### COMBINED INSURANCE COMPANY OF AMERICA OUTLINE OF COVERAGE Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020 Benefit Plans A, F, G and N are offered by Combined Insurance\*

YOU PURCHASED PLAN:

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 $\sqrt{\text{means 100\% of the benefit is paid.}}$

				Plans Ava	ailable to All A	Applicants			Medicare first eligible before 2020 only		e before
Benefits	A	В	D	G <sup>1</sup>	К	L	М	Ν		С	F <sup>1</sup>
Medicare Part A coinsurance and hospice coverage (up to an additional 365 days after Medicare benefits are used up)	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	7	/	$\checkmark$
Medicare Part B coinsurance or Copayment	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	50%	75%	$\checkmark$	√ copays apply <sup>3</sup>		<b>/</b>	$\checkmark$
Blood (first three pints)	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	50%	75%	$\checkmark$	$\checkmark$	1	/	$\checkmark$
Part A Hospice care coinsurance or copayment	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	50%	75%	$\checkmark$	$\checkmark$	7	/	$\checkmark$
Skilled nursing facility coinsurance			$\checkmark$	$\checkmark$	50%	75%	$\checkmark$	$\checkmark$	٦	/	$\checkmark$
Medicare Part A deductible		$\checkmark$	$\checkmark$	$\checkmark$	50%	75%	50%	$\checkmark$	٦	/	$\checkmark$
Medicare Part B deductible									٦	/	$\checkmark$
Medicare Part B excess charges				$\checkmark$					٦	/	$\checkmark$
Foreign travel emergency (up to plan limits)			$\checkmark$	$\checkmark$				$\checkmark$	1	/	$\checkmark$
Out-of-pocket limit in 2021 <sup>2</sup>		•		-	\$6,220 <sup>2</sup>	\$3,110 <sup>2</sup>		-	L		

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,370 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.

014905G-20R

Combined Insurance Company of America Medicare Supplement Alabama - Annual Standard Non-Tobacco Rates for Zip Codes Beginning With 350-352, 355

	Female Rates					Male Rates			
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Attained Age	14903	14905	14980	14906	Attained Age	14903	14905	14980	14906
65	\$1,648.56	\$2,449.68	\$1,617.84	\$1,391.40	65	\$1,895.76	\$2,816.64	\$1,860.72	\$1,599.72
66	\$1,704.48	\$2,532.60	\$1,672.32	\$1,435.44	66	\$1,960.20	\$2,912.16	\$1,923.24	\$1,650.72
67	\$1,780.32	\$2,616.96	\$1,727.52	\$1,496.76	67	\$2,047.32	\$3,010.56	\$1,986.84	\$1,720.32
68	\$1,837.44	\$2,704.80	\$1,785.60	\$1,545.60	68	\$2,112.96	\$3,110.28	\$2,053.92	\$1,777.56
69	\$1,893.36	\$2,796.84	\$1,846.80	\$1,597.68	69	\$2,177.64	\$3,216.24	\$2,124.48	\$1,837.68
70	\$1,947.72	\$2,890.68	\$1,909.20	\$1,648.68	70	\$2,239.80	\$3,324.00	\$2,196.24	\$1,896.84
71	\$1,997.64	\$3,003.00	\$1,983.48	\$1,698.96	71	\$2,298.00	\$3,454.56	\$2,280.72	\$1,954.20
72	\$2,046.24	\$3,121.32	\$2,062.08	\$1,746.84	72	\$2,352.60	\$3,588.24	\$2,370.72	\$2,009.28
73	\$2,088.24	\$3,242.40	\$2,140.68	\$1,791.72	73	\$2,402.28	\$3,729.84	\$2,462.16	\$2,060.52
74	\$2,125.32	\$3,370.20	\$2,225.16	\$1,833.60	74	\$2,444.64	\$3,875.76	\$2,559.12	\$2,108.40
75	\$2,156.40	\$3,500.64	\$2,311.92	\$1,872.36	75	\$2,480.28	\$4,026.48	\$2,658.84	\$2,153.28
76	\$2,186.16	\$3,590.04	\$2,369.52	\$1,910.16	76	\$2,514.00	\$4,129.32	\$2,724.60	\$2,197.44
77	\$2,213.52	\$3,682.20	\$2,432.28	\$1,947.00	77	\$2,546.16	\$4,233.72	\$2,796.36	\$2,239.20
78	\$2,239.80	\$3,775.56	\$2,494.68	\$1,980.84	78	\$2,574.96	\$4,341.48	\$2,869.32	\$2,278.20
79	\$2,262.00	\$3,872.88	\$2,557.08	\$2,014.56	79	\$2,602.32	\$4,451.88	\$2,941.08	\$2,315.76
80	\$2,285.76	\$3,971.04	\$2,623.08	\$2,047.20	80	\$2,628.36	\$4,565.76	\$3,016.20	\$2,354.76
81	\$2,306.52	\$4,050.96	\$2,676.12	\$2,079.84	81	\$2,652.96	\$4,659.48	\$3,077.40	\$2,391.36
82	\$2,326.56	\$4,134.00	\$2,729.28	\$2,111.64	82	\$2,675.52	\$4,754.52	\$3,138.72	\$2,428.08
83	\$2,343.96	\$4,218.36	\$2,786.04	\$2,141.28	83	\$2,695.20	\$4,851.72	\$3,203.28	\$2,462.76
84	\$2,360.16	\$4,304.28	\$2,842.56	\$2,171.88	84	\$2,714.04	\$4,950.00	\$3,269.52	\$2,496.72
85	\$2,374.08	\$4,392.12	\$2,900.52	\$2,200.32	85	\$2,730.12	\$5,049.84	\$3,335.40	\$2,530.44
86	\$2,387.40	\$4,447.32	\$2,936.40	\$2,229.00	86	\$2,746.44	\$5,114.52	\$3,376.92	\$2,562.96
87	\$2,401.20	\$4,499.88	\$2,970.96	\$2,258.64	87	\$2,762.40	\$5,174.28	\$3,416.40	\$2,596.80
88	\$2,414.88	\$4,548.72	\$3,004.44	\$2,287.44	88	\$2,777.28	\$5,231.04	\$3,455.64	\$2,630.40
89	\$2,428.32	\$4,594.92	\$3,034.68	\$2,316.72	89	\$2,793.36	\$5,285.04	\$3,490.20	\$2,664.36
90	\$2,441.88	\$4,639.44	\$3,064.68	\$2,347.44	90	\$2,809.44	\$5,335.68	\$3,524.88	\$2,700.00
91	\$2,456.76	\$4,682.40	\$3,093.60	\$2,378.04	91	\$2,824.44	\$5,384.64	\$3,557.28	\$2,735.64
92	\$2,470.68	\$4,720.80	\$3,116.88	\$2,409.84	92	\$2,840.52	\$5,429.28	\$3,584.04	\$2,771.40
93	\$2,484.24	\$4,757.64	\$3,142.20	\$2,442.60	93	\$2,856.72	\$5,470.56	\$3,613.92	\$2,808.12
94	\$2,498.04	\$4,791.48	\$3,164.16	\$2,476.20	94	\$2,872.80	\$5,510.88	\$3,638.40	\$2,848.20
95	\$2,512.80	\$4,822.32	\$3,184.92	\$2,509.80	95	\$2,888.88	\$5,546.40	\$3,662.64	\$2,886.96
96	\$2,526.48	\$4,851.72	\$3,203.28	\$2,545.80	96	\$2,906.40	\$5,579.88	\$3,684.60	\$2,927.64
97	\$2,541.60	\$4,880.52	\$3,223.08	\$2,580.48	97	\$2,922.48	\$5,612.28	\$3,706.44	\$2,967.48
98	\$2,554.92	\$4,909.92	\$3,242.76	\$2,617.44	98	\$2,938.56	\$5,646.12	\$3,729.72	\$3,010.56
99	\$2,569.92	\$4,939.08	\$3,261.24	\$2,654.88	99	\$2,955.96	\$5,679.96	\$3,750.48	\$3,053.52

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

#### **Female Rates** Male Rates Plan A Plan F Plan G Plan N Plan A Plan F Plan G Plan N Attained Age 14905 14980 14906 14903 14905 14980 14903 Attained Age 14906 \$137.38 \$134.82 \$115.95 \$157.98 \$234.72 \$133.31 \$204.14 \$155.06 65 65 66 \$142.04 \$211.05 \$139.36 \$163.35 \$242.68 \$160.27 66 \$119.62 \$137.56 \$148.36 \$218.08 \$143.96 \$124.73 67 \$250.88 67 \$170.61 \$165.57 \$143.36 \$225.40 \$128.80 68 \$259.19 68 \$153.12 \$148.80 \$176.08 \$171.16 \$148.13 \$157.78 \$233.07 \$153.90 \$133.14 69 \$181.47 \$268.02 \$177.04 \$153.14 69 70 \$240.89 70 \$162.31 \$159.10 \$137.39 \$186.65 \$277.00 \$183.02 \$158.07 71 71 \$166.47 \$250.25 \$165.29 \$141.58 \$191.50 \$287.88 \$190.06 \$162.85 72 \$170.52 \$260.11 \$171.84 \$145.57 72 \$196.05 \$299.02 \$197.56 \$167.44 73 73 \$270.20 \$178.39 \$149.31 \$200.19 \$310.82 \$205.18 \$171.71 \$174.02 74 75 74 \$177.11 \$280.85 \$185.43 \$152.80 \$203.72 \$322.98 \$213.26 \$175.70 75 \$291.72 \$156.03 \$206.69 \$335.54 \$221.57 \$179.44 \$179.70 \$192.66 76 \$299.17 \$197.46 76 \$209.50 \$344.11 \$227.05 \$182.18 \$159.18 \$183.12 77 77 \$162.25 \$233.03 \$306.85 \$202.69 \$212.18 \$352.81 \$186.60 \$184.46 78 78 \$314.63 \$207.89 \$165.07 \$214.58 \$361.79 \$239.11 \$186.65 \$189.85 79 \$188.50 \$322.74 \$213.09 \$167.88 79 \$216.86 \$370.99 \$245.09 \$192.98 80 \$330.92 \$218.59 \$170.60 80 \$219.03 \$380.48 \$251.35 \$196.23 \$190.48 \$337.58 \$223.01 \$173.32 81 \$388.29 \$256.45 81 \$192.21 \$221.08 \$199.28 82 \$222.96 \$396.21 82 \$227.44 \$193.88 \$344.50 \$175.97 \$261.56 \$202.34 83 83 \$195.33 \$351.53 \$232.17 \$178.44 \$224.60 \$404.31 \$266.94 \$205.23 84 \$358.69 \$180.99 84 \$236.88 \$226.17 \$412.50 \$272.46 \$208.06 \$196.68 85 85 \$197.84 \$366.01 \$241.71 \$183.36 \$227.51 \$420.82 \$277.95 \$210.87 86 \$198.95 \$370.61 \$244.70 \$185.75 86 \$228.87 \$426.21 \$281.41 \$213.58 87 87 \$200.10 \$374.99 \$247.58 \$188.22 \$230.20 \$431.19 \$284.70 \$216.40 88 \$379.06 \$250.37 \$190.62 88 \$231.44 \$219.20 \$201.24 \$435.92 \$287.97 89 \$202.36 \$382.91 \$252.89 \$193.06 89 \$232.78 \$440.42 \$290.85 \$222.03 \$255.39 90 \$293.74 \$225.00 90 \$203.49 \$386.62 \$195.62 \$234.12 \$444.64 \$390.20 \$198.17 \$235.37 \$296.44 91 \$204.73 \$257.80 91 \$448.72 \$227.97 92 \$393.40 \$259.74 92 \$205.89 \$200.82 \$236.71 \$452.44 \$298.67 \$230.95 93 93 \$396.47 \$261.85 \$203.55 \$238.06 \$455.88 \$301.16 \$234.01 \$207.02 94 94 \$399.29 \$206.35 \$239.40 \$459.24 \$208.17 \$263.68 \$303.20 \$237.35 95 95 \$401.86 \$240.74 \$462.20 \$305.22 \$209.40 \$265.41 \$209.15 \$240.58 96 \$210.54 \$404.31 \$266.94 \$212.15 96 \$242.20 \$464.99 \$307.05 \$243.97 97 \$406.71 \$215.04 97 \$268.59 \$243.54 \$211.80 \$467.69 \$308.87 \$247.29 98 \$212.91 \$409.16 \$270.23 \$218.12 98 \$244.88 \$470.51 \$310.81 \$250.88 99 \$214.16 \$411.59 \$271.77 \$221.24 99 \$246.33 \$473.33 \$312.54 \$254.46

# Combined Insurance Company of America Medicare Supplement Alabama - Monthly Standard Non-Tobacco Rates for Zip Codes Beginning With 350-352, 355

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.083333

# Combined Insurance Company of America Medicare Supplement Alabama - Annual Standard Tobacco Rates for Zip Codes Beginning With 350-352, 355

	Alabah	Female					Male F		
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Attained Age	14903	14905	14980	14906	Attained Age	14903	14905	14980	14906
65	\$1,813.80	\$2,693.88	\$1,779.60	\$1,530.24	65	\$2,085.60	\$3,098.16	\$2,046.96	\$1,759.08
66	\$1,874.64	\$2,784.36	\$1,839.96	\$1,579.32	66	\$2,156.40	\$3,202.68	\$2,116.20	\$1,816.20
67	\$1,958.04	\$2,878.44	\$1,900.20	\$1,645.56	67	\$2,250.96	\$3,310.44	\$2,184.60	\$1,893.00
68	\$2,020.92	\$2,975.04	\$1,963.68	\$1,699.92	68	\$2,324.16	\$3,422.40	\$2,258.76	\$1,955.16
69	\$2,083.32	\$3,076.68	\$2,031.96	\$1,758.24	69	\$2,396.04	\$3,537.60	\$2,337.36	\$2,021.64
70	\$2,141.40	\$3,179.40	\$2,100.24	\$1,814.40	70	\$2,463.36	\$3,656.04	\$2,414.76	\$2,086.08
71	\$2,197.56	\$3,304.08	\$2,182.20	\$1,868.40	71	\$2,527.80	\$3,798.96	\$2,509.56	\$2,149.44
72	\$2,250.96	\$3,433.20	\$2,267.76	\$1,921.44	72	\$2,587.20	\$3,948.00	\$2,607.96	\$2,209.68
73	\$2,296.80	\$3,566.88	\$2,354.64	\$1,970.52	73	\$2,642.04	\$4,101.48	\$2,707.32	\$2,266.80
74	\$2,337.72	\$3,706.68	\$2,447.28	\$2,017.68	74	\$2,689.08	\$4,262.76	\$2,813.64	\$2,320.08
75	\$2,372.40	\$3,850.92	\$2,543.04	\$2,059.44	75	\$2,728.92	\$4,428.84	\$2,924.76	\$2,368.92
76	\$2,404.92	\$3,949.44	\$2,606.88	\$2,101.20	76	\$2,766.00	\$4,542.60	\$2,997.60	\$2,417.16
77	\$2,435.76	\$4,049.40	\$2,675.04	\$2,141.28	77	\$2,800.80	\$4,657.92	\$3,076.32	\$2,462.76
78	\$2,463.36	\$4,153.80	\$2,744.40	\$2,178.84	78	\$2,833.32	\$4,776.48	\$3,156.00	\$2,505.84
79	\$2,489.52	\$4,258.44	\$2,812.44	\$2,215.56	79	\$2,861.64	\$4,897.68	\$3,234.72	\$2,547.84
80	\$2,514.00	\$4,367.40	\$2,885.52	\$2,252.64	80	\$2,891.52	\$5,022.12	\$3,317.76	\$2,589.72
81	\$2,537.64	\$4,456.44	\$2,943.24	\$2,288.16	81	\$2,918.64	\$5,125.20	\$3,384.84	\$2,630.40
82	\$2,560.08	\$4,547.40	\$3,002.28	\$2,323.08	82	\$2,943.60	\$5,229.72	\$3,452.04	\$2,671.44
83	\$2,578.92	\$4,639.44	\$3,064.68	\$2,355.84	83	\$2,966.16	\$5,335.68	\$3,524.88	\$2,709.12
84	\$2,595.72	\$4,734.84	\$3,127.20	\$2,388.60	84	\$2,984.88	\$5,444.76	\$3,596.76	\$2,746.80
85	\$2,612.28	\$4,831.44	\$3,190.92	\$2,420.04	85	\$3,003.24	\$5,555.40	\$3,669.60	\$2,782.80
86	\$2,627.16	\$4,891.56	\$3,229.92	\$2,451.60	86	\$3,020.52	\$5,624.52	\$3,714.60	\$2,819.40
87	\$2,642.04	\$4,950.00	\$3,268.32	\$2,484.24	87	\$3,037.80	\$5,692.08	\$3,758.64	\$2,857.20
88	\$2,657.16	\$5,003.64	\$3,305.16	\$2,516.16	88	\$3,055.20	\$5,755.20	\$3,801.12	\$2,892.96
89	\$2,671.92	\$5,056.08	\$3,337.56	\$2,548.80	89	\$3,072.60	\$5,813.40	\$3,838.20	\$2,930.76
90	\$2,686.68	\$5,103.60	\$3,371.28	\$2,582.52	90	\$3,090.00	\$5,870.52	\$3,876.48	\$2,969.52
91	\$2,701.68	\$5,149.56	\$3,403.44	\$2,616.24	91	\$3,107.28	\$5,922.72	\$3,913.56	\$3,008.64
92	\$2,717.76	\$5,192.64	\$3,428.88	\$2,651.04	92	\$3,124.80	\$5,971.80	\$3,943.68	\$3,049.20
93	\$2,732.64	\$5,232.84	\$3,456.72	\$2,686.68	93	\$3,142.08	\$6,018.12	\$3,974.76	\$3,089.28
94	\$2,748.60	\$5,271.00	\$3,481.08	\$2,723.52	94 95	\$3,160.80	\$6,061.20	\$4,003.56	\$3,132.24
95	\$2,763.48	\$5,304.84	\$3,503.04	\$2,761.32	95	\$3,178.32	\$6,101.04	\$4,028.04	\$3,175.92
96 07	\$2,779.80	\$5,337.24	\$3,523.80	\$2,800.32	96 07	\$3,196.80	\$6,138.00	\$4,052.40	\$3,219.96
97	\$2,794.68	\$5,367.96	\$3,545.76	\$2,838.96	97	\$3,214.08	\$6,173.40	\$4,077.72	\$3,264.84
98	\$2,810.88	\$5,400.00	\$3,566.52	\$2,879.76	98	\$3,232.92	\$6,210.24	\$4,102.08	\$3,310.80
99	\$2,826.84	\$5,432.52	\$3,587.40	\$2,920.68	99	\$3,251.64	\$6,248.64	\$4,125.12	\$3,358.92

	Alabama	a - Monthly S	standard I ob	acco Rates i	for Zip Codes	s Beginning V	Vith 350-352	2,355	
			e Rates				Male Ra		
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Attained Age	14903	14905	14980	14906	Attained Age	14903	14905	14980	14906
65	\$151.15	\$224.49	\$148.30	\$127.52	65	\$173.80	\$258.18	\$170.58	\$146.59
66	\$156.22	\$232.03	\$153.33	\$131.61	65 66 67 68 69 70 71	\$179.70	\$266.89	\$176.35	\$151.35
67	\$163.17	\$239.87	\$158.35	\$137.13	67	\$187.58	\$275.87	\$182.05	\$157.75
68	\$168.41	\$247.92	\$163.64	\$141.66	68	\$193.68	\$285.20	\$188.23	\$162.93
69	\$173.61	\$256.39	\$169.33	\$146.52	69	\$199.67	\$294.80	\$194.78	\$168.47
70	\$178.45	\$264.95	\$175.02	\$151.20	70	\$205.28	\$304.67	\$201.23	\$173.84
71	\$183.13	\$275.34	\$181.85	\$155.70		\$210.65	\$316.58	\$209.13	\$179.12
72 73	\$187.58	\$286.10	\$188.98	\$160.12	72 73	\$215.60	\$329.00	\$217.33	\$184.14
73	\$191.40	\$297.24	\$196.22	\$164.21	73	\$220.17	\$341.79	\$225.61	\$188.90
74	\$194.81	\$308.89	\$203.94	\$168.14	74 75 76	\$224.09	\$355.23	\$234.47	\$193.34
75 76	\$197.70	\$320.91	\$211.92	\$171.62	75	\$227.41	\$369.07	\$243.73	\$197.41
76	\$200.41	\$329.12	\$217.24	\$175.10	76	\$230.50	\$378.55	\$249.80	\$201.43
77	\$202.98	\$337.45	\$222.92	\$178.44	77 78	\$233.40	\$388.16	\$256.36	\$205.23
78	\$205.28	\$346.15	\$228.70	\$181.57	78	\$236.11	\$398.04	\$263.00	\$208.82
79	\$207.46	\$354.87	\$234.37	\$184.63	79 80 81	\$238.47	\$408.14	\$269.56	\$212.32
80	\$209.50	\$363.95	\$240.46	\$187.72	80	\$240.96	\$418.51	\$276.48	\$215.81
81	\$211.47	\$371.37	\$245.27	\$190.68	81	\$243.22	\$427.10	\$282.07	\$219.20
82	\$213.34	\$378.95	\$250.19	\$193.59	82 83 84	\$245.30	\$435.81	\$287.67	\$222.62
83	\$214.91	\$386.62	\$255.39	\$196.32	83	\$247.18	\$444.64	\$293.74	\$225.76
84	\$216.31	\$394.57	\$260.60	\$199.05	84	\$248.74	\$453.73	\$299.73	\$228.90
85	\$217.69	\$402.62	\$265.91	\$201.67	85 86 87	\$250.27	\$462.95	\$305.80	\$231.90
86	\$218.93	\$407.63	\$269.16	\$204.30	86	\$251.71	\$468.71	\$309.55	\$234.95
87	\$220.17	\$412.50	\$272.36	\$207.02	87	\$253.15	\$474.34	\$313.22	\$238.10
88	\$221.43	\$416.97	\$275.43	\$209.68	88 89 90 91 92	\$254.60	\$479.60	\$316.76	\$241.08
89	\$222.66	\$421.34	\$278.13	\$212.40	89	\$256.05	\$484.45	\$319.85	\$244.23
90	\$223.89	\$425.30	\$280.94	\$215.21	90	\$257.50	\$489.21	\$323.04	\$247.46
91	\$225.14	\$429.13	\$283.62	\$218.02	91	\$258.94	\$493.56	\$326.13	\$250.72
92	\$226.48	\$432.72	\$285.74	\$220.92	92	\$260.40	\$497.65	\$328.64	\$254.10
93	\$227.72	\$436.07	\$288.06	\$223.89	93 94	\$261.84	\$501.51	\$331.23	\$257.44
94	\$229.05	\$439.25	\$290.09	\$226.96	94	\$263.40	\$505.10	\$333.63	\$261.02
95	\$230.29	\$442.07	\$291.92	\$230.11	95	\$264.86	\$508.42	\$335.67	\$264.66
96	\$231.65	\$444.77	\$293.65	\$233.36	96	\$266.40	\$511.50	\$337.70	\$268.33
97	\$232.89	\$447.33	\$295.48	\$236.58	97	\$267.84	\$514.45	\$339.81	\$272.07
98	\$234.24	\$450.00	\$297.21	\$239.98	98	\$269.41	\$517.52	\$341.84	\$275.90
99	\$235.57	\$452.71	\$298.95	\$243.39	99	\$270.97	\$520.72	\$343.76	\$279.91

# Combined Insurance Company of America Medicare Supplement Alabama - Monthly Standard Tobacco Rates for Zip Codes Beginning With 350-352, 355

# Combined Insurance Company of America Medicare Supplement Alabama - Annual Standard Non-Tobacco Rates for Zip Codes Beginning With 354, 356-369

		Female				<u> </u>	Male R		
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Attained Age	14903	14905	14980	14906	Attained Age	14903	14905	14980	14906
65	\$1,583.88	\$2,353.32	\$1,554.36	\$1,336.68	65	\$1,820.64	\$2,706.00	\$1,787.52	\$1,536.48
66	\$1,637.64	\$2,433.00	\$1,606.56	\$1,378.80	66	\$1,882.68	\$2,797.44	\$1,847.52	\$1,585.80
67	\$1,710.48	\$2,514.12	\$1,659.84	\$1,437.48	67	\$1,965.84	\$2,891.88	\$1,908.72	\$1,652.76
68	\$1,765.20	\$2,598.00	\$1,715.40	\$1,484.88	68	\$2,029.08	\$2,988.00	\$1,973.04	\$1,707.48
69	\$1,818.96	\$2,686.68	\$1,774.32	\$1,534.92	69	\$2,091.36	\$3,089.76	\$2,040.96	\$1,765.56
70	\$1,871.28	\$2,776.92	\$1,834.32	\$1,584.00	70	\$2,150.88	\$3,193.20	\$2,109.60	\$1,822.44
71	\$1,918.92	\$2,884.56	\$1,905.36	\$1,632.00	71	\$2,206.80	\$3,318.72	\$2,190.84	\$1,877.52
72	\$1,965.48	\$2,998.44	\$1,980.96	\$1,678.08	72	\$2,259.24	\$3,447.00	\$2,277.60	\$1,930.32
73	\$2,005.92	\$3,114.96	\$2,056.44	\$1,721.40	73	\$2,306.88	\$3,583.20	\$2,365.32	\$1,979.40
74	\$2,041.92	\$3,237.48	\$2,137.56	\$1,761.72	74	\$2,347.44	\$3,723.24	\$2,458.68	\$2,025.60
75	\$2,071.80	\$3,363.12	\$2,220.96	\$1,798.92	75	\$2,382.00	\$3,867.96	\$2,554.20	\$2,068.68
76	\$2,100.12	\$3,448.68	\$2,276.40	\$1,835.16	76	\$2,414.28	\$3,966.84	\$2,617.68	\$2,110.80
77	\$2,126.64	\$3,537.24	\$2,336.52	\$1,870.56	77	\$2,445.36	\$4,067.40	\$2,686.32	\$2,151.36
78	\$2,151.84	\$3,627.36	\$2,396.40	\$1,903.08	78	\$2,472.96	\$4,170.60	\$2,756.28	\$2,188.56
79	\$2,173.20	\$3,720.60	\$2,456.40	\$1,935.36	79	\$2,499.00	\$4,276.92	\$2,825.52	\$2,224.68
80	\$2,195.88	\$3,814.56	\$2,519.88	\$1,966.68	80	\$2,524.08	\$4,386.24	\$2,897.52	\$2,262.00
81	\$2,216.04	\$3,891.60	\$2,570.88	\$1,998.00	81	\$2,548.08	\$4,476.36	\$2,956.56	\$2,297.52
82	\$2,235.12	\$3,971.28	\$2,621.88	\$2,028.48	82	\$2,569.44	\$4,567.68	\$3,015.24	\$2,332.80
83	\$2,251.68	\$4,052.52	\$2,676.48	\$2,057.04	83	\$2,588.64	\$4,660.92	\$3,077.40	\$2,366.04
84	\$2,267.40	\$4,135.20	\$2,730.84	\$2,086.44	84	\$2,606.04	\$4,755.12	\$3,140.76	\$2,398.44
85	\$2,280.48	\$4,219.20	\$2,786.28	\$2,113.92	85	\$2,621.76	\$4,851.12	\$3,204.12	\$2,430.96
86	\$2,293.44	\$4,272.60	\$2,820.72	\$2,141.40	86	\$2,637.24	\$4,913.04	\$3,244.20	\$2,462.28
87	\$2,306.52	\$4,322.64	\$2,854.20	\$2,169.72	87	\$2,652.72	\$4,970.76	\$3,281.88	\$2,494.68
88	\$2,319.84	\$4,370.04	\$2,886.36	\$2,197.44	88	\$2,667.24	\$5,025.48	\$3,319.56	\$2,526.84
89	\$2,332.80	\$4,414.32	\$2,915.16	\$2,225.76	89	\$2,682.60	\$5,077.20	\$3,353.04	\$2,559.24
90	\$2,346.12	\$4,457.16	\$2,944.08	\$2,255.16	90	\$2,698.32	\$5,125.68	\$3,386.40	\$2,593.80
91	\$2,360.40	\$4,498.32	\$2,971.92	\$2,284.44	91	\$2,712.48	\$5,173.20	\$3,417.24	\$2,628.00
92	\$2,373.60	\$4,535.16	\$2,994.24	\$2,315.28	92	\$2,727.84	\$5,216.04	\$3,443.04	\$2,662.44
93	\$2,386.56	\$4,570.80	\$3,018.84	\$2,346.36	93	\$2,743.20	\$5,255.88	\$3,471.96	\$2,697.84
94	\$2,399.76	\$4,603.32	\$3,039.72	\$2,378.88	94 95	\$2,758.92	\$5,294.04	\$3,495.00	\$2,736.24
95	\$2,414.16	\$4,632.36	\$3,059.76	\$2,411.28	95	\$2,774.40	\$5,328.00	\$3,518.64	\$2,773.44
96	\$2,427.12	\$4,660.92	\$3,077.40	\$2,445.60	96 07	\$2,791.20	\$5,360.52	\$3,539.52	\$2,812.56
97	\$2,441.52	\$4,688.88	\$3,096.36	\$2,478.96	97	\$2,806.68	\$5,391.36	\$3,560.88	\$2,850.96
98	\$2,454.72	\$4,717.08	\$3,115.08	\$2,514.36	98	\$2,822.16	\$5,424.12	\$3,582.96	\$2,892.00
99	\$2,468.64	\$4,745.04	\$3,133.08	\$2,550.48	99	\$2,838.72	\$5,456.64	\$3,602.88	\$2,933.28

	Alabama - Iv			bacco Rales	s for Zip Code	es beginning			
		Female					Male R		
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Attained Age	14903	14905	14980	14906	Attained Age	14903	14905	14980	14906
65	\$131.99	\$196.11	\$129.53	\$111.39	65	\$151.72	\$225.50	\$148.96	\$128.04
66	\$136.47	\$202.75	\$133.88	\$114.90	66	\$156.89	\$233.12	\$153.96	\$132.15
67	\$142.54	\$209.51	\$138.32	\$119.79	67	\$163.82	\$240.99	\$159.06	\$137.73
68	\$147.10	\$216.50	\$142.95	\$123.74	68	\$169.09	\$249.00	\$164.42	\$142.29
69	\$151.58	\$223.89	\$147.86	\$127.91	69	\$174.28	\$257.48	\$170.08	\$147.13
70	\$155.94	\$231.41	\$152.86	\$132.00	70	\$179.24	\$266.10	\$175.80	\$151.87
71	\$159.91	\$240.38	\$158.78	\$136.00	71	\$183.90	\$276.56	\$182.57	\$156.46
72	\$163.79	\$249.87	\$165.08	\$139.84	72	\$188.27	\$287.25	\$189.80	\$160.86
73	\$167.16	\$259.58	\$171.37	\$143.45	73	\$192.24	\$298.60	\$197.11	\$164.95
74	\$170.16	\$269.79	\$178.13	\$146.81	74	\$195.62	\$310.27	\$204.89	\$168.80
75	\$172.65	\$280.26	\$185.08	\$149.91	75	\$198.50	\$322.33	\$212.85	\$172.39
76	\$175.01	\$287.39	\$189.70	\$152.93	76	\$201.19	\$330.57	\$218.14	\$175.90
77	\$177.22	\$294.77	\$194.71	\$155.88	77	\$203.78	\$338.95	\$223.86	\$179.28
78	\$179.32	\$302.28	\$199.70	\$158.59	78	\$206.08	\$347.55	\$229.69	\$182.38
79	\$181.10	\$310.05	\$204.70	\$161.28	79	\$208.25	\$356.41	\$235.46	\$185.39
80	\$182.99	\$317.88	\$209.99	\$163.89	80	\$210.34	\$365.52	\$241.46	\$188.50
81	\$184.67	\$324.30	\$214.24	\$166.50	81	\$212.34	\$373.03	\$246.38	\$191.46
82	\$186.26	\$330.94	\$218.49	\$169.04	82	\$214.12	\$380.64	\$251.27	\$194.40
83	\$187.64	\$337.71	\$223.04	\$171.42	83	\$215.72	\$388.41	\$256.45	\$197.17
84	\$188.95	\$344.60	\$227.57	\$173.87	84	\$217.17	\$396.26	\$261.73	\$199.87
85	\$190.04	\$351.60	\$232.19	\$176.16	85 86 87	\$218.48	\$404.26	\$267.01	\$202.58
86	\$191.12	\$356.05	\$235.06	\$178.45	86	\$219.77	\$409.42	\$270.35	\$205.19
87	\$192.21	\$360.22	\$237.85	\$180.81		\$221.06	\$414.23	\$273.49	\$207.89
88	\$193.32	\$364.17	\$240.53	\$183.12	88	\$222.27	\$418.79	\$276.63	\$210.57
89	\$194.40	\$367.86	\$242.93	\$185.48	89	\$223.55	\$423.10	\$279.42	\$213.27
90	\$195.51	\$371.43	\$245.34	\$187.93	90	\$224.86	\$427.14	\$282.20	\$216.15
91	\$196.70	\$374.86	\$247.66	\$190.37	91	\$226.04	\$431.10	\$284.77	\$219.00
92	\$197.80	\$377.93	\$249.52	\$192.94	92	\$227.32	\$434.67	\$286.92	\$221.87
93	\$198.88	\$380.90	\$251.57	\$195.53	93	\$228.60	\$437.99	\$289.33	\$224.82
94	\$199.98	\$383.61	\$253.31	\$198.24	94	\$229.91	\$441.17	\$291.25	\$228.02
95	\$201.18	\$386.03	\$254.98	\$200.94	95	\$231.20	\$444.00	\$293.22	\$231.12
96	\$202.26	\$388.41	\$256.45	\$203.80	96	\$232.60	\$446.71	\$294.96	\$234.38
97	\$203.46	\$390.74	\$258.03	\$206.58	97	\$233.89	\$449.28	\$296.74	\$237.58
98	\$204.56	\$393.09	\$259.59	\$209.53	98	\$235.18	\$452.01	\$298.58	\$241.00
99	\$205.72	\$395.42	\$261.09	\$212.54	99	\$236.56	\$454.72	\$300.24	\$244.44

# Combined Insurance Company of America Medicare Supplement Alabama - Monthly Standard Non-Tobacco Rates for Zip Codes Beginning With 354, 356-369

# Combined Insurance Company of America Medicare Supplement Alabama - Annual Standard Tobacco Rates for Zip Codes Beginning With 354, 356-369

Hattened Age         Plan A         Plan F         Plan G         Plan N         14905         14905         14905         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906         14906							Male Rates					
Attained Age         14903         14906         Attained Age         14903         14906         14903         14903         14906         14906           66         \$1,800,72         \$2,274.80         \$1,767.60         \$1,177.26         65         \$2,003.64         \$2,976.24         \$1,966.44         \$1,689.84           67         \$1,880,76         \$2,765.04         \$1,825.20         \$1,151.00         67         \$2,162.28         \$3,180.00         \$2,003.86         \$1,818.00           68         \$1,911.48         \$2,265.00         \$1,952.28         \$1,688.76         69         \$2,201.72         \$3,398.52         \$2,245.44         \$1,941.96           71         \$2,206.44         \$3,195.28         \$1,688.76         69         \$2,201.72         \$3,398.52         \$2,245.44         \$1,941.96           71         \$2,206.44         \$3,426.48         \$2,200.41,194.96         71         \$2,468.23         \$3,940.32         \$2,200.53.68         \$2,117.52           74         \$2,246.84         \$3,260.00         \$1,848.08         72         \$2,448.32         \$3,940.32         \$2,600.88         \$2,177.52           74         \$2,246.84         \$3,940.32         \$2,260.48         \$2,201.76         \$2,248.50         \$2,270.00 <td< td=""><td></td><td>Dian A</td><td></td><td></td><td>Dian N</td><td></td><td>Dian A</td><td></td><td></td><td>Dian N</td></td<>		Dian A			Dian N		Dian A			Dian N		
	Attained Age					Attained Age						
66\$1,800.72\$2,674.80\$1,776.60\$1,517.2866\$2,071.56\$3,076.68\$2,033.16\$1,74.9267\$1,881.06\$2,858.04\$1,825.20\$1,581.0067\$2,162.28\$3,180.00\$2,098.80\$1,818.6068\$1,941.48\$2,858.04\$1,886.52\$1,632.8468\$2,232.72\$3,384.52\$2,245.44\$1,941.9669\$2,007.28\$3,064.60\$2,017.68\$1,974.9670\$2,366.16\$3,512.40\$2,319.84\$2,003.8871\$2,111.16\$3,174.12\$2,096.40\$1,794.9671\$2,246.23\$3,792.60\$2,500.36\$2,122.5673\$2,206.44\$3,426.48\$2,262.00\$1,840.0672\$2,452.32\$3,792.60\$2,600.88\$2,177.5274\$2,245.68\$3,651.00\$2,350.68\$1,938.2474\$2,537.88\$3,940.32\$2,600.88\$2,177.5274\$2,247.92\$3,699.60\$2,443.20\$1,978.5675\$2,621.52\$4,454.60\$2,009.80\$2,275.6876\$2,210.00\$3,699.60\$2,443.20\$1,978.5675\$2,627.122\$4,54.80\$2,697.64\$2,322.0077\$2,340.04\$3,399.36\$2,656.52\$2,093.1677\$2,660.44\$4,74.80\$2,296.04\$2,228.6476\$2,210.00\$3,699.63\$2,270.204\$2,128.8079\$2,748.96\$4,705.20\$3,107.52\$2,447.7680\$2,477.64\$3,990.36\$2,673.67\$2,247.77\$2,860.64\$3,4	-					0						
67\$1,880.76\$2,765.04\$1,825.20\$1,581.00 $67$ \$2,162.28\$3,180.00\$2,088.80\$1,818.60 $68$ \$1,201.24\$2,956.60\$1,952.28\$1,688.76 $69$ \$2,201.72\$3,388.52\$2,244.44\$1,941.96 $70$ \$2,657.28\$3,054.60\$2,017.68\$1,743.00 $70$ \$2,366.16\$3,512.40\$2,219.84\$2,003.88 $71$ \$2,111.16\$3,174.12\$2,096.40\$1,794.96 $71$ \$2,428.20\$3,649.56\$2,210.02\$2,004.96 $72$ \$2,162.28\$3,298.20\$2,178.60\$1,846.08 $72$ \$2,485.32\$3,790.60\$2,260.03\$2,272.66 $73$ \$2,266.44\$3,361.00\$2,350.68\$1,938.24 $74$ \$2,248.53\$2,600.88\$2,177.52 $74$ \$2,245.68\$3,561.00\$2,350.68\$1,938.24 $74$ \$2,563.24\$4,095.36\$2,703.00\$2,228.64 $76$ \$2,210.44\$3,793.92\$2,500.48\$2,018.76 $76$ \$2,667.40\$4,363.92\$2,879.76\$2,322.00 $77$ \$2,300.00\$3,890.04\$2,569.68\$2,027.64 $77$ \$2,680.66\$4,772.6\$2,477.64\$4,245.60\$3,107.52\$2,447.76 $82,391.24$ \$4,990.92\$2,702.04\$2,128.80 $79$ \$2,721.72\$4,588.56\$3,031.92\$2,477.64 $77$ \$2,390.24\$4,297.17.62\$4,246.60\$3,187.56\$2,447.76 $82,392.892$4,399.36$2,277.44$2,198.40$2,277.77.64$4,424.60$3,18$									. ,			
68       \$1,941,48       \$2,856,60       \$1,952,84       68       \$2,232,72       \$3,287,88       \$2,149,60       \$1,878,24         69       \$2,057,28       \$3,054,60       \$2,017,68       \$1,743,00       70       \$2,366,16       \$3,512,40       \$2,245,44       \$1,941,96         71       \$2,117,16       \$3,174,12       \$2,066,40       \$1,743,06       71       \$2,465,32       \$3,792,60       \$2,455,44       \$2,2064,49       \$2,245,20       \$3,464,95,66       \$2,2175,60       \$2,452,34       \$4,095,36       \$2,177,52       \$2,456,44       \$2,245,20       \$1,846,68       72       \$2,455,24       \$4,095,36       \$2,703,00       \$2,228,64       \$2,2176,60       \$2,250,44       \$2,246,44       \$2,250,42       \$2,306,86       \$2,177,52       \$2,453,24       \$4,095,36       \$2,703,00       \$2,228,64         75       \$2,278,92       \$3,699,60       \$2,450,42       \$2,101,76       \$7       \$2,630,64       \$4,474,80       \$2,997,76       \$2,327,00       \$3,990,04       \$2,275,68       \$3,017,52       \$2,447,76       \$2,460,490,92       \$2,766,04       \$4,774,80       \$4,924,60       \$3,107,52       \$2,447,76       \$2,461,44       \$2,952,440,474,76       \$2,955,24       \$2,666,04       \$4,474,80       \$2,2955,24       \$2,666,04       \$4												
69 $\$2,001.24$ $\$2,955.60$ $\$1,952.28$ $\$1,688.76$ 69 $\$2,017.22$ $\$3,388.52$ $\$2,245.44$ $\$1,941.96$ 70 $\$2,057.28$ $\$3,054.60$ $\$2,017.68$ $\$1,743.00$ 70 $\$2,366.16$ $\$3,512.40$ $\$2,219.84$ $\$2,003.88$ 71 $\$2,111.16$ $\$3,174.12$ $\$2,096.40$ $\$1,794.96$ 71 $\$2,428.20$ $\$3,649.56$ $\$2,410.92$ $$$2,064.96$ 72 $\$2,162.28$ $\$3,288.20$ $\$2,178.60$ $\$1,946.08$ 72 $$$2,485.32$ $\$3,794.66$ $$$2,217.52$ 74 $\$2,245.68$ $\$3,561.00$ $\$2,2350.68$ $\$1,938.24$ 74 $$$2,583.24$ $\$4,095.36$ $$$2,703.00$ $$$2,227.64$ 75 $$$2,278.92$ $\$3,690.60$ $$$2,431.20$ $$$1,978.66$ 75 $$$2,657.40$ $$$4,474.80$ $$$2,295.24$ $$$2,322.00$ 77 $$$2,340.00$ $$$3,890.04$ $$$2,569.68$ $$$2,107.76$ $$$2,277.76$ $$$2,322.00$ $$$72.478.92$ $$$2,066.16$ $$$2,097.76$ $$$2,232.00$ 78 $$$2,391.24$ $$$4,090.92$ $$$2,702.04$ $$$2,108.76$ $78$ $$$2,721.72$ $$$4,588.56$ $$$3,3107.52$ $$$2,447.60$ 80 $$$2,443.20$ $$$2,977.20.204$ $$$2,128.80$ $79$ $$$2,748.66$ $$$4,705.20$ $$$3,107.52$ $$$2,447.60$ 81 $$$2,477.40$ $$$4,471.80$ $$$2,295.24$ $$$2,287.44$ $$$2,198.40$ $$$1$ $$$2,667.80$ $$$3,360.60$ $$$3,267.64$ 82 $$$2,492.86$ $$$4,705.10$ $$$2,702.04$												
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						69						
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85\$2,509.20\$4,641.84\$3,065.28\$2,325.0085\$2,885.16\$5,337.00\$3,525.12\$2,673.2486\$2,523.72\$4,699.20\$3,103.08\$2,355.2486\$2,901.60\$5,403.24\$3,568.56\$2,708.6487\$2,537.88\$4,755.12\$3,139.80\$2,386.8087\$2,918.52\$5,468.52\$3,610.68\$2,745.0088\$2,552.40\$4,806.84\$3,175.32\$2,417.1688\$2,935.32\$5,528.88\$3,665.08\$2,779.3289\$2,566.56\$4,497.12\$3,206.40\$2,448.7289\$2,935.32\$5,58.04\$3,687.36\$2,815.5690\$2,580.96\$4,902.72\$3,238.56\$2,417.1090\$2,968.44\$5,689.76\$3,724.08\$2,852.8891\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,929.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,662.6095\$3,053.28\$5,860.80\$3,869.52\$3,091.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.84\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,777.0097\$3,087.84 <td></td> <td></td> <td></td> <td></td> <td></td> <td>83</td> <td></td> <td></td> <td></td> <td></td>						83						
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87\$2,537.88\$4,755.12\$3,139.80\$2,386.8087\$2,918.52\$5,468.52\$3,610.68\$2,745.0088\$2,552.40\$4,806.84\$3,175.32\$2,417.1688\$2,935.32\$5,528.88\$3,652.08\$2,779.3289\$2,566.56\$4,857.12\$3,206.40\$2,448.7289\$2,951.88\$5,585.04\$3,687.36\$2,815.5690\$2,580.96\$4,902.72\$3,238.56\$2,481.0090\$2,968.44\$5,639.76\$3,724.08\$2,852.8891\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,992.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,096.40\$3,365.16\$2,652.6094\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6096\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72 </td <td></td> <td>\$2,509.20</td> <td>\$4,641.84</td> <td></td> <td></td> <td>85</td> <td>\$2,885.16</td> <td>\$5,337.00</td> <td></td> <td>\$2,673.24</td>		\$2,509.20	\$4,641.84			85	\$2,885.16	\$5,337.00		\$2,673.24		
88\$2,552.40\$4,806.84\$3,175.32\$2,417.1688\$2,935.32\$5,528.88\$3,652.08\$2,779.3289\$2,566.56\$4,857.12\$3,206.40\$2,448.7289\$2,951.88\$5,585.04\$3,687.36\$2,815.5690\$2,580.96\$4,902.72\$3,238.56\$2,481.0090\$2,968.44\$5,639.76\$3,724.08\$2,852.8891\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,929.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,616.3694\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.80\$3,869.52\$3,051.2496\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48						86						
89\$2,566.56\$4,857.12\$3,206.40\$2,448.7289\$2,951.88\$5,585.04\$3,687.36\$2,815.5690\$2,580.96\$4,902.72\$3,238.56\$2,481.0090\$2,968.44\$5,639.76\$3,724.08\$2,852.8891\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,929.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,616.3694\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.80\$3,869.52\$3,051.2496\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	87		\$4,755.12	\$3,139.80	\$2,386.80				\$3,610.68	\$2,745.00		
90\$2,580.96\$4,902.72\$3,238.56\$2,481.0090\$2,968.44\$5,639.76\$3,724.08\$2,852.8891\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,929.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,616.3694\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.80\$3,869.52\$3,051.2496\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	88	\$2,552.40	\$4,806.84	\$3,175.32	\$2,417.16	88	\$2,935.32		\$3,652.08	\$2,779.32		
91\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,929.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,616.3694\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.80\$3,869.52\$3,051.2496\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	89	\$2,566.56	\$4,857.12	\$3,206.40	\$2,448.72	89	\$2,951.88	\$5,585.04	\$3,687.36	\$2,815.56		
91\$2,595.12\$4,947.36\$3,269.76\$2,513.4091\$2,985.24\$5,689.92\$3,759.48\$2,890.2092\$2,610.72\$4,988.28\$3,294.12\$2,546.7692\$3,001.80\$5,737.08\$3,788.52\$2,929.4493\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,616.3694\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.80\$3,869.52\$3,051.2496\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	90	\$2,580.96	\$4,902.72	\$3,238.56	\$2,481.00	90	\$2,968.44	\$5,639.76	\$3,724.08	\$2,852.88		
93\$2,625.12\$5,026.80\$3,320.76\$2,580.8493\$3,018.84\$5,781.48\$3,818.76\$2,967.6094\$2,640.48\$5,063.88\$3,344.16\$2,616.3694\$3,036.48\$5,822.76\$3,846.36\$3,009.0095\$2,654.88\$5,096.40\$3,365.16\$2,652.6095\$3,053.28\$5,860.80\$3,869.52\$3,051.2496\$2,670.36\$5,127.24\$3,385.08\$2,689.9296\$3,071.04\$5,896.44\$3,893.16\$3,093.6097\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	91	\$2,595.12	\$4,947.36	\$3,269.76	\$2,513.40	91	\$2,985.24	\$5,689.92	\$3,759.48	\$2,890.20		
97\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	92	\$2,610.72	\$4,988.28	\$3,294.12	\$2,546.76	92	\$3,001.80	\$5,737.08	\$3,788.52	\$2,929.44		
97\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	93	\$2,625.12	\$5,026.80	\$3,320.76	\$2,580.84	93	\$3,018.84	\$5,781.48	\$3,818.76	\$2,967.60		
97\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48		\$2,640.48	\$5,063.88	\$3,344.16	\$2,616.36	94	\$3,036.48	\$5,822.76	\$3,846.36	\$3,009.00		
97\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	95	\$2,654.88	\$5,096.40	\$3,365.16	\$2,652.60	95	\$3,053.28	\$5,860.80	\$3,869.52	\$3,051.24		
97\$2,684.52\$5,156.76\$3,406.32\$2,727.0097\$3,087.84\$5,930.40\$3,917.52\$3,136.4498\$2,700.12\$5,187.60\$3,426.24\$2,766.6098\$3,105.72\$5,965.92\$3,940.68\$3,180.48	96	\$2,670.36	\$5,127.24	\$3,385.08	\$2,689.92	96	\$3,071.04	\$5,896.44	\$3,893.16	\$3,093.60		
98 \$2,700.12 \$5,187.60 \$3,426.24 \$2,766.60 98 \$3,105.72 \$5,965.92 \$3,940.68 \$3,180.48						97	• •					
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	Alabama -	Monthly Sta	andard Tobac	cco Rates fo	r Zip Codes B	Beginning Wi	th 354, 356-	369	
			e Rates				Male Ra		
	Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
Attained Age	14903	14905	14980	14906	Attained Age	14903	14905	14980	14906
65	\$145.20	\$215.69	\$142.49	\$122.51	65	\$166.97	\$248.02	\$163.87	\$140.82
66	\$150.06	\$222.90	\$147.30	\$126.44	66	\$172.63	\$256.39	\$169.43	\$145.41
67	\$156.73	\$230.42	\$152.10	\$131.75	67	\$180.19	\$265.00	\$174.90	\$151.55
68	\$161.79	\$238.17	\$157.21	\$136.07	68	\$186.06	\$273.99	\$180.80	\$156.52
69	\$166.77	\$246.30	\$162.69	\$140.73	69	\$191.81	\$283.21	\$187.12	\$161.83
70	\$171.44	\$254.55	\$168.14	\$145.25	70	\$197.18	\$292.70	\$193.32	\$166.99
71	\$175.93	\$264.51	\$174.70	\$149.58	69 70 71	\$202.35	\$304.13	\$200.91	\$172.08
72	\$180.19	\$274.85	\$181.55	\$153.84	72 73	\$207.11	\$316.05	\$208.78	\$176.88
72 73	\$183.87	\$285.54	\$188.50	\$157.76	73	\$211.49	\$328.36	\$216.74	\$181.46
74	\$187.14	\$296.75	\$195.89	\$161.52	74	\$215.27	\$341.28	\$225.25	\$185.72
75 76	\$189.91	\$308.30	\$203.60	\$164.88	75 76	\$218.46	\$354.55	\$234.15	\$189.64
76	\$192.54	\$316.16	\$208.69	\$168.23	76	\$221.45	\$363.66	\$239.98	\$193.50
77	\$195.00	\$324.17	\$214.14	\$171.42	77	\$224.22	\$372.90	\$246.27	\$197.17
78	\$197.18	\$332.53	\$219.71	\$174.43	78	\$226.81	\$382.38	\$252.66	\$200.62
79	\$199.27	\$340.91	\$225.17	\$177.40	79	\$229.08	\$392.10	\$258.96	\$203.98
80	\$201.27	\$349.62	\$230.98	\$180.33	80 81	\$231.47	\$402.05	\$265.63	\$207.30
81	\$203.15	\$356.77	\$235.62	\$183.20	81	\$233.66	\$410.30	\$270.99	\$210.57
82	\$204.94	\$364.05	\$240.34	\$185.97	82	\$235.65	\$418.66	\$276.36	\$213.87
83	\$206.42	\$371.43	\$245.34	\$188.58	83	\$237.43	\$427.14	\$282.20	\$216.88
84	\$207.82	\$379.05	\$250.35	\$191.20	84	\$238.94	\$435.89	\$287.94	\$219.92
85	\$209.10	\$386.82	\$255.44	\$193.75	85	\$240.43	\$444.75	\$293.76	\$222.77
86	\$210.31	\$391.60	\$258.59	\$196.27	86 87	\$241.80	\$450.27	\$297.38	\$225.72
87	\$211.49	\$396.26	\$261.65	\$198.90	87	\$243.21	\$455.71	\$300.89	\$228.75
88	\$212.70	\$400.57	\$264.61	\$201.43	88 89	\$244.61	\$460.74	\$304.34	\$231.61
89	\$213.88	\$404.76	\$267.20	\$204.06	89	\$245.99	\$465.42	\$307.28	\$234.63
90	\$215.08	\$408.56	\$269.88	\$206.75	90	\$247.37	\$469.98	\$310.34	\$237.74
91	\$216.26	\$412.28	\$272.48	\$209.45	91	\$248.77	\$474.16	\$313.29	\$240.85
92	\$217.56	\$415.69	\$274.51	\$212.23	92	\$250.15	\$478.09	\$315.71	\$244.12
93	\$218.76	\$418.90	\$276.73	\$215.07	93 94	\$251.57	\$481.79	\$318.23	\$247.30
94	\$220.04	\$421.99	\$278.68	\$218.03	94	\$253.04	\$485.23	\$320.53	\$250.75
95	\$221.24	\$424.70	\$280.43	\$221.05	95	\$254.44	\$488.40	\$322.46	\$254.27
96	\$222.53	\$427.27	\$282.09	\$224.16	96	\$255.92	\$491.37	\$324.43	\$257.80
97	\$223.71	\$429.73	\$283.86	\$227.25	97	\$257.32	\$494.20	\$326.46	\$261.37
98	\$225.01	\$432.30	\$285.52	\$230.55	98	\$258.81	\$497.16	\$328.39	\$265.04
99	\$226.29	\$434.90	\$287.21	\$233.82	99	\$260.30	\$500.23	\$330.24	\$268.90

# Combined Insurance Company of America Medicare Supplement Alabama - Monthly Standard Tobacco Rates for Zip Codes Beginning With 354, 356-369

#### **PREMIUM INFORMATION**

We, Combined Insurance Company of America, can only raise your premium if we raise the premium for all policies like yours in this State. Premiums are based on your attained age and change when you reach a new age range.

### DISCLOSURES

Use this outline to compare benefits and premiums among policies.

# READ YOUR POLICY VERY CAREFULLY

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

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to P.O. Box 14207, Clearwater, FL 33766-4207. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

# POLICY REPLACEMENT

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

### NOTICE

This policy may not fully cover all of your medical costs.

Neither Combined Insurance Company of America nor its agents are connected with Medicare.

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

# COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay 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.

#### 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.

MEDICARE PAYS	PLAN PAYS	YOU PAY
All but \$1,484	\$0	\$1,484 (Part A Deductible)
All but \$371 a day	\$371 a day	\$O
All but \$742 a day	\$742 a day	\$O
\$0	100% of Medicare	\$O**
	Eligible Expenses	
\$0	\$0	All Costs
All approved amounts	\$0	\$O
All but \$185.50 a day	\$0	Up to \$185.50 a day
\$0	\$0	All Costs
\$O	3 pints	\$O
100%	\$0	\$0
All but very limited		
	Medicare copayment/	\$O
	coinsurance	
	All but \$371 a day All but \$742 a day \$0 \$0 All approved amounts All but \$185.50 a day \$0 \$0	All but \$371 a day All but \$742 a day\$371 a day \$742 a day\$0100% of Medicare Eligible Expenses \$0\$0\$0All approved amounts All but \$185.50 a day \$0\$0\$0\$0\$0\$0\$0\$0\$100%\$0\$100%\$0\$0\$0\$100%\$0\$0\$0\$100%\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0\$0All but very limited copayment/coinsurance for outpatient drugs andMedicare copayment/

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 (CONT.) MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE			
HOSPITAL AND OUTPATIENT HOSPITAL			
TREATMENT, such as Physician's services,			
inpatient and outpatient medical and surgical			
services and supplies, physical and speech			
therapy, diagnostic tests, durable medical equipment.			
First \$203 of Medicare Approved Amounts *	\$0	\$0	\$203 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare Approved Amounts)	\$0	\$O	All costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES	1000/		<b>A</b> A
– TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
	PARTS A & B	•	
HOME HEALTH CARE MEDICARE			
APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services</li> </ul>			
and medical supplies	100%	\$0	\$0
Durable medical equipment	<b>*</b> 0	<b>\$</b> 0	
First \$203 of Medicare Approved Amounts	\$0	\$0	\$203 (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*			
Semi-private room and board, general nursing			
and miscellaneous services and supplies			
First 60 days	All but \$1,484	\$1,484 (Part A Deductible)	\$O
61₅t thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:	All but \$742 a day	\$742 a day	\$0
<ul> <li>While using 60 lifetime reserve days</li> </ul>			
<ul> <li>Once lifetime reserve days are used:</li> </ul>			
- Additional 365 days	\$0	100% of Medicare Eligible	\$0**
		Expenses	<b>\$\$</b>
- Beyond the additional 365 day	\$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	\$O	\$O
21 <sub>st</sub> thru 100th day	All but \$185.50 a day	Up to \$185.50 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	All but very limited copayment /		
requirements, including a doctor's certification	coinsurance for outpatient	Medicare copayment /	\$0
of terminal illness	drugs and inpatient respite care	coinsurance	

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 (CONT.) MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$203 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		YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE		PLAN PAYS	TOUPAT
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.	<b>*</b> 0		<b>*</b>
First \$203 of Medicare Approved Amounts*	\$0	\$203 (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 \$203 of Medicare Approved Amounts*	\$O	\$203 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
	PARTS A & B		
HOME HEALTH CARE MEDICARE			
APPROVED SERVICES			
• Medically necessary skilled care services and			
medical supplies	100%	\$O	\$0
Durable medical equipment			
- First \$203 of Medicare Approved Amounts*	\$0	\$203 (Part B Deductible)	\$0
- Remainder of Medicare Approved Amounts	80%	20%	\$0
	BENEFITS - NOT COVERED BY	Y 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	20% and amounts over the
		benefit of \$50,000	\$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*			
Semi-private room and board, general nursing			
and miscellaneous services and supplies			
First 60 days	All but \$1,484	\$1,484 (Part A Deductible)	\$O
61st thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:	All but \$742 a day	\$742 a day	\$0
<ul> <li>While using 60 lifetime reserve days</li> </ul>			
<ul> <li>Once lifetime reserve days are used:</li> </ul>			
- Additional 365 days	\$0	100% of Medicare Eligible	\$0**
	<b>\$\$</b>	Expenses	<b>\$\$</b>
- Beyond the additional 365 day	\$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	\$O	\$O
21st thru 100th day	All but \$185.50 a day	Up to \$185.50 a day	\$O
101st day and after	\$O	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$O
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's	All but very limited copayment /		
requirements, including a doctor's certification	coinsurance for outpatient	Medicare copayment /	\$0
of terminal illness	drugs and inpatient respite care	coinsurance	

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.

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PLAN G (CONT.) MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR \* Once you have been billed \$203 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY	
MEDICAL EXPENSES - IN OR OUT OF THE				
HOSPITAL AND OUTPATIENT HOSPITAL				
TREATMENT, such as Physician's services,				
inpatient and outpatient medical and surgical				
services and supplies, physical and speech				
therapy, diagnostic tests, durable medical				
equipment.				
First \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Unless Part B Deductible has been met)	
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 \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Unless Part B	
			Deductible has been met)	
Remainder of Medicare Approved Amounts	80%	20%	\$0	
CLINICAL LABORATORY SERVICES				
- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	
	PARTS A & B			
HOME HEALTH CARE MEDICARE APPROVED SERVICES				
<ul> <li>Medically necessary skilled care services and</li> </ul>				
medical supplies	100%	\$0	\$0	
<ul> <li>Durable medical equipment</li> </ul>				
- First \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Unless Part B	
			Deductible has been met)	
- 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	20% and amounts over the	
		benefit of \$50,000	\$50,000 lifetime maximum	

#### PLAN N MEDICARE (PART A) – MEDICAL SERVICES – PER CALENDAR YEAR

\* 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	<b>MEDICARE PAYS</b>	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing			
and miscellaneous services and supplies			
First 60 days	All but \$1,484	\$1,484 (Part A Deductible)	\$O
61₅t thru 90th day	All but \$371 a day	\$371 a day	\$0
91st day and after:	All but \$742 a day	\$742 a day	\$0
<ul> <li>While using 60 lifetime reserve days</li> </ul>			
<ul> <li>Once lifetime reserve days are used:</li> </ul>			
- 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 \$185.50 a day	Up to \$185.50 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$O	3 pints	\$0
Additional amounts	100%	\$O	\$0
HOSPICE CARE	All but very limited copayment /		
You must meet Medicare's requirements,	coinsurance for outpatient	Medicare copayment /	\$O
including a doctor's certification of terminal illness	drugs and inpatient respite care	coinsurance	

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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 (CONT.) MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$203 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.

			VOLDAY	
	MEDICARE PAYS	PLAN PAYS	YOU PAY	
MEDICAL EXPENSES – IN OR OUT OF THE				
HOSPITAL AND OUTPATIENT HOSPITAL				
TREATMENT, such as Physician's services,				
inpatient and outpatient medical and surgical				
services and supplies, physical and speech				
therapy, diagnostic tests, durable medical				
equipment.	<b>*</b> 2	<b>A</b> 0		
First \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)	
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to	Up to \$20 per office visit	
		\$20 per office visit and up to		
		\$50 per emergency room	emergency room visit. The	
		visit. The copayment of up	copayment of up to \$50 is	
		to \$50 is waived if the	waived if the insured is	
		insured is admitted to any	admitted to any hospital and	
		hospital and the emergency visit is covered as a	the emergency visit is covered as a Medicare Part	
		Medicare Part A expense.		
Dort B Exanon Charges		Medicale Fait A expense.	A expense.	
Part B Excess Charges	¢0	¢⊙.		
(Above Medicare Approved Amounts) BLOOD	\$0	\$0	All Costs	
	¢0		<b>*</b> 0	
First 3 pints	\$0	All costs	\$0 \$000 (Dant D. Dadwatik Ia)	
Next \$203 of Medicare Approved Amounts *	\$0	\$0	\$203 (Part B Deductible)	
Remainder of Medicare Approved Amounts	80%	20%	\$0	
	100%	\$0	\$0	
– TESTS FOR DIAGNOSTIC SERVICES		\$U	\$U	
PARTS A & B				
HOME HEALTH CARE MEDICARE-				
APPROVED SERVICES				
Medically necessary skilled care services	100%	¢0	<b>\$</b> 0	
and medical supplies	100%	\$0	\$0	
• Durable medical equipment	¢0	¢0	(COC) (Dort D. Doductikla)	
- First \$203 of Medicare Approved Amounts*	\$0	\$0	\$203 (Part B Deductible)	
- Remainder of Medicare Approved Amounts	80%	20%	\$0	

# PLAN N (CONT.) MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0		\$250 20% and amounts over the
		benefit of \$50,000	\$50,000 lifetime maximum