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Outline of Coverage

Medicare Supplement Insurance

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

Underwritten by

An Aetna Company **Continental Life Insurance Company of Brentwood, Tennessee**

California

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Rates Effective: 09/2018 A

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 2
BENEFIT PLANS AVAILABLE: A, B, F, HIGH DEDUCTIBLE F, G, N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan “A” Some plans may not be available in your state.

See Outlines of Coverage Sections for details about ALL Plans

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

A	B	C	D	F/F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit $5,240; paid at 100% after limit reached	Out-of-pocket limit $2,620; paid at 100% after limit reached		

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,240 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.

Continental Life Insurance Company of Brentwood, Tennessee

Annual Attained Age Premiums

For Use in ZIP Codes: 920, 922, 930-931, 937-938, 944, 958

Rates Effective 9/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,760	3,491	4,444	n/a	n/a	2,742
65	1,450	1,834	2,337	557	1,884	1,368
66	1,507	1,906	2,426	579	1,958	1,424
67	1,565	1,980	2,522	601	2,034	1,483
68	1,627	2,057	2,620	624	2,113	1,544
69	1,691	2,138	2,723	649	2,195	1,605
70	1,756	2,221	2,827	675	2,280	1,672
71	1,824	2,309	2,940	699	2,370	1,742
72	1,897	2,400	3,053	729	2,462	1,818
73	1,971	2,494	3,176	755	2,561	1,897
74	2,050	2,594	3,302	787	2,661	1,979
75	2,134	2,697	3,432	818	2,768	2,062
76	2,192	2,772	3,529	841	2,846	2,128
77	2,254	2,850	3,629	865	2,928	2,199
78	2,318	2,933	3,733	890	3,010	2,270
79	2,384	3,015	3,838	915	3,093	2,340
80	2,451	3,098	3,945	941	3,180	2,415
81	2,480	3,136	3,994	953	3,220	2,447
82	2,510	3,175	4,042	965	3,258	2,478
83	2,540	3,211	4,089	973	3,297	2,511
84	2,571	3,251	4,139	985	3,337	2,543
85	2,600	3,289	4,187	999	3,377	2,576
86	2,632	3,331	4,237	1,010	3,418	2,608
87	2,663	3,368	4,288	1,022	3,458	2,642
88	2,696	3,409	4,339	1,035	3,500	2,675
89	2,727	3,450	4,393	1,047	3,541	2,710
90	2,760	3,491	4,444	1,058	3,585	2,742
91	2,792	3,533	4,497	1,072	3,627	2,778
92	2,828	3,576	4,552	1,085	3,670	2,814
93	2,860	3,618	4,606	1,098	3,714	2,848
94	2,894	3,660	4,663	1,112	3,760	2,886
95	2,931	3,706	4,719	1,124	3,804	2,923
96	2,965	3,750	4,774	1,140	3,851	2,962
97	3,001	3,795	4,833	1,152	3,898	2,999
98	3,038	3,841	4,891	1,166	3,944	3,037
99	3,074	3,887	4,949	1,179	3,990	3,074

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,063	3,873	4,931	n/a	n/a	3,044
65	1,611	2,036	2,592	618	2,090	1,518
66	1,675	2,115	2,693	641	2,171	1,581
67	1,738	2,198	2,798	667	2,257	1,646
68	1,806	2,283	2,908	694	2,344	1,714
69	1,877	2,372	3,019	720	2,436	1,783
70	1,950	2,466	3,137	749	2,531	1,855
71	2,027	2,563	3,262	777	2,631	1,935
72	2,107	2,664	3,391	808	2,734	2,019
73	2,190	2,770	3,525	839	2,843	2,104
74	2,276	2,878	3,662	874	2,953	2,198
75	2,366	2,991	3,808	908	3,072	2,289
76	2,433	3,077	3,919	933	3,160	2,361
77	2,502	3,163	4,028	960	3,249	2,441
78	2,573	3,254	4,143	987	3,339	2,518
79	2,646	3,346	4,261	1,017	3,434	2,598
80	2,720	3,440	4,379	1,044	3,531	2,682
81	2,754	3,481	4,432	1,057	3,574	2,715
82	2,786	3,525	4,486	1,071	3,618	2,752
83	2,818	3,566	4,539	1,080	3,659	2,785
84	2,852	3,607	4,593	1,094	3,704	2,823
85	2,887	3,652	4,648	1,109	3,747	2,860
86	2,921	3,697	4,704	1,121	3,795	2,896
87	2,956	3,739	4,760	1,135	3,839	2,932
88	2,991	3,784	4,817	1,148	3,885	2,969
89	3,027	3,830	4,874	1,162	3,931	3,006
90	3,063	3,873	4,931	1,175	3,977	3,044
91	3,100	3,920	4,991	1,190	4,026	3,085
92	3,137	3,969	5,050	1,203	4,075	3,124
93	3,176	4,016	5,112	1,219	4,121	3,163
94	3,213	4,063	5,174	1,235	4,172	3,204
95	3,253	4,113	5,239	1,248	4,223	3,245
96	3,290	4,162	5,300	1,264	4,275	3,289
97	3,333	4,215	5,365	1,279	4,327	3,327
98	3,371	4,264	5,429	1,295	4,377	3,372
99	3,411	4,314	5,493	1,308	4,429	3,416

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

Continental Life Insurance Company of Brentwood, Tennessee

Annual Attained Age Premiums

For Use in ZIP Codes: 919, 925, 933, 942

Rates Effective 9/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,036	3,840	4,888	n/a	n/a	3,016
65	1,595	2,017	2,571	613	2,072	1,505
66	1,658	2,097	2,669	637	2,154	1,566
67	1,722	2,178	2,774	661	2,237	1,631
68	1,790	2,263	2,882	686	2,324	1,698
69	1,860	2,352	2,995	714	2,415	1,766
70	1,932	2,443	3,110	743	2,508	1,839
71	2,006	2,540	3,234	769	2,607	1,916
72	2,087	2,640	3,358	802	2,708	2,000
73	2,168	2,743	3,494	831	2,817	2,087
74	2,255	2,853	3,632	866	2,927	2,177
75	2,347	2,967	3,775	900	3,045	2,268
76	2,411	3,049	3,882	925	3,131	2,341
77	2,479	3,135	3,992	952	3,221	2,419
78	2,550	3,226	4,106	979	3,311	2,497
79	2,622	3,317	4,222	1,007	3,402	2,574
80	2,696	3,408	4,340	1,035	3,498	2,657
81	2,728	3,450	4,393	1,048	3,542	2,692
82	2,761	3,493	4,446	1,062	3,584	2,726
83	2,794	3,532	4,498	1,070	3,627	2,762
84	2,828	3,576	4,553	1,084	3,671	2,797
85	2,860	3,618	4,606	1,099	3,715	2,834
86	2,895	3,664	4,661	1,111	3,760	2,869
87	2,929	3,705	4,717	1,124	3,804	2,906
88	2,966	3,750	4,773	1,139	3,850	2,943
89	3,000	3,795	4,832	1,152	3,895	2,981
90	3,036	3,840	4,888	1,164	3,944	3,016
91	3,071	3,886	4,947	1,179	3,990	3,056
92	3,111	3,934	5,007	1,194	4,037	3,095
93	3,146	3,980	5,067	1,208	4,085	3,133
94	3,183	4,026	5,129	1,223	4,136	3,175
95	3,224	4,077	5,191	1,236	4,184	3,215
96	3,262	4,125	5,251	1,254	4,236	3,258
97	3,301	4,175	5,316	1,267	4,288	3,299
98	3,342	4,225	5,380	1,283	4,338	3,341
99	3,381	4,276	5,444	1,297	4,389	3,381

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,369	4,260	5,424	n/a	n/a	3,348
65	1,772	2,240	2,851	680	2,299	1,670
66	1,843	2,327	2,962	705	2,388	1,739
67	1,912	2,418	3,078	734	2,483	1,811
68	1,987	2,511	3,199	763	2,578	1,885
69	2,065	2,609	3,321	792	2,680	1,961
70	2,145	2,713	3,451	824	2,784	2,041
71	2,230	2,819	3,588	855	2,894	2,129
72	2,318	2,930	3,730	889	3,007	2,221
73	2,409	3,047	3,878	923	3,127	2,314
74	2,504	3,166	4,028	961	3,248	2,418
75	2,603	3,290	4,189	999	3,379	2,518
76	2,676	3,385	4,311	1,026	3,476	2,597
77	2,752	3,479	4,431	1,056	3,574	2,685
78	2,830	3,579	4,557	1,086	3,673	2,770
79	2,911	3,681	4,687	1,119	3,777	2,858
80	2,992	3,784	4,817	1,148	3,884	2,950
81	3,029	3,829	4,875	1,163	3,931	2,987
82	3,065	3,878	4,935	1,178	3,980	3,027
83	3,100	3,923	4,993	1,188	4,025	3,064
84	3,137	3,968	5,052	1,203	4,074	3,105
85	3,176	4,017	5,113	1,220	4,122	3,146
86	3,213	4,067	5,174	1,233	4,175	3,186
87	3,252	4,113	5,236	1,249	4,223	3,225
88	3,290	4,162	5,299	1,263	4,274	3,266
89	3,330	4,213	5,361	1,278	4,324	3,307
90	3,369	4,260	5,424	1,293	4,375	3,348
91	3,410	4,312	5,490	1,309	4,429	3,394
92	3,451	4,366	5,555	1,323	4,483	3,436
93	3,494	4,418	5,623	1,341	4,533	3,479
94	3,534	4,469	5,691	1,359	4,589	3,524
95	3,578	4,524	5,763	1,373	4,645	3,570
96	3,619	4,578	5,830	1,390	4,703	3,618
97	3,666	4,637	5,902	1,407	4,760	3,660
98	3,708	4,690	5,972	1,425	4,815	3,709
99	3,752	4,745	6,042	1,439	4,872	3,758

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 application fee.

To calculate a Household discount:

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

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

Continental Life Insurance Company of Brentwood, Tennessee

Annual Attained Age Premiums

For Use in ZIP Codes: 941, 943, 946-948, 951

Rates Effective 9/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,229	4,084	5,199	n/a	n/a	3,208
65	1,697	2,146	2,734	652	2,204	1,601
66	1,763	2,230	2,838	677	2,291	1,666
67	1,831	2,317	2,951	703	2,380	1,735
68	1,904	2,407	3,065	730	2,472	1,806
69	1,978	2,501	3,186	759	2,568	1,878
70	2,055	2,599	3,308	790	2,668	1,956
71	2,134	2,702	3,440	818	2,773	2,038
72	2,219	2,808	3,572	853	2,881	2,127
73	2,306	2,918	3,716	883	2,996	2,219
74	2,399	3,035	3,863	921	3,113	2,315
75	2,497	3,155	4,015	957	3,239	2,413
76	2,565	3,243	4,129	984	3,330	2,490
77	2,637	3,335	4,246	1,012	3,426	2,573
78	2,712	3,432	4,368	1,041	3,522	2,656
79	2,789	3,528	4,490	1,071	3,619	2,738
80	2,868	3,625	4,616	1,101	3,721	2,826
81	2,902	3,669	4,673	1,115	3,767	2,863
82	2,937	3,715	4,729	1,129	3,812	2,899
83	2,972	3,757	4,784	1,138	3,857	2,938
84	3,008	3,804	4,843	1,152	3,904	2,975
85	3,042	3,848	4,899	1,169	3,951	3,014
86	3,079	3,897	4,957	1,182	3,999	3,051
87	3,116	3,941	5,017	1,196	4,046	3,091
88	3,154	3,989	5,077	1,211	4,095	3,130
89	3,191	4,037	5,140	1,225	4,143	3,171
90	3,229	4,084	5,199	1,238	4,194	3,208
91	3,267	4,134	5,261	1,254	4,244	3,250
92	3,309	4,184	5,326	1,269	4,294	3,292
93	3,346	4,233	5,389	1,285	4,345	3,332
94	3,386	4,282	5,456	1,301	4,399	3,377
95	3,429	4,336	5,521	1,315	4,451	3,420
96	3,469	4,388	5,586	1,334	4,506	3,466
97	3,511	4,440	5,655	1,348	4,561	3,509
98	3,554	4,494	5,722	1,364	4,614	3,553
99	3,597	4,548	5,790	1,379	4,668	3,597

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,584	4,531	5,769	n/a	n/a	3,561
65	1,885	2,382	3,033	723	2,445	1,776
66	1,960	2,475	3,151	750	2,540	1,850
67	2,033	2,572	3,274	780	2,641	1,926
68	2,113	2,671	3,402	812	2,742	2,005
69	2,196	2,775	3,532	842	2,850	2,086
70	2,282	2,885	3,670	876	2,961	2,170
71	2,372	2,999	3,817	909	3,078	2,264
72	2,465	3,117	3,967	945	3,199	2,362
73	2,562	3,241	4,124	982	3,326	2,462
74	2,663	3,367	4,285	1,023	3,455	2,572
75	2,768	3,499	4,455	1,062	3,594	2,678
76	2,847	3,600	4,585	1,092	3,697	2,762
77	2,927	3,701	4,713	1,123	3,801	2,856
78	3,010	3,807	4,847	1,155	3,907	2,946
79	3,096	3,915	4,985	1,190	4,018	3,040
80	3,182	4,025	5,123	1,221	4,131	3,138
81	3,222	4,073	5,185	1,237	4,182	3,177
82	3,260	4,124	5,249	1,253	4,233	3,220
83	3,297	4,172	5,311	1,264	4,281	3,258
84	3,337	4,220	5,374	1,280	4,334	3,303
85	3,378	4,273	5,438	1,298	4,384	3,346
86	3,418	4,325	5,504	1,312	4,440	3,388
87	3,459	4,375	5,569	1,328	4,492	3,430
88	3,499	4,427	5,636	1,343	4,545	3,474
89	3,542	4,481	5,703	1,360	4,599	3,517
90	3,584	4,531	5,769	1,375	4,653	3,561
91	3,627	4,586	5,839	1,392	4,710	3,609
92	3,670	4,644	5,909	1,408	4,768	3,655
93	3,716	4,699	5,981	1,426	4,822	3,701
94	3,759	4,754	6,054	1,445	4,881	3,749
95	3,806	4,812	6,130	1,460	4,941	3,797
96	3,849	4,870	6,201	1,479	5,002	3,848
97	3,900	4,932	6,277	1,496	5,063	3,893
98	3,944	4,989	6,352	1,515	5,121	3,945
99	3,991	5,047	6,427	1,530	5,182	3,997

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

Continental Life Insurance Company of Brentwood, Tennessee

Annual Attained Age Premiums

For Use in ZIP Codes: 913, 917, 921, 924, 928

Rates Effective 9/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,367	4,259	5,422	n/a	n/a	3,345
65	1,769	2,237	2,851	680	2,298	1,669
66	1,839	2,325	2,960	706	2,389	1,737
67	1,909	2,416	3,077	733	2,481	1,809
68	1,985	2,510	3,196	761	2,578	1,884
69	2,063	2,608	3,322	792	2,678	1,958
70	2,142	2,710	3,449	824	2,782	2,040
71	2,225	2,817	3,587	853	2,891	2,125
72	2,314	2,928	3,725	889	3,004	2,218
73	2,405	3,043	3,875	921	3,124	2,314
74	2,501	3,165	4,028	960	3,246	2,414
75	2,603	3,290	4,187	998	3,377	2,516
76	2,674	3,382	4,305	1,026	3,472	2,596
77	2,750	3,477	4,427	1,055	3,572	2,683
78	2,828	3,578	4,554	1,086	3,672	2,769
79	2,908	3,678	4,682	1,116	3,773	2,855
80	2,990	3,780	4,813	1,148	3,880	2,946
81	3,026	3,826	4,873	1,163	3,928	2,985
82	3,062	3,874	4,931	1,177	3,975	3,023
83	3,099	3,917	4,989	1,187	4,022	3,063
84	3,137	3,966	5,050	1,202	4,071	3,102
85	3,172	4,013	5,108	1,219	4,120	3,143
86	3,211	4,064	5,169	1,232	4,170	3,182
87	3,249	4,109	5,231	1,247	4,219	3,223
88	3,289	4,159	5,294	1,263	4,270	3,264
89	3,327	4,209	5,359	1,277	4,320	3,306
90	3,367	4,259	5,422	1,291	4,374	3,345
91	3,406	4,310	5,486	1,308	4,425	3,389
92	3,450	4,363	5,553	1,324	4,477	3,433
93	3,489	4,414	5,619	1,340	4,531	3,475
94	3,531	4,465	5,689	1,357	4,587	3,521
95	3,576	4,521	5,757	1,371	4,641	3,566
96	3,617	4,575	5,824	1,391	4,698	3,614
97	3,661	4,630	5,896	1,405	4,756	3,659
98	3,706	4,686	5,967	1,423	4,812	3,705
99	3,750	4,742	6,038	1,438	4,868	3,750

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,737	4,725	6,016	n/a	n/a	3,714
65	1,965	2,484	3,162	754	2,550	1,852
66	2,044	2,580	3,285	782	2,649	1,929
67	2,120	2,682	3,414	814	2,754	2,008
68	2,203	2,785	3,548	847	2,860	2,091
69	2,290	2,894	3,683	878	2,972	2,175
70	2,379	3,009	3,827	914	3,088	2,263
71	2,473	3,127	3,980	948	3,210	2,361
72	2,571	3,250	4,137	986	3,335	2,463
73	2,672	3,379	4,301	1,024	3,468	2,567
74	2,777	3,511	4,468	1,066	3,603	2,682
75	2,887	3,649	4,646	1,108	3,748	2,793
76	2,968	3,754	4,781	1,138	3,855	2,880
77	3,052	3,859	4,914	1,171	3,964	2,978
78	3,139	3,970	5,054	1,204	4,074	3,072
79	3,228	4,082	5,198	1,241	4,189	3,170
80	3,318	4,197	5,342	1,274	4,308	3,272
81	3,360	4,247	5,407	1,290	4,360	3,312
82	3,399	4,301	5,473	1,307	4,414	3,357
83	3,438	4,351	5,538	1,318	4,464	3,398
84	3,479	4,401	5,603	1,335	4,519	3,444
85	3,522	4,455	5,671	1,353	4,571	3,489
86	3,564	4,510	5,739	1,368	4,630	3,533
87	3,606	4,562	5,807	1,385	4,684	3,577
88	3,649	4,616	5,877	1,401	4,740	3,622
89	3,693	4,673	5,946	1,418	4,796	3,667
90	3,737	4,725	6,016	1,434	4,852	3,714
91	3,782	4,782	6,089	1,452	4,912	3,764
92	3,827	4,842	6,161	1,468	4,972	3,811
93	3,875	4,900	6,237	1,487	5,028	3,859
94	3,920	4,957	6,312	1,507	5,090	3,909
95	3,969	5,018	6,392	1,523	5,152	3,959
96	4,014	5,078	6,466	1,542	5,216	4,013
97	4,066	5,142	6,545	1,560	5,279	4,059
98	4,113	5,202	6,623	1,580	5,340	4,114
99	4,161	5,263	6,701	1,596	5,403	4,168

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

Continental Life Insurance Company of Brentwood, Tennessee

Annual Attained Age Premiums

For Use in ZIP Codes: 900-912, 914-916, 918, 926-927

Rates Effective 9/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,781	4,783	6,088	n/a	n/a	3,757
65	1,987	2,513	3,202	763	2,581	1,874
66	2,065	2,611	3,324	793	2,682	1,951
67	2,144	2,713	3,455	823	2,787	2,032
68	2,229	2,818	3,589	855	2,895	2,115
69	2,317	2,929	3,731	889	3,007	2,199
70	2,406	3,043	3,873	925	3,124	2,291
71	2,499	3,163	4,028	958	3,247	2,387
72	2,599	3,288	4,183	999	3,373	2,491
73	2,700	3,417	4,351	1,034	3,509	2,599
74	2,809	3,554	4,524	1,078	3,646	2,711
75	2,924	3,695	4,702	1,121	3,792	2,825
76	3,003	3,798	4,835	1,152	3,899	2,915
77	3,088	3,905	4,972	1,185	4,011	3,013
78	3,176	4,018	5,114	1,219	4,124	3,110
79	3,266	4,131	5,258	1,254	4,237	3,206
80	3,358	4,244	5,405	1,289	4,357	3,309
81	3,398	4,296	5,472	1,306	4,411	3,352
82	3,439	4,350	5,538	1,322	4,463	3,395
83	3,480	4,399	5,602	1,333	4,517	3,440
84	3,522	4,454	5,670	1,349	4,572	3,484
85	3,562	4,506	5,736	1,369	4,626	3,529
86	3,606	4,563	5,805	1,384	4,683	3,573
87	3,648	4,614	5,875	1,400	4,737	3,620
88	3,694	4,670	5,944	1,418	4,795	3,665
89	3,736	4,727	6,018	1,434	4,851	3,713
90	3,781	4,783	6,088	1,449	4,911	3,757
91	3,825	4,840	6,161	1,469	4,969	3,806
92	3,874	4,899	6,236	1,486	5,028	3,855
93	3,918	4,957	6,310	1,504	5,088	3,902
94	3,965	5,014	6,388	1,523	5,151	3,954
95	4,015	5,077	6,465	1,540	5,211	4,005
96	4,062	5,138	6,540	1,562	5,276	4,058
97	4,111	5,199	6,621	1,578	5,340	4,109
98	4,162	5,262	6,701	1,597	5,403	4,161
99	4,211	5,325	6,780	1,615	5,466	4,211

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	4,196	5,306	6,755	n/a	n/a	4,170
65	2,207	2,789	3,551	847	2,863	2,080
66	2,295	2,898	3,689	878	2,974	2,166
67	2,381	3,011	3,833	914	3,092	2,255
68	2,474	3,128	3,984	951	3,211	2,348
69	2,571	3,250	4,136	986	3,337	2,443
70	2,672	3,378	4,298	1,026	3,467	2,541
71	2,777	3,511	4,469	1,064	3,604	2,651
72	2,887	3,650	4,646	1,107	3,746	2,766
73	3,000	3,795	4,829	1,149	3,895	2,882
74	3,118	3,943	5,017	1,197	4,046	3,011
75	3,241	4,098	5,217	1,244	4,209	3,136
76	3,333	4,215	5,369	1,278	4,329	3,235
77	3,428	4,333	5,518	1,315	4,451	3,344
78	3,525	4,458	5,676	1,352	4,574	3,450
79	3,625	4,584	5,838	1,393	4,705	3,559
80	3,726	4,713	5,999	1,430	4,837	3,674
81	3,773	4,769	6,072	1,448	4,896	3,720
82	3,817	4,829	6,146	1,467	4,957	3,770
83	3,861	4,885	6,218	1,480	5,013	3,815
84	3,907	4,942	6,292	1,499	5,074	3,868
85	3,955	5,003	6,368	1,519	5,133	3,918
86	4,002	5,065	6,444	1,536	5,199	3,968
87	4,050	5,122	6,521	1,555	5,259	4,017
88	4,098	5,184	6,599	1,573	5,322	4,068
89	4,147	5,247	6,677	1,592	5,385	4,118
90	4,196	5,306	6,755	1,610	5,448	4,170
91	4,247	5,370	6,838	1,630	5,516	4,226
92	4,298	5,438	6,919	1,648	5,583	4,280
93	4,351	5,502	7,003	1,670	5,646	4,333
94	4,402	5,566	7,088	1,692	5,716	4,389
95	4,457	5,635	7,177	1,710	5,786	4,446
96	4,507	5,702	7,261	1,732	5,857	4,506
97	4,566	5,775	7,350	1,752	5,928	4,558
98	4,618	5,842	7,438	1,774	5,996	4,620
99	4,673	5,910	7,525	1,792	6,068	4,680

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

Continental Life Insurance Company of Brentwood, Tennessee

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

Rates Effective 9/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,622	3,316	4,222	n/a	n/a	2,605
65	1,378	1,742	2,220	529	1,790	1,300
66	1,432	1,811	2,305	550	1,860	1,353
67	1,487	1,881	2,396	571	1,932	1,409
68	1,546	1,954	2,489	593	2,007	1,467
69	1,606	2,031	2,587	617	2,085	1,525
70	1,668	2,110	2,686	641	2,166	1,588
71	1,733	2,194	2,793	664	2,252	1,655
72	1,802	2,280	2,900	693	2,339	1,727
73	1,872	2,369	3,017	717	2,433	1,802
74	1,948	2,464	3,137	748	2,528	1,880
75	2,027	2,562	3,260	777	2,630	1,959
76	2,082	2,633	3,353	799	2,704	2,022
77	2,141	2,708	3,448	822	2,782	2,089
78	2,202	2,786	3,546	846	2,860	2,157
79	2,265	2,864	3,646	869	2,938	2,223
80	2,328	2,943	3,748	894	3,021	2,294
81	2,356	2,979	3,794	905	3,059	2,325
82	2,385	3,016	3,840	917	3,095	2,354
83	2,413	3,050	3,885	924	3,132	2,385
84	2,442	3,088	3,932	936	3,170	2,416
85	2,470	3,125	3,978	949	3,208	2,447
86	2,500	3,164	4,025	960	3,247	2,478
87	2,530	3,200	4,074	971	3,285	2,510
88	2,561	3,239	4,122	983	3,325	2,541
89	2,591	3,278	4,173	995	3,364	2,575
90	2,622	3,316	4,222	1,005	3,406	2,605
91	2,652	3,356	4,272	1,018	3,446	2,639
92	2,687	3,397	4,324	1,031	3,487	2,673
93	2,717	3,437	4,376	1,043	3,528	2,706
94	2,749	3,477	4,430	1,056	3,572	2,742
95	2,784	3,521	4,483	1,068	3,614	2,777
96	2,817	3,563	4,535	1,083	3,658	2,814
97	2,851	3,605	4,591	1,094	3,703	2,849
98	2,886	3,649	4,646	1,108	3,747	2,885
99	2,920	3,693	4,702	1,120	3,791	2,920

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,910	3,679	4,684	n/a	n/a	2,892
65	1,530	1,934	2,462	587	1,986	1,442
66	1,591	2,009	2,558	609	2,062	1,502
67	1,651	2,088	2,658	634	2,144	1,564
68	1,716	2,169	2,763	659	2,227	1,628
69	1,783	2,253	2,868	684	2,314	1,694
70	1,853	2,343	2,980	712	2,404	1,762
71	1,926	2,435	3,099	738	2,499	1,838
72	2,002	2,531	3,221	768	2,597	1,918
73	2,081	2,632	3,349	797	2,701	1,999
74	2,162	2,734	3,479	830	2,805	2,088
75	2,248	2,841	3,618	863	2,918	2,175
76	2,311	2,923	3,723	886	3,002	2,243
77	2,377	3,005	3,827	912	3,087	2,319
78	2,444	3,091	3,936	938	3,172	2,392
79	2,514	3,179	4,048	966	3,262	2,468
80	2,584	3,268	4,160	992	3,354	2,548
81	2,616	3,307	4,210	1,004	3,395	2,579
82	2,647	3,349	4,262	1,017	3,437	2,614
83	2,677	3,388	4,312	1,026	3,476	2,646
84	2,709	3,427	4,363	1,039	3,519	2,682
85	2,743	3,469	4,416	1,054	3,560	2,717
86	2,775	3,512	4,469	1,065	3,605	2,751
87	2,808	3,552	4,522	1,078	3,647	2,785
88	2,841	3,595	4,576	1,091	3,691	2,821
89	2,876	3,639	4,630	1,104	3,734	2,856
90	2,910	3,679	4,684	1,116	3,778	2,892
91	2,945	3,724	4,741	1,131	3,825	2,931
92	2,980	3,771	4,798	1,143	3,871	2,968
93	3,017	3,815	4,856	1,158	3,915	3,005
94	3,052	3,860	4,915	1,173	3,963	3,044
95	3,090	3,907	4,977	1,186	4,012	3,083
96	3,126	3,954	5,035	1,201	4,061	3,125
97	3,166	4,004	5,097	1,215	4,111	3,161
98	3,202	4,051	5,158	1,230	4,158	3,203
99	3,240	4,098	5,218	1,243	4,208	3,245

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 application fee.

To calculate a Household discount:

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

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

PREMIUM INFORMATION

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

HOUSEHOLD DISCOUNT

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

DISCLOSURES

Use this outline to compare benefits and premium among policies.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Continental Life Insurance Company of Brentwood, Tennessee, P.O. Box 14770, Lexington, KY 40512-4770. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all your payments.

POLICY REPLACEMENT

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

NOTICE

The policy may not cover all of your medical costs.

Neither Continental Life Insurance Company of Brentwood, Tennessee nor its agents are connected with Medicare.

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

THE FOLLOWING CHARTS DESCRIBE PLANS A, B, F, HIGH DEDUCTIBLE F, G and N OFFERED BY CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE.

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$0	$1,340 (Part A Deductible)
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
•While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
•Once lifetime reserve days are used:			
•Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
•Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	$0	Up to $167.50 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

PLAN A

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

*Once you have been billed $183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

PARTS A & B

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

PLAN B

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
•While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
•Once lifetime reserve days are used:			
•Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
•Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	$0	Up to $167.50 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

PLAN B

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

* Once you have been billed $183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

PARTS A & B

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

PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
• While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
• Once lifetime reserve days are used:			
• Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
• Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

PLAN F

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

*Once you have been billed $183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

PARTS A & B

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

PLAN F

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

HIGH DEDUCTIBLE PLAN F

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

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

*****This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,240 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO $2,240 DEDUCTIBLE*** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
•While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
•Once lifetime reserve days are used:			
•Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
•Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0

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

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

HIGH DEDUCTIBLE PLAN F

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

*Once you have been billed $183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

*****This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,240 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO $2,240 DEDUCTIBLE*** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$183 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (Above Medicare-Approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-Approved amounts*	$0	$183 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO $2,240 DEDUCTIBLE*** YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
•Medically necessary skilled care services and medical supplies	100%	$0	$0
•Durable medical equipment			
•First $183 of Medicare Approved amounts*	$0	$183 (Part B Deductible)	$0
•Remainder of Medicare Approved amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2,240 DEDUCTIBLE** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
•While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
•Once lifetime reserve days are used:			
•Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
•Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness services	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

PLAN G

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

*Once you have been billed $183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

PARTS A & B

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

PLAN G

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
•While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
•Once lifetime reserve days are used:			
•Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
•Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness services	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

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

PLAN N

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

*Once you have been billed $183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare-Approved amounts*	$0	$0	$183 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PLAN N

PARTS A & B

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

OTHER BENEFITS – NOT COVERED BY MEDICARE

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