



# Outline of coverage

# **Medicare Supplement Insurance**

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## Accendo Insurance Company

part of the CVS Health® family of companies and Aetna affiliate

Policy administered by Aetna Life Insurance Company and its affiliates

### **California**

Benefit plans: A, F, G & N

Rates effective: (05/2022 A)

ACCMS05313CA  
(05/2022 A)

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**ACCENDO INSURANCE COMPANY**  
**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE**  
**BENEFIT PLANS AVAILABLE: A, F, G, N**

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
	Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2022 <sup>2</sup>					\$6620 <sup>2</sup>	\$3310 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

## Accendo Insurance Company

Annual Attained Age Premiums

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

Rates Effective 5/1/2022

Attained Age	Preferred				Attained Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	5,903	7,793	7,157	5,073	Under 65	6,559	8,659	7,952	5,636
65	2,413	3,185	2,925	1,961	65	2,681	3,541	3,250	2,179
66	2,413	3,185	2,925	1,961	66	2,681	3,541	3,250	2,179
67	2,413	3,185	2,925	1,961	67	2,681	3,541	3,250	2,179
68	2,449	3,233	2,969	2,039	68	2,720	3,593	3,299	2,267
69	2,498	3,299	3,028	2,117	69	2,775	3,665	3,365	2,353
70	2,560	3,380	3,105	2,195	70	2,845	3,756	3,450	2,438
71	2,637	3,482	3,198	2,272	71	2,930	3,869	3,554	2,524
72	2,719	3,591	3,298	2,350	72	3,021	3,990	3,663	2,611
73	2,808	3,708	3,406	2,428	73	3,119	4,120	3,784	2,699
74	2,903	3,833	3,519	2,508	74	3,224	4,258	3,911	2,786
75	3,005	3,966	3,643	2,588	75	3,339	4,406	4,048	2,876
76	3,109	4,105	3,770	2,671	76	3,455	4,562	4,189	2,968
77	3,214	4,245	3,898	2,756	77	3,571	4,716	4,332	3,061
78	3,319	4,383	4,023	2,845	78	3,689	4,869	4,470	3,161
79	3,423	4,519	4,150	2,935	79	3,803	5,023	4,611	3,262
80	3,525	4,654	4,274	3,028	80	3,917	5,172	4,749	3,365
81	3,630	4,794	4,404	3,120	81	4,035	5,327	4,893	3,468
82	3,740	4,938	4,535	3,213	82	4,154	5,486	5,039	3,570
83	3,849	5,083	4,667	3,308	83	4,275	5,648	5,187	3,675
84	3,961	5,230	4,802	3,404	84	4,402	5,812	5,337	3,783
85	4,075	5,381	4,942	3,502	85	4,529	5,979	5,491	3,891
86	4,193	5,535	5,083	3,603	86	4,658	6,150	5,648	4,003
87	4,311	5,692	5,227	3,705	87	4,791	6,324	5,808	4,117
88	4,432	5,852	5,374	3,809	88	4,925	6,503	5,972	4,232
89	4,555	6,015	5,524	3,914	89	5,060	6,683	6,137	4,349
90	4,681	6,180	5,675	4,022	90	5,201	6,867	6,306	4,468
91	4,808	6,348	5,831	4,133	91	5,342	7,055	6,479	4,592
92	4,938	6,519	5,986	4,244	92	5,486	7,242	6,651	4,715
93	5,070	6,692	6,146	4,356	93	5,633	7,435	6,828	4,840
94	5,203	6,869	6,309	4,471	94	5,782	7,632	7,010	4,969
95	5,340	7,049	6,473	4,588	95	5,933	7,831	7,191	5,098
96	5,478	7,230	6,640	4,706	96	6,085	8,035	7,377	5,230
97	5,617	7,416	6,811	4,827	97	6,241	8,241	7,567	5,363
98	5,759	7,603	6,983	4,948	98	6,398	8,448	7,759	5,498
99	5,903	7,793	7,157	5,073	99	6,559	8,659	7,952	5,636

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0833

To calculate the 14% Household discount:

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

Modal premium x .86 = discounted premium

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

## Accendo Insurance Company

Annual Attained Age Premiums

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

Rates Effective 5/1/2022

Attained Age	Preferred				Attained Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	5,247	6,927	6,362	4,509	Under 65	5,830	7,697	7,068	5,010
65	2,145	2,831	2,600	1,743	65	2,383	3,148	2,889	1,937
66	2,145	2,831	2,600	1,743	66	2,383	3,148	2,889	1,937
67	2,145	2,831	2,600	1,743	67	2,383	3,148	2,889	1,937
68	2,177	2,874	2,639	1,812	68	2,418	3,194	2,932	2,015
69	2,221	2,932	2,692	1,882	69	2,467	3,258	2,991	2,092
70	2,276	3,004	2,760	1,951	70	2,529	3,338	3,067	2,167
71	2,344	3,095	2,843	2,020	71	2,605	3,439	3,159	2,244
72	2,417	3,192	2,931	2,089	72	2,685	3,547	3,256	2,321
73	2,496	3,296	3,027	2,158	73	2,772	3,662	3,364	2,399
74	2,580	3,407	3,128	2,230	74	2,866	3,785	3,476	2,477
75	2,671	3,525	3,238	2,300	75	2,968	3,917	3,598	2,556
76	2,764	3,649	3,351	2,374	76	3,071	4,055	3,724	2,638
77	2,857	3,773	3,465	2,450	77	3,174	4,192	3,850	2,721
78	2,950	3,896	3,576	2,529	78	3,279	4,328	3,973	2,810
79	3,043	4,017	3,689	2,609	79	3,380	4,465	4,099	2,899
80	3,133	4,137	3,799	2,692	80	3,482	4,598	4,221	2,991
81	3,227	4,261	3,914	2,774	81	3,587	4,735	4,349	3,082
82	3,324	4,389	4,031	2,856	82	3,693	4,877	4,479	3,173
83	3,421	4,518	4,148	2,940	83	3,800	5,020	4,611	3,267
84	3,521	4,649	4,269	3,026	84	3,913	5,166	4,744	3,363
85	3,622	4,783	4,393	3,113	85	4,026	5,315	4,881	3,459
86	3,727	4,920	4,518	3,203	86	4,141	5,467	5,020	3,558
87	3,832	5,060	4,646	3,293	87	4,259	5,622	5,162	3,660
88	3,940	5,202	4,777	3,386	88	4,378	5,780	5,308	3,762
89	4,049	5,347	4,910	3,479	89	4,498	5,940	5,455	3,866
90	4,161	5,494	5,044	3,575	90	4,623	6,104	5,605	3,972
91	4,274	5,642	5,183	3,674	91	4,749	6,271	5,759	4,082
92	4,389	5,795	5,321	3,772	92	4,877	6,437	5,912	4,191
93	4,507	5,948	5,463	3,872	93	5,007	6,609	6,070	4,302
94	4,625	6,106	5,608	3,974	94	5,139	6,784	6,231	4,417
95	4,746	6,266	5,754	4,078	95	5,274	6,961	6,392	4,531
96	4,869	6,427	5,902	4,183	96	5,409	7,142	6,557	4,649
97	4,993	6,592	6,054	4,291	97	5,548	7,325	6,726	4,767
98	5,119	6,758	6,207	4,398	98	5,687	7,510	6,897	4,887
99	5,247	6,927	6,362	4,509	99	5,830	7,697	7,068	5,010

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0833

To calculate the 14% Household discount:

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

Modal premium x .86 = discounted premium

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

## Accendo Insurance Company

Annual Attained Age Premiums

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

Rates Effective 5/1/2022

Attained Age	Preferred				Attained Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	5,042	6,657	6,113	4,333	Under 65	5,603	7,396	6,792	4,814
65	2,061	2,721	2,498	1,675	65	2,290	3,025	2,776	1,861
66	2,061	2,721	2,498	1,675	66	2,290	3,025	2,776	1,861
67	2,061	2,721	2,498	1,675	67	2,290	3,025	2,776	1,861
68	2,092	2,761	2,536	1,742	68	2,323	3,069	2,818	1,936
69	2,134	2,818	2,587	1,808	69	2,370	3,130	2,875	2,010
70	2,187	2,887	2,652	1,875	70	2,430	3,208	2,947	2,082
71	2,252	2,974	2,732	1,941	71	2,503	3,305	3,036	2,156
72	2,322	3,068	2,817	2,007	72	2,581	3,408	3,129	2,230
73	2,399	3,167	2,909	2,074	73	2,664	3,519	3,232	2,305
74	2,480	3,274	3,006	2,143	74	2,754	3,637	3,341	2,380
75	2,567	3,387	3,112	2,210	75	2,852	3,764	3,458	2,456
76	2,656	3,507	3,220	2,282	76	2,951	3,897	3,578	2,535
77	2,745	3,626	3,330	2,354	77	3,050	4,028	3,700	2,615
78	2,835	3,744	3,437	2,430	78	3,151	4,159	3,818	2,700
79	2,924	3,860	3,545	2,507	79	3,248	4,290	3,938	2,786
80	3,011	3,975	3,651	2,587	80	3,346	4,418	4,057	2,875
81	3,101	4,095	3,761	2,665	81	3,446	4,550	4,180	2,962
82	3,194	4,218	3,873	2,744	82	3,549	4,686	4,304	3,049
83	3,288	4,342	3,986	2,825	83	3,652	4,824	4,430	3,139
84	3,384	4,467	4,102	2,908	84	3,760	4,964	4,558	3,231
85	3,481	4,597	4,221	2,991	85	3,868	5,107	4,690	3,323
86	3,582	4,728	4,342	3,077	86	3,979	5,253	4,824	3,419
87	3,683	4,862	4,465	3,165	87	4,092	5,402	4,961	3,517
88	3,786	4,999	4,590	3,253	88	4,207	5,555	5,101	3,615
89	3,890	5,138	4,718	3,343	89	4,322	5,708	5,242	3,715
90	3,999	5,279	4,847	3,435	90	4,443	5,866	5,386	3,817
91	4,107	5,422	4,980	3,530	91	4,563	6,026	5,534	3,922
92	4,218	5,568	5,113	3,625	92	4,686	6,186	5,681	4,027
93	4,331	5,716	5,250	3,721	93	4,812	6,350	5,833	4,134
94	4,444	5,867	5,389	3,819	94	4,938	6,519	5,988	4,245
95	4,561	6,021	5,529	3,919	95	5,068	6,689	6,143	4,354
96	4,679	6,176	5,672	4,020	96	5,198	6,863	6,301	4,467
97	4,798	6,335	5,818	4,123	97	5,331	7,039	6,464	4,581
98	4,919	6,494	5,964	4,226	98	5,465	7,216	6,627	4,696
99	5,042	6,657	6,113	4,333	99	5,603	7,396	6,792	4,814

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0833

To calculate the 14% Household discount:

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

Modal premium x .86 = discounted premium

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

## Accendo Insurance Company

Annual Attained Age Premiums

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

Rates Effective 5/1/2022

Attained Age	Preferred				Attained Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	4,755	6,278	5,765	4,087	Under 65	5,284	6,975	6,406	4,540
65	1,944	2,566	2,356	1,580	65	2,160	2,852	2,618	1,755
66	1,944	2,566	2,356	1,580	66	2,160	2,852	2,618	1,755
67	1,944	2,566	2,356	1,580	67	2,160	2,852	2,618	1,755
68	1,973	2,604	2,392	1,643	68	2,191	2,894	2,658	1,826
69	2,013	2,658	2,439	1,705	69	2,235	2,952	2,711	1,895
70	2,062	2,723	2,501	1,768	70	2,292	3,025	2,779	1,964
71	2,124	2,805	2,576	1,830	71	2,361	3,117	2,863	2,033
72	2,190	2,893	2,656	1,893	72	2,434	3,214	2,951	2,103
73	2,262	2,987	2,743	1,956	73	2,513	3,319	3,048	2,174
74	2,339	3,088	2,835	2,021	74	2,597	3,430	3,151	2,245
75	2,421	3,195	2,935	2,085	75	2,690	3,550	3,261	2,317
76	2,504	3,307	3,037	2,152	76	2,783	3,675	3,374	2,391
77	2,589	3,420	3,140	2,220	77	2,877	3,799	3,489	2,466
78	2,674	3,531	3,241	2,292	78	2,972	3,922	3,601	2,546
79	2,757	3,640	3,343	2,364	79	3,064	4,046	3,714	2,627
80	2,840	3,749	3,443	2,439	80	3,155	4,167	3,826	2,711
81	2,924	3,862	3,547	2,514	81	3,250	4,291	3,942	2,793
82	3,013	3,978	3,653	2,588	82	3,347	4,420	4,059	2,876
83	3,101	4,095	3,760	2,665	83	3,444	4,550	4,178	2,960
84	3,191	4,213	3,869	2,742	84	3,546	4,682	4,299	3,047
85	3,283	4,335	3,981	2,821	85	3,648	4,816	4,423	3,134
86	3,378	4,459	4,095	2,902	86	3,753	4,954	4,550	3,225
87	3,473	4,585	4,211	2,985	87	3,859	5,095	4,678	3,316
88	3,570	4,714	4,329	3,068	88	3,967	5,239	4,811	3,409
89	3,669	4,845	4,450	3,153	89	4,076	5,384	4,944	3,503
90	3,771	4,979	4,572	3,240	90	4,190	5,532	5,080	3,599
91	3,873	5,113	4,697	3,329	91	4,304	5,683	5,219	3,699
92	3,978	5,251	4,822	3,419	92	4,420	5,834	5,358	3,798
93	4,084	5,391	4,951	3,509	93	4,538	5,989	5,501	3,899
94	4,191	5,533	5,082	3,602	94	4,657	6,148	5,647	4,003
95	4,301	5,678	5,214	3,696	95	4,779	6,308	5,793	4,106
96	4,413	5,824	5,349	3,791	96	4,902	6,473	5,943	4,213
97	4,525	5,974	5,487	3,888	97	5,027	6,639	6,096	4,320
98	4,639	6,125	5,625	3,986	98	5,154	6,806	6,250	4,429
99	4,755	6,278	5,765	4,087	99	5,284	6,975	6,406	4,540

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0833

To calculate the 14% Household discount:

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

Modal premium x .86 = discounted premium

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

## Accendo Insurance Company

Annual Attained Age Premiums

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

Rates Effective 5/1/2022

Attained Age	Preferred				Attained Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	4,304	5,683	5,219	3,699	Under 65	4,783	6,314	5,798	4,110
65	1,760	2,323	2,133	1,430	65	1,955	2,582	2,370	1,589
66	1,760	2,323	2,133	1,430	66	1,955	2,582	2,370	1,589
67	1,760	2,323	2,133	1,430	67	1,955	2,582	2,370	1,589
68	1,786	2,357	2,165	1,487	68	1,983	2,620	2,406	1,653
69	1,822	2,406	2,208	1,544	69	2,023	2,672	2,454	1,716
70	1,867	2,464	2,264	1,600	70	2,075	2,738	2,516	1,778
71	1,923	2,539	2,332	1,657	71	2,137	2,821	2,591	1,841
72	1,982	2,619	2,405	1,714	72	2,203	2,910	2,671	1,904
73	2,048	2,704	2,483	1,770	73	2,274	3,004	2,759	1,968
74	2,117	2,795	2,566	1,829	74	2,351	3,105	2,852	2,032
75	2,191	2,892	2,657	1,887	75	2,435	3,213	2,952	2,097
76	2,267	2,994	2,749	1,948	76	2,519	3,326	3,054	2,164
77	2,344	3,095	2,842	2,010	77	2,604	3,439	3,158	2,232
78	2,420	3,196	2,934	2,075	78	2,690	3,550	3,259	2,305
79	2,496	3,295	3,026	2,140	79	2,773	3,662	3,362	2,378
80	2,570	3,394	3,116	2,208	80	2,856	3,772	3,463	2,454
81	2,647	3,495	3,211	2,275	81	2,942	3,884	3,568	2,528
82	2,727	3,600	3,306	2,343	82	3,029	4,001	3,674	2,603
83	2,807	3,707	3,403	2,412	83	3,117	4,118	3,782	2,680
84	2,889	3,814	3,502	2,482	84	3,210	4,238	3,891	2,758
85	2,972	3,924	3,604	2,554	85	3,302	4,360	4,004	2,837
86	3,058	4,036	3,707	2,627	86	3,397	4,485	4,118	2,919
87	3,144	4,151	3,812	2,702	87	3,493	4,612	4,235	3,002
88	3,232	4,267	3,919	2,777	88	3,591	4,742	4,354	3,086
89	3,321	4,386	4,028	2,854	89	3,690	4,873	4,475	3,171
90	3,414	4,507	4,138	2,933	90	3,793	5,007	4,598	3,258
91	3,506	4,628	4,251	3,014	91	3,896	5,144	4,724	3,348
92	3,600	4,753	4,365	3,094	92	4,001	5,280	4,850	3,438
93	3,697	4,879	4,481	3,176	93	4,108	5,421	4,979	3,529
94	3,794	5,009	4,600	3,260	94	4,216	5,565	5,111	3,624
95	3,893	5,140	4,720	3,345	95	4,326	5,710	5,244	3,717
96	3,994	5,272	4,842	3,431	96	4,437	5,859	5,379	3,814
97	4,096	5,408	4,967	3,520	97	4,551	6,009	5,518	3,910
98	4,199	5,544	5,091	3,608	98	4,665	6,160	5,657	4,009
99	4,304	5,683	5,219	3,699	99	4,783	6,314	5,798	4,110

Modal Factors:      Semi-Annual: 0.5200

Quarterly: 0.2650      Monthly: 0.0833

To calculate the 14% Household discount:

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

Modal premium x .86 = discounted premium

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

## Accendo Insurance Company

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

Rates Effective 5/1/2022

Attained Age	Preferred				Attained Age	Standard			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Under 65	4,099	5,412	4,970	3,523	Under 65	4,555	6,013	5,522	3,914
65	1,676	2,212	2,031	1,362	65	1,862	2,459	2,257	1,513
66	1,676	2,212	2,031	1,362	66	1,862	2,459	2,257	1,513
67	1,676	2,212	2,031	1,362	67	1,862	2,459	2,257	1,513
68	1,701	2,245	2,062	1,416	68	1,889	2,495	2,291	1,574
69	1,735	2,291	2,103	1,470	69	1,927	2,545	2,337	1,634
70	1,778	2,347	2,156	1,524	70	1,976	2,608	2,396	1,693
71	1,831	2,418	2,221	1,578	71	2,035	2,687	2,468	1,753
72	1,888	2,494	2,290	1,632	72	2,098	2,771	2,544	1,813
73	1,950	2,575	2,365	1,686	73	2,166	2,861	2,628	1,874
74	2,016	2,662	2,444	1,742	74	2,239	2,957	2,716	1,935
75	2,087	2,754	2,530	1,797	75	2,319	3,060	2,811	1,997
76	2,159	2,851	2,618	1,855	76	2,399	3,168	2,909	2,061
77	2,232	2,948	2,707	1,914	77	2,480	3,275	3,008	2,126
78	2,305	3,044	2,794	1,976	78	2,562	3,381	3,104	2,195
79	2,377	3,138	2,882	2,038	79	2,641	3,488	3,202	2,265
80	2,448	3,232	2,968	2,103	80	2,720	3,592	3,298	2,337
81	2,521	3,329	3,058	2,167	81	2,802	3,699	3,398	2,408
82	2,597	3,429	3,149	2,231	82	2,885	3,810	3,499	2,479
83	2,673	3,530	3,241	2,297	83	2,969	3,922	3,602	2,552
84	2,751	3,632	3,335	2,364	84	3,057	4,036	3,706	2,627
85	2,830	3,737	3,432	2,432	85	3,145	4,152	3,813	2,702
86	2,912	3,844	3,530	2,502	86	3,235	4,271	3,922	2,780
87	2,994	3,953	3,630	2,573	87	3,327	4,392	4,033	2,859
88	3,078	4,064	3,732	2,645	88	3,420	4,516	4,147	2,939
89	3,163	4,177	3,836	2,718	89	3,514	4,641	4,262	3,020
90	3,251	4,292	3,941	2,793	90	3,612	4,769	4,379	3,103
91	3,339	4,408	4,049	2,870	91	3,710	4,899	4,499	3,189
92	3,429	4,527	4,157	2,947	92	3,810	5,029	4,619	3,274
93	3,521	4,647	4,268	3,025	93	3,912	5,163	4,742	3,361
94	3,613	4,770	4,381	3,105	94	4,015	5,300	4,868	3,451
95	3,708	4,895	4,495	3,186	95	4,120	5,438	4,994	3,540
96	3,804	5,021	4,611	3,268	96	4,226	5,580	5,123	3,632
97	3,901	5,150	4,730	3,352	97	4,334	5,723	5,255	3,724
98	3,999	5,280	4,849	3,436	98	4,443	5,867	5,388	3,818
99	4,099	5,412	4,970	3,523	99	4,555	6,013	5,522	3,914

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0833

To calculate the 14% Household discount:

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

Modal premium x .86 = discounted premium

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



## **PREMIUM INFORMATION**

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

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

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

## **HOUSEHOLD DISCOUNT**

You are eligible for a Household Premium Discount if: (1) you reside with your spouse (including civil union/domestic partner) or (2) for the past year you have resided with at least one, but not more than three, other adults. For the purpose of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in your state of residence. We may request additional documentation to determine eligibility. The discounted rate will be 14 percent lower than the individual rate and will be removed if the other adult or spouse no longer resides with you (other than in the case of his/her death).

## **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 Accendo Insurance Company, 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 Accendo Insurance Company nor its agents are connected with Medicare.

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

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely 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, F, G, and N OFFERED BY ACCENDO INSURANCE COMPANY.**

## 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days  •Beyond the Additional 365 days	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$0  \$389 a day  \$778 a day  100% of Medicare Eligible Expenses \$0	\$1,556 (Part A Deductible) \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day  101st day and after	All approved amounts All but \$194.50 a day  \$0	\$0 \$0  \$0	\$0 Up to \$194.50 a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

\*\*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 \$233 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$233 (Part B Deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare-Approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$233 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$233 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies  •Durable medical equipment •First \$233 of Medicare Approved amounts*  •Remainder of Medicare Approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$233 (Part B Deductible) \$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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days  •Beyond the Additional 365 days	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$1,556 (Part A Deductible) \$389 a day  \$778 a day  100% of Medicare Eligible Expenses \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th day  101st day and after	All approved amounts All but \$194.50 a day \$0	\$0  Up to \$194.50 a day \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**PLAN F**

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

\*Once you have been billed \$233 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES –</b> 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 \$233 of Medicare-Approved amounts*	\$0	\$233 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-Approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$233 of Medicare-Approved amounts*	\$0	\$233 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES			
•Medically necessary skilled care services and medical supplies	100%	\$0	\$0
•Durable medical equipment			
•First \$233 of Medicare Approved amounts*	\$0	\$233 (Part B Deductible)	\$0
•Remainder of Medicare Approved amounts	80%	20%	\$0

**PLAN F**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

## 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
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days  •Beyond the Additional 365 days	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$1,556 (Part A Deductible) \$389 a day  \$778 a day  100% of Medicare Eligible Expenses \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th day  101st day and after	All approved amounts All but \$194.50 a day \$0	\$0  Up to \$194.50 a day \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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 an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN G**

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

\*Once you have been billed \$233 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$233 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$233 (Part B Deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare-Approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$233 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0  80%	All costs \$0  20%	\$0 \$233 (Part B Deductible)  \$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies •Durable medical equipment •First \$233 of Medicare Approved amounts* •Remainder of Medicare Approved amounts	100%  \$0  80%	\$0  \$0  20%	\$0  \$233 (Part B Deductible)  \$0



**PLAN G**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

**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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after *While using 60 lifetime reserve days *Once lifetime reserve days are used: *Additional 365 days  *Beyond the Additional 365 days	All but \$1,556  All but \$389 a day  All but \$778 a day  \$0  \$0	\$1,556 (Part A Deductible) \$389 a day  \$778 a day  100% of Medicare Eligible Expenses \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th day  101st day and after	All approved amounts All but \$194.50 a day \$0	\$0  Up to \$194.50 a day \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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 co-payment/ 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 N**

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

\*Once you have been billed \$233 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>MEDICAL EXPENSES –</b>            IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment            First \$233 of Medicare-Approved amounts*            Remainder of Medicare-Approved amounts</p>	<p>\$0             Generally 80%</p>	<p>\$0             Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>	<p>\$233            (Part B Deductible)            Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>
<p><b>Part B Excess Charges</b>            (Above Medicare-Approved amounts)</p>	<p>\$0</p>	<p>0%</p>	<p>All costs</p>
<p><b>BLOOD</b>            First 3 pints            Next \$233 of Medicare-Approved amounts*            Remainder of Medicare-Approved amounts</p>	<p>\$0            \$0             80%</p>	<p>All costs            \$0             20%</p>	<p>\$0            \$233            (Part B Deductible)             \$0</p>
<p><b>CLINICAL LABORATORY SERVICES –</b>            TESTS FOR DIAGNOSTIC SERVICES</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

**PLAN N**

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b>			
•Medically necessary skilled care services and medical supplies *Durable medical equipment	100%	\$0	\$0
•First \$233 of Medicare Approved amounts*	\$0	\$0	\$233 (Part B Deductible)
*Remainder of Medicare Approved amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>			
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