

800 Crescent Centre Dr. Suite 200 Franklin, TN 37067 800 264.4000 aetnaseniorproducts.com

Outline of Coverage

Medicare Supplement Insurance

BENEFIT PLANS A, B, F, G High Deductible F, N

Underwritten by

An Aetna Company

Continental Life Insurance Company of Brentwood, Tennessee

TEXAS

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 2 CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE BENEFIT PLANS AVAILABLE: A, B, F, HIGH DEDUCTIBLE F, G, N

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

Basic Benefits:

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

Medical Expenses: Part B coinsurance (generally 20% of Medicare-Approved expenses) or, co-payments for hospital outpatient services. Plans

K, L, and N require insureds to pay a portion of coinsurance or copayments

Blood: First three pints of blood each year.

Hospice-Part A coinsurance

Hospice	nospice -Part A comsurance	lance							
∢	В	၁	Q	*4/A	9	¥	7	Σ	Z
Basic,	Basic,	Basic,	Basic,	Basic,	Basic,	Hospitalization	Hospitalization	Basic,	Basic, including
including	including	including	including	including	including	and preventive	and preventive	including	100% Part B
100% Part	100% Part	100% Part B	100% Part B	100% Part B	100% Part B	care paid at	care paid at	100% Part B	coinsurance,
В	В	coinsurance	coinsurance	coinsurance*	coinsurance	100%; other	100%; other	coinsurance	except up to \$20
coinsurance	coinsurance					basic benefits	basic benefits		copayment for office
						paid at 50%	paid at 75%		visit, and up to \$50
									copayment for ER
		Skilled	Skilled	Skilled	Skilled	50% Skilled	75% Skilled	Skilled	Skilled Nursing
		Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Nursing	Facility Coinsurance
		Facility	Facility	Facility	Facility	Facility	Facility	Facility	
		Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	
	Part A	Part A	Part A	Part A	Part A	50% Part A	75% Part A	50% Part A	Part A Deductible
	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	
		Part B		Part B					
		Deductible		Deductible					
				Part B	Part B Excess				
				Excess	(100%)				
				(100%)					
		Foreign	Foreign	Foreign	Foreign			Foreign	Foreign Travel
		Travel	Travel	Travel	Travel			Travel	Emergency
		Emergency	Emergency	Emergency	Emergency			Emergency	
						Out-of-pocket	Out-of-pocket		
						mint 4[4000],	milit 4[4400],		
						paid at 100%	paid at 100%		
						after limit	after limit		
						reached	reached		

Plans F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part calendar year [\$2110] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed [\$2110]. Out-of-pocket A and Part B, but do not include the plan's separate foreign travel emergency deductible.

ANNUAL ATTAINED AGE PREMIUMS

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

Medicare Supplement Policy 2010 Standardized Plan A

Medicare Supplement Policy 2010 Standardized Plan B

Maile Famale Maile Maile Maile Maile Maile Famale Maile Ma	Attained	Preferred	red	Stalidald	5		Attailled	Pallalal	3	Otalidald	5
0-64 6,116 7,034 6,795 7,818 66 6 1,170 1,344 1,299 1,492 66 1,170 1,344 1,299 1,492 66 1,170 1,344 1,299 1,492 68 1,126 1,147 1,344 1,299 1,492 69 1,282 1,492 1,692 77 1,384 1,591 1,593 1,593 1,763 77 1,384 1,591 1,697 1,703 77 1,384 1,591 1,697 1,703 77 1,384 1,591 1,697 1,703 1,703 77 1,1384 1,697 1,697 1,697 1,990 77 1,598 1,790 1,790 1,790 1,990 77 1,697 1,697 1,906 2,191 1,747 1,686 1,941 1,875 2,191 1,788 2,000 1,908 1,941 1,875 2,191 1,788 2,000 1,908 1,941 1,875 2,191 1,880 2,080 1,989 2,282 83 1,786 2,086 1,986 2,086 1,986 2,196 2,196 2,197 2,197 2,495 89 1,986 2,224 2,197 2,197 2,495 90 1,922 2,212 2,197 2,197 2,495 90 1,988 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,198 2,224 2,198 2,247 2,177 2,200 2,529 2,198 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,224 2,198 2,198 2,224 2,198 2,247 2,177 2,200 2,529 2,574 2,198 2,204 2,204 2,208 2,247 2,177 2,200 2,529 2,574 2,198 2,204 2,20	Age	Female	Male	Female	Male		Age	Female	Male	Female	Male
66 1,170 1,344 1,299 1,492 67 1,170 1,344 1,299 1,492 68 1,126 1,471 1,363 1,668 69 1,226 1,471 1,363 1,668 69 1,226 1,471 1,363 1,668 72 1,431 1,645 1,591 1,896 72 1,431 1,645 1,591 1,896 73 1,431 1,645 1,591 1,896 74 1,591 1,697 1,691 1,990 75 1,681 1,701 1,990 1,790 1,990 76 1,593 1,832 1,771 2,035 77 1,627 1,871 1,968 2,080 78 1,980 2,167 2,191 81 1,788 2,008 1,995 2,224 82 1,786 2,068 1,996 2,191 84 1,890 2,150 2,092 2,397 88 1,890 2,150 2,093 2,397 89 1,960 2,193 2,477 91 1,982 2,272 2,495 91 1,980 2,277 2,200 2,529 92 1,980 2,277 2,200 2,599 93 1,980 2,277 2,200 2,599 94 1,980 2,277 2,200 2,599 95 2,004 2,293 2,213 2,545 96 2,004 2,293 2,213 2,594 97 2,016 2,336 2,224 98 2,027 2,336 2,226 2,569 97 2,016 2,336 2,226 2,569 97 2,016 2,336 2,226 2,569 97 2,017 2,330 2,251 2,591 98 2,027 2,336 2,261 2,591 99 2,039 2,345 2,265 2,606 97 2,004 2,336 2,265 2,606 97 2,007 2,336 2,265 2,606 97 2,007 2,336 2,267 2,591 98 2,007 2,336 2,267 2,591 99 2,007 2,336 2,267 2,591 99 2,007 2,346 2,266 2,606 97 2,007 2,346 2,266 2,606 97 2,007 2,346 2,266 2,606 97 2,007 2,346 2,247 2,770 2,200 2,529 97 2,017 2,346 2,247 2,200 2,529 97 2,017 2,200 2,239 2,217 2,501 98 2,027 2,336 2,261 2,591 99 2,039 2,346 2,266 2,606 97 2,007 2,336 2,261 2,591 99 2,007 2,346 2,246 2,606 97 2,007 2,246 2,606 97 2,007 2,246 2,606 97 2,007 2,246 2,606 97 2,0	0-64	6,116	7,034	6,795	7,818		0-64	N/A	N/A	N/A	٧×
66 1,170 1,344 1,299 1,492 67 1,170 1,344 1,299 1,492 68 1,226 1,475 1,568 69 1,222 1,475 1,568 77 1,334 1,532 1,481 1,703 77 1,334 1,532 1,481 1,703 73 1,477 1,697 1,641 1,886 74 1,477 1,697 1,641 1,886 75 1,487 1,697 1,641 1,896 76 1,598 1,790 1,790 2,190 77 1,627 1,871 1,808 2,080 2,147 80 1,786 2,006 1,908 1,941 2,197 81 1,788 2,000 1,933 2,224 82 1,786 2,006 1,988 2,387 84 1,880 2,105 2,086 2,387 85 1,880 2,170 2,087 2,417 86 1,906 2,197 2,417 2,435 89 1,906 2,217 2,107 2,496 89 1,906 2,224 2,477 89 1,908 2,224 2,477 89 1,908 2,224 2,477 89 2,004 2,247 2,170 2,946 89 2,004 2,247 2,170 2,559 89 2,007 2,336 2,266 2,569 97 2,017 2,336 2,266 2,569 97 2,017 2,330 2,256 2,569 97 2,017 2,330 2,256 2,569 97 2,017 2,330 2,256 2,569 98 2,009 2,336 2,265 2,606 99 2,009 2,346 2,246 2,266 2,606 90 2,009 2,346 2,246 2,266 2,606 91 2,007 2,307 2,208 2,209 2,504 98 2,007 2,307 2,209 2,266 2,606 90 2,009 2,346 2,246 2,266 2,606 91 2,007 2,307 2,209 2,266 2,606 91 2,007 2,307 2,209 2,206 2,606 92 2,007 2,307 2,209 2,206 2,600	65	1,170	1,344	1,299	1,492		92	1,231	1,415	1,367	1,570
67 1170 1,344 1,299 1,492 68 1,282 1,475 1,434 1,588 69 1,282 1,475 1,434 1,588 77 1,384 1,532 1,481 1,703 77 1,343 1,552 1,481 1,703 73 1,434 1,532 1,481 1,703 74 1,519 1,747 1,688 1,941 75 1,519 1,747 1,688 1,941 76 1,593 1,790 1,730 1,990 77 1,627 1,871 1,808 2,080 78 1,680 1,901 1,875 2,157 80 1,708 2,002 1,905 2,281 81 1,738 2,000 1,933 2,224 82 1,887 2,171 2,095 2,281 83 1,785 2,028 1,969 2,387 84 1,897 2,177 2,495 85 1,906 2,193 2,117 2,435 86 1,906 2,126 2,066 2,387 87 1,889 2,177 2,097 2,447 89 1,906 2,126 2,066 2,387 89 1,906 2,137 2,447 90 2,247 2,137 2,496 91 1,980 2,277 2,200 2,559 91 1,968 2,247 2,177 2,496 92 2,004 2,289 2,213 2,514 93 2,007 2,289 2,214 94 1,980 2,277 2,200 2,559 97 2,015 2,330 2,251 2,591 98 2,027 2,330 2,251 2,591 99 2,037 2,346 2,265 2,606 97 2,016 2,336 2,345 2,265 2,606 97 2,017 2,346 2,265 2,606 97 2,017 2,330 2,236 2,591 98 2,027 2,330 2,231 2,591 99 2,039 2,345 2,265 2,606	99	1,170	1,344	1,299	1,492		99	1,231	1,415	1,367	1,570
68 1,226 1,411 1,383 1,588 1,588 1,700 1,384 1,532 1,424 1,703 1,703 1,384 1,532 1,481 1,703 1,703 1,384 1,532 1,481 1,703 1,703 1,384 1,588 1,786 1,788 1,747 1,886 1,941 1,747 1,687 1,700 1,9	29	1,170	1,344	1,299	1,492		29	1,231	1,415	1,367	1,570
69 1,282 1,475 1,424 1,637 71 1,334 1,532 1,481 1,703 72 1,431 1,645 1,591 1,800 73 1,431 1,645 1,591 1,800 74 1,519 1,747 1,697 1,641 1,886 75 1,558 1,477 1,697 1,641 1,886 76 1,593 1,832 1,771 2,035 77 1,627 1,871 1,808 2,080 78 1,660 1,908 1,943 2,147 79 1,688 1,941 1,805 2,080 79 1,738 2,000 1,933 2,224 81 1,738 2,007 1,936 2,281 82 1,785 2,028 1,969 2,281 83 1,869 2,160 2,037 2,412 84 1,808 2,177 2,435 89 1,906 2,126 2,037 2,435 90 1,922 2,177 2,435 91 1,938 2,224 2,177 2,435 91 1,938 2,224 2,177 2,435 91 1,938 2,224 2,177 2,466 92 2,004 2,229 2,163 2,514 93 2,004 2,302 2,226 2,559 94 1,990 2,287 2,200 2,254 95 2,004 2,330 2,254 96 2,004 2,330 2,254 97 2,015 2,336 2,256 98 2,004 2,330 2,251 99 2,007 2,007	89	1,226	1,411	1,363	1,568		89	1,292	1,485	1,434	1,650
70 1,334 1,532 1,481 1,703 71 1,384 1,591 1,588 1,766 72 1,477 1,697 1,641 1,886 73 1,477 1,697 1,641 1,886 74 1,519 1,747 1,688 1,941 75 1,588 1,790 1,771 2,035 77 1,680 1,908 1,843 2,119 78 1,680 1,908 1,843 2,119 80 1,714 1,971 1,906 2,191 81 1,786 2,028 1,985 2,224 82 2,028 1,985 2,224 83 1,850 2,103 2,032 2,337 84 1,880 2,178 2,007 2,445 89 1,906 2,197 2,457 90 1,938 2,229 2,133 2,477 91 1,988 2,229 2,133 2,477 92 1,986 2,247 2,170 2,496 93 1,986 2,247 2,170 2,496 94 1,980 2,277 2,200 2,529 95 2,004 2,302 2,218 2,545 96 2,004 2,302 2,218 2,545 97 2,015 2,316 2,229 2,513 98 2,027 2,230 2,213 2,545 99 2,039 2,239 2,513 90 2,037 2,239 2,513 90 2,037 2,239 2,514 90 2,037 2,239 2,514 90 2,007 2,330 2,213 2,545 90 2,007 2,330 2,213 2,545 90 2,007 2,330 2,213 2,545 90 2,007 2,330 2,213 2,545 90 2,007 2,308 2,213 2,591 90 2,037 2,346 2,229 2,514 90 2,078 2,346 2,229 2,514 90 2,078 2,346 2,247 2,591 90 2,078 2,347 2,787 2,200 2,529 90 2,037 2,340 2,247 2,591 90 2,037 2,340 2,360 2,213 2,545 90 2,047 2,302 2,213 2,545 90 2,047 2,302 2,226 2,569 90 2,078 2,347 2,200 2,529 90 2,037 2,340 2,245 90 2,037 2,340 2,245 90 2,047 2,302 2,226 2,569 90 2,047 2,302 2,226 2,569 90 2,047 2,302 2,226 2,569 90 2,047 2,302 2,213 2,214 90 2,047 2,302 2,213 2,214 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,226 2,569 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,302 2,214 2,591 90 2,047 2,447 2,442 90 2,047 2,447 2,442 90 2,047 2,447 2,442 90 2,047 2,447 2,442 90 2,047 2,447 2,442 90 2,047 2,4	69	1,282	1,475	1,424	1,637		69	1,349	1,552	1,498	1,723
71 1,384 1,591 1,586 1,766 72 1,431 1,645 1,591 1,830 73 1,431 1,645 1,591 1,830 74 1,519 1,747 1,688 1,941 75 1,58 1,790 1,730 1,990 76 1,593 1,832 1,771 2,035 77 1,627 1,871 1,906 2,191 81 1,788 1,941 1,875 2,157 82 1,774 1,971 1,906 2,191 83 1,786 2,026 1,985 2,224 84 1,806 2,103 2,036 2,310 85 1,850 2,103 2,036 2,310 86 1,850 2,103 2,036 2,310 87 1,869 2,150 2,036 2,341 88 1,887 2,177 2,037 2,412 89 1,906 2,193 2,177 2,435 90 1,922 2,212 2,137 2,435 91 1,986 2,277 2,200 2,529 91 1,980 2,277 2,200 2,529 92 2,077 2,200 2,529 93 1,980 2,277 2,200 2,529 94 1,980 2,277 2,200 2,529 95 2,004 2,302 2,213 2,545 96 2,004 2,302 2,213 2,545 97 2,015 2,316 2,265 2,606 98 2,039 2,239 2,213 2,545 99 2,039 2,345 2,266 2,606 99 2,039 2,345 2,266 2,606 99 2,039 2,345 2,266 2,606 99 2,039 2,345 2,267 2,501 99 2,039 2,345 2,267 2,600 99 2,039 2,345 2,267 2,600	20	1,334	1,532	1,481	1,703		20	1,404	1,613	1,559	1,792
72 1,431 1,645 1,591 1,830 73 1,477 1,697 1,641 1,886 74 1,158 1,747 1,697 1,641 1,886 75 1,583 1,730 1,941 76 1,583 1,730 1,990 77 1,627 1,871 1,808 2,080 77 1,627 1,871 1,808 2,080 78 1,660 1,908 1,843 2,119 79 1,688 1,941 1,875 2,124 80 1,774 1,971 1,906 2,191 81 1,738 2,002 1,933 2,224 82 1,785 2,028 1,985 2,281 83 1,786 2,055 1,985 2,281 84 1,880 2,178 2,008 2,347 88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,906 2,193 2,117 2,435 91 1,980 2,277 2,200 2,529 94 1,980 2,277 2,200 2,529 95 1,968 2,264 2,186 2,514 96 2,004 2,305 2,218 2,514 97 2,017 2,306 2,226 2,569 97 2,017 2,306 2,226 2,569 98 2,027 2,316 2,591 99 2,039 2,345 2,265 2,606 1156 2,039 2,345 2,266 2,606	71	1,384	1,591	1,538	1,766		71	1,456	1,674	1,618	1,860
73 1,477 1,697 1,641 1,886 74 1,519 1,747 1,688 1,941 75 1,558 1,747 1,688 1,941 76 1,558 1,730 1,730 1,990 77 1,627 1,832 1,731 2,035 77 1,660 1,908 1,843 2,119 80 1,714 1,971 1,806 2,191 81 1,784 2,008 1,985 2,224 83 1,785 2,028 1,986 2,224 84 1,808 2,078 2,008 2,310 85 1,809 2,103 2,107 2,412 86 1,807 2,171 2,097 2,412 87 1,869 2,172 2,076 2,387 88 1,906 2,193 2,117 2,435 89 1,906 2,193 2,117 2,435 90 1,906 2,193 2,117 2,435 91 1,980 2,277 2,200 2,529 94 1,980 2,277 2,200 2,529 95 1,980 2,277 2,200 2,529 97 2,004 2,302 2,236 2,569 97 2,004 2,302 2,236 2,569 97 2,004 2,302 2,236 2,569 97 2,004 2,302 2,251 2,591 98 2,003 2,345 2,265 2,606 8: Ann:1,0000 Semi: 0,5200 Qtrty: 0,289 7,997 85 7,776,777,782,784,793,794 1,15	72	1,431	1,645	1,591	1,830		72	1,506	1,733	1,674	1,925
74 1,519 1,747 1,688 1,941 75 1,558 1,790 1,730 1,990 76 1,588 1,941 1,872 1,990 77 1,627 1,871 1,808 2,008 78 1,688 1,941 1,875 2,157 80 1,774 1,971 1,906 2,191 81 1,738 2,000 1,933 2,224 82 1,774 2,000 1,933 2,224 83 1,785 2,028 1,965 2,361 84 1,880 2,026 1,966 2,304 87 1,880 2,170 2,097 2,412 88 1,990 2,170 2,496 90 1,920 2,229 2,153 2,477 91 1,980 2,229 2,163 2,477 92 1,964 2,247 2,170 2,496 93 1,968 2,264 2,166 2,512 94 1,990 2,289 2,216 2,599 95 2,015 2,316 2,239 2,514 96 2,027 2,336 2,265 2,606 97 2,017 2,330 2,226 2,591 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,261 2,591 99 2,027 2,336 2,265 2,606 98 2,027 2,336 2,261 2,591 99 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,027 2,336 2,265 2,606 98 2,076 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,077 2,336 2,265 2,606 98 2,078 2,378 2,384 2,933,794 1,115	73	1,477	1,697	1,641	1,886		73	1,555	1,786	1,727	1,986
75 1,558 1,730 1,990 1,730 1,990 77 1,593 1,832 1,771 2,035 78 1,687 1,808 2,080 2,080 1,908 1,941 1,875 2,149 1,688 1,941 1,875 2,149 1,688 1,941 1,971 1,906 2,191 1,738 2,000 1,933 2,224 82 1,774 2,036 2,191 1,783 2,000 1,933 2,224 1,880 2,078 2,008 2,310 85 1,860 2,176 2,086 2,340 85 1,887 2,177 2,095 2,337 86 1,887 2,177 2,097 2,495 1,986 2,150 2,176 2,387 88 1,988 2,229 2,150 2,177 2,435 1,988 2,224 2,147 2,177 2,435 1,988 2,224 2,147 2,170 2,496 2,163 2,214 2,147 2,170 2,496 2,163 2,214 2,148 2,214 2,147 2,145 2,145 2,146 2,214 2,146 2,168 2,214 2,146 2,168 2,214 2,146 2,168 2,214 2,146 2,148 2,214 2,146 2,148 2,214 2,146 2,148	74	1,519	1,747	1,688	1,941		74	1,599	1,839	1,777	2,043
76 1,593 1,832 1,771 2,035 77 1,627 1,871 1,808 2,080 78 1,660 1,908 1,843 2,119 79 1,668 1,941 1,875 2,157 80 1,714 1,971 1,906 2,191 81 1,763 2,028 1,959 2,224 82 1,763 2,028 1,969 2,224 83 1,786 2,055 1,986 2,337 84 1,808 2,078 2,008 2,310 85 1,808 2,103 2,117 2,435 90 1,906 2,193 2,117 2,435 91 1,906 2,193 2,117 2,436 91 1,908 2,277 2,107 2,496 92 1,906 2,212 2,137 2,457 91 1,938 2,227 2,137 2,457 91 1,938 2,277 2,206 2,529 94 1,980 2,277 2,206 2,529 95 1,906 2,287 2,137 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 1,0500 Qtrly: 0,2650 Mthly: 0,0833 1,15	75	1,558	1,790	1,730	1,990		75	1,640	1,885	1,822	2,095
77 1,627 1,871 1,808 2,080 78 1,660 1,908 1,843 2,119 80 1,714 1,971 1,966 2,191 81 1,738 2,000 1,933 2,224 82 1,763 2,028 1,956 2,281 83 1,768 2,078 2,008 2,310 84 1,806 2,176 2,036 2,337 86 1,850 2,126 2,056 2,364 87 1,869 2,150 2,076 2,387 88 1,987 2,177 2,097 2,412 89 1,906 2,193 2,177 2,435 90 1,922 2,212 2,173 2,457 91 1,938 2,229 2,123 2,457 92 1,968 2,264 2,186 2,529 93 1,968 2,224 2,177 2,200 2,529 94 1,990 2,289 2,213 2,545 95 2,004 2,302 2,239 2,574 96 2,004 2,302 2,226 2,569 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,346 2,265 2,606 97 2,077 2,330 2,251 2,591 99 2,039 2,346 2,265 2,606 97 2,077 2,078 2,330 2,251 98 2,077 2,015 2,330 2,251 99 2,039 2,346 2,265 2,606 97 2,077 2,078 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606 90 2,004 2,302 2,346 2,265 2,606	9/	1,593	1,832	1,771	2,035		9/	1,677	1,928	1,864	2,142
78 1,660 1,908 1,843 2,119 79 1,688 1,941 1,875 2,157 80 1,714 1,971 1,906 2,191 81 1,738 2,000 1,933 2,224 83 1,785 2,028 1,959 2,252 83 1,785 2,028 1,959 2,337 84 1,808 2,078 2,008 2,310 85 1,800 2,103 2,032 2,337 86 1,860 2,126 2,056 2,364 87 1,869 2,126 2,056 2,364 89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,117 2,457 91 1,938 2,229 2,153 2,477 92 1,968 2,264 2,186 2,512 94 1,980 2,277 2,200 2,529 95 2,004 2,302 2,236 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,330 2,251 2,591 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 81 7,8 Ann:1,0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0,0833 82 7,60, 761, 777, 782, 784, 793, 794.	77	1,627	1,871	1,808	2,080		77	1,712	1,970	1,902	2,190
79 1,688 1,941 1,875 2,157 80 1,714 1,971 1,906 2,191 81 1,738 2,000 1,933 2,224 82 1,763 2,028 1,959 2,252 83 1,785 2,005 1,986 2,310 84 1,808 2,078 2,008 2,310 85 1,860 2,126 2,036 2,384 87 1,860 2,126 2,076 2,387 88 1,867 2,177 2,097 2,412 90 1,922 2,212 2,117 2,435 91 1,938 2,229 2,153 2,477 92 1,968 2,264 2,176 2,496 93 1,968 2,264 2,186 2,512 94 1,990 2,277 2,200 2,529 95 2,004 2,302 2,213 2,591 96 2,004 2,302 2,226 2,569 97 2,015 2,316 2,291 98 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591	78	1,660	1,908	1,843	2,119		78	1,747	2,008	1,940	2,230
80 1,714 1,971 1,906 2,191 82 4 1,738 2,000 1,933 2,224 82 83 1,763 2,028 1,959 2,252 84 1,786 2,102 1,985 2,281 84 1,780 2,005 1,985 2,281 85 1,808 2,078 2,008 2,310 86 1,860 2,136 2,066 2,387 88 1,806 2,136 2,177 2,097 2,412 89 1,906 2,193 2,177 2,435 90 1,906 2,193 2,177 2,435 90 1,968 2,224 2,177 2,496 2,247 2,177 2,496 2,247 2,170 2,496 2,249 2,198 2,224 2,170 2,496 2,249 2,247 2,170 2,496 2,249 2,247 2,170 2,496 2,264 2,186 2,512 9,4 1,980 2,277 2,200 2,529 9,5 2,004 2,226 2,226 2,569 9,5 2,004 2,302 2,226 2,591 9,9 2,004 2,302 2,226 2,591 9,9 2,005 2,346 2,265 2,606 8,3 3,775 2,000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0,0833 TO calculate 1,15 5,5 5,5 5,5 5,5 5,5 5,5 5,5 5,5 5,	62	1,688	1,941	1,875	2,157		62	1,777	2,043	1,974	2,271
81 1,738 2,000 1,933 2,224 82 1,763 2,028 1,959 2,252 83 1,786 2,025 1,985 2,281 84 1,808 2,078 2,008 2,310 85 1,809 2,103 2,032 2,337 86 1,869 2,126 2,056 2,384 87 1,869 2,150 2,076 2,387 89 1,906 2,171 2,097 2,412 90 1,922 2,212 2,137 2,435 91 1,988 2,229 2,137 2,496 93 1,968 2,224 2,170 2,496 94 1,990 2,274 2,170 2,496 95 2,004 2,302 2,213 2,545 96 2,004 2,302 2,239 2,574 98 2,027 2,316 2,239 2,574 99 2,039 2,345 2,265 2,606 81 2,039 2,345 2,265 2,606 82 2,039 2,345 2,265 2,606 83 775	80	1,714	1,971	1,906	2,191		88	1,804	2,076	2,006	2,307
82 1,763 2,028 1,959 2,252 81 83 1,785 2,025 1,985 2,281 84 1,808 2,078 2,008 2,310 86 1,830 2,103 2,032 2,337 86 1,850 2,126 2,036 2,364 87 1,869 2,176 2,056 2,364 88 1,887 2,177 2,097 2,412 89 1,906 2,212 2,137 2,457 90 1,922 2,213 2,147 2,495 90 1,968 2,229 2,163 2,177 2,496 90 1,980 2,277 2,200 2,529 90 90 2,289 2,213 2,457 90 2,289 2,213 2,457 90 2,289 2,213 2,456 96 2,004 2,302 2,213 2,456 96 2,004 2,302 2,226 2,569 90 2,004 2,302 2,213 2,456 90 2,007 2,346 2,206 2,206 2,509 90 2,007 2,300 2,206 2,206 2,500 90 2,007 2,007 2,200 2,206 2,500 90 2,007 2,007 2,000 2,200 2,206 2,500 90 2,007 2,007 2,000 2,200 2,206 2,500 90 2,007 2,000 2,200 2,205 2,500 90 2,007 2,000	81	1,738	2,000	1,933	2,224		81	1,830	2,105	2,034	2,340
83 1,785 2,055 1,985 2,281 84 1,808 2,078 2,008 2,310 85 1,830 2,103 2,032 2,337 86 1,850 2,126 2,056 2,364 87 1,869 2,150 2,076 2,387 88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,137 2,457 91 1,954 2,247 2,170 2,496 93 1,968 2,264 2,186 2,512 94 1,990 2,284 2,186 2,512 94 1,990 2,284 2,186 2,512 95 2,004 2,302 2,226 2,599 96 2,004 2,302 2,226 2,599 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 1,000 Semi: 0,520 Qtrly: 0,2650 Mthly: 0.0833 1,15 73,775 1,21 73,776 1,21 73,776 1,15	82	1,763	2,028	1,959	2,252		82	1,856	2,134	2,063	2,371
84 1,808 2,078 2,008 2,310 85 1,830 2,103 2,032 2,337 86 1,850 2,126 2,056 2,364 87 1,869 2,150 2,076 2,387 88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,137 2,467 91 1,938 2,229 2,153 2,477 91 1,980 2,277 2,200 2,529 95 1,980 2,277 2,200 2,529 95 2,004 2,302 2,226 2,504 96 2,004 2,302 2,226 2,509 97 2,015 2,316 2,236 2,504 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 81. Ann:1.0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0.0833 TO calculate	83	1,785	2,055	1,985	2,281		83	1,880	2,163	2,090	2,402
85 1,830 2,103 2,032 2,337 86 1,850 2,126 2,056 2,364 87 1,869 2,150 2,076 2,387 88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,908 2,229 2,153 2,477 9,1 9,908 2,247 2,170 2,496 9,5 1,990 2,284 2,186 2,512 9,4 1,990 2,284 2,247 2,100 2,496 9,5 1,900 2,284 2,247 2,000 2,529 9,5 1,900 2,289 2,213 2,545 9,6 2,004 2,302 2,226 2,504 9,9 2,015 2,316 2,239 2,574 9,8 2,027 2,330 2,251 2,591 9,9 2,039 2,345 2,265 2,606 9,9 2,039 2,345 2,265 2,606 1,000 Semi: 0,520 Qtrly: 0,2650 Mthly: 0,0833 T75	84	1,808	2,078	2,008	2,310		84	1,902	2, 188	2,114	2,431
86 1,850 2,126 2,056 2,364 87 1,869 2,150 2,076 2,387 88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,137 2,467 91 1,938 2,229 2,153 2,477 92 1,968 2,247 2,170 2,496 94 1,990 2,284 2,186 2,512 95 2,004 2,302 2,226 2,545 96 2,004 2,302 2,226 2,545 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 81. Ann:1.0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0,0833 85 775	82	1,830	2,103	2,032	2,337		82	1,925	2,213	2,139	2,460
87 1,869 2,150 2,076 2,387 88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,137 2,457 91 1,938 2,229 2,153 2,477 92 1,954 2,247 2,170 2,496 93 1,968 2,264 2,186 2,512 94 1,980 2,277 2,200 2,529 95 2,004 2,302 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,027 2,336 2,265 2,606 1.000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0.0833 To calculate	98	1,850	2,126	2,056	2,364		98	1,947	2,238	2,164	2,488
88 1,887 2,171 2,097 2,412 89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,137 2,457 91 1,938 2,229 2,153 2,477 92 1,954 2,247 2,170 2,496 93 1,968 2,264 2,186 2,512 94 1,990 2,289 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,027 2,336 2,265 2,606 1: Ann:1.0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0.0833 To calculate	87	1,869	2,150	2,076	2,387		87	1,968	2,263	2,186	2,513
89 1,906 2,193 2,117 2,435 90 1,922 2,212 2,137 2,457 91 1,938 2,229 2,153 2,477 92 1,954 2,247 2,170 2,496 93 1,968 2,264 2,186 2,512 94 1,980 2,277 2,200 2,529 95 2,004 2,302 2,226 2,559 97 2,015 2,316 2,226 2,559 98 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 1.5 Ann:1.0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0.0833 T0 calculate	88	1,887	2,171	2,097	2,412		88	1,987	2,286	2,208	2,538
90 1,922 2,212 2,137 2,457 91 1,938 2,229 2,153 2,477 92 1,938 2,229 2,153 2,477 92 1,954 2,247 2,170 2,496 93 1,968 2,264 2,186 2,512 94 1,980 2,277 2,200 2,529 95 1,990 2,289 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,265 2,606 97 2,039 2,345 2,345 2,265 2,606 97 2,039 2,345 2,345 2,265 2,606 97 2,039 2,345 2,345 2,265 2,606 97 2,039 2,345 2,345 2,265 2,606 97 2,039 2,345 2,345 2,265 2,606 97 2,039 2,345 2,345 2,265 2,606 97 2,039 2,345	88	1,906	2,193	2,117	2,435		88	2,006	2,309	2,228	2,562
91 1,938 2,229 2,153 2,477 2,96 2,96 3,92 4,153 2,477 2,170 2,496 9,93 1,968 2,264 2,186 2,512 2,94 1,968 2,264 2,186 2,529 2,529 2,277 2,200 2,529 2,245 2,004 2,302 2,226 2,559 2,74 2,015 2,316 2,239 2,574 2,015 2,015 2,316 2,239 2,574 2,039 2,037 2,245 2,265 2,606 2,039 2,039 2,345 2,265 2,606 2,039 2,345 2,265 2,606 2,039 2,345 2,265 2,606 2,006 2,039 2,345 2,265 2,606 2,006 2,039 2,345 2,265 2,606 2,006 2,039 2,345 2,265 2,606 3,006 2,039 2,345 2,265 2,606 3,006 2,039 2,345 2,265 2,606 3,006 2,039 2,345 2,265 2,606 3,006 2,039 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,039 2,345 2,345 2,265 2,606 3,006 2,0	06	1,922	2,212	2,137	2,457		06	2,023	2,327	2,249	2,586
92 1,954 2,247 2,170 2,496 93 1,968 2,264 2,186 2,512 94 1,980 2,277 2,200 2,529 95 1,990 2,289 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 1: Ann:1.0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0.0833 To calculate	91	1,938	2,229	2,153	2,477		91	2,041	2,346	2,266	2,608
93 1,968 2,264 2,186 2,512 94 1,980 2,277 2,200 2,529 95 1,990 2,289 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 90 2,039 2,345 2,265 2,606 1.21 775	35	1,954	2,247	2,170	2,496		92	2,057	2,364	2,285	2,628
94 1,980 2,277 2,200 2,529 95 1,990 2,289 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 S: Ann:1.0000 Semi: 0,5200 Qtrly: 0,2650 Mthly: 0,0833 To calculate	93	1,968	2,264	2,186	2,512		93	2,071	2,383	2,301	2,644
95 1,990 2,289 2,213 2,545 96 2,004 2,302 2,226 2,559 97 2,014 2,302 2,226 2,559 2,574 98 2,027 2,330 2,251 2,591 99 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,039 2,345 2,265 2,606 99 2,345 2,345 2,265 2,606 99 2,345	94	1,980	2,277	2,200	2,529		94	2,084	2,397	2,316	2,662
96 2,004 2,302 2,226 2,559 97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 :: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833 To calculate	95	1,990	2,289	2,213	2,545		92	2,095	2,410	2,329	2,679
97 2,015 2,316 2,239 2,574 98 2,027 2,330 2,251 2,591 99 2,345 2,265 2,606 5: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833 To calculate 73,775	96	2,004	2,302	2,226	2,559		96	2,108	2,424	2,342	2,694
98 2,027 2,330 2,251 2,591 99 2,039 2,345 2,265 2,606 5: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833 To calculate 73,775	26	2,015	2,316	2,239	2,574		26	2,120	2,438	2,357	2,711
99 2,345 2,265 2,606 :: Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833 To calculate 73,775	86	2,027	2,330	2,251	2,591		86	2,133	2,452	2,370	2,727
E. Ann:1.0000 Semi: 0.5200 Qtrly: 0.2650 Mthly: 0.0833 To calculate 73, 775	66	2,039	2,345	2,265	2,606		66	2,145	2,468	2,385	2,743
73, 775	al Factors: Ann:1.0000 S		2trly: 0.2650) Mthly: 0.08	333	To calcul	ate household discount:				:
73, 775							Base rate x area facto	or=annual prem	iium (round	to nearest w	hole dolla
1.21 31, 774, 776, 777, 782, 784, 793, 794	Texas <u>Texas</u>						Annual premium x mo	odal factor-mod	al premium	(round to ne	arest who
5 6	770-773, 775	7 777 977 N	07 787 78	3 704		1.21	cent)				
	1, 10, 100, 100, 100,		5 , 5			2					

The rates above do not include a one time \$20 policy fee.

ANNUAL ATTAINED AGE PREMIUMS

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

Medicare Supplement Policy 2010 Standardized Plan F

Medicare Supplement Policy 2010 Standardized Plan HF

Altallieu Age	Female N	Male	Standard Female N	Male		Age	Female	Male	Female N	Male
0-64	A/N	N/A	N/A	N/A		0-64	A/N	N/A	N/A	N/A
65	1,429	1,644	1,588	1,827		65	295	647	624	718
99	1,429	1,644	1,588	1,827		99	295	647	624	718
29	1,429	1,644	1,588	1,827		29	295	647	624	718
89	1,500	1,723	1,666	1,917		89	290	229	929	754
69	1,558	1,792	1,733	1,991		69	612	200	682	783
20	1,614	1,858	1,795	2,064		20	929	731	705	811
71	1,672	1,922	1,857	2,136		7.1	657	756	730	840
72	1,723	1,983	1,914	2,203		72	229	780	754	998
73	1,771	2,035	1,968	2,262		73	269	800	774	890
74	1,814	2,090	2,017	2,320		74	714	822	794	913
75	1,857	2,136	2,064	2,373		75	730	840	811	933
92	1,893	2,176	2,103	2,419		9/	745	826	827	951
77	1,925	2,213	2,139	2,460		77	757	871	842	896
78	1,955	2,249	2,173	2,498		78	692	882	855	982
62	1,983	2,281	2,203	2,533		62	780	968	866	966
80	2,007	2,310	2,230	2,565		80	791	806	877	1,010
81	2,033	2,339	2,260	2,599		8	800	920	889	1,023
82	2,060	2,370	2,289	2,631		82	810	931	902	1,035
83	2,084	2,397	2,316	2,664		83	820	942	911	1,048
84	2,108	2,424	2,342	2,694		84	829	954	920	1,060
85	2,132	2,451	2,370	2,724		85	839	965	931	1,072
86	2,154	2,477	2,394	2,752		86	847	975	941	1,082
87	2,176	2,503	2,418	2,778		87	856	984	951	1,093
88	2,197	2,525	2,438	2,805		88	864	994	626	1,103
88	2,213	2,546	2,460	2,830		88	871	1,002	896	1,113
06	2,232	2,566	2,480	2,853		06	878	1,010	975	1,123
91	2,250	2,586	2,498	2,874		91	885	1,017	983	1,130
92	2,264	2,604	2,518	2,892		92	891	1,025	066	1,137
93	2,279	2,620	2,532	2,910		93	968	1,030	966	1,145
94	2,291	2,635	2,546	2,927		94	902	1,036	1,002	1,151
95	2,302	2,648	2,558	2,941		92	906	1,042	1,006	1,157
96	2,315	2,660	2,571	2,958		96	911	1,047	1,012	1,162
26	2,326	2,675	2,584	2,971		26	917	1,052	1,017	1,168
86	2,339	2,689	2,598	2,987		86	920	1,059	1,023	1,175
66	2,349	2,703	2,611	3,002		66	923	1,063	1,027	1,182
Model Eartows: Ann: 1,000 Semi: 0,5200 Otthy: 0,2650 Mthly: 0,0833	i. 0 5200 Otrkv.	0.2650 Mt	1V: 0 0833		To calculate bo	To calculate bousehold discount:				
	. 0.020.0	2007:0			Bas	Base rate x area factor=annual premium (round to nearest whole dollar)	or=annual prem	ium (round	to nearest w	hole dollar)
Area Factors:								5		
<u>Texas</u> 770-773, 775						Annual premium x modal factor-modal premium (round to nearest whole cent)	odal factor-moda	al premium	(round to ne	arest whole
750-753, 760, 761, 774, 776, 77	, 776, 77	2, 784, 793,	7, 782, 784, 793, 794		1.15					
Rest of State						Modal premium x .95=discounted premium	=discounted pre	əminm		

The rates above do not include a one time \$20 policy fee.

ANNUAL ATTAINED AGE PREMIUMS

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

Medicare Supplement Policy	2010 Standardized Plan N
Medicare Supplement Policy	2010 Standardized Plan G

Attained	Preferred	red	Standard	ard	Attained	Preferred	irred	Standard	ard
Age	Female	Male	Female	Male	Age	Female	Male	Female	Male
0-64	Α/N	N/A	Α/N	√Z	0-64	A/N	√N	Α/N	√Z
	1,251	1,439	1,391	1,598	92	666	1,142	1,104	1,270
99	1,251	1,439	1,391	1,598	99	993	1,142	1,104	1,270
29	1,251	1,439	1,391	1,598	29	866	1,142	1,104	1,270
89	1,313	1,509	1,459	1,678	89	1,043	1,200	1,160	1,333
69	1,373	1,578	1,526	1,753	69	1,090	1,253	1,212	1,393
02	1,427	1,641	1,583	1,823	02	1,133	1,304	1,260	1,449
71	1,481	1,702	1,645	1,892	71	1,176	1,353	1,307	1,503
72	1,532	1,762	1,702	1,957	72	1,218	1,400	1,353	1,556
73	1,580	1,818	1,757	2,019	73	1,255	1,444	1,395	1,604
74	1,626	1,871	1,807	2,078	74	1,292	1,485	1,436	1,652
75	1,668	1,918	1,853	2,129	75	1,325	1,524	1,470	1,691
92	1,705	1,962	1,894	2,179	92	1,355	1,558	1,505	1,732
77	1,742	2,003	1,936	2,226	77	1,385	1,591	1,540	1,767
82	1,776	2,042	1,973	2,268	82	1,411	1,624	1,567	1,802
62	1,807	2,078	2,007	2,309	62	1,435	1,652	1,593	1,833
80	1,836	2,110	2,041	2,345	80	1,458	1,677	1,622	1,864
81	1,862	2,142	2,069	2,379	81	1,480	1,701	1,644	1,889
82	1,887	2,170	2,097	2,412	82	1,500	1,723	1,667	1,916
83	1,911	2,199	2,124	2,443	83	1,519	1,747	1,687	1,941
84	1,935	2,226	2,151	2,473	84	1,540	1,767	1,708	1,966
85	1,958	2,252	2,176	2,503	85	1,556	1,789	1,728	1,987
98	1,981	2,277	2,201	2,531	88	1,573	1,809	1,748	2,009
87	2,000	2,301	2,223	2,557	87	1,589	1,827	1,766	2,031
88	2,021	2,324	2,247	2,582	88	1,606	1,847	1,783	2,052
88	2,041	2,346	2,266	2,607	88	1,622	1,864	1,800	2,071
06	2,058	2,367	2,287	2,631	06	1,636	1,880	1,816	2,090
91	2,076	2,387	2,307	2,652	91	1,649	1,895	1,831	2,107
92	2,091	2,405	2,323	2,671	92	1,661	1,909	1,846	2,124
93	2,105	2,422	2,340	2,690	63	1,672	1,923	1,859	2,138
94	2,119	2,437	2,354	2,708	94	1,683	1,936	1,872	2,151
95	2,132	2,451	2,369	2,724	95	1,692	1,947	1,884	2,163
96	2,144	2,465	2,383	2,740	96	1,703	1,958	1,892	2,176
26	2,157	2,481	2,396	2,755	26	1,713	1,971	1,902	2,189
86	2,169	2,495	2,410	2,772	86	1,722	1,982	1,914	2,203
66	2,183	2,510	2,425	2,789	66	1,734	1,995	1,926	2,215
Model Eactors: App. 1 0000 Semi: 0 5200 Oftly: 0 2650 Mthly: 0 0833	mi. 0 5200 Otrly.	0.2650 M#	1V. 0 0833		To calculate bousehold discount:	<u>;</u>			
		2007:0	.y.		Sase rate x area factor=annual premium (round to nearest whole dollar)	actor=annual prem	rom (round	to nearest w	ole dollar)
Area Factors:							5		
Texas					Annual premium x modal factor-modal premium (round to nearest whole	modal factor-mod	lal premium	(round to neg	rest whole
770-773, 775					1.21 cent)				
750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794	774, 776, 777, 782	2, 784, 793,	794		1.15				
Rest of State					1.00 Modal premium x .95=discounted premium	.95=discounted pre	eminm		

The rates above do not include a one time \$20 policy fee.

PREMIUM INFORMATION

Continental Life Insurance Company of Brentwood, Tennessee can only raise your premium if we raise the premium for all policies like yours in this state. Premiums for this policy will increase due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the policy will be the renewal premium then in effect for your attained age. Other policies may be provided with Issue Age rating and do not increase with age. You should compare Issue Age with Attained Age policies.

Premiums payable other than annual will be determined according to the following factors:

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly EFT: 0.0833.

HOUSEHOLD DISCOUNT

In order to be eligible for the Household discount under a Continental Life Insurance Company of Brentwood, Tennessee Medicare supplement plan, you must apply for a Medicare supplement plan at the same time as another Medicare eligible adult or the other Medicare eligible adult must currently be covered by a Continental Life Insurance Company of Brentwood, Tennessee Medicare supplement policy. The Medicare eligible adult must be either (a) your spouse; or (b) be a permanent resident in your home. The household discount will only be applicable if a policy for each applicant is issued. The discounted rate will be 5 percent lower than the individual rates and will apply as long as both policies remain in force.

DISCLOSURES

Use this outline to compare benefits and premium 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 Continental Life Insurance Company of Brentwood, Tennessee, P.O. Box 2368, Brentwood, Tennessee 37024. 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 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

The policy may not cover all of your medical costs.

Neither Continental Life Insurance Company of Brentwood, Tennessee 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 & You* for more details.

LIMITATIONS AND EXCLUSIONS

This policy does not cover any expenses of the type excluded by Medicare or not covered under the terms of this policy.

Benefits covered by this policy will not duplicate Medicare benefits.

We will not be liable for any loss which was caused by your committing or attempting to commit any felony or from engaging in an illegal occupation.

REFUND OF PREMIUM

The company shall refund any premium paid for the period beyond the end of the policy month in which the death or cancellation occurred. Unearned premium shall be paid in a lump sum to your estate no later than thirty (30) days after receipt of proof of death or cancellation is received by the company.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely any questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

THE FOLLOWING CHARTS DESCRIBE PLANS A, B, F, HIGH DEDUCTIBLE F, G and N OFFERED BY CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE.

PLAN A

MEDICARE (PART A) - MEDICAL 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\$1184]	\$0	[\$1184] (Part A Deductible)
61st thru 90th day 91st day and after: While using 60 lifetime reserve	All but [\$296] a day	[\$296] a day	\$0**
days Once lifetime reserve days are used:	All but [\$592] a day	[\$592] a day	\$0**
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**+
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- Approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but [\$148] a day \$0	\$0 \$0 \$0 \$0	\$0** Up to [\$148] 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**

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

PLAN A

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

*Once you have been billed [\$147] 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

		1	1
SERVICES	MEDICARE	PLAN	YOU
SERVICES	PAYS	PAYS	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 test, durable			
medical equipment			
First [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*		·	(Part B Deductible)
Remainder of Medicare-Approved			,
amounts	Generally 80%	Generally 20%	\$0**
Part B Excess Charges	-		
(Above Medicare-Approved			
amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0**
Next [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			,
amounts	80%	20%	\$0**
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0**
	DADTC A 9		1 .

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	100%	\$0	\$0**
First [\$147] of Medicare Approved amounts* Remainder of Medicare	\$0	\$0	[\$147] (Part B Deductible)
Approved amounts	80%	20%	\$0**

PLAN B

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

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

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1184]	[\$1184]	\$0**
		(Part A Deductible)	
61st thru 90th day	All but [\$296] a day	[\$296] a day	\$0**
91st day and after:			
While using 60 lifetime reserve			
days	All but [\$592] a day	[\$592] a day	\$0**
Once lifetime reserve days are			
used:			A
Additional 365 days	\$0	100% of Medicare	\$0**+
D 14 A 184 1005 1		Eligible Expenses	
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital	All approved	\$0	\$0**
First 20 days	All approved amounts	φυ	ΦΟ
21st thru 100th day	All but [\$148] a day	\$0	Up to [\$148] a day
101st day and after	\$0	\$0	All costs
BLOOD	ΨΟ	ΨΟ	All COStS
First 3 pints	\$0	3 pints	\$0**
Additional amounts	100%	\$0	\$0**
HOSPICE CARE	10070	Ψ.	4 0
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	'
certification of terminal illness	coinsurance for	coinsurance	
	outpatient drugs and		
	inpatient respite care		

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

PLAN B

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

*Once you have been billed [\$147] 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE	PLAN	YOU
SERVICES	PAYS	PAYS	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 test, durable			
medical equipment	C O	Φ0	[04.47]
First [\$147] of Medicare-Approved amounts*	\$0	\$0	[\$147]
			(Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0**
Part B Excess Charges	Generally 0076	Generally 2076	Ψ0
(Above Medicare-Approved			
amounts)	\$0	\$0	All costs
BLOOD	ΨΟ	ΨΟ	7111 00313
First 3 pints	\$0	All costs	\$0**
Next [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*	Ψ	Ψ0	(Part B Deductible)
Remainder of Medicare-Approved			(* 4 2 2 2 3 4 5 2)
amounts	80%	20%	\$0**
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0**

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
Durable medical equipment First [\$147] of Medicare Approved amounts*	\$0	\$0	[\$147] (Part B Deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0**

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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1184]	[\$1184]	\$0**
		(Part A Deductible)	
61st thru 90th day	All but [\$296] a day	[\$296] a day	\$0**
91st day and after			
While using 60 lifetime reserve			
days	All but [\$592] a day	[\$592] a day	\$0**
Once lifetime reserve days are			
used:			
Additional 365 days	\$0	100% of Medicare	\$0**+
D 14 A 184 1005 1		Eligible Expenses	
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital	All approved	# O	\$0**
First 20 days	All approved amounts	\$0	Φ0
21st thru 100th day	All but [\$148] a day	Up to [\$148] a day	\$0**
101st day and after	\$0	\$0	All costs
BLOOD	ΨΟ	ΨΟ	All COStS
First 3 pints	\$0	3 pints	\$0**
Additional amounts	100%	\$0	\$0**
HOSPICE CARE		*	7-
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	'
certification of terminal illness	coinsurance for	coinsurance	
	outpatient drugs and		
	inpatient respite care		

+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 additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

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

*Once you have been billed [\$147] 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

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 test, durable			
medical equipment First [\$147] of Medicare-Approved	\$0	[\$147]	\$0**
amounts*	ΨΟ	(Part B Deductible)	ΨΟ
Remainder of Medicare-Approved		(i air b beadonbie)	
amounts	Generally 80%	Generally 20%	\$0**
Part B Excess Charges	•	•	
(Above Medicare-Approved			
amounts)	\$0	100%	\$0**
BLOOD			
First 3 pints	\$0	All costs	\$0**
Next [\$147] of Medicare-Approved	\$0	[\$147]	\$0**
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			* • • • • • • • • • • • • • • • • • • •
amounts	80%	20%	\$0**
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC	4000/	Φ0	00++
SERVICES	100%	\$0	\$0**

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
Durable medical equipment First [\$147] of Medicare Approved amounts*	\$0	[\$147] (Part B Deductible)	\$0**
Remainder of Medicare Approved amounts	80%	20%	\$0**

PLAN F
OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE	PLAN	YOU
	PAYS	PAYS	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 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.
- **\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

***This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2110] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are [\$2110]. 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.

		AFTER YOU PAY	IN ADDITION TO
		[\$2110]	[\$2110]
SERVICES	MEDICARE	DEDUCTIBLE***	DEDUCTIBLE***
	PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1184]	[\$1184] (Part A Deductible)	\$0**
61st thru 90th day	All but [\$296] a day	[\$296] a day	\$0**
91st day and after			
While using 60 lifetime reserve			
days	All but [\$592] a day	[\$592] a day	\$0**
Once lifetime reserve days are			
used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***+
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital			
First 20 days	All approved	\$0	\$0**
	amounts		A O ***
21st thru 100th day	All but [\$148] a day	Up to [\$148] a day	\$0**
101st day and after	\$0	\$0	All costs
BLOOD	Φ0	0 = := t=	
First 3 pints	\$0	3 pints	\$0**
Additional amounts	100%	\$0	\$0**

HOSPICE CARE			
Available as long as your doctor	All but very limited	Medicare	\$0
certifies you are terminally ill and	copayment/	copayment/	
you elect to receive these	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

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

HIGH DEDUCTIBLE PLAN F

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

- *Once you have been billed [\$147] 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.
- **\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.
- **This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2110] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed [\$2110]. 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 [\$2110] DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO [\$2110] DEDUCTIBLE*** YOU PAY
MEDICAL EXPENSES –	PAIS	PLAN PATS	TOUPAT
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 test, durable			
medical equipment			
First [\$147] of Medicare-Approved	\$0	[\$147]	\$0**
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			A a ded
amounts	Generally 80%	Generally 20%	\$0**
Part B Excess Charges			
(Above Medicare-Approved	Φ0	4000/	* ***
amounts)	\$0	100%	\$0**
BLOOD	Φ0	All	* ***
First 3 pints	\$0	All costs	\$0**
Next [\$147] of Medicare-Approved amounts*	\$0	[\$147]	\$0**
		(Part B Deductible)	
Remainder of Medicare-Approved amounts	80%	20%	\$0**
CLINICAL LABORATORY	00 /0	20 /0	Ψ
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0**

HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2110] DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO [\$2110] DEDUCTIBLE*** YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED			
SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
Durable medical equipment First [\$147] of Medicare Approved amounts*	\$0	[\$147] (Part B Deductible)	\$0**
Remainder of Medicare Approved amounts	80%	20%	\$0**

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2110] DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO [\$2110] 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	20% and amounts
_		maximum benefit of	over the \$50,000
		\$50,000	lifetime maximum

PLAN G

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

^{**\$0} Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1184]	[\$1184]	\$0**
		(Part A Deductible)	
61st thru 90th day	All but [\$296] a day	[\$296] a day	\$0**
91st day and after			
While using 60 lifetime reserve			d a state
days	All but [\$592] a day	[\$592] a day	\$0**
Once lifetime reserve days are			
used:	ФО.	4000/ of Markers	Φ0**.
Additional 365 days	\$0	100% of Medicare	\$0**+
Poyond the Additional 265 days	\$0	Eligible Expenses	All costs
Beyond the Additional 365 days SKILLED NURSING FACILITY	φυ	φυ	All Costs
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital			
First 20 days	All approved	\$0	\$0**
	amounts		i i
21st thru 100th day	All but [\$148] a day	Up to [\$148] a day	\$0**
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0**
Additional amounts	100%	\$0	\$0**
HOSPICE CARE			
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

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

^{*}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.

PLAN G

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

*Once you have been billed [\$147] 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

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 test, durable			
medical equipment	C O	C O	[0447]
First [\$147] of Medicare-Approved amounts*	\$0	\$0	[\$147]
Remainder of Medicare-Approved			(Part B Deductible)
amounts	Generally 80%	Generally 20%	\$0**
Part B Excess Charges	Contrainy 5575	Contrainy 2070	Ψ
(Above Medicare-Approved			
amounts)	\$0	100%	\$0**
BLOOD			
First 3 pints	\$0	All costs	\$0**
Next [\$147] of Medicare-Approved	\$0	\$0	[\$147]
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0**
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			A a total
SERVICES	100%	\$0	\$0**

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE –			
MEDICARE APPROVED			
SERVICES			
Medically necessary skilled care			
services and medical supplies	100%	\$0	\$0**
Durable medical equipment			
First [\$147] of Medicare	\$0	\$0	[\$147]
Approved amounts*			(Part B Deductible)
Remainder of Medicare			
Approved amounts	80%	20%	\$0**

OTHER BENEFITS – NOT COVERED BY MEDICARE

PLAN G

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 N

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

^{**\$0} Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but [\$1184]	[\$1184] (Part A Deductible)	\$0**
61st thru 90th day	All but [\$296] a day	[\$296] a day	\$0**
91st day and after			
While using 60 lifetime			
reserve days	All but [\$592] a day	[\$592] a day	\$0**
Once lifetime reserve days are			
used:			
Additional 365 days	\$0	100% of Medicare	\$0**+
		Eligible Expenses	
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital		•	A 0.44
First 20 days	All approved	\$0	\$0**
04 : 1 (1 : 400)	amounts	11. (. [04.40]	ΦO++
21st thru 100th day	All but [\$148] a day	Up to [\$148] a day	\$0**
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints	ф _О	2 minto	ተ ∩**
First 3 pints	\$0 100%	3 pints \$0	\$0** \$0**
Additional amounts HOSPICE CARE	100 /6	φυ	φυ
You must meet Medicare's	All but yory limited	Medicare	\$0
	All but very limited copayment/		φυ
requirements, including a doctor's		co-payment/	
Certification of terminal limess		Combulante	
certification of terminal illness	coinsurance for outpatient drugs and inpatient respite care	coinsurance	

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

^{*}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.

PLAN N

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

*Once you have been billed [\$147] 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

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 test, durable medical equipment			
First [\$147] of Medicare-Approved amounts*	\$0	\$0	[\$147] (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The co-payment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	0%	All costs
BLOOD		370	
First 3 pints Next [\$147] of Medicare-Approved amounts* Remainder of Medicare-Approved	\$0 \$0	All costs \$0	\$0** [\$147] (Part B Deductible)
amounts	80%	20%	\$0**
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0**
OLIVIOLO	10070	ΨΟ	ΨΟ

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE –			
MEDICARE APPROVED			
SERVICES			
Medically necessary skilled care			
services and medical supplies	100%	\$0	\$0**
Durable medical equipment			
First [\$147] of Medicare	\$0	\$0	[\$147]
Approved amounts*			(Part B Deductible)
Remainder of Medicare			
Approved amounts	80%	20%	\$0**

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	\$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