



Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001

Outline of Medicare Supplement Coverage

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JANUARY 1, 2020

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

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

Shaded plans shown below represent those offered by Thrivent.

Benefits	Plans Available to All Applicants									Medicare first eligible before 2020 only	
	A	B	D	G	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%	✓	✓	✓	✓
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 [2020] ²						\$[5880] ²	\$[2940] ²				

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$[2340] 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.

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

³Plan 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.

Premiums

The following page(s) display the dollar amount of annual premiums. To determine the monthly or quarterly premium, complete the following calculations using the corresponding premium shown.

To calculate the monthly premium:

Multiply the annual premium amount shown on the chart by .0855.

Example:

$$\$1,500.00 \times .0855 = \$128.25$$

To calculate the quarterly premium:

Multiply the annual premium amount shown on the chart by .255, then add \$0.75.

Example:

$$(\$1,500.00 \times .255) + \$0.75 = \$383.25$$

ZIP 770, 772 – Non-Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	6,453.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,986.40	1,933.10	2,476.50	2,171.00	2,346.50	421.20	2,076.10	1,422.20	1,868.10
65	1,986.40	1,933.10	2,476.50	2,171.00	2,346.50	421.20	2,076.10	1,422.20	1,868.10
66	2,041.00	1,970.80	2,542.80	2,234.70	2,407.60	436.80	2,138.50	1,466.40	1,922.70
67	2,095.60	2,046.20	2,615.60	2,307.50	2,475.20	451.10	2,210.00	1,513.20	1,981.20
68	2,186.60	2,139.80	2,719.60	2,410.20	2,576.60	474.50	2,312.70	1,583.40	2,072.20
69	2,271.10	2,233.40	2,826.20	2,512.90	2,678.00	496.60	2,411.50	1,651.00	2,163.20
70	2,362.10	2,323.10	2,932.80	2,623.40	2,778.10	516.10	2,515.50	1,721.20	2,249.00
71	2,440.10	2,414.10	3,043.30	2,727.40	2,880.80	542.10	2,610.40	1,792.70	2,341.30
72	2,520.70	2,501.20	3,151.20	2,835.30	2,984.80	566.80	2,714.40	1,862.90	2,429.70
73	2,588.30	2,585.70	3,261.70	2,941.90	3,091.40	588.90	2,819.70	1,933.10	2,519.40
74	2,655.90	2,662.40	3,372.20	3,058.90	3,196.70	613.60	2,931.50	2,007.20	2,609.10
75	2,711.80	2,737.80	3,486.60	3,170.70	3,302.00	639.60	3,036.80	2,082.60	2,704.00
76	2,759.90	2,813.20	3,604.90	3,285.10	3,412.50	666.90	3,144.70	2,159.30	2,796.30
77	2,804.10	2,875.60	3,720.60	3,403.40	3,520.40	694.20	3,255.20	2,237.30	2,888.60
78	2,841.80	2,935.40	3,837.60	3,520.40	3,638.70	720.20	3,370.90	2,315.30	2,984.80
79	2,867.80	2,991.30	3,963.70	3,643.90	3,751.80	748.80	3,486.60	2,394.60	3,078.40
80	2,892.50	3,042.00	4,087.20	3,762.20	3,867.50	778.70	3,601.00	2,476.50	3,174.60
81	2,913.30	3,084.90	4,202.90	3,884.40	3,985.80	809.90	3,720.60	2,558.40	3,265.60
82	2,925.00	3,129.10	4,322.50	4,004.00	4,096.30	837.20	3,836.30	2,636.40	3,356.60
83	2,936.70	3,166.80	4,443.40	4,121.00	4,205.50	865.80	3,939.00	2,713.10	3,447.60
84	2,945.80	3,201.90	4,556.50	4,228.90	4,313.40	895.70	4,044.30	2,785.90	3,529.50
85	2,957.50	3,235.70	4,661.80	4,335.50	4,413.50	924.30	4,149.60	2,858.70	3,608.80
86	2,962.70	3,266.90	4,761.90	4,438.20	4,508.40	951.60	4,244.50	2,925.00	3,685.50
87	2,969.20	3,299.40	4,856.80	4,529.20	4,595.50	971.10	4,332.90	2,987.40	3,751.80
88	2,978.30	3,330.60	4,941.30	4,616.30	4,674.80	988.00	4,414.80	3,043.30	3,818.10
89	2,982.20	3,360.50	5,020.60	4,689.10	4,747.60	1,002.30	4,486.30	3,090.10	3,871.40
90	2,991.30	3,391.70	5,084.30	4,760.60	4,817.80	1,017.90	4,555.20	3,135.60	3,922.10
91	2,997.80	3,419.00	5,150.60	4,820.40	4,875.00	1,030.90	4,611.10	3,183.70	3,966.30
92	3,003.00	3,448.90	5,206.50	4,877.60	4,930.90	1,043.90	4,669.60	3,220.10	4,007.90
93	3,008.20	3,481.40	5,261.10	4,932.20	4,981.60	1,053.00	4,721.60	3,253.90	4,048.20
94	3,012.10	3,508.70	5,310.50	4,984.20	5,029.70	1,064.70	4,772.30	3,289.00	4,083.30
95	3,019.90	3,538.60	5,362.50	5,029.70	5,075.20	1,072.50	4,815.20	3,318.90	4,115.80
96	3,022.50	3,565.90	5,408.00	5,077.80	5,119.40	1,082.90	4,860.70	3,351.40	4,148.30
97	3,030.30	3,597.10	5,452.20	5,120.70	5,161.00	1,090.70	4,898.40	3,381.30	4,179.50
98	3,034.20	3,627.00	5,495.10	5,166.20	5,203.90	1,099.80	4,946.50	3,408.60	4,212.00
99	3,048.50	3,667.30	5,558.80	5,231.20	5,263.70	1,115.40	5,007.60	3,452.80	4,256.20

ZIP 770, 772 – Non-Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	6,453.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,376.40	2,450.50	3,296.80	3,008.20	3,117.40	600.60	2,869.10	1,921.40	2,549.30
65	2,376.40	2,450.50	3,296.80	3,008.20	3,117.40	600.60	2,869.10	1,921.40	2,549.30
66	2,432.30	2,515.50	3,390.40	3,099.20	3,209.70	621.40	2,953.60	1,977.30	2,624.70
67	2,493.40	2,577.90	3,481.40	3,190.20	3,298.10	640.90	3,052.40	2,034.50	2,704.00
68	2,546.70	2,644.20	3,584.10	3,282.50	3,390.40	660.40	3,135.60	2,095.60	2,783.30
69	2,600.00	2,709.20	3,682.90	3,380.00	3,487.90	683.80	3,238.30	2,158.00	2,862.60
70	2,645.50	2,766.40	3,785.60	3,478.80	3,584.10	705.90	3,331.90	2,219.10	2,948.40
71	2,698.80	2,830.10	3,889.60	3,581.50	3,682.90	729.30	3,434.60	2,284.10	3,029.00
72	2,736.50	2,893.80	3,993.60	3,686.80	3,781.70	750.10	3,530.80	2,350.40	3,113.50
73	2,779.40	2,953.60	4,100.20	3,785.60	3,883.10	774.80	3,623.10	2,415.40	3,198.00
74	2,815.80	3,009.50	4,205.50	3,889.60	3,981.90	798.20	3,729.70	2,480.40	3,282.50
75	2,848.30	3,062.80	4,309.50	3,993.60	4,080.70	824.20	3,824.60	2,544.10	3,364.40
76	2,875.60	3,114.80	4,416.10	4,095.00	4,179.50	845.00	3,922.10	2,609.10	3,445.00
77	2,900.30	3,162.90	4,518.80	4,193.80	4,274.40	869.70	4,018.30	2,672.80	3,524.30
78	2,927.60	3,204.50	4,620.20	4,297.80	4,370.60	891.80	4,114.50	2,736.50	3,599.70
79	2,943.20	3,239.60	4,720.30	4,387.50	4,464.20	915.20	4,200.30	2,795.00	3,676.40
80	2,960.10	3,273.40	4,812.60	4,486.30	4,552.60	936.00	4,290.00	2,854.80	3,749.20
81	2,973.10	3,307.20	4,895.80	4,570.80	4,634.50	954.20	4,374.50	2,908.10	3,812.90
82	2,982.20	3,337.10	4,972.50	4,651.40	4,707.30	976.30	4,449.90	2,962.70	3,870.10
83	2,993.90	3,368.30	5,041.40	4,719.00	4,774.90	990.60	4,514.90	3,010.80	3,920.80
84	3,001.70	3,393.00	5,099.90	4,776.20	4,828.20	1,004.90	4,570.80	3,056.30	3,965.00
85	3,012.10	3,417.70	5,151.90	4,833.40	4,877.60	1,019.20	4,622.80	3,099.20	4,001.40
86	3,017.30	3,442.40	5,197.40	4,876.30	4,920.50	1,028.30	4,668.30	3,133.00	4,035.20
87	3,021.20	3,463.20	5,237.70	4,916.60	4,954.30	1,037.40	4,707.30	3,174.60	4,061.20
88	3,026.40	3,485.30	5,268.90	4,954.30	4,989.40	1,043.90	4,745.00	3,204.50	4,089.80
89	3,035.50	3,506.10	5,300.10	4,982.90	5,015.40	1,047.80	4,768.40	3,235.70	4,106.70
90	3,035.50	3,523.00	5,328.70	5,011.50	5,042.70	1,051.70	4,795.70	3,268.20	4,124.90
91	3,036.80	3,541.20	5,350.80	5,032.30	5,062.20	1,058.20	4,816.50	3,290.30	4,141.80
92	3,044.60	3,560.70	5,372.90	5,057.00	5,085.60	1,064.70	4,839.90	3,315.00	4,156.10
93	3,045.90	3,577.60	5,393.70	5,083.00	5,109.00	1,071.20	4,864.60	3,338.40	4,170.40
94	3,047.20	3,593.20	5,422.30	5,107.70	5,133.70	1,079.00	4,890.60	3,360.50	4,183.40
95	3,047.20	3,608.80	5,449.60	5,131.10	5,161.00	1,088.10	4,914.00	3,381.30	4,199.00
96	3,048.50	3,624.40	5,475.60	5,157.10	5,184.40	1,094.60	4,936.10	3,400.80	4,214.60
97	3,048.50	3,641.30	5,502.90	5,181.80	5,210.40	1,102.40	4,960.80	3,419.00	4,228.90
98	3,048.50	3,654.30	5,528.90	5,206.50	5,237.70	1,108.90	4,985.50	3,435.90	4,243.20
99	3,048.50	3,667.30	5,558.80	5,231.20	5,263.70	1,115.40	5,007.60	3,452.80	4,256.20

ZIP 770, 772 – Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	7,098.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,185.30	2,126.80	2,724.80	2,388.10	2,581.80	462.80	2,284.10	1,563.90	2,055.30
65	2,185.30	2,126.80	2,724.80	2,388.10	2,581.80	462.80	2,284.10	1,563.90	2,055.30
66	2,245.10	2,168.40	2,797.60	2,458.30	2,648.10	481.00	2,353.00	1,613.30	2,115.10
67	2,304.90	2,250.30	2,876.90	2,538.90	2,722.20	496.60	2,431.00	1,664.00	2,178.80
68	2,405.00	2,354.30	2,991.30	2,650.70	2,834.00	522.60	2,544.10	1,742.00	2,278.90
69	2,498.60	2,457.00	3,108.30	2,763.80	2,945.80	546.00	2,653.30	1,816.10	2,379.00
70	2,598.70	2,555.80	3,226.60	2,886.00	3,056.30	568.10	2,767.70	1,892.80	2,473.90
71	2,684.50	2,655.90	3,347.50	3,000.40	3,169.40	596.70	2,871.70	1,972.10	2,575.30
72	2,772.90	2,750.80	3,465.80	3,118.70	3,283.80	624.00	2,986.10	2,048.80	2,672.80
73	2,847.00	2,844.40	3,588.00	3,235.70	3,400.80	647.40	3,101.80	2,126.80	2,771.60
74	2,921.10	2,928.90	3,708.90	3,364.40	3,516.50	674.70	3,225.30	2,207.40	2,870.40
75	2,983.50	3,012.10	3,835.00	3,487.90	3,632.20	703.30	3,341.00	2,290.60	2,974.40
76	3,035.50	3,094.00	3,965.00	3,614.00	3,754.40	733.20	3,459.30	2,375.10	3,075.80
77	3,084.90	3,162.90	4,092.40	3,744.00	3,872.70	763.10	3,580.20	2,460.90	3,177.20
78	3,126.50	3,229.20	4,221.10	3,872.70	4,002.70	791.70	3,707.60	2,546.70	3,283.80
79	3,155.10	3,290.30	4,360.20	4,007.90	4,127.50	824.20	3,835.00	2,633.80	3,386.50
80	3,182.40	3,346.20	4,495.40	4,137.90	4,254.90	856.70	3,961.10	2,724.80	3,491.80
81	3,204.50	3,393.00	4,622.80	4,273.10	4,384.90	890.50	4,092.40	2,814.50	3,591.90
82	3,217.50	3,442.40	4,755.40	4,404.40	4,505.80	920.40	4,219.80	2,900.30	3,692.00
83	3,230.50	3,484.00	4,888.00	4,533.10	4,626.70	952.90	4,332.90	2,984.80	3,792.10
84	3,240.90	3,521.70	5,012.80	4,651.40	4,745.00	985.40	4,448.60	3,064.10	3,883.10
85	3,253.90	3,559.40	5,128.50	4,769.70	4,855.50	1,016.60	4,564.30	3,144.70	3,970.20
86	3,259.10	3,593.20	5,237.70	4,881.50	4,959.50	1,046.50	4,669.60	3,217.50	4,054.70
87	3,265.60	3,629.60	5,343.00	4,981.60	5,055.70	1,068.60	4,765.80	3,286.40	4,127.50
88	3,276.00	3,663.40	5,435.30	5,077.80	5,142.80	1,086.80	4,856.80	3,347.50	4,200.30
89	3,279.90	3,697.20	5,522.40	5,158.40	5,222.10	1,102.40	4,934.80	3,399.50	4,258.80
90	3,290.30	3,731.00	5,592.60	5,236.40	5,300.10	1,119.30	5,010.20	3,448.90	4,314.70
91	3,298.10	3,760.90	5,665.40	5,302.70	5,362.50	1,133.60	5,072.60	3,502.20	4,362.80
92	3,303.30	3,793.40	5,727.80	5,365.10	5,423.60	1,147.90	5,136.30	3,542.50	4,408.30
93	3,308.50	3,829.80	5,787.60	5,424.90	5,479.50	1,158.30	5,193.50	3,578.90	4,452.50
94	3,313.70	3,859.70	5,842.20	5,482.10	5,532.80	1,171.30	5,249.40	3,617.90	4,491.50
95	3,321.50	3,892.20	5,899.40	5,532.80	5,582.20	1,180.40	5,296.20	3,650.40	4,527.90
96	3,325.40	3,922.10	5,948.80	5,586.10	5,631.60	1,190.80	5,346.90	3,686.80	4,563.00
97	3,333.20	3,957.20	5,996.90	5,632.90	5,677.10	1,199.90	5,388.50	3,719.30	4,598.10
98	3,337.10	3,989.70	6,045.00	5,682.30	5,723.90	1,210.30	5,441.80	3,749.20	4,633.20
99	3,354.00	4,033.90	6,115.20	5,753.80	5,790.20	1,227.20	5,508.10	3,798.60	4,681.30

ZIP 770, 772 – Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	7,098.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,614.30	2,696.20	3,627.00	3,308.50	3,429.40	660.40	3,156.40	2,113.80	2,804.10
65	2,614.30	2,696.20	3,627.00	3,308.50	3,429.40	660.40	3,156.40	2,113.80	2,804.10
66	2,675.40	2,767.70	3,729.70	3,408.60	3,530.80	683.80	3,248.70	2,174.90	2,887.30
67	2,743.00	2,835.30	3,829.80	3,508.70	3,628.30	704.60	3,357.90	2,238.60	2,974.40
68	2,801.50	2,908.10	3,942.90	3,611.40	3,729.70	726.70	3,448.90	2,304.90	3,061.50
69	2,860.00	2,979.60	4,050.80	3,718.00	3,836.30	752.70	3,562.00	2,373.80	3,148.60
70	2,910.70	3,043.30	4,163.90	3,827.20	3,942.90	776.10	3,664.70	2,441.40	3,243.50
71	2,969.20	3,113.50	4,278.30	3,940.30	4,050.80	802.10	3,777.80	2,512.90	3,331.90
72	3,010.80	3,183.70	4,392.70	4,056.00	4,160.00	825.50	3,884.40	2,585.70	3,425.50
73	3,057.60	3,248.70	4,509.70	4,163.90	4,271.80	852.80	3,985.80	2,657.20	3,517.80
74	3,097.90	3,311.10	4,626.70	4,278.30	4,379.70	877.50	4,102.80	2,728.70	3,611.40
75	3,133.00	3,369.60	4,741.10	4,392.70	4,488.90	906.10	4,206.80	2,798.90	3,701.10
76	3,162.90	3,426.80	4,858.10	4,504.50	4,598.10	929.50	4,314.70	2,870.40	3,789.50
77	3,190.20	3,478.80	4,971.20	4,613.70	4,702.10	956.80	4,420.00	2,940.60	3,876.60
78	3,220.10	3,525.60	5,081.70	4,728.10	4,807.40	981.50	4,526.60	3,010.80	3,959.80
79	3,237.00	3,563.30	5,192.20	4,826.90	4,910.10	1,006.20	4,620.20	3,074.50	4,044.30
80	3,256.50	3,601.00	5,293.60	4,934.80	5,007.60	1,029.60	4,719.00	3,140.80	4,123.60
81	3,270.80	3,637.40	5,385.90	5,028.40	5,098.60	1,049.10	4,812.60	3,199.30	4,193.80
82	3,279.90	3,671.20	5,470.40	5,116.80	5,177.90	1,073.80	4,894.50	3,259.10	4,257.50
83	3,292.90	3,705.00	5,545.80	5,190.90	5,252.00	1,089.40	4,966.00	3,312.40	4,313.40
84	3,302.00	3,732.30	5,609.50	5,253.30	5,310.50	1,105.00	5,028.40	3,361.80	4,361.50
85	3,313.70	3,759.60	5,666.70	5,317.00	5,365.10	1,120.60	5,085.60	3,408.60	4,401.80
86	3,318.90	3,786.90	5,717.40	5,363.80	5,413.20	1,131.00	5,135.00	3,446.30	4,438.20
87	3,322.80	3,809.00	5,761.60	5,408.00	5,449.60	1,141.40	5,177.90	3,491.80	4,466.80
88	3,329.30	3,833.70	5,795.40	5,449.60	5,488.60	1,147.90	5,219.50	3,525.60	4,499.30
89	3,339.70	3,857.10	5,830.50	5,480.80	5,517.20	1,153.10	5,245.50	3,559.40	4,517.50
90	3,339.70	3,875.30	5,861.70	5,513.30	5,547.10	1,157.00	5,275.40	3,594.50	4,537.00
91	3,341.00	3,894.80	5,886.40	5,535.40	5,567.90	1,163.50	5,298.80	3,619.20	4,556.50
92	3,348.80	3,916.90	5,909.80	5,562.70	5,593.90	1,171.30	5,323.50	3,646.50	4,572.10
93	3,350.10	3,935.10	5,933.20	5,591.30	5,619.90	1,177.80	5,350.80	3,672.50	4,587.70
94	3,351.40	3,952.00	5,964.40	5,618.60	5,647.20	1,186.90	5,379.40	3,697.20	4,602.00
95	3,351.40	3,970.20	5,994.30	5,644.60	5,677.10	1,197.30	5,405.40	3,719.30	4,618.90
96	3,354.00	3,987.10	6,022.90	5,673.20	5,703.10	1,203.80	5,430.10	3,741.40	4,635.80
97	3,354.00	4,005.30	6,052.80	5,700.50	5,731.70	1,212.90	5,457.40	3,760.90	4,651.40
98	3,354.00	4,019.60	6,081.40	5,727.80	5,761.60	1,219.40	5,484.70	3,779.10	4,667.00
99	3,354.00	4,033.90	6,115.20	5,753.80	5,790.20	1,227.20	5,508.10	3,798.60	4,681.30

ZIP 750-753, 760-762, 773-777 – Non-Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	5,956.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,833.60	1,784.40	2,286.00	2,004.00	2,166.00	388.80	1,916.40	1,312.80	1,724.40
65	1,833.60	1,784.40	2,286.00	2,004.00	2,166.00	388.80	1,916.40	1,312.80	1,724.40
66	1,884.00	1,819.20	2,347.20	2,062.80	2,222.40	403.20	1,974.00	1,353.60	1,774.80
67	1,934.40	1,888.80	2,414.40	2,130.00	2,284.80	416.40	2,040.00	1,396.80	1,828.80
68	2,018.40	1,975.20	2,510.40	2,224.80	2,378.40	438.00	2,134.80	1,461.60	1,912.80
69	2,096.40	2,061.60	2,608.80	2,319.60	2,472.00	458.40	2,226.00	1,524.00	1,996.80
70	2,180.40	2,144.40	2,707.20	2,421.60	2,564.40	476.40	2,322.00	1,588.80	2,076.00
71	2,252.40	2,228.40	2,809.20	2,517.60	2,659.20	500.40	2,409.60	1,654.80	2,161.20
72	2,326.80	2,308.80	2,908.80	2,617.20	2,755.20	523.20	2,505.60	1,719.60	2,242.80
73	2,389.20	2,386.80	3,010.80	2,715.60	2,853.60	543.60	2,602.80	1,784.40	2,325.60
74	2,451.60	2,457.60	3,112.80	2,823.60	2,950.80	566.40	2,706.00	1,852.80	2,408.40
75	2,503.20	2,527.20	3,218.40	2,926.80	3,048.00	590.40	2,803.20	1,922.40	2,496.00
76	2,547.60	2,596.80	3,327.60	3,032.40	3,150.00	615.60	2,902.80	1,993.20	2,581.20
77	2,588.40	2,654.40	3,434.40	3,141.60	3,249.60	640.80	3,004.80	2,065.20	2,666.40
78	2,623.20	2,709.60	3,542.40	3,249.60	3,358.80	664.80	3,111.60	2,137.20	2,755.20
79	2,647.20	2,761.20	3,658.80	3,363.60	3,463.20	691.20	3,218.40	2,210.40	2,841.60
80	2,670.00	2,808.00	3,772.80	3,472.80	3,570.00	718.80	3,324.00	2,286.00	2,930.40
81	2,689.20	2,847.60	3,879.60	3,585.60	3,679.20	747.60	3,434.40	2,361.60	3,014.40
82	2,700.00	2,888.40	3,990.00	3,696.00	3,781.20	772.80	3,541.20	2,433.60	3,098.40
83	2,710.80	2,923.20	4,101.60	3,804.00	3,882.00	799.20	3,636.00	2,504.40	3,182.40
84	2,719.20	2,955.60	4,206.00	3,903.60	3,981.60	826.80	3,733.20	2,571.60	3,258.00
85	2,730.00	2,986.80	4,303.20	4,002.00	4,074.00	853.20	3,830.40	2,638.80	3,331.20
86	2,734.80	3,015.60	4,395.60	4,096.80	4,161.60	878.40	3,918.00	2,700.00	3,402.00
87	2,740.80	3,045.60	4,483.20	4,180.80	4,242.00	896.40	3,999.60	2,757.60	3,463.20
88	2,749.20	3,074.40	4,561.20	4,261.20	4,315.20	912.00	4,075.20	2,809.20	3,524.40
89	2,752.80	3,102.00	4,634.40	4,328.40	4,382.40	925.20	4,141.20	2,852.40	3,573.60
90	2,761.20	3,130.80	4,693.20	4,394.40	4,447.20	939.60	4,204.80	2,894.40	3,620.40
91	2,767.20	3,156.00	4,754.40	4,449.60	4,500.00	951.60	4,256.40	2,938.80	3,661.20
92	2,772.00	3,183.60	4,806.00	4,502.40	4,551.60	963.60	4,310.40	2,972.40	3,699.60
93	2,776.80	3,213.60	4,856.40	4,552.80	4,598.40	972.00	4,358.40	3,003.60	3,736.80
94	2,780.40	3,238.80	4,902.00	4,600.80	4,642.80	982.80	4,405.20	3,036.00	3,769.20
95	2,787.60	3,266.40	4,950.00	4,642.80	4,684.80	990.00	4,444.80	3,063.60	3,799.20
96	2,790.00	3,291.60	4,992.00	4,687.20	4,725.60	999.60	4,486.80	3,093.60	3,829.20
97	2,797.20	3,320.40	5,032.80	4,726.80	4,764.00	1,006.80	4,521.60	3,121.20	3,858.00
98	2,800.80	3,348.00	5,072.40	4,768.80	4,803.60	1,015.20	4,566.00	3,146.40	3,888.00
99	2,814.00	3,385.20	5,131.20	4,828.80	4,858.80	1,029.60	4,622.40	3,187.20	3,928.80

ZIP 750-753, 760-762, 773-777 – Non-Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	5,956.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,193.60	2,262.00	3,043.20	2,776.80	2,877.60	554.40	2,648.40	1,773.60	2,353.20
65	2,193.60	2,262.00	3,043.20	2,776.80	2,877.60	554.40	2,648.40	1,773.60	2,353.20
66	2,245.20	2,322.00	3,129.60	2,860.80	2,962.80	573.60	2,726.40	1,825.20	2,422.80
67	2,301.60	2,379.60	3,213.60	2,944.80	3,044.40	591.60	2,817.60	1,878.00	2,496.00
68	2,350.80	2,440.80	3,308.40	3,030.00	3,129.60	609.60	2,894.40	1,934.40	2,569.20
69	2,400.00	2,500.80	3,399.60	3,120.00	3,219.60	631.20	2,989.20	1,992.00	2,642.40
70	2,442.00	2,553.60	3,494.40	3,211.20	3,308.40	651.60	3,075.60	2,048.40	2,721.60
71	2,491.20	2,612.40	3,590.40	3,306.00	3,399.60	673.20	3,170.40	2,108.40	2,796.00
72	2,526.00	2,671.20	3,686.40	3,403.20	3,490.80	692.40	3,259.20	2,169.60	2,874.00
73	2,565.60	2,726.40	3,784.80	3,494.40	3,584.40	715.20	3,344.40	2,229.60	2,952.00
74	2,599.20	2,778.00	3,882.00	3,590.40	3,675.60	736.80	3,442.80	2,289.60	3,030.00
75	2,629.20	2,827.20	3,978.00	3,686.40	3,766.80	760.80	3,530.40	2,348.40	3,105.60
76	2,654.40	2,875.20	4,076.40	3,780.00	3,858.00	780.00	3,620.40	2,408.40	3,180.00
77	2,677.20	2,919.60	4,171.20	3,871.20	3,945.60	802.80	3,709.20	2,467.20	3,253.20
78	2,702.40	2,958.00	4,264.80	3,967.20	4,034.40	823.20	3,798.00	2,526.00	3,322.80
79	2,716.80	2,990.40	4,357.20	4,050.00	4,120.80	844.80	3,877.20	2,580.00	3,393.60
80	2,732.40	3,021.60	4,442.40	4,141.20	4,202.40	864.00	3,960.00	2,635.20	3,460.80
81	2,744.40	3,052.80	4,519.20	4,219.20	4,278.00	880.80	4,038.00	2,684.40	3,519.60
82	2,752.80	3,080.40	4,590.00	4,293.60	4,345.20	901.20	4,107.60	2,734.80	3,572.40
83	2,763.60	3,109.20	4,653.60	4,356.00	4,407.60	914.40	4,167.60	2,779.20	3,619.20
84	2,770.80	3,132.00	4,707.60	4,408.80	4,456.80	927.60	4,219.20	2,821.20	3,660.00
85	2,780.40	3,154.80	4,755.60	4,461.60	4,502.40	940.80	4,267.20	2,860.80	3,693.60
86	2,785.20	3,177.60	4,797.60	4,501.20	4,542.00	949.20	4,309.20	2,892.00	3,724.80
87	2,788.80	3,196.80	4,834.80	4,538.40	4,573.20	957.60	4,345.20	2,930.40	3,748.80
88	2,793.60	3,217.20	4,863.60	4,573.20	4,605.60	963.60	4,380.00	2,958.00	3,775.20
89	2,802.00	3,236.40	4,892.40	4,599.60	4,629.60	967.20	4,401.60	2,986.80	3,790.80
90	2,802.00	3,252.00	4,918.80	4,626.00	4,654.80	970.80	4,426.80	3,016.80	3,807.60
91	2,803.20	3,268.80	4,939.20	4,645.20	4,672.80	976.80	4,446.00	3,037.20	3,823.20
92	2,810.40	3,286.80	4,959.60	4,668.00	4,694.40	982.80	4,467.60	3,060.00	3,836.40
93	2,811.60	3,302.40	4,978.80	4,692.00	4,716.00	988.80	4,490.40	3,081.60	3,849.60
94	2,812.80	3,316.80	5,005.20	4,714.80	4,738.80	996.00	4,514.40	3,102.00	3,861.60
95	2,812.80	3,331.20	5,030.40	4,736.40	4,764.00	1,004.40	4,536.00	3,121.20	3,876.00
96	2,814.00	3,345.60	5,054.40	4,760.40	4,785.60	1,010.40	4,556.40	3,139.20	3,890.40
97	2,814.00	3,361.20	5,079.60	4,783.20	4,809.60	1,017.60	4,579.20	3,156.00	3,903.60
98	2,814.00	3,373.20	5,103.60	4,806.00	4,834.80	1,023.60	4,602.00	3,171.60	3,916.80
99	2,814.00	3,385.20	5,131.20	4,828.80	4,858.80	1,029.60	4,622.40	3,187.20	3,928.80

ZIP 750-753, 760-762, 773-777 – Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	6,552.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,017.20	1,963.20	2,515.20	2,204.40	2,383.20	427.20	2,108.40	1,443.60	1,897.20
65	2,017.20	1,963.20	2,515.20	2,204.40	2,383.20	427.20	2,108.40	1,443.60	1,897.20
66	2,072.40	2,001.60	2,582.40	2,269.20	2,444.40	444.00	2,172.00	1,489.20	1,952.40
67	2,127.60	2,077.20	2,655.60	2,343.60	2,512.80	458.40	2,244.00	1,536.00	2,011.20
68	2,220.00	2,173.20	2,761.20	2,446.80	2,616.00	482.40	2,348.40	1,608.00	2,103.60
69	2,306.40	2,268.00	2,869.20	2,551.20	2,719.20	504.00	2,449.20	1,676.40	2,196.00
70	2,398.80	2,359.20	2,978.40	2,664.00	2,821.20	524.40	2,554.80	1,747.20	2,283.60
71	2,478.00	2,451.60	3,090.00	2,769.60	2,925.60	550.80	2,650.80	1,820.40	2,377.20
72	2,559.60	2,539.20	3,199.20	2,878.80	3,031.20	576.00	2,756.40	1,891.20	2,467.20
73	2,628.00	2,625.60	3,312.00	2,986.80	3,139.20	597.60	2,863.20	1,963.20	2,558.40
74	2,696.40	2,703.60	3,423.60	3,105.60	3,246.00	622.80	2,977.20	2,037.60	2,649.60
75	2,754.00	2,780.40	3,540.00	3,219.60	3,352.80	649.20	3,084.00	2,114.40	2,745.60
76	2,802.00	2,856.00	3,660.00	3,336.00	3,465.60	676.80	3,193.20	2,192.40	2,839.20
77	2,847.60	2,919.60	3,777.60	3,456.00	3,574.80	704.40	3,304.80	2,271.60	2,932.80
78	2,886.00	2,980.80	3,896.40	3,574.80	3,694.80	730.80	3,422.40	2,350.80	3,031.20
79	2,912.40	3,037.20	4,024.80	3,699.60	3,810.00	760.80	3,540.00	2,431.20	3,126.00
80	2,937.60	3,088.80	4,149.60	3,819.60	3,927.60	790.80	3,656.40	2,515.20	3,223.20
81	2,958.00	3,132.00	4,267.20	3,944.40	4,047.60	822.00	3,777.60	2,598.00	3,315.60
82	2,970.00	3,177.60	4,389.60	4,065.60	4,159.20	849.60	3,895.20	2,677.20	3,408.00
83	2,982.00	3,216.00	4,512.00	4,184.40	4,270.80	879.60	3,999.60	2,755.20	3,500.40
84	2,991.60	3,250.80	4,627.20	4,293.60	4,380.00	909.60	4,106.40	2,828.40	3,584.40
85	3,003.60	3,285.60	4,734.00	4,402.80	4,482.00	938.40	4,213.20	2,902.80	3,664.80
86	3,008.40	3,316.80	4,834.80	4,506.00	4,578.00	966.00	4,310.40	2,970.00	3,742.80
87	3,014.40	3,350.40	4,932.00	4,598.40	4,666.80	986.40	4,399.20	3,033.60	3,810.00
88	3,024.00	3,381.60	5,017.20	4,687.20	4,747.20	1,003.20	4,483.20	3,090.00	3,877.20
89	3,027.60	3,412.80	5,097.60	4,761.60	4,820.40	1,017.60	4,555.20	3,138.00	3,931.20
90	3,037.20	3,444.00	5,162.40	4,833.60	4,892.40	1,033.20	4,624.80	3,183.60	3,982.80
91	3,044.40	3,471.60	5,229.60	4,894.80	4,950.00	1,046.40	4,682.40	3,232.80	4,027.20
92	3,049.20	3,501.60	5,287.20	4,952.40	5,006.40	1,059.60	4,741.20	3,270.00	4,069.20
93	3,054.00	3,535.20	5,342.40	5,007.60	5,058.00	1,069.20	4,794.00	3,303.60	4,110.00
94	3,058.80	3,562.80	5,392.80	5,060.40	5,107.20	1,081.20	4,845.60	3,339.60	4,146.00
95	3,066.00	3,592.80	5,445.60	5,107.20	5,152.80	1,089.60	4,888.80	3,369.60	4,179.60
96	3,069.60	3,620.40	5,491.20	5,156.40	5,198.40	1,099.20	4,935.60	3,403.20	4,212.00
97	3,076.80	3,652.80	5,535.60	5,199.60	5,240.40	1,107.60	4,974.00	3,433.20	4,244.40
98	3,080.40	3,682.80	5,580.00	5,245.20	5,283.60	1,117.20	5,023.20	3,460.80	4,276.80
99	3,096.00	3,723.60	5,644.80	5,311.20	5,344.80	1,132.80	5,084.40	3,506.40	4,321.20

ZIP 750-753, 760-762, 773-777 – Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	6,552.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,413.20	2,488.80	3,348.00	3,054.00	3,165.60	609.60	2,913.60	1,951.20	2,588.40
65	2,413.20	2,488.80	3,348.00	3,054.00	3,165.60	609.60	2,913.60	1,951.20	2,588.40
66	2,469.60	2,554.80	3,442.80	3,146.40	3,259.20	631.20	2,998.80	2,007.60	2,665.20
67	2,532.00	2,617.20	3,535.20	3,238.80	3,349.20	650.40	3,099.60	2,066.40	2,745.60
68	2,586.00	2,684.40	3,639.60	3,333.60	3,442.80	670.80	3,183.60	2,127.60	2,826.00
69	2,640.00	2,750.40	3,739.20	3,432.00	3,541.20	694.80	3,288.00	2,191.20	2,906.40
70	2,686.80	2,809.20	3,843.60	3,532.80	3,639.60	716.40	3,382.80	2,253.60	2,994.00
71	2,740.80	2,874.00	3,949.20	3,637.20	3,739.20	740.40	3,487.20	2,319.60	3,075.60
72	2,779.20	2,938.80	4,054.80	3,744.00	3,840.00	762.00	3,585.60	2,386.80	3,162.00
73	2,822.40	2,998.80	4,162.80	3,843.60	3,943.20	787.20	3,679.20	2,452.80	3,247.20
74	2,859.60	3,056.40	4,270.80	3,949.20	4,042.80	810.00	3,787.20	2,518.80	3,333.60
75	2,892.00	3,110.40	4,376.40	4,054.80	4,143.60	836.40	3,883.20	2,583.60	3,416.40
76	2,919.60	3,163.20	4,484.40	4,158.00	4,244.40	858.00	3,982.80	2,649.60	3,498.00
77	2,944.80	3,211.20	4,588.80	4,258.80	4,340.40	883.20	4,080.00	2,714.40	3,578.40
78	2,972.40	3,254.40	4,690.80	4,364.40	4,437.60	906.00	4,178.40	2,779.20	3,655.20
79	2,988.00	3,289.20	4,792.80	4,455.60	4,532.40	928.80	4,264.80	2,838.00	3,733.20
80	3,006.00	3,324.00	4,886.40	4,555.20	4,622.40	950.40	4,356.00	2,899.20	3,806.40
81	3,019.20	3,357.60	4,971.60	4,641.60	4,706.40	968.40	4,442.40	2,953.20	3,871.20
82	3,027.60	3,388.80	5,049.60	4,723.20	4,779.60	991.20	4,518.00	3,008.40	3,930.00
83	3,039.60	3,420.00	5,119.20	4,791.60	4,848.00	1,005.60	4,584.00	3,057.60	3,981.60
84	3,048.00	3,445.20	5,178.00	4,849.20	4,902.00	1,020.00	4,641.60	3,103.20	4,026.00
85	3,058.80	3,470.40	5,230.80	4,908.00	4,952.40	1,034.40	4,694.40	3,146.40	4,063.20
86	3,063.60	3,495.60	5,277.60	4,951.20	4,996.80	1,044.00	4,740.00	3,181.20	4,096.80
87	3,067.20	3,516.00	5,318.40	4,992.00	5,030.40	1,053.60	4,779.60	3,223.20	4,123.20
88	3,073.20	3,538.80	5,349.60	5,030.40	5,066.40	1,059.60	4,818.00	3,254.40	4,153.20
89	3,082.80	3,560.40	5,382.00	5,059.20	5,092.80	1,064.40	4,842.00	3,285.60	4,170.00
90	3,082.80	3,577.20	5,410.80	5,089.20	5,120.40	1,068.00	4,869.60	3,318.00	4,188.00
91	3,084.00	3,595.20	5,433.60	5,109.60	5,139.60	1,074.00	4,891.20	3,340.80	4,206.00
92	3,091.20	3,615.60	5,455.20	5,134.80	5,163.60	1,081.20	4,914.00	3,366.00	4,220.40
93	3,092.40	3,632.40	5,476.80	5,161.20	5,187.60	1,087.20	4,939.20	3,390.00	4,234.80
94	3,093.60	3,648.00	5,505.60	5,186.40	5,212.80	1,095.60	4,965.60	3,412.80	4,248.00
95	3,093.60	3,664.80	5,533.20	5,210.40	5,240.40	1,105.20	4,989.60	3,433.20	4,263.60
96	3,096.00	3,680.40	5,559.60	5,236.80	5,264.40	1,111.20	5,012.40	3,453.60	4,279.20
97	3,096.00	3,697.20	5,587.20	5,262.00	5,290.80	1,119.60	5,037.60	3,471.60	4,293.60
98	3,096.00	3,710.40	5,613.60	5,287.20	5,318.40	1,125.60	5,062.80	3,488.40	4,308.00
99	3,096.00	3,723.60	5,644.80	5,311.20	5,344.80	1,132.80	5,084.40	3,506.40	4,321.20

ZIP 733, 754-759, 763-764, 768, 778-794, 797 – Non-Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	5,460.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,680.80	1,635.70	2,095.50	1,837.00	1,985.50	356.40	1,756.70	1,203.40	1,580.70
65	1,680.80	1,635.70	2,095.50	1,837.00	1,985.50	356.40	1,756.70	1,203.40	1,580.70
66	1,727.00	1,667.60	2,151.60	1,890.90	2,037.20	369.60	1,809.50	1,240.80	1,626.90
67	1,773.20	1,731.40	2,213.20	1,952.50	2,094.40	381.70	1,870.00	1,280.40	1,676.40
68	1,850.20	1,810.60	2,301.20	2,039.40	2,180.20	401.50	1,956.90	1,339.80	1,753.40
69	1,921.70	1,889.80	2,391.40	2,126.30	2,266.00	420.20	2,040.50	1,397.00	1,830.40
70	1,998.70	1,965.70	2,481.60	2,219.80	2,350.70	436.70	2,128.50	1,456.40	1,903.00
71	2,064.70	2,042.70	2,575.10	2,307.80	2,437.60	458.70	2,208.80	1,516.90	1,981.10
72	2,132.90	2,116.40	2,666.40	2,399.10	2,525.60	479.60	2,296.80	1,576.30	2,055.90
73	2,190.10	2,187.90	2,759.90	2,489.30	2,615.80	498.30	2,385.90	1,635.70	2,131.80
74	2,247.30	2,252.80	2,853.40	2,588.30	2,704.90	519.20	2,480.50	1,698.40	2,207.70
75	2,294.60	2,316.60	2,950.20	2,682.90	2,794.00	541.20	2,569.60	1,762.20	2,288.00
76	2,335.30	2,380.40	3,050.30	2,779.70	2,887.50	564.30	2,660.90	1,827.10	2,366.10
77	2,372.70	2,433.20	3,148.20	2,879.80	2,978.80	587.40	2,754.40	1,893.10	2,444.20
78	2,404.60	2,483.80	3,247.20	2,978.80	3,078.90	609.40	2,852.30	1,959.10	2,525.60
79	2,426.60	2,531.10	3,353.90	3,083.30	3,174.60	633.60	2,950.20	2,026.20	2,604.80
80	2,447.50	2,574.00	3,458.40	3,183.40	3,272.50	658.90	3,047.00	2,095.50	2,686.20
81	2,465.10	2,610.30	3,556.30	3,286.80	3,372.60	685.30	3,148.20	2,164.80	2,763.20
82	2,475.00	2,647.70	3,657.50	3,388.00	3,466.10	708.40	3,246.10	2,230.80	2,840.20
83	2,484.90	2,679.60	3,759.80	3,487.00	3,558.50	732.60	3,333.00	2,295.70	2,917.20
84	2,492.60	2,709.30	3,855.50	3,578.30	3,649.80	757.90	3,422.10	2,357.30	2,986.50
85	2,502.50	2,737.90	3,944.60	3,668.50	3,734.50	782.10	3,511.20	2,418.90	3,053.60
86	2,506.90	2,764.30	4,029.30	3,755.40	3,814.80	805.20	3,591.50	2,475.00	3,118.50
87	2,512.40	2,791.80	4,109.60	3,832.40	3,888.50	821.70	3,666.30	2,527.80	3,174.60
88	2,520.10	2,818.20	4,181.10	3,906.10	3,955.60	836.00	3,735.60	2,575.10	3,230.70
89	2,523.40	2,843.50	4,248.20	3,967.70	4,017.20	848.10	3,796.10	2,614.70	3,275.80
90	2,531.10	2,869.90	4,302.10	4,028.20	4,076.60	861.30	3,854.40	2,653.20	3,318.70
91	2,536.60	2,893.00	4,358.20	4,078.80	4,125.00	872.30	3,901.70	2,693.90	3,356.10
92	2,541.00	2,918.30	4,405.50	4,127.20	4,172.30	883.30	3,951.20	2,724.70	3,391.30
93	2,545.40	2,945.80	4,451.70	4,173.40	4,215.20	891.00	3,995.20	2,753.30	3,425.40
94	2,548.70	2,968.90	4,493.50	4,217.40	4,255.90	900.90	4,038.10	2,783.00	3,455.10
95	2,555.30	2,994.20	4,537.50	4,255.90	4,294.40	907.50	4,074.40	2,808.30	3,482.60
96	2,557.50	3,017.30	4,576.00	4,296.60	4,331.80	916.30	4,112.90	2,835.80	3,510.10
97	2,564.10	3,043.70	4,613.40	4,332.90	4,367.00	922.90	4,144.80	2,861.10	3,536.50
98	2,567.40	3,069.00	4,649.70	4,371.40	4,403.30	930.60	4,185.50	2,884.20	3,564.00
99	2,579.50	3,103.10	4,703.60	4,426.40	4,453.90	943.80	4,237.20	2,921.60	3,601.40

ZIP 733, 754-759, 763-764, 768, 778-794, 797 – Non-Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	5,460.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,010.80	2,073.50	2,789.60	2,545.40	2,637.80	508.20	2,427.70	1,625.80	2,157.10
65	2,010.80	2,073.50	2,789.60	2,545.40	2,637.80	508.20	2,427.70	1,625.80	2,157.10
66	2,058.10	2,128.50	2,868.80	2,622.40	2,715.90	525.80	2,499.20	1,673.10	2,220.90
67	2,109.80	2,181.30	2,945.80	2,699.40	2,790.70	542.30	2,582.80	1,721.50	2,288.00
68	2,154.90	2,237.40	3,032.70	2,777.50	2,868.80	558.80	2,653.20	1,773.20	2,355.10
69	2,200.00	2,292.40	3,116.30	2,860.00	2,951.30	578.60	2,740.10	1,826.00	2,422.20
70	2,238.50	2,340.80	3,203.20	2,943.60	3,032.70	597.30	2,819.30	1,877.70	2,494.80
71	2,283.60	2,394.70	3,291.20	3,030.50	3,116.30	617.10	2,906.20	1,932.70	2,563.00
72	2,315.50	2,448.60	3,379.20	3,119.60	3,199.90	634.70	2,987.60	1,988.80	2,634.50
73	2,351.80	2,499.20	3,469.40	3,203.20	3,285.70	655.60	3,065.70	2,043.80	2,706.00
74	2,382.60	2,546.50	3,558.50	3,291.20	3,369.30	675.40	3,155.90	2,098.80	2,777.50
75	2,410.10	2,591.60	3,646.50	3,379.20	3,452.90	697.40	3,236.20	2,152.70	2,846.80
76	2,433.20	2,635.60	3,736.70	3,465.00	3,536.50	715.00	3,318.70	2,207.70	2,915.00
77	2,454.10	2,676.30	3,823.60	3,548.60	3,616.80	735.90	3,400.10	2,261.60	2,982.10
78	2,477.20	2,711.50	3,909.40	3,636.60	3,698.20	754.60	3,481.50	2,315.50	3,045.90
79	2,490.40	2,741.20	3,994.10	3,712.50	3,777.40	774.40	3,554.10	2,365.00	3,110.80
80	2,504.70	2,769.80	4,072.20	3,796.10	3,852.20	792.00	3,630.00	2,415.60	3,172.40
81	2,515.70	2,798.40	4,142.60	3,867.60	3,921.50	807.40	3,701.50	2,460.70	3,226.30
82	2,523.40	2,823.70	4,207.50	3,935.80	3,983.10	826.10	3,765.30	2,506.90	3,274.70
83	2,533.30	2,850.10	4,265.80	3,993.00	4,040.30	838.20	3,820.30	2,547.60	3,317.60
84	2,539.90	2,871.00	4,315.30	4,041.40	4,085.40	850.30	3,867.60	2,586.10	3,355.00
85	2,548.70	2,891.90	4,359.30	4,089.80	4,127.20	862.40	3,911.60	2,622.40	3,385.80
86	2,553.10	2,912.80	4,397.80	4,126.10	4,163.50	870.10	3,950.10	2,651.00	3,414.40
87	2,556.40	2,930.40	4,431.90	4,160.20	4,192.10	877.80	3,983.10	2,686.20	3,436.40
88	2,560.80	2,949.10	4,458.30	4,192.10	4,221.80	883.30	4,015.00	2,711.50	3,460.60
89	2,568.50	2,966.70	4,484.70	4,216.30	4,243.80	886.60	4,034.80	2,737.90	3,474.90
90	2,568.50	2,981.00	4,508.90	4,240.50	4,266.90	889.90	4,057.90	2,765.40	3,490.30
91	2,569.60	2,996.40	4,527.60	4,258.10	4,283.40	895.40	4,075.50	2,784.10	3,504.60
92	2,576.20	3,012.90	4,546.30	4,279.00	4,303.20	900.90	4,095.30	2,805.00	3,516.70
93	2,577.30	3,027.20	4,563.90	4,301.00	4,323.00	906.40	4,116.20	2,824.80	3,528.80
94	2,578.40	3,040.40	4,588.10	4,321.90	4,343.90	913.00	4,138.20	2,843.50	3,539.80
95	2,578.40	3,053.60	4,611.20	4,341.70	4,367.00	920.70	4,158.00	2,861.10	3,553.00
96	2,579.50	3,066.80	4,633.20	4,363.70	4,386.80	926.20	4,176.70	2,877.60	3,566.20
97	2,579.50	3,081.10	4,656.30	4,384.60	4,408.80	932.80	4,197.60	2,893.00	3,578.30
98	2,579.50	3,092.10	4,678.30	4,405.50	4,431.90	938.30	4,218.50	2,907.30	3,590.40
99	2,579.50	3,103.10	4,703.60	4,426.40	4,453.90	943.80	4,237.20	2,921.60	3,601.40

ZIP 733, 754-759, 763-764, 768, 778-794, 797 – Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	6,006.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,849.10	1,799.60	2,305.60	2,020.70	2,184.60	391.60	1,932.70	1,323.30	1,739.10
65	1,849.10	1,799.60	2,305.60	2,020.70	2,184.60	391.60	1,932.70	1,323.30	1,739.10
66	1,899.70	1,834.80	2,367.20	2,080.10	2,240.70	407.00	1,991.00	1,365.10	1,789.70
67	1,950.30	1,904.10	2,434.30	2,148.30	2,303.40	420.20	2,057.00	1,408.00	1,843.60
68	2,035.00	1,992.10	2,531.10	2,242.90	2,398.00	442.20	2,152.70	1,474.00	1,928.30
69	2,114.20	2,079.00	2,630.10	2,338.60	2,492.60	462.00	2,245.10	1,536.70	2,013.00
70	2,198.90	2,162.60	2,730.20	2,442.00	2,586.10	480.70	2,341.90	1,601.60	2,093.30
71	2,271.50	2,247.30	2,832.50	2,538.80	2,681.80	504.90	2,429.90	1,668.70	2,179.10
72	2,346.30	2,327.60	2,932.60	2,638.90	2,778.60	528.00	2,526.70	1,733.60	2,261.60
73	2,409.00	2,406.80	3,036.00	2,737.90	2,877.60	547.80	2,624.60	1,799.60	2,345.20
74	2,471.70	2,478.30	3,138.30	2,846.80	2,975.50	570.90	2,729.10	1,867.80	2,428.80
75	2,524.50	2,548.70	3,245.00	2,951.30	3,073.40	595.10	2,827.00	1,938.20	2,516.80
76	2,568.50	2,618.00	3,355.00	3,058.00	3,176.80	620.40	2,927.10	2,009.70	2,602.60
77	2,610.30	2,676.30	3,462.80	3,168.00	3,276.90	645.70	3,029.40	2,082.30	2,688.40
78	2,645.50	2,732.40	3,571.70	3,276.90	3,386.90	669.90	3,137.20	2,154.90	2,778.60
79	2,669.70	2,784.10	3,689.40	3,391.30	3,492.50	697.40	3,245.00	2,228.60	2,865.50
80	2,692.80	2,831.40	3,803.80	3,501.30	3,600.30	724.90	3,351.70	2,305.60	2,954.60
81	2,711.50	2,871.00	3,911.60	3,615.70	3,710.30	753.50	3,462.80	2,381.50	3,039.30
82	2,722.50	2,912.80	4,023.80	3,726.80	3,812.60	778.80	3,570.60	2,454.10	3,124.00
83	2,733.50	2,948.00	4,136.00	3,835.70	3,914.90	806.30	3,666.30	2,525.60	3,208.70
84	2,742.30	2,979.90	4,241.60	3,935.80	4,015.00	833.80	3,764.20	2,592.70	3,285.70
85	2,753.30	3,011.80	4,339.50	4,035.90	4,108.50	860.20	3,862.10	2,660.90	3,359.40
86	2,757.70	3,040.40	4,431.90	4,130.50	4,196.50	885.50	3,951.20	2,722.50	3,430.90
87	2,763.20	3,071.20	4,521.00	4,215.20	4,277.90	904.20	4,032.60	2,780.80	3,492.50
88	2,772.00	3,099.80	4,599.10	4,296.60	4,351.60	919.60	4,109.60	2,832.50	3,554.10
89	2,775.30	3,128.40	4,672.80	4,364.80	4,418.70	932.80	4,175.60	2,876.50	3,603.60
90	2,784.10	3,157.00	4,732.20	4,430.80	4,484.70	947.10	4,239.40	2,918.30	3,650.90
91	2,790.70	3,182.30	4,793.80	4,486.90	4,537.50	959.20	4,292.20	2,963.40	3,691.60
92	2,795.10	3,209.80	4,846.60	4,539.70	4,589.20	971.30	4,346.10	2,997.50	3,730.10
93	2,799.50	3,240.60	4,897.20	4,590.30	4,636.50	980.10	4,394.50	3,028.30	3,767.50
94	2,803.90	3,265.90	4,943.40	4,638.70	4,681.60	991.10	4,441.80	3,061.30	3,800.50
95	2,810.50	3,293.40	4,991.80	4,681.60	4,723.40	998.80	4,481.40	3,088.80	3,831.30
96	2,813.80	3,318.70	5,033.60	4,726.70	4,765.20	1,007.60	4,524.30	3,119.60	3,861.00
97	2,820.40	3,348.40	5,074.30	4,766.30	4,803.70	1,015.30	4,559.50	3,147.10	3,890.70
98	2,823.70	3,375.90	5,115.00	4,808.10	4,843.30	1,024.10	4,604.60	3,172.40	3,920.40
99	2,838.00	3,413.30	5,174.40	4,868.60	4,899.40	1,038.40	4,660.70	3,214.20	3,961.10

ZIP 733, 754-759, 763-764, 768, 778-794, 797 – Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	6,006.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,212.10	2,281.40	3,069.00	2,799.50	2,901.80	558.80	2,670.80	1,788.60	2,372.70
65	2,212.10	2,281.40	3,069.00	2,799.50	2,901.80	558.80	2,670.80	1,788.60	2,372.70
66	2,263.80	2,341.90	3,155.90	2,884.20	2,987.60	578.60	2,748.90	1,840.30	2,443.10
67	2,321.00	2,399.10	3,240.60	2,968.90	3,070.10	596.20	2,841.30	1,894.20	2,516.80
68	2,370.50	2,460.70	3,336.30	3,055.80	3,155.90	614.90	2,918.30	1,950.30	2,590.50
69	2,420.00	2,521.20	3,427.60	3,146.00	3,246.10	636.90	3,014.00	2,008.60	2,664.20
70	2,462.90	2,575.10	3,523.30	3,238.40	3,336.30	656.70	3,100.90	2,065.80	2,744.50
71	2,512.40	2,634.50	3,620.10	3,334.10	3,427.60	678.70	3,196.60	2,126.30	2,819.30
72	2,547.60	2,693.90	3,716.90	3,432.00	3,520.00	698.50	3,286.80	2,187.90	2,898.50
73	2,587.20	2,748.90	3,815.90	3,523.30	3,614.60	721.60	3,372.60	2,248.40	2,976.60
74	2,621.30	2,801.70	3,914.90	3,620.10	3,705.90	742.50	3,471.60	2,308.90	3,055.80
75	2,651.00	2,851.20	4,011.70	3,716.90	3,798.30	766.70	3,559.60	2,368.30	3,131.70
76	2,676.30	2,899.60	4,110.70	3,811.50	3,890.70	786.50	3,650.90	2,428.80	3,206.50
77	2,699.40	2,943.60	4,206.40	3,903.90	3,978.70	809.60	3,740.00	2,488.20	3,280.20
78	2,724.70	2,983.20	4,299.90	4,000.70	4,067.80	830.50	3,830.20	2,547.60	3,350.60
79	2,739.00	3,015.10	4,393.40	4,084.30	4,154.70	851.40	3,909.40	2,601.50	3,422.10
80	2,755.50	3,047.00	4,479.20	4,175.60	4,237.20	871.20	3,993.00	2,657.60	3,489.20
81	2,767.60	3,077.80	4,557.30	4,254.80	4,314.20	887.70	4,072.20	2,707.10	3,548.60
82	2,775.30	3,106.40	4,628.80	4,329.60	4,381.30	908.60	4,141.50	2,757.70	3,602.50
83	2,786.30	3,135.00	4,692.60	4,392.30	4,444.00	921.80	4,202.00	2,802.80	3,649.80
84	2,794.00	3,158.10	4,746.50	4,445.10	4,493.50	935.00	4,254.80	2,844.60	3,690.50
85	2,803.90	3,181.20	4,794.90	4,499.00	4,539.70	948.20	4,303.20	2,884.20	3,724.60
86	2,808.30	3,204.30	4,837.80	4,538.60	4,580.40	957.00	4,345.00	2,916.10	3,755.40
87	2,811.60	3,223.00	4,875.20	4,576.00	4,611.20	965.80	4,381.30	2,954.60	3,779.60
88	2,817.10	3,243.90	4,903.80	4,611.20	4,644.20	971.30	4,416.50	2,983.20	3,807.10
89	2,825.90	3,263.70	4,933.50	4,637.60	4,668.40	975.70	4,438.50	3,011.80	3,822.50
90	2,825.90	3,279.10	4,959.90	4,665.10	4,693.70	979.00	4,463.80	3,041.50	3,839.00
91	2,827.00	3,295.60	4,980.80	4,683.80	4,711.30	984.50	4,483.60	3,062.40	3,855.50
92	2,833.60	3,314.30	5,000.60	4,706.90	4,733.30	991.10	4,504.50	3,085.50	3,868.70
93	2,834.70	3,329.70	5,020.40	4,731.10	4,755.30	996.60	4,527.60	3,107.50	3,881.90
94	2,835.80	3,344.00	5,046.80	4,754.20	4,778.40	1,004.30	4,551.80	3,128.40	3,894.00
95	2,835.80	3,359.40	5,072.10	4,776.20	4,803.70	1,013.10	4,573.80	3,147.10	3,908.30
96	2,838.00	3,373.70	5,096.30	4,800.40	4,825.70	1,018.60	4,594.70	3,165.80	3,922.60
97	2,838.00	3,389.10	5,121.60	4,823.50	4,849.90	1,026.30	4,617.80	3,182.30	3,935.80
98	2,838.00	3,401.20	5,145.80	4,846.60	4,875.20	1,031.80	4,640.90	3,197.70	3,949.00
99	2,838.00	3,413.30	5,174.40	4,868.60	4,899.40	1,038.40	4,660.70	3,214.20	3,961.10

ZIP 765-767, 769, 795-796, 798-799, 885 – Non-Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	4,964.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,528.00	1,487.00	1,905.00	1,670.00	1,805.00	324.00	1,597.00	1,094.00	1,437.00
65	1,528.00	1,487.00	1,905.00	1,670.00	1,805.00	324.00	1,597.00	1,094.00	1,437.00
66	1,570.00	1,516.00	1,956.00	1,719.00	1,852.00	336.00	1,645.00	1,128.00	1,479.00
67	1,612.00	1,574.00	2,012.00	1,775.00	1,904.00	347.00	1,700.00	1,164.00	1,524.00
68	1,682.00	1,646.00	2,092.00	1,854.00	1,982.00	365.00	1,779.00	1,218.00	1,594.00
69	1,747.00	1,718.00	2,174.00	1,933.00	2,060.00	382.00	1,855.00	1,270.00	1,664.00
70	1,817.00	1,787.00	2,256.00	2,018.00	2,137.00	397.00	1,935.00	1,324.00	1,730.00
71	1,877.00	1,857.00	2,341.00	2,098.00	2,216.00	417.00	2,008.00	1,379.00	1,801.00
72	1,939.00	1,924.00	2,424.00	2,181.00	2,296.00	436.00	2,088.00	1,433.00	1,869.00
73	1,991.00	1,989.00	2,509.00	2,263.00	2,378.00	453.00	2,169.00	1,487.00	1,938.00
74	2,043.00	2,048.00	2,594.00	2,353.00	2,459.00	472.00	2,255.00	1,544.00	2,007.00
75	2,086.00	2,106.00	2,682.00	2,439.00	2,540.00	492.00	2,336.00	1,602.00	2,080.00
76	2,123.00	2,164.00	2,773.00	2,527.00	2,625.00	513.00	2,419.00	1,661.00	2,151.00
77	2,157.00	2,212.00	2,862.00	2,618.00	2,708.00	534.00	2,504.00	1,721.00	2,222.00
78	2,186.00	2,258.00	2,952.00	2,708.00	2,799.00	554.00	2,593.00	1,781.00	2,296.00
79	2,206.00	2,301.00	3,049.00	2,803.00	2,886.00	576.00	2,682.00	1,842.00	2,368.00
80	2,225.00	2,340.00	3,144.00	2,894.00	2,975.00	599.00	2,770.00	1,905.00	2,442.00
81	2,241.00	2,373.00	3,233.00	2,988.00	3,066.00	623.00	2,862.00	1,968.00	2,512.00
82	2,250.00	2,407.00	3,325.00	3,080.00	3,151.00	644.00	2,951.00	2,028.00	2,582.00
83	2,259.00	2,436.00	3,418.00	3,170.00	3,235.00	666.00	3,030.00	2,087.00	2,652.00
84	2,266.00	2,463.00	3,505.00	3,253.00	3,318.00	689.00	3,111.00	2,143.00	2,715.00
85	2,275.00	2,489.00	3,586.00	3,335.00	3,395.00	711.00	3,192.00	2,199.00	2,776.00
86	2,279.00	2,513.00	3,663.00	3,414.00	3,468.00	732.00	3,265.00	2,250.00	2,835.00
87	2,284.00	2,538.00	3,736.00	3,484.00	3,535.00	747.00	3,333.00	2,298.00	2,886.00
88	2,291.00	2,562.00	3,801.00	3,551.00	3,596.00	760.00	3,396.00	2,341.00	2,937.00
89	2,294.00	2,585.00	3,862.00	3,607.00	3,652.00	771.00	3,451.00	2,377.00	2,978.00
90	2,301.00	2,609.00	3,911.00	3,662.00	3,706.00	783.00	3,504.00	2,412.00	3,017.00
91	2,306.00	2,630.00	3,962.00	3,708.00	3,750.00	793.00	3,547.00	2,449.00	3,051.00
92	2,310.00	2,653.00	4,005.00	3,752.00	3,793.00	803.00	3,592.00	2,477.00	3,083.00
93	2,314.00	2,678.00	4,047.00	3,794.00	3,832.00	810.00	3,632.00	2,503.00	3,114.00
94	2,317.00	2,699.00	4,085.00	3,834.00	3,869.00	819.00	3,671.00	2,530.00	3,141.00
95	2,323.00	2,722.00	4,125.00	3,869.00	3,904.00	825.00	3,704.00	2,553.00	3,166.00
96	2,325.00	2,743.00	4,160.00	3,906.00	3,938.00	833.00	3,739.00	2,578.00	3,191.00
97	2,331.00	2,767.00	4,194.00	3,939.00	3,970.00	839.00	3,768.00	2,601.00	3,215.00
98	2,334.00	2,790.00	4,227.00	3,974.00	4,003.00	846.00	3,805.00	2,622.00	3,240.00
99	2,345.00	2,821.00	4,276.00	4,024.00	4,049.00	858.00	3,852.00	2,656.00	3,274.00

ZIP 765-767, 769, 795-796, 798-799, 885 – Non-Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	4,964.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,828.00	1,885.00	2,536.00	2,314.00	2,398.00	462.00	2,207.00	1,478.00	1,961.00
65	1,828.00	1,885.00	2,536.00	2,314.00	2,398.00	462.00	2,207.00	1,478.00	1,961.00
66	1,871.00	1,935.00	2,608.00	2,384.00	2,469.00	478.00	2,272.00	1,521.00	2,019.00
67	1,918.00	1,983.00	2,678.00	2,454.00	2,537.00	493.00	2,348.00	1,565.00	2,080.00
68	1,959.00	2,034.00	2,757.00	2,525.00	2,608.00	508.00	2,412.00	1,612.00	2,141.00
69	2,000.00	2,084.00	2,833.00	2,600.00	2,683.00	526.00	2,491.00	1,660.00	2,202.00
70	2,035.00	2,128.00	2,912.00	2,676.00	2,757.00	543.00	2,563.00	1,707.00	2,268.00
71	2,076.00	2,177.00	2,992.00	2,755.00	2,833.00	561.00	2,642.00	1,757.00	2,330.00
72	2,105.00	2,226.00	3,072.00	2,836.00	2,909.00	577.00	2,716.00	1,808.00	2,395.00
73	2,138.00	2,272.00	3,154.00	2,912.00	2,987.00	596.00	2,787.00	1,858.00	2,460.00
74	2,166.00	2,315.00	3,235.00	2,992.00	3,063.00	614.00	2,869.00	1,908.00	2,525.00
75	2,191.00	2,356.00	3,315.00	3,072.00	3,139.00	634.00	2,942.00	1,957.00	2,588.00
76	2,212.00	2,396.00	3,397.00	3,150.00	3,215.00	650.00	3,017.00	2,007.00	2,650.00
77	2,231.00	2,433.00	3,476.00	3,226.00	3,288.00	669.00	3,091.00	2,056.00	2,711.00
78	2,252.00	2,465.00	3,554.00	3,306.00	3,362.00	686.00	3,165.00	2,105.00	2,769.00
79	2,264.00	2,492.00	3,631.00	3,375.00	3,434.00	704.00	3,231.00	2,150.00	2,828.00
80	2,277.00	2,518.00	3,702.00	3,451.00	3,502.00	720.00	3,300.00	2,196.00	2,884.00
81	2,287.00	2,544.00	3,766.00	3,516.00	3,565.00	734.00	3,365.00	2,237.00	2,933.00
82	2,294.00	2,567.00	3,825.00	3,578.00	3,621.00	751.00	3,423.00	2,279.00	2,977.00
83	2,303.00	2,591.00	3,878.00	3,630.00	3,673.00	762.00	3,473.00	2,316.00	3,016.00
84	2,309.00	2,610.00	3,923.00	3,674.00	3,714.00	773.00	3,516.00	2,351.00	3,050.00
85	2,317.00	2,629.00	3,963.00	3,718.00	3,752.00	784.00	3,556.00	2,384.00	3,078.00
86	2,321.00	2,648.00	3,998.00	3,751.00	3,785.00	791.00	3,591.00	2,410.00	3,104.00
87	2,324.00	2,664.00	4,029.00	3,782.00	3,811.00	798.00	3,621.00	2,442.00	3,124.00
88	2,328.00	2,681.00	4,053.00	3,811.00	3,838.00	803.00	3,650.00	2,465.00	3,146.00
89	2,335.00	2,697.00	4,077.00	3,833.00	3,858.00	806.00	3,668.00	2,489.00	3,159.00
90	2,335.00	2,710.00	4,099.00	3,855.00	3,879.00	809.00	3,689.00	2,514.00	3,173.00
91	2,336.00	2,724.00	4,116.00	3,871.00	3,894.00	814.00	3,705.00	2,531.00	3,186.00
92	2,342.00	2,739.00	4,133.00	3,890.00	3,912.00	819.00	3,723.00	2,550.00	3,197.00
93	2,343.00	2,752.00	4,149.00	3,910.00	3,930.00	824.00	3,742.00	2,568.00	3,208.00
94	2,344.00	2,764.00	4,171.00	3,929.00	3,949.00	830.00	3,762.00	2,585.00	3,218.00
95	2,344.00	2,776.00	4,192.00	3,947.00	3,970.00	837.00	3,780.00	2,601.00	3,230.00
96	2,345.00	2,788.00	4,212.00	3,967.00	3,988.00	842.00	3,797.00	2,616.00	3,242.00
97	2,345.00	2,801.00	4,233.00	3,986.00	4,008.00	848.00	3,816.00	2,630.00	3,253.00
98	2,345.00	2,811.00	4,253.00	4,005.00	4,029.00	853.00	3,835.00	2,643.00	3,264.00
99	2,345.00	2,821.00	4,276.00	4,024.00	4,049.00	858.00	3,852.00	2,656.00	3,274.00

ZIP 765-767, 769, 795-796, 798-799, 885 – Smoker – Attained Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	5,460.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	1,681.00	1,636.00	2,096.00	1,837.00	1,986.00	356.00	1,757.00	1,203.00	1,581.00
65	1,681.00	1,636.00	2,096.00	1,837.00	1,986.00	356.00	1,757.00	1,203.00	1,581.00
66	1,727.00	1,668.00	2,152.00	1,891.00	2,037.00	370.00	1,810.00	1,241.00	1,627.00
67	1,773.00	1,731.00	2,213.00	1,953.00	2,094.00	382.00	1,870.00	1,280.00	1,676.00
68	1,850.00	1,811.00	2,301.00	2,039.00	2,180.00	402.00	1,957.00	1,340.00	1,753.00
69	1,922.00	1,890.00	2,391.00	2,126.00	2,266.00	420.00	2,041.00	1,397.00	1,830.00
70	1,999.00	1,966.00	2,482.00	2,220.00	2,351.00	437.00	2,129.00	1,456.00	1,903.00
71	2,065.00	2,043.00	2,575.00	2,308.00	2,438.00	459.00	2,209.00	1,517.00	1,981.00
72	2,133.00	2,116.00	2,666.00	2,399.00	2,526.00	480.00	2,297.00	1,576.00	2,056.00
73	2,190.00	2,188.00	2,760.00	2,489.00	2,616.00	498.00	2,386.00	1,636.00	2,132.00
74	2,247.00	2,253.00	2,853.00	2,588.00	2,705.00	519.00	2,481.00	1,698.00	2,208.00
75	2,295.00	2,317.00	2,950.00	2,683.00	2,794.00	541.00	2,570.00	1,762.00	2,288.00
76	2,335.00	2,380.00	3,050.00	2,780.00	2,888.00	564.00	2,661.00	1,827.00	2,366.00
77	2,373.00	2,433.00	3,148.00	2,880.00	2,979.00	587.00	2,754.00	1,893.00	2,444.00
78	2,405.00	2,484.00	3,247.00	2,979.00	3,079.00	609.00	2,852.00	1,959.00	2,526.00
79	2,427.00	2,531.00	3,354.00	3,083.00	3,175.00	634.00	2,950.00	2,026.00	2,605.00
80	2,448.00	2,574.00	3,458.00	3,183.00	3,273.00	659.00	3,047.00	2,096.00	2,686.00
81	2,465.00	2,610.00	3,556.00	3,287.00	3,373.00	685.00	3,148.00	2,165.00	2,763.00
82	2,475.00	2,648.00	3,658.00	3,388.00	3,466.00	708.00	3,246.00	2,231.00	2,840.00
83	2,485.00	2,680.00	3,760.00	3,487.00	3,559.00	733.00	3,333.00	2,296.00	2,917.00
84	2,493.00	2,709.00	3,856.00	3,578.00	3,650.00	758.00	3,422.00	2,357.00	2,987.00
85	2,503.00	2,738.00	3,945.00	3,669.00	3,735.00	782.00	3,511.00	2,419.00	3,054.00
86	2,507.00	2,764.00	4,029.00	3,755.00	3,815.00	805.00	3,592.00	2,475.00	3,119.00
87	2,512.00	2,792.00	4,110.00	3,832.00	3,889.00	822.00	3,666.00	2,528.00	3,175.00
88	2,520.00	2,818.00	4,181.00	3,906.00	3,956.00	836.00	3,736.00	2,575.00	3,231.00
89	2,523.00	2,844.00	4,248.00	3,968.00	4,017.00	848.00	3,796.00	2,615.00	3,276.00
90	2,531.00	2,870.00	4,302.00	4,028.00	4,077.00	861.00	3,854.00	2,653.00	3,319.00
91	2,537.00	2,893.00	4,358.00	4,079.00	4,125.00	872.00	3,902.00	2,694.00	3,356.00
92	2,541.00	2,918.00	4,406.00	4,127.00	4,172.00	883.00	3,951.00	2,725.00	3,391.00
93	2,545.00	2,946.00	4,452.00	4,173.00	4,215.00	891.00	3,995.00	2,753.00	3,425.00
94	2,549.00	2,969.00	4,494.00	4,217.00	4,256.00	901.00	4,038.00	2,783.00	3,455.00
95	2,555.00	2,994.00	4,538.00	4,256.00	4,294.00	908.00	4,074.00	2,808.00	3,483.00
96	2,558.00	3,017.00	4,576.00	4,297.00	4,332.00	916.00	4,113.00	2,836.00	3,510.00
97	2,564.00	3,044.00	4,613.00	4,333.00	4,367.00	923.00	4,145.00	2,861.00	3,537.00
98	2,567.00	3,069.00	4,650.00	4,371.00	4,403.00	931.00	4,186.00	2,884.00	3,564.00
99	2,580.00	3,103.00	4,704.00	4,426.00	4,454.00	944.00	4,237.00	2,922.00	3,601.00

ZIP 765-767, 769, 795-796, 798-799, 885 – Smoker – Issue Age

Chart shows \$ amount for annual premium.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FH	Plan G	Plan L	Plan M
<64	5,460.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
64	2,011.00	2,074.00	2,790.00	2,545.00	2,638.00	508.00	2,428.00	1,626.00	2,157.00
65	2,011.00	2,074.00	2,790.00	2,545.00	2,638.00	508.00	2,428.00	1,626.00	2,157.00
66	2,058.00	2,129.00	2,869.00	2,622.00	2,716.00	526.00	2,499.00	1,673.00	2,221.00
67	2,110.00	2,181.00	2,946.00	2,699.00	2,791.00	542.00	2,583.00	1,722.00	2,288.00
68	2,155.00	2,237.00	3,033.00	2,778.00	2,869.00	559.00	2,653.00	1,773.00	2,355.00
69	2,200.00	2,292.00	3,116.00	2,860.00	2,951.00	579.00	2,740.00	1,826.00	2,422.00
70	2,239.00	2,341.00	3,203.00	2,944.00	3,033.00	597.00	2,819.00	1,878.00	2,495.00
71	2,284.00	2,395.00	3,291.00	3,031.00	3,116.00	617.00	2,906.00	1,933.00	2,563.00
72	2,316.00	2,449.00	3,379.00	3,120.00	3,200.00	635.00	2,988.00	1,989.00	2,635.00
73	2,352.00	2,499.00	3,469.00	3,203.00	3,286.00	656.00	3,066.00	2,044.00	2,706.00
74	2,383.00	2,547.00	3,559.00	3,291.00	3,369.00	675.00	3,156.00	2,099.00	2,778.00
75	2,410.00	2,592.00	3,647.00	3,379.00	3,453.00	697.00	3,236.00	2,153.00	2,847.00
76	2,433.00	2,636.00	3,737.00	3,465.00	3,537.00	715.00	3,319.00	2,208.00	2,915.00
77	2,454.00	2,676.00	3,824.00	3,549.00	3,617.00	736.00	3,400.00	2,262.00	2,982.00
78	2,477.00	2,712.00	3,909.00	3,637.00	3,698.00	755.00	3,482.00	2,316.00	3,046.00
79	2,490.00	2,741.00	3,994.00	3,713.00	3,777.00	774.00	3,554.00	2,365.00	3,111.00
80	2,505.00	2,770.00	4,072.00	3,796.00	3,852.00	792.00	3,630.00	2,416.00	3,172.00
81	2,516.00	2,798.00	4,143.00	3,868.00	3,922.00	807.00	3,702.00	2,461.00	3,226.00
82	2,523.00	2,824.00	4,208.00	3,936.00	3,983.00	826.00	3,765.00	2,507.00	3,275.00
83	2,533.00	2,850.00	4,266.00	3,993.00	4,040.00	838.00	3,820.00	2,548.00	3,318.00
84	2,540.00	2,871.00	4,315.00	4,041.00	4,085.00	850.00	3,868.00	2,586.00	3,355.00
85	2,549.00	2,892.00	4,359.00	4,090.00	4,127.00	862.00	3,912.00	2,622.00	3,386.00
86	2,553.00	2,913.00	4,398.00	4,126.00	4,164.00	870.00	3,950.00	2,651.00	3,414.00
87	2,556.00	2,930.00	4,432.00	4,160.00	4,192.00	878.00	3,983.00	2,686.00	3,436.00
88	2,561.00	2,949.00	4,458.00	4,192.00	4,222.00	883.00	4,015.00	2,712.00	3,461.00
89	2,569.00	2,967.00	4,485.00	4,216.00	4,244.00	887.00	4,035.00	2,738.00	3,475.00
90	2,569.00	2,981.00	4,509.00	4,241.00	4,267.00	890.00	4,058.00	2,765.00	3,490.00
91	2,570.00	2,996.00	4,528.00	4,258.00	4,283.00	895.00	4,076.00	2,784.00	3,505.00
92	2,576.00	3,013.00	4,546.00	4,279.00	4,303.00	901.00	4,095.00	2,805.00	3,517.00
93	2,577.00	3,027.00	4,564.00	4,301.00	4,323.00	906.00	4,116.00	2,825.00	3,529.00
94	2,578.00	3,040.00	4,588.00	4,322.00	4,344.00	913.00	4,138.00	2,844.00	3,540.00
95	2,578.00	3,054.00	4,611.00	4,342.00	4,367.00	921.00	4,158.00	2,861.00	3,553.00
96	2,580.00	3,067.00	4,633.00	4,364.00	4,387.00	926.00	4,177.00	2,878.00	3,566.00
97	2,580.00	3,081.00	4,656.00	4,385.00	4,409.00	933.00	4,198.00	2,893.00	3,578.00
98	2,580.00	3,092.00	4,678.00	4,406.00	4,432.00	938.00	4,219.00	2,907.00	3,590.00
99	2,580.00	3,103.00	4,704.00	4,426.00	4,454.00	944.00	4,237.00	2,922.00	3,601.00

PREMIUM INFORMATION

We, Thrivent Financial for Lutherans, can only raise your premium if we raise the premium for all policies like yours in this state. If your premium is based on attained age, your renewal premium will increase due to age on or after the contract anniversary. Any rate increase must be approved by the Texas Department of Insurance.

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 Thrivent Financial for Lutherans, 4321 N. Ballard Road, Appleton, WI 54919-0001. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

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

NOTICE

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

Neither Thrivent nor its agents are connected with Medicare.

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

LIMITATIONS AND EXCLUSIONS

This contract covers only those expenses that are approved for payment by Medicare. This contract does not cover expenses when you are entitled to have payment made under Medicare, any other governmental program (except Medicaid), any other Medicare Supplement insurance contract, or any state or federal workers' compensation, employer's liability, or occupational disease law, or any motor vehicle no-fault law; for services for which no charge is normally made in the absence of insurance; or for items or services for which you have no legal obligation to pay.

REFUND OF PREMIUM

This contract contains a provision for premium refunded upon cancellation or death of the insured. Thrivent will refund the portion of any premium paid for the period beyond the date of termination.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Read the application carefully before you sign it. Be certain that all information has been properly recorded.

PLAN A
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$0 \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$[1408] (Part A deductible) \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 \$0 \$0	\$0 Up to \$[176] a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[198] (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[198] (Part B deductible) \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[198] (Part B deductible) \$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 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1408] (Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 \$0 \$0	\$0 Up to \$[176] a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[198] (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[198] (Part B deductible) \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[198] (Part B deductible) \$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 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1408] (Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[176] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$[198] (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$[198] (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$[198] (Part B deductible) 20%	\$0 \$0 \$0

(continued)

**PLAN C
OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

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 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1408] (Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[176] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[198] (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[198] (Part B deductible) \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[198] (Part B deductible) \$0

(continued)

**PLAN D
OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1408] (Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[176] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$[198] (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$[198] (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$[198] (Part B deductible) 20%	\$0 \$0 \$0

(continued)

**PLAN F
OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

**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 you have paid a calendar year \$[2340] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2340]. 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 \$[2340] DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$[2340] DEDUCTIBLE**, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1408] (Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[176] a day \$0	\$0 \$0 All costs

(continued)

*****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**HIGH DEDUCTIBLE PLAN F
 MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2340] DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$[2340] DEDUCTIBLE**, YOU PAY
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

**HIGH DEDUCTIBLE PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

*Once you have been billed \$[198] 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 you have paid a calendar year \$[2340] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2340]. 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 \$[2340] DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$[2340] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$[198] (Part B deductible) Generally 20%	\$0 \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$[198] (Part B deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**HIGH DEDUCTIBLE PLAN F
PARTS A & B**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2340] DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$[2340] DEDUCTIBLE**, YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$[198] of Medicare Approved Amounts*	\$0	\$[198] (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2340] DEDUCTIBLE**, PLAN PAYS	IN ADDITION TO \$[2340] DEDUCTIBLE**, YOU PAY
FOREIGN TRAVEL NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the 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 G
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1408] (Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[176] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[198] (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[198] (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[198] (Unless Part B deductible has been met) \$0

(continued)

PLAN G
OTHER BENEFITS – NOT COVERED BY MEDICARE

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

PLAN L
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[2940] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

*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 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[1056] (75% of Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$[352] (25% of Part A deductible)♦ \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[1056] a day (75% of Part A coinsurance) \$0	\$0 \$Up to \$[44] a day (25% of Part A coinsurance)♦ All costs

(continued)

****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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN L
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD First 3 pints Additional amounts	\$0 100%	75% \$0	25%♦ \$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	75% of copayment/coinsurance	25% of copayment/coinsurance♦

(continued)

PLAN L
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Preventive Benefits for Medicare Covered Services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare approved amounts Generally 80%	\$0 Remainder of Medicare approved amounts Generally 15%	\$[198] (Part B deductible)* ♦ All costs above Medicare approved amounts Generally 5% ♦
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of- pocket limit of \$[2,780]^
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%♦ \$[198] (Part B deductible)* ♦ Generally 5%♦
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN L
PARTS A & B**

*Once you have been billed \$[198] 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
HOME HEALTH CARE— MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$[198] of Medicare Approved Amounts*	\$0	\$0	\$[198] (Part B deductible)* ♦
Remainder of Medicare Approved Amounts	80%	15%	5%♦

PLAN M
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 61st through 90th day 91st day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$[1408] All but \$[352] a day All but \$[704] a day \$0 \$0	\$[704] (50% of Part A deductible) \$[352] a day \$[704] a day 100% of Medicare eligible expenses \$0	\$[704] (50% of Part A deductible) \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[176] a day \$0	\$0 Up to \$[176] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

(continued)

**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 Basic Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN M
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[198] 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 \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[198] (Part B deductible) \$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[198] (Part B deductible) \$0
CLINICAL LABORATORY SERVICES— TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE— MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$[198] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[198] (Part B deductible) \$0

(continued)

PLAN M
OTHER BENEFITS – NOT COVERED BY MEDICARE

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



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Guaranteed Issue for Eligible Persons

The following are definitions of categories of individuals who are eligible for Guaranteed Issue. If any of the definitions apply to you, please complete an Application for Medicare Supplement Insurance and submit evidence of the date of termination, disenrollment, or Medicare Part D enrollment. The application for coverage must be made no later than 63 days after the effective date of termination, disenrollment, or enrollment in Medicare Part D.

1. Enrolled under an employee welfare benefit plan that provides health benefits that supplement Medicare and the plan terminates, or the plan ceases to provide all such benefits; or is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan; or
2. Enrolled with a Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider under section 1894 of the Social Security Act, and there are circumstances similar to the following that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a Medicare Advantage Plan: the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
3. Enrolled in a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
4. Enrolled in a Medicare Supplement policy and coverage ceases due to insolvency, substantial violation of a material policy provision, material misrepresentation, or other involuntary termination of coverage or enrollment under the policy; or
5. Enrolled under a Medicare Supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any Medicare Advantage organization under a Medicare Advantage plan under Part C of Medicare, any eligible organization under a contract under section 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under section 1894 of the Social Security Act, or a Medicare Select policy; and the subsequent enrollment is terminated by the individual during any period within the first 12 months of such subsequent enrollment (during which the individual is permitted to terminate such subsequent enrollment under section 1851(e) of the Social Security Act); or
6. Upon first becoming enrolled in Medicare Part B for benefits at age 65 or older, enrolls in a Medicare Advantage plan under Part C of Medicare, or with a PACE provider under section 1894 of the Social Security Act, and disenrolls from the plan or program no later than 12 months after the effective date of enrollment; or
7. Enrolls in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in Part D, was enrolled under a Medicare Supplement policy that covers outpatient prescription drugs and the individual terminates enrollment in the Medicare supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy; or
8. The individual loses eligibility for health benefits under Title IX of the Social Security Act (Medicaid).