



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

See Outlines of Coverage sections for details about ALL plans.

Basic Benefits for Plans A-J:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care NOT Covered by Medicare						Preventive Care NOT Covered by Medicare	

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plans F and J after you have paid a calendar year \$1,900 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$1,900. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICY SERIES A11 – PLANS A, D AND F
Zip Codes: 680, 681, 683, 684, 685, 686 and 689

Attained Age	Female						Male					
	Preferred			Standard			Preferred			Standard		
	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F
65 - 67	\$812.00	\$1,093.01	\$1,193.93	\$933.33	\$1,256.33	\$1,372.34	\$955.29	\$1,257.08	\$1,374.08	\$1,098.04	\$1,444.91	\$1,579.40
68	847.33	1,145.42	1,246.52	973.94	1,316.57	1,432.78	996.86	1,316.73	1,434.60	1,145.81	1,513.49	1,648.97
69	882.11	1,197.71	1,299.02	1,013.92	1,376.68	1,493.12	1,037.78	1,376.19	1,494.93	1,192.85	1,581.83	1,718.31
70	916.19	1,249.67	1,351.17	1,053.10	1,436.39	1,553.07	1,077.88	1,435.19	1,554.78	1,238.94	1,649.65	1,787.10
71	950.52	1,305.04	1,407.02	1,092.56	1,500.05	1,617.26	1,113.17	1,488.02	1,608.05	1,279.50	1,710.38	1,848.33
72	983.91	1,359.50	1,461.97	1,130.93	1,562.65	1,680.43	1,148.63	1,541.23	1,661.66	1,320.26	1,771.53	1,909.95
73	1,015.43	1,412.15	1,515.13	1,167.15	1,623.16	1,741.53	1,184.43	1,595.18	1,715.93	1,361.42	1,833.53	1,972.34
74	1,044.13	1,462.07	1,565.60	1,200.15	1,680.53	1,799.54	1,220.75	1,650.24	1,771.21	1,403.15	1,896.83	2,035.87
75	1,069.09	1,508.35	1,612.50	1,228.83	1,733.74	1,853.45	1,257.75	1,706.79	1,827.82	1,445.69	1,961.83	2,100.94
76	1,089.71	1,550.43	1,655.25	1,252.53	1,782.11	1,902.59	1,295.37	1,764.89	1,885.79	1,488.93	2,028.61	2,167.58
77	1,106.77	1,589.14	1,694.64	1,272.14	1,826.60	1,947.86	1,332.61	1,823.30	1,943.98	1,531.73	2,095.74	2,234.45
78	1,121.40	1,625.62	1,731.79	1,288.97	1,868.53	1,990.56	1,368.22	1,880.46	2,000.90	1,572.67	2,161.45	2,299.88
79	1,134.74	1,661.04	1,767.81	1,304.30	1,909.25	2,031.97	1,400.96	1,934.85	2,055.08	1,610.30	2,223.97	2,362.16
80	1,147.92	1,696.58	1,803.83	1,319.45	1,950.08	2,073.36	1,429.59	1,984.91	2,105.06	1,643.21	2,281.50	2,419.61
81	1,161.83	1,733.10	1,840.69	1,335.43	1,992.07	2,115.74	1,453.29	2,029.55	2,149.83	1,670.45	2,332.82	2,471.07
82	1,176.37	1,770.43	1,878.23	1,352.15	2,034.98	2,158.89	1,472.90	2,069.60	2,190.16	1,692.99	2,378.84	2,517.42
83	1,191.25	1,808.09	1,916.03	1,369.25	2,078.26	2,202.33	1,489.70	2,106.32	2,227.27	1,712.29	2,421.06	2,560.08
84	1,206.14	1,845.60	1,953.65	1,386.36	2,121.38	2,245.58	1,504.93	2,141.01	2,262.40	1,729.81	2,460.93	2,600.46
85	1,220.72	1,882.51	1,990.67	1,403.12	2,163.80	2,288.12	1,519.88	2,174.95	2,296.77	1,746.99	2,499.94	2,639.96
86	1,234.67	1,918.37	2,026.67	1,419.17	2,205.03	2,329.52	1,535.46	2,209.05	2,331.26	1,764.90	2,539.14	2,679.61
87	1,247.72	1,952.87	2,061.35	1,434.16	2,244.68	2,369.36	1,551.23	2,242.85	2,365.40	1,783.02	2,577.98	2,718.85
88	1,259.57	1,985.70	2,094.38	1,447.78	2,282.42	2,407.33	1,566.38	2,275.50	2,398.35	1,800.44	2,615.52	2,756.72
89	1,269.92	2,016.59	2,125.45	1,459.68	2,317.91	2,443.04	1,580.12	2,306.18	2,429.29	1,816.22	2,650.79	2,792.28
90	1,278.50	2,045.21	2,154.26	1,469.54	2,350.82	2,476.16	1,591.64	2,334.05	2,457.39	1,829.47	2,682.83	2,824.58
91	1,285.14	2,071.43	2,180.65	1,477.17	2,380.96	2,506.49	1,600.39	2,358.56	2,482.08	1,839.53	2,710.98	2,852.97
92	1,290.13	2,095.63	2,204.98	1,482.91	2,408.77	2,534.46	1,606.73	2,380.14	2,503.85	1,846.82	2,735.79	2,877.98
93	1,293.88	2,118.29	2,227.77	1,487.21	2,434.82	2,560.65	1,611.26	2,399.54	2,523.41	1,852.03	2,758.09	2,900.48
94	1,296.80	2,139.95	2,249.54	1,490.57	2,459.71	2,585.67	1,614.59	2,417.48	2,541.51	1,855.85	2,778.72	2,921.28
95 & Over	1,299.31	2,161.09	2,270.78	1,493.45	2,484.01	2,610.10	1,617.32	2,434.70	2,558.88	1,859.00	2,798.51	2,941.24

Premiums payable other than annual may be determined by the following factors:

	<u>Monthly</u>	<u>Bi-Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>
Automatic Bank Withdrawal:	1/12	2/12	0.25	0.52
Direct-Billed:		2/11	0.27	0.52

PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICY SERIES A11 – PLANS A, D AND F
Zip Codes: 687, 688, 690, 691, 692 and 693

Attained Age	Female						Male					
	Preferred			Standard			Preferred			Standard		
	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F
65 - 67	\$736.21	\$990.99	\$1,082.49	\$846.22	\$1,139.07	\$1,244.25	\$866.13	\$1,139.75	\$1,245.83	\$995.55	\$1,310.05	\$1,431.99
68	768.24	1,038.51	1,130.18	883.03	1,193.69	1,299.05	903.82	1,193.84	1,300.70	1,038.87	1,372.23	1,495.06
69	799.78	1,085.93	1,177.77	919.29	1,248.19	1,353.76	940.92	1,247.75	1,355.40	1,081.51	1,434.19	1,557.93
70	830.68	1,133.03	1,225.06	954.81	1,302.33	1,408.12	977.28	1,301.24	1,409.67	1,123.31	1,495.68	1,620.30
71	861.80	1,183.23	1,275.69	990.58	1,360.04	1,466.32	1,009.27	1,349.14	1,457.97	1,160.08	1,550.74	1,675.82
72	892.08	1,232.62	1,325.52	1,025.38	1,416.80	1,523.59	1,041.42	1,397.38	1,506.57	1,197.04	1,606.19	1,731.69
73	920.65	1,280.34	1,373.72	1,058.22	1,471.66	1,578.99	1,073.88	1,446.29	1,555.78	1,234.35	1,662.40	1,788.25
74	946.68	1,325.61	1,419.48	1,088.14	1,523.68	1,631.59	1,106.81	1,496.22	1,605.89	1,272.19	1,719.79	1,845.85
75	969.31	1,367.57	1,462.00	1,114.14	1,571.92	1,680.46	1,140.36	1,547.49	1,657.22	1,310.75	1,778.72	1,904.85
76	988.00	1,405.72	1,500.76	1,135.63	1,615.78	1,725.01	1,174.47	1,600.16	1,709.79	1,349.96	1,839.27	1,965.27
77	1,003.47	1,440.82	1,536.47	1,153.41	1,656.11	1,766.06	1,208.23	1,653.12	1,762.54	1,388.77	1,900.14	2,025.90
78	1,016.74	1,473.89	1,570.15	1,168.66	1,694.13	1,804.77	1,240.52	1,704.95	1,814.14	1,425.89	1,959.71	2,085.22
79	1,028.83	1,506.01	1,602.81	1,182.57	1,731.05	1,842.32	1,270.21	1,754.26	1,863.27	1,460.01	2,016.40	2,141.69
80	1,040.78	1,538.23	1,635.47	1,196.30	1,768.07	1,879.85	1,296.16	1,799.65	1,908.59	1,489.84	2,068.56	2,193.78
81	1,053.39	1,571.34	1,668.89	1,210.79	1,806.14	1,918.27	1,317.65	1,840.12	1,949.18	1,514.54	2,115.09	2,240.44
82	1,066.57	1,605.19	1,702.93	1,225.95	1,845.04	1,957.39	1,335.43	1,876.43	1,985.74	1,534.98	2,156.82	2,282.46
83	1,080.06	1,639.33	1,737.20	1,241.46	1,884.29	1,996.78	1,350.66	1,909.73	2,019.39	1,552.47	2,195.09	2,321.14
84	1,093.56	1,673.34	1,771.30	1,256.97	1,923.39	2,035.99	1,364.47	1,941.18	2,051.24	1,568.36	2,231.24	2,357.75
85	1,106.78	1,706.81	1,804.87	1,272.16	1,961.85	2,074.56	1,378.03	1,971.95	2,082.40	1,583.94	2,266.61	2,393.57
86	1,119.44	1,739.32	1,837.52	1,286.71	1,999.23	2,112.09	1,392.15	2,002.87	2,113.68	1,600.18	2,302.15	2,429.51
87	1,131.27	1,770.60	1,868.95	1,300.30	2,035.17	2,148.22	1,406.45	2,033.51	2,144.62	1,616.60	2,337.37	2,465.09
88	1,142.01	1,800.37	1,898.90	1,312.65	2,069.39	2,182.64	1,420.18	2,063.12	2,174.50	1,632.39	2,371.40	2,499.43
89	1,151.40	1,828.37	1,927.07	1,323.44	2,101.57	2,215.03	1,432.64	2,090.94	2,202.55	1,646.71	2,403.38	2,531.67
90	1,159.18	1,854.33	1,953.20	1,332.39	2,131.41	2,245.05	1,443.08	2,116.21	2,228.03	1,658.72	2,432.43	2,560.95
91	1,165.19	1,878.10	1,977.12	1,339.30	2,158.73	2,272.55	1,451.02	2,138.42	2,250.42	1,667.84	2,457.96	2,586.69
92	1,169.72	1,900.04	1,999.18	1,344.50	2,183.95	2,297.91	1,456.76	2,157.99	2,270.15	1,674.45	2,480.45	2,609.37
93	1,173.12	1,920.59	2,019.84	1,348.41	2,207.57	2,321.66	1,460.88	2,175.58	2,287.89	1,679.17	2,500.67	2,629.76
94	1,175.76	1,940.22	2,039.58	1,351.45	2,230.13	2,344.34	1,463.90	2,191.85	2,304.30	1,682.64	2,519.37	2,648.63
95 & Over	1,178.04	1,959.39	2,058.84	1,354.06	2,252.17	2,366.49	1,466.37	2,207.46	2,320.05	1,685.49	2,537.32	2,666.72

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	<u>Monthly</u>	<u>Bi-Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>
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Direct-Billed:		2/11	0.27	0.52