

Physicians Select Insurance Company

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Every Company must make Plan A available. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and High Deductible F. **We currently offer Plan A, Plan F, Plan G, and High Deductible Plan G.**

Note: A ✓ means 100% of the benefit is paid. Call a local agent - 281-676-4347

| Benefits | Plans Available to All Applicants | | | | | | | | Medicare first eligible before 2020 only | |
|--|--|---|---|----------------|----------------------|----------------------|-----|---|--|----------------|
| | A | B | D | G ¹ | K | L | M | N | C | F ¹ |
| | 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 ³ | ✓ |
| 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 2026 ² | | | | | \$8,000 ² | \$4,000 ² | | | | |

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,950 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

Physicians Select also offers a Deductible Discount Rider to add to Plan G. The addition of the rider will provide the same benefits as a High Deductible Plan G from the effective date of the policy until the Deductible Elimination Date as defined on the Policy Schedule. On or after the Deductible Elimination Date, the benefits provided will be Plan G benefits.

² 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.

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

Male Premiums - ZIP Codes: 750-753, 757, 760-761, 774, 776-777, 783-784, 793-794

| Age | Tobacco Rates | | | | | Non-Tobacco Rates | | | | |
|-------------------|---|----------|----------|-----------------|----------|-------------------|----------|----------|-----------------|----------|
| | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$994.02 | N/A | N/A | N/A | N/A | \$894.62 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$187.30 | \$508.98 | \$450.42 | \$364.96 | \$151.98 | \$168.57 | \$458.08 | \$405.38 | \$328.47 | \$136.78 |
| 65-68 | \$187.30 | \$254.49 | \$225.21 | \$182.48 | \$75.99 | \$168.57 | \$229.04 | \$202.69 | \$164.23 | \$68.39 |
| 69 | \$194.42 | \$264.14 | \$233.77 | \$189.42 | \$79.42 | \$174.98 | \$237.73 | \$210.39 | \$170.48 | \$71.48 |
| 70 | \$199.86 | \$271.54 | \$240.31 | \$194.70 | \$82.99 | \$179.87 | \$244.39 | \$216.28 | \$175.23 | \$74.69 |
| 71 | \$205.45 | \$279.16 | \$247.03 | \$200.15 | \$86.74 | \$184.90 | \$251.24 | \$222.33 | \$180.14 | \$78.07 |
| 72 | \$211.00 | \$286.70 | \$253.70 | \$205.54 | \$90.64 | \$189.90 | \$258.03 | \$228.33 | \$184.99 | \$81.58 |
| 73 | \$216.70 | \$294.45 | \$260.56 | \$211.09 | \$94.71 | \$195.03 | \$265.00 | \$234.50 | \$189.98 | \$85.24 |
| 74 | \$222.54 | \$302.39 | \$267.60 | \$216.80 | \$98.97 | \$200.29 | \$272.15 | \$240.84 | \$195.12 | \$89.07 |
| 75 | \$228.54 | \$310.55 | \$274.82 | \$222.66 | \$103.43 | \$205.69 | \$279.49 | \$247.34 | \$200.40 | \$93.09 |
| 76 | \$234.73 | \$318.93 | \$282.24 | \$228.67 | \$108.07 | \$211.26 | \$287.04 | \$254.02 | \$205.81 | \$97.26 |
| 77 | \$241.07 | \$327.53 | \$289.84 | \$234.84 | \$112.95 | \$216.96 | \$294.78 | \$260.86 | \$211.36 | \$101.65 |
| 78 | \$247.58 | \$336.37 | \$297.66 | \$241.17 | \$118.03 | \$222.82 | \$302.73 | \$267.89 | \$217.05 | \$106.23 |
| 79 | \$254.25 | \$345.46 | \$305.70 | \$247.69 | \$123.34 | \$228.82 | \$310.91 | \$275.13 | \$222.92 | \$111.01 |
| 80 | \$261.12 | \$354.79 | \$313.96 | \$254.37 | \$128.89 | \$235.01 | \$319.31 | \$282.56 | \$228.93 | \$116.00 |
| 81 | \$268.17 | \$364.37 | \$322.44 | \$261.25 | \$134.68 | \$241.35 | \$327.93 | \$290.20 | \$235.13 | \$121.21 |
| 82 | \$275.41 | \$374.21 | \$331.16 | \$268.31 | \$140.74 | \$247.87 | \$336.79 | \$298.04 | \$241.48 | \$126.67 |
| 83 | \$282.57 | \$383.95 | \$339.77 | \$275.28 | \$147.08 | \$254.31 | \$345.55 | \$305.79 | \$247.75 | \$132.37 |
| 84 | \$289.65 | \$393.54 | \$348.26 | \$282.15 | \$153.70 | \$260.68 | \$354.19 | \$313.43 | \$253.93 | \$138.33 |
| 85 | \$296.59 | \$402.99 | \$356.63 | \$288.95 | \$160.62 | \$266.93 | \$362.69 | \$320.97 | \$260.06 | \$144.56 |
| 86 | \$303.41 | \$412.26 | \$364.82 | \$295.57 | \$167.86 | \$273.07 | \$371.03 | \$328.34 | \$266.02 | \$151.07 |
| 87 | \$310.40 | \$421.73 | \$373.21 | \$302.37 | \$175.41 | \$279.36 | \$379.56 | \$335.89 | \$272.13 | \$157.87 |
| 88 | \$317.55 | \$431.43 | \$381.79 | \$309.32 | \$182.96 | \$285.79 | \$388.29 | \$343.61 | \$278.39 | \$164.66 |
| 89 | \$323.89 | \$440.06 | \$389.42 | \$315.51 | \$190.45 | \$291.50 | \$396.05 | \$350.48 | \$283.96 | \$171.40 |
| 90 | \$330.38 | \$448.86 | \$397.20 | \$321.81 | \$197.88 | \$297.34 | \$403.97 | \$357.48 | \$289.63 | \$178.09 |
| 91 | \$336.97 | \$457.84 | \$405.17 | \$328.28 | \$204.81 | \$303.27 | \$412.06 | \$364.65 | \$295.45 | \$184.33 |
| 92 | \$343.72 | \$467.00 | \$413.26 | \$334.83 | \$211.56 | \$309.35 | \$420.30 | \$371.93 | \$301.34 | \$190.40 |
| 93 | \$350.60 | \$476.33 | \$421.53 | \$341.55 | \$217.91 | \$315.54 | \$428.70 | \$379.38 | \$307.40 | \$196.12 |
| 94 | \$357.61 | \$485.85 | \$429.96 | \$348.39 | \$223.77 | \$321.85 | \$437.26 | \$386.96 | \$313.55 | \$201.39 |
| 95 | \$364.76 | \$495.56 | \$438.54 | \$355.34 | \$229.38 | \$328.28 | \$446.00 | \$394.69 | \$319.81 | \$206.44 |
| 96 | \$372.07 | \$505.48 | \$447.33 | \$362.45 | \$235.10 | \$334.86 | \$454.93 | \$402.60 | \$326.21 | \$211.59 |
| 97 | \$379.50 | \$515.59 | \$456.28 | \$369.71 | \$240.98 | \$341.55 | \$464.03 | \$410.65 | \$332.74 | \$216.88 |
| 98 | \$387.10 | \$525.90 | \$465.39 | \$377.09 | \$247.01 | \$348.39 | \$473.31 | \$418.85 | \$339.38 | \$222.31 |
| 99+ | \$394.85 | \$536.43 | \$474.70 | \$384.66 | \$253.18 | \$355.36 | \$482.79 | \$427.23 | \$346.19 | \$227.86 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Female Premiums - ZIP Codes: 750-753, 757, 760-761, 774, 776-777, 783-784, 793-794

| Age | Tobacco Rates | | | | | Non-Tobacco Rates | | | | |
|-------------------|---|----------|----------|-----------------|----------|-------------------|----------|----------|-----------------|----------|
| | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$899.35 | N/A | N/A | N/A | N/A | \$809.41 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$169.46 | \$460.50 | \$407.52 | \$330.20 | \$137.50 | \$152.51 | \$414.45 | \$366.77 | \$297.18 | \$123.75 |
| 65-68 | \$169.46 | \$230.25 | \$203.76 | \$165.10 | \$68.75 | \$152.51 | \$207.22 | \$183.38 | \$148.59 | \$61.87 |
| 69 | \$175.90 | \$238.99 | \$211.50 | \$171.37 | \$71.86 | \$158.31 | \$215.09 | \$190.35 | \$154.23 | \$64.67 |
| 70 | \$180.84 | \$245.69 | \$217.43 | \$176.18 | \$75.09 | \$162.76 | \$221.12 | \$195.69 | \$158.57 | \$67.58 |
| 71 | \$185.89 | \$252.57 | \$223.51 | \$181.10 | \$78.47 | \$167.30 | \$227.31 | \$201.16 | \$162.99 | \$70.62 |
| 72 | \$190.90 | \$259.39 | \$229.54 | \$185.97 | \$82.02 | \$171.81 | \$233.45 | \$206.59 | \$167.38 | \$73.82 |
| 73 | \$196.05 | \$266.40 | \$235.76 | \$191.01 | \$85.69 | \$176.44 | \$239.76 | \$212.18 | \$171.91 | \$77.12 |
| 74 | \$201.34 | \$273.59 | \$242.12 | \$196.16 | \$89.54 | \$181.21 | \$246.23 | \$217.91 | \$176.55 | \$80.59 |
| 75 | \$206.78 | \$280.97 | \$248.64 | \$201.44 | \$93.58 | \$186.10 | \$252.87 | \$223.78 | \$181.30 | \$84.22 |
| 76 | \$212.38 | \$288.56 | \$255.35 | \$206.88 | \$97.78 | \$191.14 | \$259.70 | \$229.81 | \$186.19 | \$88.00 |
| 77 | \$218.11 | \$296.35 | \$262.23 | \$212.46 | \$102.18 | \$196.30 | \$266.71 | \$236.01 | \$191.22 | \$91.96 |
| 78 | \$224.00 | \$304.35 | \$269.32 | \$218.21 | \$106.77 | \$201.60 | \$273.91 | \$242.39 | \$196.39 | \$96.09 |
| 79 | \$230.04 | \$312.56 | \$276.59 | \$224.09 | \$111.59 | \$207.04 | \$281.30 | \$248.93 | \$201.68 | \$100.43 |
| 80 | \$236.26 | \$321.00 | \$284.06 | \$230.15 | \$116.61 | \$212.63 | \$288.90 | \$255.65 | \$207.13 | \$104.95 |
| 81 | \$242.63 | \$329.67 | \$291.74 | \$236.36 | \$121.86 | \$218.37 | \$296.70 | \$262.57 | \$212.73 | \$109.67 |
| 82 | \$249.19 | \$338.59 | \$299.63 | \$242.76 | \$127.34 | \$224.27 | \$304.73 | \$269.67 | \$218.49 | \$114.61 |
| 83 | \$255.67 | \$347.38 | \$307.41 | \$249.06 | \$133.08 | \$230.10 | \$312.64 | \$276.67 | \$224.16 | \$119.77 |
| 84 | \$262.05 | \$356.06 | \$315.09 | \$255.28 | \$139.07 | \$235.84 | \$320.45 | \$283.58 | \$229.75 | \$125.16 |
| 85 | \$268.34 | \$364.61 | \$322.65 | \$261.40 | \$145.33 | \$241.51 | \$328.15 | \$290.38 | \$235.26 | \$130.80 |
| 86 | \$274.52 | \$373.00 | \$330.07 | \$267.42 | \$151.87 | \$247.07 | \$335.70 | \$297.06 | \$240.68 | \$136.68 |
| 87 | \$280.84 | \$381.58 | \$337.67 | \$273.58 | \$158.70 | \$252.76 | \$343.42 | \$303.90 | \$246.22 | \$142.83 |
| 88 | \$287.31 | \$390.34 | \$345.43 | \$279.86 | \$165.53 | \$258.58 | \$351.31 | \$310.89 | \$251.88 | \$148.98 |
| 89 | \$293.04 | \$398.14 | \$352.33 | \$285.46 | \$172.31 | \$263.74 | \$358.33 | \$317.10 | \$256.92 | \$155.08 |
| 90 | \$298.91 | \$406.11 | \$359.39 | \$291.18 | \$179.03 | \$269.02 | \$365.50 | \$323.45 | \$262.06 | \$161.13 |
| 91 | \$304.88 | \$414.24 | \$366.57 | \$297.00 | \$185.29 | \$274.39 | \$372.82 | \$329.91 | \$267.30 | \$166.76 |
| 92 | \$310.99 | \$422.51 | \$373.91 | \$302.95 | \$191.41 | \$279.89 | \$380.26 | \$336.52 | \$272.66 | \$172.27 |
| 93 | \$317.21 | \$430.96 | \$381.37 | \$309.01 | \$197.16 | \$285.49 | \$387.86 | \$343.23 | \$278.11 | \$177.44 |
| 94 | \$323.56 | \$439.59 | \$389.01 | \$315.21 | \$202.47 | \$291.20 | \$395.63 | \$350.11 | \$283.69 | \$182.22 |
| 95 | \$330.02 | \$448.36 | \$396.78 | \$321.50 | \$207.53 | \$297.02 | \$403.52 | \$357.10 | \$289.35 | \$186.78 |
| 96 | \$336.62 | \$457.33 | \$404.73 | \$327.94 | \$212.72 | \$302.96 | \$411.60 | \$364.26 | \$295.15 | \$191.45 |
| 97 | \$343.37 | \$466.49 | \$412.82 | \$334.50 | \$218.03 | \$309.03 | \$419.84 | \$371.54 | \$301.05 | \$196.23 |
| 98 | \$350.24 | \$475.81 | \$421.08 | \$341.19 | \$223.48 | \$315.22 | \$428.23 | \$378.97 | \$307.07 | \$201.13 |
| 99+ | \$357.25 | \$485.33 | \$429.48 | \$348.01 | \$229.06 | \$321.52 | \$436.80 | \$386.53 | \$313.21 | \$206.15 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Male Premiums ZIP Codes: 754-756, 758-759, 762-764, 778-782, 785-792

| Male Premiums ZIP Codes: 754-756, 758-759, 762-764, 778-782, 785-792 | | | | | | | | | | |
|---|---|---------------|---------------|------------------------|-----------------|--------------------------|---------------|---------------|------------------------|-----------------|
| Tobacco Rates | | | | | | Non-Tobacco Rates | | | | |
| Age | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$944.32 | N/A | N/A | N/A | N/A | \$849.89 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$177.94 | \$483.53 | \$427.90 | \$346.71 | \$144.38 | \$160.15 | \$435.18 | \$385.11 | \$312.04 | \$129.94 |
| 65-68 | \$177.94 | \$241.77 | \$213.95 | \$173.36 | \$72.19 | \$160.15 | \$217.59 | \$192.55 | \$156.02 | \$64.97 |
| 69 | \$184.70 | \$250.93 | \$222.08 | \$179.95 | \$75.45 | \$166.23 | \$225.84 | \$199.87 | \$161.95 | \$67.90 |
| 70 | \$189.87 | \$257.96 | \$228.29 | \$184.96 | \$78.84 | \$170.88 | \$232.16 | \$205.46 | \$166.46 | \$70.96 |
| 71 | \$195.18 | \$265.20 | \$234.68 | \$190.14 | \$82.40 | \$175.66 | \$238.68 | \$211.21 | \$171.12 | \$74.16 |
| 72 | \$200.45 | \$272.37 | \$241.02 | \$195.27 | \$86.11 | \$180.40 | \$245.13 | \$216.92 | \$175.75 | \$77.50 |
| 73 | \$205.87 | \$279.73 | \$247.53 | \$200.53 | \$89.97 | \$185.28 | \$251.76 | \$222.78 | \$180.48 | \$80.97 |
| 74 | \$211.41 | \$287.27 | \$254.22 | \$205.96 | \$94.02 | \$190.27 | \$258.54 | \$228.80 | \$185.37 | \$84.62 |
| 75 | \$217.11 | \$295.02 | \$261.08 | \$211.53 | \$98.26 | \$195.40 | \$265.52 | \$234.97 | \$190.38 | \$88.43 |
| 76 | \$222.99 | \$302.98 | \$268.13 | \$217.24 | \$102.67 | \$200.69 | \$272.68 | \$241.32 | \$195.52 | \$92.40 |
| 77 | \$229.02 | \$311.15 | \$275.35 | \$223.10 | \$107.30 | \$206.12 | \$280.03 | \$247.81 | \$200.79 | \$96.57 |
| 78 | \$235.20 | \$319.55 | \$282.78 | \$229.11 | \$112.13 | \$211.68 | \$287.59 | \$254.50 | \$206.20 | \$100.92 |
| 79 | \$241.54 | \$328.19 | \$290.42 | \$235.31 | \$117.17 | \$217.39 | \$295.37 | \$261.38 | \$211.78 | \$105.45 |
| 80 | \$248.06 | \$337.05 | \$298.26 | \$241.65 | \$122.45 | \$223.25 | \$303.34 | \$268.43 | \$217.48 | \$110.20 |
| 81 | \$254.76 | \$346.15 | \$306.32 | \$248.19 | \$127.95 | \$229.28 | \$311.53 | \$275.69 | \$223.37 | \$115.15 |
| 82 | \$261.64 | \$355.50 | \$314.60 | \$254.89 | \$133.70 | \$235.48 | \$319.95 | \$283.14 | \$229.40 | \$120.33 |
| 83 | \$268.44 | \$364.75 | \$322.78 | \$261.51 | \$139.73 | \$241.60 | \$328.27 | \$290.50 | \$235.36 | \$125.76 |
| 84 | \$275.17 | \$373.86 | \$330.85 | \$268.05 | \$146.02 | \$247.65 | \$336.47 | \$297.76 | \$241.24 | \$131.42 |
| 85 | \$281.76 | \$382.84 | \$338.80 | \$274.50 | \$152.59 | \$253.58 | \$344.56 | \$304.92 | \$247.05 | \$137.33 |
| 86 | \$288.24 | \$391.65 | \$346.58 | \$280.79 | \$159.47 | \$259.42 | \$352.48 | \$311.92 | \$252.71 | \$143.52 |
| 87 | \$294.88 | \$400.64 | \$354.55 | \$287.25 | \$166.64 | \$265.39 | \$360.58 | \$319.09 | \$258.52 | \$149.98 |
| 88 | \$301.67 | \$409.86 | \$362.70 | \$293.85 | \$173.81 | \$271.50 | \$368.87 | \$326.43 | \$264.47 | \$156.43 |
| 89 | \$307.70 | \$418.06 | \$369.95 | \$299.74 | \$180.93 | \$276.93 | \$376.25 | \$332.95 | \$269.76 | \$162.84 |
| 90 | \$313.86 | \$426.42 | \$377.34 | \$305.72 | \$187.99 | \$282.47 | \$383.78 | \$339.61 | \$275.15 | \$169.19 |
| 91 | \$320.12 | \$434.95 | \$384.91 | \$311.86 | \$194.57 | \$288.11 | \$391.45 | \$346.42 | \$280.68 | \$175.11 |
| 92 | \$326.53 | \$443.65 | \$392.60 | \$318.09 | \$200.98 | \$293.88 | \$399.28 | \$353.34 | \$286.28 | \$180.88 |
| 93 | \$333.07 | \$452.51 | \$400.45 | \$324.47 | \$207.01 | \$299.76 | \$407.26 | \$360.40 | \$292.02 | \$186.31 |
| 94 | \$339.73 | \$461.56 | \$408.46 | \$330.97 | \$212.58 | \$305.76 | \$415.40 | \$367.61 | \$297.87 | \$191.32 |
| 95 | \$346.52 | \$470.78 | \$416.61 | \$337.57 | \$217.91 | \$311.87 | \$423.70 | \$374.95 | \$303.81 | \$196.12 |
| 96 | \$353.47 | \$480.21 | \$424.96 | \$344.32 | \$223.35 | \$318.12 | \$432.19 | \$382.46 | \$309.88 | \$201.01 |
| 97 | \$360.53 | \$489.81 | \$433.47 | \$351.23 | \$228.93 | \$324.48 | \$440.83 | \$390.12 | \$316.10 | \$206.04 |
| 98 | \$367.75 | \$499.61 | \$442.12 | \$358.23 | \$234.66 | \$330.97 | \$449.65 | \$397.91 | \$322.41 | \$211.19 |
| 99+ | \$375.11 | \$509.61 | \$450.97 | \$365.43 | \$240.52 | \$337.60 | \$458.65 | \$405.87 | \$328.88 | \$216.47 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Female Premiums ZIP Codes: 754-756, 758-759, 762-764, 778-782, 785-792

| Female Premiums ZIP Codes: 754-756, 758-759, 762-764, 778-782, 785-792 | | | | | | | | | | |
|---|---|---------------|---------------|------------------------|-----------------|--------------------------|---------------|---------------|------------------------|-----------------|
| Tobacco Rates | | | | | | Non-Tobacco Rates | | | | |
| Age | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$854.38 | N/A | N/A | N/A | N/A | \$768.94 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$160.99 | \$437.48 | \$387.14 | \$313.69 | \$130.63 | \$144.89 | \$393.73 | \$348.43 | \$282.33 | \$117.57 |
| 65-68 | \$160.99 | \$218.74 | \$193.57 | \$156.84 | \$65.31 | \$144.89 | \$196.87 | \$174.21 | \$141.15 | \$58.78 |
| 69 | \$167.11 | \$227.04 | \$200.93 | \$162.81 | \$68.27 | \$150.40 | \$204.34 | \$180.84 | \$146.53 | \$61.44 |
| 70 | \$171.80 | \$233.41 | \$206.56 | \$167.37 | \$71.34 | \$154.62 | \$210.07 | \$185.90 | \$150.63 | \$64.21 |
| 71 | \$176.60 | \$239.94 | \$212.33 | \$172.04 | \$74.55 | \$158.94 | \$215.95 | \$191.10 | \$154.84 | \$67.09 |
| 72 | \$181.36 | \$246.42 | \$218.06 | \$176.67 | \$77.92 | \$163.22 | \$221.78 | \$196.25 | \$159.00 | \$70.13 |
| 73 | \$186.25 | \$253.08 | \$223.97 | \$181.46 | \$81.41 | \$167.62 | \$227.77 | \$201.57 | \$163.31 | \$73.27 |
| 74 | \$191.27 | \$259.91 | \$230.01 | \$186.35 | \$85.06 | \$172.14 | \$233.92 | \$207.01 | \$167.72 | \$76.55 |
| 75 | \$196.44 | \$266.92 | \$236.21 | \$191.37 | \$88.90 | \$176.80 | \$240.23 | \$212.59 | \$172.23 | \$80.01 |
| 76 | \$201.76 | \$274.13 | \$242.58 | \$196.53 | \$92.89 | \$181.58 | \$246.72 | \$218.32 | \$176.88 | \$83.60 |
| 77 | \$207.20 | \$281.53 | \$249.12 | \$201.84 | \$97.07 | \$186.48 | \$253.38 | \$224.21 | \$181.66 | \$87.36 |
| 78 | \$212.80 | \$289.13 | \$255.85 | \$207.30 | \$101.43 | \$191.52 | \$260.22 | \$230.26 | \$186.57 | \$91.29 |
| 79 | \$218.54 | \$296.93 | \$262.76 | \$212.88 | \$106.01 | \$196.69 | \$267.24 | \$236.48 | \$191.59 | \$95.41 |
| 80 | \$224.45 | \$304.95 | \$269.86 | \$218.65 | \$110.78 | \$202.00 | \$274.45 | \$242.87 | \$196.78 | \$99.70 |
| 81 | \$230.50 | \$313.19 | \$277.15 | \$224.54 | \$115.77 | \$207.45 | \$281.87 | \$249.43 | \$202.08 | \$104.19 |
| 82 | \$236.73 | \$321.66 | \$284.65 | \$230.62 | \$120.97 | \$213.06 | \$289.49 | \$256.18 | \$207.55 | \$108.87 |
| 83 | \$242.89 | \$330.01 | \$292.04 | \$236.61 | \$126.43 | \$218.60 | \$297.01 | \$262.84 | \$212.95 | \$113.79 |
| 84 | \$248.95 | \$338.26 | \$299.34 | \$242.52 | \$132.12 | \$224.05 | \$304.43 | \$269.41 | \$218.27 | \$118.91 |
| 85 | \$254.92 | \$346.38 | \$306.52 | \$248.33 | \$138.06 | \$229.43 | \$311.74 | \$275.87 | \$223.50 | \$124.25 |
| 86 | \$260.79 | \$354.35 | \$313.57 | \$254.05 | \$144.28 | \$234.71 | \$318.91 | \$282.21 | \$228.64 | \$129.85 |
| 87 | \$266.80 | \$362.50 | \$320.79 | \$259.90 | \$150.77 | \$240.12 | \$326.25 | \$288.71 | \$233.91 | \$135.69 |
| 88 | \$272.94 | \$370.82 | \$328.16 | \$265.87 | \$157.25 | \$245.65 | \$333.74 | \$295.34 | \$239.28 | \$141.52 |
| 89 | \$278.39 | \$378.23 | \$334.71 | \$271.18 | \$163.69 | \$250.55 | \$340.41 | \$301.24 | \$244.06 | \$147.32 |
| 90 | \$283.96 | \$385.80 | \$341.42 | \$276.62 | \$170.08 | \$255.56 | \$347.22 | \$307.28 | \$248.96 | \$153.07 |
| 91 | \$289.64 | \$393.53 | \$348.24 | \$282.15 | \$176.03 | \$260.68 | \$354.18 | \$313.42 | \$253.94 | \$158.43 |
| 92 | \$295.44 | \$401.38 | \$355.21 | \$287.80 | \$181.84 | \$265.90 | \$361.24 | \$319.69 | \$259.02 | \$163.66 |
| 93 | \$301.35 | \$409.41 | \$362.30 | \$293.56 | \$187.30 | \$271.21 | \$368.47 | \$326.07 | \$264.20 | \$168.57 |
| 94 | \$307.38 | \$417.61 | \$369.56 | \$299.45 | \$192.35 | \$276.64 | \$375.85 | \$332.60 | \$269.50 | \$173.11 |
| 95 | \$313.52 | \$425.94 | \$376.94 | \$305.42 | \$197.15 | \$282.17 | \$383.35 | \$339.25 | \$274.88 | \$177.43 |
| 96 | \$319.79 | \$434.46 | \$384.49 | \$311.54 | \$202.08 | \$287.81 | \$391.01 | \$346.04 | \$280.39 | \$181.87 |
| 97 | \$326.20 | \$443.17 | \$392.18 | \$317.78 | \$207.13 | \$293.58 | \$398.85 | \$352.96 | \$286.00 | \$186.42 |
| 98 | \$332.73 | \$452.02 | \$400.03 | \$324.13 | \$212.31 | \$299.46 | \$406.82 | \$360.03 | \$291.72 | \$191.08 |
| 99+ | \$339.39 | \$461.06 | \$408.01 | \$330.61 | \$217.61 | \$305.45 | \$414.95 | \$367.21 | \$297.55 | \$195.85 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Male Premiums ZIP Codes: 765-769, 795-796, 799

| Age | Tobacco Rates | | | | | Non-Tobacco Rates | | | | |
|-------------------|---|----------|----------|-----------------|----------|-------------------|----------|----------|-----------------|----------|
| | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$894.62 | N/A | N/A | N/A | N/A | \$805.16 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$168.57 | \$458.08 | \$405.38 | \$328.47 | \$136.78 | \$151.71 | \$412.27 | \$364.84 | \$295.62 | \$123.10 |
| 65-68 | \$168.57 | \$229.04 | \$202.69 | \$164.23 | \$68.39 | \$151.71 | \$206.14 | \$182.42 | \$147.81 | \$61.55 |
| 69 | \$174.98 | \$237.73 | \$210.39 | \$170.47 | \$71.48 | \$157.48 | \$213.96 | \$189.35 | \$153.42 | \$64.33 |
| 70 | \$179.87 | \$244.39 | \$216.28 | \$175.23 | \$74.69 | \$161.88 | \$219.95 | \$194.65 | \$157.71 | \$67.22 |
| 71 | \$184.91 | \$251.24 | \$222.33 | \$180.14 | \$78.07 | \$166.42 | \$226.12 | \$200.10 | \$162.13 | \$70.26 |
| 72 | \$189.90 | \$258.03 | \$228.33 | \$184.99 | \$81.58 | \$170.91 | \$232.23 | \$205.50 | \$166.49 | \$73.42 |
| 73 | \$195.03 | \$265.01 | \$234.50 | \$189.98 | \$85.24 | \$175.53 | \$238.51 | \$211.05 | \$170.98 | \$76.72 |
| 74 | \$200.29 | \$272.15 | \$240.84 | \$195.12 | \$89.07 | \$180.26 | \$244.93 | \$216.76 | \$175.61 | \$80.16 |
| 75 | \$205.69 | \$279.50 | \$247.34 | \$200.40 | \$93.09 | \$185.12 | \$251.55 | \$222.61 | \$180.36 | \$83.78 |
| 76 | \$211.26 | \$287.04 | \$254.02 | \$205.81 | \$97.26 | \$190.13 | \$258.34 | \$228.62 | \$185.23 | \$87.53 |
| 77 | \$216.96 | \$294.78 | \$260.86 | \$211.36 | \$101.66 | \$195.26 | \$265.30 | \$234.77 | \$190.22 | \$91.49 |
| 78 | \$222.82 | \$302.73 | \$267.89 | \$217.05 | \$106.23 | \$200.54 | \$272.46 | \$241.10 | \$195.34 | \$95.61 |
| 79 | \$228.83 | \$310.91 | \$275.13 | \$222.92 | \$111.01 | \$205.95 | \$279.82 | \$247.62 | \$200.63 | \$99.91 |
| 80 | \$235.01 | \$319.31 | \$282.56 | \$228.93 | \$116.00 | \$211.51 | \$287.38 | \$254.30 | \$206.03 | \$104.40 |
| 81 | \$241.35 | \$327.93 | \$290.20 | \$235.13 | \$121.21 | \$217.21 | \$295.14 | \$261.18 | \$211.62 | \$109.09 |
| 82 | \$247.87 | \$336.79 | \$298.04 | \$241.47 | \$126.67 | \$223.08 | \$303.11 | \$268.24 | \$217.33 | \$114.00 |
| 83 | \$254.31 | \$345.56 | \$305.79 | \$247.75 | \$132.37 | \$228.88 | \$311.00 | \$275.21 | \$222.97 | \$119.13 |
| 84 | \$260.69 | \$354.19 | \$313.43 | \$253.93 | \$138.33 | \$234.62 | \$318.77 | \$282.09 | \$228.54 | \$124.50 |
| 85 | \$266.93 | \$362.69 | \$320.97 | \$260.06 | \$144.56 | \$240.24 | \$326.42 | \$288.87 | \$234.05 | \$130.10 |
| 86 | \$273.07 | \$371.03 | \$328.34 | \$266.01 | \$151.07 | \$245.76 | \$333.93 | \$295.51 | \$239.41 | \$135.96 |
| 87 | \$279.36 | \$379.56 | \$335.89 | \$272.13 | \$157.87 | \$251.42 | \$341.60 | \$302.30 | \$244.92 | \$142.08 |
| 88 | \$285.80 | \$388.29 | \$343.61 | \$278.39 | \$164.66 | \$257.22 | \$349.46 | \$309.25 | \$250.55 | \$148.19 |
| 89 | \$291.50 | \$396.05 | \$350.48 | \$283.96 | \$171.41 | \$262.35 | \$356.44 | \$315.43 | \$255.56 | \$154.27 |
| 90 | \$297.34 | \$403.97 | \$357.48 | \$289.63 | \$178.09 | \$267.61 | \$363.57 | \$321.73 | \$260.67 | \$160.28 |
| 91 | \$303.27 | \$412.06 | \$364.65 | \$295.45 | \$184.33 | \$272.94 | \$370.85 | \$328.18 | \$265.90 | \$165.90 |
| 92 | \$309.35 | \$420.30 | \$371.93 | \$301.34 | \$190.40 | \$278.41 | \$378.27 | \$334.74 | \$271.21 | \$171.36 |
| 93 | \$315.54 | \$428.70 | \$379.38 | \$307.40 | \$196.12 | \$283.99 | \$385.83 | \$341.44 | \$276.66 | \$176.51 |
| 94 | \$321.85 | \$437.27 | \$386.96 | \$313.55 | \$201.39 | \$289.66 | \$393.54 | \$348.26 | \$282.19 | \$181.25 |
| 95 | \$328.28 | \$446.00 | \$394.69 | \$319.81 | \$206.44 | \$295.45 | \$401.40 | \$355.22 | \$287.83 | \$185.80 |
| 96 | \$334.86 | \$454.93 | \$402.60 | \$326.21 | \$211.59 | \$301.37 | \$409.44 | \$362.34 | \$293.59 | \$190.43 |
| 97 | \$341.55 | \$464.03 | \$410.65 | \$332.74 | \$216.88 | \$307.39 | \$417.63 | \$369.58 | \$299.46 | \$195.19 |
| 98 | \$348.39 | \$473.31 | \$418.85 | \$339.38 | \$222.31 | \$313.55 | \$425.98 | \$376.96 | \$305.44 | \$200.08 |
| 99+ | \$355.37 | \$482.79 | \$427.23 | \$346.19 | \$227.86 | \$319.83 | \$434.51 | \$384.51 | \$311.57 | \$205.07 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Female Premiums ZIP Codes: 765-769, 795-796, 799

| Age | Tobacco Rates | | | | | Non-Tobacco Rates | | | | |
|-------------------|---|----------|----------|-----------------|----------|-------------------|----------|----------|-----------------|----------|
| | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$809.42 | N/A | N/A | N/A | N/A | \$728.48 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$152.51 | \$414.45 | \$366.77 | \$297.18 | \$123.75 | \$137.26 | \$373.00 | \$330.09 | \$267.46 | \$111.37 |
| 65-68 | \$152.51 | \$207.23 | \$183.38 | \$148.59 | \$61.88 | \$137.26 | \$186.51 | \$165.04 | \$133.73 | \$55.69 |
| 69 | \$158.31 | \$215.09 | \$190.35 | \$154.23 | \$64.67 | \$142.48 | \$193.58 | \$171.31 | \$138.80 | \$58.20 |
| 70 | \$162.76 | \$221.12 | \$195.69 | \$158.56 | \$67.58 | \$146.48 | \$199.01 | \$176.12 | \$142.70 | \$60.82 |
| 71 | \$167.30 | \$227.31 | \$201.16 | \$162.99 | \$70.62 | \$150.57 | \$204.58 | \$181.04 | \$146.69 | \$63.56 |
| 72 | \$171.81 | \$233.45 | \$206.59 | \$167.38 | \$73.82 | \$154.63 | \$210.10 | \$185.93 | \$150.64 | \$66.44 |
| 73 | \$176.45 | \$239.76 | \$212.18 | \$171.90 | \$77.12 | \$158.80 | \$215.78 | \$190.96 | \$154.71 | \$69.41 |
| 74 | \$181.21 | \$246.23 | \$217.91 | \$176.55 | \$80.59 | \$163.09 | \$221.61 | \$196.12 | \$158.90 | \$72.53 |
| 75 | \$186.10 | \$252.87 | \$223.78 | \$181.30 | \$84.22 | \$167.49 | \$227.58 | \$201.40 | \$163.17 | \$75.80 |
| 76 | \$191.14 | \$259.70 | \$229.82 | \$186.20 | \$88.00 | \$172.03 | \$233.73 | \$206.84 | \$167.58 | \$79.20 |
| 77 | \$196.30 | \$266.72 | \$236.01 | \$191.22 | \$91.96 | \$176.67 | \$240.05 | \$212.41 | \$172.10 | \$82.76 |
| 78 | \$201.60 | \$273.92 | \$242.39 | \$196.39 | \$96.09 | \$181.44 | \$246.53 | \$218.15 | \$176.75 | \$86.48 |
| 79 | \$207.04 | \$281.30 | \$248.93 | \$201.68 | \$100.43 | \$186.34 | \$253.17 | \$224.04 | \$181.52 | \$90.39 |
| 80 | \$212.63 | \$288.90 | \$255.65 | \$207.13 | \$104.95 | \$191.37 | \$260.01 | \$230.08 | \$186.41 | \$94.45 |
| 81 | \$218.37 | \$296.70 | \$262.57 | \$212.73 | \$109.67 | \$196.53 | \$267.03 | \$236.31 | \$191.45 | \$98.70 |
| 82 | \$224.27 | \$304.73 | \$269.67 | \$218.49 | \$114.61 | \$201.84 | \$274.26 | \$242.70 | \$196.64 | \$103.15 |
| 83 | \$230.10 | \$312.64 | \$276.67 | \$224.15 | \$119.77 | \$207.09 | \$281.38 | \$249.00 | \$201.73 | \$107.79 |
| 84 | \$235.85 | \$320.45 | \$283.58 | \$229.75 | \$125.16 | \$212.26 | \$288.40 | \$255.22 | \$206.77 | \$112.64 |
| 85 | \$241.51 | \$328.15 | \$290.39 | \$235.26 | \$130.80 | \$217.36 | \$295.33 | \$261.35 | \$211.73 | \$117.72 |
| 86 | \$247.07 | \$335.70 | \$297.06 | \$240.67 | \$136.68 | \$222.36 | \$302.13 | \$267.35 | \$216.60 | \$123.01 |
| 87 | \$252.76 | \$343.42 | \$303.90 | \$246.22 | \$142.83 | \$227.48 | \$309.08 | \$273.51 | \$221.60 | \$128.55 |
| 88 | \$258.58 | \$351.31 | \$310.89 | \$251.88 | \$148.98 | \$232.72 | \$316.18 | \$279.80 | \$226.69 | \$134.08 |
| 89 | \$263.74 | \$358.33 | \$317.10 | \$256.92 | \$155.08 | \$237.37 | \$322.50 | \$285.39 | \$231.23 | \$139.57 |
| 90 | \$269.02 | \$365.50 | \$323.45 | \$262.06 | \$161.13 | \$242.12 | \$328.95 | \$291.10 | \$235.85 | \$145.02 |
| 91 | \$274.39 | \$372.82 | \$329.91 | \$267.30 | \$166.76 | \$246.95 | \$335.54 | \$296.92 | \$240.57 | \$150.08 |
| 92 | \$279.89 | \$380.26 | \$336.52 | \$272.66 | \$172.27 | \$251.90 | \$342.23 | \$302.87 | \$245.40 | \$155.04 |
| 93 | \$285.49 | \$387.86 | \$343.23 | \$278.11 | \$177.44 | \$256.94 | \$349.07 | \$308.91 | \$250.30 | \$159.70 |
| 94 | \$291.20 | \$395.63 | \$350.11 | \$283.69 | \$182.22 | \$262.08 | \$356.07 | \$315.10 | \$255.32 | \$164.00 |
| 95 | \$297.02 | \$403.52 | \$357.10 | \$289.35 | \$186.78 | \$267.32 | \$363.17 | \$321.39 | \$260.42 | \$168.10 |
| 96 | \$302.96 | \$411.60 | \$364.26 | \$295.15 | \$191.45 | \$272.66 | \$370.44 | \$327.83 | \$265.63 | \$172.30 |
| 97 | \$309.03 | \$419.84 | \$371.54 | \$301.05 | \$196.23 | \$278.13 | \$377.86 | \$334.39 | \$270.95 | \$176.61 |
| 98 | \$315.22 | \$428.23 | \$378.97 | \$307.07 | \$201.13 | \$283.70 | \$385.41 | \$341.07 | \$276.36 | \$181.02 |
| 99+ | \$321.53 | \$436.80 | \$386.53 | \$313.21 | \$206.15 | \$289.38 | \$393.12 | \$347.88 | \$281.89 | \$185.53 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Male Premiums ZIP Codes: 770, 772-773, 775

| Age | Tobacco Rates | | | | | Non-Tobacco Rates | | | | |
|-------------------|---|----------|----------|-----------------|----------|-------------------|----------|----------|-----------------|----------|
| | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$1,093.42 | N/A | N/A | N/A | N/A | \$984.08 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$206.03 | \$559.88 | \$495.46 | \$401.45 | \$167.18 | \$185.43 | \$503.89 | \$445.91 | \$361.30 | \$150.46 |
| 65-68 | \$206.03 | \$279.94 | \$247.73 | \$200.73 | \$83.59 | \$185.43 | \$251.95 | \$222.96 | \$180.66 | \$75.23 |
| 69 | \$213.86 | \$290.55 | \$257.15 | \$208.36 | \$87.36 | \$192.47 | \$261.49 | \$231.43 | \$187.52 | \$78.62 |
| 70 | \$219.85 | \$298.69 | \$264.34 | \$214.17 | \$91.29 | \$197.86 | \$268.82 | \$237.91 | \$192.76 | \$82.16 |
| 71 | \$226.00 | \$307.08 | \$271.73 | \$220.16 | \$95.41 | \$203.40 | \$276.37 | \$244.56 | \$198.15 | \$85.87 |
| 72 | \$232.10 | \$315.37 | \$279.07 | \$226.09 | \$99.70 | \$208.89 | \$283.83 | \$251.16 | \$203.48 | \$89.73 |
| 73 | \$238.37 | \$323.90 | \$286.62 | \$232.20 | \$104.18 | \$214.53 | \$291.51 | \$257.96 | \$208.98 | \$93.76 |
| 74 | \$244.79 | \$332.63 | \$294.36 | \$238.48 | \$108.87 | \$220.31 | \$299.37 | \$264.92 | \$214.63 | \$97.98 |
| 75 | \$251.39 | \$341.61 | \$302.30 | \$244.92 | \$113.77 | \$226.25 | \$307.45 | \$272.07 | \$220.43 | \$102.39 |
| 76 | \$258.20 | \$350.82 | \$310.46 | \$251.53 | \$118.88 | \$232.38 | \$315.74 | \$279.41 | \$226.37 | \$106.99 |
| 77 | \$265.18 | \$360.28 | \$318.82 | \$258.32 | \$124.25 | \$238.66 | \$324.25 | \$286.94 | \$232.49 | \$111.82 |
| 78 | \$272.34 | \$370.01 | \$327.43 | \$265.29 | \$129.83 | \$245.11 | \$333.01 | \$294.69 | \$238.76 | \$116.85 |
| 79 | \$279.68 | \$380.01 | \$336.27 | \$272.46 | \$135.67 | \$251.71 | \$342.01 | \$302.64 | \$245.21 | \$122.10 |
| 80 | \$287.23 | \$390.27 | \$345.36 | \$279.81 | \$141.78 | \$258.51 | \$351.24 | \$310.82 | \$251.83 | \$127.60 |
| 81 | \$294.99 | \$400.81 | \$354.68 | \$287.37 | \$148.15 | \$265.49 | \$360.73 | \$319.21 | \$258.63 | \$133.33 |
| 82 | \$302.95 | \$411.63 | \$364.28 | \$295.14 | \$154.81 | \$272.65 | \$370.47 | \$327.85 | \$265.62 | \$139.33 |
| 83 | \$310.83 | \$422.35 | \$373.75 | \$302.81 | \$161.79 | \$279.75 | \$380.11 | \$336.37 | \$272.52 | \$145.61 |
| 84 | \$318.62 | \$432.89 | \$383.09 | \$310.37 | \$169.07 | \$286.76 | \$389.60 | \$344.78 | \$279.33 | \$152.16 |
| 85 | \$326.25 | \$443.29 | \$392.29 | \$317.84 | \$176.68 | \$293.62 | \$398.96 | \$353.06 | \$286.06 | \$159.01 |
| 86 | \$333.75 | \$453.49 | \$401.30 | \$325.12 | \$184.65 | \$300.37 | \$408.14 | \$361.17 | \$292.61 | \$166.18 |
| 87 | \$341.44 | \$463.90 | \$410.53 | \$332.61 | \$192.95 | \$307.30 | \$417.51 | \$369.48 | \$299.35 | \$173.65 |
| 88 | \$349.31 | \$474.57 | \$419.97 | \$340.25 | \$201.26 | \$314.38 | \$427.11 | \$377.97 | \$306.22 | \$181.13 |
| 89 | \$356.28 | \$484.07 | \$428.36 | \$347.06 | \$209.50 | \$320.65 | \$435.66 | \$385.52 | \$312.35 | \$188.55 |
| 90 | \$363.42 | \$493.75 | \$436.92 | \$353.99 | \$217.67 | \$327.08 | \$444.37 | \$393.23 | \$318.59 | \$195.90 |
| 91 | \$370.67 | \$503.62 | \$445.69 | \$361.11 | \$225.29 | \$333.60 | \$453.26 | \$401.12 | \$325.00 | \$202.76 |
| 92 | \$378.09 | \$513.70 | \$454.59 | \$368.32 | \$232.72 | \$340.28 | \$462.33 | \$409.13 | \$331.49 | \$209.45 |
| 93 | \$385.66 | \$523.96 | \$463.68 | \$375.70 | \$239.70 | \$347.09 | \$471.56 | \$417.31 | \$338.13 | \$215.73 |
| 94 | \$393.37 | \$534.44 | \$472.96 | \$383.23 | \$246.15 | \$354.03 | \$481.00 | \$425.66 | \$344.90 | \$221.53 |
| 95 | \$401.24 | \$545.12 | \$482.39 | \$390.87 | \$252.32 | \$361.12 | \$490.61 | \$434.15 | \$351.78 | \$227.09 |
| 96 | \$409.28 | \$556.03 | \$492.06 | \$398.69 | \$258.61 | \$368.35 | \$500.43 | \$442.85 | \$358.82 | \$232.75 |
| 97 | \$417.45 | \$567.15 | \$501.91 | \$406.68 | \$265.08 | \$375.70 | \$510.43 | \$451.72 | \$366.01 | \$238.57 |
| 98 | \$425.81 | \$578.49 | \$511.93 | \$414.80 | \$271.71 | \$383.23 | \$520.64 | \$460.74 | \$373.32 | \$244.54 |
| 99+ | \$434.34 | \$590.07 | \$522.17 | \$423.13 | \$278.50 | \$390.91 | \$531.06 | \$469.95 | \$380.81 | \$250.65 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Female Premiums ZIP Codes: 770, 772-773, 775

| Female Premiums ZIP Codes: 770, 772-773, 775 | | | | | | | | | | |
|---|---|---------------|---------------|------------------------|-----------------|--------------------------|---------------|---------------|------------------------|-----------------|
| Tobacco Rates | | | | | | Non-Tobacco Rates | | | | |
| Age | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$989.29 | N/A | N/A | N/A | N/A | \$890.36 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$186.41 | \$506.55 | \$448.27 | \$363.22 | \$151.25 | \$167.77 | \$455.89 | \$403.44 | \$326.90 | \$136.12 |
| 65-68 | \$186.41 | \$253.28 | \$224.14 | \$181.61 | \$75.63 | \$167.77 | \$227.95 | \$201.73 | \$163.45 | \$68.07 |
| 69 | \$193.49 | \$262.89 | \$232.65 | \$188.51 | \$79.05 | \$174.14 | \$236.60 | \$209.38 | \$169.65 | \$71.14 |
| 70 | \$198.92 | \$270.26 | \$239.17 | \$193.79 | \$82.60 | \$179.03 | \$243.23 | \$215.25 | \$174.41 | \$74.34 |
| 71 | \$204.48 | \$277.83 | \$245.86 | \$199.21 | \$86.32 | \$184.03 | \$250.05 | \$221.27 | \$179.29 | \$77.69 |
| 72 | \$209.99 | \$285.33 | \$252.49 | \$204.56 | \$90.22 | \$188.99 | \$256.80 | \$227.24 | \$184.10 | \$81.20 |
| 73 | \$215.66 | \$293.04 | \$259.34 | \$210.11 | \$94.26 | \$194.09 | \$263.74 | \$233.41 | \$189.10 | \$84.83 |
| 74 | \$221.47 | \$300.95 | \$266.33 | \$215.77 | \$98.49 | \$199.32 | \$270.85 | \$239.70 | \$194.20 | \$88.64 |
| 75 | \$227.46 | \$309.07 | \$273.50 | \$221.58 | \$102.94 | \$204.71 | \$278.16 | \$246.15 | \$199.42 | \$92.65 |
| 76 | \$233.62 | \$317.42 | \$280.89 | \$227.57 | \$107.56 | \$210.26 | \$285.68 | \$252.80 | \$204.81 | \$96.80 |
| 77 | \$239.92 | \$325.99 | \$288.45 | \$233.70 | \$112.40 | \$215.93 | \$293.39 | \$259.60 | \$210.33 | \$101.16 |
| 78 | \$246.40 | \$334.79 | \$296.25 | \$240.03 | \$117.45 | \$221.76 | \$301.31 | \$266.62 | \$216.02 | \$105.70 |
| 79 | \$253.04 | \$343.82 | \$304.25 | \$246.50 | \$122.75 | \$227.74 | \$309.44 | \$273.82 | \$221.85 | \$110.47 |
| 80 | \$259.89 | \$353.10 | \$312.47 | \$253.17 | \$128.27 | \$233.90 | \$317.79 | \$281.22 | \$227.85 | \$115.44 |
| 81 | \$266.89 | \$362.64 | \$320.91 | \$259.99 | \$134.05 | \$240.20 | \$326.38 | \$288.82 | \$233.99 | \$120.64 |
| 82 | \$274.11 | \$372.45 | \$329.59 | \$267.03 | \$140.07 | \$246.70 | \$335.20 | \$296.63 | \$240.33 | \$126.06 |
| 83 | \$281.24 | \$382.12 | \$338.15 | \$273.96 | \$146.39 | \$253.12 | \$343.91 | \$304.33 | \$246.56 | \$131.75 |
| 84 | \$288.26 | \$391.67 | \$346.60 | \$280.81 | \$152.98 | \$259.43 | \$352.50 | \$311.94 | \$252.73 | \$137.68 |
| 85 | \$295.17 | \$401.07 | \$354.92 | \$287.54 | \$159.86 | \$265.65 | \$360.96 | \$319.43 | \$258.79 | \$143.87 |
| 86 | \$301.97 | \$410.30 | \$363.08 | \$294.16 | \$167.06 | \$271.77 | \$369.27 | \$326.77 | \$264.74 | \$150.35 |
| 87 | \$308.92 | \$419.74 | \$371.44 | \$300.94 | \$174.57 | \$278.03 | \$377.77 | \$334.30 | \$270.85 | \$157.11 |
| 88 | \$316.04 | \$429.37 | \$379.97 | \$307.84 | \$182.08 | \$284.44 | \$386.43 | \$341.97 | \$277.05 | \$163.87 |
| 89 | \$322.34 | \$437.95 | \$387.56 | \$314.00 | \$189.54 | \$290.11 | \$394.15 | \$348.80 | \$282.60 | \$170.59 |
| 90 | \$328.80 | \$446.72 | \$395.33 | \$320.30 | \$196.93 | \$295.92 | \$402.05 | \$355.80 | \$288.27 | \$177.24 |
| 91 | \$335.37 | \$455.66 | \$403.23 | \$326.70 | \$203.82 | \$301.83 | \$410.09 | \$362.91 | \$294.03 | \$183.44 |
| 92 | \$342.09 | \$464.76 | \$411.30 | \$333.24 | \$210.55 | \$307.88 | \$418.28 | \$370.17 | \$299.92 | \$189.49 |
| 93 | \$348.93 | \$474.06 | \$419.51 | \$339.91 | \$216.88 | \$314.04 | \$426.65 | \$377.56 | \$305.92 | \$195.19 |
| 94 | \$355.92 | \$483.55 | \$427.91 | \$346.73 | \$222.72 | \$320.33 | \$435.19 | \$385.12 | \$312.06 | \$200.45 |
| 95 | \$363.02 | \$493.20 | \$436.46 | \$353.65 | \$228.28 | \$326.72 | \$443.88 | \$392.81 | \$318.28 | \$205.45 |
| 96 | \$370.28 | \$503.06 | \$445.20 | \$360.73 | \$233.99 | \$333.25 | \$452.75 | \$400.68 | \$324.66 | \$210.59 |
| 97 | \$377.71 | \$513.14 | \$454.10 | \$367.95 | \$239.83 | \$339.94 | \$461.83 | \$408.69 | \$331.16 | \$215.85 |
| 98 | \$385.26 | \$523.39 | \$463.19 | \$375.31 | \$245.83 | \$346.73 | \$471.05 | \$416.87 | \$337.78 | \$221.25 |
| 99+ | \$392.98 | \$533.86 | \$472.43 | \$382.81 | \$251.97 | \$353.68 | \$480.47 | \$425.19 | \$344.53 | \$226.77 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Male Premiums ZIP Codes: 797-798

| Age | Tobacco Rates | | | | | Non-Tobacco Rates | | | | |
|-------------------|---|----------|----------|-----------------|----------|-------------------|----------|----------|-----------------|----------|
| | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$844.92 | N/A | N/A | N/A | N/A | \$760.43 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$159.21 | \$432.63 | \$382.86 | \$310.22 | \$129.18 | \$143.29 | \$389.37 | \$344.57 | \$279.19 | \$116.26 |
| 65-68 | \$159.21 | \$216.32 | \$191.43 | \$155.11 | \$64.59 | \$143.29 | \$194.69 | \$172.29 | \$139.60 | \$58.13 |
| 69 | \$165.26 | \$224.52 | \$198.70 | \$161.00 | \$67.51 | \$148.73 | \$202.07 | \$178.83 | \$144.90 | \$60.76 |
| 70 | \$169.88 | \$230.81 | \$204.26 | \$165.49 | \$70.54 | \$152.89 | \$207.73 | \$183.83 | \$148.94 | \$63.49 |
| 71 | \$174.63 | \$237.29 | \$209.98 | \$170.13 | \$73.73 | \$157.17 | \$213.56 | \$188.98 | \$153.12 | \$66.36 |
| 72 | \$179.35 | \$243.70 | \$215.65 | \$174.71 | \$77.04 | \$161.41 | \$219.33 | \$194.08 | \$157.23 | \$69.34 |
| 73 | \$184.20 | \$250.28 | \$221.48 | \$179.43 | \$80.50 | \$165.78 | \$225.25 | \$199.33 | \$161.49 | \$72.45 |
| 74 | \$189.16 | \$257.03 | \$227.46 | \$184.28 | \$84.12 | \$170.24 | \$231.33 | \$204.71 | \$165.85 | \$75.71 |
| 75 | \$194.26 | \$263.97 | \$233.60 | \$189.26 | \$87.92 | \$174.83 | \$237.57 | \$210.24 | \$170.33 | \$79.13 |
| 76 | \$199.52 | \$271.09 | \$239.90 | \$194.37 | \$91.86 | \$179.57 | \$243.98 | \$215.91 | \$174.93 | \$82.67 |
| 77 | \$204.91 | \$278.40 | \$246.36 | \$199.61 | \$96.01 | \$184.42 | \$250.56 | \$221.72 | \$179.65 | \$86.41 |
| 78 | \$210.44 | \$285.91 | \$253.01 | \$204.99 | \$100.33 | \$189.40 | \$257.32 | \$227.71 | \$184.49 | \$90.30 |
| 79 | \$216.11 | \$293.64 | \$259.85 | \$210.54 | \$104.84 | \$194.50 | \$264.28 | \$233.86 | \$189.48 | \$94.36 |
| 80 | \$221.95 | \$301.57 | \$266.87 | \$216.22 | \$109.56 | \$199.75 | \$271.41 | \$240.18 | \$194.60 | \$98.60 |
| 81 | \$227.94 | \$309.71 | \$274.07 | \$222.06 | \$114.48 | \$205.15 | \$278.74 | \$246.66 | \$199.85 | \$103.03 |
| 82 | \$234.10 | \$318.08 | \$281.49 | \$228.07 | \$119.63 | \$210.69 | \$286.27 | \$253.34 | \$205.26 | \$107.67 |
| 83 | \$240.18 | \$326.36 | \$288.80 | \$233.98 | \$125.02 | \$216.16 | \$293.72 | \$259.92 | \$210.58 | \$112.52 |
| 84 | \$246.20 | \$334.51 | \$296.02 | \$239.83 | \$130.65 | \$221.58 | \$301.06 | \$266.42 | \$215.85 | \$117.58 |
| 85 | \$252.10 | \$342.54 | \$303.14 | \$245.61 | \$136.53 | \$226.89 | \$308.29 | \$272.83 | \$221.05 | \$122.88 |
| 86 | \$257.90 | \$350.42 | \$310.10 | \$251.24 | \$142.68 | \$232.11 | \$315.38 | \$279.09 | \$226.12 | \$128.41 |
| 87 | \$263.84 | \$358.47 | \$317.23 | \$257.02 | \$149.10 | \$237.46 | \$322.62 | \$285.51 | \$231.32 | \$134.19 |
| 88 | \$269.92 | \$366.72 | \$324.52 | \$262.92 | \$155.52 | \$242.93 | \$330.05 | \$292.07 | \$236.63 | \$139.97 |
| 89 | \$275.31 | \$374.05 | \$331.01 | \$268.19 | \$161.88 | \$247.78 | \$336.64 | \$297.91 | \$241.37 | \$145.69 |
| 90 | \$280.82 | \$381.53 | \$337.62 | \$273.54 | \$168.20 | \$252.74 | \$343.38 | \$303.86 | \$246.19 | \$151.38 |
| 91 | \$286.42 | \$389.16 | \$344.39 | \$279.03 | \$174.09 | \$257.78 | \$350.24 | \$309.95 | \$251.13 | \$156.68 |
| 92 | \$292.16 | \$396.95 | \$351.27 | \$284.60 | \$179.83 | \$262.94 | \$357.25 | \$316.14 | \$256.14 | \$161.85 |
| 93 | \$298.01 | \$404.88 | \$358.30 | \$290.32 | \$185.22 | \$268.21 | \$364.39 | \$322.47 | \$261.29 | \$166.70 |
| 94 | \$303.97 | \$412.97 | \$365.47 | \$296.14 | \$190.20 | \$273.57 | \$371.67 | \$328.92 | \$266.52 | \$171.18 |
| 95 | \$310.05 | \$421.23 | \$372.76 | \$302.04 | \$194.97 | \$279.04 | \$379.11 | \$335.48 | \$271.83 | \$175.47 |
| 96 | \$316.26 | \$429.66 | \$380.23 | \$308.08 | \$199.84 | \$284.63 | \$386.69 | \$342.21 | \$277.28 | \$179.86 |
| 97 | \$322.58 | \$438.25 | \$387.84 | \$314.26 | \$204.83 | \$290.32 | \$394.42 | \$349.06 | \$282.84 | \$184.35 |
| 98 | \$329.04 | \$447.02 | \$395.58 | \$320.52 | \$209.96 | \$296.14 | \$402.32 | \$356.02 | \$288.47 | \$188.96 |
| 99+ | \$335.62 | \$455.97 | \$403.50 | \$326.97 | \$215.20 | \$302.06 | \$410.37 | \$363.15 | \$294.27 | \$193.68 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

Female Premiums ZIP Codes: 797-798

| Female Premiums ZIP Codes: 797-798 | | | | | | | | | | |
|---|---|---------------|---------------|------------------------|-----------------|--------------------------|---------------|---------------|------------------------|-----------------|
| Tobacco Rates | | | | | | Non-Tobacco Rates | | | | |
| Age | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG | Plan A | Plan F | Plan G | Plan G w/Rider* | Plan HDG |
| 0-64 non-ESRD/ALS | \$764.45 | N/A | N/A | N/A | N/A | \$688.00 | N/A | N/A | N/A | N/A |
| 0-64 ESRD/ALS | \$144.04 | \$391.43 | \$346.39 | \$280.67 | \$116.88 | \$129.64 | \$352.29 | \$311.75 | \$252.60 | \$105.19 |
| 65-68 | \$144.04 | \$195.71 | \$173.20 | \$140.34 | \$58.44 | \$129.64 | \$176.14 | \$155.88 | \$126.31 | \$52.60 |
| 69 | \$149.52 | \$203.14 | \$179.78 | \$145.67 | \$61.08 | \$134.57 | \$182.83 | \$161.80 | \$131.10 | \$54.97 |
| 70 | \$153.71 | \$208.84 | \$184.82 | \$149.76 | \$63.83 | \$138.34 | \$187.96 | \$166.34 | \$134.79 | \$57.45 |
| 71 | \$158.01 | \$214.68 | \$189.98 | \$153.93 | \$66.70 | \$142.21 | \$193.21 | \$170.98 | \$138.54 | \$60.03 |
| 72 | \$162.27 | \$220.48 | \$195.11 | \$158.08 | \$69.72 | \$146.04 | \$198.43 | \$175.60 | \$142.27 | \$62.75 |
| 73 | \$166.64 | \$226.44 | \$200.40 | \$162.36 | \$72.84 | \$149.98 | \$203.80 | \$180.36 | \$146.12 | \$65.56 |
| 74 | \$171.14 | \$232.55 | \$205.80 | \$166.73 | \$76.11 | \$154.03 | \$209.29 | \$185.22 | \$150.06 | \$68.50 |
| 75 | \$175.76 | \$238.82 | \$211.34 | \$171.22 | \$79.54 | \$158.18 | \$214.94 | \$190.21 | \$154.10 | \$71.59 |
| 76 | \$180.52 | \$245.28 | \$217.05 | \$175.85 | \$83.11 | \$162.47 | \$220.75 | \$195.34 | \$158.26 | \$74.80 |
| 77 | \$185.39 | \$251.90 | \$222.90 | \$180.60 | \$86.85 | \$166.85 | \$226.71 | \$200.61 | \$162.54 | \$78.16 |
| 78 | \$190.40 | \$258.70 | \$228.92 | \$185.48 | \$90.75 | \$171.36 | \$232.83 | \$206.03 | \$166.93 | \$81.67 |
| 79 | \$195.53 | \$265.68 | \$235.10 | \$190.47 | \$94.85 | \$175.98 | \$239.11 | \$211.59 | \$171.42 | \$85.36 |
| 80 | \$200.82 | \$272.85 | \$241.45 | \$195.63 | \$99.12 | \$180.74 | \$245.56 | \$217.30 | \$176.06 | \$89.21 |
| 81 | \$206.24 | \$280.22 | \$247.98 | \$200.91 | \$103.58 | \$185.62 | \$252.20 | \$223.18 | \$180.82 | \$93.22 |
| 82 | \$211.81 | \$287.80 | \$254.69 | \$206.35 | \$108.24 | \$190.63 | \$259.02 | \$229.22 | \$185.71 | \$97.42 |
| 83 | \$217.32 | \$295.27 | \$261.30 | \$211.70 | \$113.12 | \$195.59 | \$265.74 | \$235.17 | \$190.53 | \$101.81 |
| 84 | \$222.74 | \$302.65 | \$267.83 | \$216.99 | \$118.21 | \$200.47 | \$272.38 | \$241.05 | \$195.29 | \$106.39 |
| 85 | \$228.09 | \$309.92 | \$274.25 | \$222.19 | \$123.53 | \$205.28 | \$278.93 | \$246.82 | \$199.97 | \$111.18 |
| 86 | \$233.34 | \$317.05 | \$280.56 | \$227.31 | \$129.09 | \$210.01 | \$285.34 | \$252.50 | \$204.58 | \$116.18 |
| 87 | \$238.71 | \$324.34 | \$287.02 | \$232.54 | \$134.90 | \$214.84 | \$291.91 | \$258.32 | \$209.29 | \$121.41 |
| 88 | \$244.21 | \$331.79 | \$293.62 | \$237.89 | \$140.70 | \$219.79 | \$298.61 | \$264.26 | \$214.10 | \$126.63 |
| 89 | \$249.08 | \$338.42 | \$299.48 | \$242.64 | \$146.46 | \$224.17 | \$304.58 | \$269.53 | \$218.37 | \$131.81 |
| 90 | \$254.07 | \$345.19 | \$305.48 | \$247.50 | \$152.18 | \$228.66 | \$310.67 | \$274.93 | \$222.75 | \$136.96 |
| 91 | \$259.15 | \$352.10 | \$311.58 | \$252.45 | \$157.50 | \$233.23 | \$316.89 | \$280.42 | \$227.20 | \$141.75 |
| 92 | \$264.34 | \$359.13 | \$317.82 | \$257.50 | \$162.70 | \$237.91 | \$323.22 | \$286.04 | \$231.75 | \$146.43 |
| 93 | \$269.63 | \$366.32 | \$324.16 | \$262.65 | \$167.59 | \$242.67 | \$329.69 | \$291.74 | \$236.38 | \$150.83 |
| 94 | \$275.03 | \$373.65 | \$330.66 | \$267.93 | \$172.10 | \$247.53 | \$336.28 | \$297.59 | \$241.13 | \$154.89 |
| 95 | \$280.52 | \$381.11 | \$337.26 | \$273.27 | \$176.40 | \$252.47 | \$343.00 | \$303.53 | \$245.94 | \$158.76 |
| 96 | \$286.13 | \$388.73 | \$344.02 | \$278.75 | \$180.81 | \$257.52 | \$349.86 | \$309.62 | \$250.88 | \$162.73 |
| 97 | \$291.86 | \$396.52 | \$350.90 | \$284.33 | \$185.33 | \$262.67 | \$356.87 | \$315.81 | \$255.90 | \$166.80 |
| 98 | \$297.70 | \$404.44 | \$357.92 | \$290.01 | \$189.96 | \$267.93 | \$364.00 | \$322.13 | \$261.01 | \$170.96 |
| 99+ | \$303.66 | \$412.53 | \$365.06 | \$295.81 | \$194.70 | \$273.29 | \$371.28 | \$328.55 | \$266.23 | \$175.23 |
| F019TX | PREVENTIVE BENEFITS PLUS RIDER \$9.53 (not available with Plan A or Plan G) | | | | | | | | | |

See Premium Information regarding eligibility for the Household Discount 10%.

To calculate other modal premiums, first apply Household Discount, if eligible, and then for monthly premiums add \$5.00 to the A.B.W. premium, or for other modes, multiply the A.B.W. premium by the following factors: Annual-12, Semiannual-6, Quarterly-3.

*Rider is the optional Deductible Discount Rider, only available with Plan G.

PREMIUM INFORMATION

We, Physicians Select Insurance Company, can only raise your premium if we raise the premium for all policies of this form and class in your state. All premium changes must be approved by the Texas Department of Insurance. Premiums based on attained age will also be changed on or after your birthday each year. In addition, it may also increase to cover changes in Medicare benefits and inflation.

If you either reside in a household with your spouse, or with another person (but no more than three) that is age 60 or older and has continuously resided with you for the last 12 months, we will provide you a 10% household discount off your Medicare Supplement premium. The discount is applied prior to adding \$5.00 for monthly direct premiums if you select this mode.

If you do not qualify for the household discount when your policy is first issued, you may qualify at a later date if the above qualifications are met and we receive a completed Household Discount Questionnaire that reflects an attestation to the resident information.

PREVENTIVE BENEFIT COVERAGE (included with Plan G)

We will pay the expenses incurred by you for preventive health care services if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of the policy, subject to the Limitations and Exclusions listed below. Preventive Benefit Coverage also provides access to discounted goods and/or services.

PREVENTIVE BENEFITS PLUS RIDER (available on Plans F and HDG)

The Preventive Benefits Plus Rider provides benefits for preventive health services not covered by Medicare. This Rider also provides access to discounted goods and/or services. To calculate the cost of the Rider, add amount listed on the rate chart to your monthly premium payment.

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 Physicians Select Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Physicians Select Insurance Company, 2600 Dodge Street, Omaha, NE 68131. 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 Physicians Select 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 and You* for more details.

LIMITATIONS AND EXCLUSIONS

We will not pay for:

- (1) expenses incurred while Your Policy is not in force,
or
- (2) services of the type not covered by Medicare, unless specifically provided by the policy,
or

Only Applicable on Plan G

- (3) any of the following services as preventive health care:
 - a) dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
 - b) chiropractic services, acupuncture and acupressure services;
 - c) weight loss treatment of any type;
 - d) prescription drugs or over-the-counter drugs or supplements;
 - e) all vision services;
 - f) experimental preventive services;
 - g) any test, screening or procedure to determine the likelihood of developing or passing on to children any disease or disorder, including but not limited to genetic testing.

The policy does **not** contain a waiting period for pre-existing conditions.

REFUND OF PREMIUM

We will promptly refund the appropriate portion of the unearned premium upon death or cancellation of the Policy.

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

**PHYSICIANS SELECT INSURANCE COMPANY
 MEDICARE SUPPLEMENT OUTLINE OF COVERAGE
 MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

S-060 Series

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

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|------------------------------------|-----------------------------|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,736 | \$0 | \$1,736 (Part A Deductible) |
| 61st thru 90th day | All but \$434 a day | \$434 a day | \$0 |
| 91st day and after - While using 60 lifetime reserve days | All but \$868 a day | \$868 a day | \$0 |
| Once lifetime reserve days are used: - Additional 365 days | \$0 | 100% of Medicare Eligible Expenses | \$0** |
| - Beyond the Additional 365 days | \$0 | \$0 | All Costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st thru 100th day | All but \$217 a day | \$0 | Up to \$217 a day |
| 101st day and after | \$0 | \$0 | All Costs |
| BLOOD | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional Amounts | 100% | \$0 | \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

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

PLAN A

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

*Once you have been billed \$283 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 \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Part B Deductible) |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (Above Medicare Approved Amounts) | \$0 | \$0 | All Costs |
| BLOOD First 3 pints | \$0 | All Costs | \$0 |
| Next \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Part B Deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 |

PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---------------|-----------|---------------------------|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| - Durable medical equipment First \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Part B Deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

PLAN F

PHYSICIANS SELECT INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

S-060 Series

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

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|------------------------------------|-----------|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days | All but \$1,736 | \$1,736 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$434 a day | \$434 a day | \$0 |
| 91st day and after - While using 60 lifetime reserve days | All but \$868 a day | \$868 a day | \$0 |
| Once lifetime reserve days are used: - Additional 365 days | \$0 | 100% of Medicare Eligible Expenses | \$0** |
| - Beyond the Additional 365 days | \$0 | \$0 | All Costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st thru 100th day | All but \$217 a day | Up to \$217 a day | \$0 |
| 101st day and after | \$0 | \$0 | All Costs |
| BLOOD | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional Amounts | 100% | \$0 | \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 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 \$283 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 \$283 of Medicare Approved Amounts* | \$0 | \$283 (Part B Deductible) | \$0 |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charge (Above Medicare Approved Amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints | \$0 | All Costs | \$0 |
| Next \$283 of Medicare Approved Amounts* | \$0 | \$283 (Part B Deductible) | \$0 |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 |

PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|---------------------------|---------|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| -Durable medical equipment First \$283 of Medicare Approved Amounts* | \$0 | \$283 (Part B Deductible) | \$0 |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

PLAN F

OTHER BENEFITS - NOT COVERED BY MEDICARE

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

PLAN G

PHYSICIANS SELECT INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

S-060 Series

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

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|--|------------------------------------|-----------|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,736 | \$1,736 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$434 a day | \$434 a day | \$0 |
| 91st day and after - While using 60 lifetime reserve days | All but \$868 a day | \$868 a day | \$0 |
| Once lifetime reserve days are used: - Additional 365 days | \$0 | 100% of Medicare Eligible Expenses | \$0** |
| - Beyond the Additional 365 days | \$0 | \$0 | All Costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st thru 100th day | All but \$217 a day | Up to \$217 a day | \$0 |
| 101st day and after | \$0 | \$0 | All Costs |
| BLOOD First 3 pints | \$0 | 3 pints | \$0 |
| Additional Amounts | 100% | \$0 | \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 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 \$283 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 \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (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 \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (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

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|-----------|---|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| -Durable medical equipment First \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Unless Part B Deductible has been met) |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

PLAN G

OTHER BENEFITS - NOT COVERED BY MEDICARE

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

**PLAN G WITH
DEDUCTIBLE
DISCOUNT RIDER**

**PHYSICIANS SELECT INSURANCE COMPANY
MEDICARE SUPPLEMENT OUTLINE OF COVERAGE**

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

S-060 Series

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

****This Plan G with the Plan G Deductible Discount Rider pays the same benefits as Plan G after you have first paid a calendar year deductible (\$2,950 in 2026, subject to change annually). Benefits will not begin until out-of-pocket expenses meet the deductible. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible. On or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero.**

| SERVICES | MEDICARE PAYS | AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY |
|--|----------------------|---|--|
| HOSPITALIZATION* | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,736 | \$1,736 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$434 a day | \$434 a day | \$0 |
| 91st day and after | | | |
| - While using 60 lifetime reserve days | All but \$868 a day | \$868 a day | \$0 |
| Once lifetime reserve days are used: | | 100% of Medicare | |
| - Additional 365 days | \$0 | 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 \$217 a day | Up to \$217 a day | \$0 |
| 101st day and after | \$0 | \$0 | All Costs |
| BLOOD | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional Amounts | 100% | \$0 | \$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 WITH
DEDUCTIBLE
DISCOUNT RIDER**

PART A Continued

| SERVICES | MEDICARE PAYS | AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY |
|---|--|--|---|
| HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

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

*Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

** This Plan G with the Plan G Deductible Discount Rider pays the same benefits as Plan G after you have first paid a calendar year deductible (\$2,950 in 2026, subject to change annually). Benefits will not begin until out-of-pocket expenses meet the deductible. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan’s separate foreign travel emergency deductible. On or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY |
|---|---------------|--|---|
| MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Unless Part B deductible has been met) |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charge (Above Medicare Approved Amounts) | \$0 | 100% | \$0 |

**PLAN G WITH
DEDUCTIBLE
DISCOUNT RIDER**

PART B Continued

| SERVICES | MEDICARE PAYS | AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY |
|---|----------------------|--|---|
| BLOOD | | | |
| First 3 pints | \$0 | All Costs | \$0 |
| Next \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (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

| SERVICES | MEDICARE PAYS | AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY |
|---|----------------------|--|---|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES | | | |
| -Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| -Durable medical equipment | | | \$283 (Unless Part B deductible has been met) |
| First \$283 of Medicare Approved Amounts* | \$0 | \$0 | |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

**PLAN G WITH
DEDUCTIBLE
DISCOUNT RIDER**

OTHER BENEFITS - NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY |
|---|---------------|--|---|
| FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year | \$0 | \$0 | \$250 |
| Remainder of Charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum |

**HIGH DEDUCTIBLE
PLAN G**

**PHYSICIANS SELECT INSURANCE COMPANY
MEDICARE SUPPLEMENT OUTLINE OF COVERAGE
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

S-060 Series

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

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the high deductible plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,950 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,950 DEDUCTIBLE,** YOU PAY |
|---|--|---|--|
| HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,736 | \$1,736 (Part A Deductible) | \$0 |
| 61st thru 90th day | All but \$434 a day | \$434 a day | \$0 |
| 91st day and after - While using 60 lifetime reserve days | All but \$868 a day | \$868 a day | \$0 |
| Once lifetime reserve days are used: - Additional 365 days | \$0 | 100% of Medicare Eligible Expenses | \$0*** |
| - Beyond the Additional 365 days | \$0 | \$0 | All Costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st thru 100th day | All but \$217 a day | Up to \$217 a day | \$0 |
| 101st day and after | \$0 | \$0 | All Costs |
| BLOOD | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional Amounts | 100% | \$0 | \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 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.

HIGH DEDUCTIBLE PLAN G

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

*Once you have been billed \$283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the high deductible plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,950 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,950 DEDUCTIBLE,** YOU PAY |
|---|---------------|---|---|
| MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Unless Part B deductible has been met) |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charge (Above Medicare Approved Amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints | \$0 | All Costs | \$0 |
| Next \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (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 |

HIGH DEDUCTIBLE PLAN G

PARTS A & B

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,950 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,950 DEDUCTIBLE,** YOU PAY |
|---|---------------|---|--|
| HOME HEALTH CARE MEDICARE APPROVED SERVICES | | | |
| -Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| -Durable medical equipment First \$283 of Medicare Approved Amounts* | \$0 | \$0 | \$283 (Unless Part B deductible has been met) |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

OTHER BENEFITS - NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | AFTER YOU PAY \$2,950 DEDUCTIBLE,** PLAN PAYS | IN ADDITION TO \$2,950 DEDUCTIBLE,** YOU PAY |
|---|---------------|---|---|
| FOREIGN TRAVEL - NOT COVERED BY MEDICARE | | | |
| Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. 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 |