



This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Blue Cross and Blue Shield of Illinois does not offer those plans shaded in gray below.

BASIC BENEFITS:

- Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services. Plans K³, L³ and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood – First 3 pints of blood each year.
- Hospice – Part A coinsurance.

| | | | | | | | |
|---|--|--|-----------------------|-------------------|----------------------|--------------------------|--|
| A | Basic Benefits, including 100% Part B Coinsurance | | | | | | |
| B | Basic Benefits, including 100% Part B Coinsurance | | Part A Deductible | | | | |
| D | Basic Benefits, including 100% Part B Coinsurance | Skilled Nursing Facility Coinsurance | Part A Deductible | | | Foreign Travel Emergency | |
| G G¹ | Basic Benefits, including 100% Part B Coinsurance | Skilled Nursing Facility Coinsurance | Part A Deductible | | Part B Excess (100%) | Foreign Travel Emergency | |
| K³ | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | 50% Skilled Nursing Facility Coinsurance | 50% Part A Deductible | | | | Out-of-pocket limit ⁴ \$5,880; paid at 100% after limit reached |
| L³ | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | 75% Skilled Nursing Facility Coinsurance | 75% Part A Deductible | | | | Out-of-pocket limit ⁴ \$2,940; paid at 100% after limit reached |
| M | Basic Benefits, including 100% Part B Coinsurance | Skilled Nursing Facility Coinsurance | 50% Part A Deductible | | | Foreign Travel Emergency | |
| N | Basic Benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER | Skilled Nursing Facility Coinsurance | Part A Deductible | | | Foreign Travel Emergency | |
| Only available if Medicare-eligible before 2020 | | | | | | | |
| C | Basic Benefits, including 100% Part B Coinsurance | Skilled Nursing Facility Coinsurance | Part A Deductible | Part B Deductible | | Foreign Travel Emergency | |
| F F¹ | Basic Benefits, including 100% Part B Coinsurance ¹ | Skilled Nursing Facility Coinsurance | Part A Deductible | Part B Deductible | Part B Excess (100%) | Foreign Travel Emergency | |

- ¹ These high deductible plans pay the same benefits as Plans F and G after one has paid a calendar-year \$2,340 deductible. Benefits from High Deductible Plans F and G will not begin until out-of-pocket expenses are \$2,340. 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.
- ² Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,408 deductible is covered at any hospital from which you receive care. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at time of hospitalization or you will be required to pay for all expenses. If an insured moves out of the service area, there will be a reduction of benefit coverage and they will have the opportunity to purchase any Medicare Supplement policy with comparable or lesser benefits offered by the insurer, or Medicare Supplement/Select plans A, B, C, F, K, or L from any insurer within 63 days of termination.
- ³ Plans K and L provide for different cost-sharing for items and services than the other plans we offer. Amounts that count towards the annual limit are noted with an asterisk (*). Once you reach the annual limit, the plan pays 100% of the Medicare copayments and coinsurance for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts, called "excess charges." You will be responsible for paying excess charges.
- ⁴ The out-of-pocket annual limit will increase each year for inflation.

Monthly Premium Rates effective April 1, 2020

Rates shown are for Illinois residents living in Cook, DuPage, Kane, Lake, McHenry or Will Counties only.

If you're an Illinois resident living outside of Cook, DuPage, Kane, Lake, McHenry or Will County, please call the toll-free number that appears on the application and throughout the information packet.

Age 65

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$107.18 | \$97.44 | N/A | N/A | \$122.16 | \$111.05 | N/A | N/A |
| B | \$140.95 | \$128.14 | \$125.45 | \$114.04 | \$160.64 | \$146.04 | \$142.97 | \$129.97 |
| C | \$172.37 | \$156.70 | \$153.41 | \$139.46 | \$196.45 | \$178.59 | \$174.84 | \$158.95 |
| F | \$172.89 | \$157.17 | \$153.87 | \$139.88 | \$197.04 | \$179.13 | \$175.37 | \$159.43 |
| High F¹ | \$48.37 | \$43.97 | N/A | N/A | \$55.13 | \$50.12 | N/A | N/A |
| G | \$132.19 | \$120.18 | \$117.65 | \$106.96 | \$152.93 | \$139.03 | \$136.11 | \$123.74 |
| High G¹ | \$48.37 | \$43.97 | N/A | N/A | \$55.13 | \$50.12 | N/A | N/A |
| K³ | \$84.59 | \$76.90 | \$79.94 | \$72.67 | \$96.41 | \$87.65 | \$91.11 | \$82.83 |
| L³ | \$118.84 | \$108.04 | \$109.04 | \$99.12 | \$135.44 | \$123.13 | \$124.27 | \$112.97 |
| N | \$119.26 | \$108.42 | \$106.14 | \$96.49 | \$137.97 | \$125.43 | \$122.79 | \$111.63 |

Age 66

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$113.82 | \$103.47 | N/A | N/A | \$129.72 | \$117.92 | N/A | N/A |
| B | \$149.67 | \$136.06 | \$133.21 | \$121.10 | \$170.58 | \$155.07 | \$151.82 | \$138.02 |
| C | \$183.04 | \$166.40 | \$162.90 | \$148.09 | \$208.61 | \$189.64 | \$185.66 | \$168.78 |
| F | \$183.59 | \$166.90 | \$163.39 | \$148.54 | \$209.23 | \$190.21 | \$186.22 | \$169.29 |
| High F¹ | \$51.36 | \$46.69 | N/A | N/A | \$58.54 | \$53.22 | N/A | N/A |
| G | \$141.38 | \$128.53 | \$125.83 | \$114.39 | \$163.40 | \$148.55 | \$145.43 | \$132.21 |
| High G¹ | \$51.36 | \$46.69 | N/A | N/A | \$58.54 | \$53.22 | N/A | N/A |
| K³ | \$89.83 | \$81.66 | \$84.89 | \$77.17 | \$102.38 | \$93.07 | \$96.75 | \$87.95 |
| L³ | \$126.19 | \$114.72 | \$115.78 | \$105.26 | \$143.82 | \$130.75 | \$131.96 | \$119.96 |
| N | \$127.54 | \$115.95 | \$113.51 | \$103.20 | \$147.41 | \$134.01 | \$131.20 | \$119.27 |

Age 67

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$120.33 | \$109.39 | N/A | N/A | \$137.14 | \$124.67 | N/A | N/A |
| B | \$158.24 | \$143.85 | \$140.83 | \$128.03 | \$180.34 | \$163.95 | \$160.50 | \$145.91 |
| C | \$193.51 | \$175.92 | \$172.22 | \$156.57 | \$220.54 | \$200.49 | \$196.28 | \$178.44 |
| F | \$194.09 | \$176.45 | \$172.74 | \$157.04 | \$221.21 | \$201.10 | \$196.87 | \$178.98 |
| High F¹ | \$54.30 | \$49.37 | N/A | N/A | \$61.89 | \$56.26 | N/A | N/A |
| G | \$150.40 | \$136.73 | \$133.85 | \$121.69 | \$173.68 | \$157.89 | \$154.58 | \$140.52 |
| High G¹ | \$54.30 | \$49.37 | N/A | N/A | \$61.89 | \$56.26 | N/A | N/A |
| K³ | \$94.97 | \$86.33 | \$89.74 | \$81.59 | \$108.23 | \$98.39 | \$102.28 | \$92.98 |
| L³ | \$133.41 | \$121.28 | \$122.41 | \$111.28 | \$152.05 | \$138.23 | \$139.51 | \$126.82 |
| N | \$135.68 | \$123.35 | \$120.76 | \$109.78 | \$156.69 | \$142.44 | \$139.45 | \$126.77 |

Age 68

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$126.72 | \$115.20 | N/A | N/A | \$144.43 | \$131.30 | N/A | N/A |
| B | \$166.64 | \$151.49 | \$148.31 | \$134.83 | \$189.92 | \$172.66 | \$169.03 | \$153.67 |
| C | \$203.79 | \$185.26 | \$181.37 | \$164.89 | \$232.26 | \$211.15 | \$206.71 | \$187.92 |
| F | \$204.40 | \$185.82 | \$181.92 | \$165.38 | \$232.96 | \$211.78 | \$207.33 | \$188.49 |
| High F¹ | \$57.19 | \$51.99 | N/A | N/A | \$65.18 | \$59.25 | N/A | N/A |
| G | \$159.25 | \$144.78 | \$141.74 | \$128.85 | \$183.77 | \$167.07 | \$163.56 | \$148.69 |
| High G¹ | \$57.19 | \$51.99 | N/A | N/A | \$65.18 | \$59.25 | N/A | N/A |
| K³ | \$100.01 | \$90.92 | \$94.51 | \$85.92 | \$113.99 | \$103.62 | \$107.72 | \$97.92 |
| L³ | \$140.50 | \$127.73 | \$128.91 | \$117.19 | \$160.13 | \$145.57 | \$146.92 | \$133.56 |
| N | \$143.67 | \$130.61 | \$127.87 | \$116.24 | \$165.79 | \$150.72 | \$147.55 | \$134.14 |

Age 69

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$133.00 | \$120.91 | N/A | N/A | \$151.58 | \$137.80 | N/A | N/A |
| B | \$174.90 | \$159.00 | \$155.66 | \$141.51 | \$199.33 | \$181.21 | \$177.40 | \$161.28 |
| C | \$213.88 | \$194.44 | \$190.36 | \$173.05 | \$243.76 | \$221.60 | \$216.95 | \$197.23 |
| F | \$214.53 | \$195.02 | \$190.93 | \$173.57 | \$244.50 | \$222.27 | \$217.60 | \$197.82 |
| High F¹ | \$60.02 | \$54.56 | N/A | N/A | \$68.41 | \$62.19 | N/A | N/A |
| G | \$167.95 | \$152.68 | \$149.47 | \$135.88 | \$193.68 | \$176.07 | \$172.37 | \$156.70 |
| High G¹ | \$60.02 | \$54.56 | N/A | N/A | \$68.41 | \$62.19 | N/A | N/A |
| K³ | \$104.97 | \$95.42 | \$99.19 | \$90.18 | \$119.63 | \$108.75 | \$113.05 | \$102.77 |
| L³ | \$147.46 | \$134.05 | \$135.29 | \$122.99 | \$168.06 | \$152.78 | \$154.20 | \$140.18 |
| N | \$151.51 | \$137.74 | \$134.85 | \$122.59 | \$174.73 | \$158.84 | \$155.51 | \$141.37 |

Age 70

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$139.15 | \$126.50 | N/A | N/A | \$158.59 | \$144.18 | N/A | N/A |
| B | \$182.99 | \$166.36 | \$162.86 | \$148.06 | \$208.56 | \$189.60 | \$185.62 | \$168.74 |
| C | \$223.78 | \$203.44 | \$199.17 | \$181.06 | \$255.05 | \$231.86 | \$226.99 | \$206.36 |
| F | \$224.46 | \$204.05 | \$199.77 | \$181.61 | \$255.82 | \$232.56 | \$227.68 | \$206.98 |
| High F¹ | \$62.80 | \$57.09 | N/A | N/A | \$71.57 | \$65.07 | N/A | N/A |
| G | \$176.47 | \$160.43 | \$157.06 | \$142.78 | \$203.40 | \$184.91 | \$181.02 | \$164.57 |
| High G¹ | \$62.80 | \$57.09 | N/A | N/A | \$71.57 | \$65.07 | N/A | N/A |
| K³ | \$109.83 | \$99.84 | \$103.79 | \$94.35 | \$125.17 | \$113.79 | \$118.28 | \$107.53 |
| L³ | \$154.29 | \$140.26 | \$141.56 | \$128.69 | \$175.84 | \$159.85 | \$161.33 | \$146.67 |
| N | \$159.21 | \$144.73 | \$141.69 | \$128.81 | \$183.50 | \$166.82 | \$163.31 | \$148.47 |

Age 71

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$145.19 | \$131.99 | N/A | N/A | \$165.48 | \$150.43 | N/A | N/A |
| B | \$190.93 | \$173.58 | \$169.93 | \$154.48 | \$217.61 | \$197.83 | \$193.67 | \$176.06 |
| C | \$233.50 | \$212.27 | \$207.81 | \$188.92 | \$266.12 | \$241.92 | \$236.84 | \$215.31 |
| F | \$234.20 | \$212.91 | \$208.44 | \$189.49 | \$266.92 | \$242.65 | \$237.56 | \$215.96 |
| High F¹ | \$65.52 | \$59.57 | N/A | N/A | \$74.68 | \$67.89 | N/A | N/A |
| G | \$184.84 | \$168.03 | \$164.50 | \$149.55 | \$212.93 | \$193.57 | \$189.51 | \$172.28 |
| High G¹ | \$65.52 | \$59.57 | N/A | N/A | \$74.68 | \$67.89 | N/A | N/A |
| K³ | \$114.59 | \$104.17 | \$108.29 | \$98.44 | \$130.60 | \$118.73 | \$123.42 | \$112.20 |
| L³ | \$160.98 | \$146.35 | \$147.70 | \$134.27 | \$183.47 | \$166.79 | \$168.33 | \$153.03 |
| N | \$166.75 | \$151.59 | \$148.41 | \$134.92 | \$192.10 | \$174.63 | \$170.97 | \$155.42 |

Age 72

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$151.11 | \$137.38 | N/A | N/A | \$172.22 | \$156.57 | N/A | N/A |
| B | \$198.72 | \$180.65 | \$176.86 | \$160.78 | \$226.48 | \$205.89 | \$201.57 | \$183.24 |
| C | \$243.02 | \$220.92 | \$216.28 | \$196.62 | \$276.97 | \$251.79 | \$246.50 | \$224.09 |
| F | \$243.75 | \$221.59 | \$216.94 | \$197.21 | \$277.80 | \$252.55 | \$247.24 | \$224.77 |
| High F¹ | \$68.20 | \$62.00 | N/A | N/A | \$77.72 | \$70.66 | N/A | N/A |
| G | \$193.04 | \$175.49 | \$171.80 | \$156.18 | \$222.28 | \$202.07 | \$197.83 | \$179.84 |
| High G¹ | \$68.20 | \$62.00 | N/A | N/A | \$77.72 | \$70.66 | N/A | N/A |
| K³ | \$119.26 | \$108.42 | \$112.70 | \$102.46 | \$135.93 | \$123.57 | \$128.45 | \$116.77 |
| L³ | \$167.55 | \$152.31 | \$153.72 | \$139.75 | \$190.95 | \$173.59 | \$175.20 | \$159.27 |
| N | \$174.15 | \$158.32 | \$154.99 | \$140.90 | \$200.53 | \$182.30 | \$178.47 | \$162.24 |

Age 73

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$156.92 | \$142.65 | N/A | N/A | \$178.84 | \$162.58 | N/A | N/A |
| B | \$206.35 | \$187.59 | \$183.65 | \$166.95 | \$235.18 | \$213.80 | \$209.31 | \$190.28 |
| C | \$252.35 | \$229.41 | \$224.59 | \$204.17 | \$287.60 | \$261.45 | \$255.96 | \$232.69 |
| F | \$253.11 | \$230.10 | \$225.26 | \$204.79 | \$288.47 | \$262.24 | \$256.73 | \$233.39 |
| High F¹ | \$70.81 | \$64.38 | N/A | N/A | \$80.71 | \$73.37 | N/A | N/A |
| G | \$201.07 | \$182.79 | \$178.95 | \$162.69 | \$231.43 | \$210.39 | \$205.98 | \$187.25 |
| High G¹ | \$70.81 | \$64.38 | N/A | N/A | \$80.71 | \$73.37 | N/A | N/A |
| K³ | \$123.84 | \$112.58 | \$117.03 | \$106.39 | \$141.14 | \$128.31 | \$133.38 | \$121.26 |
| L³ | \$173.98 | \$158.16 | \$159.62 | \$145.11 | \$198.28 | \$180.26 | \$181.92 | \$165.39 |
| N | \$181.40 | \$164.91 | \$161.44 | \$146.77 | \$208.79 | \$189.81 | \$185.82 | \$168.93 |

Age 74

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$162.60 | \$147.82 | N/A | N/A | \$185.31 | \$168.47 | N/A | N/A |
| B | \$213.82 | \$194.38 | \$190.30 | \$173.00 | \$243.69 | \$221.54 | \$216.89 | \$197.17 |
| C | \$261.49 | \$237.71 | \$232.72 | \$211.57 | \$298.02 | \$270.92 | \$265.23 | \$241.12 |
| F | \$262.27 | \$238.43 | \$233.42 | \$212.20 | \$298.91 | \$271.74 | \$266.03 | \$241.85 |
| High F¹ | \$73.38 | \$66.71 | N/A | N/A | \$83.63 | \$76.03 | N/A | N/A |
| G | \$208.94 | \$189.95 | \$185.96 | \$169.05 | \$240.40 | \$218.55 | \$213.96 | \$194.51 |
| High G¹ | \$73.38 | \$66.71 | N/A | N/A | \$83.63 | \$76.03 | N/A | N/A |
| K³ | \$128.33 | \$116.66 | \$121.27 | \$110.25 | \$146.26 | \$132.96 | \$138.21 | \$125.65 |
| L³ | \$180.28 | \$163.89 | \$165.41 | \$150.37 | \$205.46 | \$186.79 | \$188.51 | \$171.38 |
| N | \$188.50 | \$171.36 | \$167.76 | \$152.51 | \$216.88 | \$197.17 | \$193.02 | \$175.48 |

Age 75

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$168.16 | \$152.88 | N/A | N/A | \$191.66 | \$174.23 | N/A | N/A |
| B | \$221.14 | \$201.04 | \$196.81 | \$178.92 | \$252.03 | \$229.12 | \$224.31 | \$203.92 |
| C | \$270.43 | \$245.85 | \$240.69 | \$218.81 | \$308.22 | \$280.20 | \$274.31 | \$249.37 |
| F | \$271.25 | \$246.59 | \$241.41 | \$219.47 | \$309.14 | \$281.04 | \$275.14 | \$250.13 |
| High F¹ | \$75.89 | \$68.99 | N/A | N/A | \$86.49 | \$78.63 | N/A | N/A |
| G | \$216.65 | \$196.95 | \$192.82 | \$175.29 | \$249.19 | \$226.53 | \$221.78 | \$201.62 |
| High G¹ | \$75.89 | \$68.99 | N/A | N/A | \$86.49 | \$78.63 | N/A | N/A |
| K³ | \$132.72 | \$120.65 | \$125.42 | \$114.02 | \$151.26 | \$137.51 | \$142.94 | \$129.95 |
| L³ | \$186.45 | \$169.50 | \$171.07 | \$155.52 | \$212.50 | \$193.18 | \$194.97 | \$177.24 |
| N | \$195.45 | \$177.68 | \$173.95 | \$158.14 | \$224.81 | \$204.37 | \$200.08 | \$181.89 |

Age 76

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$173.61 | \$157.83 | N/A | N/A | \$197.86 | \$179.88 | N/A | N/A |
| B | \$228.30 | \$207.55 | \$203.19 | \$184.72 | \$260.20 | \$236.54 | \$231.57 | \$210.52 |
| C | \$279.19 | \$253.81 | \$248.48 | \$225.89 | \$318.20 | \$289.27 | \$283.20 | \$257.45 |
| F | \$280.03 | \$254.58 | \$249.23 | \$226.57 | \$319.16 | \$290.14 | \$284.05 | \$258.23 |
| High F¹ | \$78.35 | \$71.23 | N/A | N/A | \$89.29 | \$81.18 | N/A | N/A |
| G | \$224.19 | \$203.81 | \$199.53 | \$181.39 | \$257.79 | \$234.35 | \$229.43 | \$208.57 |
| High G¹ | \$78.35 | \$71.23 | N/A | N/A | \$89.29 | \$81.18 | N/A | N/A |
| K³ | \$137.02 | \$124.56 | \$129.48 | \$117.71 | \$156.16 | \$141.96 | \$147.57 | \$134.16 |
| L³ | \$192.49 | \$174.99 | \$176.61 | \$160.55 | \$219.38 | \$199.43 | \$201.28 | \$182.98 |
| N | \$202.26 | \$183.87 | \$180.01 | \$163.64 | \$232.56 | \$211.42 | \$206.98 | \$188.16 |

Age 77

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$178.94 | \$162.67 | N/A | N/A | \$203.93 | \$185.40 | N/A | N/A |
| B | \$235.31 | \$213.92 | \$209.42 | \$190.39 | \$268.18 | \$243.80 | \$238.68 | \$216.98 |
| C | \$287.76 | \$261.60 | \$256.11 | \$232.83 | \$327.96 | \$298.15 | \$291.89 | \$265.35 |
| F | \$288.63 | \$262.39 | \$256.88 | \$233.53 | \$328.95 | \$299.05 | \$292.77 | \$266.15 |
| High F¹ | \$80.75 | \$73.41 | N/A | N/A | \$92.03 | \$83.67 | N/A | N/A |
| G | \$231.57 | \$210.52 | \$206.10 | \$187.36 | \$266.20 | \$242.00 | \$236.91 | \$215.38 |
| High G¹ | \$80.75 | \$73.41 | N/A | N/A | \$92.03 | \$83.67 | N/A | N/A |
| K³ | \$141.22 | \$128.38 | \$133.46 | \$121.32 | \$160.95 | \$146.32 | \$152.10 | \$138.27 |
| L³ | \$198.39 | \$180.36 | \$182.03 | \$165.48 | \$226.11 | \$205.56 | \$207.46 | \$188.60 |
| N | \$208.91 | \$189.92 | \$185.93 | \$169.03 | \$240.15 | \$218.32 | \$213.73 | \$194.30 |

Age 78

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$184.15 | \$167.41 | N/A | N/A | \$209.87 | \$190.79 | N/A | N/A |
| B | \$242.16 | \$220.14 | \$215.52 | \$195.93 | \$275.99 | \$250.90 | \$245.63 | \$223.30 |
| C | \$296.14 | \$269.22 | \$263.56 | \$239.60 | \$337.51 | \$306.83 | \$300.38 | \$273.08 |
| F | \$297.03 | \$270.03 | \$264.36 | \$240.32 | \$338.53 | \$307.75 | \$301.29 | \$273.90 |
| High F¹ | \$83.10 | \$75.55 | N/A | N/A | \$94.71 | \$86.10 | N/A | N/A |
| G | \$238.79 | \$217.08 | \$212.52 | \$193.20 | \$274.42 | \$249.47 | \$244.23 | \$222.03 |
| High G¹ | \$83.10 | \$75.55 | N/A | N/A | \$94.71 | \$86.10 | N/A | N/A |
| K³ | \$145.33 | \$132.12 | \$137.34 | \$124.86 | \$165.64 | \$150.58 | \$156.53 | \$142.30 |
| L³ | \$204.17 | \$185.61 | \$187.33 | \$170.30 | \$232.69 | \$211.54 | \$213.50 | \$194.09 |
| N | \$215.42 | \$195.84 | \$191.73 | \$174.30 | \$247.57 | \$225.06 | \$220.34 | \$200.30 |

Age 79

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$189.24 | \$172.03 | N/A | N/A | \$215.67 | \$196.07 | N/A | N/A |
| B | \$248.85 | \$226.23 | \$221.48 | \$201.34 | \$283.62 | \$257.84 | \$252.42 | \$229.47 |
| C | \$304.33 | \$276.66 | \$270.85 | \$246.23 | \$346.84 | \$315.31 | \$308.69 | \$280.63 |
| F | \$305.24 | \$277.49 | \$271.67 | \$246.97 | \$347.89 | \$316.26 | \$309.62 | \$281.47 |
| High F¹ | \$85.40 | \$77.64 | N/A | N/A | \$97.33 | \$88.48 | N/A | N/A |
| G | \$245.84 | \$223.49 | \$218.80 | \$198.91 | \$282.45 | \$256.78 | \$251.38 | \$228.53 |
| High G¹ | \$85.40 | \$77.64 | N/A | N/A | \$97.33 | \$88.48 | N/A | N/A |
| K³ | \$149.35 | \$135.78 | \$141.14 | \$128.31 | \$170.22 | \$154.74 | \$160.86 | \$146.23 |
| L³ | \$209.81 | \$190.74 | \$192.50 | \$175.00 | \$239.13 | \$217.39 | \$219.40 | \$199.45 |
| N | \$221.78 | \$201.62 | \$197.39 | \$179.44 | \$254.82 | \$231.65 | \$226.79 | \$206.17 |

Age 80

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$194.21 | \$176.55 | N/A | N/A | \$221.34 | \$201.22 | N/A | N/A |
| B | \$255.39 | \$232.17 | \$227.30 | \$206.64 | \$291.07 | \$264.61 | \$259.05 | \$235.50 |
| C | \$312.32 | \$283.93 | \$277.97 | \$252.70 | \$355.95 | \$323.60 | \$316.80 | \$288.00 |
| F | \$313.26 | \$284.78 | \$278.80 | \$253.46 | \$357.03 | \$324.57 | \$317.75 | \$288.87 |
| High F¹ | \$87.64 | \$79.68 | N/A | N/A | \$99.89 | \$90.81 | N/A | N/A |
| G | \$252.73 | \$229.75 | \$224.93 | \$204.48 | \$290.30 | \$263.91 | \$258.37 | \$234.88 |
| High G¹ | \$87.64 | \$79.68 | N/A | N/A | \$99.89 | \$90.81 | N/A | N/A |
| K³ | \$153.28 | \$139.34 | \$144.85 | \$131.68 | \$174.69 | \$158.81 | \$165.08 | \$150.07 |
| L³ | \$215.33 | \$195.75 | \$197.56 | \$179.60 | \$245.41 | \$223.10 | \$225.16 | \$204.69 |
| N | \$228.00 | \$207.27 | \$202.92 | \$184.47 | \$261.90 | \$238.09 | \$233.09 | \$211.90 |

Age 81

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$199.06 | \$180.97 | N/A | N/A | \$226.87 | \$206.25 | N/A | N/A |
| B | \$261.78 | \$237.98 | \$232.98 | \$211.80 | \$298.35 | \$271.22 | \$265.53 | \$241.39 |
| C | \$320.13 | \$291.03 | \$284.91 | \$259.01 | \$364.85 | \$331.68 | \$324.72 | \$295.20 |
| F | \$321.09 | \$291.90 | \$285.77 | \$259.79 | \$365.95 | \$332.68 | \$325.70 | \$296.09 |
| High F¹ | \$89.83 | \$81.67 | N/A | N/A | \$102.38 | \$93.08 | N/A | N/A |
| G | \$259.45 | \$235.86 | \$230.91 | \$209.92 | \$297.97 | \$270.88 | \$265.19 | \$241.08 |
| High G¹ | \$89.83 | \$81.67 | N/A | N/A | \$102.38 | \$93.08 | N/A | N/A |
| K³ | \$157.11 | \$142.83 | \$148.47 | \$134.97 | \$179.06 | \$162.78 | \$169.21 | \$153.83 |
| L³ | \$220.71 | \$200.65 | \$202.50 | \$184.09 | \$251.54 | \$228.68 | \$230.79 | \$209.81 |
| N | \$234.06 | \$212.78 | \$208.32 | \$189.38 | \$268.81 | \$244.37 | \$239.24 | \$217.49 |

Age 82

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$203.80 | \$185.27 | N/A | N/A | \$232.27 | \$211.15 | N/A | N/A |
| B | \$268.00 | \$243.64 | \$238.52 | \$216.84 | \$305.44 | \$277.68 | \$271.84 | \$247.13 |
| C | \$327.74 | \$297.95 | \$291.69 | \$265.17 | \$373.53 | \$339.57 | \$332.44 | \$302.22 |
| F | \$328.73 | \$298.85 | \$292.57 | \$265.97 | \$374.66 | \$340.60 | \$333.44 | \$303.13 |
| High F¹ | \$91.97 | \$83.61 | N/A | N/A | \$104.82 | \$95.29 | N/A | N/A |
| G | \$266.01 | \$241.82 | \$236.75 | \$215.22 | \$305.44 | \$277.67 | \$271.84 | \$247.13 |
| High G¹ | \$91.97 | \$83.61 | N/A | N/A | \$104.82 | \$95.29 | N/A | N/A |
| K³ | \$160.85 | \$146.22 | \$152.00 | \$138.18 | \$183.32 | \$166.65 | \$173.23 | \$157.48 |
| L³ | \$225.96 | \$205.42 | \$207.32 | \$188.47 | \$257.53 | \$234.12 | \$236.28 | \$214.80 |
| N | \$239.98 | \$218.16 | \$213.58 | \$194.17 | \$275.55 | \$250.50 | \$245.24 | \$222.95 |

Age 83

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$208.42 | \$189.47 | N/A | N/A | \$237.53 | \$215.94 | N/A | N/A |
| B | \$274.07 | \$249.16 | \$243.93 | \$221.75 | \$312.36 | \$283.97 | \$278.00 | \$252.73 |
| C | \$335.17 | \$304.70 | \$298.30 | \$271.18 | \$381.99 | \$347.27 | \$339.97 | \$309.07 |
| F | \$336.18 | \$305.62 | \$299.20 | \$272.00 | \$383.14 | \$348.31 | \$341.00 | \$310.00 |
| High F¹ | \$94.06 | \$85.50 | N/A | N/A | \$107.20 | \$97.45 | N/A | N/A |
| G | \$272.40 | \$247.64 | \$242.44 | \$220.40 | \$312.73 | \$284.30 | \$278.33 | \$253.03 |
| High G¹ | \$94.06 | \$85.50 | N/A | N/A | \$107.20 | \$97.45 | N/A | N/A |
| K³ | \$164.49 | \$149.54 | \$155.44 | \$141.31 | \$187.47 | \$170.43 | \$177.16 | \$161.05 |
| L³ | \$231.08 | \$210.07 | \$212.01 | \$192.74 | \$263.36 | \$239.42 | \$241.63 | \$219.67 |
| N | \$245.75 | \$223.41 | \$218.72 | \$198.83 | \$282.13 | \$256.48 | \$251.09 | \$228.27 |

Age 84

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$212.91 | \$193.56 | N/A | N/A | \$242.66 | \$220.60 | N/A | N/A |
| B | \$279.99 | \$254.54 | \$249.19 | \$226.54 | \$319.10 | \$290.10 | \$284.00 | \$258.18 |
| C | \$342.40 | \$311.28 | \$304.74 | \$277.04 | \$390.24 | \$354.76 | \$347.31 | \$315.74 |
| F | \$343.43 | \$312.21 | \$305.66 | \$277.87 | \$391.41 | \$355.83 | \$348.36 | \$316.69 |
| High F¹ | \$96.09 | \$87.35 | N/A | N/A | \$109.51 | \$99.55 | N/A | N/A |
| G | \$278.63 | \$253.30 | \$247.98 | \$225.44 | \$319.83 | \$290.75 | \$284.65 | \$258.77 |
| High G¹ | \$96.09 | \$87.35 | N/A | N/A | \$109.51 | \$99.55 | N/A | N/A |
| K³ | \$168.04 | \$152.76 | \$158.80 | \$144.36 | \$191.52 | \$174.10 | \$180.98 | \$164.53 |
| L³ | \$236.07 | \$214.61 | \$216.59 | \$196.90 | \$269.05 | \$244.59 | \$246.85 | \$224.41 |
| N | \$251.37 | \$228.52 | \$223.72 | \$203.38 | \$288.54 | \$262.30 | \$256.80 | \$233.45 |

Age 85

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$217.29 | \$197.54 | N/A | N/A | \$247.65 | \$225.14 | N/A | N/A |
| B | \$285.75 | \$259.77 | \$254.32 | \$231.20 | \$325.67 | \$296.06 | \$289.85 | \$263.50 |
| C | \$349.45 | \$317.68 | \$311.01 | \$282.73 | \$398.27 | \$362.06 | \$354.46 | \$322.23 |
| F | \$350.50 | \$318.64 | \$311.94 | \$283.59 | \$399.46 | \$363.15 | \$355.52 | \$323.20 |
| High F¹ | \$98.06 | \$89.15 | N/A | N/A | \$111.76 | \$101.60 | N/A | N/A |
| G | \$284.70 | \$258.82 | \$253.38 | \$230.35 | \$326.74 | \$297.04 | \$290.80 | \$264.36 |
| High G¹ | \$98.06 | \$89.15 | N/A | N/A | \$111.76 | \$101.60 | N/A | N/A |
| K³ | \$171.50 | \$155.91 | \$162.06 | \$147.33 | \$195.45 | \$177.69 | \$184.70 | \$167.91 |
| L³ | \$240.92 | \$219.02 | \$221.05 | \$200.95 | \$274.58 | \$249.62 | \$251.93 | \$229.02 |
| N | \$256.84 | \$233.49 | \$228.59 | \$207.81 | \$294.77 | \$267.98 | \$262.35 | \$238.50 |

Age 86

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$221.56 | \$201.41 | N/A | N/A | \$252.51 | \$229.55 | N/A | N/A |
| B | \$291.35 | \$264.87 | \$259.30 | \$235.73 | \$332.06 | \$301.87 | \$295.53 | \$268.66 |
| C | \$356.30 | \$323.91 | \$317.11 | \$288.28 | \$406.08 | \$369.16 | \$361.41 | \$328.55 |
| F | \$357.37 | \$324.88 | \$318.06 | \$289.15 | \$407.30 | \$370.27 | \$362.50 | \$329.54 |
| High F¹ | \$99.99 | \$90.90 | N/A | N/A | \$113.95 | \$103.59 | N/A | N/A |
| G | \$290.60 | \$264.18 | \$258.63 | \$235.12 | \$333.47 | \$303.15 | \$296.79 | \$269.81 |
| High G¹ | \$99.99 | \$90.90 | N/A | N/A | \$113.95 | \$103.59 | N/A | N/A |
| K³ | \$174.86 | \$158.96 | \$165.24 | \$150.22 | \$199.29 | \$181.17 | \$188.33 | \$171.21 |
| L³ | \$245.65 | \$223.32 | \$225.38 | \$204.89 | \$279.97 | \$254.51 | \$256.87 | \$233.52 |
| N | \$262.17 | \$238.33 | \$233.33 | \$212.12 | \$300.84 | \$273.49 | \$267.75 | \$243.41 |

Age 87

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$225.70 | \$205.18 | N/A | N/A | \$257.23 | \$233.85 | N/A | N/A |
| B | \$296.80 | \$269.82 | \$264.15 | \$240.14 | \$338.27 | \$307.51 | \$301.06 | \$273.69 |
| C | \$362.96 | \$329.97 | \$323.04 | \$293.67 | \$413.67 | \$376.06 | \$368.17 | \$334.70 |
| F | \$364.06 | \$330.96 | \$324.01 | \$294.55 | \$414.92 | \$377.20 | \$369.27 | \$335.70 |
| High F¹ | \$101.86 | \$92.60 | N/A | N/A | \$116.08 | \$105.53 | N/A | N/A |
| G | \$296.34 | \$269.40 | \$263.74 | \$239.77 | \$340.01 | \$309.10 | \$302.61 | \$275.10 |
| High G¹ | \$101.86 | \$92.60 | N/A | N/A | \$116.08 | \$105.53 | N/A | N/A |
| K³ | \$178.13 | \$161.94 | \$168.33 | \$153.03 | \$203.01 | \$184.56 | \$191.85 | \$174.41 |
| L³ | \$250.24 | \$227.49 | \$229.60 | \$208.72 | \$285.20 | \$259.27 | \$261.67 | \$237.88 |
| N | \$267.34 | \$243.04 | \$237.94 | \$216.31 | \$306.74 | \$278.86 | \$273.00 | \$248.18 |

Age 88

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$229.72 | \$208.84 | N/A | N/A | \$261.82 | \$238.02 | N/A | N/A |
| B | \$302.09 | \$274.63 | \$268.86 | \$244.42 | \$344.30 | \$313.00 | \$306.43 | \$278.57 |
| C | \$369.44 | \$335.85 | \$328.80 | \$298.91 | \$421.05 | \$382.77 | \$374.73 | \$340.66 |
| F | \$370.55 | \$336.86 | \$329.79 | \$299.81 | \$422.31 | \$383.92 | \$375.86 | \$341.69 |
| High F¹ | \$103.67 | \$94.25 | N/A | N/A | \$118.15 | \$107.41 | N/A | N/A |
| G | \$301.91 | \$274.47 | \$268.70 | \$244.28 | \$346.36 | \$314.88 | \$308.26 | \$280.24 |
| High G¹ | \$103.67 | \$94.25 | N/A | N/A | \$118.15 | \$107.41 | N/A | N/A |
| K³ | \$181.31 | \$164.82 | \$171.33 | \$155.76 | \$206.64 | \$187.85 | \$195.27 | \$177.52 |
| L³ | \$254.70 | \$231.55 | \$233.69 | \$212.45 | \$290.29 | \$263.90 | \$266.34 | \$242.13 |
| N | \$272.37 | \$247.61 | \$242.41 | \$220.37 | \$312.47 | \$284.07 | \$278.10 | \$252.82 |

Age 89

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$233.63 | \$212.39 | N/A | N/A | \$266.27 | \$242.06 | N/A | N/A |
| B | \$307.23 | \$279.30 | \$273.44 | \$248.58 | \$350.15 | \$318.32 | \$311.64 | \$283.31 |
| C | \$375.72 | \$341.56 | \$334.39 | \$303.99 | \$428.21 | \$389.28 | \$381.10 | \$346.46 |
| F | \$376.85 | \$342.59 | \$335.40 | \$304.90 | \$429.50 | \$390.45 | \$382.25 | \$347.50 |
| High F¹ | \$105.43 | \$95.85 | N/A | N/A | \$120.16 | \$109.24 | N/A | N/A |
| G | \$307.32 | \$279.39 | \$273.52 | \$248.65 | \$352.53 | \$320.48 | \$313.75 | \$285.23 |
| High G¹ | \$105.43 | \$95.85 | N/A | N/A | \$120.16 | \$109.24 | N/A | N/A |
| K³ | \$184.39 | \$167.63 | \$174.25 | \$158.41 | \$210.15 | \$191.04 | \$198.59 | \$180.54 |
| L³ | \$259.03 | \$235.49 | \$237.66 | \$216.06 | \$295.22 | \$268.38 | \$270.87 | \$246.24 |
| N | \$277.25 | \$252.05 | \$246.76 | \$224.32 | \$318.04 | \$289.12 | \$283.05 | \$257.32 |

Age 90

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$237.42 | \$215.83 | N/A | N/A | \$270.59 | \$245.99 | N/A | N/A |
| B | \$312.21 | \$283.83 | \$277.87 | \$252.61 | \$355.83 | \$323.48 | \$316.69 | \$287.90 |
| C | \$381.81 | \$347.10 | \$339.81 | \$308.92 | \$435.15 | \$395.59 | \$387.28 | \$352.07 |
| F | \$382.96 | \$348.14 | \$340.83 | \$309.85 | \$436.46 | \$396.78 | \$388.45 | \$353.13 |
| High F¹ | \$107.14 | \$97.40 | N/A | N/A | \$122.11 | \$111.01 | N/A | N/A |
| G | \$312.57 | \$284.15 | \$278.19 | \$252.90 | \$358.51 | \$325.92 | \$319.07 | \$290.07 |
| High G¹ | \$107.14 | \$97.40 | N/A | N/A | \$122.11 | \$111.01 | N/A | N/A |
| K³ | \$187.38 | \$170.34 | \$177.07 | \$160.98 | \$213.56 | \$194.14 | \$201.81 | \$183.46 |
| L³ | \$263.23 | \$239.30 | \$241.52 | \$219.56 | \$300.01 | \$272.74 | \$275.26 | \$250.23 |
| N | \$281.99 | \$256.35 | \$250.97 | \$228.15 | \$323.43 | \$294.03 | \$287.85 | \$261.68 |

Age 91

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$241.09 | \$219.17 | N/A | N/A | \$274.77 | \$249.79 | N/A | N/A |
| B | \$317.04 | \$288.22 | \$282.16 | \$256.51 | \$361.33 | \$328.48 | \$321.58 | \$292.35 |
| C | \$387.71 | \$352.46 | \$345.06 | \$313.69 | \$441.87 | \$401.70 | \$393.27 | \$357.52 |
| F | \$388.88 | \$353.52 | \$346.10 | \$314.64 | \$443.20 | \$402.91 | \$394.45 | \$358.59 |
| High F¹ | \$108.80 | \$98.91 | N/A | N/A | \$124.00 | \$112.73 | N/A | N/A |
| G | \$317.65 | \$288.77 | \$282.71 | \$257.01 | \$364.30 | \$331.18 | \$324.23 | \$294.75 |
| High G¹ | \$108.80 | \$98.91 | N/A | N/A | \$124.00 | \$112.73 | N/A | N/A |
| K³ | \$190.27 | \$172.98 | \$179.81 | \$163.46 | \$216.86 | \$197.14 | \$204.93 | \$186.30 |
| L³ | \$267.30 | \$243.00 | \$245.25 | \$222.95 | \$304.65 | \$276.95 | \$279.51 | \$254.10 |
| N | \$286.57 | \$260.52 | \$255.05 | \$231.86 | \$328.65 | \$298.78 | \$292.50 | \$265.91 |

Age 92

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$244.64 | \$222.40 | N/A | N/A | \$278.81 | \$253.47 | N/A | N/A |
| B | \$321.71 | \$292.46 | \$286.32 | \$260.29 | \$366.65 | \$333.32 | \$326.32 | \$296.65 |
| C | \$393.42 | \$357.65 | \$350.14 | \$318.31 | \$448.38 | \$407.62 | \$399.06 | \$362.78 |
| F | \$394.60 | \$358.73 | \$351.20 | \$319.27 | \$449.73 | \$408.85 | \$400.26 | \$363.87 |
| High F¹ | \$110.40 | \$100.37 | N/A | N/A | \$125.83 | \$114.39 | N/A | N/A |
| G | \$322.57 | \$293.25 | \$287.09 | \$260.99 | \$369.90 | \$336.28 | \$329.22 | \$299.29 |
| High G¹ | \$110.40 | \$100.37 | N/A | N/A | \$125.83 | \$114.39 | N/A | N/A |
| K³ | \$193.08 | \$175.52 | \$182.46 | \$165.87 | \$220.05 | \$200.05 | \$207.95 | \$189.04 |
| L³ | \$271.24 | \$246.58 | \$248.86 | \$226.24 | \$309.13 | \$281.03 | \$283.63 | \$257.84 |
| N | \$291.01 | \$264.55 | \$259.00 | \$235.45 | \$333.71 | \$303.37 | \$297.00 | \$270.00 |

Age 93

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$248.07 | \$225.52 | N/A | N/A | \$282.73 | \$257.02 | N/A | N/A |
| B | \$326.22 | \$296.56 | \$290.34 | \$263.94 | \$371.79 | \$337.99 | \$330.90 | \$300.82 |
| C | \$398.94 | \$362.67 | \$355.06 | \$322.78 | \$454.67 | \$413.34 | \$404.66 | \$367.87 |
| F | \$400.14 | \$363.76 | \$356.13 | \$323.75 | \$456.04 | \$414.58 | \$405.88 | \$368.98 |
| High F¹ | \$111.95 | \$101.77 | N/A | N/A | \$127.59 | \$115.99 | N/A | N/A |
| G | \$327.32 | \$297.57 | \$291.32 | \$264.83 | \$375.32 | \$341.20 | \$334.04 | \$303.67 |
| High G¹ | \$111.95 | \$101.77 | N/A | N/A | \$127.59 | \$115.99 | N/A | N/A |
| K³ | \$195.79 | \$177.99 | \$185.02 | \$168.20 | \$223.14 | \$202.85 | \$210.86 | \$191.70 |
| L³ | \$275.05 | \$250.04 | \$252.35 | \$229.41 | \$313.47 | \$284.97 | \$287.61 | \$261.46 |
| N | \$295.30 | \$268.45 | \$262.81 | \$238.92 | \$338.60 | \$307.82 | \$301.35 | \$273.96 |

Age 94

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$251.38 | \$228.53 | N/A | N/A | \$286.50 | \$260.46 | N/A | N/A |
| B | \$330.58 | \$300.53 | \$294.21 | \$267.47 | \$376.76 | \$342.51 | \$335.32 | \$304.83 |
| C | \$404.27 | \$367.52 | \$359.80 | \$327.09 | \$460.75 | \$418.86 | \$410.06 | \$372.79 |
| F | \$405.49 | \$368.62 | \$360.88 | \$328.08 | \$462.13 | \$420.12 | \$411.30 | \$373.91 |
| High F¹ | \$113.45 | \$103.13 | N/A | N/A | \$129.30 | \$117.54 | N/A | N/A |
| G | \$331.91 | \$301.74 | \$295.40 | \$268.55 | \$380.55 | \$345.96 | \$338.69 | \$307.90 |
| High G¹ | \$113.45 | \$103.13 | N/A | N/A | \$129.30 | \$117.54 | N/A | N/A |
| K³ | \$198.40 | \$180.36 | \$187.49 | \$170.44 | \$226.12 | \$205.56 | \$213.68 | \$194.26 |
| L³ | \$278.72 | \$253.38 | \$255.72 | \$232.48 | \$317.66 | \$288.78 | \$291.45 | \$264.95 |
| N | \$299.44 | \$272.22 | \$266.50 | \$242.27 | \$343.32 | \$312.11 | \$305.55 | \$277.78 |

Age 95

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$254.58 | \$231.44 | N/A | N/A | \$290.14 | \$263.77 | N/A | N/A |
| B | \$334.78 | \$304.35 | \$297.95 | \$270.87 | \$381.55 | \$346.86 | \$339.58 | \$308.71 |
| C | \$409.41 | \$372.19 | \$364.37 | \$331.25 | \$466.60 | \$424.18 | \$415.28 | \$377.52 |
| F | \$410.64 | \$373.31 | \$365.47 | \$332.25 | \$468.01 | \$425.46 | \$416.53 | \$378.66 |
| High F¹ | \$114.89 | \$104.44 | N/A | N/A | \$130.94 | \$119.04 | N/A | N/A |
| G | \$336.34 | \$305.76 | \$299.34 | \$272.13 | \$385.60 | \$350.54 | \$343.18 | \$311.98 |
| High G¹ | \$114.89 | \$104.44 | N/A | N/A | \$130.94 | \$119.04 | N/A | N/A |
| K³ | \$200.92 | \$182.66 | \$189.87 | \$172.61 | \$228.99 | \$208.17 | \$216.40 | \$196.73 |
| L³ | \$282.26 | \$256.60 | \$258.98 | \$235.43 | \$321.69 | \$292.45 | \$295.15 | \$268.32 |
| N | \$303.43 | \$275.85 | \$270.05 | \$245.50 | \$347.87 | \$316.24 | \$309.60 | \$281.46 |

Age 96

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$257.66 | \$234.23 | N/A | N/A | \$293.65 | \$266.96 | N/A | N/A |
| B | \$338.83 | \$308.02 | \$301.56 | \$274.14 | \$386.16 | \$351.06 | \$343.68 | \$312.44 |
| C | \$414.36 | \$376.69 | \$368.78 | \$335.25 | \$472.24 | \$429.31 | \$420.30 | \$382.09 |
| F | \$415.60 | \$377.82 | \$369.89 | \$336.26 | \$473.66 | \$430.60 | \$421.56 | \$383.24 |
| High F¹ | \$116.28 | \$105.71 | N/A | N/A | \$132.52 | \$120.47 | N/A | N/A |
| G | \$340.60 | \$309.64 | \$303.13 | \$275.58 | \$390.45 | \$354.96 | \$347.50 | \$315.91 |
| High G¹ | \$116.28 | \$105.71 | N/A | N/A | \$132.52 | \$120.47 | N/A | N/A |
| K³ | \$203.35 | \$184.87 | \$192.17 | \$174.70 | \$231.76 | \$210.69 | \$219.01 | \$199.10 |
| L³ | \$285.67 | \$259.70 | \$262.11 | \$238.28 | \$325.58 | \$295.98 | \$298.72 | \$271.57 |
| N | \$307.27 | \$279.34 | \$273.47 | \$248.61 | \$352.25 | \$320.23 | \$313.50 | \$285.00 |

Age 97

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$260.61 | \$236.92 | N/A | N/A | \$297.02 | \$270.02 | N/A | N/A |
| B | \$342.72 | \$311.56 | \$305.02 | \$277.29 | \$390.60 | \$355.09 | \$347.63 | \$316.03 |
| C | \$419.11 | \$381.01 | \$373.01 | \$339.10 | \$477.66 | \$434.24 | \$425.12 | \$386.47 |
| F | \$420.38 | \$382.16 | \$374.13 | \$340.12 | \$479.10 | \$435.55 | \$426.40 | \$387.64 |
| High F¹ | \$117.61 | \$106.92 | N/A | N/A | \$134.04 | \$121.86 | N/A | N/A |
| G | \$344.70 | \$313.36 | \$306.78 | \$278.89 | \$395.12 | \$359.20 | \$351.66 | \$319.69 |
| High G¹ | \$117.61 | \$106.92 | N/A | N/A | \$134.04 | \$121.86 | N/A | N/A |
| K³ | \$205.69 | \$186.99 | \$194.37 | \$176.70 | \$234.42 | \$213.11 | \$221.53 | \$201.39 |
| L³ | \$288.95 | \$262.69 | \$265.12 | \$241.01 | \$329.32 | \$299.38 | \$302.15 | \$274.68 |
| N | \$310.97 | \$282.70 | \$276.76 | \$251.60 | \$356.46 | \$324.06 | \$317.25 | \$288.41 |

Age 98

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$263.45 | \$239.50 | N/A | N/A | \$300.26 | \$272.96 | N/A | N/A |
| B | \$346.45 | \$314.96 | \$308.34 | \$280.31 | \$394.85 | \$358.96 | \$351.42 | \$319.47 |
| C | \$423.68 | \$385.16 | \$377.08 | \$342.80 | \$482.87 | \$438.97 | \$429.75 | \$390.69 |
| F | \$424.96 | \$386.32 | \$378.21 | \$343.83 | \$484.32 | \$440.29 | \$431.05 | \$391.86 |
| High F¹ | \$118.89 | \$108.09 | N/A | N/A | \$135.50 | \$123.19 | N/A | N/A |
| G | \$348.63 | \$316.94 | \$310.28 | \$282.07 | \$399.61 | \$363.28 | \$355.65 | \$323.32 |
| High G¹ | \$118.89 | \$108.09 | N/A | N/A | \$135.50 | \$123.19 | N/A | N/A |
| K³ | \$207.93 | \$189.03 | \$196.49 | \$178.63 | \$236.98 | \$215.43 | \$223.94 | \$203.58 |
| L³ | \$292.10 | \$265.55 | \$268.00 | \$243.64 | \$332.91 | \$302.65 | \$305.44 | \$277.68 |
| N | \$314.52 | \$285.93 | \$279.92 | \$254.47 | \$360.51 | \$327.73 | \$320.85 | \$291.68 |

Age 99

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$266.18 | \$241.98 | N/A | N/A | \$303.36 | \$275.78 | N/A | N/A |
| B | \$350.03 | \$318.21 | \$311.53 | \$283.21 | \$398.93 | \$362.66 | \$355.05 | \$322.77 |
| C | \$428.06 | \$389.14 | \$380.97 | \$346.34 | \$487.86 | \$443.51 | \$434.19 | \$394.72 |
| F | \$429.35 | \$390.31 | \$382.12 | \$347.38 | \$489.33 | \$444.84 | \$435.50 | \$395.91 |
| High F¹ | \$120.12 | \$109.20 | N/A | N/A | \$136.90 | \$124.46 | N/A | N/A |
| G | \$352.40 | \$320.36 | \$313.64 | \$285.12 | \$403.90 | \$367.19 | \$359.47 | \$326.79 |
| High G¹ | \$120.12 | \$109.20 | N/A | N/A | \$136.90 | \$124.46 | N/A | N/A |
| K³ | \$210.08 | \$190.98 | \$198.52 | \$180.47 | \$239.42 | \$217.66 | \$226.26 | \$205.69 |
| L³ | \$295.12 | \$268.29 | \$270.77 | \$246.16 | \$336.35 | \$305.77 | \$308.60 | \$280.55 |
| N | \$317.92 | \$289.02 | \$282.95 | \$257.23 | \$364.38 | \$331.26 | \$324.30 | \$294.82 |

Age 100+

| | FEMALE | | | | MALE | | | |
|---------------------------|----------|-------------|-------------------------|-------------|----------|-------------|-------------------------|-------------|
| | Standard | | Med-Select ² | | Standard | | Med-Select ² | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| A | \$268.78 | \$244.35 | N/A | N/A | \$306.33 | \$278.48 | N/A | N/A |
| B | \$353.45 | \$321.32 | \$314.57 | \$285.98 | \$402.83 | \$366.21 | \$358.52 | \$325.93 |
| C | \$432.24 | \$392.95 | \$384.70 | \$349.72 | \$492.63 | \$447.84 | \$438.44 | \$398.58 |
| F | \$433.55 | \$394.13 | \$385.86 | \$350.78 | \$494.11 | \$449.19 | \$439.76 | \$399.78 |
| High F¹ | \$121.30 | \$110.27 | N/A | N/A | \$138.24 | \$125.67 | N/A | N/A |
| G | \$356.01 | \$323.64 | \$316.85 | \$288.04 | \$408.01 | \$370.92 | \$363.13 | \$330.12 |
| High G¹ | \$121.30 | \$110.27 | N/A | N/A | \$138.24 | \$125.67 | N/A | N/A |
| K³ | \$212.13 | \$192.85 | \$200.46 | \$182.24 | \$241.77 | \$219.79 | \$228.47 | \$207.70 |
| L³ | \$298.01 | \$270.91 | \$273.42 | \$248.56 | \$339.64 | \$308.76 | \$311.62 | \$283.29 |
| N | \$321.17 | \$291.98 | \$285.84 | \$259.86 | \$368.09 | \$334.63 | \$327.60 | \$297.82 |

You have the option to purchase any of the Medicare Supplement benefit plans shown on the front cover in white as Standard Plans or as Medicare Select Plans, with the exception of Plan A, High Deductible Plan F¹, and High Deductible Plan G¹. Those plans are available as **Standard Plans only**.

Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,408 deductible is covered at any hospital from which you receive care. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at time of hospitalization or you will be required to pay for all expenses. If you move out of the service area, there will be a reduction of benefit coverage and you will have the opportunity to purchase any Medicare Supplement policy with comparable or lesser benefits offered by the insurer, or Medicare Supplement/Select plans A, B, C, F, K, or L from any insurer within 63 days of termination.

PREMIUM INFORMATION

Blue Cross and Blue Shield of Illinois can only raise your premium if we raise the premium for all policies like yours in the state. We will not change your premium or cancel your policy because of poor health. Premiums change at age 65 and every year thereafter up to age 100. If your premium changes, you will be notified at least 30 days in advance.

Gender

One factor that will determine your premium is your gender. When completing the application, you will need to make a gender selection.

Household Discount

You may be eligible for a household discount if at least two household members reside in the same household and are enrolled in a BCBSIL Medicare Supplement Insurance Plan effective on or after May 1, 2019.

Tobacco User

A Tobacco User is a person who is permitted under state and federal law to legally use Tobacco, with Tobacco use (other than religious or ceremonial use of Tobacco) occurring on average of four or more times per week that last occurred within the past six months. Tobacco products include but are not limited to: cigarettes, cigars, smokeless tobacco products, electronic cigarettes, dissolvable tobacco products, and vaping.

If you meet the definition of a Tobacco User, you may pay a higher premium for your health coverage.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN YOUR POLICY

If you find that you are not satisfied with your policy, you may return it to **Blue Medicare Supplement c/o Member Services, P.O. Box 3388 Scranton, PA 18505**. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and will return all of your payments.

MEDICARE SELECT ADDITIONAL DISCLOSURES

GRIEVANCE PROCEDURES

Our goal is your 100% satisfaction with our processing of your coverage. Should you ever not be fully satisfied with any aspect of the services you receive, we want to know about it so we can correct it.

If you have any dissatisfaction with your Medicare Select coverage, please send all written grievances within 60 days of the occurrence of your dissatisfaction to: **Medicare Supplement Grievance Committee, P.O. Box 3004, Naperville, IL 60566-9747 or fax (888) 235-2949**.

Your grievance will be reviewed by our Grievance Committee. Upon review of your grievance, we will mail you a response within 30 days from the receipt of your written correspondence. If additional information from an outside source is required, we may require an additional 30 days to research, finalize and respond to your correspondence. In no case will a complete response from us take more than 60 days.

If you are dissatisfied with the decision of our Grievance Committee you may submit a written complaint to the **Illinois Insurance Department, 320 Washington Street, 4th Floor, Springfield, Illinois 62766 or call (217) 782-4515**.

QUALITY ASSURANCE

As part of our Quality Assurance program, all contracted hospitals must meet Medicare standards.

POLICY REPLACEMENT

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

NOTICE

This policy may not fully cover all of your medical costs. Neither Blue Cross and Blue Shield of Illinois nor its agents are connected with Medicare. This Outline of Coverage does not give you all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

In addition, hospitals must meet the contract criteria stated in the Hospital Agreement.

Each hospital must: agree to maintain its state licensure; agree to maintain its Blue Cross and Blue Shield of Illinois Plan Hospital status; agree to maintain its Medicare participating status; be accredited and maintain its accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA); and agree to waive the Part A deductible.

MEDICARE SELECT HOSPITAL RESTRICTIONS

Plans B, C, F, G, K, L and N are Medicare Select policies currently available if you live within 30 miles of a Medicare Select hospital. Part A benefits may be restricted if you receive services in a hospital that is not a Medicare Select Hospital.

The full benefits of your coverage, excluding Plan K & L coinsurance, will be paid anywhere if:

1. Services are provided in a Doctor's office, another office setting, or in a skilled nursing facility;
2. The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or condition and it is not reasonable to obtain such services from a Medicare Select Hospital (such as while you are traveling); or
3. Covered services are not available through a Medicare Select Hospital.

Plan A

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

| Services | Medicare Pays | Plan A Pays | You Pay |
|---|--|------------------------------------|--------------------------------|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$0 | \$1,408 (Part A deductible) |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | \$0 | Up to \$176 a day |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare’s requirements, including a doctor’s certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

⁵ A benefit period begins on the first day you receive services 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.

⁶ 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 A Pays | You Pay |
|---|---------------|---------------|---------------------------|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan A Pays | You Pay |
|--|---------------|-------------|---------------------------|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

⁷ Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan B

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

| Services | Medicare Pays | Plan B Pays | You Pay |
|---|--|---|-------------------|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) ² | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | \$0 | Up to \$176 a day |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Plan B

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

| Services | Medicare Pays | Plan B Pays | You Pay |
|---|---------------|---------------|------------------------------|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan B Pays | You Pay |
|--|---------------|-------------|------------------------------|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Plan C

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

| Services | Medicare Pays | Plan C Pays | You Pay |
|---|--|---|------------------|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) ² | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$176 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Plan C

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

| Services | Medicare Pays | Plan C Pays | You Pay |
|---|---------------|---------------------------|-----------|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan C Pays | You Pay |
|--|---------------|---------------------------|---------|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|--|-----|---|--|
| Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Plan F

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

| Services | Medicare Pays | Plan F Pays | You Pay |
|---|--|---|------------------|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) ² | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$176 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Plan F

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

| Services | Medicare Pays | Plan F Pays | You Pay |
|---|---------------|---------------------------|---------|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan F Pays | You Pay |
|--|---------------|---------------------------|---------|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|--|-----|---|--|
| Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

High Deductible Plan F

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

| Services | Medicare Pays | After You Pay \$2,340 Deductible ¹ , Plan F Pays | In Addition to \$2,340 Deductible ¹ , You Pay |
|--|--|---|--|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare- eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$176 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/ coinsurance | \$0 |

High Deductible Plan F

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

| Services | Medicare Pays | After You Pay \$2,340 Deductible ¹ , Plan F Pays | In Addition to \$2,340 Deductible ¹ , You Pay |
|---|---------------|---|--|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | After You Pay \$2,340 Deductible ¹ , Plan F Pays | In Addition to \$2,340 Deductible ¹ , You Pay |
|--|---------------|---|--|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$198 (Part B deductible) | \$0 |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|---|-----|---|--|
| Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Plan G

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

| Services | Medicare Pays | Plan G Pays | You Pay |
|---|--|---|------------------|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) ² | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$176 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Plan G

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

| Services | Medicare Pays | Plan G Pays | You Pay |
|---|---------------|---------------|---------------------------|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan G Pays | You Pay |
|--|---------------|-------------|---------------------------|
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS – NOT COVERED BY MEDICARE

| | | | |
|--|-----|---|--|
| Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

High Deductible Plan G

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

| Services | Medicare Pays | After You Pay \$2,340 Deductible ¹ , Plan G Pays | In Addition to \$2,340 Deductible ¹ , You Pay |
|--|---|---|---|
| Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare- eligible expenses | \$0 ⁴ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care³ 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 \$176 a day | Up to \$176 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/ coinsurance | \$0 |

High Deductible Plan G

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

| Services | Medicare Pays | After You Pay \$2,340 Deductible ¹ , Plan G Pays | In Addition to \$2,340 Deductible ¹ , You Pay |
|---|---------------|---|--|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | After You Pay \$2,340 Deductible ¹ , Plan G Pays | In Addition to \$2,340 Deductible ¹ , You Pay |
|--|---------------|---|--|
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁵ | \$0 | \$0 | \$198 (Part B deductible) |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

OTHER BENEFITS — NOT COVERED BY MEDICARE

| | | | |
|--|-----|---|--|
| Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Plan K

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

| Services | Medicare Pays | Plan K Pays | You Pay ³ |
|---|--|---|--|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$704 (50% of Part A deductible) ⁸ | \$704 (50% of Part A deductible)* |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$88 a day | Up to \$88 a day* |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 50% | 50%* |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | 50% of Medicare copayment/coinsurance | 50% of Medicare copayment/coinsurance* |

⁸ Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, Plan K pays 50% of the \$1,408 deductible at any hospital from which you receive care.

Plan K

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

| Services | Medicare Pays | Plan K Pays | You Pay ³ |
|---|--|--|---|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible)* |
| Preventive benefits for Medicare-covered services | Generally 75% or more of Medicare-approved amounts | Remainder of Medicare-approved amounts | All costs above Medicare-approved amounts |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 10% | Generally 10%* |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit ⁴ of \$5,880) |
| Blood | | | |
| First 3 pints | \$0 | 50% | 50%* |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible)* |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 10% | Generally 10%* |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan K Pays | You Pay ³ |
|--|---------------|-------------|----------------------------|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible)* |
| – Remainder of Medicare-approved amounts | 80% | 10% | Generally 10%* |

Plan L

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

| Services | Medicare Pays | Plan L Pays | You Pay ³ |
|---|--|---|--|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,056 (75% of Part A deductible) ⁹ | \$352 (25% of Part A deductible)* |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$132 a day | Up to \$44 a day* |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 75% | 25%* |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare’s requirements, including a doctor’s certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | 75% of Medicare copayment/coinsurance | 25% of Medicare copayment/coinsurance* |

⁹ Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, Plan L pays 75% of the \$1,408 deductible at any hospital from which you receive care.

Plan L

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

| Services | Medicare Pays | Plan L Pays | You Pay ³ |
|---|--|--|---|
| Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible)* |
| Preventive benefits for Medicare-covered services | Generally 75% or more of Medicare-approved amounts | Remainder of Medicare-approved amounts | All costs above Medicare-approved amounts |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 15% | Generally 5%* |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs (and they do not count toward annual out-of-pocket limit ⁴ of \$2,940) |
| Blood | | | |
| First 3 pints | \$0 | 75% | 25%* |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible)* |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 15% | Generally 5%* |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |

MEDICARE (PARTS A & B)

| Services | Medicare Pays | Plan L Pays | You Pay ³ |
|--|---------------|-------------|----------------------------|
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible)* |
| – Remainder of Medicare-approved amounts | 80% | 15% | Generally 5%* |

Plan N

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

| Services | Medicare Pays | Plan N Pays | You Pay |
|---|--|--|------------------|
| Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,408 | \$1,408 (Part A deductible) ² | \$0 |
| 61st through 90th day | All but \$352 a day | \$352 a day | \$0 |
| 91st day and after: | | | |
| – While using 60 Lifetime Reserve days | All but \$704 a day | \$704 a day | \$0 |
| – Additional 365 days once Lifetime Reserve days are used | \$0 | 100% of Medicare-eligible expenses | \$0 ⁶ |
| Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled Nursing Facility Care⁵ 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 \$176 a day | Up to \$176 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Plan N

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

| Services | Medicare Pays | Plan N Pays | You Pay |
|---|---------------|--|--|
| Medical Expenses — In or Out of the Hospital And Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| 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 copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| Blood | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical Laboratory Services — Tests for Diagnostic Services | 100% | \$0 | \$0 |
| MEDICARE (PARTS A & B) | | | |
| Services | Medicare Pays | Plan N Pays | You Pay |
| Home Health Care Medicare-approved Services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| – First \$198 of Medicare-approved amounts ⁷ | \$0 | \$0 | \$198 (Part B deductible) |
| – Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

Plan N

OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare Pays | Plan N Pays | You Pay |
|--|---------------|---|--|
| Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

Important Information about Quotes for Medicare Supplement

Quoted prices are based on the criteria specified during your search. This illustration is subject to Blue Cross and Blue Shield of Illinois's rating or underwriting and approval, as appropriate, and does not guarantee rates, coverage or effective date. Furthermore, rates are subject to change if any of the information you have provided changes when and if a policy is approved. In addition, Blue Cross and Blue Shield of Illinois reserves the right to change rates from time to time. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

Medicare Supplement insurance plans are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.