \$300             | \$261  |
| 81-82             | \$311                | \$141       | \$320             | \$278  |
| 83-84             | \$330                | \$149       | \$339             | \$295  |
| 85-86             | \$349                | \$158       | \$358             | \$312  |
| 87-88             | \$364                | \$165       | \$373             | \$325  |
| 89-90             | \$379                | \$172       | \$388             | \$339  |
| 91-92             | \$393                | \$178       | \$402             | \$351  |
| 93-94             | \$409                | \$185       | \$417             | \$365  |
| 95+               | \$431                | \$195       | \$440             | \$385  |
| Disabled under 65 | \$431                | \$195       | \$440             | \$385  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**Kern, Napa, Riverside, San Bernardino, Ventura Counties (Region 4)**

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$129      | \$184  | \$77        | \$189             | \$169  |
| 67-68             | \$142      | \$203  | \$85        | \$208             | \$187  |
| 69-70             | \$155      | \$222  | \$93        | \$227             | \$204  |
| 71-72             | \$167      | \$239  | \$100       | \$244             | \$220  |
| 73-74             | \$181      | \$258  | \$108       | \$263             | \$237  |
| 75-76             | \$193      | \$275  | \$116       | \$280             | \$253  |
| 77-78             | \$205      | \$293  | \$123       | \$298             | \$270  |
| 79-80             | \$216      | \$309  | \$130       | \$314             | \$284  |
| 81-84             | \$233      | \$333  | \$140       | \$338             | \$306  |
| 85+               | \$261      | \$373  | \$157       | \$378             | \$343  |
| Disabled under 65 | \$261      | \$373  | \$157       | \$378             | \$343  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$151                | \$215  | \$90        | \$220             | \$198  |
| 67-68             | \$166                | \$237  | \$100       | \$242             | \$218  |
| 69-70             | \$181                | \$258  | \$108       | \$263             | \$237  |
| 71-72             | \$195                | \$279  | \$117       | \$284             | \$257  |
| 73-74             | \$210                | \$300  | \$126       | \$305             | \$276  |
| 75-76             | \$225                | \$321  | \$135       | \$326             | \$295  |
| 77-78             | \$239                | \$342  | \$144       | \$347             | \$315  |
| 79-80             | \$252                | \$360  | \$151       | \$365             | \$331  |
| 81-84             | \$272                | \$389  | \$163       | \$394             | \$358  |
| 85+               | \$305                | \$435  | \$183       | \$440             | \$400  |
| Disabled under 65 | \$305                | \$435  | \$183       | \$440             | \$400  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**Kern, Napa, Riverside, San Bernardino, Ventura Counties (Region 4)**

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$152      | \$69        | \$160             | \$135  |
| 67-68             | \$169      | \$77        | \$178             | \$151  |
| 69-70             | \$187      | \$85        | \$196             | \$167  |
| 71-72             | \$205      | \$93        | \$214             | \$183  |
| 73-74             | \$222      | \$100       | \$231             | \$198  |
| 75-76             | \$240      | \$109       | \$248             | \$214  |
| 77-78             | \$260      | \$117       | \$268             | \$232  |
| 79-80             | \$276      | \$125       | \$284             | \$246  |
| 81-82             | \$294      | \$133       | \$303             | \$263  |
| 83-84             | \$312      | \$141       | \$321             | \$279  |
| 85-86             | \$330      | \$149       | \$339             | \$295  |
| 87-88             | \$344      | \$156       | \$353             | \$308  |
| 89-90             | \$359      | \$162       | \$367             | \$320  |
| 91-92             | \$372      | \$168       | \$381             | \$332  |
| 93-94             | \$386      | \$175       | \$395             | \$345  |
| 95+               | \$408      | \$184       | \$417             | \$364  |
| Disabled under 65 | \$408      | \$184       | \$417             | \$364  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$177                | \$80        | \$185             | \$158  |
| 67-68             | \$198                | \$90        | \$206             | \$177  |
| 69-70             | \$219                | \$99        | \$227             | \$195  |
| 71-72             | \$239                | \$108       | \$248             | \$214  |
| 73-74             | \$260                | \$117       | \$268             | \$232  |
| 75-76             | \$280                | \$127       | \$289             | \$250  |
| 77-78             | \$303                | \$137       | \$312             | \$271  |
| 79-80             | \$322                | \$146       | \$331             | \$288  |
| 81-82             | \$343                | \$155       | \$351             | \$306  |
| 83-84             | \$364                | \$165       | \$373             | \$325  |
| 85-86             | \$384                | \$174       | \$393             | \$344  |
| 87-88             | \$401                | \$182       | \$410             | \$359  |
| 89-90             | \$418                | \$189       | \$427             | \$374  |
| 91-92             | \$434                | \$197       | \$443             | \$388  |
| 93-94             | \$450                | \$203       | \$459             | \$402  |
| 95+               | \$475                | \$215       | \$485             | \$425  |
| Disabled under 65 | \$475                | \$215       | \$485             | \$425  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**El Dorado, Fresno, Imperial, Placer, Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Tulare, Yolo Counties (Region 5)**

| Age range         | Nonsmoking |        |             |                   |        |
|-------------------|------------|--------|-------------|-------------------|--------|
|                   | Plan A     | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$107      | \$153  | \$64        | \$158             | \$141  |
| 67-68             | \$118      | \$169  | \$71        | \$174             | \$155  |
| 69-70             | \$129      | \$184  | \$77        | \$189             | \$169  |
| 71-72             | \$139      | \$199  | \$84        | \$204             | \$183  |
| 73-74             | \$150      | \$214  | \$90        | \$219             | \$197  |
| 75-76             | \$160      | \$229  | \$96        | \$234             | \$211  |
| 77-78             | \$171      | \$244  | \$102       | \$249             | \$224  |
| 79-80             | \$180      | \$257  | \$108       | \$262             | \$236  |
| 81-84             | \$194      | \$277  | \$116       | \$282             | \$255  |
| 85+               | \$217      | \$310  | \$130       | \$315             | \$285  |
| Disabled under 65 | \$217      | \$310  | \$130       | \$315             | \$285  |

| Age range         | Smoking <sup>1</sup> |        |             |                   |        |
|-------------------|----------------------|--------|-------------|-------------------|--------|
|                   | Plan A               | Plan F | High Ded. F | Innovative Plan F | Plan G |
| 65-66             | \$125                | \$179  | \$75        | \$184             | \$165  |
| 67-68             | \$139                | \$198  | \$83        | \$203             | \$182  |
| 69-70             | \$151                | \$215  | \$90        | \$220             | \$198  |
| 71-72             | \$162                | \$232  | \$97        | \$237             | \$213  |
| 73-74             | \$175                | \$250  | \$105       | \$255             | \$230  |
| 75-76             | \$187                | \$267  | \$112       | \$272             | \$246  |
| 77-78             | \$200                | \$285  | \$120       | \$290             | \$262  |
| 79-80             | \$210                | \$300  | \$126       | \$305             | \$276  |
| 81-84             | \$227                | \$324  | \$136       | \$329             | \$298  |
| 85+               | \$253                | \$362  | \$152       | \$367             | \$333  |
| Disabled under 65 | \$253                | \$362  | \$152       | \$367             | \$333  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

**El Dorado, Fresno, Imperial, Placer, Sacramento, San Joaquin, Santa Cruz, Solano, Stanislaus, Tulare, Yolo Counties (Region 5)**

| Age range         | Nonsmoking |             |                   |        |
|-------------------|------------|-------------|-------------------|--------|
|                   | Plan D     | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$126      | \$57        | \$134             | \$112  |
| 67-68             | \$142      | \$64        | \$150             | \$127  |
| 69-70             | \$155      | \$70        | \$164             | \$139  |
| 71-72             | \$170      | \$77        | \$179             | \$152  |
| 73-74             | \$186      | \$84        | \$194             | \$166  |
| 75-76             | \$200      | \$90        | \$208             | \$179  |
| 77-78             | \$217      | \$98        | \$225             | \$194  |
| 79-80             | \$230      | \$104       | \$239             | \$206  |
| 81-82             | \$244      | \$111       | \$253             | \$218  |
| 83-84             | \$260      | \$117       | \$268             | \$232  |
| 85-86             | \$275      | \$124       | \$283             | \$245  |
| 87-88             | \$286      | \$130       | \$295             | \$256  |
| 89-90             | \$298      | \$135       | \$307             | \$266  |
| 91-92             | \$310      | \$140       | \$318             | \$277  |
| 93-94             | \$321      | \$145       | \$330             | \$287  |
| 95+               | \$339      | \$153       | \$348             | \$303  |
| Disabled under 65 | \$339      | \$153       | \$348             | \$303  |

| Age range         | Smoking <sup>1</sup> |             |                   |        |
|-------------------|----------------------|-------------|-------------------|--------|
|                   | Plan D               | High Ded. G | Innovative Plan G | Plan N |
| 65-66             | \$147                | \$67        | \$156             | \$132  |
| 67-68             | \$165                | \$75        | \$173             | \$147  |
| 69-70             | \$182                | \$82        | \$190             | \$163  |
| 71-72             | \$199                | \$90        | \$207             | \$178  |
| 73-74             | \$216                | \$98        | \$224             | \$193  |
| 75-76             | \$234                | \$106       | \$242             | \$209  |
| 77-78             | \$252                | \$114       | \$261             | \$226  |
| 79-80             | \$268                | \$121       | \$276             | \$239  |
| 81-82             | \$285                | \$129       | \$294             | \$255  |
| 83-84             | \$302                | \$137       | \$311             | \$270  |
| 85-86             | \$320                | \$145       | \$329             | \$286  |
| 87-88             | \$335                | \$151       | \$343             | \$299  |
| 89-90             | \$348                | \$157       | \$357             | \$311  |
| 91-92             | \$361                | \$163       | \$370             | \$323  |
| 93-94             | \$375                | \$169       | \$383             | \$335  |
| 95+               | \$396                | \$179       | \$405             | \$354  |
| Disabled under 65 | \$396                | \$179       | \$405             | \$354  |

<sup>1</sup>A tobacco premium rate applies if you have smoked or used any tobacco products in the past two (2) years.

# Plan **A** Medicare (Part A)

## Hospital services – per benefit period

| Services  | Medicare pays  | Plan pays                          | You pay               |
|---|--|------------------------------------|-----------------------|
| <b>Hospitalization*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies  |  |                                    |                       |
| First 60 days   | All but \$1,556  | \$0                                | \$1,556 (Part A ded.) |
| 61st through 90th day   | All but \$389 a day  | \$389 a day                        | \$0                   |
| 91st day and after:   |  |                                    |                       |
| • While using 60 lifetime reserve days  | All but \$778 a day  | \$778 a day                        | \$0                   |
| • Once lifetime reserve days are used:<br>– Additional 365 days   | \$0  | 100% of Medicare-eligible expenses | \$0**                 |
| – Beyond the additional 365 days  | \$0  | \$0                                | All costs             |
| <b>Skilled nursing facility care*</b><br>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 through 100th day  | All but \$194.50 a day   | \$0                                | Up to \$194.50 a day  |
| 101st day and after   | \$0  | \$0                                | All costs             |
| <b>Blood</b>  |  |                                    |                       |
| First 3 pints   | \$0  | 3 pints                            | \$0                   |
| Additional amounts  | 100%   | \$0                                | \$0                   |
| <b>Hospice care</b><br>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                   |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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

| Services  | Medicare pays | Plan pays     | You pay             |
|---|---------------|---------------|---------------------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$0           | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts  | Generally 80% | Generally 20% | \$0                 |
| <b>Part B excess charges</b> (above Medicare-approved amounts)  | \$0           | \$0           | All costs           |
| <b>Blood</b><br>First 3 pints   | \$0           | All costs     | \$0                 |
| Next \$233 of Medicare-approved amounts*  | \$0           | \$0           | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts  | 80%           | 20%           | \$0                 |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services  | 100%          | \$0           | \$0                 |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays | You pay             |
|--|---------------|-----------|---------------------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0       | \$0                 |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0       | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts   | 80%           | 20%       | \$0                 |

\*Once you have been billed \$233 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.

# Plan **D** Medicare (Part A)

## Hospital services – per benefit period

| Services   | Medicare pays  | Plan pays                          | You pay   |
|--|--|------------------------------------|-----------|
| <b>Hospitalization*</b>  |  |                                    |           |
| Semiprivate room and board, general nursing and miscellaneous services and supplies  |  |                                    |           |
| First 60 days  | All but \$1,556  | \$1,556 (Part A ded.)              | \$0       |
| 61st through 90th day  | All but \$389 a day  | \$389 a day                        | \$0       |
| 91st day and after:  |  |                                    |           |
| • While using 60 lifetime reserve days   | All but \$778 a day  | \$778 a day                        | \$0       |
| • Once lifetime reserve days are used:   |  |                                    |           |
| – Additional 365 days  | \$0  | 100% of Medicare-eligible expenses | \$0**     |
| – Beyond the additional 365 days   | \$0  | \$0                                | All costs |
| <b>Skilled nursing facility care*</b>  |  |                                    |           |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |                                    |           |
| First 20 days  | All approved amounts   | \$0                                | \$0       |
| 21st through 100th day   | All but \$194.50 a day   | Up to \$194.50 a day               | \$0       |
| 101st day and after  | \$0  | \$0                                | All costs |
| <b>Blood</b>   |  |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0       |
| <b>Hospice care</b>  |  |                                    |           |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness.   | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | \$0       |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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 **D** Medicare (Part B)

## Medical services – per calendar year

| Services  | Medicare pays | Plan pays     | You pay                |
|---|---------------|---------------|------------------------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor’s services,</b><br>inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$0           | \$233<br>(Part B ded.) |
| Remainder of Medicare-approved amounts  | Generally 80% | Generally 20% | \$0                    |
| <b>Part B excess charges</b> (above Medicare-approved amounts)  | \$0           | \$0           | All costs              |
| <b>Blood</b><br>First 3 pints   | \$0           | All costs     | \$0                    |
| Next \$233 of Medicare-approved amounts*  | \$0           | \$0           | \$233<br>(Part B ded.) |
| Remainder of Medicare-approved amounts  | 80%           | 20%           | \$0                    |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services  | 100%          | \$0           | \$0                    |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays | You pay                |
|--|---------------|-----------|------------------------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0       | \$0                    |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0       | \$233<br>(Part B ded.) |
| Reminder of Medicare-approved amounts  | 80%           | 20%       | \$0                    |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | Plan pays                                     | You pay  |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.<br>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 |

\*Once you have been billed \$233 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.

# Plan **F** Medicare (Part A)

## Hospital services – per benefit period

| Services  | Medicare pays  | Plan pays                          | You pay   |
|---|--|------------------------------------|-----------|
| <b>Hospitalization*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies  |  |                                    |           |
| First 60 days   | All but \$1,556  | \$1,556 (Part A ded.)              | \$0       |
| 61st through 90th day   | All but \$389 a day  | \$389 a day                        | \$0       |
| 91st day and after:   |  |                                    |           |
| • While using 60 lifetime reserve days  | All but \$778 a day  | \$778 a day                        | \$0       |
| • Once lifetime reserve days are used:  |  |                                    |           |
| – Additional 365 days   | \$0  | 100% of Medicare-eligible expenses | \$0**     |
| – Beyond the additional 365 days  | \$0  | \$0                                | All costs |
| <b>Skilled nursing facility care*</b><br>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 through 100th day  | All but \$194.50 a day   | Up to \$194.50 a day               | \$0       |
| 101st day and after   | \$0  | \$0                                | All costs |
| <b>Blood</b>  |  |                                    |           |
| First 3 pints   | \$0  | 3 pints                            | \$0       |
| Additional amounts  | 100%   | \$0                                | \$0       |
| <b>Hospice care</b><br>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       |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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

| Services  | Medicare pays | Plan pays           | You pay |
|---|---------------|---------------------|---------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor’s services</b> , inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$233 (Part B ded.) | \$0     |
| Remainder of Medicare-approved amounts  | Generally 80% | Generally 20%       | \$0     |
| <b>Part B excess charges</b> (above Medicare-approved amounts)  | \$0           | 100%                | \$0     |
| <b>Blood</b><br>First 3 pints   | \$0           | All costs           | \$0     |
| Next \$233 of Medicare-approved amounts*  | \$0           | \$233 (Part B ded.) | \$0     |
| Remainder of Medicare-approved amounts  | 80%           | 20%                 | \$0     |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services  | 100%          | \$0                 | \$0     |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays           | You pay |
|--|---------------|---------------------|---------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0                 | \$0     |
| First \$233 of Medicare-approved amounts*  | \$0           | \$233 (Part B ded.) | \$0     |
| Remainder of Medicare-approved amounts   | 80%           | 20%                 | \$0     |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | Plan pays                                     | You pay  |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.<br>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 |

\*Once you have been billed \$233 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.

# High Deductible Plan **F** Medicare (Part A)

## Hospital services – per benefit period

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,490. 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 \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|------------------------|---------------------------------------|--------------------------------------|
| <b>Hospitalization*</b>  |                        |                                       |                                      |
| Semiprivate room and board, general nursing and miscellaneous services and supplies  |                        |                                       |                                      |
| First 60 days  | All but \$1,556        | \$1,556 (Part A ded.)                 | \$0                                  |
| 61st through 90th day  | All but \$389 a day    | \$389 a day                           | \$0                                  |
| 91st day and after:  |                        |                                       |                                      |
| • While using 60 lifetime reserve days   | All but \$778 a day    | \$778 a day                           | \$0                                  |
| • Once lifetime reserve days are used:   |                        |                                       |                                      |
| – Additional 365 days  | \$0                    | 100% of Medicare-eligible expenses    | \$0**                                |
| – Beyond the additional 365 days   | \$0                    | \$0                                   | All costs                            |
| <b>Skilled nursing facility care*</b>  |                        |                                       |                                      |
| You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |                        |                                       |                                      |
| First 20 days  | All approved amounts   | \$0                                   | \$0                                  |
| 21st through 100th day   | All but \$194.50 a day | Up to \$194.50 a day                  | \$0                                  |
| 101st day and after  | \$0                    | \$0                                   | All costs                            |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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.

| Services  | Medicare pays  | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|---|--|---------------------------------------|--------------------------------------|
| <b>Blood</b><br>First 3 pints   | \$0  | 3 pints                               | \$0                                  |
| Additional amounts  | 100%   | \$0                                   | \$0                                  |
| <b>Hospice care</b><br>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                                  |

\*A benefit period begins on the first day you receive service(s) 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.

# High Deductible Plan **F** Medicare (Part B)

## Medical services – per calendar year

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,490. 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 \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|---------------|---------------------------------------|--------------------------------------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services,</b> inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$233 (Part B ded.)                   | \$0                                  |
| Remainder of Medicare-approved amounts   | Generally 80% | Generally 20%                         | \$0                                  |
| <b>Part B excess charges</b> (above Medicare-approved amounts)   | \$0           | 100%                                  | \$0                                  |
| <b>Blood</b><br>First 3 pints  | \$0           | All costs                             | \$0                                  |
| Next \$233 of Medicare-approved amounts*   | \$0           | \$233 (Part B ded.)                   | \$0                                  |
| Remainder of Medicare-approved amounts   | 80%           | 20%                                   | \$0                                  |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|---------------|---------------------------------------|--------------------------------------|
| <b>Clinical laboratory services</b><br>Tests for diagnostic services   | 100%          | \$0                                   | \$0                                  |
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0                                   | \$0                                  |
| First \$233 of Medicare-approved amounts*  | \$0           | \$233 (Part B ded.)                   | \$0                                  |
| Remainder of Medicare-approved amounts   | 80%           | 20%                                   | \$0                                  |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | After you pay \$2,490 ded., plan pays         | In addition to \$2,490 ded., you pay               |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. |               |   |  |
| 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 |

\*Once you have been billed \$233 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.

# Innovative Plan **F** Medicare (Part A)

## Hospital services – per benefit period

| Services   | Medicare pays  | Plan pays                          | You pay   |
|--|--|------------------------------------|-----------|
| <b>Hospitalization*</b>  |  |                                    |           |
| Semiprivate room and board, general nursing and miscellaneous services and supplies  |  |                                    |           |
| First 60 days  | All but \$1,556  | \$1,556 (Part A ded.)              | \$0       |
| 61st through 90th day  | All but \$389 a day  | \$389 a day                        | \$0       |
| 91st day and after:  |  |                                    |           |
| • While using 60 lifetime reserve days   | All but \$778 a day  | \$778 a day                        | \$0       |
| • Once lifetime reserve days are used:   |  |                                    |           |
| – Additional 365 days  | \$0  | 100% of Medicare-eligible expenses | \$0**     |
| – Beyond the additional 365 days   | \$0  | \$0                                | All costs |
| <b>Skilled nursing facility care*</b>  |  |                                    |           |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |                                    |           |
| First 20 days  | All approved amounts   | \$0                                | \$0       |
| 21st through 100th day   | All but \$194.50 a day   | Up to \$194.50 a day               | \$0       |
| 101st day and after  | \$0  | \$0                                | All costs |
| <b>Blood</b>   |  |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0       |
| <b>Hospice care</b>  |  |                                    |           |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness.   | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | \$0       |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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.

# Innovative Plan **F** Medicare (Part B)

## Medical services – per calendar year

| Services   | Medicare pays | Plan pays           | You pay |
|--|---------------|---------------------|---------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor’s services,</b> inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$233 (Part B ded.) | \$0     |
| Remainder of Medicare-approved amounts   | Generally 80% | Generally 20%       | \$0     |
| <b>Part B excess charges</b> (above Medicare-approved amounts)   | \$0           | 100%                | \$0     |
| <b>Blood</b><br>First 3 pints  | \$0           | All costs           | \$0     |
| Next \$233 of Medicare-approved amounts*   | \$0           | \$233 (Part B ded.) | \$0     |
| Remainder of Medicare-approved amounts   | 80%           | 20%                 | \$0     |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services   | 100%          | \$0                 | \$0     |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays           | You pay |
|--|---------------|---------------------|---------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0                 | \$0     |
| First \$233 of Medicare-approved amounts*  | \$0           | \$233 (Part B ded.) | \$0     |
| Remainder of Medicare-approved amounts   | 80%           | 20%                 | \$0     |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | Plan pays                                     | You pay  |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. |               |   |  |
| 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 |

\*Once you have been billed \$233 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.

# Innovative Plan **F**

## Innovative benefits – Not covered by Medicare or standardized Medicare Supplement plans

| Services  | Medicare pays | Plan pays  | You pay  |
|---|---------------|--|--|
| <b>Routine eye exam</b><br>(with dilation as needed)<br>once every 12 months  | \$0           | In-network: 100% after the copayment<br>Out-of-network: Up to \$45 allowance | In-network: \$10 copay<br>Out-of-network: Any amounts remaining after the plan pays  |
| <b>Frame and lens package</b><br>(Any frame and lens available at provider location) – once every 24 months   | \$0           | Up to \$250 allowance for frame and lens package                             | 80% of the remaining balance   |
| <ul style="list-style-type: none"> <li>• Contact lenses – Includes materials only, once every 24 months                             <ul style="list-style-type: none"> <li>– Conventional</li> </ul> </li> </ul>  | \$0           | Up to \$250 allowance  | 85% of the remaining balance   |
| <ul style="list-style-type: none"> <li>– Disposable</li> </ul>  | \$0           | Up to \$250 allowance  | 100% of the remaining balance  |
| <ul style="list-style-type: none"> <li>– Medically Necessary</li> </ul>   | \$0           | Medically: \$0 copay, paid in full   | Up to \$250  |
| <b>Routine hearing benefit</b><br>Hearing exam – Coverage for up to (1) routine hearing exam every 12 months  | \$0           | \$0  | \$0  |
| Hearing aids <ul style="list-style-type: none"> <li>• Two hearing aids (one pair) every calendar year when determined to be medically necessary based on a hearing exam.</li> <li>• A variety of sizes and styles offered from several major manufacturers.</li> <li>• Four levels of technology to choose from. All instruments are fully digital.</li> <li>• Hearing aid fitting</li> </ul> | \$0           | \$0  | Health Net member copay (per instrument)<br><br>Level 1 – \$0<br>Level 2 – \$700<br>Level 3 – \$1,125<br>Level 4 – \$1,580 |

# Plan **G** Medicare (Part A)

## Hospital services – per benefit period

| Services   | Medicare pays  | Plan pays                          | You pay   |
|--|--|------------------------------------|-----------|
| <b>Hospitalization*</b>  |  |                                    |           |
| Semiprivate room and board, general nursing and miscellaneous services and supplies  |  |                                    |           |
| First 60 days  | All but \$1,556  | \$1,556 (Part A ded.)              | \$0       |
| 61st through 90th day  | All but \$389 a day  | \$389 a day                        | \$0       |
| 91st day and after:  |  |                                    |           |
| • While using 60 lifetime reserve days   | All but \$778 a day  | \$778 a day                        | \$0       |
| • Once lifetime reserve days are used:   |  |                                    |           |
| – Additional 365 days  | \$0  | 100% of Medicare-eligible expenses | \$0**     |
| – Beyond the additional 365 days   | \$0  | \$0                                | All costs |
| <b>Skilled nursing facility care*</b>  |  |                                    |           |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |                                    |           |
| First 20 days  | All approved amounts   | \$0                                | \$0       |
| 21st through 100th day   | All but \$194.50 a day   | Up to \$194.50 a day               | \$0       |
| 101st day and after  | \$0  | \$0                                | All costs |
| <b>Blood</b>   |  |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0       |
| <b>Hospice care</b>  |  |                                    |           |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness.   |  |                                    |           |
|  | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | \$0       |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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

| Services  | Medicare pays | Plan pays     | You pay             |
|---|---------------|---------------|---------------------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$0           | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts  | Generally 80% | Generally 20% | \$0                 |
| <b>Part B excess charges</b> (above Medicare-approved amounts)  | \$0           | 100%          | \$0                 |
| <b>Blood</b><br>First 3 pints   | \$0           | All costs     | \$0                 |
| Next \$233 of Medicare-approved amounts*  | \$0           | \$0           | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts  | 80%           | 20%           | \$0                 |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services  | 100%          | \$0           | \$0                 |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays | You pay             |
|--|---------------|-----------|---------------------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0       | \$0                 |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0       | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts   | 80%           | 20%       | \$0                 |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | Plan pays                                     | You pay  |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. |               |   |  |
| 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 |

\*Once you have been billed \$233 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.

# High Deductible Plan Medicare (Part A)

## Hospital services – per benefit period

This high deductible plan pays the same benefits as Plan G after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan G will not begin until out-of-pocket expenses exceed \$2,490. 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 \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|------------------------|---------------------------------------|--------------------------------------|
| <b>Hospitalization*</b>  |                        |                                       |                                      |
| Semiprivate room and board, general nursing and miscellaneous services and supplies  |                        |                                       |                                      |
| First 60 days  | All but \$1,556        | \$1,556 (Part A ded.)                 | \$0                                  |
| 61st through 90th day  | All but \$389 a day    | \$389 a day                           | \$0                                  |
| 91st day and after:  |                        |                                       |                                      |
| • While using 60 lifetime reserve days   | All but \$778 a day    | \$778 a day                           | \$0                                  |
| • Once lifetime reserve days are used:   |                        |                                       |                                      |
| – Additional 365 days  | \$0                    | 100% of Medicare-eligible expenses    | \$0**                                |
| – Beyond the additional 365 days   | \$0                    | \$0                                   | All costs                            |
| <b>Skilled nursing facility care*</b>  |                        |                                       |                                      |
| You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |                        |                                       |                                      |
| First 20 days  | All approved amounts   | \$0                                   | \$0                                  |
| 21st through 100th day   | All but \$194.50 a day | Up to \$194.50 a day                  | \$0                                  |
| 101st day and after  | \$0                    | \$0                                   | All costs                            |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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.

| Services  | Medicare pays  | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|---|--|---------------------------------------|--------------------------------------|
| <b>Blood</b><br>First 3 pints   | \$0  | 3 pints                               | \$0                                  |
| Additional amounts  | 100%   | \$0                                   | \$0                                  |
| <b>Hospice care</b><br>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                                  |

# High Deductible Plan **G** Medicare (Part B)

## Medical services – per calendar year

This high deductible plan pays the same benefits as Plan G after one has paid a \$2,490 calendar year deductible. Benefits from High Deductible Plan G will not begin until out-of-pocket expenses exceed \$2,490. 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 \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|---------------|---------------------------------------|--------------------------------------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment, such as doctor's services</b> , inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment |               |                                       |                                      |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0                                   | \$233 (Part B ded.)                  |
| Remainder of Medicare-approved amounts   | Generally 80% | Generally 20%                         | \$0                                  |
| <b>Part B excess charges</b> (above Medicare-approved amounts)   | \$0           | 100%                                  | \$0                                  |
| <b>Blood</b>   |               |                                       |                                      |
| First 3 pints  | \$0           | All costs                             | \$0                                  |
| Next \$233 of Medicare-approved amounts*   | \$0           | \$0                                   | \$233 (Part B ded.)                  |
| Remainder of Medicare-approved amounts   | 80%           | 20%                                   | \$0                                  |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | After you pay \$2,490 ded., plan pays | In addition to \$2,490 ded., you pay |
|--|---------------|---------------------------------------|--------------------------------------|
| <b>Clinical laboratory services</b><br>Tests for diagnostic services   | 100%          | \$0                                   | \$0                                  |
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0                                   | \$0                                  |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0                                   | \$233 (Part B ded.)                  |
| Remainder of Medicare-approved amounts   | 80%           | 20%                                   | \$0                                  |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | After you pay \$2,490 ded., plan pays         | In addition to \$2,490 ded., you pay               |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. |               |   |  |
| 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 |

\*Once you have been billed \$233 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.

# Innovative Plan Medicare (Part A)

## Hospital services – per benefit period

| Services   | Medicare pays  | Plan pays                          | You pay   |
|--|--|------------------------------------|-----------|
| <b>Hospitalization*</b>  |  |                                    |           |
| Semiprivate room and board, general nursing and miscellaneous services and supplies  |  |                                    |           |
| First 60 days  | All but \$1,556  | \$1,556 (Part A ded.)              | \$0       |
| 61st through 90th day  | All but \$389 a day  | \$389 a day                        | \$0       |
| 91st day and after:  |  |                                    |           |
| • While using 60 lifetime reserve days   | All but \$778 a day  | \$778 a day                        | \$0       |
| • Once lifetime reserve days are used:   |  |                                    |           |
| – Additional 365 days  | \$0  | 100% of Medicare-eligible expenses | \$0**     |
| – Beyond the additional 365 days   | \$0  | \$0                                | All costs |
| <b>Skilled nursing facility care*</b>  |  |                                    |           |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. |  |                                    |           |
| First 20 days  | All approved amounts   | \$0                                | \$0       |
| 21st through 100th day   | All but \$194.50 a day   | Up to \$194.50 a day               | \$0       |
| 101st day and after  | \$0  | \$0                                | All costs |
| <b>Blood</b>   |  |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0       |
| <b>Hospice care</b>  |  |                                    |           |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness.   |  |                                    |           |
|  | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance     | \$0       |

\*A benefit period begins on the first day you receive service(s) 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.

\*\***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.

# Innovative Plan Medicare (Part B)

## Medical services – per calendar year

| Services  | Medicare pays | Plan pays     | You pay             |
|---|---------------|---------------|---------------------|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$0           | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts  | Generally 80% | Generally 20% | \$0                 |
| <b>Part B excess charges</b> (above Medicare-approved amounts)  | \$0           | 100%          | \$0                 |
| <b>Blood</b><br>First 3 pints   | \$0           | All costs     | \$0                 |
| Next \$233 of Medicare-approved amounts*  | \$0           | \$0           | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts  | 80%           | 20%           | \$0                 |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services  | 100%          | \$0           | \$0                 |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays | You pay             |
|--|---------------|-----------|---------------------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0       | \$0                 |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0       | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts   | 80%           | 20%       | \$0                 |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | Plan pays                                     | You pay  |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. |               |   |  |
| 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 |

\*Once you have been billed \$233 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.

# Innovative Plan

## Innovative benefits – Not covered by Medicare or standardized Medicare Supplement plans

| Services   | Medicare pays | Plan pays  | You pay  |
|--|---------------|--|--|
| <b>Routine eye exam</b><br>(with dilation as needed)<br>once every 12 months   | \$0           | In-network: 100%<br>after the copayment<br>Out-of-network:<br>Up to \$45 allowance | In-network:<br>\$10 copay<br>Out-of-network:<br>Any amounts<br>remaining after<br>the plan pays                            |
| <b>Frame and lens package</b><br>(Any frame and lens available at provider location) – once every 24 months  | \$0           | Up to \$250 allowance for frame and lens package                                   | 80% of the remaining balance   |
| <ul style="list-style-type: none"> <li>• Contact lenses – Includes materials only, once every 24 months               <ul style="list-style-type: none"> <li>– Conventional</li> </ul> </li> </ul>   | \$0           | Up to \$250 allowance  | 85% of the remaining balance   |
| <ul style="list-style-type: none"> <li>– Disposable</li> </ul>   | \$0           | Up to \$250 allowance  | 100% of the remaining balance  |
| <ul style="list-style-type: none"> <li>– Medically Necessary</li> </ul>  | \$0           | Medically: \$0 copay, paid in full   | Up to \$250  |
| <b>Routine hearing benefit</b><br>Hearing exam – Coverage for up to (1) routine hearing exam every 12 months   | \$0           | \$0  | \$0  |
| Hearing aids <ul style="list-style-type: none"> <li>• Two hearing aids (one pair) every calendar year when determined to be medically necessary based on a hearing exam</li> <li>• A variety of sizes and styles offered from several major manufacturers.</li> <li>• Four levels of technology to choose from. All instruments are fully digital.</li> <li>• Hearing aid fitting</li> </ul> | \$0           | \$0  | Health Net member copay (per instrument)<br><br>Level 1 – \$0<br>Level 2 – \$700<br>Level 3 – \$1,125<br>Level 4 – \$1,580 |
| <b>Routine Chiropractic and Acupuncture benefit</b><br>Routine chiropractic and acupuncture office visits are covered at 100%. Coverage up to 20 visits per calendar year, combined for chiropractic and acupuncture visits.   | \$0           | \$0  | \$0  |

# Plan N Medicare (Part A)

## Hospital services – per benefit period

| Services   | Medicare pays  | Plan pays                          | You pay          |
|--|--|------------------------------------|------------------|
| <b>Hospitalization<sup>1</sup></b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days   | All but \$1,556  | \$1,556<br>(Part A ded.)           | \$0              |
| 61st through 90th day  | All but \$389 a day  | \$389 a day                        | \$0              |
| 91st day and after:  |  |                                    |                  |
| • While using 60 lifetime reserve days   | All but \$778 a day  | \$778 a day                        | \$0              |
| • Once lifetime reserve days are used:   | \$0  | 100% of Medicare-eligible expenses | \$0 <sup>2</sup> |
| – Additional 365 days  | \$0  | \$0                                | All costs        |
| – Beyond the additional 365 days   | \$0  | \$0                                | All costs        |
| <b>Skilled nursing facility care<sup>1</sup></b><br>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 through 100th day   | All but \$194.50 a day   | Up to \$194.50 a day               | \$0              |
| 101st day and after  | \$0  | \$0                                | All costs        |
| <b>Blood</b><br>First 3 pints  | \$0  | 3 pints                            | \$0              |
| Additional amounts   | 100%   | \$0                                | \$0              |
| <b>Hospice care</b><br>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              |

<sup>1</sup>A benefit period begins on the first day you receive service(s) 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.

<sup>2</sup>**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

| Services  | Medicare pays | Plan pays  | You pay   |
|---|---------------|--|---|
| <b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First \$233 of Medicare-approved amounts* | \$0           | \$0  | \$233 (Part B ded.)   |
| Remainder of Medicare-approved amounts  | Generally 80% | 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. | 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. |
| <b>Part B Excess Charges</b> (above Medicare-approved amounts)  | \$0           | \$0  | All costs   |
| <b>Blood</b><br>First 3 pints   | \$0           | All costs  | \$0   |
| Next \$233 of Medicare-approved amounts*  | \$0           | \$0  | \$233 (Part B ded.)   |
| Remainder of Medicare-approved amounts  | 80%           | 20%  | \$0   |
| <b>Clinical laboratory services</b><br>Tests for diagnostic services  | 100%          | \$0  | \$0   |

\*Once you have been billed \$233 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.

# (Parts A and B)

| Services   | Medicare pays | Plan pays | You pay             |
|--|---------------|-----------|---------------------|
| <b>Home health care – Medicare-approved services</b><br>Medically necessary skilled care services and medical supplies such as durable medical equipment | 100%          | \$0       | \$0                 |
| First \$233 of Medicare-approved amounts*  | \$0           | \$0       | \$233 (Part B ded.) |
| Remainder of Medicare-approved amounts   | 80%           | 20%       | \$0                 |

## OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services  | Medicare pays | Plan pays                                     | You pay  |
|---|---------------|---|--|
| <b>Foreign travel – not covered by Medicare</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S. |               |   |  |
| 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 |

\*Once you have been billed \$233 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.