United American insurance company

FLORIDA

ProCare®

Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs that Medicare does not pay.

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Help to reduce out-of-pocket costs that Medicare does not pay.

United American's ProCare® plans are a smart choice …

Why Choose United American Insurance Company?

United American Insurance Company (UA) is a name trusted by doctors and hospitals nationwide. United American Insurance Company developed its first Medicare Supplement policy in 1966 when Medicare was signed into law. UA has been providing Medicare Supplement insurance ever since, and we have developed an industry-wide reputation for quality Senior insurance products. Today, UA is one of the largest nationwide underwriters of individual insurance to supplement Medicare,* and we are proud of our legacy of quality products and superior service.

*National Association of Insurance Commissioners, 2024 Medicare Supplement Insurance Experience Reports, September 10, 2025, Pg. 31 (https://content.naic.org/sites/default/files/publication-med-bb-medicare-loss-report.pdf)

Freedom to Choose▪ & Nationwide Acceptance

There is no designated physician list. There is no approval process to see a specialist. Our ProCare Medicare Supplement insurance plans are recognized and accepted nationwide.

▪ Standard feature on all Medicare Supplement insurance policies

Strength of Tradition

A Medicare Supplement insurance policy from United American is protection that can never be canceled *(unless there is a material misrepresentation)* as long as premiums are paid on time.

Assurance of Service

- Medicare Supplement insurance coverage from United American features on-the-spot qualification in most cases.
- We're neighbors! We have an agent in your local area.

Financial Strength

For more than 50 consecutive years, UA has earned the A (Excellent) or higher Financial Strength Rating from A.M. Best Company (rating as of 11/25).❖ For the latest Best's Credit Rating, access www.ambest.com.

UA has been rated AA – (Very Strong) for Financial Strength by S&P Global (rating as of 10/25).❖

❖ www.ambest.com; www.spglobal.com; These ratings refer only to the financial strength of the company and are not a recommendation of the specific policy provisions, rates, or practices of the insurance company.

United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSHDG, and MSN10 are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability or End Stage Renal Disease (ESRD). Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and HDF. This is a solicitation for insurance. You may be contacted by an agent representing United American Insurance Company. A licensed agent will provide additional information upon request.

ProCare®

Medicare Supplement Insurance Policies
Help to reduce out-of-pocket costs that Medicare does not pay.

Choosing a Medicare Supplement Plan

We offer Medicare Supplement policies for 11 of the 12 standardized plans A, B, C, D, F/HDF, G/HDG, K, L, and N *(plan availability may vary by state)*. All Medicare Supplement standardized insurance plans include the following Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance *(generally 20% of Medicare approved expenses)* or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of the Part B coinsurance or copayment.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/respite care expenses.

See outline of coverage for details and exceptions.

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

	Plans Available to All Applicants							Medicare First Eligible Before 2020 Only	
Medicare Plans / Benefits	A	B	D	G▼	K■	L■	N●	C	F▼
Basic Benefits									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	50%	75%	Copay●	100%	100%
Blood	✓	✓	✓	✓	50%	75%	✓	✓	✓
Hospice	✓	✓	✓	✓	50%	75%	✓	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	50%	75%	✓	✓	✓
Part A Deductible		✓	✓	✓	50%	75%	✓	✓	✓
Part B Deductible								✓	✓
Excess Doctor Charges				100%					100%
Foreign Travel Emergency			✓	✓			✓	✓	✓
Out-of-Pocket Annual Limit■					$8,000	$4,000			

▼ Plans F and G also have a high deductible option which requires first paying a plan deductible of *($2,950 in 2026)* 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.

■ 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 *($8,000 for Plan K, $4,000 for Plan L in 2026)*. The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.

● Plan N pays 100% of Medicare Expenses *(Part B Coinsurance)* except for a copayment of up to $20 for some office visits and up to $50 copayment for emergency room visits that do not result in an inpatient admission. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

Some states require designated Medicare Supplement plans also be available to people under age 65 and eligible for Medicare due to disability *(different application forms may be required)*. Policy benefits are identical for people over or under age 65. Premiums are based on Preferred or Standard, age, sex, State/Area*.

ProCare®

Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs that Medicare does not pay.

30-Day review period

If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to our Home Office within the 30-day period. Any premium, less any claims paid, is refunded.

Effective Date of Coverage

When the policy applied for has been issued.

Limitations and Exclusions

No benefits are payable for: any expense which you are not legally obligated to pay; or, any services that are not medically necessary as determined by Medicare; or any portion of any expense for which payment is made by Medicare; or custodial or intermediate level care, or rest cures; or, any type of expense not eligible for coverage under Medicare, except as provided under the Foreign Travel Emergency benefit.

Pre-existing Conditions

With the exception of open enrollment/ guaranteed issue periods, loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within 6 months prior to policy effective date is not covered unless the loss is incurred more than 60 days *(6 months for underage 65 disability*)* after the effective date. Waiting period waived if replacing a Medicare Supplement policy.

*May vary by state

I, _____,
have applied for the following policy benefits:

I understand this brochure only highlights the available policies/ features and I should refer to my Outline of Coverage and the policy for specific benefit provisions and limitations.

Applicant Notice and Conditional Receipt

I have purchased the following Medicare Supplement Plan:

❑ A ❑ B ❑ C ❑ D ❑ F ❑ HDF

❑ G ❑ HDG ❑ N

My Medicare Supplement Plan is:

❑ Issue Age Rated.
Where applicable, premiums on policies with Issue Age Rates are based on age at time of issue.

All checks must be made payable to United American:
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received of _____
Proposed Insured's Name

a bank draft authorization or check in the sum of $_____for _____ month(s) Medicare Supplement policy premium, other policy fees and noninsurance charges with application for Policy Form MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSHDG, or MSN10.

If for any reason the policy is not issued, payment is to be refunded in full. Insurance is not effective until the policy applied for has been issued by the Home Office.

_____ _____
Date Agent's Signature

Applicant Information:
Keep this document. It highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

Instructions to Agent:
Complete this section and leave with the applicant. Fill in the selected plan as chosen on the application in the spaces provided above and complete the conditional receipt.

United American insurance company

3700 S Stonebridge Dr
PO Box 8080 | McKinney, TX 75070
UnitedAmerican.com

APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE * UNITED AMERICAN INSURANCE COMPANY
A NEBRASKA STOCK COMPANY

PART I: APPLICANT INFORMATION

Plan Code (Refer to Rate Card)

Effective Date Requested (mm-dd-yyyy)

*Medicare first eligible before 2020 only

Select Plan Applying for ○ A ○ B ○ C* ○ D ○ F* ○ HDF* ○ G ○ HDG ○ N

Mode of Premium
- ○ Annual
- ○ Semi-Annual
- ○ Quarterly
- ○ Monthly

Method of Payment
- ○ Send Premium Notices
- ○ Automatic Payment Plan

Draft Date
Day (01-28) of the Month to Draft Bank Account

Applicant's First Name

M.I.

Last Name

Applicant's Mailing Address:

Street or Route

City

State

Zip Code

County

If Applicant's Residence Address is different from Mailing Address, show below:

Street or Route

City

State

Zip Code

County

**Do not provide this information if you are eligible for open enrollment and/or guaranteed issue.

Social Security Number ___ - ___ - ___

Height** (ft. in.)

Weight** (lbs.)

Date of Birth (mm-dd-yyyy) ___ - ___ - ___

Age Last Birthday

Sex ○ Male ○ Female

Have you used tobacco in any form in the past 12 months? ○ **Yes** ○ **No**

E-mail Address of Proposed Insured

Application Verification Information

A recorded interview may be necessary as part of the underwriting of your application for insurance. The most convenient time and place for the interview is:
- ○ 8 AM - Noon
- ○ Noon - 6 PM
- ○ 6 PM - 9 PM

Home Phone No. ___ - ___ - ___

Work Phone No. ___ - ___ - ___

APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE * UNITED AMERICAN INSURANCE COMPANY
A NEBRASKA STOCK COMPANY

PART II: ELIGIBILITY QUESTIONS

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application. **PLEASE ANSWER ALL QUESTIONS**.

TO THE BEST OF YOUR KNOWLEDGE: **Yes No**

1. (a) Did you turn age 65 in the last six (6) months? ○ ○

   (b) Did you enroll in Medicare Part B in the last six (6) months? ○ ○

   (c) If "YES", what is the effective date? (mm-dd-yyyy) ☐☐ - ☐☐ - ☐☐☐☐

   (d) What is your Medicare Claim Number? ☐☐☐☐☐☐☐☐☐☐☐
   (as shown on your Medicare card omitting dashes)

2. Are you covered for medical assistance through the state Medicaid program?
   NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" to this question. **Yes No** ○ ○
   If you answered "YES":
   (a) Will Medicaid pay your premiums for this Medicare Supplement policy? ○ ○
   (b) Do you receive any benefits from Medicaid OTHER THAN payment towards your Medicare Part B premium? ○ ○

3. (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END Date" blank.
   START Date (mm-dd-yyyy) ☐☐ - ☐☐ - ☐☐☐☐ END Date (mm-dd-yyyy) ☐☐ - ☐☐ - ☐☐☐☐

   Yes No
   (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? ○ ○
   (c) Was this your first time in this type of Medicare plan? ○ ○
   (d) Did you drop a Medicare Supplement policy to enroll in the Medicare plan? ○ ○

4. (a) Do you have another Medicare Supplement policy in force? ○ ○
   (b) If so, with what company, and what plan do you have? _____
   (c) If so, do you intend to replace your current Medicare Supplement policy with this policy? ○ ○

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan) ○ ○
   (a) If so, with what company and what kind of policy?
   _____
   _____
   _____
   (b) What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END Date" blank.)
   START Date (mm-dd-yyyy) ☐☐ - ☐☐ - ☐☐☐☐ END Date (mm-dd-yyyy) ☐☐ - ☐☐ - ☐☐☐☐

Yes No

6. Are you within 6 months of your enrollment in Medicare Part B or otherwise qualified for guaranteed issue? ○ ○
   (Questions 7-17 not required if the answer to question 6 is "YES.")

PART II: ELIGIBILITY QUESTIONS (continued)

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," THE APPLICANT IS NOT ELIGIBLE FOR COVERAGE:

		Yes	No
7.	Are you currently hospitalized, confined to a nursing facility or receiving Medicare approved home health care, or have you been hospitalized or received Medicare approved home health care 2 or more times in the past 12 months?	○	○
8.	Have you been diagnosed or had treatment by a licensed member of the medical profession for emphysema, Chronic Obstructive Pulmonary Disease (COPD), or pulmonary fibrosis?	○	○
9.	Are you bedridden or do you use a wheelchair for any daily activity, or have you had treatment by a licensed member of the medical profession with Gaucher's Disease or any other type of lysosomal storage disorder, or have you had any type of amputation caused by disease?	○	○
10.	Have you been advised that surgery may be required within the next twelve months for cataracts?	○	○
11.	Have you been diagnosed or had treatment by a licensed member of the medical profession for Parkinson's disease, Multiple or Lateral Sclerosis, Alzheimer's disease, senile dementia, or organic brain disorder?	○	○
12.	Have you tested positive for exposure to the HIV infection or been diagnosed by a licensed member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) caused by the HIV infection or other sickness or conditions derived from such infection?	○	○
13.	Do you have diabetes requiring more than 50 units of insulin daily?	○	○
14.	Within the past 2 years, have you been diagnosed or had treatment by a licensed member of the medical profession for internal cancer, melanoma, leukemia, alcoholism or drug abuse, cirrhosis, mental or nervous disorder requiring psychiatric care, or have you been advised to have kidney dialysis?	○	○
15.	Within the past 2 years, have you been diagnosed or had treatment by a licensed member of the medical profession for heart attack, peripheral vascular disease, congestive heart failure, heart valve disorder, stroke, or transient ischemic attacks (TIA)?	○	○
16.	Within the past 2 years, have you been diagnosed or had treatment by a licensed member of the medical profession for rheumatoid arthritis or crippling arthritis?	○	○
17.	Within the past year, have you been fed intravenously or through a tube, have you been medically advised to have treatment by a licensed member of the medical profession to have surgery for joint replacement or for a heart condition, but not had such surgery, or been advised to have treatment by a licensed member of the medical profession to have other surgery that has not been performed?	○	○

PART III

I. INVOLUNTARY TERMINATION OF COVERAGE:

If your previous coverage was terminated involuntarily, please provide a copy of the notice of termination of coverage and attach it to this form.

What type of coverage was terminated? _____

Date of termination? (mm-dd-yyyy) ☐☐ – ☐☐ – ☐☐☐☐ Reason for termination? _____

II. VOLUNTARY TERMINATION OF COVERAGE:

If you voluntarily terminated your present coverage, please attach evidence of previous coverage to this form.

What type of coverage was terminated? _____

Date of termination? (mm-dd-yyyy) ☐☐ – ☐☐ – ☐☐☐☐ Reason for termination? _____

If you voluntarily terminated coverage under a Medicare Advantage plan* or Medicare Select policy, please answer the following questions:

		Yes	No
1.	Was this the first time you were ever enrolled in a Medicare Advantage plan or purchased a Medicare Select policy?	○	○
	If so, did you have the Medicare Advantage plan or Medicare Select policy for less than 12 months?	○	○
2.	Did you have a Medicare Supplement policy before applying for the Medicare Advantage plan or Medicare Select policy?	○	○
	If "YES", with which Company and which Medicare Supplement plan? _____		
	Is that Company still offering that Medicare Supplement plan?	○	○

* Medicare Advantage plan means a plan of coverage for health benefits under Medicare Part C as defined in 42 U.S.C. 1395w-28(b)(1), and includes: (1) Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans; (2) Medical savings account plans coupled with a contribution into a Medicare Advantage plan medical savings account; and (3) Medicare Advantage private fee-for-service plans.

PART IV: APPLICANT AUTHORIZATION

(1) You do not need more than one Medicare Supplement policy.

(2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

(3) You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.

(4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

(5) If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.

(6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

I hereby apply to United American Insurance Company for a policy to be issued in reliance on my written answers to the above questions. The answers are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued. All statements and descriptions in the application for this policy shall be deemed to be representations and not warranties. I have received an outline of coverage for the policy applied for and a Medicare Supplement Buyers Guide.

I understand that loss due to injury or sickness for which medical advice was received or treatment was recommended or given by a physician within 6 months prior to the policy effective date is not covered unless the loss is incurred more than 60 days after the policy effective date.

I, HEREBY AUTHORIZE MIB, Inc. ("MIB"), any insurance company, hospital, physician, or other practitioner that possesses any records of me or my physical or mental health and/or treatment, and any pharmacy or any pharmacy benefits manager that possesses prescription history about me, to give any and all such information to United American Insurance Company, or its reinsurers, for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize United American Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. This authorization shall be valid for two years from this date and may be revoked by sending written notice to United American Insurance Company at P.O. Box 8080 McKinney, TX 75070. I understand that I may request a copy of this authorization from United American Insurance Company or request a copy of the information in MIB's files by writing to MIB at MIB, Inc. 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or calling (866) 692-6901. I acknowledge receipt of the MIB Pre-Notice. A photographic copy of this authorization will be as valid as the original.

No agent may bind, alter, change or waive any underwriting requirements or other provisions of the application or policy. Final acceptance is made by the Underwriting Department of the Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Residents have the right to designate a secondary addressee. Instructions will accompany all Florida policies at issue.

Application Signed at City | **State** | **On this Date (mm-dd-yyyy)**

_____ | _____ | _____ - _____ - _____

Amount paid with application: $ _____,_____.__

for first _____ months premiums.

_____
Applicant's Signature

Total Premium $ _____,_____.__

PART V: AGENT CERTIFICATION

The undersigned Agent certifies that he/she has ☐ / has not ☐ personally met with the Applicant and that the Applicant has read, or had read to him/her, the completed application and that the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

AGENT COMPLETES (Attach separate sheet, if necessary.)

1. List any other health insurance policy you have sold to the Applicant which is still in force:

_____

_____

2. List any other health insurance policy you have sold to the Applicant in the past five (5) years which is no longer in force:

_____

_____

I certify: (1) I have accurately recorded the information supplied by the Applicant, (2) I have given an outline of coverage for the policy applied for and a Medicare Supplement Buyers Guide to the Applicant.

Agent's Printed Name:_____

Last Name | Agent No. | Agent's Florida ID No.

_____
Agent's Signature

MA15(09)R MAIL POLICY TO: ○ Agent ○ Insured (The Policy will be sent to Insured unless otherwise instructed.)

Initials of Proposed Insured ☐☐☐

United American insurance company

Bank Draft Authorization

Draft date cannot be the 29th, 30th, or 31st.

Proposed Insured's Social Security Number

[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Requested Bank Draft Day (dd)

[ ][ ]

Payor's First Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

M.I. [ ]

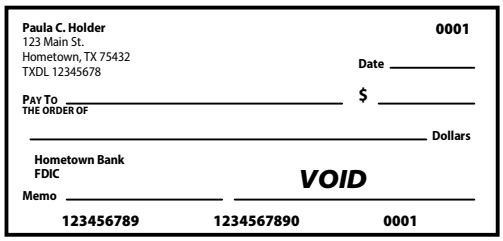
Payor's Last Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Bank ABA Routing Number [ ][ ][ ][ ][ ][ ][ ][ ]

Account Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Bank Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Account information fields above must be complete if voided check is not attached.
See the example check below for the location of the Bank Routing Number and Account Number.



Bank ABA Routing Number

Account Number

Check Number

Helpful Information for Social Security Recipients		
Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1st – 10th	14th
Third Wednesday	11th – 20th	21st
Fourth Wednesday	21st – 31st	28th

As a convenience to me, I hereby request and authorize you, United American Insurance Company, McKinney, Texas, to initiate debit entries to my bank account, as recorded above, for insurance premiums and/or non-insurance product fees, as applicable, and the bank named above to debit the same to such account. I agree that your rights and treatment of such debits shall be the same as if they were checks personally signed by me. I further agree that if any such debits are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, even if such dishonor results in the forfeiture of insurance. This authorization will remain in effect until revoked by me in writing to you, provided that you and the bank shall have a reasonable opportunity to act on such notification. All premiums and/or fees may be automatically withdrawn from my account on MONTHLY mode, unless a different mode has been selected on the application(s).

NOTE - <u>Business</u> accounts are permitted only in relation to sole proprietorships, in which case a voided check and a completed Sole Proprietor form (SP 9-01) are required.

Payor's Signature (as it appears on bank records)

FORM 1080-C

48656

UAI1756 **0423**

Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding the replacement of Medicare Supplement insurance. When the replacement question on the application is answered YES, this form must be dated, signed by the applicant and by the Agent, and submitted with the application, AND a copy of this form must be left with the applicant.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

UNITED AMERICAN INSURANCE COMPANY

3700 S. STONEBRIDGE DRIVE, P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by United American Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER OR AGENT:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (check one):

- ❑ Additional benefits.
- ❑ No change in benefits, but lower premiums.
- ❑ Fewer benefits and lower premiums.
- ❑ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ❑ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

_____

_____

- ❑ Other. (please specify) _____

(1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

(2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.

(3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. FAILURE TO INCLUDE ALL REQUESTED MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS AND TO REFUND YOUR PREMIUM AS THOUGH YOUR POLICY HAD NEVER BEEN IN FORCE. After the application has been completed and before you sign it, review it carefully to be certain that all requested information has been properly recorded.

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

_____
(Agent's Signature)

Type or print name & address of Agent or Broker:

_____

_____

_____
(Applicant's Signature)

_____
(Date)

Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding the replacement of Medicare Supplement insurance. When the replacement question on the application is answered YES, this form must be dated, signed by the applicant and by the Agent, and submitted with the application, AND a copy of this form must be left with the applicant.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

UNITED AMERICAN INSURANCE COMPANY

3700 S. STONEBRIDGE DRIVE, P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by United American Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER OR AGENT:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement coverage is being purchased for the following reason (check one):

- ❑ Additional benefits.
- ❑ No change in benefits, but lower premiums.
- ❑ Fewer benefits and lower premiums.
- ❑ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ❑ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

_____

_____

- ❑ Other. (please specify) _____

(1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

(2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.

(3) If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. FAILURE TO INCLUDE ALL REQUESTED MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS AND TO REFUND YOUR PREMIUM AS THOUGH YOUR POLICY HAD NEVER BEEN IN FORCE. After the application has been completed and before you sign it, review it carefully to be certain that all requested information has been properly recorded.

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE THAT YOU WANT TO KEEP IT.

_____ (Agent's Signature)

Type or print name & address of Agent or Broker:

_____

_____

_____ (Applicant's Signature)

_____ (Date)

United American insurance company

2025 ProCare® Rates – Florida

Plans C, F and HDF are only available to applicants first eligible for Medicare Part A before January 1, 2020.

Premium portions for Plans C and F are for Part B deductible; subtract from the appropriate mode to calculate commission:

A	SA	Q	M
$282	$141	$71	$24

Issue Age policy rates are based on the policyholder's age at the time of policy issue. Issue Age rates increase with medical care cost increases.

Area Rate policy rates vary by geographic location as designated by three digit ZIP codes, indicated at the right.

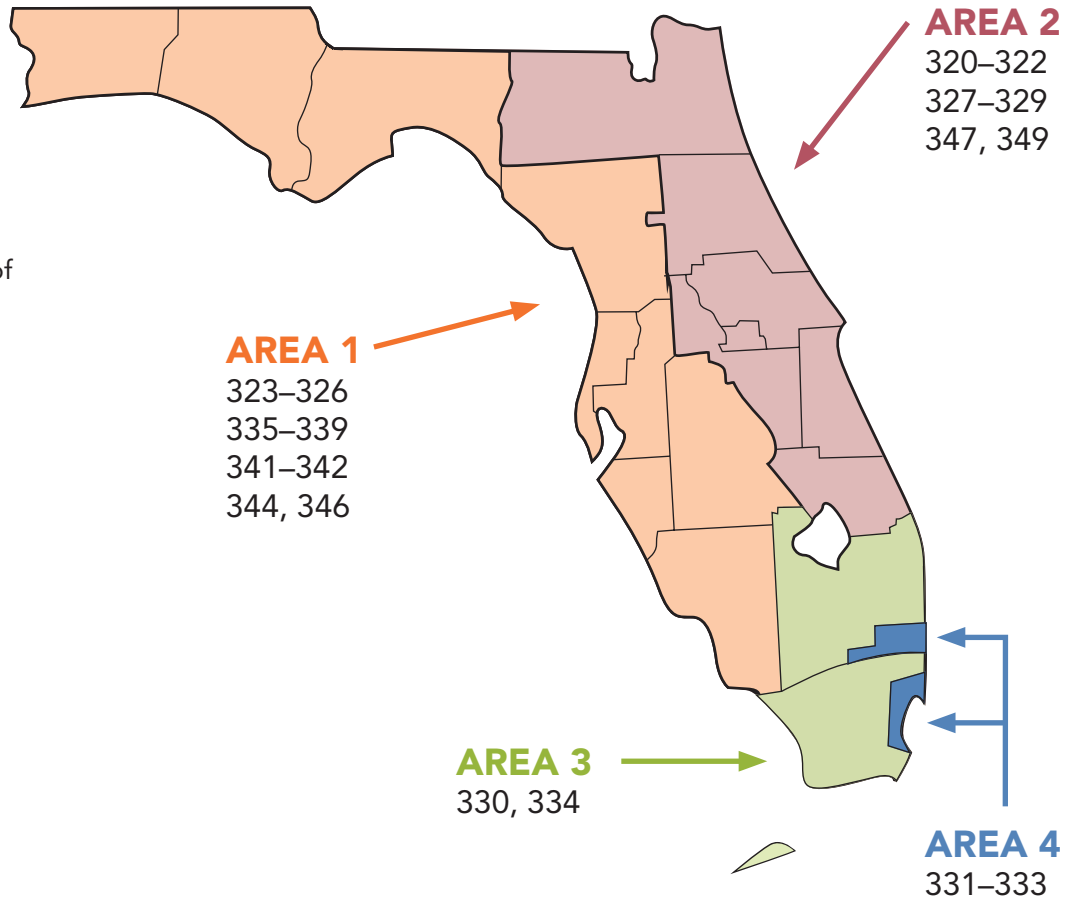
Under Age 65 Disability (U/W) policy rates available outside Open Enrollment or Guaranteed Issue period.

Under Age 65 During Open Enrollment Period (OE) policy rates available during Open Enrollment period.

Under Age 65 During Guaranteed Issue Period (GI) policy rates available during Guaranteed Issue period.

Eligible End Stage Renal Disease During Open Enrollment Period (ESRDOE) policy rates available during Open Enrollment period with eligible End Stage Renal Disease.

Eligible End Stage Renal Disease During Guaranteed Issue Period (ESRDGI) policy rates available during Guaranteed Issue period with eligible End Stage Renal Disease.



AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING GUARANTEED ISSUE PERIOD (ESRDGI)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6DC	03/15/2026
B	13679	6840	3420	1140	6DO	03/15/2026
C	14628	7314	3657	1219	6DW	03/15/2026
D	14196	7098	3549	1183	6E4	03/15/2026
F	14661	7331	3665	1222	6EC	03/15/2026
HDF	9425	4713	2356	785	6EO	03/15/2026
G	12438	6219	3110	1037	6EW	03/15/2026
HDG	9425	4713	2356	785	6G4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13994	6997	3499	1166	6DE	03/15/2026
B	15741	7871	3935	1312	6DQ	03/15/2026
C	16833	8417	4208	1403	6DY	03/15/2026
D	16336	8168	4084	1361	6E6	03/15/2026
F	16871	8436	4218	1406	6EE	03/15/2026
HDF	10845	5423	2711	904	6EQ	03/15/2026
G	14313	7157	3578	1193	6EY	03/15/2026
HDG	10845	5423	2711	904	6G6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	10578	5289	2645	882	6DD	03/15/2026
B	11899	5950	2975	992	6DP	03/15/2026
C	12724	6362	3181	1060	6DX	03/15/2026
D	12348	6174	3087	1029	6E5	03/15/2026
F	12753	6377	3188	1063	6ED	03/15/2026
HDF	8198	4099	2050	683	6EP	03/15/2026
G	10819	5410	2705	902	6EX	03/15/2026
HDG	8198	4099	2050	683	6G5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6DF	03/15/2026
B	13679	6840	3420	1140	6DR	03/15/2026
C	14628	7314	3657	1219	6DZ	03/15/2026
D	14196	7098	3549	1183	6E7	03/15/2026
F	14661	7331	3665	1222	6EF	03/15/2026
HDF	9425	4713	2356	785	6ER	03/15/2026
G	12438	6219	3110	1037	6EZ	03/15/2026
HDG	9425	4713	2356	785	6G7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING OPEN ENROLLMENT PERIOD (ESRDOE)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6DC	03/15/2026
B	13679	6840	3420	1140	6DO	03/15/2026
C	14628	7314	3657	1219	6DW	03/15/2026
D	14196	7098	3549	1183	6E4	03/15/2026
F	14661	7331	3665	1222	6EC	03/15/2026
HDF	9425	4713	2356	785	6EO	03/15/2026
G	12438	6219	3110	1037	6EW	03/15/2026
HDG	9425	4713	2356	785	6G4	03/15/2026
N	10623	5312	2656	885	6F4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13994	6997	3499	1166	6DE	03/15/2026
B	15741	7871	3935	1312	6DQ	03/15/2026
C	16833	8417	4208	1403	6DY	03/15/2026
D	16336	8168	4084	1361	6E6	03/15/2026
F	16871	8436	4218	1406	6EE	03/15/2026
HDF	10845	5423	2711	904	6EQ	03/15/2026
G	14313	7157	3578	1193	6EY	03/15/2026
HDG	10845	5423	2711	904	6G6	03/15/2026
N	12225	6113	3056	1019	6F6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	10578	5289	2645	882	6DD	03/15/2026
B	11899	5950	2975	992	6DP	03/15/2026
C	12724	6362	3181	1060	6DX	03/15/2026
D	12348	6174	3087	1029	6E5	03/15/2026
F	12753	6377	3188	1063	6ED	03/15/2026
HDF	8198	4099	2050	683	6EP	03/15/2026
G	10819	5410	2705	902	6EX	03/15/2026
HDG	8198	4099	2050	683	6G5	03/15/2026
N	9241	4621	2310	770	6F5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6DF	03/15/2026
B	13679	6840	3420	1140	6DR	03/15/2026
C	14628	7314	3657	1219	6DZ	03/15/2026
D	14196	7098	3549	1183	6E7	03/15/2026
F	14661	7331	3665	1222	6EF	03/15/2026
HDF	9425	4713	2356	785	6ER	03/15/2026
G	12438	6219	3110	1037	6EZ	03/15/2026
HDG	9425	4713	2356	785	6G7	03/15/2026
N	10623	5312	2656	885	6F7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)
UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6D8	03/15/2026
B	13679	6840	3420	1140	6DK	03/15/2026
C	14628	7314	3657	1219	6DS	03/15/2026
D	14196	7098	3549	1183	6E0	03/15/2026
F	14661	7331	3665	1222	6E8	03/15/2026
HDF	9425	4713	2356	785	6EK	03/15/2026
G	12438	6219	3110	1037	6ES	03/15/2026
HDG	9425	4713	2356	785	6G0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13994	6997	3499	1166	6DA	03/15/2026
B	15741	7871	3935	1312	6DM	03/15/2026
C	16833	8417	4208	1403	6DU	03/15/2026
D	16336	8168	4084	1361	6E2	03/15/2026
F	16871	8436	4218	1406	6EA	03/15/2026
HDF	10845	5423	2711	904	6EM	03/15/2026
G	14313	7157	3578	1193	6EU	03/15/2026
HDG	10845	5423	2711	904	6G2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	10578	5289	2645	882	6D9	03/15/2026
B	11899	5950	2975	992	6DL	03/15/2026
C	12724	6362	3181	1060	6DT	03/15/2026
D	12348	6174	3087	1029	6E1	03/15/2026
F	12753	6377	3188	1063	6E9	03/15/2026
HDF	8198	4099	2050	683	6EL	03/15/2026
G	10819	5410	2705	902	6ET	03/15/2026
HDG	8198	4099	2050	683	6G1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6DB	03/15/2026
B	13679	6840	3420	1140	6DN	03/15/2026
C	14628	7314	3657	1219	6DV	03/15/2026
D	14196	7098	3549	1183	6E3	03/15/2026
F	14661	7331	3665	1222	6EB	03/15/2026
HDF	9425	4713	2356	785	6EN	03/15/2026
G	12438	6219	3110	1037	6EV	03/15/2026
HDG	9425	4713	2356	785	6G3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)
UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6D8	03/15/2026
B	13679	6840	3420	1140	6DK	03/15/2026
C	14628	7314	3657	1219	6DS	03/15/2026
D	14196	7098	3549	1183	6E0	03/15/2026
F	14661	7331	3665	1222	6E8	03/15/2026
HDF	9425	4713	2356	785	6EK	03/15/2026
G	12438	6219	3110	1037	6ES	03/15/2026
HDG	9425	4713	2356	785	6G0	03/15/2026
N	10623	5312	2656	885	6F0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13994	6997	3499	1166	6DA	03/15/2026
B	15741	7871	3935	1312	6DM	03/15/2026
C	16833	8417	4208	1403	6DU	03/15/2026
D	16336	8168	4084	1361	6E2	03/15/2026
F	16871	8436	4218	1406	6EA	03/15/2026
HDF	10845	5423	2711	904	6EM	03/15/2026
G	14313	7157	3578	1193	6EU	03/15/2026
HDG	10845	5423	2711	904	6G2	03/15/2026
N	12225	6113	3056	1019	6F2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	10578	5289	2645	882	6D9	03/15/2026
B	11899	5950	2975	992	6DL	03/15/2026
C	12724	6362	3181	1060	6DT	03/15/2026
D	12348	6174	3087	1029	6E1	03/15/2026
F	12753	6377	3188	1063	6E9	03/15/2026
HDF	8198	4099	2050	683	6EL	03/15/2026
G	10819	5410	2705	902	6ET	03/15/2026
HDG	8198	4099	2050	683	6G1	03/15/2026
N	9241	4621	2310	770	6F1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6DB	03/15/2026
B	13679	6840	3420	1140	6DN	03/15/2026
C	14628	7314	3657	1219	6DV	03/15/2026
D	14196	7098	3549	1183	6E3	03/15/2026
F	14661	7331	3665	1222	6EB	03/15/2026
HDF	9425	4713	2356	785	6EN	03/15/2026
G	12438	6219	3110	1037	6EV	03/15/2026
HDG	9425	4713	2356	785	6G3	03/15/2026
N	10623	5312	2656	885	6F3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)
UNDER AGE 65 UNDERWRITTEN (U/W)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6D4	03/15/2026
B	13679	6840	3420	1140	6DG	03/15/2026
HDF	9425	4713	2356	785	6EG	03/15/2026
HDG	9425	4713	2356	785	6FW	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13994	6997	3499	1166	6D6	03/15/2026
B	15741	7871	3935	1312	6DI	03/15/2026
HDF	10845	5423	2711	904	6EI	03/15/2026
HDG	10845	5423	2711	904	6FY	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	10578	5289	2645	882	6D5	03/15/2026
B	11899	5950	2975	992	6DH	03/15/2026
HDF	8198	4099	2050	683	6EH	03/15/2026
HDG	8198	4099	2050	683	6FX	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12161	6081	3040	1013	6D7	03/15/2026
B	13679	6840	3420	1140	6DJ	03/15/2026
HDF	9425	4713	2356	785	6EJ	03/15/2026
HDG	9425	4713	2356	785	6FZ	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 320-322; 327-329; 347; 349)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING GUARANTEED ISSUE PERIOD (ESRDGI)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6DC	03/15/2026
B	15199	7600	3800	1267	6DO	03/15/2026
C	16253	8127	4063	1354	6DW	03/15/2026
D	15773	7887	3943	1314	6E4	03/15/2026
F	16290	8145	4073	1358	6EC	03/15/2026
HDF	10472	5236	2618	873	6EO	03/15/2026
G	13820	6910	3455	1152	6EW	03/15/2026
HDG	10472	5236	2618	873	6G4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	15549	7775	3887	1296	6DE	03/15/2026
B	17490	8745	4373	1458	6DQ	03/15/2026
C	18703	9352	4676	1559	6DY	03/15/2026
D	18151	9076	4538	1513	6E6	03/15/2026
F	18746	9373	4687	1562	6EE	03/15/2026
HDF	12050	6025	3013	1004	6EQ	03/15/2026
G	15903	7952	3976	1325	6EY	03/15/2026
HDG	12050	6025	3013	1004	6G6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	11754	5877	2939	980	6DD	03/15/2026
B	13221	6611	3305	1102	6DP	03/15/2026
C	14138	7069	3535	1178	6DX	03/15/2026
D	13720	6860	3430	1143	6E5	03/15/2026
F	14170	7085	3543	1181	6ED	03/15/2026
HDF	9109	4555	2277	759	6EP	03/15/2026
G	12021	6011	3005	1002	6EX	03/15/2026
HDG	9109	4555	2277	759	6G5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6DF	03/15/2026
B	15199	7600	3800	1267	6DR	03/15/2026
C	16253	8127	4063	1354	6DZ	03/15/2026
D	15773	7887	3943	1314	6E7	03/15/2026
F	16290	8145	4073	1358	6EF	03/15/2026
HDF	10472	5236	2618	873	6ER	03/15/2026
G	13820	6910	3455	1152	6EZ	03/15/2026
HDG	10472	5236	2618	873	6G7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 320-322; 327-329; 347; 349)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING OPEN ENROLLMENT PERIOD (ESRDOE)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6DC	03/15/2026
B	15199	7600	3800	1267	6DO	03/15/2026
C	16253	8127	4063	1354	6DW	03/15/2026
D	15773	7887	3943	1314	6E4	03/15/2026
F	16290	8145	4073	1358	6EC	03/15/2026
HDF	10472	5236	2618	873	6EO	03/15/2026
G	13820	6910	3455	1152	6EW	03/15/2026
HDG	10472	5236	2618	873	6G4	03/15/2026
N	11804	5902	2951	984	6F4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	15549	7775	3887	1296	6DE	03/15/2026
B	17490	8745	4373	1458	6DQ	03/15/2026
C	18703	9352	4676	1559	6DY	03/15/2026
D	18151	9076	4538	1513	6E6	03/15/2026
F	18746	9373	4687	1562	6EE	03/15/2026
HDF	12050	6025	3013	1004	6EQ	03/15/2026
G	15903	7952	3976	1325	6EY	03/15/2026
HDG	12050	6025	3013	1004	6G6	03/15/2026
N	13583	6792	3396	1132	6F6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	11754	5877	2939	980	6DD	03/15/2026
B	13221	6611	3305	1102	6DP	03/15/2026
C	14138	7069	3535	1178	6DX	03/15/2026
D	13720	6860	3430	1143	6E5	03/15/2026
F	14170	7085	3543	1181	6ED	03/15/2026
HDF	9109	4555	2277	759	6EP	03/15/2026
G	12021	6011	3005	1002	6EX	03/15/2026
HDG	9109	4555	2277	759	6G5	03/15/2026
N	10267	5134	2567	856	6F5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6DF	03/15/2026
B	15199	7600	3800	1267	6DR	03/15/2026
C	16253	8127	4063	1354	6DZ	03/15/2026
D	15773	7887	3943	1314	6E7	03/15/2026
F	16290	8145	4073	1358	6EF	03/15/2026
HDF	10472	5236	2618	873	6ER	03/15/2026
G	13820	6910	3455	1152	6EZ	03/15/2026
HDG	10472	5236	2618	873	6G7	03/15/2026
N	11804	5902	2951	984	6F7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 320-322; 327-329; 347; 349)
UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6D8	03/15/2026
B	15199	7600	3800	1267	6DK	03/15/2026
C	16253	8127	4063	1354	6DS	03/15/2026
D	15773	7887	3943	1314	6E0	03/15/2026
F	16290	8145	4073	1358	6E8	03/15/2026
HDF	10472	5236	2618	873	6EK	03/15/2026
G	13820	6910	3455	1152	6ES	03/15/2026
HDG	10472	5236	2618	873	6G0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	15549	7775	3887	1296	6DA	03/15/2026
B	17490	8745	4373	1458	6DM	03/15/2026
C	18703	9352	4676	1559	6DU	03/15/2026
D	18151	9076	4538	1513	6E2	03/15/2026
F	18746	9373	4687	1562	6EA	03/15/2026
HDF	12050	6025	3013	1004	6EM	03/15/2026
G	15903	7952	3976	1325	6EU	03/15/2026
HDG	12050	6025	3013	1004	6G2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	11754	5877	2939	980	6D9	03/15/2026
B	13221	6611	3305	1102	6DL	03/15/2026
C	14138	7069	3535	1178	6DT	03/15/2026
D	13720	6860	3430	1143	6E1	03/15/2026
F	14170	7085	3543	1181	6E9	03/15/2026
HDF	9109	4555	2277	759	6EL	03/15/2026
G	12021	6011	3005	1002	6ET	03/15/2026
HDG	9109	4555	2277	759	6G1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6DB	03/15/2026
B	15199	7600	3800	1267	6DN	03/15/2026
C	16253	8127	4063	1354	6DV	03/15/2026
D	15773	7887	3943	1314	6E3	03/15/2026
F	16290	8145	4073	1358	6EB	03/15/2026
HDF	10472	5236	2618	873	6EN	03/15/2026
G	13820	6910	3455	1152	6EV	03/15/2026
HDG	10472	5236	2618	873	6G3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 320-322; 327-329; 347; 349)

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6D8	03/15/2026
B	15199	7600	3800	1267	6DK	03/15/2026
C	16253	8127	4063	1354	6DS	03/15/2026
D	15773	7887	3943	1314	6E0	03/15/2026
F	16290	8145	4073	1358	6E8	03/15/2026
HDF	10472	5236	2618	873	6EK	03/15/2026
G	13820	6910	3455	1152	6ES	03/15/2026
HDG	10472	5236	2618	873	6G0	03/15/2026
N	11804	5902	2951	984	6F0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	15549	7775	3887	1296	6DA	03/15/2026
B	17490	8745	4373	1458	6DM	03/15/2026
C	18703	9352	4676	1559	6DU	03/15/2026
D	18151	9076	4538	1513	6E2	03/15/2026
F	18746	9373	4687	1562	6EA	03/15/2026
HDF	12050	6025	3013	1004	6EM	03/15/2026
G	15903	7952	3976	1325	6EU	03/15/2026
HDG	12050	6025	3013	1004	6G2	03/15/2026
N	13583	6792	3396	1132	6F2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	11754	5877	2939	980	6D9	03/15/2026
B	13221	6611	3305	1102	6DL	03/15/2026
C	14138	7069	3535	1178	6DT	03/15/2026
D	13720	6860	3430	1143	6E1	03/15/2026
F	14170	7085	3543	1181	6E9	03/15/2026
HDF	9109	4555	2277	759	6EL	03/15/2026
G	12021	6011	3005	1002	6ET	03/15/2026
HDG	9109	4555	2277	759	6G1	03/15/2026
N	10267	5134	2567	856	6F1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6DB	03/15/2026
B	15199	7600	3800	1267	6DN	03/15/2026
C	16253	8127	4063	1354	6DV	03/15/2026
D	15773	7887	3943	1314	6E3	03/15/2026
F	16290	8145	4073	1358	6EB	03/15/2026
HDF	10472	5236	2618	873	6EN	03/15/2026
G	13820	6910	3455	1152	6EV	03/15/2026
HDG	10472	5236	2618	873	6G3	03/15/2026
N	11804	5902	2951	984	6F3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 2 (ZIP 320-322; 327-329; 347; 349)
UNDER AGE 65 UNDERWRITTEN (U/W)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6D4	03/15/2026
B	15199	7600	3800	1267	6DG	03/15/2026
HDF	10472	5236	2618	873	6EG	03/15/2026
HDG	10472	5236	2618	873	6FW	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	15549	7775	3887	1296	6D6	03/15/2026
B	17490	8745	4373	1458	6DI	03/15/2026
HDF	12050	6025	3013	1004	6EI	03/15/2026
HDG	12050	6025	3013	1004	6FY	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	11754	5877	2939	980	6D5	03/15/2026
B	13221	6611	3305	1102	6DH	03/15/2026
HDF	9109	4555	2277	759	6EH	03/15/2026
HDG	9109	4555	2277	759	6FX	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	13512	6756	3378	1126	6D7	03/15/2026
B	15199	7600	3800	1267	6DJ	03/15/2026
HDF	10472	5236	2618	873	6EJ	03/15/2026
HDG	10472	5236	2618	873	6FZ	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 330; 334)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING GUARANTEED ISSUE PERIOD (ESRDGI)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6DC	03/15/2026
B	16719	8360	4180	1393	6DO	03/15/2026
C	17878	8939	4470	1490	6DW	03/15/2026
D	17351	8676	4338	1446	6E4	03/15/2026
F	17919	8960	4480	1493	6EC	03/15/2026
HDF	11519	5760	2880	960	6EO	03/15/2026
G	15202	7601	3801	1267	6EW	03/15/2026
HDG	11519	5760	2880	960	6G4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	17104	8552	4276	1425	6DE	03/15/2026
B	19239	9620	4810	1603	6DQ	03/15/2026
C	20573	10287	5143	1714	6DY	03/15/2026
D	19966	9983	4992	1664	6E6	03/15/2026
F	20621	10311	5155	1718	6EE	03/15/2026
HDF	13255	6628	3314	1105	6EQ	03/15/2026
G	17494	8747	4374	1458	6EY	03/15/2026
HDG	13255	6628	3314	1105	6G6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12929	6465	3232	1077	6DD	03/15/2026
B	14543	7272	3636	1212	6DP	03/15/2026
C	15551	7776	3888	1296	6DX	03/15/2026
D	15092	7546	3773	1258	6E5	03/15/2026
F	15587	7794	3897	1299	6ED	03/15/2026
HDF	10020	5010	2505	835	6EP	03/15/2026
G	13223	6612	3306	1102	6EX	03/15/2026
HDG	10020	5010	2505	835	6G5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6DF	03/15/2026
B	16719	8360	4180	1393	6DR	03/15/2026
C	17878	8939	4470	1490	6DZ	03/15/2026
D	17351	8676	4338	1446	6E7	03/15/2026
F	17919	8960	4480	1493	6EF	03/15/2026
HDF	11519	5760	2880	960	6ER	03/15/2026
G	15202	7601	3801	1267	6EZ	03/15/2026
HDG	11519	5760	2880	960	6G7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 330; 334)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING OPEN ENROLLMENT PERIOD (ESRDOE)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6DC	03/15/2026
B	16719	8360	4180	1393	6DO	03/15/2026
C	17878	8939	4470	1490	6DW	03/15/2026
D	17351	8676	4338	1446	6E4	03/15/2026
F	17919	8960	4480	1493	6EC	03/15/2026
HDF	11519	5760	2880	960	6EO	03/15/2026
G	15202	7601	3801	1267	6EW	03/15/2026
HDG	11519	5760	2880	960	6G4	03/15/2026
N	12984	6492	3246	1082	6F4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	17104	8552	4276	1425	6DE	03/15/2026
B	19239	9620	4810	1603	6DQ	03/15/2026
C	20573	10287	5143	1714	6DY	03/15/2026
D	19966	9983	4992	1664	6E6	03/15/2026
F	20621	10311	5155	1718	6EE	03/15/2026
HDF	13255	6628	3314	1105	6EQ	03/15/2026
G	17494	8747	4374	1458	6EY	03/15/2026
HDG	13255	6628	3314	1105	6G6	03/15/2026
N	14941	7471	3735	1245	6F6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12929	6465	3232	1077	6DD	03/15/2026
B	14543	7272	3636	1212	6DP	03/15/2026
C	15551	7776	3888	1296	6DX	03/15/2026
D	15092	7546	3773	1258	6E5	03/15/2026
F	15587	7794	3897	1299	6ED	03/15/2026
HDF	10020	5010	2505	835	6EP	03/15/2026
G	13223	6612	3306	1102	6EX	03/15/2026
HDG	10020	5010	2505	835	6G5	03/15/2026
N	11294	5647	2824	941	6F5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6DF	03/15/2026
B	16719	8360	4180	1393	6DR	03/15/2026
C	17878	8939	4470	1490	6DZ	03/15/2026
D	17351	8676	4338	1446	6E7	03/15/2026
F	17919	8960	4480	1493	6EF	03/15/2026
HDF	11519	5760	2880	960	6ER	03/15/2026
G	15202	7601	3801	1267	6EZ	03/15/2026
HDG	11519	5760	2880	960	6G7	03/15/2026
N	12984	6492	3246	1082	6F7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 330; 334)

UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6D8	03/15/2026
B	16719	8360	4180	1393	6DK	03/15/2026
C	17878	8939	4470	1490	6DS	03/15/2026
D	17351	8676	4338	1446	6E0	03/15/2026
F	17919	8960	4480	1493	6E8	03/15/2026
HDF	11519	5760	2880	960	6EK	03/15/2026
G	15202	7601	3801	1267	6ES	03/15/2026
HDG	11519	5760	2880	960	6G0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	17104	8552	4276	1425	6DA	03/15/2026
B	19239	9620	4810	1603	6DM	03/15/2026
C	20573	10287	5143	1714	6DU	03/15/2026
D	19966	9983	4992	1664	6E2	03/15/2026
F	20621	10311	5155	1718	6EA	03/15/2026
HDF	13255	6628	3314	1105	6EM	03/15/2026
G	17494	8747	4374	1458	6EU	03/15/2026
HDG	13255	6628	3314	1105	6G2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12929	6465	3232	1077	6D9	03/15/2026
B	14543	7272	3636	1212	6DL	03/15/2026
C	15551	7776	3888	1296	6DT	03/15/2026
D	15092	7546	3773	1258	6E1	03/15/2026
F	15587	7794	3897	1299	6E9	03/15/2026
HDF	10020	5010	2505	835	6EL	03/15/2026
G	13223	6612	3306	1102	6ET	03/15/2026
HDG	10020	5010	2505	835	6G1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6DB	03/15/2026
B	16719	8360	4180	1393	6DN	03/15/2026
C	17878	8939	4470	1490	6DV	03/15/2026
D	17351	8676	4338	1446	6E3	03/15/2026
F	17919	8960	4480	1493	6EB	03/15/2026
HDF	11519	5760	2880	960	6EN	03/15/2026
G	15202	7601	3801	1267	6EV	03/15/2026
HDG	11519	5760	2880	960	6G3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 330; 334)

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6D8	03/15/2026
B	16719	8360	4180	1393	6DK	03/15/2026
C	17878	8939	4470	1490	6DS	03/15/2026
D	17351	8676	4338	1446	6E0	03/15/2026
F	17919	8960	4480	1493	6E8	03/15/2026
HDF	11519	5760	2880	960	6EK	03/15/2026
G	15202	7601	3801	1267	6ES	03/15/2026
HDG	11519	5760	2880	960	6G0	03/15/2026
N	12984	6492	3246	1082	6F0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	17104	8552	4276	1425	6DA	03/15/2026
B	19239	9620	4810	1603	6DM	03/15/2026
C	20573	10287	5143	1714	6DU	03/15/2026
D	19966	9983	4992	1664	6E2	03/15/2026
F	20621	10311	5155	1718	6EA	03/15/2026
HDF	13255	6628	3314	1105	6EM	03/15/2026
G	17494	8747	4374	1458	6EU	03/15/2026
HDG	13255	6628	3314	1105	6G2	03/15/2026
N	14941	7471	3735	1245	6F2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12929	6465	3232	1077	6D9	03/15/2026
B	14543	7272	3636	1212	6DL	03/15/2026
C	15551	7776	3888	1296	6DT	03/15/2026
D	15092	7546	3773	1258	6E1	03/15/2026
F	15587	7794	3897	1299	6E9	03/15/2026
HDF	10020	5010	2505	835	6EL	03/15/2026
G	13223	6612	3306	1102	6ET	03/15/2026
HDG	10020	5010	2505	835	6G1	03/15/2026
N	11294	5647	2824	941	6F1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6DB	03/15/2026
B	16719	8360	4180	1393	6DN	03/15/2026
C	17878	8939	4470	1490	6DV	03/15/2026
D	17351	8676	4338	1446	6E3	03/15/2026
F	17919	8960	4480	1493	6EB	03/15/2026
HDF	11519	5760	2880	960	6EN	03/15/2026
G	15202	7601	3801	1267	6EV	03/15/2026
HDG	11519	5760	2880	960	6G3	03/15/2026
N	12984	6492	3246	1082	6F3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 3 (ZIP 330; 334)

UNDER AGE 65 UNDERWRITTEN (U/W)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6D4	03/15/2026
B	16719	8360	4180	1393	6DG	03/15/2026
HDF	11519	5760	2880	960	6EG	03/15/2026
HDG	11519	5760	2880	960	6FW	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	17104	8552	4276	1425	6D6	03/15/2026
B	19239	9620	4810	1603	6DI	03/15/2026
HDF	13255	6628	3314	1105	6EI	03/15/2026
HDG	13255	6628	3314	1105	6FY	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	12929	6465	3232	1077	6D5	03/15/2026
B	14543	7272	3636	1212	6DH	03/15/2026
HDF	10020	5010	2505	835	6EH	03/15/2026
HDG	10020	5010	2505	835	6FX	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14864	7432	3716	1239	6D7	03/15/2026
B	16719	8360	4180	1393	6DJ	03/15/2026
HDF	11519	5760	2880	960	6EJ	03/15/2026
HDG	11519	5760	2880	960	6FZ	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 4 (ZIP 331-333)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING GUARANTEED ISSUE PERIOD (ESRDGI)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6DC	03/15/2026
B	18238	9119	4560	1520	6DO	03/15/2026
C	19503	9752	4876	1625	6DW	03/15/2026
D	18928	9464	4732	1577	6E4	03/15/2026
F	19548	9774	4887	1629	6EC	03/15/2026
HDF	12566	6283	3142	1047	6EO	03/15/2026
G	16584	8292	4146	1382	6EW	03/15/2026
HDG	12566	6283	3142	1047	6G4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	18659	9330	4665	1555	6DE	03/15/2026
B	20988	10494	5247	1749	6DQ	03/15/2026
C	22444	11222	5611	1870	6DY	03/15/2026
D	21781	10891	5445	1815	6E6	03/15/2026
F	22495	11248	5624	1875	6EE	03/15/2026
HDF	14460	7230	3615	1205	6EQ	03/15/2026
G	19084	9542	4771	1590	6EY	03/15/2026
HDG	14460	7230	3615	1205	6G6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14104	7052	3526	1175	6DD	03/15/2026
B	15865	7933	3966	1322	6DP	03/15/2026
C	16965	8483	4241	1414	6DX	03/15/2026
D	16464	8232	4116	1372	6E5	03/15/2026
F	17004	8502	4251	1417	6ED	03/15/2026
HDF	10931	5466	2733	911	6EP	03/15/2026
G	14426	7213	3607	1202	6EX	03/15/2026
HDG	10931	5466	2733	911	6G5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6DF	03/15/2026
B	18238	9119	4560	1520	6DR	03/15/2026
C	19503	9752	4876	1625	6DZ	03/15/2026
D	18928	9464	4732	1577	6E7	03/15/2026
F	19548	9774	4887	1629	6EF	03/15/2026
HDF	12566	6283	3142	1047	6ER	03/15/2026
G	16584	8292	4146	1382	6EZ	03/15/2026
HDG	12566	6283	3142	1047	6G7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 4 (ZIP 331-333)

UNDER AGE 65 ELIGIBLE END STAGE RENAL DISEASE DURING OPEN ENROLLMENT PERIOD (ESRDOE)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6DC	03/15/2026
B	18238	9119	4560	1520	6DO	03/15/2026
C	19503	9752	4876	1625	6DW	03/15/2026
D	18928	9464	4732	1577	6E4	03/15/2026
F	19548	9774	4887	1629	6EC	03/15/2026
HDF	12566	6283	3142	1047	6EO	03/15/2026
G	16584	8292	4146	1382	6EW	03/15/2026
HDG	12566	6283	3142	1047	6G4	03/15/2026
N	14164	7082	3541	1180	6F4	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	18659	9330	4665	1555	6DE	03/15/2026
B	20988	10494	5247	1749	6DQ	03/15/2026
C	22444	11222	5611	1870	6DY	03/15/2026
D	21781	10891	5445	1815	6E6	03/15/2026
F	22495	11248	5624	1875	6EE	03/15/2026
HDF	14460	7230	3615	1205	6EQ	03/15/2026
G	19084	9542	4771	1590	6EY	03/15/2026
HDG	14460	7230	3615	1205	6G6	03/15/2026
N	16299	8150	4075	1358	6F6	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14104	7052	3526	1175	6DD	03/15/2026
B	15865	7933	3966	1322	6DP	03/15/2026
C	16965	8483	4241	1414	6DX	03/15/2026
D	16464	8232	4116	1372	6E5	03/15/2026
F	17004	8502	4251	1417	6ED	03/15/2026
HDF	10931	5466	2733	911	6EP	03/15/2026
G	14426	7213	3607	1202	6EX	03/15/2026
HDG	10931	5466	2733	911	6G5	03/15/2026
N	12321	6161	3080	1027	6F5	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6DF	03/15/2026
B	18238	9119	4560	1520	6DR	03/15/2026
C	19503	9752	4876	1625	6DZ	03/15/2026
D	18928	9464	4732	1577	6E7	03/15/2026
F	19548	9774	4887	1629	6EF	03/15/2026
HDF	12566	6283	3142	1047	6ER	03/15/2026
G	16584	8292	4146	1382	6EZ	03/15/2026
HDG	12566	6283	3142	1047	6G7	03/15/2026
N	14164	7082	3541	1180	6F7	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 4 (ZIP 331-333)

UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6D8	03/15/2026
B	18238	9119	4560	1520	6DK	03/15/2026
C	19503	9752	4876	1625	6DS	03/15/2026
D	18928	9464	4732	1577	6E0	03/15/2026
F	19548	9774	4887	1629	6E8	03/15/2026
HDF	12566	6283	3142	1047	6EK	03/15/2026
G	16584	8292	4146	1382	6ES	03/15/2026
HDG	12566	6283	3142	1047	6G0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	18659	9330	4665	1555	6DA	03/15/2026
B	20988	10494	5247	1749	6DM	03/15/2026
C	22444	11222	5611	1870	6DU	03/15/2026
D	21781	10891	5445	1815	6E2	03/15/2026
F	22495	11248	5624	1875	6EA	03/15/2026
HDF	14460	7230	3615	1205	6EM	03/15/2026
G	19084	9542	4771	1590	6EU	03/15/2026
HDG	14460	7230	3615	1205	6G2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14104	7052	3526	1175	6D9	03/15/2026
B	15865	7933	3966	1322	6DL	03/15/2026
C	16965	8483	4241	1414	6DT	03/15/2026
D	16464	8232	4116	1372	6E1	03/15/2026
F	17004	8502	4251	1417	6E9	03/15/2026
HDF	10931	5466	2733	911	6EL	03/15/2026
G	14426	7213	3607	1202	6ET	03/15/2026
HDG	10931	5466	2733	911	6G1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6DB	03/15/2026
B	18238	9119	4560	1520	6DN	03/15/2026
C	19503	9752	4876	1625	6DV	03/15/2026
D	18928	9464	4732	1577	6E3	03/15/2026
F	19548	9774	4887	1629	6EB	03/15/2026
HDF	12566	6283	3142	1047	6EN	03/15/2026
G	16584	8292	4146	1382	6EV	03/15/2026
HDG	12566	6283	3142	1047	6G3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 4 (ZIP 331-333)

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6D8	03/15/2026
B	18238	9119	4560	1520	6DK	03/15/2026
C	19503	9752	4876	1625	6DS	03/15/2026
D	18928	9464	4732	1577	6E0	03/15/2026
F	19548	9774	4887	1629	6E8	03/15/2026
HDF	12566	6283	3142	1047	6EK	03/15/2026
G	16584	8292	4146	1382	6ES	03/15/2026
HDG	12566	6283	3142	1047	6G0	03/15/2026
N	14164	7082	3541	1180	6F0	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	18659	9330	4665	1555	6DA	03/15/2026
B	20988	10494	5247	1749	6DM	03/15/2026
C	22444	11222	5611	1870	6DU	03/15/2026
D	21781	10891	5445	1815	6E2	03/15/2026
F	22495	11248	5624	1875	6EA	03/15/2026
HDF	14460	7230	3615	1205	6EM	03/15/2026
G	19084	9542	4771	1590	6EU	03/15/2026
HDG	14460	7230	3615	1205	6G2	03/15/2026
N	16299	8150	4075	1358	6F2	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14104	7052	3526	1175	6D9	03/15/2026
B	15865	7933	3966	1322	6DL	03/15/2026
C	16965	8483	4241	1414	6DT	03/15/2026
D	16464	8232	4116	1372	6E1	03/15/2026
F	17004	8502	4251	1417	6E9	03/15/2026
HDF	10931	5466	2733	911	6EL	03/15/2026
G	14426	7213	3607	1202	6ET	03/15/2026
HDG	10931	5466	2733	911	6G1	03/15/2026
N	12321	6161	3080	1027	6F1	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6DB	03/15/2026
B	18238	9119	4560	1520	6DN	03/15/2026
C	19503	9752	4876	1625	6DV	03/15/2026
D	18928	9464	4732	1577	6E3	03/15/2026
F	19548	9774	4887	1629	6EB	03/15/2026
HDF	12566	6283	3142	1047	6EN	03/15/2026
G	16584	8292	4146	1382	6EV	03/15/2026
HDG	12566	6283	3142	1047	6G3	03/15/2026
N	14164	7082	3541	1180	6F3	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

AREA 4 (ZIP 331-333)

UNDER AGE 65 UNDERWRITTEN (U/W)

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6D4	03/15/2026
B	18238	9119	4560	1520	6DG	03/15/2026
HDF	12566	6283	3142	1047	6EG	03/15/2026
HDG	12566	6283	3142	1047	6FW	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	18659	9330	4665	1555	6D6	03/15/2026
B	20988	10494	5247	1749	6DI	03/15/2026
HDF	14460	7230	3615	1205	6EI	03/15/2026
HDG	14460	7230	3615	1205	6FY	03/15/2026

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
A	14104	7052	3526	1175	6D5	03/15/2026
B	15865	7933	3966	1322	6DH	03/15/2026
HDF	10931	5466	2733	911	6EH	03/15/2026
HDG	10931	5466	2733	911	6FX	03/15/2026

Standard

Plan	A	SA	Q	M	Plan Code	Effective Date
A	16215	8108	4054	1351	6D7	03/15/2026
B	18238	9119	4560	1520	6DJ	03/15/2026
HDF	12566	6283	3142	1047	6EJ	03/15/2026
HDG	12566	6283	3142	1047	6FZ	03/15/2026

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

PLAN A - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3052	1526	763	254
66	3226	1613	807	269
67	3226	1613	807	269
68	3226	1613	807	269
69	3226	1613	807	269
70	3536	1768	884	295
71	3536	1768	884	295
72	3536	1768	884	295
73	3536	1768	884	295
74	3536	1768	884	295
75	3737	1869	934	311
76	3737	1869	934	311
77	3737	1869	934	311
78	3737	1869	934	311
79	3737	1869	934	311
80+	3737	1869	934	311

Standard — Effective Date: 03/15/2026 — Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3512	1756	878	293
66	3712	1856	928	309
67	3712	1856	928	309
68	3712	1856	928	309
69	3712	1856	928	309
70	4069	2035	1017	339
71	4069	2035	1017	339
72	4069	2035	1017	339
73	4069	2035	1017	339
74	4069	2035	1017	339
75	4301	2151	1075	358
76	4301	2151	1075	358
77	4301	2151	1075	358
78	4301	2151	1075	358
79	4301	2151	1075	358
80+	4301	2151	1075	358

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2655	1328	664	221
66	2806	1403	702	234
67	2806	1403	702	234
68	2806	1403	702	234
69	2806	1403	702	234
70	3076	1538	769	256
71	3076	1538	769	256
72	3076	1538	769	256
73	3076	1538	769	256
74	3076	1538	769	256
75	3251	1626	813	271
76	3251	1626	813	271
77	3251	1626	813	271
78	3251	1626	813	271
79	3251	1626	813	271
80+	3251	1626	813	271

Standard — Effective Date: 03/15/2026 — Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3052	1526	763	254
66	3226	1613	807	269
67	3226	1613	807	269
68	3226	1613	807	269
69	3226	1613	807	269
70	3536	1768	884	295
71	3536	1768	884	295
72	3536	1768	884	295
73	3536	1768	884	295
74	3536	1768	884	295
75	3737	1869	934	311
76	3737	1869	934	311
77	3737	1869	934	311
78	3737	1869	934	311
79	3737	1869	934	311
80+	3737	1869	934	311

PLAN B - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4147	2074	1037	346
66	4398	2199	1100	367
67	4398	2199	1100	367
68	4398	2199	1100	367
69	4398	2199	1100	367
70	4873	2437	1218	406
71	4873	2437	1218	406
72	4873	2437	1218	406
73	4873	2437	1218	406
74	4873	2437	1218	406
75	5250	2625	1313	438
76	5250	2625	1313	438
77	5250	2625	1313	438
78	5250	2625	1313	438
79	5250	2625	1313	438
80+	5261	2631	1315	438

Standard — Effective Date: 03/15/2026 — Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4772	2386	1193	398
66	5062	2531	1266	422
67	5062	2531	1266	422
68	5062	2531	1266	422
69	5062	2531	1266	422
70	5608	2804	1402	467
71	5608	2804	1402	467
72	5608	2804	1402	467
73	5608	2804	1402	467
74	5608	2804	1402	467
75	6042	3021	1511	504
76	6042	3021	1511	504
77	6042	3021	1511	504
78	6042	3021	1511	504
79	6042	3021	1511	504
80+	6054	3027	1514	505

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3607	1804	902	301
66	3826	1913	957	319
67	3826	1913	957	319
68	3826	1913	957	319
69	3826	1913	957	319
70	4239	2120	1060	353
71	4239	2120	1060	353
72	4239	2120	1060	353
73	4239	2120	1060	353
74	4239	2120	1060	353
75	4567	2284	1142	381
76	4567	2284	1142	381
77	4567	2284	1142	381
78	4567	2284	1142	381
79	4567	2284	1142	381
80+	4576	2288	1144	381

Standard — Effective Date: 03/15/2026 — Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4147	2074	1037	346
66	4398	2199	1100	367
67	4398	2199	1100	367
68	4398	2199	1100	367
69	4398	2199	1100	367
70	4873	2437	1218	406
71	4873	2437	1218	406
72	4873	2437	1218	406
73	4873	2437	1218	406
74	4873	2437	1218	406
75	5250	2625	1313	438
76	5250	2625	1313	438
77	5250	2625	1313	438
78	5250	2625	1313	438
79	5250	2625	1313	438
80+	5261	2631	1315	438

PLAN C - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4637	2319	1159	386
66	4936	2468	1234	411
67	4936	2468	1234	411
68	4936	2468	1234	411
69	4936	2468	1234	411
70	5538	2769	1385	462
71	5538	2769	1385	462
72	5538	2769	1385	462
73	5538	2769	1385	462
74	5538	2769	1385	462
75	6142	3071	1536	512
76	6142	3071	1536	512
77	6142	3071	1536	512
78	6142	3071	1536	512
79	6142	3071	1536	512
80+	6438	3219	1610	537

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5336	2668	1334	445
66	5680	2840	1420	473
67	5680	2840	1420	473
68	5680	2840	1420	473
69	5680	2840	1420	473
70	6373	3187	1593	531
71	6373	3187	1593	531
72	6373	3187	1593	531
73	6373	3187	1593	531
74	6373	3187	1593	531
75	7068	3534	1767	589
76	7068	3534	1767	589
77	7068	3534	1767	589
78	7068	3534	1767	589
79	7068	3534	1767	589
80+	7409	3705	1852	617

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4033	2017	1008	336
66	4293	2147	1073	358
67	4293	2147	1073	358
68	4293	2147	1073	358
69	4293	2147	1073	358
70	4818	2409	1205	402
71	4818	2409	1205	402
72	4818	2409	1205	402
73	4818	2409	1205	402
74	4818	2409	1205	402
75	5343	2672	1336	445
76	5343	2672	1336	445
77	5343	2672	1336	445
78	5343	2672	1336	445
79	5343	2672	1336	445
80+	5600	2800	1400	467

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4637	2319	1159	386
66	4936	2468	1234	411
67	4936	2468	1234	411
68	4936	2468	1234	411
69	4936	2468	1234	411
70	5538	2769	1385	462
71	5538	2769	1385	462
72	5538	2769	1385	462
73	5538	2769	1385	462
74	5538	2769	1385	462
75	6142	3071	1536	512
76	6142	3071	1536	512
77	6142	3071	1536	512
78	6142	3071	1536	512
79	6142	3071	1536	512
80+	6438	3219	1610	537

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4380	2190	1095	365
66	4680	2340	1170	390
67	4680	2340	1170	390
68	4680	2340	1170	390
69	4680	2340	1170	390
70	5281	2641	1320	440
71	5281	2641	1320	440
72	5281	2641	1320	440
73	5281	2641	1320	440
74	5281	2641	1320	440
75	5886	2943	1472	491
76	5886	2943	1472	491
77	5886	2943	1472	491
78	5886	2943	1472	491
79	5886	2943	1472	491
80+	6183	3092	1546	515

Standard — Effective Date: 03/15/2026 — Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5040	2520	1260	420
66	5386	2693	1347	449
67	5386	2693	1347	449
68	5386	2693	1347	449
69	5386	2693	1347	449
70	6077	3039	1519	506
71	6077	3039	1519	506
72	6077	3039	1519	506
73	6077	3039	1519	506
74	6077	3039	1519	506
75	6774	3387	1694	565
76	6774	3387	1694	565
77	6774	3387	1694	565
78	6774	3387	1694	565
79	6774	3387	1694	565
80+	7116	3558	1779	593

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3810	1905	953	318
66	4071	2036	1018	339
67	4071	2036	1018	339
68	4071	2036	1018	339
69	4071	2036	1018	339
70	4594	2297	1149	383
71	4594	2297	1149	383
72	4594	2297	1149	383
73	4594	2297	1149	383
74	4594	2297	1149	383
75	5120	2560	1280	427
76	5120	2560	1280	427
77	5120	2560	1280	427
78	5120	2560	1280	427
79	5120	2560	1280	427
80+	5379	2690	1345	448

Standard — Effective Date: 03/15/2026 — Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4380	2190	1095	365
66	4680	2340	1170	390
67	4680	2340	1170	390
68	4680	2340	1170	390
69	4680	2340	1170	390
70	5281	2641	1320	440
71	5281	2641	1320	440
72	5281	2641	1320	440
73	5281	2641	1320	440
74	5281	2641	1320	440
75	5886	2943	1472	491
76	5886	2943	1472	491
77	5886	2943	1472	491
78	5886	2943	1472	491
79	5886	2943	1472	491
80+	6183	3092	1546	515

PLAN F - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4302	2151	1076	359
66	4580	2290	1145	382
67	4580	2290	1145	382
68	4580	2290	1145	382
69	4580	2290	1145	382
70	5133	2567	1283	428
71	5133	2567	1283	428
72	5133	2567	1283	428
73	5133	2567	1283	428
74	5133	2567	1283	428
75	5691	2846	1423	474
76	5691	2846	1423	474
77	5691	2846	1423	474
78	5691	2846	1423	474
79	5691	2846	1423	474
80+	5967	2984	1492	497

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4951	2476	1238	413
66	5271	2636	1318	439
67	5271	2636	1318	439
68	5271	2636	1318	439
69	5271	2636	1318	439
70	5907	2954	1477	492
71	5907	2954	1477	492
72	5907	2954	1477	492
73	5907	2954	1477	492
74	5907	2954	1477	492
75	6549	3275	1637	546
76	6549	3275	1637	546
77	6549	3275	1637	546
78	6549	3275	1637	546
79	6549	3275	1637	546
80+	6867	3434	1717	572

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3742	1871	936	312
66	3984	1992	996	332
67	3984	1992	996	332
68	3984	1992	996	332
69	3984	1992	996	332
70	4465	2233	1116	372
71	4465	2233	1116	372
72	4465	2233	1116	372
73	4465	2233	1116	372
74	4465	2233	1116	372
75	4951	2476	1238	413
76	4951	2476	1238	413
77	4951	2476	1238	413
78	4951	2476	1238	413
79	4951	2476	1238	413
80+	5191	2596	1298	433

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4302	2151	1076	359
66	4580	2290	1145	382
67	4580	2290	1145	382
68	4580	2290	1145	382
69	4580	2290	1145	382
70	5133	2567	1283	428
71	5133	2567	1283	428
72	5133	2567	1283	428
73	5133	2567	1283	428
74	5133	2567	1283	428
75	5691	2846	1423	474
76	5691	2846	1423	474
77	5691	2846	1423	474
78	5691	2846	1423	474
79	5691	2846	1423	474
80+	5967	2984	1492	497

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1003	502	251	84
66	1082	541	271	90
67	1082	541	271	90
68	1082	541	271	90
69	1082	541	271	90
70	1291	646	323	108
71	1291	646	323	108
72	1291	646	323	108
73	1291	646	323	108
74	1291	646	323	108
75	1661	831	415	138
76	1661	831	415	138
77	1661	831	415	138
78	1661	831	415	138
79	1661	831	415	138
80+	1842	921	461	154

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	758	379	190	63
66	818	409	205	68
67	818	409	205	68
68	818	409	205	68
69	818	409	205	68
70	976	488	244	81
71	976	488	244	81
72	976	488	244	81
73	976	488	244	81
74	976	488	244	81
75	1256	628	314	105
76	1256	628	314	105
77	1256	628	314	105
78	1256	628	314	105
79	1256	628	314	105
80+	1392	696	348	116

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3548	1774	887	296
66	3791	1896	948	316
67	3791	1896	948	316
68	3791	1896	948	316
69	3791	1896	948	316
70	4276	2138	1069	356
71	4276	2138	1069	356
72	4276	2138	1069	356
73	4276	2138	1069	356
74	4276	2138	1069	356
75	4763	2382	1191	397
76	4763	2382	1191	397
77	4763	2382	1191	397
78	4763	2382	1191	397
79	4763	2382	1191	397
80+	5002	2501	1251	417

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4083	2042	1021	340
66	4362	2181	1091	364
67	4362	2181	1091	364
68	4362	2181	1091	364
69	4362	2181	1091	364
70	4921	2461	1230	410
71	4921	2461	1230	410
72	4921	2461	1230	410
73	4921	2461	1230	410
74	4921	2461	1230	410
75	5481	2741	1370	457
76	5481	2741	1370	457
77	5481	2741	1370	457
78	5481	2741	1370	457
79	5481	2741	1370	457
80+	5756	2878	1439	480

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3086	1543	772	257
66	3298	1649	825	275
67	3298	1649	825	275
68	3298	1649	825	275
69	3298	1649	825	275
70	3720	1860	930	310
71	3720	1860	930	310
72	3720	1860	930	310
73	3720	1860	930	310
74	3720	1860	930	310
75	4143	2072	1036	345
76	4143	2072	1036	345
77	4143	2072	1036	345
78	4143	2072	1036	345
79	4143	2072	1036	345
80+	4351	2176	1088	363

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3548	1774	887	296
66	3791	1896	948	316
67	3791	1896	948	316
68	3791	1896	948	316
69	3791	1896	948	316
70	4276	2138	1069	356
71	4276	2138	1069	356
72	4276	2138	1069	356
73	4276	2138	1069	356
74	4276	2138	1069	356
75	4763	2382	1191	397
76	4763	2382	1191	397
77	4763	2382	1191	397
78	4763	2382	1191	397
79	4763	2382	1191	397
80+	5002	2501	1251	417

PLAN HDG - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

Standard Effective Date: 03/15/2026 Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1003	502	251	84
66	1082	541	271	90
67	1082	541	271	90
68	1082	541	271	90
69	1082	541	271	90
70	1291	646	323	108
71	1291	646	323	108
72	1291	646	323	108
73	1291	646	323	108
74	1291	646	323	108
75	1661	831	415	138
76	1661	831	415	138
77	1661	831	415	138
78	1661	831	415	138
79	1661	831	415	138
80+	1842	921	461	154

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	758	379	190	63
66	818	409	205	68
67	818	409	205	68
68	818	409	205	68
69	818	409	205	68
70	976	488	244	81
71	976	488	244	81
72	976	488	244	81
73	976	488	244	81
74	976	488	244	81
75	1256	628	314	105
76	1256	628	314	105
77	1256	628	314	105
78	1256	628	314	105
79	1256	628	314	105
80+	1392	696	348	116

Standard Effective Date: 03/15/2026 Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

PLAN N - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2602	1301	651	217
66	2784	1392	696	232
67	2784	1392	696	232
68	2784	1392	696	232
69	2784	1392	696	232
70	3150	1575	788	263
71	3150	1575	788	263
72	3150	1575	788	263
73	3150	1575	788	263
74	3150	1575	788	263
75	3532	1766	883	294
76	3532	1766	883	294
77	3532	1766	883	294
78	3532	1766	883	294
79	3532	1766	883	294
80+	3736	1868	934	311

Standard — Effective Date: 03/15/2026 — Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2994	1497	749	250
66	3203	1602	801	267
67	3203	1602	801	267
68	3203	1602	801	267
69	3203	1602	801	267
70	3625	1813	906	302
71	3625	1813	906	302
72	3625	1813	906	302
73	3625	1813	906	302
74	3625	1813	906	302
75	4065	2033	1016	339
76	4065	2033	1016	339
77	4065	2033	1016	339
78	4065	2033	1016	339
79	4065	2033	1016	339
80+	4299	2150	1075	358

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2263	1132	566	189
66	2421	1211	605	202
67	2421	1211	605	202
68	2421	1211	605	202
69	2421	1211	605	202
70	2740	1370	685	228
71	2740	1370	685	228
72	2740	1370	685	228
73	2740	1370	685	228
74	2740	1370	685	228
75	3073	1537	768	256
76	3073	1537	768	256
77	3073	1537	768	256
78	3073	1537	768	256
79	3073	1537	768	256
80+	3250	1625	813	271

Standard — Effective Date: 03/15/2026 — Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2602	1301	651	217
66	2784	1392	696	232
67	2784	1392	696	232
68	2784	1392	696	232
69	2784	1392	696	232
70	3150	1575	788	263
71	3150	1575	788	263
72	3150	1575	788	263
73	3150	1575	788	263
74	3150	1575	788	263
75	3532	1766	883	294
76	3532	1766	883	294
77	3532	1766	883	294
78	3532	1766	883	294
79	3532	1766	883	294
80+	3736	1868	934	311

PLAN A - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3391	1696	848	283
66	3584	1792	896	299
67	3584	1792	896	299
68	3584	1792	896	299
69	3584	1792	896	299
70	3929	1965	982	327
71	3929	1965	982	327
72	3929	1965	982	327
73	3929	1965	982	327
74	3929	1965	982	327
75	4152	2076	1038	346
76	4152	2076	1038	346
77	4152	2076	1038	346
78	4152	2076	1038	346
79	4152	2076	1038	346
80+	4152	2076	1038	346

Standard Effective Date: 03/15/2026 Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3902	1951	976	325
66	4125	2063	1031	344
67	4125	2063	1031	344
68	4125	2063	1031	344
69	4125	2063	1031	344
70	4521	2261	1130	377
71	4521	2261	1130	377
72	4521	2261	1130	377
73	4521	2261	1130	377
74	4521	2261	1130	377
75	4778	2389	1195	398
76	4778	2389	1195	398
77	4778	2389	1195	398
78	4778	2389	1195	398
79	4778	2389	1195	398
80+	4778	2389	1195	398

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2950	1475	738	246
66	3118	1559	780	260
67	3118	1559	780	260
68	3118	1559	780	260
69	3118	1559	780	260
70	3418	1709	855	285
71	3418	1709	855	285
72	3418	1709	855	285
73	3418	1709	855	285
74	3418	1709	855	285
75	3612	1806	903	301
76	3612	1806	903	301
77	3612	1806	903	301
78	3612	1806	903	301
79	3612	1806	903	301
80+	3612	1806	903	301

Standard Effective Date: 03/15/2026 Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3391	1696	848	283
66	3584	1792	896	299
67	3584	1792	896	299
68	3584	1792	896	299
69	3584	1792	896	299
70	3929	1965	982	327
71	3929	1965	982	327
72	3929	1965	982	327
73	3929	1965	982	327
74	3929	1965	982	327
75	4152	2076	1038	346
76	4152	2076	1038	346
77	4152	2076	1038	346
78	4152	2076	1038	346
79	4152	2076	1038	346
80+	4152	2076	1038	346

PLAN B - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4607	2304	1152	384
66	4887	2444	1222	407
67	4887	2444	1222	407
68	4887	2444	1222	407
69	4887	2444	1222	407
70	5415	2708	1354	451
71	5415	2708	1354	451
72	5415	2708	1354	451
73	5415	2708	1354	451
74	5415	2708	1354	451
75	5833	2917	1458	486
76	5833	2917	1458	486
77	5833	2917	1458	486
78	5833	2917	1458	486
79	5833	2917	1458	486
80+	5845	2923	1461	487

Standard Effective Date: 03/15/2026 Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5302	2651	1326	442
66	5624	2812	1406	469
67	5624	2812	1406	469
68	5624	2812	1406	469
69	5624	2812	1406	469
70	6231	3116	1558	519
71	6231	3116	1558	519
72	6231	3116	1558	519
73	6231	3116	1558	519
74	6231	3116	1558	519
75	6713	3357	1678	559
76	6713	3357	1678	559
77	6713	3357	1678	559
78	6713	3357	1678	559
79	6713	3357	1678	559
80+	6726	3363	1682	561

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4008	2004	1002	334
66	4251	2126	1063	354
67	4251	2126	1063	354
68	4251	2126	1063	354
69	4251	2126	1063	354
70	4710	2355	1178	393
71	4710	2355	1178	393
72	4710	2355	1178	393
73	4710	2355	1178	393
74	4710	2355	1178	393
75	5074	2537	1269	423
76	5074	2537	1269	423
77	5074	2537	1269	423
78	5074	2537	1269	423
79	5074	2537	1269	423
80+	5084	2542	1271	424

Standard Effective Date: 03/15/2026 Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4607	2304	1152	384
66	4887	2444	1222	407
67	4887	2444	1222	407
68	4887	2444	1222	407
69	4887	2444	1222	407
70	5415	2708	1354	451
71	5415	2708	1354	451
72	5415	2708	1354	451
73	5415	2708	1354	451
74	5415	2708	1354	451
75	5833	2917	1458	486
76	5833	2917	1458	486
77	5833	2917	1458	486
78	5833	2917	1458	486
79	5833	2917	1458	486
80+	5845	2923	1461	487

PLAN C - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5152	2576	1288	429
66	5484	2742	1371	457
67	5484	2742	1371	457
68	5484	2742	1371	457
69	5484	2742	1371	457
70	6154	3077	1539	513
71	6154	3077	1539	513
72	6154	3077	1539	513
73	6154	3077	1539	513
74	6154	3077	1539	513
75	6825	3413	1706	569
76	6825	3413	1706	569
77	6825	3413	1706	569
78	6825	3413	1706	569
79	6825	3413	1706	569
80+	7153	3577	1788	596

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5929	2965	1482	494
66	6311	3156	1578	526
67	6311	3156	1578	526
68	6311	3156	1578	526
69	6311	3156	1578	526
70	7081	3541	1770	590
71	7081	3541	1770	590
72	7081	3541	1770	590
73	7081	3541	1770	590
74	7081	3541	1770	590
75	7853	3927	1963	654
76	7853	3927	1963	654
77	7853	3927	1963	654
78	7853	3927	1963	654
79	7853	3927	1963	654
80+	8232	4116	2058	686

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4481	2241	1120	373
66	4770	2385	1193	398
67	4770	2385	1193	398
68	4770	2385	1193	398
69	4770	2385	1193	398
70	5353	2677	1338	446
71	5353	2677	1338	446
72	5353	2677	1338	446
73	5353	2677	1338	446
74	5353	2677	1338	446
75	5936	2968	1484	495
76	5936	2968	1484	495
77	5936	2968	1484	495
78	5936	2968	1484	495
79	5936	2968	1484	495
80+	6222	3111	1556	519

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5152	2576	1288	429
66	5484	2742	1371	457
67	5484	2742	1371	457
68	5484	2742	1371	457
69	5484	2742	1371	457
70	6154	3077	1539	513
71	6154	3077	1539	513
72	6154	3077	1539	513
73	6154	3077	1539	513
74	6154	3077	1539	513
75	6825	3413	1706	569
76	6825	3413	1706	569
77	6825	3413	1706	569
78	6825	3413	1706	569
79	6825	3413	1706	569
80+	7153	3577	1788	596

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4867	2434	1217	406
66	5200	2600	1300	433
67	5200	2600	1300	433
68	5200	2600	1300	433
69	5200	2600	1300	433
70	5868	2934	1467	489
71	5868	2934	1467	489
72	5868	2934	1467	489
73	5868	2934	1467	489
74	5868	2934	1467	489
75	6540	3270	1635	545
76	6540	3270	1635	545
77	6540	3270	1635	545
78	6540	3270	1635	545
79	6540	3270	1635	545
80+	6870	3435	1718	573

Standard Effective Date: 03/15/2026 Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5601	2801	1400	467
66	5984	2992	1496	499
67	5984	2992	1496	499
68	5984	2992	1496	499
69	5984	2992	1496	499
70	6752	3376	1688	563
71	6752	3376	1688	563
72	6752	3376	1688	563
73	6752	3376	1688	563
74	6752	3376	1688	563
75	7526	3763	1882	627
76	7526	3763	1882	627
77	7526	3763	1882	627
78	7526	3763	1882	627
79	7526	3763	1882	627
80+	7906	3953	1977	659

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4233	2117	1058	353
66	4523	2262	1131	377
67	4523	2262	1131	377
68	4523	2262	1131	377
69	4523	2262	1131	377
70	5104	2552	1276	425
71	5104	2552	1276	425
72	5104	2552	1276	425
73	5104	2552	1276	425
74	5104	2552	1276	425
75	5689	2845	1422	474
76	5689	2845	1422	474
77	5689	2845	1422	474
78	5689	2845	1422	474
79	5689	2845	1422	474
80+	5976	2988	1494	498

Standard Effective Date: 03/15/2026 Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4867	2434	1217	406
66	5200	2600	1300	433
67	5200	2600	1300	433
68	5200	2600	1300	433
69	5200	2600	1300	433
70	5868	2934	1467	489
71	5868	2934	1467	489
72	5868	2934	1467	489
73	5868	2934	1467	489
74	5868	2934	1467	489
75	6540	3270	1635	545
76	6540	3270	1635	545
77	6540	3270	1635	545
78	6540	3270	1635	545
79	6540	3270	1635	545
80+	6870	3435	1718	573

PLAN F - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4780	2390	1195	398
66	5089	2545	1272	424
67	5089	2545	1272	424
68	5089	2545	1272	424
69	5089	2545	1272	424
70	5703	2852	1426	475
71	5703	2852	1426	475
72	5703	2852	1426	475
73	5703	2852	1426	475
74	5703	2852	1426	475
75	6324	3162	1581	527
76	6324	3162	1581	527
77	6324	3162	1581	527
78	6324	3162	1581	527
79	6324	3162	1581	527
80+	6630	3315	1658	553

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5501	2751	1375	458
66	5856	2928	1464	488
67	5856	2928	1464	488
68	5856	2928	1464	488
69	5856	2928	1464	488
70	6563	3282	1641	547
71	6563	3282	1641	547
72	6563	3282	1641	547
73	6563	3282	1641	547
74	6563	3282	1641	547
75	7277	3639	1819	606
76	7277	3639	1819	606
77	7277	3639	1819	606
78	7277	3639	1819	606
79	7277	3639	1819	606
80+	7630	3815	1908	636

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4158	2079	1040	347
66	4427	2214	1107	369
67	4427	2214	1107	369
68	4427	2214	1107	369
69	4427	2214	1107	369
70	4961	2481	1240	413
71	4961	2481	1240	413
72	4961	2481	1240	413
73	4961	2481	1240	413
74	4961	2481	1240	413
75	5501	2751	1375	458
76	5501	2751	1375	458
77	5501	2751	1375	458
78	5501	2751	1375	458
79	5501	2751	1375	458
80+	5767	2884	1442	481

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4780	2390	1195	398
66	5089	2545	1272	424
67	5089	2545	1272	424
68	5089	2545	1272	424
69	5089	2545	1272	424
70	5703	2852	1426	475
71	5703	2852	1426	475
72	5703	2852	1426	475
73	5703	2852	1426	475
74	5703	2852	1426	475
75	6324	3162	1581	527
76	6324	3162	1581	527
77	6324	3162	1581	527
78	6324	3162	1581	527
79	6324	3162	1581	527
80+	6630	3315	1658	553

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1115	558	279	93
66	1202	601	301	100
67	1202	601	301	100
68	1202	601	301	100
69	1202	601	301	100
70	1434	717	359	120
71	1434	717	359	120
72	1434	717	359	120
73	1434	717	359	120
74	1434	717	359	120
75	1846	923	462	154
76	1846	923	462	154
77	1846	923	462	154
78	1846	923	462	154
79	1846	923	462	154
80+	2046	1023	512	171

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	843	422	211	70
66	909	455	227	76
67	909	455	227	76
68	909	455	227	76
69	909	455	227	76
70	1084	542	271	90
71	1084	542	271	90
72	1084	542	271	90
73	1084	542	271	90
74	1084	542	271	90
75	1395	698	349	116
76	1395	698	349	116
77	1395	698	349	116
78	1395	698	349	116
79	1395	698	349	116
80+	1547	774	387	129

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3942	1971	986	329
66	4212	2106	1053	351
67	4212	2106	1053	351
68	4212	2106	1053	351
69	4212	2106	1053	351
70	4752	2376	1188	396
71	4752	2376	1188	396
72	4752	2376	1188	396
73	4752	2376	1188	396
74	4752	2376	1188	396
75	5292	2646	1323	441
76	5292	2646	1323	441
77	5292	2646	1323	441
78	5292	2646	1323	441
79	5292	2646	1323	441
80+	5558	2779	1390	463

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4536	2268	1134	378
66	4847	2424	1212	404
67	4847	2424	1212	404
68	4847	2424	1212	404
69	4847	2424	1212	404
70	5468	2734	1367	456
71	5468	2734	1367	456
72	5468	2734	1367	456
73	5468	2734	1367	456
74	5468	2734	1367	456
75	6090	3045	1523	508
76	6090	3045	1523	508
77	6090	3045	1523	508
78	6090	3045	1523	508
79	6090	3045	1523	508
80+	6396	3198	1599	533

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3429	1715	857	286
66	3664	1832	916	305
67	3664	1832	916	305
68	3664	1832	916	305
69	3664	1832	916	305
70	4133	2067	1033	344
71	4133	2067	1033	344
72	4133	2067	1033	344
73	4133	2067	1033	344
74	4133	2067	1033	344
75	4603	2302	1151	384
76	4603	2302	1151	384
77	4603	2302	1151	384
78	4603	2302	1151	384
79	4603	2302	1151	384
80+	4835	2418	1209	403

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3942	1971	986	329
66	4212	2106	1053	351
67	4212	2106	1053	351
68	4212	2106	1053	351
69	4212	2106	1053	351
70	4752	2376	1188	396
71	4752	2376	1188	396
72	4752	2376	1188	396
73	4752	2376	1188	396
74	4752	2376	1188	396
75	5292	2646	1323	441
76	5292	2646	1323	441
77	5292	2646	1323	441
78	5292	2646	1323	441
79	5292	2646	1323	441
80+	5558	2779	1390	463

PLAN HDG - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

Standard — Effective Date: 03/15/2026 — Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1115	558	279	93
66	1202	601	301	100
67	1202	601	301	100
68	1202	601	301	100
69	1202	601	301	100
70	1434	717	359	120
71	1434	717	359	120
72	1434	717	359	120
73	1434	717	359	120
74	1434	717	359	120
75	1846	923	462	154
76	1846	923	462	154
77	1846	923	462	154
78	1846	923	462	154
79	1846	923	462	154
80+	2046	1023	512	171

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	843	422	211	70
66	909	455	227	76
67	909	455	227	76
68	909	455	227	76
69	909	455	227	76
70	1084	542	271	90
71	1084	542	271	90
72	1084	542	271	90
73	1084	542	271	90
74	1084	542	271	90
75	1395	698	349	116
76	1395	698	349	116
77	1395	698	349	116
78	1395	698	349	116
79	1395	698	349	116
80+	1547	774	387	129

Standard — Effective Date: 03/15/2026 — Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

PLAN N - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2891	1446	723	241
66	3093	1547	773	258
67	3093	1547	773	258
68	3093	1547	773	258
69	3093	1547	773	258
70	3500	1750	875	292
71	3500	1750	875	292
72	3500	1750	875	292
73	3500	1750	875	292
74	3500	1750	875	292
75	3925	1963	981	327
76	3925	1963	981	327
77	3925	1963	981	327
78	3925	1963	981	327
79	3925	1963	981	327
80+	4151	2076	1038	346

Standard Effective Date: 03/15/2026 Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3327	1664	832	277
66	3559	1780	890	297
67	3559	1780	890	297
68	3559	1780	890	297
69	3559	1780	890	297
70	4027	2014	1007	336
71	4027	2014	1007	336
72	4027	2014	1007	336
73	4027	2014	1007	336
74	4027	2014	1007	336
75	4517	2259	1129	376
76	4517	2259	1129	376
77	4517	2259	1129	376
78	4517	2259	1129	376
79	4517	2259	1129	376
80+	4777	2389	1194	398

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2515	1258	629	210
66	2690	1345	673	224
67	2690	1345	673	224
68	2690	1345	673	224
69	2690	1345	673	224
70	3044	1522	761	254
71	3044	1522	761	254
72	3044	1522	761	254
73	3044	1522	761	254
74	3044	1522	761	254
75	3414	1707	854	285
76	3414	1707	854	285
77	3414	1707	854	285
78	3414	1707	854	285
79	3414	1707	854	285
80+	3611	1806	903	301

Standard Effective Date: 03/15/2026 Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2891	1446	723	241
66	3093	1547	773	258
67	3093	1547	773	258
68	3093	1547	773	258
69	3093	1547	773	258
70	3500	1750	875	292
71	3500	1750	875	292
72	3500	1750	875	292
73	3500	1750	875	292
74	3500	1750	875	292
75	3925	1963	981	327
76	3925	1963	981	327
77	3925	1963	981	327
78	3925	1963	981	327
79	3925	1963	981	327
80+	4151	2076	1038	346

PLAN A - AREA 3 (ZIP 330; 334)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3730	1865	933	311
66	3943	1972	986	329
67	3943	1972	986	329
68	3943	1972	986	329
69	3943	1972	986	329
70	4322	2161	1081	360
71	4322	2161	1081	360
72	4322	2161	1081	360
73	4322	2161	1081	360
74	4322	2161	1081	360
75	4568	2284	1142	381
76	4568	2284	1142	381
77	4568	2284	1142	381
78	4568	2284	1142	381
79	4568	2284	1142	381
80+	4568	2284	1142	381

Standard — Effective Date: 03/15/2026 — Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4292	2146	1073	358
66	4537	2269	1134	378
67	4537	2269	1134	378
68	4537	2269	1134	378
69	4537	2269	1134	378
70	4974	2487	1244	415
71	4974	2487	1244	415
72	4974	2487	1244	415
73	4974	2487	1244	415
74	4974	2487	1244	415
75	5256	2628	1314	438
76	5256	2628	1314	438
77	5256	2628	1314	438
78	5256	2628	1314	438
79	5256	2628	1314	438
80+	5256	2628	1314	438

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3245	1623	811	270
66	3429	1715	857	286
67	3429	1715	857	286
68	3429	1715	857	286
69	3429	1715	857	286
70	3760	1880	940	313
71	3760	1880	940	313
72	3760	1880	940	313
73	3760	1880	940	313
74	3760	1880	940	313
75	3973	1987	993	331
76	3973	1987	993	331
77	3973	1987	993	331
78	3973	1987	993	331
79	3973	1987	993	331
80+	3973	1987	993	331

Standard — Effective Date: 03/15/2026 — Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3730	1865	933	311
66	3943	1972	986	329
67	3943	1972	986	329
68	3943	1972	986	329
69	3943	1972	986	329
70	4322	2161	1081	360
71	4322	2161	1081	360
72	4322	2161	1081	360
73	4322	2161	1081	360
74	4322	2161	1081	360
75	4568	2284	1142	381
76	4568	2284	1142	381
77	4568	2284	1142	381
78	4568	2284	1142	381
79	4568	2284	1142	381
80+	4568	2284	1142	381

PLAN B - AREA 3 (ZIP 330; 334)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5068	2534	1267	422
66	5376	2688	1344	448
67	5376	2688	1344	448
68	5376	2688	1344	448
69	5376	2688	1344	448
70	5956	2978	1489	496
71	5956	2978	1489	496
72	5956	2978	1489	496
73	5956	2978	1489	496
74	5956	2978	1489	496
75	6417	3209	1604	535
76	6417	3209	1604	535
77	6417	3209	1604	535
78	6417	3209	1604	535
79	6417	3209	1604	535
80+	6430	3215	1608	536

Standard — Effective Date: 03/15/2026 — Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5832	2916	1458	486
66	6186	3093	1547	516
67	6186	3093	1547	516
68	6186	3093	1547	516
69	6186	3093	1547	516
70	6854	3427	1714	571
71	6854	3427	1714	571
72	6854	3427	1714	571
73	6854	3427	1714	571
74	6854	3427	1714	571
75	7384	3692	1846	615
76	7384	3692	1846	615
77	7384	3692	1846	615
78	7384	3692	1846	615
79	7384	3692	1846	615
80+	7399	3700	1850	617

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4408	2204	1102	367
66	4676	2338	1169	390
67	4676	2338	1169	390
68	4676	2338	1169	390
69	4676	2338	1169	390
70	5181	2591	1295	432
71	5181	2591	1295	432
72	5181	2591	1295	432
73	5181	2591	1295	432
74	5181	2591	1295	432
75	5582	2791	1396	465
76	5582	2791	1396	465
77	5582	2791	1396	465
78	5582	2791	1396	465
79	5582	2791	1396	465
80+	5593	2797	1398	466

Standard — Effective Date: 03/15/2026 — Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5068	2534	1267	422
66	5376	2688	1344	448
67	5376	2688	1344	448
68	5376	2688	1344	448
69	5376	2688	1344	448
70	5956	2978	1489	496
71	5956	2978	1489	496
72	5956	2978	1489	496
73	5956	2978	1489	496
74	5956	2978	1489	496
75	6417	3209	1604	535
76	6417	3209	1604	535
77	6417	3209	1604	535
78	6417	3209	1604	535
79	6417	3209	1604	535
80+	6430	3215	1608	536

PLAN C - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5667	2834	1417	472
66	6033	3017	1508	503
67	6033	3017	1508	503
68	6033	3017	1508	503
69	6033	3017	1508	503
70	6769	3385	1692	564
71	6769	3385	1692	564
72	6769	3385	1692	564
73	6769	3385	1692	564
74	6769	3385	1692	564
75	7507	3754	1877	626
76	7507	3754	1877	626
77	7507	3754	1877	626
78	7507	3754	1877	626
79	7507	3754	1877	626
80+	7869	3935	1967	656

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6522	3261	1631	544
66	6942	3471	1736	579
67	6942	3471	1736	579
68	6942	3471	1736	579
69	6942	3471	1736	579
70	7790	3895	1948	649
71	7790	3895	1948	649
72	7790	3895	1948	649
73	7790	3895	1948	649
74	7790	3895	1948	649
75	8639	4320	2160	720
76	8639	4320	2160	720
77	8639	4320	2160	720
78	8639	4320	2160	720
79	8639	4320	2160	720
80+	9055	4528	2264	755

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4930	2465	1233	411
66	5247	2624	1312	437
67	5247	2624	1312	437
68	5247	2624	1312	437
69	5247	2624	1312	437
70	5888	2944	1472	491
71	5888	2944	1472	491
72	5888	2944	1472	491
73	5888	2944	1472	491
74	5888	2944	1472	491
75	6530	3265	1633	544
76	6530	3265	1633	544
77	6530	3265	1633	544
78	6530	3265	1633	544
79	6530	3265	1633	544
80+	6845	3423	1711	570

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5667	2834	1417	472
66	6033	3017	1508	503
67	6033	3017	1508	503
68	6033	3017	1508	503
69	6033	3017	1508	503
70	6769	3385	1692	564
71	6769	3385	1692	564
72	6769	3385	1692	564
73	6769	3385	1692	564
74	6769	3385	1692	564
75	7507	3754	1877	626
76	7507	3754	1877	626
77	7507	3754	1877	626
78	7507	3754	1877	626
79	7507	3754	1877	626
80+	7869	3935	1967	656

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 3 (ZIP 330; 334)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5354	2677	1339	446
66	5720	2860	1430	477
67	5720	2860	1430	477
68	5720	2860	1430	477
69	5720	2860	1430	477
70	6454	3227	1614	538
71	6454	3227	1614	538
72	6454	3227	1614	538
73	6454	3227	1614	538
74	6454	3227	1614	538
75	7194	3597	1799	600
76	7194	3597	1799	600
77	7194	3597	1799	600
78	7194	3597	1799	600
79	7194	3597	1799	600
80+	7557	3779	1889	630

Standard — Effective Date: 03/15/2026 — Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6161	3081	1540	513
66	6582	3291	1646	549
67	6582	3291	1646	549
68	6582	3291	1646	549
69	6582	3291	1646	549
70	7427	3714	1857	619
71	7427	3714	1857	619
72	7427	3714	1857	619
73	7427	3714	1857	619
74	7427	3714	1857	619
75	8279	4140	2070	690
76	8279	4140	2070	690
77	8279	4140	2070	690
78	8279	4140	2070	690
79	8279	4140	2070	690
80+	8697	4349	2174	725

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4657	2329	1164	388
66	4976	2488	1244	415
67	4976	2488	1244	415
68	4976	2488	1244	415
69	4976	2488	1244	415
70	5614	2807	1404	468
71	5614	2807	1404	468
72	5614	2807	1404	468
73	5614	2807	1404	468
74	5614	2807	1404	468
75	6258	3129	1565	522
76	6258	3129	1565	522
77	6258	3129	1565	522
78	6258	3129	1565	522
79	6258	3129	1565	522
80+	6574	3287	1644	548

Standard — Effective Date: 03/15/2026 — Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5354	2677	1339	446
66	5720	2860	1430	477
67	5720	2860	1430	477
68	5720	2860	1430	477
69	5720	2860	1430	477
70	6454	3227	1614	538
71	6454	3227	1614	538
72	6454	3227	1614	538
73	6454	3227	1614	538
74	6454	3227	1614	538
75	7194	3597	1799	600
76	7194	3597	1799	600
77	7194	3597	1799	600
78	7194	3597	1799	600
79	7194	3597	1799	600
80+	7557	3779	1889	630

PLAN F - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5258	2629	1315	438
66	5598	2799	1400	467
67	5598	2799	1400	467
68	5598	2799	1400	467
69	5598	2799	1400	467
70	6273	3137	1568	523
71	6273	3137	1568	523
72	6273	3137	1568	523
73	6273	3137	1568	523
74	6273	3137	1568	523
75	6956	3478	1739	580
76	6956	3478	1739	580
77	6956	3478	1739	580
78	6956	3478	1739	580
79	6956	3478	1739	580
80+	7293	3647	1823	608

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6051	3026	1513	504
66	6442	3221	1611	537
67	6442	3221	1611	537
68	6442	3221	1611	537
69	6442	3221	1611	537
70	7219	3610	1805	602
71	7219	3610	1805	602
72	7219	3610	1805	602
73	7219	3610	1805	602
74	7219	3610	1805	602
75	8005	4003	2001	667
76	8005	4003	2001	667
77	8005	4003	2001	667
78	8005	4003	2001	667
79	8005	4003	2001	667
80+	8393	4197	2098	699

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4574	2287	1144	381
66	4869	2435	1217	406
67	4869	2435	1217	406
68	4869	2435	1217	406
69	4869	2435	1217	406
70	5457	2729	1364	455
71	5457	2729	1364	455
72	5457	2729	1364	455
73	5457	2729	1364	455
74	5457	2729	1364	455
75	6051	3026	1513	504
76	6051	3026	1513	504
77	6051	3026	1513	504
78	6051	3026	1513	504
79	6051	3026	1513	504
80+	6344	3172	1586	529

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5258	2629	1315	438
66	5598	2799	1400	467
67	5598	2799	1400	467
68	5598	2799	1400	467
69	5598	2799	1400	467
70	6273	3137	1568	523
71	6273	3137	1568	523
72	6273	3137	1568	523
73	6273	3137	1568	523
74	6273	3137	1568	523
75	6956	3478	1739	580
76	6956	3478	1739	580
77	6956	3478	1739	580
78	6956	3478	1739	580
79	6956	3478	1739	580
80+	7293	3647	1823	608

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1226	613	307	102
66	1322	661	331	110
67	1322	661	331	110
68	1322	661	331	110
69	1322	661	331	110
70	1578	789	395	132
71	1578	789	395	132
72	1578	789	395	132
73	1578	789	395	132
74	1578	789	395	132
75	2031	1016	508	169
76	2031	1016	508	169
77	2031	1016	508	169
78	2031	1016	508	169
79	2031	1016	508	169
80+	2251	1126	563	188

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	927	464	232	77
66	999	500	250	83
67	999	500	250	83
68	999	500	250	83
69	999	500	250	83
70	1193	597	298	99
71	1193	597	298	99
72	1193	597	298	99
73	1193	597	298	99
74	1193	597	298	99
75	1535	768	384	128
76	1535	768	384	128
77	1535	768	384	128
78	1535	768	384	128
79	1535	768	384	128
80+	1701	851	425	142

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4336	2168	1084	361
66	4633	2317	1158	386
67	4633	2317	1158	386
68	4633	2317	1158	386
69	4633	2317	1158	386
70	5227	2614	1307	436
71	5227	2614	1307	436
72	5227	2614	1307	436
73	5227	2614	1307	436
74	5227	2614	1307	436
75	5821	2911	1455	485
76	5821	2911	1455	485
77	5821	2911	1455	485
78	5821	2911	1455	485
79	5821	2911	1455	485
80+	6114	3057	1529	510

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4990	2495	1248	416
66	5332	2666	1333	444
67	5332	2666	1333	444
68	5332	2666	1333	444
69	5332	2666	1333	444
70	6015	3008	1504	501
71	6015	3008	1504	501
72	6015	3008	1504	501
73	6015	3008	1504	501
74	6015	3008	1504	501
75	6699	3350	1675	558
76	6699	3350	1675	558
77	6699	3350	1675	558
78	6699	3350	1675	558
79	6699	3350	1675	558
80+	7035	3518	1759	586

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3772	1886	943	314
66	4030	2015	1008	336
67	4030	2015	1008	336
68	4030	2015	1008	336
69	4030	2015	1008	336
70	4546	2273	1137	379
71	4546	2273	1137	379
72	4546	2273	1137	379
73	4546	2273	1137	379
74	4546	2273	1137	379
75	5064	2532	1266	422
76	5064	2532	1266	422
77	5064	2532	1266	422
78	5064	2532	1266	422
79	5064	2532	1266	422
80+	5318	2659	1330	443

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4336	2168	1084	361
66	4633	2317	1158	386
67	4633	2317	1158	386
68	4633	2317	1158	386
69	4633	2317	1158	386
70	5227	2614	1307	436
71	5227	2614	1307	436
72	5227	2614	1307	436
73	5227	2614	1307	436
74	5227	2614	1307	436
75	5821	2911	1455	485
76	5821	2911	1455	485
77	5821	2911	1455	485
78	5821	2911	1455	485
79	5821	2911	1455	485
80+	6114	3057	1529	510

PLAN HDG - AREA 3 (ZIP 330; 334)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

Standard — Effective Date: 03/15/2026 — Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1226	613	307	102
66	1322	661	331	110
67	1322	661	331	110
68	1322	661	331	110
69	1322	661	331	110
70	1578	789	395	132
71	1578	789	395	132
72	1578	789	395	132
73	1578	789	395	132
74	1578	789	395	132
75	2031	1016	508	169
76	2031	1016	508	169
77	2031	1016	508	169
78	2031	1016	508	169
79	2031	1016	508	169
80+	2251	1126	563	188

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	927	464	232	77
66	999	500	250	83
67	999	500	250	83
68	999	500	250	83
69	999	500	250	83
70	1193	597	298	99
71	1193	597	298	99
72	1193	597	298	99
73	1193	597	298	99
74	1193	597	298	99
75	1535	768	384	128
76	1535	768	384	128
77	1535	768	384	128
78	1535	768	384	128
79	1535	768	384	128
80+	1701	851	425	142

Standard — Effective Date: 03/15/2026 — Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

PLAN N - AREA 3 (ZIP 330; 334)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3180	1590	795	265
66	3402	1701	851	284
67	3402	1701	851	284
68	3402	1701	851	284
69	3402	1701	851	284
70	3850	1925	963	321
71	3850	1925	963	321
72	3850	1925	963	321
73	3850	1925	963	321
74	3850	1925	963	321
75	4317	2159	1079	360
76	4317	2159	1079	360
77	4317	2159	1079	360
78	4317	2159	1079	360
79	4317	2159	1079	360
80+	4566	2283	1142	381

Standard — Effective Date: 03/15/2026 — Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3660	1830	915	305
66	3915	1958	979	326
67	3915	1958	979	326
68	3915	1958	979	326
69	3915	1958	979	326
70	4430	2215	1108	369
71	4430	2215	1108	369
72	4430	2215	1108	369
73	4430	2215	1108	369
74	4430	2215	1108	369
75	4968	2484	1242	414
76	4968	2484	1242	414
77	4968	2484	1242	414
78	4968	2484	1242	414
79	4968	2484	1242	414
80+	5255	2628	1314	438

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2766	1383	692	231
66	2959	1480	740	247
67	2959	1480	740	247
68	2959	1480	740	247
69	2959	1480	740	247
70	3349	1675	837	279
71	3349	1675	837	279
72	3349	1675	837	279
73	3349	1675	837	279
74	3349	1675	837	279
75	3755	1878	939	313
76	3755	1878	939	313
77	3755	1878	939	313
78	3755	1878	939	313
79	3755	1878	939	313
80+	3972	1986	993	331

Standard — Effective Date: 03/15/2026 — Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3180	1590	795	265
66	3402	1701	851	284
67	3402	1701	851	284
68	3402	1701	851	284
69	3402	1701	851	284
70	3850	1925	963	321
71	3850	1925	963	321
72	3850	1925	963	321
73	3850	1925	963	321
74	3850	1925	963	321
75	4317	2159	1079	360
76	4317	2159	1079	360
77	4317	2159	1079	360
78	4317	2159	1079	360
79	4317	2159	1079	360
80+	4566	2283	1142	381

PLAN A - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4069	2035	1017	339
66	4301	2151	1075	358
67	4301	2151	1075	358
68	4301	2151	1075	358
69	4301	2151	1075	358
70	4715	2358	1179	393
71	4715	2358	1179	393
72	4715	2358	1179	393
73	4715	2358	1179	393
74	4715	2358	1179	393
75	4983	2492	1246	415
76	4983	2492	1246	415
77	4983	2492	1246	415
78	4983	2492	1246	415
79	4983	2492	1246	415
80+	4983	2492	1246	415

Standard Effective Date: 03/15/2026 Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4682	2341	1171	390
66	4949	2475	1237	412
67	4949	2475	1237	412
68	4949	2475	1237	412
69	4949	2475	1237	412
70	5426	2713	1357	452
71	5426	2713	1357	452
72	5426	2713	1357	452
73	5426	2713	1357	452
74	5426	2713	1357	452
75	5734	2867	1434	478
76	5734	2867	1434	478
77	5734	2867	1434	478
78	5734	2867	1434	478
79	5734	2867	1434	478
80+	5734	2867	1434	478

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3539	1770	885	295
66	3741	1871	935	312
67	3741	1871	935	312
68	3741	1871	935	312
69	3741	1871	935	312
70	4101	2051	1025	342
71	4101	2051	1025	342
72	4101	2051	1025	342
73	4101	2051	1025	342
74	4101	2051	1025	342
75	4334	2167	1084	361
76	4334	2167	1084	361
77	4334	2167	1084	361
78	4334	2167	1084	361
79	4334	2167	1084	361
80+	4334	2167	1084	361

Standard Effective Date: 03/15/2026 Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4069	2035	1017	339
66	4301	2151	1075	358
67	4301	2151	1075	358
68	4301	2151	1075	358
69	4301	2151	1075	358
70	4715	2358	1179	393
71	4715	2358	1179	393
72	4715	2358	1179	393
73	4715	2358	1179	393
74	4715	2358	1179	393
75	4983	2492	1246	415
76	4983	2492	1246	415
77	4983	2492	1246	415
78	4983	2492	1246	415
79	4983	2492	1246	415
80+	4983	2492	1246	415

PLAN B - AREA 4 (ZIP 331-333)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5529	2765	1382	461
66	5865	2933	1466	489
67	5865	2933	1466	489
68	5865	2933	1466	489
69	5865	2933	1466	489
70	6498	3249	1625	542
71	6498	3249	1625	542
72	6498	3249	1625	542
73	6498	3249	1625	542
74	6498	3249	1625	542
75	7000	3500	1750	583
76	7000	3500	1750	583
77	7000	3500	1750	583
78	7000	3500	1750	583
79	7000	3500	1750	583
80+	7014	3507	1754	585

Standard — Effective Date: 03/15/2026 — Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6362	3181	1591	530
66	6749	3375	1687	562
67	6749	3375	1687	562
68	6749	3375	1687	562
69	6749	3375	1687	562
70	7477	3739	1869	623
71	7477	3739	1869	623
72	7477	3739	1869	623
73	7477	3739	1869	623
74	7477	3739	1869	623
75	8055	4028	2014	671
76	8055	4028	2014	671
77	8055	4028	2014	671
78	8055	4028	2014	671
79	8055	4028	2014	671
80+	8072	4036	2018	673

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4809	2405	1202	401
66	5101	2551	1275	425
67	5101	2551	1275	425
68	5101	2551	1275	425
69	5101	2551	1275	425
70	5652	2826	1413	471
71	5652	2826	1413	471
72	5652	2826	1413	471
73	5652	2826	1413	471
74	5652	2826	1413	471
75	6089	3045	1522	507
76	6089	3045	1522	507
77	6089	3045	1522	507
78	6089	3045	1522	507
79	6089	3045	1522	507
80+	6101	3051	1525	508

Standard — Effective Date: 03/15/2026 — Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5529	2765	1382	461
66	5865	2933	1466	489
67	5865	2933	1466	489
68	5865	2933	1466	489
69	5865	2933	1466	489
70	6498	3249	1625	542
71	6498	3249	1625	542
72	6498	3249	1625	542
73	6498	3249	1625	542
74	6498	3249	1625	542
75	7000	3500	1750	583
76	7000	3500	1750	583
77	7000	3500	1750	583
78	7000	3500	1750	583
79	7000	3500	1750	583
80+	7014	3507	1754	585

PLAN C - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6182	3091	1546	515
66	6581	3291	1645	548
67	6581	3291	1645	548
68	6581	3291	1645	548
69	6581	3291	1645	548
70	7385	3693	1846	615
71	7385	3693	1846	615
72	7385	3693	1846	615
73	7385	3693	1846	615
74	7385	3693	1846	615
75	8189	4095	2047	682
76	8189	4095	2047	682
77	8189	4095	2047	682
78	8189	4095	2047	682
79	8189	4095	2047	682
80+	8584	4292	2146	715

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	7114	3557	1779	593
66	7573	3787	1893	631
67	7573	3787	1893	631
68	7573	3787	1893	631
69	7573	3787	1893	631
70	8498	4249	2125	708
71	8498	4249	2125	708
72	8498	4249	2125	708
73	8498	4249	2125	708
74	8498	4249	2125	708
75	9424	4712	2356	785
76	9424	4712	2356	785
77	9424	4712	2356	785
78	9424	4712	2356	785
79	9424	4712	2356	785
80+	9878	4939	2470	823

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5378	2689	1345	448
66	5724	2862	1431	477
67	5724	2862	1431	477
68	5724	2862	1431	477
69	5724	2862	1431	477
70	6423	3212	1606	535
71	6423	3212	1606	535
72	6423	3212	1606	535
73	6423	3212	1606	535
74	6423	3212	1606	535
75	7124	3562	1781	594
76	7124	3562	1781	594
77	7124	3562	1781	594
78	7124	3562	1781	594
79	7124	3562	1781	594
80+	7467	3734	1867	622

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6182	3091	1546	515
66	6581	3291	1645	548
67	6581	3291	1645	548
68	6581	3291	1645	548
69	6581	3291	1645	548
70	7385	3693	1846	615
71	7385	3693	1846	615
72	7385	3693	1846	615
73	7385	3693	1846	615
74	7385	3693	1846	615
75	8189	4095	2047	682
76	8189	4095	2047	682
77	8189	4095	2047	682
78	8189	4095	2047	682
79	8189	4095	2047	682
80+	8584	4292	2146	715

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 4 (ZIP 331-333)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5840	2920	1460	487
66	6240	3120	1560	520
67	6240	3120	1560	520
68	6240	3120	1560	520
69	6240	3120	1560	520
70	7041	3521	1760	587
71	7041	3521	1760	587
72	7041	3521	1760	587
73	7041	3521	1760	587
74	7041	3521	1760	587
75	7849	3925	1962	654
76	7849	3925	1962	654
77	7849	3925	1962	654
78	7849	3925	1962	654
79	7849	3925	1962	654
80+	8245	4123	2061	687

Standard — Effective Date: 03/15/2026 — Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6721	3361	1680	560
66	7181	3591	1795	598
67	7181	3591	1795	598
68	7181	3591	1795	598
69	7181	3591	1795	598
70	8103	4052	2026	675
71	8103	4052	2026	675
72	8103	4052	2026	675
73	8103	4052	2026	675
74	8103	4052	2026	675
75	9032	4516	2258	753
76	9032	4516	2258	753
77	9032	4516	2258	753
78	9032	4516	2258	753
79	9032	4516	2258	753
80+	9487	4744	2372	791

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5080	2540	1270	423
66	5428	2714	1357	452
67	5428	2714	1357	452
68	5428	2714	1357	452
69	5428	2714	1357	452
70	6125	3063	1531	510
71	6125	3063	1531	510
72	6125	3063	1531	510
73	6125	3063	1531	510
74	6125	3063	1531	510
75	6827	3414	1707	569
76	6827	3414	1707	569
77	6827	3414	1707	569
78	6827	3414	1707	569
79	6827	3414	1707	569
80+	7172	3586	1793	598

Standard — Effective Date: 03/15/2026 — Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5840	2920	1460	487
66	6240	3120	1560	520
67	6240	3120	1560	520
68	6240	3120	1560	520
69	6240	3120	1560	520
70	7041	3521	1760	587
71	7041	3521	1760	587
72	7041	3521	1760	587
73	7041	3521	1760	587
74	7041	3521	1760	587
75	7849	3925	1962	654
76	7849	3925	1962	654
77	7849	3925	1962	654
78	7849	3925	1962	654
79	7849	3925	1962	654
80+	8245	4123	2061	687

PLAN F - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5736	2868	1434	478
66	6107	3054	1527	509
67	6107	3054	1527	509
68	6107	3054	1527	509
69	6107	3054	1527	509
70	6844	3422	1711	570
71	6844	3422	1711	570
72	6844	3422	1711	570
73	6844	3422	1711	570
74	6844	3422	1711	570
75	7588	3794	1897	632
76	7588	3794	1897	632
77	7588	3794	1897	632
78	7588	3794	1897	632
79	7588	3794	1897	632
80+	7956	3978	1989	663

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6601	3301	1650	550
66	7027	3514	1757	586
67	7027	3514	1757	586
68	7027	3514	1757	586
69	7027	3514	1757	586
70	7875	3938	1969	656
71	7875	3938	1969	656
72	7875	3938	1969	656
73	7875	3938	1969	656
74	7875	3938	1969	656
75	8732	4366	2183	728
76	8732	4366	2183	728
77	8732	4366	2183	728
78	8732	4366	2183	728
79	8732	4366	2183	728
80+	9156	4578	2289	763

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4990	2495	1248	416
66	5312	2656	1328	443
67	5312	2656	1328	443
68	5312	2656	1328	443
69	5312	2656	1328	443
70	5953	2977	1488	496
71	5953	2977	1488	496
72	5953	2977	1488	496
73	5953	2977	1488	496
74	5953	2977	1488	496
75	6601	3301	1650	550
76	6601	3301	1650	550
77	6601	3301	1650	550
78	6601	3301	1650	550
79	6601	3301	1650	550
80+	6921	3461	1730	577

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5736	2868	1434	478
66	6107	3054	1527	509
67	6107	3054	1527	509
68	6107	3054	1527	509
69	6107	3054	1527	509
70	6844	3422	1711	570
71	6844	3422	1711	570
72	6844	3422	1711	570
73	6844	3422	1711	570
74	6844	3422	1711	570
75	7588	3794	1897	632
76	7588	3794	1897	632
77	7588	3794	1897	632
78	7588	3794	1897	632
79	7588	3794	1897	632
80+	7956	3978	1989	663

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1338	669	335	112
66	1442	721	361	120
67	1442	721	361	120
68	1442	721	361	120
69	1442	721	361	120
70	1721	861	430	143
71	1721	861	430	143
72	1721	861	430	143
73	1721	861	430	143
74	1721	861	430	143
75	2215	1108	554	185
76	2215	1108	554	185
77	2215	1108	554	185
78	2215	1108	554	185
79	2215	1108	554	185
80+	2456	1228	614	205

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1011	506	253	84
66	1090	545	273	91
67	1090	545	273	91
68	1090	545	273	91
69	1090	545	273	91
70	1301	651	325	108
71	1301	651	325	108
72	1301	651	325	108
73	1301	651	325	108
74	1301	651	325	108
75	1674	837	419	140
76	1674	837	419	140
77	1674	837	419	140
78	1674	837	419	140
79	1674	837	419	140
80+	1856	928	464	155

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 4 (ZIP 331-333)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4730	2365	1183	394
66	5055	2528	1264	421
67	5055	2528	1264	421
68	5055	2528	1264	421
69	5055	2528	1264	421
70	5702	2851	1426	475
71	5702	2851	1426	475
72	5702	2851	1426	475
73	5702	2851	1426	475
74	5702	2851	1426	475
75	6350	3175	1588	529
76	6350	3175	1588	529
77	6350	3175	1588	529
78	6350	3175	1588	529
79	6350	3175	1588	529
80+	6669	3335	1667	556

Standard — Effective Date: 03/15/2026 — Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5443	2722	1361	454
66	5817	2909	1454	485
67	5817	2909	1454	485
68	5817	2909	1454	485
69	5817	2909	1454	485
70	6561	3281	1640	547
71	6561	3281	1640	547
72	6561	3281	1640	547
73	6561	3281	1640	547
74	6561	3281	1640	547
75	7308	3654	1827	609
76	7308	3654	1827	609
77	7308	3654	1827	609
78	7308	3654	1827	609
79	7308	3654	1827	609
80+	7675	3838	1919	640

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4115	2058	1029	343
66	4397	2199	1099	366
67	4397	2199	1099	366
68	4397	2199	1099	366
69	4397	2199	1099	366
70	4960	2480	1240	413
71	4960	2480	1240	413
72	4960	2480	1240	413
73	4960	2480	1240	413
74	4960	2480	1240	413
75	5524	2762	1381	460
76	5524	2762	1381	460
77	5524	2762	1381	460
78	5524	2762	1381	460
79	5524	2762	1381	460
80+	5801	2901	1450	483

Standard — Effective Date: 03/15/2026 — Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4730	2365	1183	394
66	5055	2528	1264	421
67	5055	2528	1264	421
68	5055	2528	1264	421
69	5055	2528	1264	421
70	5702	2851	1426	475
71	5702	2851	1426	475
72	5702	2851	1426	475
73	5702	2851	1426	475
74	5702	2851	1426	475
75	6350	3175	1588	529
76	6350	3175	1588	529
77	6350	3175	1588	529
78	6350	3175	1588	529
79	6350	3175	1588	529
80+	6669	3335	1667	556

PLAN HDG - AREA 4 (ZIP 331-333)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

Standard — Effective Date: 03/15/2026 — Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1338	669	335	112
66	1442	721	361	120
67	1442	721	361	120
68	1442	721	361	120
69	1442	721	361	120
70	1721	861	430	143
71	1721	861	430	143
72	1721	861	430	143
73	1721	861	430	143
74	1721	861	430	143
75	2215	1108	554	185
76	2215	1108	554	185
77	2215	1108	554	185
78	2215	1108	554	185
79	2215	1108	554	185
80+	2456	1228	614	205

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1011	506	253	84
66	1090	545	273	91
67	1090	545	273	91
68	1090	545	273	91
69	1090	545	273	91
70	1301	651	325	108
71	1301	651	325	108
72	1301	651	325	108
73	1301	651	325	108
74	1301	651	325	108
75	1674	837	419	140
76	1674	837	419	140
77	1674	837	419	140
78	1674	837	419	140
79	1674	837	419	140
80+	1856	928	464	155

Standard — Effective Date: 03/15/2026 — Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

PLAN N - AREA 4 (ZIP 331-333)

Male

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3469	1735	867	289
66	3712	1856	928	309
67	3712	1856	928	309
68	3712	1856	928	309
69	3712	1856	928	309
70	4200	2100	1050	350
71	4200	2100	1050	350
72	4200	2100	1050	350
73	4200	2100	1050	350
74	4200	2100	1050	350
75	4710	2355	1178	393
76	4710	2355	1178	393
77	4710	2355	1178	393
78	4710	2355	1178	393
79	4710	2355	1178	393
80+	4982	2491	1246	415

Standard — Effective Date: 03/15/2026 — Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3992	1996	998	333
66	4271	2136	1068	356
67	4271	2136	1068	356
68	4271	2136	1068	356
69	4271	2136	1068	356
70	4833	2417	1208	403
71	4833	2417	1208	403
72	4833	2417	1208	403
73	4833	2417	1208	403
74	4833	2417	1208	403
75	5420	2710	1355	452
76	5420	2710	1355	452
77	5420	2710	1355	452
78	5420	2710	1355	452
79	5420	2710	1355	452
80+	5733	2867	1433	478

Female

Preferred — Effective Date: 03/15/2026 — Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3018	1509	755	252
66	3228	1614	807	269
67	3228	1614	807	269
68	3228	1614	807	269
69	3228	1614	807	269
70	3653	1827	913	304
71	3653	1827	913	304
72	3653	1827	913	304
73	3653	1827	913	304
74	3653	1827	913	304
75	4097	2049	1024	341
76	4097	2049	1024	341
77	4097	2049	1024	341
78	4097	2049	1024	341
79	4097	2049	1024	341
80+	4333	2167	1083	361

Standard — Effective Date: 03/15/2026 — Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3469	1735	867	289
66	3712	1856	928	309
67	3712	1856	928	309
68	3712	1856	928	309
69	3712	1856	928	309
70	4200	2100	1050	350
71	4200	2100	1050	350
72	4200	2100	1050	350
73	4200	2100	1050	350
74	4200	2100	1050	350
75	4710	2355	1178	393
76	4710	2355	1178	393
77	4710	2355	1178	393
78	4710	2355	1178	393
79	4710	2355	1178	393
80+	4982	2491	1246	415

UNITED AMERICAN INSURANCE COMPANY

P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Nebraska Stock Company • Administrative Offices: McKinney, Texas

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

Benefit Plans A, B, C, D, F, HDF, G, HDG, and N

NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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]				

* Denotes plans available by United American Insurance Company

Note: A ✓means 100% of the benefit is paid.
+Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A available.

[1] Plans F and G also have a high deductible option which requires 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 Plans F and G do not cover the separate Foreign travel emergency deductible. 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.

[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 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.

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

PREMIUM INFORMATION

We, United American Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state.

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 United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070. 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 your medical costs.

Neither United American 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.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, and it is NOT an "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company many cancel your policy and refuse to pay any claims if you make misstatements or leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" time frames, please go to the following link on the Medicare.gov website:

http://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy provides a 31-day grace period.

PLAN A - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3052	1526	763	254
66	3226	1613	807	269
67	3226	1613	807	269
68	3226	1613	807	269
69	3226	1613	807	269
70	3536	1768	884	295
71	3536	1768	884	295
72	3536	1768	884	295
73	3536	1768	884	295
74	3536	1768	884	295
75	3737	1869	934	311
76	3737	1869	934	311
77	3737	1869	934	311
78	3737	1869	934	311
79	3737	1869	934	311
80+	3737	1869	934	311

Standard Effective Date: 03/15/2026 Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3512	1756	878	293
66	3712	1856	928	309
67	3712	1856	928	309
68	3712	1856	928	309
69	3712	1856	928	309
70	4069	2035	1017	339
71	4069	2035	1017	339
72	4069	2035	1017	339
73	4069	2035	1017	339
74	4069	2035	1017	339
75	4301	2151	1075	358
76	4301	2151	1075	358
77	4301	2151	1075	358
78	4301	2151	1075	358
79	4301	2151	1075	358
80+	4301	2151	1075	358

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2655	1328	664	221
66	2806	1403	702	234
67	2806	1403	702	234
68	2806	1403	702	234
69	2806	1403	702	234
70	3076	1538	769	256
71	3076	1538	769	256
72	3076	1538	769	256
73	3076	1538	769	256
74	3076	1538	769	256
75	3251	1626	813	271
76	3251	1626	813	271
77	3251	1626	813	271
78	3251	1626	813	271
79	3251	1626	813	271
80+	3251	1626	813	271

Standard Effective Date: 03/15/2026 Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3052	1526	763	254
66	3226	1613	807	269
67	3226	1613	807	269
68	3226	1613	807	269
69	3226	1613	807	269
70	3536	1768	884	295
71	3536	1768	884	295
72	3536	1768	884	295
73	3536	1768	884	295
74	3536	1768	884	295
75	3737	1869	934	311
76	3737	1869	934	311
77	3737	1869	934	311
78	3737	1869	934	311
79	3737	1869	934	311
80+	3737	1869	934	311

PLAN B - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4147	2074	1037	346
66	4398	2199	1100	367
67	4398	2199	1100	367
68	4398	2199	1100	367
69	4398	2199	1100	367
70	4873	2437	1218	406
71	4873	2437	1218	406
72	4873	2437	1218	406
73	4873	2437	1218	406
74	4873	2437	1218	406
75	5250	2625	1313	438
76	5250	2625	1313	438
77	5250	2625	1313	438
78	5250	2625	1313	438
79	5250	2625	1313	438
80+	5261	2631	1315	438

Standard Effective Date: 03/15/2026 Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4772	2386	1193	398
66	5062	2531	1266	422
67	5062	2531	1266	422
68	5062	2531	1266	422
69	5062	2531	1266	422
70	5608	2804	1402	467
71	5608	2804	1402	467
72	5608	2804	1402	467
73	5608	2804	1402	467
74	5608	2804	1402	467
75	6042	3021	1511	504
76	6042	3021	1511	504
77	6042	3021	1511	504
78	6042	3021	1511	504
79	6042	3021	1511	504
80+	6054	3027	1514	505

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3607	1804	902	301
66	3826	1913	957	319
67	3826	1913	957	319
68	3826	1913	957	319
69	3826	1913	957	319
70	4239	2120	1060	353
71	4239	2120	1060	353
72	4239	2120	1060	353
73	4239	2120	1060	353
74	4239	2120	1060	353
75	4567	2284	1142	381
76	4567	2284	1142	381
77	4567	2284	1142	381
78	4567	2284	1142	381
79	4567	2284	1142	381
80+	4576	2288	1144	381

Standard Effective Date: 03/15/2026 Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4147	2074	1037	346
66	4398	2199	1100	367
67	4398	2199	1100	367
68	4398	2199	1100	367
69	4398	2199	1100	367
70	4873	2437	1218	406
71	4873	2437	1218	406
72	4873	2437	1218	406
73	4873	2437	1218	406
74	4873	2437	1218	406
75	5250	2625	1313	438
76	5250	2625	1313	438
77	5250	2625	1313	438
78	5250	2625	1313	438
79	5250	2625	1313	438
80+	5261	2631	1315	438

PLAN C - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4637	2319	1159	386
66	4936	2468	1234	411
67	4936	2468	1234	411
68	4936	2468	1234	411
69	4936	2468	1234	411
70	5538	2769	1385	462
71	5538	2769	1385	462
72	5538	2769	1385	462
73	5538	2769	1385	462
74	5538	2769	1385	462
75	6142	3071	1536	512
76	6142	3071	1536	512
77	6142	3071	1536	512
78	6142	3071	1536	512
79	6142	3071	1536	512
80+	6438	3219	1610	537

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5336	2668	1334	445
66	5680	2840	1420	473
67	5680	2840	1420	473
68	5680	2840	1420	473
69	5680	2840	1420	473
70	6373	3187	1593	531
71	6373	3187	1593	531
72	6373	3187	1593	531
73	6373	3187	1593	531
74	6373	3187	1593	531
75	7068	3534	1767	589
76	7068	3534	1767	589
77	7068	3534	1767	589
78	7068	3534	1767	589
79	7068	3534	1767	589
80+	7409	3705	1852	617

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4033	2017	1008	336
66	4293	2147	1073	358
67	4293	2147	1073	358
68	4293	2147	1073	358
69	4293	2147	1073	358
70	4818	2409	1205	402
71	4818	2409	1205	402
72	4818	2409	1205	402
73	4818	2409	1205	402
74	4818	2409	1205	402
75	5343	2672	1336	445
76	5343	2672	1336	445
77	5343	2672	1336	445
78	5343	2672	1336	445
79	5343	2672	1336	445
80+	5600	2800	1400	467

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4637	2319	1159	386
66	4936	2468	1234	411
67	4936	2468	1234	411
68	4936	2468	1234	411
69	4936	2468	1234	411
70	5538	2769	1385	462
71	5538	2769	1385	462
72	5538	2769	1385	462
73	5538	2769	1385	462
74	5538	2769	1385	462
75	6142	3071	1536	512
76	6142	3071	1536	512
77	6142	3071	1536	512
78	6142	3071	1536	512
79	6142	3071	1536	512
80+	6438	3219	1610	537

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4380	2190	1095	365
66	4680	2340	1170	390
67	4680	2340	1170	390
68	4680	2340	1170	390
69	4680	2340	1170	390
70	5281	2641	1320	440
71	5281	2641	1320	440
72	5281	2641	1320	440
73	5281	2641	1320	440
74	5281	2641	1320	440
75	5886	2943	1472	491
76	5886	2943	1472	491
77	5886	2943	1472	491
78	5886	2943	1472	491
79	5886	2943	1472	491
80+	6183	3092	1546	515

Standard Effective Date: 03/15/2026 Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5040	2520	1260	420
66	5386	2693	1347	449
67	5386	2693	1347	449
68	5386	2693	1347	449
69	5386	2693	1347	449
70	6077	3039	1519	506
71	6077	3039	1519	506
72	6077	3039	1519	506
73	6077	3039	1519	506
74	6077	3039	1519	506
75	6774	3387	1694	565
76	6774	3387	1694	565
77	6774	3387	1694	565
78	6774	3387	1694	565
79	6774	3387	1694	565
80+	7116	3558	1779	593

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3810	1905	953	318
66	4071	2036	1018	339
67	4071	2036	1018	339
68	4071	2036	1018	339
69	4071	2036	1018	339
70	4594	2297	1149	383
71	4594	2297	1149	383
72	4594	2297	1149	383
73	4594	2297	1149	383
74	4594	2297	1149	383
75	5120	2560	1280	427
76	5120	2560	1280	427
77	5120	2560	1280	427
78	5120	2560	1280	427
79	5120	2560	1280	427
80+	5379	2690	1345	448

Standard Effective Date: 03/15/2026 Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4380	2190	1095	365
66	4680	2340	1170	390
67	4680	2340	1170	390
68	4680	2340	1170	390
69	4680	2340	1170	390
70	5281	2641	1320	440
71	5281	2641	1320	440
72	5281	2641	1320	440
73	5281	2641	1320	440
74	5281	2641	1320	440
75	5886	2943	1472	491
76	5886	2943	1472	491
77	5886	2943	1472	491
78	5886	2943	1472	491
79	5886	2943	1472	491
80+	6183	3092	1546	515

PLAN F - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4302	2151	1076	359
66	4580	2290	1145	382
67	4580	2290	1145	382
68	4580	2290	1145	382
69	4580	2290	1145	382
70	5133	2567	1283	428
71	5133	2567	1283	428
72	5133	2567	1283	428
73	5133	2567	1283	428
74	5133	2567	1283	428
75	5691	2846	1423	474
76	5691	2846	1423	474
77	5691	2846	1423	474
78	5691	2846	1423	474
79	5691	2846	1423	474
80+	5967	2984	1492	497

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4951	2476	1238	413
66	5271	2636	1318	439
67	5271	2636	1318	439
68	5271	2636	1318	439
69	5271	2636	1318	439
70	5907	2954	1477	492
71	5907	2954	1477	492
72	5907	2954	1477	492
73	5907	2954	1477	492
74	5907	2954	1477	492
75	6549	3275	1637	546
76	6549	3275	1637	546
77	6549	3275	1637	546
78	6549	3275	1637	546
79	6549	3275	1637	546
80+	6867	3434	1717	572

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3742	1871	936	312
66	3984	1992	996	332
67	3984	1992	996	332
68	3984	1992	996	332
69	3984	1992	996	332
70	4465	2233	1116	372
71	4465	2233	1116	372
72	4465	2233	1116	372
73	4465	2233	1116	372
74	4465	2233	1116	372
75	4951	2476	1238	413
76	4951	2476	1238	413
77	4951	2476	1238	413
78	4951	2476	1238	413
79	4951	2476	1238	413
80+	5191	2596	1298	433

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4302	2151	1076	359
66	4580	2290	1145	382
67	4580	2290	1145	382
68	4580	2290	1145	382
69	4580	2290	1145	382
70	5133	2567	1283	428
71	5133	2567	1283	428
72	5133	2567	1283	428
73	5133	2567	1283	428
74	5133	2567	1283	428
75	5691	2846	1423	474
76	5691	2846	1423	474
77	5691	2846	1423	474
78	5691	2846	1423	474
79	5691	2846	1423	474
80+	5967	2984	1492	497

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1003	502	251	84
66	1082	541	271	90
67	1082	541	271	90
68	1082	541	271	90
69	1082	541	271	90
70	1291	646	323	108
71	1291	646	323	108
72	1291	646	323	108
73	1291	646	323	108
74	1291	646	323	108
75	1661	831	415	138
76	1661	831	415	138
77	1661	831	415	138
78	1661	831	415	138
79	1661	831	415	138
80+	1842	921	461	154

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	758	379	190	63
66	818	409	205	68
67	818	409	205	68
68	818	409	205	68
69	818	409	205	68
70	976	488	244	81
71	976	488	244	81
72	976	488	244	81
73	976	488	244	81
74	976	488	244	81
75	1256	628	314	105
76	1256	628	314	105
77	1256	628	314	105
78	1256	628	314	105
79	1256	628	314	105
80+	1392	696	348	116

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3548	1774	887	296
66	3791	1896	948	316
67	3791	1896	948	316
68	3791	1896	948	316
69	3791	1896	948	316
70	4276	2138	1069	356
71	4276	2138	1069	356
72	4276	2138	1069	356
73	4276	2138	1069	356
74	4276	2138	1069	356
75	4763	2382	1191	397
76	4763	2382	1191	397
77	4763	2382	1191	397
78	4763	2382	1191	397
79	4763	2382	1191	397
80+	5002	2501	1251	417

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4083	2042	1021	340
66	4362	2181	1091	364
67	4362	2181	1091	364
68	4362	2181	1091	364
69	4362	2181	1091	364
70	4921	2461	1230	410
71	4921	2461	1230	410
72	4921	2461	1230	410
73	4921	2461	1230	410
74	4921	2461	1230	410
75	5481	2741	1370	457
76	5481	2741	1370	457
77	5481	2741	1370	457
78	5481	2741	1370	457
79	5481	2741	1370	457
80+	5756	2878	1439	480

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3086	1543	772	257
66	3298	1649	825	275
67	3298	1649	825	275
68	3298	1649	825	275
69	3298	1649	825	275
70	3720	1860	930	310
71	3720	1860	930	310
72	3720	1860	930	310
73	3720	1860	930	310
74	3720	1860	930	310
75	4143	2072	1036	345
76	4143	2072	1036	345
77	4143	2072	1036	345
78	4143	2072	1036	345
79	4143	2072	1036	345
80+	4351	2176	1088	363

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3548	1774	887	296
66	3791	1896	948	316
67	3791	1896	948	316
68	3791	1896	948	316
69	3791	1896	948	316
70	4276	2138	1069	356
71	4276	2138	1069	356
72	4276	2138	1069	356
73	4276	2138	1069	356
74	4276	2138	1069	356
75	4763	2382	1191	397
76	4763	2382	1191	397
77	4763	2382	1191	397
78	4763	2382	1191	397
79	4763	2382	1191	397
80+	5002	2501	1251	417

PLAN HDG - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

Standard Effective Date: 03/15/2026 Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1003	502	251	84
66	1082	541	271	90
67	1082	541	271	90
68	1082	541	271	90
69	1082	541	271	90
70	1291	646	323	108
71	1291	646	323	108
72	1291	646	323	108
73	1291	646	323	108
74	1291	646	323	108
75	1661	831	415	138
76	1661	831	415	138
77	1661	831	415	138
78	1661	831	415	138
79	1661	831	415	138
80+	1842	921	461	154

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	758	379	190	63
66	818	409	205	68
67	818	409	205	68
68	818	409	205	68
69	818	409	205	68
70	976	488	244	81
71	976	488	244	81
72	976	488	244	81
73	976	488	244	81
74	976	488	244	81
75	1256	628	314	105
76	1256	628	314	105
77	1256	628	314	105
78	1256	628	314	105
79	1256	628	314	105
80+	1392	696	348	116

Standard Effective Date: 03/15/2026 Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	872	436	218	73
66	940	470	235	78
67	940	470	235	78
68	940	470	235	78
69	940	470	235	78
70	1122	561	281	94
71	1122	561	281	94
72	1122	561	281	94
73	1122	561	281	94
74	1122	561	281	94
75	1444	722	361	120
76	1444	722	361	120
77	1444	722	361	120
78	1444	722	361	120
79	1444	722	361	120
80+	1600	800	400	133

PLAN N - AREA 1 (ZIP 323-326; 335-339; 341-342; 344; 346)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2602	1301	651	217
66	2784	1392	696	232
67	2784	1392	696	232
68	2784	1392	696	232
69	2784	1392	696	232
70	3150	1575	788	263
71	3150	1575	788	263
72	3150	1575	788	263
73	3150	1575	788	263
74	3150	1575	788	263
75	3532	1766	883	294
76	3532	1766	883	294
77	3532	1766	883	294
78	3532	1766	883	294
79	3532	1766	883	294
80+	3736	1868	934	311

Standard Effective Date: 03/15/2026 Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2994	1497	749	250
66	3203	1602	801	267
67	3203	1602	801	267
68	3203	1602	801	267
69	3203	1602	801	267
70	3625	1813	906	302
71	3625	1813	906	302
72	3625	1813	906	302
73	3625	1813	906	302
74	3625	1813	906	302
75	4065	2033	1016	339
76	4065	2033	1016	339
77	4065	2033	1016	339
78	4065	2033	1016	339
79	4065	2033	1016	339
80+	4299	2150	1075	358

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2263	1132	566	189
66	2421	1211	605	202
67	2421	1211	605	202
68	2421	1211	605	202
69	2421	1211	605	202
70	2740	1370	685	228
71	2740	1370	685	228
72	2740	1370	685	228
73	2740	1370	685	228
74	2740	1370	685	228
75	3073	1537	768	256
76	3073	1537	768	256
77	3073	1537	768	256
78	3073	1537	768	256
79	3073	1537	768	256
80+	3250	1625	813	271

Standard Effective Date: 03/15/2026 Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2602	1301	651	217
66	2784	1392	696	232
67	2784	1392	696	232
68	2784	1392	696	232
69	2784	1392	696	232
70	3150	1575	788	263
71	3150	1575	788	263
72	3150	1575	788	263
73	3150	1575	788	263
74	3150	1575	788	263
75	3532	1766	883	294
76	3532	1766	883	294
77	3532	1766	883	294
78	3532	1766	883	294
79	3532	1766	883	294
80+	3736	1868	934	311

PLAN A - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3391	1696	848	283
66	3584	1792	896	299
67	3584	1792	896	299
68	3584	1792	896	299
69	3584	1792	896	299
70	3929	1965	982	327
71	3929	1965	982	327
72	3929	1965	982	327
73	3929	1965	982	327
74	3929	1965	982	327
75	4152	2076	1038	346
76	4152	2076	1038	346
77	4152	2076	1038	346
78	4152	2076	1038	346
79	4152	2076	1038	346
80+	4152	2076	1038	346

Standard Effective Date: 03/15/2026 Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3902	1951	976	325
66	4125	2063	1031	344
67	4125	2063	1031	344
68	4125	2063	1031	344
69	4125	2063	1031	344
70	4521	2261	1130	377
71	4521	2261	1130	377
72	4521	2261	1130	377
73	4521	2261	1130	377
74	4521	2261	1130	377
75	4778	2389	1195	398
76	4778	2389	1195	398
77	4778	2389	1195	398
78	4778	2389	1195	398
79	4778	2389	1195	398
80+	4778	2389	1195	398

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2950	1475	738	246
66	3118	1559	780	260
67	3118	1559	780	260
68	3118	1559	780	260
69	3118	1559	780	260
70	3418	1709	855	285
71	3418	1709	855	285
72	3418	1709	855	285
73	3418	1709	855	285
74	3418	1709	855	285
75	3612	1806	903	301
76	3612	1806	903	301
77	3612	1806	903	301
78	3612	1806	903	301
79	3612	1806	903	301
80+	3612	1806	903	301

Standard Effective Date: 03/15/2026 Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3391	1696	848	283
66	3584	1792	896	299
67	3584	1792	896	299
68	3584	1792	896	299
69	3584	1792	896	299
70	3929	1965	982	327
71	3929	1965	982	327
72	3929	1965	982	327
73	3929	1965	982	327
74	3929	1965	982	327
75	4152	2076	1038	346
76	4152	2076	1038	346
77	4152	2076	1038	346
78	4152	2076	1038	346
79	4152	2076	1038	346
80+	4152	2076	1038	346

PLAN B - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4607	2304	1152	384
66	4887	2444	1222	407
67	4887	2444	1222	407
68	4887	2444	1222	407
69	4887	2444	1222	407
70	5415	2708	1354	451
71	5415	2708	1354	451
72	5415	2708	1354	451
73	5415	2708	1354	451
74	5415	2708	1354	451
75	5833	2917	1458	486
76	5833	2917	1458	486
77	5833	2917	1458	486
78	5833	2917	1458	486
79	5833	2917	1458	486
80+	5845	2923	1461	487

Standard Effective Date: 03/15/2026 Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5302	2651	1326	442
66	5624	2812	1406	469
67	5624	2812	1406	469
68	5624	2812	1406	469
69	5624	2812	1406	469
70	6231	3116	1558	519
71	6231	3116	1558	519
72	6231	3116	1558	519
73	6231	3116	1558	519
74	6231	3116	1558	519
75	6713	3357	1678	559
76	6713	3357	1678	559
77	6713	3357	1678	559
78	6713	3357	1678	559
79	6713	3357	1678	559
80+	6726	3363	1682	561

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4008	2004	1002	334
66	4251	2126	1063	354
67	4251	2126	1063	354
68	4251	2126	1063	354
69	4251	2126	1063	354
70	4710	2355	1178	393
71	4710	2355	1178	393
72	4710	2355	1178	393
73	4710	2355	1178	393
74	4710	2355	1178	393
75	5074	2537	1269	423
76	5074	2537	1269	423
77	5074	2537	1269	423
78	5074	2537	1269	423
79	5074	2537	1269	423
80+	5084	2542	1271	424

Standard Effective Date: 03/15/2026 Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4607	2304	1152	384
66	4887	2444	1222	407
67	4887	2444	1222	407
68	4887	2444	1222	407
69	4887	2444	1222	407
70	5415	2708	1354	451
71	5415	2708	1354	451
72	5415	2708	1354	451
73	5415	2708	1354	451
74	5415	2708	1354	451
75	5833	2917	1458	486
76	5833	2917	1458	486
77	5833	2917	1458	486
78	5833	2917	1458	486
79	5833	2917	1458	486
80+	5845	2923	1461	487

PLAN C - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5152	2576	1288	429
66	5484	2742	1371	457
67	5484	2742	1371	457
68	5484	2742	1371	457
69	5484	2742	1371	457
70	6154	3077	1539	513
71	6154	3077	1539	513
72	6154	3077	1539	513
73	6154	3077	1539	513
74	6154	3077	1539	513
75	6825	3413	1706	569
76	6825	3413	1706	569
77	6825	3413	1706	569
78	6825	3413	1706	569
79	6825	3413	1706	569
80+	7153	3577	1788	596

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5929	2965	1482	494
66	6311	3156	1578	526
67	6311	3156	1578	526
68	6311	3156	1578	526
69	6311	3156	1578	526
70	7081	3541	1770	590
71	7081	3541	1770	590
72	7081	3541	1770	590
73	7081	3541	1770	590
74	7081	3541	1770	590
75	7853	3927	1963	654
76	7853	3927	1963	654
77	7853	3927	1963	654
78	7853	3927	1963	654
79	7853	3927	1963	654
80+	8232	4116	2058	686

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4481	2241	1120	373
66	4770	2385	1193	398
67	4770	2385	1193	398
68	4770	2385	1193	398
69	4770	2385	1193	398
70	5353	2677	1338	446
71	5353	2677	1338	446
72	5353	2677	1338	446
73	5353	2677	1338	446
74	5353	2677	1338	446
75	5936	2968	1484	495
76	5936	2968	1484	495
77	5936	2968	1484	495
78	5936	2968	1484	495
79	5936	2968	1484	495
80+	6222	3111	1556	519

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5152	2576	1288	429
66	5484	2742	1371	457
67	5484	2742	1371	457
68	5484	2742	1371	457
69	5484	2742	1371	457
70	6154	3077	1539	513
71	6154	3077	1539	513
72	6154	3077	1539	513
73	6154	3077	1539	513
74	6154	3077	1539	513
75	6825	3413	1706	569
76	6825	3413	1706	569
77	6825	3413	1706	569
78	6825	3413	1706	569
79	6825	3413	1706	569
80+	7153	3577	1788	596

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4867	2434	1217	406
66	5200	2600	1300	433
67	5200	2600	1300	433
68	5200	2600	1300	433
69	5200	2600	1300	433
70	5868	2934	1467	489
71	5868	2934	1467	489
72	5868	2934	1467	489
73	5868	2934	1467	489
74	5868	2934	1467	489
75	6540	3270	1635	545
76	6540	3270	1635	545
77	6540	3270	1635	545
78	6540	3270	1635	545
79	6540	3270	1635	545
80+	6870	3435	1718	573

Standard Effective Date: 03/15/2026 Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5601	2801	1400	467
66	5984	2992	1496	499
67	5984	2992	1496	499
68	5984	2992	1496	499
69	5984	2992	1496	499
70	6752	3376	1688	563
71	6752	3376	1688	563
72	6752	3376	1688	563
73	6752	3376	1688	563
74	6752	3376	1688	563
75	7526	3763	1882	627
76	7526	3763	1882	627
77	7526	3763	1882	627
78	7526	3763	1882	627
79	7526	3763	1882	627
80+	7906	3953	1977	659

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4233	2117	1058	353
66	4523	2262	1131	377
67	4523	2262	1131	377
68	4523	2262	1131	377
69	4523	2262	1131	377
70	5104	2552	1276	425
71	5104	2552	1276	425
72	5104	2552	1276	425
73	5104	2552	1276	425
74	5104	2552	1276	425
75	5689	2845	1422	474
76	5689	2845	1422	474
77	5689	2845	1422	474
78	5689	2845	1422	474
79	5689	2845	1422	474
80+	5976	2988	1494	498

Standard Effective Date: 03/15/2026 Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4867	2434	1217	406
66	5200	2600	1300	433
67	5200	2600	1300	433
68	5200	2600	1300	433
69	5200	2600	1300	433
70	5868	2934	1467	489
71	5868	2934	1467	489
72	5868	2934	1467	489
73	5868	2934	1467	489
74	5868	2934	1467	489
75	6540	3270	1635	545
76	6540	3270	1635	545
77	6540	3270	1635	545
78	6540	3270	1635	545
79	6540	3270	1635	545
80+	6870	3435	1718	573

PLAN F - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4780	2390	1195	398
66	5089	2545	1272	424
67	5089	2545	1272	424
68	5089	2545	1272	424
69	5089	2545	1272	424
70	5703	2852	1426	475
71	5703	2852	1426	475
72	5703	2852	1426	475
73	5703	2852	1426	475
74	5703	2852	1426	475
75	6324	3162	1581	527
76	6324	3162	1581	527
77	6324	3162	1581	527
78	6324	3162	1581	527
79	6324	3162	1581	527
80+	6630	3315	1658	553

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5501	2751	1375	458
66	5856	2928	1464	488
67	5856	2928	1464	488
68	5856	2928	1464	488
69	5856	2928	1464	488
70	6563	3282	1641	547
71	6563	3282	1641	547
72	6563	3282	1641	547
73	6563	3282	1641	547
74	6563	3282	1641	547
75	7277	3639	1819	606
76	7277	3639	1819	606
77	7277	3639	1819	606
78	7277	3639	1819	606
79	7277	3639	1819	606
80+	7630	3815	1908	636

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4158	2079	1040	347
66	4427	2214	1107	369
67	4427	2214	1107	369
68	4427	2214	1107	369
69	4427	2214	1107	369
70	4961	2481	1240	413
71	4961	2481	1240	413
72	4961	2481	1240	413
73	4961	2481	1240	413
74	4961	2481	1240	413
75	5501	2751	1375	458
76	5501	2751	1375	458
77	5501	2751	1375	458
78	5501	2751	1375	458
79	5501	2751	1375	458
80+	5767	2884	1442	481

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4780	2390	1195	398
66	5089	2545	1272	424
67	5089	2545	1272	424
68	5089	2545	1272	424
69	5089	2545	1272	424
70	5703	2852	1426	475
71	5703	2852	1426	475
72	5703	2852	1426	475
73	5703	2852	1426	475
74	5703	2852	1426	475
75	6324	3162	1581	527
76	6324	3162	1581	527
77	6324	3162	1581	527
78	6324	3162	1581	527
79	6324	3162	1581	527
80+	6630	3315	1658	553

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1115	558	279	93
66	1202	601	301	100
67	1202	601	301	100
68	1202	601	301	100
69	1202	601	301	100
70	1434	717	359	120
71	1434	717	359	120
72	1434	717	359	120
73	1434	717	359	120
74	1434	717	359	120
75	1846	923	462	154
76	1846	923	462	154
77	1846	923	462	154
78	1846	923	462	154
79	1846	923	462	154
80+	2046	1023	512	171

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	843	422	211	70
66	909	455	227	76
67	909	455	227	76
68	909	455	227	76
69	909	455	227	76
70	1084	542	271	90
71	1084	542	271	90
72	1084	542	271	90
73	1084	542	271	90
74	1084	542	271	90
75	1395	698	349	116
76	1395	698	349	116
77	1395	698	349	116
78	1395	698	349	116
79	1395	698	349	116
80+	1547	774	387	129

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3942	1971	986	329
66	4212	2106	1053	351
67	4212	2106	1053	351
68	4212	2106	1053	351
69	4212	2106	1053	351
70	4752	2376	1188	396
71	4752	2376	1188	396
72	4752	2376	1188	396
73	4752	2376	1188	396
74	4752	2376	1188	396
75	5292	2646	1323	441
76	5292	2646	1323	441
77	5292	2646	1323	441
78	5292	2646	1323	441
79	5292	2646	1323	441
80+	5558	2779	1390	463

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4536	2268	1134	378
66	4847	2424	1212	404
67	4847	2424	1212	404
68	4847	2424	1212	404
69	4847	2424	1212	404
70	5468	2734	1367	456
71	5468	2734	1367	456
72	5468	2734	1367	456
73	5468	2734	1367	456
74	5468	2734	1367	456
75	6090	3045	1523	508
76	6090	3045	1523	508
77	6090	3045	1523	508
78	6090	3045	1523	508
79	6090	3045	1523	508
80+	6396	3198	1599	533

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3429	1715	857	286
66	3664	1832	916	305
67	3664	1832	916	305
68	3664	1832	916	305
69	3664	1832	916	305
70	4133	2067	1033	344
71	4133	2067	1033	344
72	4133	2067	1033	344
73	4133	2067	1033	344
74	4133	2067	1033	344
75	4603	2302	1151	384
76	4603	2302	1151	384
77	4603	2302	1151	384
78	4603	2302	1151	384
79	4603	2302	1151	384
80+	4835	2418	1209	403

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3942	1971	986	329
66	4212	2106	1053	351
67	4212	2106	1053	351
68	4212	2106	1053	351
69	4212	2106	1053	351
70	4752	2376	1188	396
71	4752	2376	1188	396
72	4752	2376	1188	396
73	4752	2376	1188	396
74	4752	2376	1188	396
75	5292	2646	1323	441
76	5292	2646	1323	441
77	5292	2646	1323	441
78	5292	2646	1323	441
79	5292	2646	1323	441
80+	5558	2779	1390	463

PLAN HDG - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

Standard Effective Date: 03/15/2026 Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1115	558	279	93
66	1202	601	301	100
67	1202	601	301	100
68	1202	601	301	100
69	1202	601	301	100
70	1434	717	359	120
71	1434	717	359	120
72	1434	717	359	120
73	1434	717	359	120
74	1434	717	359	120
75	1846	923	462	154
76	1846	923	462	154
77	1846	923	462	154
78	1846	923	462	154
79	1846	923	462	154
80+	2046	1023	512	171

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	843	422	211	70
66	909	455	227	76
67	909	455	227	76
68	909	455	227	76
69	909	455	227	76
70	1084	542	271	90
71	1084	542	271	90
72	1084	542	271	90
73	1084	542	271	90
74	1084	542	271	90
75	1395	698	349	116
76	1395	698	349	116
77	1395	698	349	116
78	1395	698	349	116
79	1395	698	349	116
80+	1547	774	387	129

Standard Effective Date: 03/15/2026 Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	969	485	242	81
66	1045	523	261	87
67	1045	523	261	87
68	1045	523	261	87
69	1045	523	261	87
70	1246	623	312	104
71	1246	623	312	104
72	1246	623	312	104
73	1246	623	312	104
74	1246	623	312	104
75	1604	802	401	134
76	1604	802	401	134
77	1604	802	401	134
78	1604	802	401	134
79	1604	802	401	134
80+	1778	889	445	148

PLAN N - AREA 2 (ZIP 320-322; 327-329; 347; 349)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2891	1446	723	241
66	3093	1547	773	258
67	3093	1547	773	258
68	3093	1547	773	258
69	3093	1547	773	258
70	3500	1750	875	292
71	3500	1750	875	292
72	3500	1750	875	292
73	3500	1750	875	292
74	3500	1750	875	292
75	3925	1963	981	327
76	3925	1963	981	327
77	3925	1963	981	327
78	3925	1963	981	327
79	3925	1963	981	327
80+	4151	2076	1038	346

Standard Effective Date: 03/15/2026 Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3327	1664	832	277
66	3559	1780	890	297
67	3559	1780	890	297
68	3559	1780	890	297
69	3559	1780	890	297
70	4027	2014	1007	336
71	4027	2014	1007	336
72	4027	2014	1007	336
73	4027	2014	1007	336
74	4027	2014	1007	336
75	4517	2259	1129	376
76	4517	2259	1129	376
77	4517	2259	1129	376
78	4517	2259	1129	376
79	4517	2259	1129	376
80+	4777	2389	1194	398

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2515	1258	629	210
66	2690	1345	673	224
67	2690	1345	673	224
68	2690	1345	673	224
69	2690	1345	673	224
70	3044	1522	761	254
71	3044	1522	761	254
72	3044	1522	761	254
73	3044	1522	761	254
74	3044	1522	761	254
75	3414	1707	854	285
76	3414	1707	854	285
77	3414	1707	854	285
78	3414	1707	854	285
79	3414	1707	854	285
80+	3611	1806	903	301

Standard Effective Date: 03/15/2026 Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2891	1446	723	241
66	3093	1547	773	258
67	3093	1547	773	258
68	3093	1547	773	258
69	3093	1547	773	258
70	3500	1750	875	292
71	3500	1750	875	292
72	3500	1750	875	292
73	3500	1750	875	292
74	3500	1750	875	292
75	3925	1963	981	327
76	3925	1963	981	327
77	3925	1963	981	327
78	3925	1963	981	327
79	3925	1963	981	327
80+	4151	2076	1038	346

PLAN A - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3730	1865	933	311
66	3943	1972	986	329
67	3943	1972	986	329
68	3943	1972	986	329
69	3943	1972	986	329
70	4322	2161	1081	360
71	4322	2161	1081	360
72	4322	2161	1081	360
73	4322	2161	1081	360
74	4322	2161	1081	360
75	4568	2284	1142	381
76	4568	2284	1142	381
77	4568	2284	1142	381
78	4568	2284	1142	381
79	4568	2284	1142	381
80+	4568	2284	1142	381

Standard Effective Date: 03/15/2026 Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4292	2146	1073	358
66	4537	2269	1134	378
67	4537	2269	1134	378
68	4537	2269	1134	378
69	4537	2269	1134	378
70	4974	2487	1244	415
71	4974	2487	1244	415
72	4974	2487	1244	415
73	4974	2487	1244	415
74	4974	2487	1244	415
75	5256	2628	1314	438
76	5256	2628	1314	438
77	5256	2628	1314	438
78	5256	2628	1314	438
79	5256	2628	1314	438
80+	5256	2628	1314	438

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3245	1623	811	270
66	3429	1715	857	286
67	3429	1715	857	286
68	3429	1715	857	286
69	3429	1715	857	286
70	3760	1880	940	313
71	3760	1880	940	313
72	3760	1880	940	313
73	3760	1880	940	313
74	3760	1880	940	313
75	3973	1987	993	331
76	3973	1987	993	331
77	3973	1987	993	331
78	3973	1987	993	331
79	3973	1987	993	331
80+	3973	1987	993	331

Standard Effective Date: 03/15/2026 Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3730	1865	933	311
66	3943	1972	986	329
67	3943	1972	986	329
68	3943	1972	986	329
69	3943	1972	986	329
70	4322	2161	1081	360
71	4322	2161	1081	360
72	4322	2161	1081	360
73	4322	2161	1081	360
74	4322	2161	1081	360
75	4568	2284	1142	381
76	4568	2284	1142	381
77	4568	2284	1142	381
78	4568	2284	1142	381
79	4568	2284	1142	381
80+	4568	2284	1142	381

PLAN B - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5068	2534	1267	422
66	5376	2688	1344	448
67	5376	2688	1344	448
68	5376	2688	1344	448
69	5376	2688	1344	448
70	5956	2978	1489	496
71	5956	2978	1489	496
72	5956	2978	1489	496
73	5956	2978	1489	496
74	5956	2978	1489	496
75	6417	3209	1604	535
76	6417	3209	1604	535
77	6417	3209	1604	535
78	6417	3209	1604	535
79	6417	3209	1604	535
80+	6430	3215	1608	536

Standard Effective Date: 03/15/2026 Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5832	2916	1458	486
66	6186	3093	1547	516
67	6186	3093	1547	516
68	6186	3093	1547	516
69	6186	3093	1547	516
70	6854	3427	1714	571
71	6854	3427	1714	571
72	6854	3427	1714	571
73	6854	3427	1714	571
74	6854	3427	1714	571
75	7384	3692	1846	615
76	7384	3692	1846	615
77	7384	3692	1846	615
78	7384	3692	1846	615
79	7384	3692	1846	615
80+	7399	3700	1850	617

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4408	2204	1102	367
66	4676	2338	1169	390
67	4676	2338	1169	390
68	4676	2338	1169	390
69	4676	2338	1169	390
70	5181	2591	1295	432
71	5181	2591	1295	432
72	5181	2591	1295	432
73	5181	2591	1295	432
74	5181	2591	1295	432
75	5582	2791	1396	465
76	5582	2791	1396	465
77	5582	2791	1396	465
78	5582	2791	1396	465
79	5582	2791	1396	465
80+	5593	2797	1398	466

Standard Effective Date: 03/15/2026 Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5068	2534	1267	422
66	5376	2688	1344	448
67	5376	2688	1344	448
68	5376	2688	1344	448
69	5376	2688	1344	448
70	5956	2978	1489	496
71	5956	2978	1489	496
72	5956	2978	1489	496
73	5956	2978	1489	496
74	5956	2978	1489	496
75	6417	3209	1604	535
76	6417	3209	1604	535
77	6417	3209	1604	535
78	6417	3209	1604	535
79	6417	3209	1604	535
80+	6430	3215	1608	536

PLAN C - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5667	2834	1417	472
66	6033	3017	1508	503
67	6033	3017	1508	503
68	6033	3017	1508	503
69	6033	3017	1508	503
70	6769	3385	1692	564
71	6769	3385	1692	564
72	6769	3385	1692	564
73	6769	3385	1692	564
74	6769	3385	1692	564
75	7507	3754	1877	626
76	7507	3754	1877	626
77	7507	3754	1877	626
78	7507	3754	1877	626
79	7507	3754	1877	626
80+	7869	3935	1967	656

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6522	3261	1631	544
66	6942	3471	1736	579
67	6942	3471	1736	579
68	6942	3471	1736	579
69	6942	3471	1736	579
70	7790	3895	1948	649
71	7790	3895	1948	649
72	7790	3895	1948	649
73	7790	3895	1948	649
74	7790	3895	1948	649
75	8639	4320	2160	720
76	8639	4320	2160	720
77	8639	4320	2160	720
78	8639	4320	2160	720
79	8639	4320	2160	720
80+	9055	4528	2264	755

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4930	2465	1233	411
66	5247	2624	1312	437
67	5247	2624	1312	437
68	5247	2624	1312	437
69	5247	2624	1312	437
70	5888	2944	1472	491
71	5888	2944	1472	491
72	5888	2944	1472	491
73	5888	2944	1472	491
74	5888	2944	1472	491
75	6530	3265	1633	544
76	6530	3265	1633	544
77	6530	3265	1633	544
78	6530	3265	1633	544
79	6530	3265	1633	544
80+	6845	3423	1711	570

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5667	2834	1417	472
66	6033	3017	1508	503
67	6033	3017	1508	503
68	6033	3017	1508	503
69	6033	3017	1508	503
70	6769	3385	1692	564
71	6769	3385	1692	564
72	6769	3385	1692	564
73	6769	3385	1692	564
74	6769	3385	1692	564
75	7507	3754	1877	626
76	7507	3754	1877	626
77	7507	3754	1877	626
78	7507	3754	1877	626
79	7507	3754	1877	626
80+	7869	3935	1967	656

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5354	2677	1339	446
66	5720	2860	1430	477
67	5720	2860	1430	477
68	5720	2860	1430	477
69	5720	2860	1430	477
70	6454	3227	1614	538
71	6454	3227	1614	538
72	6454	3227	1614	538
73	6454	3227	1614	538
74	6454	3227	1614	538
75	7194	3597	1799	600
76	7194	3597	1799	600
77	7194	3597	1799	600
78	7194	3597	1799	600
79	7194	3597	1799	600
80+	7557	3779	1889	630

Standard Effective Date: 03/15/2026 Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6161	3081	1540	513
66	6582	3291	1646	549
67	6582	3291	1646	549
68	6582	3291	1646	549
69	6582	3291	1646	549
70	7427	3714	1857	619
71	7427	3714	1857	619
72	7427	3714	1857	619
73	7427	3714	1857	619
74	7427	3714	1857	619
75	8279	4140	2070	690
76	8279	4140	2070	690
77	8279	4140	2070	690
78	8279	4140	2070	690
79	8279	4140	2070	690
80+	8697	4349	2174	725

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4657	2329	1164	388
66	4976	2488	1244	415
67	4976	2488	1244	415
68	4976	2488	1244	415
69	4976	2488	1244	415
70	5614	2807	1404	468
71	5614	2807	1404	468
72	5614	2807	1404	468
73	5614	2807	1404	468
74	5614	2807	1404	468
75	6258	3129	1565	522
76	6258	3129	1565	522
77	6258	3129	1565	522
78	6258	3129	1565	522
79	6258	3129	1565	522
80+	6574	3287	1644	548

Standard Effective Date: 03/15/2026 Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5354	2677	1339	446
66	5720	2860	1430	477
67	5720	2860	1430	477
68	5720	2860	1430	477
69	5720	2860	1430	477
70	6454	3227	1614	538
71	6454	3227	1614	538
72	6454	3227	1614	538
73	6454	3227	1614	538
74	6454	3227	1614	538
75	7194	3597	1799	600
76	7194	3597	1799	600
77	7194	3597	1799	600
78	7194	3597	1799	600
79	7194	3597	1799	600
80+	7557	3779	1889	630

PLAN F - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5258	2629	1315	438
66	5598	2799	1400	467
67	5598	2799	1400	467
68	5598	2799	1400	467
69	5598	2799	1400	467
70	6273	3137	1568	523
71	6273	3137	1568	523
72	6273	3137	1568	523
73	6273	3137	1568	523
74	6273	3137	1568	523
75	6956	3478	1739	580
76	6956	3478	1739	580
77	6956	3478	1739	580
78	6956	3478	1739	580
79	6956	3478	1739	580
80+	7293	3647	1823	608

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6051	3026	1513	504
66	6442	3221	1611	537
67	6442	3221	1611	537
68	6442	3221	1611	537
69	6442	3221	1611	537
70	7219	3610	1805	602
71	7219	3610	1805	602
72	7219	3610	1805	602
73	7219	3610	1805	602
74	7219	3610	1805	602
75	8005	4003	2001	667
76	8005	4003	2001	667
77	8005	4003	2001	667
78	8005	4003	2001	667
79	8005	4003	2001	667
80+	8393	4197	2098	699

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4574	2287	1144	381
66	4869	2435	1217	406
67	4869	2435	1217	406
68	4869	2435	1217	406
69	4869	2435	1217	406
70	5457	2729	1364	455
71	5457	2729	1364	455
72	5457	2729	1364	455
73	5457	2729	1364	455
74	5457	2729	1364	455
75	6051	3026	1513	504
76	6051	3026	1513	504
77	6051	3026	1513	504
78	6051	3026	1513	504
79	6051	3026	1513	504
80+	6344	3172	1586	529

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5258	2629	1315	438
66	5598	2799	1400	467
67	5598	2799	1400	467
68	5598	2799	1400	467
69	5598	2799	1400	467
70	6273	3137	1568	523
71	6273	3137	1568	523
72	6273	3137	1568	523
73	6273	3137	1568	523
74	6273	3137	1568	523
75	6956	3478	1739	580
76	6956	3478	1739	580
77	6956	3478	1739	580
78	6956	3478	1739	580
79	6956	3478	1739	580
80+	7293	3647	1823	608

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1226	613	307	102
66	1322	661	331	110
67	1322	661	331	110
68	1322	661	331	110
69	1322	661	331	110
70	1578	789	395	132
71	1578	789	395	132
72	1578	789	395	132
73	1578	789	395	132
74	1578	789	395	132
75	2031	1016	508	169
76	2031	1016	508	169
77	2031	1016	508	169
78	2031	1016	508	169
79	2031	1016	508	169
80+	2251	1126	563	188

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	927	464	232	77
66	999	500	250	83
67	999	500	250	83
68	999	500	250	83
69	999	500	250	83
70	1193	597	298	99
71	1193	597	298	99
72	1193	597	298	99
73	1193	597	298	99
74	1193	597	298	99
75	1535	768	384	128
76	1535	768	384	128
77	1535	768	384	128
78	1535	768	384	128
79	1535	768	384	128
80+	1701	851	425	142

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4336	2168	1084	361
66	4633	2317	1158	386
67	4633	2317	1158	386
68	4633	2317	1158	386
69	4633	2317	1158	386
70	5227	2614	1307	436
71	5227	2614	1307	436
72	5227	2614	1307	436
73	5227	2614	1307	436
74	5227	2614	1307	436
75	5821	2911	1455	485
76	5821	2911	1455	485
77	5821	2911	1455	485
78	5821	2911	1455	485
79	5821	2911	1455	485
80+	6114	3057	1529	510

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4990	2495	1248	416
66	5332	2666	1333	444
67	5332	2666	1333	444
68	5332	2666	1333	444
69	5332	2666	1333	444
70	6015	3008	1504	501
71	6015	3008	1504	501
72	6015	3008	1504	501
73	6015	3008	1504	501
74	6015	3008	1504	501
75	6699	3350	1675	558
76	6699	3350	1675	558
77	6699	3350	1675	558
78	6699	3350	1675	558
79	6699	3350	1675	558
80+	7035	3518	1759	586

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3772	1886	943	314
66	4030	2015	1008	336
67	4030	2015	1008	336
68	4030	2015	1008	336
69	4030	2015	1008	336
70	4546	2273	1137	379
71	4546	2273	1137	379
72	4546	2273	1137	379
73	4546	2273	1137	379
74	4546	2273	1137	379
75	5064	2532	1266	422
76	5064	2532	1266	422
77	5064	2532	1266	422
78	5064	2532	1266	422
79	5064	2532	1266	422
80+	5318	2659	1330	443

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4336	2168	1084	361
66	4633	2317	1158	386
67	4633	2317	1158	386
68	4633	2317	1158	386
69	4633	2317	1158	386
70	5227	2614	1307	436
71	5227	2614	1307	436
72	5227	2614	1307	436
73	5227	2614	1307	436
74	5227	2614	1307	436
75	5821	2911	1455	485
76	5821	2911	1455	485
77	5821	2911	1455	485
78	5821	2911	1455	485
79	5821	2911	1455	485
80+	6114	3057	1529	510

PLAN HDG - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

Standard Effective Date: 03/15/2026 Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1226	613	307	102
66	1322	661	331	110
67	1322	661	331	110
68	1322	661	331	110
69	1322	661	331	110
70	1578	789	395	132
71	1578	789	395	132
72	1578	789	395	132
73	1578	789	395	132
74	1578	789	395	132
75	2031	1016	508	169
76	2031	1016	508	169
77	2031	1016	508	169
78	2031	1016	508	169
79	2031	1016	508	169
80+	2251	1126	563	188

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	927	464	232	77
66	999	500	250	83
67	999	500	250	83
68	999	500	250	83
69	999	500	250	83
70	1193	597	298	99
71	1193	597	298	99
72	1193	597	298	99
73	1193	597	298	99
74	1193	597	298	99
75	1535	768	384	128
76	1535	768	384	128
77	1535	768	384	128
78	1535	768	384	128
79	1535	768	384	128
80+	1701	851	425	142

Standard Effective Date: 03/15/2026 Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1066	533	267	89
66	1149	575	287	96
67	1149	575	287	96
68	1149	575	287	96
69	1149	575	287	96
70	1371	686	343	114
71	1371	686	343	114
72	1371	686	343	114
73	1371	686	343	114
74	1371	686	343	114
75	1765	883	441	147
76	1765	883	441	147
77	1765	883	441	147
78	1765	883	441	147
79	1765	883	441	147
80+	1956	978	489	163

PLAN N - AREA 3 (ZIP 330; 334)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3180	1590	795	265
66	3402	1701	851	284
67	3402	1701	851	284
68	3402	1701	851	284
69	3402	1701	851	284
70	3850	1925	963	321
71	3850	1925	963	321
72	3850	1925	963	321
73	3850	1925	963	321
74	3850	1925	963	321
75	4317	2159	1079	360
76	4317	2159	1079	360
77	4317	2159	1079	360
78	4317	2159	1079	360
79	4317	2159	1079	360
80+	4566	2283	1142	381

Standard Effective Date: 03/15/2026 Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3660	1830	915	305
66	3915	1958	979	326
67	3915	1958	979	326
68	3915	1958	979	326
69	3915	1958	979	326
70	4430	2215	1108	369
71	4430	2215	1108	369
72	4430	2215	1108	369
73	4430	2215	1108	369
74	4430	2215	1108	369
75	4968	2484	1242	414
76	4968	2484	1242	414
77	4968	2484	1242	414
78	4968	2484	1242	414
79	4968	2484	1242	414
80+	5255	2628	1314	438

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	2766	1383	692	231
66	2959	1480	740	247
67	2959	1480	740	247
68	2959	1480	740	247
69	2959	1480	740	247
70	3349	1675	837	279
71	3349	1675	837	279
72	3349	1675	837	279
73	3349	1675	837	279
74	3349	1675	837	279
75	3755	1878	939	313
76	3755	1878	939	313
77	3755	1878	939	313
78	3755	1878	939	313
79	3755	1878	939	313
80+	3972	1986	993	331

Standard Effective Date: 03/15/2026 Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3180	1590	795	265
66	3402	1701	851	284
67	3402	1701	851	284
68	3402	1701	851	284
69	3402	1701	851	284
70	3850	1925	963	321
71	3850	1925	963	321
72	3850	1925	963	321
73	3850	1925	963	321
74	3850	1925	963	321
75	4317	2159	1079	360
76	4317	2159	1079	360
77	4317	2159	1079	360
78	4317	2159	1079	360
79	4317	2159	1079	360
80+	4566	2283	1142	381

PLAN A - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E0

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4069	2035	1017	339
66	4301	2151	1075	358
67	4301	2151	1075	358
68	4301	2151	1075	358
69	4301	2151	1075	358
70	4715	2358	1179	393
71	4715	2358	1179	393
72	4715	2358	1179	393
73	4715	2358	1179	393
74	4715	2358	1179	393
75	4983	2492	1246	415
76	4983	2492	1246	415
77	4983	2492	1246	415
78	4983	2492	1246	415
79	4983	2492	1246	415
80+	4983	2492	1246	415

Standard Effective Date: 03/15/2026 Plan Code: 5E2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4682	2341	1171	390
66	4949	2475	1237	412
67	4949	2475	1237	412
68	4949	2475	1237	412
69	4949	2475	1237	412
70	5426	2713	1357	452
71	5426	2713	1357	452
72	5426	2713	1357	452
73	5426	2713	1357	452
74	5426	2713	1357	452
75	5734	2867	1434	478
76	5734	2867	1434	478
77	5734	2867	1434	478
78	5734	2867	1434	478
79	5734	2867	1434	478
80+	5734	2867	1434	478

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E1

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3539	1770	885	295
66	3741	1871	935	312
67	3741	1871	935	312
68	3741	1871	935	312
69	3741	1871	935	312
70	4101	2051	1025	342
71	4101	2051	1025	342
72	4101	2051	1025	342
73	4101	2051	1025	342
74	4101	2051	1025	342
75	4334	2167	1084	361
76	4334	2167	1084	361
77	4334	2167	1084	361
78	4334	2167	1084	361
79	4334	2167	1084	361
80+	4334	2167	1084	361

Standard Effective Date: 03/15/2026 Plan Code: 5E3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4069	2035	1017	339
66	4301	2151	1075	358
67	4301	2151	1075	358
68	4301	2151	1075	358
69	4301	2151	1075	358
70	4715	2358	1179	393
71	4715	2358	1179	393
72	4715	2358	1179	393
73	4715	2358	1179	393
74	4715	2358	1179	393
75	4983	2492	1246	415
76	4983	2492	1246	415
77	4983	2492	1246	415
78	4983	2492	1246	415
79	4983	2492	1246	415
80+	4983	2492	1246	415

PLAN B - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5529	2765	1382	461
66	5865	2933	1466	489
67	5865	2933	1466	489
68	5865	2933	1466	489
69	5865	2933	1466	489
70	6498	3249	1625	542
71	6498	3249	1625	542
72	6498	3249	1625	542
73	6498	3249	1625	542
74	6498	3249	1625	542
75	7000	3500	1750	583
76	7000	3500	1750	583
77	7000	3500	1750	583
78	7000	3500	1750	583
79	7000	3500	1750	583
80+	7014	3507	1754	585

Standard Effective Date: 03/15/2026 Plan Code: 5E6

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6362	3181	1591	530
66	6749	3375	1687	562
67	6749	3375	1687	562
68	6749	3375	1687	562
69	6749	3375	1687	562
70	7477	3739	1869	623
71	7477	3739	1869	623
72	7477	3739	1869	623
73	7477	3739	1869	623
74	7477	3739	1869	623
75	8055	4028	2014	671
76	8055	4028	2014	671
77	8055	4028	2014	671
78	8055	4028	2014	671
79	8055	4028	2014	671
80+	8072	4036	2018	673

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4809	2405	1202	401
66	5101	2551	1275	425
67	5101	2551	1275	425
68	5101	2551	1275	425
69	5101	2551	1275	425
70	5652	2826	1413	471
71	5652	2826	1413	471
72	5652	2826	1413	471
73	5652	2826	1413	471
74	5652	2826	1413	471
75	6089	3045	1522	507
76	6089	3045	1522	507
77	6089	3045	1522	507
78	6089	3045	1522	507
79	6089	3045	1522	507
80+	6101	3051	1525	508

Standard Effective Date: 03/15/2026 Plan Code: 5E7

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5529	2765	1382	461
66	5865	2933	1466	489
67	5865	2933	1466	489
68	5865	2933	1466	489
69	5865	2933	1466	489
70	6498	3249	1625	542
71	6498	3249	1625	542
72	6498	3249	1625	542
73	6498	3249	1625	542
74	6498	3249	1625	542
75	7000	3500	1750	583
76	7000	3500	1750	583
77	7000	3500	1750	583
78	7000	3500	1750	583
79	7000	3500	1750	583
80+	7014	3507	1754	585

PLAN C - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5E8

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6182	3091	1546	515
66	6581	3291	1645	548
67	6581	3291	1645	548
68	6581	3291	1645	548
69	6581	3291	1645	548
70	7385	3693	1846	615
71	7385	3693	1846	615
72	7385	3693	1846	615
73	7385	3693	1846	615
74	7385	3693	1846	615
75	8189	4095	2047	682
76	8189	4095	2047	682
77	8189	4095	2047	682
78	8189	4095	2047	682
79	8189	4095	2047	682
80+	8584	4292	2146	715

Standard Effective Date: 03/15/2026 Plan Code: 5EA

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	7114	3557	1779	593
66	7573	3787	1893	631
67	7573	3787	1893	631
68	7573	3787	1893	631
69	7573	3787	1893	631
70	8498	4249	2125	708
71	8498	4249	2125	708
72	8498	4249	2125	708
73	8498	4249	2125	708
74	8498	4249	2125	708
75	9424	4712	2356	785
76	9424	4712	2356	785
77	9424	4712	2356	785
78	9424	4712	2356	785
79	9424	4712	2356	785
80+	9878	4939	2470	823

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5E9

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5378	2689	1345	448
66	5724	2862	1431	477
67	5724	2862	1431	477
68	5724	2862	1431	477
69	5724	2862	1431	477
70	6423	3212	1606	535
71	6423	3212	1606	535
72	6423	3212	1606	535
73	6423	3212	1606	535
74	6423	3212	1606	535
75	7124	3562	1781	594
76	7124	3562	1781	594
77	7124	3562	1781	594
78	7124	3562	1781	594
79	7124	3562	1781	594
80+	7467	3734	1867	622

Standard Effective Date: 03/15/2026 Plan Code: 5EB

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6182	3091	1546	515
66	6581	3291	1645	548
67	6581	3291	1645	548
68	6581	3291	1645	548
69	6581	3291	1645	548
70	7385	3693	1846	615
71	7385	3693	1846	615
72	7385	3693	1846	615
73	7385	3693	1846	615
74	7385	3693	1846	615
75	8189	4095	2047	682
76	8189	4095	2047	682
77	8189	4095	2047	682
78	8189	4095	2047	682
79	8189	4095	2047	682
80+	8584	4292	2146	715

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EC

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5840	2920	1460	487
66	6240	3120	1560	520
67	6240	3120	1560	520
68	6240	3120	1560	520
69	6240	3120	1560	520
70	7041	3521	1760	587
71	7041	3521	1760	587
72	7041	3521	1760	587
73	7041	3521	1760	587
74	7041	3521	1760	587
75	7849	3925	1962	654
76	7849	3925	1962	654
77	7849	3925	1962	654
78	7849	3925	1962	654
79	7849	3925	1962	654
80+	8245	4123	2061	687

Standard Effective Date: 03/15/2026 Plan Code: 5EE

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6721	3361	1680	560
66	7181	3591	1795	598
67	7181	3591	1795	598
68	7181	3591	1795	598
69	7181	3591	1795	598
70	8103	4052	2026	675
71	8103	4052	2026	675
72	8103	4052	2026	675
73	8103	4052	2026	675
74	8103	4052	2026	675
75	9032	4516	2258	753
76	9032	4516	2258	753
77	9032	4516	2258	753
78	9032	4516	2258	753
79	9032	4516	2258	753
80+	9487	4744	2372	791

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ED

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5080	2540	1270	423
66	5428	2714	1357	452
67	5428	2714	1357	452
68	5428	2714	1357	452
69	5428	2714	1357	452
70	6125	3063	1531	510
71	6125	3063	1531	510
72	6125	3063	1531	510
73	6125	3063	1531	510
74	6125	3063	1531	510
75	6827	3414	1707	569
76	6827	3414	1707	569
77	6827	3414	1707	569
78	6827	3414	1707	569
79	6827	3414	1707	569
80+	7172	3586	1793	598

Standard Effective Date: 03/15/2026 Plan Code: 5EF

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5840	2920	1460	487
66	6240	3120	1560	520
67	6240	3120	1560	520
68	6240	3120	1560	520
69	6240	3120	1560	520
70	7041	3521	1760	587
71	7041	3521	1760	587
72	7041	3521	1760	587
73	7041	3521	1760	587
74	7041	3521	1760	587
75	7849	3925	1962	654
76	7849	3925	1962	654
77	7849	3925	1962	654
78	7849	3925	1962	654
79	7849	3925	1962	654
80+	8245	4123	2061	687

PLAN F - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EG

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5736	2868	1434	478
66	6107	3054	1527	509
67	6107	3054	1527	509
68	6107	3054	1527	509
69	6107	3054	1527	509
70	6844	3422	1711	570
71	6844	3422	1711	570
72	6844	3422	1711	570
73	6844	3422	1711	570
74	6844	3422	1711	570
75	7588	3794	1897	632
76	7588	3794	1897	632
77	7588	3794	1897	632
78	7588	3794	1897	632
79	7588	3794	1897	632
80+	7956	3978	1989	663

Standard Effective Date: 03/15/2026 Plan Code: 5EI

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	6601	3301	1650	550
66	7027	3514	1757	586
67	7027	3514	1757	586
68	7027	3514	1757	586
69	7027	3514	1757	586
70	7875	3938	1969	656
71	7875	3938	1969	656
72	7875	3938	1969	656
73	7875	3938	1969	656
74	7875	3938	1969	656
75	8732	4366	2183	728
76	8732	4366	2183	728
77	8732	4366	2183	728
78	8732	4366	2183	728
79	8732	4366	2183	728
80+	9156	4578	2289	763

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EH

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4990	2495	1248	416
66	5312	2656	1328	443
67	5312	2656	1328	443
68	5312	2656	1328	443
69	5312	2656	1328	443
70	5953	2977	1488	496
71	5953	2977	1488	496
72	5953	2977	1488	496
73	5953	2977	1488	496
74	5953	2977	1488	496
75	6601	3301	1650	550
76	6601	3301	1650	550
77	6601	3301	1650	550
78	6601	3301	1650	550
79	6601	3301	1650	550
80+	6921	3461	1730	577

Standard Effective Date: 03/15/2026 Plan Code: 5EJ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5736	2868	1434	478
66	6107	3054	1527	509
67	6107	3054	1527	509
68	6107	3054	1527	509
69	6107	3054	1527	509
70	6844	3422	1711	570
71	6844	3422	1711	570
72	6844	3422	1711	570
73	6844	3422	1711	570
74	6844	3422	1711	570
75	7588	3794	1897	632
76	7588	3794	1897	632
77	7588	3794	1897	632
78	7588	3794	1897	632
79	7588	3794	1897	632
80+	7956	3978	1989	663

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EK

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

Standard Effective Date: 03/15/2026 Plan Code: 5EM

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1338	669	335	112
66	1442	721	361	120
67	1442	721	361	120
68	1442	721	361	120
69	1442	721	361	120
70	1721	861	430	143
71	1721	861	430	143
72	1721	861	430	143
73	1721	861	430	143
74	1721	861	430	143
75	2215	1108	554	185
76	2215	1108	554	185
77	2215	1108	554	185
78	2215	1108	554	185
79	2215	1108	554	185
80+	2456	1228	614	205

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EL

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1011	506	253	84
66	1090	545	273	91
67	1090	545	273	91
68	1090	545	273	91
69	1090	545	273	91
70	1301	651	325	108
71	1301	651	325	108
72	1301	651	325	108
73	1301	651	325	108
74	1301	651	325	108
75	1674	837	419	140
76	1674	837	419	140
77	1674	837	419	140
78	1674	837	419	140
79	1674	837	419	140
80+	1856	928	464	155

Standard Effective Date: 03/15/2026 Plan Code: 5EN

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5EO

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4730	2365	1183	394
66	5055	2528	1264	421
67	5055	2528	1264	421
68	5055	2528	1264	421
69	5055	2528	1264	421
70	5702	2851	1426	475
71	5702	2851	1426	475
72	5702	2851	1426	475
73	5702	2851	1426	475
74	5702	2851	1426	475
75	6350	3175	1588	529
76	6350	3175	1588	529
77	6350	3175	1588	529
78	6350	3175	1588	529
79	6350	3175	1588	529
80+	6669	3335	1667	556

Standard Effective Date: 03/15/2026 Plan Code: 5EQ

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	5443	2722	1361	454
66	5817	2909	1454	485
67	5817	2909	1454	485
68	5817	2909	1454	485
69	5817	2909	1454	485
70	6561	3281	1640	547
71	6561	3281	1640	547
72	6561	3281	1640	547
73	6561	3281	1640	547
74	6561	3281	1640	547
75	7308	3654	1827	609
76	7308	3654	1827	609
77	7308	3654	1827	609
78	7308	3654	1827	609
79	7308	3654	1827	609
80+	7675	3838	1919	640

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5EP

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4115	2058	1029	343
66	4397	2199	1099	366
67	4397	2199	1099	366
68	4397	2199	1099	366
69	4397	2199	1099	366
70	4960	2480	1240	413
71	4960	2480	1240	413
72	4960	2480	1240	413
73	4960	2480	1240	413
74	4960	2480	1240	413
75	5524	2762	1381	460
76	5524	2762	1381	460
77	5524	2762	1381	460
78	5524	2762	1381	460
79	5524	2762	1381	460
80+	5801	2901	1450	483

Standard Effective Date: 03/15/2026 Plan Code: 5ER

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	4730	2365	1183	394
66	5055	2528	1264	421
67	5055	2528	1264	421
68	5055	2528	1264	421
69	5055	2528	1264	421
70	5702	2851	1426	475
71	5702	2851	1426	475
72	5702	2851	1426	475
73	5702	2851	1426	475
74	5702	2851	1426	475
75	6350	3175	1588	529
76	6350	3175	1588	529
77	6350	3175	1588	529
78	6350	3175	1588	529
79	6350	3175	1588	529
80+	6669	3335	1667	556

PLAN HDG - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5I2

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

Standard Effective Date: 03/15/2026 Plan Code: 5I4

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1338	669	335	112
66	1442	721	361	120
67	1442	721	361	120
68	1442	721	361	120
69	1442	721	361	120
70	1721	861	430	143
71	1721	861	430	143
72	1721	861	430	143
73	1721	861	430	143
74	1721	861	430	143
75	2215	1108	554	185
76	2215	1108	554	185
77	2215	1108	554	185
78	2215	1108	554	185
79	2215	1108	554	185
80+	2456	1228	614	205

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5I3

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1011	506	253	84
66	1090	545	273	91
67	1090	545	273	91
68	1090	545	273	91
69	1090	545	273	91
70	1301	651	325	108
71	1301	651	325	108
72	1301	651	325	108
73	1301	651	325	108
74	1301	651	325	108
75	1674	837	419	140
76	1674	837	419	140
77	1674	837	419	140
78	1674	837	419	140
79	1674	837	419	140
80+	1856	928	464	155

Standard Effective Date: 03/15/2026 Plan Code: 5I5

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	1162	581	291	97
66	1253	627	313	104
67	1253	627	313	104
68	1253	627	313	104
69	1253	627	313	104
70	1496	748	374	125
71	1496	748	374	125
72	1496	748	374	125
73	1496	748	374	125
74	1496	748	374	125
75	1925	963	481	160
76	1925	963	481	160
77	1925	963	481	160
78	1925	963	481	160
79	1925	963	481	160
80+	2134	1067	534	178

PLAN N - AREA 4 (ZIP 331-333)

Male

Preferred Effective Date: 03/15/2026 Plan Code: 5ES

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3469	1735	867	289
66	3712	1856	928	309
67	3712	1856	928	309
68	3712	1856	928	309
69	3712	1856	928	309
70	4200	2100	1050	350
71	4200	2100	1050	350
72	4200	2100	1050	350
73	4200	2100	1050	350
74	4200	2100	1050	350
75	4710	2355	1178	393
76	4710	2355	1178	393
77	4710	2355	1178	393
78	4710	2355	1178	393
79	4710	2355	1178	393
80+	4982	2491	1246	415

Standard Effective Date: 03/15/2026 Plan Code: 5EU

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3992	1996	998	333
66	4271	2136	1068	356
67	4271	2136	1068	356
68	4271	2136	1068	356
69	4271	2136	1068	356
70	4833	2417	1208	403
71	4833	2417	1208	403
72	4833	2417	1208	403
73	4833	2417	1208	403
74	4833	2417	1208	403
75	5420	2710	1355	452
76	5420	2710	1355	452
77	5420	2710	1355	452
78	5420	2710	1355	452
79	5420	2710	1355	452
80+	5733	2867	1433	478

Female

Preferred Effective Date: 03/15/2026 Plan Code: 5ET

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3018	1509	755	252
66	3228	1614	807	269
67	3228	1614	807	269
68	3228	1614	807	269
69	3228	1614	807	269
70	3653	1827	913	304
71	3653	1827	913	304
72	3653	1827	913	304
73	3653	1827	913	304
74	3653	1827	913	304
75	4097	2049	1024	341
76	4097	2049	1024	341
77	4097	2049	1024	341
78	4097	2049	1024	341
79	4097	2049	1024	341
80+	4333	2167	1083	361

Standard Effective Date: 03/15/2026 Plan Code: 5EV

Issue Age	Annual	Semi Annual	Quarterly	Monthly
65	3469	1735	867	289
66	3712	1856	928	309
67	3712	1856	928	309
68	3712	1856	928	309
69	3712	1856	928	309
70	4200	2100	1050	350
71	4200	2100	1050	350
72	4200	2100	1050	350
73	4200	2100	1050	350
74	4200	2100	1050	350
75	4710	2355	1178	393
76	4710	2355	1178	393
77	4710	2355	1178	393
78	4710	2355	1178	393
79	4710	2355	1178	393
80+	4982	2491	1246	415

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$0	$1736 (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	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 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

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (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	$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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

* Once you have been billed $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

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN C
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 Charges (Above Medicare-Approved Amounts)	$0	$0	All Costs
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

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

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 benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (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 coinsurance, 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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D
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

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

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 benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN F or HIGH DEDUCTIBLE PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2950 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2950 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $2950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 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	$283 (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 $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

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

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 benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN G or HIGH DEDUCTIBLE 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.

** This high deductible plan pays the same benefits as Plan G after one has paid a calendar year $2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2950. 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 $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G or 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 one has paid a calendar year $2950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2950. 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 $2950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2950 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 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

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

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

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1736	$1736 (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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

* Once you have been billed $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%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges(Above Medicare-Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All Costs	$0
Next $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

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

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 benefit of $50,000	20% and amounts over the $50,000 lifetime maximum