

# **MEDICARE SUPPLEMENT INSURANCE**

**The Wisconsin Insurance Commissioner has set standards for Medicare Supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this policy. Do not buy this policy if you did not get this guide.**

## **PREMIUM INFORMATION**

We 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.

## **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, will treat the policy as if it had never been issued and return all your payments directly to you.

## **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 Financial for Lutherans nor its agents are connected with Medicare.**

## MEDICARE SUPPLEMENT 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	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$[1408]	\$0  or <input type="checkbox"/> OPTIONAL PART A DEDUCTIBLE RIDER*	\$[1408]  \$0
	61st to 90th days	All but \$[352] per day	or <input type="checkbox"/> OPTIONAL MEDICARE 50% PART A DEDUCTIBLE RIDER***	\$[704]
	91st day and after while using 60 lifetime reserve days	All but \$[704] per day	\$[352] per day	\$0
	Once lifetime reserve days are used:		\$[704] per day	\$0
	Additional 365 days	\$0	100% of Medicare eligible expenses**	\$0
Beyond the additional 365 days	\$0	\$0	All expenses	

(continued)

\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the issuer stands in the Place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

\*\*\*This optional rider may reduce your premium when you pay 50% of Medicare Part A deductible.

## MEDICARE SUPPLEMENT 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	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>SKILLED NURSING FACILITY CARE</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	21st to 100th days	All but \$[176] per day	Up to \$[176] per day	Any expenses not approved by Medicare or covered by this policy
	101st day and after	\$0	\$0	All expenses
<b>INPATIENT PSYCHIATRIC CARE</b> Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 days per lifetime	Any expenses not approved by Medicare or covered by this policy
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies that you are terminally ill and you elect to receive these services		All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care	100% of coinsurance or copayments	\$0

\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the issuer stands in the Place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

\*\*\*This optional rider may reduce your premium when you pay 50% of Medicare Part A deductible.

## MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
MEDICAL EXPENSES Eligible expense for physician's services, in-patient and out-patient medical 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%  <input type="checkbox"/> OPTIONAL MEDICARE PART B EXCESS CHARGES RIDER**  <input type="checkbox"/> OPTIONAL FOREIGN TRAVEL EMERGENCY RIDER**	\$[198]  Expenses not paid by this policy.
BLOOD	First 3 pints  Next \$[198] of Medicare approved amounts*  Remainder of Medicare approved amounts	\$0  \$0  80%	All costs  \$0  20%	\$0  \$[198]  Expenses not paid by Medicare or this policy
CLINICAL LABORATORY SERVICES Tests for diagnostic services		100%	\$0	\$0

(continued)

\*Once you have been billed \$[198] of Medicare approved amounts for covered services (that are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

## MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits or <input type="checkbox"/> OPTIONAL ADDITIONAL HOME HEALTH CARE RIDER**	Expenses not paid by this policy.
PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.*	[First \$120 each calendar year]  [Additional charges]	\$0  \$0	[\$120]  \$0	\$0  All costs
If OPTIONAL FOREIGN TRAVEL EMERGENCY RIDER is selected**  FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	First \$250 each calendar year  Remainder of charges	\$0  \$0	\$250  80% to a lifetime maximum benefit of \$50,000	\$0  20% and amounts over the \$50,000 lifetime maximum

(continued)

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

**IN ADDITION TO THE BENEFITS DESCRIBED ABOVE, THE FOLLOWING BENEFITS ARE MANDATED BY THE STATE OF WISCONSIN AND ARE INCLUDED IN YOUR THRIVENT MEDICARE SUPPLEMENT CONTRACT IF IT IS ISSUED IN WISCONSIN.**

**KIDNEY DISEASE BENEFIT**

We will pay the expenses you incur for the following inpatient and outpatient treatment of kidney disease:

- 1) Dialysis.
- 2) Transplantation.
- 3) Donor-related services.

Benefits paid under this provision will not exceed \$30,000 in any calendar year.

**DIABETES BENEFIT**

We will pay the usual and customary charges you incur for the following treatment of diabetes:

- 1) Purchase, installation, and use of one insulin infusion pump in any 12-month period, provided the pump is used by you for 30 days before purchase.
- 2) Non-prescription equipment and supplies for the treatment of diabetes.
- 3) Diabetic self-management education programs.

**CHIROPRACTIC BENEFIT**

We will pay the usual and customary charges you incur for medically necessary chiropractic services.

**BREAST RECONSTRUCTION BENEFIT**

We will pay the usual and customary charges you incur for breast reconstruction of the affected tissue incident to a mastectomy.

**SKILLED NURSING FACILITY BENEFITS FOR EXPENSES THAT ARE NOT MEDICARE-ELIGIBLE**

We will pay the charges you incur for each day of confinement in a licensed skilled nursing facility. Benefits will not be paid for more than 30 days of confinement for each Medicare benefit period. The amount payable will be the maximum daily rate established by the Department of Health and Family Services in the state of Wisconsin for skilled nursing care in that facility.

Benefits are payable only for skilled nursing care that is certified and recertified every seven days by your doctor as medically necessary. Benefits paid for Medicare eligible skilled nursing facility care do not reduce this maximum of 30 days of confinement. Benefits are not payable for care that is essentially domiciliary or custodial.

**HOSPITAL AND AMBULATORY SURGERY CENTER CHARGES AND ANESTHETICS FOR DENTAL CARE BENEFIT**

We will pay the usual and customary charges you incur for the following dental care:

- 1) Hospital or ambulatory surgery center charges.
- 2) Charges for anesthetics.

Provided that you have:

- 1) A medical condition that requires hospitalization or general anesthesia for dental care; or
- 2) A chronic disability that meets all the conditions required by Wisconsin law.

**LIMITATIONS AND EXCLUSIONS.** Your contract does not cover the following:

- a) Nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing mandated by s. 632.895 (3), Stats.
- b) Physician charges above Medicare's approved charge.
- c) Outpatient prescription drugs.
- d) Most care received outside of the U.S.A.
- e) Dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
- f) Coverage for emergency care anywhere or for care received outside the service area if this care is treated differently than other covered benefits.
- g) Usual, customary, and reasonable limitations.

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

**RENEWABILITY**

Your contract is guaranteed renewable for life. We reserve the right to change the table of premium rates by class.

**CLAIMS APPEAL PROCEDURES**

If you have a claim for benefits which is denied in whole or in part, you have the right to appeal the claim denial by sending a written request for review. Mail this request to Thrivent Financial for Lutherans, Medical Claims, 4321 N. Ballard Road, Appleton, WI 54919-0001 and enclose any supporting material. Within 30 days of receipt of this written request, we will review your claim in detail and send you written notification of the results of the review.

If you have a claim for a statutory benefit as defined in your contract that is denied in whole or in part, you have the right to file a written grievance. "Grievance" means any dissatisfaction with an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, an insured including any of the following:

- a) Provision of services.
- b) Determination to reform or rescind a policy.
- c) Determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders.
- d) Claims practices.

## MEDICARE SUPPLEMENT PREMIUM COST INFORMATION

Annual Premium

\$ \_\_\_\_\_

### **BASIC MEDICARE SUPPLEMENT COVERAGE**

### **OPTIONAL BENEFIT(S) FOR MEDICARE SUPPLEMENT POLICY**

Each of these riders may be purchased separately.

\$ \_\_\_\_\_

**1. 100% of the Medicare Part A hospital deductible**

\$ \_\_\_\_\_

**2. 50% of the Medicare Part A hospital deductible per benefit period with no out-of-pocket maximum**

\$ \_\_\_\_\_

**3. Additional home health care**

An aggregate of 365 visits per year including those covered by Medicare

\$ \_\_\_\_\_

**4. Medicare Part B excess charges**

Difference between the Medicare eligible charge and the amount charged by the provider which shall be no greater than the actual charge or the limited charge allowed by Medicare, whichever is less

\$ \_\_\_\_\_

**5. Foreign travel emergency rider**

After a deductible not greater than \$250, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. during the first 60 days of a trip with a lifetime maximum of \$50,000

\$ \_\_\_\_\_

**TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFIT(S)**

IN ADDITION TO THIS OUTLINE OF COVERAGE, THRIVENT WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES THAT WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.



## 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 annual premium shown.

**To calculate the monthly premium**

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

Example:

$$\$1500 \times .0855 = \$128.25$$

**To calculate the quarterly premium**

multiply the annual premium amount shown on the chart by .255 and add .75.

Example:

$$(\$1500 \times .255) + .75 = \$383.25$$

Age	Base Plan	Optional Riders				
		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	4,643.00	848.00	422.00	138.00	60.00	70.00
64	1,488.00	202.00	101.00	34.00	26.00	18.00
65	1,488.00	202.00	101.00	34.00	26.00	18.00
66	1,534.00	212.00	107.00	35.00	26.00	18.00
67	1,583.00	220.00	111.00	36.00	27.00	19.00
68	1,661.00	235.00	117.00	38.00	28.00	20.00
69	1,739.00	249.00	126.00	40.00	30.00	20.00
70	1,817.00	264.00	131.00	41.00	31.00	21.00
71	1,897.00	279.00	141.00	43.00	33.00	22.00
72	1,976.00	295.00	147.00	45.00	34.00	22.00
73	2,059.00	311.00	156.00	46.00	36.00	23.00
74	2,141.00	330.00	166.00	47.00	37.00	23.00
75	2,223.00	349.00	175.00	49.00	38.00	23.00
76	2,300.00	370.00	185.00	50.00	40.00	23.00
77	2,382.00	390.00	196.00	52.00	41.00	24.00
78	2,457.00	416.00	208.00	52.00	42.00	24.00
79	2,528.00	441.00	220.00	53.00	43.00	24.00
80	2,601.00	467.00	234.00	53.00	45.00	24.00
81	2,675.00	495.00	246.00	53.00	46.00	24.00
82	2,749.00	522.00	262.00	53.00	47.00	24.00
83	2,827.00	548.00	275.00	55.00	48.00	24.00
84	2,907.00	577.00	288.00	55.00	50.00	24.00
85	2,984.00	604.00	301.00	55.00	52.00	24.00
86	3,054.00	628.00	317.00	55.00	53.00	24.00
87	3,119.00	653.00	327.00	55.00	55.00	24.00
88	3,169.00	676.00	338.00	55.00	55.00	24.00
89	3,211.00	695.00	349.00	55.00	56.00	24.00
90	3,246.00	717.00	358.00	55.00	57.00	24.00
91	3,273.00	734.00	367.00	55.00	57.00	24.00
92	3,302.00	752.00	376.00	55.00	58.00	24.00
93	3,329.00	769.00	384.00	55.00	58.00	24.00
94	3,355.00	784.00	392.00	55.00	59.00	24.00
95	3,380.00	800.00	401.00	55.00	59.00	24.00
96	3,407.00	815.00	408.00	55.00	59.00	24.00
97	3,434.00	829.00	415.00	55.00	60.00	24.00
98	3,462.00	845.00	422.00	55.00	60.00	24.00
99	3,515.00	874.00	438.00	55.00	61.00	24.00

*Part B Deductible  
Optional Rider*

*All Ages:  
\$185.00*

*The Part B  
Deductible Optional  
Rider is available  
**only to individuals  
who first became  
eligible for  
Medicare before  
January 1, 2020.***

Age	Base Plan	Optional Riders				
		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	4,643.00	848.00	422.00	138.00	60.00	70.00
64	2,086.00	348.00	175.00	40.00	36.00	21.00
65	2,086.00	348.00	175.00	40.00	36.00	21.00
66	2,153.00	362.00	180.00	42.00	37.00	22.00
67	2,220.00	376.00	188.00	43.00	39.00	22.00
68	2,289.00	393.00	198.00	45.00	40.00	22.00
69	2,355.00	413.00	207.00	46.00	41.00	22.00
70	2,421.00	428.00	214.00	47.00	42.00	23.00
71	2,484.00	447.00	225.00	48.00	43.00	23.00
72	2,547.00	467.00	233.00	49.00	44.00	23.00
73	2,611.00	483.00	242.00	50.00	45.00	23.00
74	2,669.00	502.00	251.00	50.00	46.00	23.00
75	2,728.00	520.00	261.00	52.00	47.00	24.00
76	2,783.00	539.00	269.00	52.00	48.00	24.00
77	2,838.00	557.00	278.00	53.00	49.00	24.00
78	2,891.00	576.00	287.00	53.00	50.00	24.00
79	2,943.00	595.00	298.00	53.00	52.00	24.00
80	2,991.00	613.00	307.00	53.00	52.00	24.00
81	3,036.00	632.00	318.00	53.00	53.00	24.00
82	3,079.00	652.00	327.00	55.00	53.00	24.00
83	3,118.00	670.00	336.00	55.00	55.00	24.00
84	3,153.00	689.00	345.00	55.00	55.00	24.00
85	3,184.00	708.00	352.00	55.00	56.00	24.00
86	3,213.00	723.00	363.00	55.00	57.00	24.00
87	3,241.00	740.00	369.00	55.00	58.00	24.00
88	3,267.00	753.00	377.00	55.00	58.00	24.00
89	3,290.00	766.00	384.00	55.00	59.00	24.00
90	3,314.00	780.00	389.00	55.00	59.00	24.00
91	3,336.00	791.00	396.00	55.00	59.00	24.00
92	3,359.00	801.00	402.00	55.00	60.00	24.00
93	3,379.00	812.00	407.00	55.00	60.00	24.00
94	3,400.00	823.00	412.00	55.00	60.00	24.00
95	3,421.00	833.00	416.00	55.00	60.00	24.00
96	3,439.00	840.00	420.00	55.00	60.00	24.00
97	3,459.00	848.00	425.00	55.00	60.00	24.00
98	3,477.00	859.00	428.00	55.00	60.00	24.00
99	3,515.00	874.00	438.00	55.00	61.00	24.00

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Age	Base Plan	Optional Riders				
		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	5,107.00	933.00	464.00	152.00	66.00	77.00
64	1,637.00	222.00	111.00	37.00	29.00	20.00
65	1,637.00	222.00	111.00	37.00	29.00	20.00
66	1,687.00	233.00	118.00	39.00	29.00	20.00
67	1,741.00	242.00	122.00	40.00	30.00	21.00
68	1,827.00	259.00	129.00	42.00	31.00	22.00
69	1,913.00	274.00	139.00	44.00	33.00	22.00
70	1,999.00	290.00	144.00	45.00	34.00	23.00
71	2,087.00	307.00	155.00	47.00	36.00	24.00
72	2,174.00	325.00	162.00	50.00	37.00	24.00
73	2,265.00	342.00	172.00	51.00	40.00	25.00
74	2,355.00	363.00	183.00	52.00	41.00	25.00
75	2,445.00	384.00	193.00	54.00	42.00	25.00
76	2,530.00	407.00	204.00	55.00	44.00	25.00
77	2,620.00	429.00	216.00	57.00	45.00	26.00
78	2,703.00	458.00	229.00	57.00	46.00	26.00
79	2,781.00	485.00	242.00	58.00	47.00	26.00
80	2,861.00	514.00	257.00	58.00	50.00	26.00
81	2,943.00	545.00	271.00	58.00	51.00	26.00
82	3,024.00	574.00	288.00	58.00	52.00	26.00
83	3,110.00	603.00	303.00	61.00	53.00	26.00
84	3,198.00	635.00	317.00	61.00	55.00	26.00
85	3,282.00	664.00	331.00	61.00	57.00	26.00
86	3,359.00	691.00	349.00	61.00	58.00	26.00
87	3,431.00	718.00	360.00	61.00	61.00	26.00
88	3,486.00	744.00	372.00	61.00	61.00	26.00
89	3,532.00	765.00	384.00	61.00	62.00	26.00
90	3,571.00	789.00	394.00	61.00	63.00	26.00
91	3,600.00	807.00	404.00	61.00	63.00	26.00
92	3,632.00	827.00	414.00	61.00	64.00	26.00
93	3,662.00	846.00	422.00	61.00	64.00	26.00
94	3,691.00	862.00	431.00	61.00	65.00	26.00
95	3,718.00	880.00	441.00	61.00	65.00	26.00
96	3,748.00	897.00	449.00	61.00	65.00	26.00
97	3,777.00	912.00	457.00	61.00	66.00	26.00
98	3,808.00	930.00	464.00	61.00	66.00	26.00
99	3,867.00	961.00	482.00	61.00	67.00	26.00

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		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
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64	2,295.00	383.00	193.00	44.00	40.00	23.00
65	2,295.00	383.00	193.00	44.00	40.00	23.00
66	2,368.00	398.00	198.00	46.00	41.00	24.00
67	2,442.00	414.00	207.00	47.00	43.00	24.00
68	2,518.00	432.00	218.00	50.00	44.00	24.00
69	2,591.00	454.00	228.00	51.00	45.00	24.00
70	2,663.00	471.00	235.00	52.00	46.00	25.00
71	2,732.00	492.00	248.00	53.00	47.00	25.00
72	2,802.00	514.00	256.00	54.00	48.00	25.00
73	2,872.00	531.00	266.00	55.00	50.00	25.00
74	2,936.00	552.00	276.00	55.00	51.00	25.00
75	3,001.00	572.00	287.00	57.00	52.00	26.00
76	3,061.00	593.00	296.00	57.00	53.00	26.00
77	3,122.00	613.00	306.00	58.00	54.00	26.00
78	3,180.00	634.00	316.00	58.00	55.00	26.00
79	3,237.00	655.00	328.00	58.00	57.00	26.00
80	3,290.00	674.00	338.00	58.00	57.00	26.00
81	3,340.00	695.00	350.00	58.00	58.00	26.00
82	3,387.00	717.00	360.00	61.00	58.00	26.00
83	3,430.00	737.00	370.00	61.00	61.00	26.00
84	3,468.00	758.00	380.00	61.00	61.00	26.00
85	3,502.00	779.00	387.00	61.00	62.00	26.00
86	3,534.00	795.00	399.00	61.00	63.00	26.00
87	3,565.00	814.00	406.00	61.00	64.00	26.00
88	3,594.00	828.00	415.00	61.00	64.00	26.00
89	3,619.00	843.00	422.00	61.00	65.00	26.00
90	3,645.00	858.00	428.00	61.00	65.00	26.00
91	3,670.00	870.00	436.00	61.00	65.00	26.00
92	3,695.00	881.00	442.00	61.00	66.00	26.00
93	3,717.00	893.00	448.00	61.00	66.00	26.00
94	3,740.00	905.00	453.00	61.00	66.00	26.00
95	3,763.00	916.00	458.00	61.00	66.00	26.00
96	3,783.00	924.00	462.00	61.00	66.00	26.00
97	3,805.00	933.00	468.00	61.00	66.00	26.00
98	3,825.00	945.00	471.00	61.00	66.00	26.00
99	3,867.00	961.00	482.00	61.00	67.00	26.00

*Part B Deductible  
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Age	Base Plan	Optional Riders				
		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	4,178.70	763.20	379.80	124.20	54.00	63.00
64	1,339.20	181.80	90.90	30.60	23.40	16.20
65	1,339.20	181.80	90.90	30.60	23.40	16.20
66	1,380.60	190.80	96.30	31.50	23.40	16.20
67	1,424.70	198.00	99.90	32.40	24.30	17.10
68	1,494.90	211.50	105.30	34.20	25.20	18.00
69	1,565.10	224.10	113.40	36.00	27.00	18.00
70	1,635.30	237.60	117.90	36.90	27.90	18.90
71	1,707.30	251.10	126.90	38.70	29.70	19.80
72	1,778.40	265.50	132.30	40.50	30.60	19.80
73	1,853.10	279.90	140.40	41.40	32.40	20.70
74	1,926.90	297.00	149.40	42.30	33.30	20.70
75	2,000.70	314.10	157.50	44.10	34.20	20.70
76	2,070.00	333.00	166.50	45.00	36.00	20.70
77	2,143.80	351.00	176.40	46.80	36.90	21.60
78	2,211.30	374.40	187.20	46.80	37.80	21.60
79	2,275.20	396.90	198.00	47.70	38.70	21.60
80	2,340.90	420.30	210.60	47.70	40.50	21.60
81	2,407.50	445.50	221.40	47.70	41.40	21.60
82	2,474.10	469.80	235.80	47.70	42.30	21.60
83	2,544.30	493.20	247.50	49.50	43.20	21.60
84	2,616.30	519.30	259.20	49.50	45.00	21.60
85	2,685.60	543.60	270.90	49.50	46.80	21.60
86	2,748.60	565.20	285.30	49.50	47.70	21.60
87	2,807.10	587.70	294.30	49.50	49.50	21.60
88	2,852.10	608.40	304.20	49.50	49.50	21.60
89	2,889.90	625.50	314.10	49.50	50.40	21.60
90	2,921.40	645.30	322.20	49.50	51.30	21.60
91	2,945.70	660.60	330.30	49.50	51.30	21.60
92	2,971.80	676.80	338.40	49.50	52.20	21.60
93	2,996.10	692.10	345.60	49.50	52.20	21.60
94	3,019.50	705.60	352.80	49.50	53.10	21.60
95	3,042.00	720.00	360.90	49.50	53.10	21.60
96	3,066.30	733.50	367.20	49.50	53.10	21.60
97	3,090.60	746.10	373.50	49.50	54.00	21.60
98	3,115.80	760.50	379.80	49.50	54.00	21.60
99	3,163.50	786.60	394.20	49.50	54.90	21.60

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Age	Base Plan	Optional Riders				
		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	4,178.70	763.20	379.80	124.20	54.00	63.00
64	1,877.40	313.20	157.50	36.00	32.40	18.90
65	1,877.40	313.20	157.50	36.00	32.40	18.90
66	1,937.70	325.80	162.00	37.80	33.30	19.80
67	1,998.00	338.40	169.20	38.70	35.10	19.80
68	2,060.10	353.70	178.20	40.50	36.00	19.80
69	2,119.50	371.70	186.30	41.40	36.90	19.80
70	2,178.90	385.20	192.60	42.30	37.80	20.70
71	2,235.60	402.30	202.50	43.20	38.70	20.70
72	2,292.30	420.30	209.70	44.10	39.60	20.70
73	2,349.90	434.70	217.80	45.00	40.50	20.70
74	2,402.10	451.80	225.90	45.00	41.40	20.70
75	2,455.20	468.00	234.90	46.80	42.30	21.60
76	2,504.70	485.10	242.10	46.80	43.20	21.60
77	2,554.20	501.30	250.20	47.70	44.10	21.60
78	2,601.90	518.40	258.30	47.70	45.00	21.60
79	2,648.70	535.50	268.20	47.70	46.80	21.60
80	2,691.90	551.70	276.30	47.70	46.80	21.60
81	2,732.40	568.80	286.20	47.70	47.70	21.60
82	2,771.10	586.80	294.30	49.50	47.70	21.60
83	2,806.20	603.00	302.40	49.50	49.50	21.60
84	2,837.70	620.10	310.50	49.50	49.50	21.60
85	2,865.60	637.20	316.80	49.50	50.40	21.60
86	2,891.70	650.70	326.70	49.50	51.30	21.60
87	2,916.90	666.00	332.10	49.50	52.20	21.60
88	2,940.30	677.70	339.30	49.50	52.20	21.60
89	2,961.00	689.40	345.60	49.50	53.10	21.60
90	2,982.60	702.00	350.10	49.50	53.10	21.60
91	3,002.40	711.90	356.40	49.50	53.10	21.60
92	3,023.10	720.90	361.80	49.50	54.00	21.60
93	3,041.10	730.80	366.30	49.50	54.00	21.60
94	3,060.00	740.70	370.80	49.50	54.00	21.60
95	3,078.90	749.70	374.40	49.50	54.00	21.60
96	3,095.10	756.00	378.00	49.50	54.00	21.60
97	3,113.10	763.20	382.50	49.50	54.00	21.60
98	3,129.30	773.10	385.20	49.50	54.00	21.60
99	3,163.50	786.60	394.20	49.50	54.90	21.60

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		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	4,596.30	839.70	417.60	136.80	59.40	69.30
64	1,473.30	199.80	99.90	33.30	26.10	18.00
65	1,473.30	199.80	99.90	33.30	26.10	18.00
66	1,518.30	209.70	106.20	35.10	26.10	18.00
67	1,566.90	217.80	109.80	36.00	27.00	18.90
68	1,644.30	233.10	116.10	37.80	27.90	19.80
69	1,721.70	246.60	125.10	39.60	29.70	19.80
70	1,799.10	261.00	129.60	40.50	30.60	20.70
71	1,878.30	276.30	139.50	42.30	32.40	21.60
72	1,956.60	292.50	145.80	45.00	33.30	21.60
73	2,038.50	307.80	154.80	45.90	36.00	22.50
74	2,119.50	326.70	164.70	46.80	36.90	22.50
75	2,200.50	345.60	173.70	48.60	37.80	22.50
76	2,277.00	366.30	183.60	49.50	39.60	22.50
77	2,358.00	386.10	194.40	51.30	40.50	23.40
78	2,432.70	412.20	206.10	51.30	41.40	23.40
79	2,502.90	436.50	217.80	52.20	42.30	23.40
80	2,574.90	462.60	231.30	52.20	45.00	23.40
81	2,648.70	490.50	243.90	52.20	45.90	23.40
82	2,721.60	516.60	259.20	52.20	46.80	23.40
83	2,799.00	542.70	272.70	54.90	47.70	23.40
84	2,878.20	571.50	285.30	54.90	49.50	23.40
85	2,953.80	597.60	297.90	54.90	51.30	23.40
86	3,023.10	621.90	314.10	54.90	52.20	23.40
87	3,087.90	646.20	324.00	54.90	54.90	23.40
88	3,137.40	669.60	334.80	54.90	54.90	23.40
89	3,178.80	688.50	345.60	54.90	55.80	23.40
90	3,213.90	710.10	354.60	54.90	56.70	23.40
91	3,240.00	726.30	363.60	54.90	56.70	23.40
92	3,268.80	744.30	372.60	54.90	57.60	23.40
93	3,295.80	761.40	379.80	54.90	57.60	23.40
94	3,321.90	775.80	387.90	54.90	58.50	23.40
95	3,346.20	792.00	396.90	54.90	58.50	23.40
96	3,373.20	807.30	404.10	54.90	58.50	23.40
97	3,399.30	820.80	411.30	54.90	59.40	23.40
98	3,427.20	837.00	417.60	54.90	59.40	23.40
99	3,480.30	864.90	433.80	54.90	60.30	23.40

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Age	Base Plan	Optional Riders				
		Part A Deductible	50% Part A Deductible	Excess Charges	Home Care	Foreign Travel
<64	4,596.30	839.70	417.60	136.80	59.40	69.30
64	2,065.50	344.70	173.70	39.60	36.00	20.70
65	2,065.50	344.70	173.70	39.60	36.00	20.70
66	2,131.20	358.20	178.20	41.40	36.90	21.60
67	2,197.80	372.60	186.30	42.30	38.70	21.60
68	2,266.20	388.80	196.20	45.00	39.60	21.60
69	2,331.90	408.60	205.20	45.90	40.50	21.60
70	2,396.70	423.90	211.50	46.80	41.40	22.50
71	2,458.80	442.80	223.20	47.70	42.30	22.50
72	2,521.80	462.60	230.40	48.60	43.20	22.50
73	2,584.80	477.90	239.40	49.50	45.00	22.50
74	2,642.40	496.80	248.40	49.50	45.90	22.50
75	2,700.90	514.80	258.30	51.30	46.80	23.40
76	2,754.90	533.70	266.40	51.30	47.70	23.40
77	2,809.80	551.70	275.40	52.20	48.60	23.40
78	2,862.00	570.60	284.40	52.20	49.50	23.40
79	2,913.30	589.50	295.20	52.20	51.30	23.40
80	2,961.00	606.60	304.20	52.20	51.30	23.40
81	3,006.00	625.50	315.00	52.20	52.20	23.40
82	3,048.30	645.30	324.00	54.90	52.20	23.40
83	3,087.00	663.30	333.00	54.90	54.90	23.40
84	3,121.20	682.20	342.00	54.90	54.90	23.40
85	3,151.80	701.10	348.30	54.90	55.80	23.40
86	3,180.60	715.50	359.10	54.90	56.70	23.40
87	3,208.50	732.60	365.40	54.90	57.60	23.40
88	3,234.60	745.20	373.50	54.90	57.60	23.40
89	3,257.10	758.70	379.80	54.90	58.50	23.40
90	3,280.50	772.20	385.20	54.90	58.50	23.40
91	3,303.00	783.00	392.40	54.90	58.50	23.40
92	3,325.50	792.90	397.80	54.90	59.40	23.40
93	3,345.30	803.70	403.20	54.90	59.40	23.40
94	3,366.00	814.50	407.70	54.90	59.40	23.40
95	3,386.70	824.40	412.20	54.90	59.40	23.40
96	3,404.70	831.60	415.80	54.90	59.40	23.40
97	3,424.50	839.70	421.20	54.90	59.40	23.40
98	3,442.50	850.50	423.90	54.90	59.40	23.40
99	3,480.30	864.90	433.80	54.90	60.30	23.40

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