

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, HIGH DEDUCTIBLE F, G, N

Underwritten by

An Aetna Company

### American Continental Insurance Company

### Mississippi

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

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.

# See Outlines of Coverage sections for details about ALL plans

### **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.

	z	Basic, including	100% Part B	coinsurance, except	up to \$20	copayment for office	visit, and up to \$50	copayment for ER	Skilled Nursing	Facility Coinsurance			Part A Deductible							Foreign Travel	Emergency							aidh doductible alan nave tha cama hanafite ac Dlan E affar ana hac naid a calandar voar \$2180
	M	Basic, Ba		100% Part B cc	coinsurance up	CC CC	Vis	8		Nursing Fa	Facility	Coinsurance	50% Part A P:	Deductible						Foreign Fo	Travel Er	Emergency						
	_	Hospitalization	and preventive	care paid at	100%; other	basic benefits	paid at 75%		75% Skilled	Nursing Facility	Coinsurance		75% Part A	Deductible									Out-of-pocket	limit \$2480;	paid at 100%	after limit	reached	
	х	Hospitalization	and preventive	care paid at	100%; other	basic benefits	paid at 50%		lled	Nursing	Facility	Coinsurance	50% Part A	Deductible									Out-of-pocket	limit \$4960;	paid at 100%	after limit	reached	Board Start
	ŋ	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible			Part B	Excess	(100%)	Foreign	Travel	Emergency						
	F/F*	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible	Part B	Deductible	Part B	Excess	(100%)	Foreign	Travel	Emergency						
	D	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible						Foreign	Travel	Emergency						*Don E alos has an antion called a histh deductible alon E. This
ance	ပ	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible	Part B	Deductible				Foreign	Travel	Emergency						
Hospice: Part A coinsurance	В	Basic,	including	100% Part B	coinsurance								Part A	Deductible														
Hospice: F	A	Basic,	including	100% Part B	coinsurance																							

deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's Plan 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 calendar year \$2180 separate foreign travel emergency deductible.

### American Continental Insurance Company Annual Attained Age Premiums For Use in ZIP Codes: 395 Female Rates

## Rates Effective 08/01/2016

Attained			Preferred	rred			Attained			Star	Standard		
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
0-64 (Gl Issue Period)	2,865	3,610	4,711	N/A	N/A	N/A	0-64 (GI Issue Period)	3,185	4,012	5,235	N/A	N/A	N/A
0-64 (open enrollees)	2,865	3,610	4,711	1,556	4,375	3,475	0-64 (open enrollees)	3,185	4,012	5,235	1,730	4,861	3,861
65	1,090	1,374	1,689	627	1,224	1,143	65	1,212	1,527	1,877	698	1,359	1,270
99	1,090	1,374	1,689	627	1,224	1,143	99	1,212	1,527	1,877	698	1,359	1,270
67	1,090	1,374	1,689	627	1,224	1,143	67	1,212	1,527	1,877	698	1,359	1,270
68	1,138	1,431	1,759	652	1,273	1,191	68	1,262	1,590	1,954	726	1,417	1,323
69	1,186	1,496	1,827	680	1,332	1,244	69	1,320	1,662	2,032	755	1,480	1,382
70	1,235	1,557	1,895	705	1,385	1,294	70	1,371	1,729	2,105	783	1,538	1,439
71	1,283	1,615	1,960	728	1,436	1,341	71	1,425	1,795	2,178	808	1,597	1,491
72	1,326	1,671	2,021	751	1,486	1,391	72	1,473	1,857	2,246	835	1,651	1,544
73	1,368	1,724	2,078	771	1,534	1,433	73	1,519	1,914	2,308	858	1,704	1,593
74	1,408	1,774	2,129	791	1,577	1,474	74	1,563	1,970	2,367	880	1,754	1,638
75	1,443	1,818	2,178	808	1,618	1,513	75	1,602	2,020	2,422	668	1,797	1,680
76	1,476	1,860	2,221	827	1,656	1,548	76	1,640	2,065	2,465	917	1,839	1,717
77	1,507	1,898	2,259	839	1,691	1,581	77	1,676	2,111	2,510	934	1,878	1,755
78	1,536	1,935	2,294	854	1,723	1,610	78	1,709	2,151	2,549	947	1,915	1,790
79	1,563	1,970	2,325	864	1,754	1,637	79	1,737	2,190	2,584	096	1,948	1,820
80	1,589	2,001	2,355	875	1,782	1,666	80	1,764	2,225	2,617	972	1,980	1,850
81	1,611	2,029	2,387	886	1,807	1,689	81	1,791	2,256	2,651	985	2,008	1,878
82	1,632	2,057	2,416	668	1,832	1,712	82	1,814	2,288	2,684	666	2,035	1,902
83	1,655	2,083	2,445	606	1,855	1,734	83	1,838	2,315	2,717	1,010	2,060	1,927
84	1,675	2,108	2,473	920	1,877	1,755	84	1,862	2,346	2,748	1,022	2,087	1,950
85	1,693	2,135	2,502	930	1,901	1,776	85	1,882	2,372	2,779	1,033	2,111	1,972
86	1,714	2,159	2,526	939	1,921	1,794	86	1,904	2,400	2,808	1,044	2,135	1,996
87	1,731	2,182	2,553	948	1,942	1,814	87	1,924	2,423	2,834	1,053	2,158	2,016
88	1,750	2,203	2,576	959	1,961	1,833	88	1,944	2,447	2,862	1,065	2,181	2,036
89	1,764	2,225	2,597	996	1,980	1,850	89	1,962	2,470	2,886	1,073	2,200	2,056
06	1,780	2,244	2,621	973	1,997	1,866	90	1,979	2,493	2,909	1,082	2,218	2,075
91	1,795	2,264	2,640	981	2,014	1,882	91	1,995	2,514	2,930	1,090	2,238	2,089
92	1,808	2,282	2,657	987	2,028	1,895	92	2,011	2,533	2,953	1,099	2,255	2,108
93	1,821	2,296	2,674	966	2,043	1,911	93	2,024	2,551	2,970	1, 105	2,270	2,121
94	1,835	2,311	2,688	666	2,056	1,922	94	2,038	2,568	2,987	1, 111	2,286	2,137
95	1,844	2,325	2,702	1,004	2,069	1,933	95	2,050	2,583	3,001	1, 115	2,298	2,149
96	1,856	2,337	2,715	1,010	2,081	1,944	96	2,060	2,597	3,017	1, 121	2,310	2,160
97	1,867	2,351	2,731	1,014	2,092	1,955	97	2,075	2,613	3,033	1,127	2,325	2,173
98	1,876	2,365	2,745	1,020	2,105	1,966	98	2,085	2,628	3,049	1, 133	2,339	2,185
66	1,888	2,379	2,757	1,025	2,118	1,979	66	2,099	2,645	3,064	1,140	2,353	2,199
Modal Factors:		Semi-+	Semi-Annual:		0.5200		Quarterly: 0.2650	0.2650	2	Monthly:		0.0833	

The above rates do not include the \$6 application fee.

To calculate household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

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# American Continental Insurance Company Annual Attained Age Premiums For Use in ZIP Codes: 395 Male Rates

## Rates Effective 08/01/2016

Attained			Preferred	rred			Attained			Star	Standard		
Age	Plan A	Plan B	Plan F Plan HF		Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan F Plan HF	Plan G	Plan N
0-64 (GI Issue Period)	3,295	4,150	5,419	N/A	N/A	N/A	0-64 (GI Issue Period)	3,660	4,610	6,016	N/A	N/A	N/A
0-64 (open enrollees)	3,295	4,150	5,419	1,789	5,030	3,998	0-64 (open enrollees)	3,660	4,610	6,016	1,987	5,591	4,443
65	1,255	1,580	1,943	723	1,406	1,313	65	1,393	1,755	2,159	802	1,562	1,459
99	1,255	1,580	1,943	723	1,406	1,313	99	1,393	1,755	2, 159	802	1,562	1,459
67	1,255	1,580	1,943	723	1,406	1,313	67	1,393	1,755	2,159	802	1,562	1,459
68	1,306	1,647	2,021	751	1,466	1,369	68	1,452	1,829	2,248	835	1,628	1,521
69	1,366	1,720	2,102	782	1,533	1,432	69	1,516	1,910	2,335	868	1,702	1,590
70	1,418	1,790	2,179	809	1,591	1,488	70	1,578	1,987	2,422	899	1,769	1,655
71	1,475	1,857	2,256	838	1,651	1,544	71	1,637	2,062	2,505	932	1,836	1,715
72	1,524	1,921	2,325	864	1,709	1,598	72	1,693	2,135	2,584	960	1,900	1,776
73	1,572	1,982	2,389	886	1,765	1,648	73	1,749	2,202	2,653	986	1,959	1,831
74	1,619	2,040	2,450	911	1,815	1,696	74	1,797	2,265	2,721	1,012	2,016	1,886
75	1,660	2,089	2,505	932	1,860	1,738	75	1,843	2,324	2,784	1,035	2,067	1,931
76	1,697	2,138	2,553	948	1,902	1,778	76	1,885	2,375	2,835	1,054	2,115	1,977
77	1,732	2,184	2,597	996	1,944	1,817	77	1,926	2,427	2,886	1,073	2,160	2,017
78	1,768	2,227	2,638	981	1,982	1,853	78	1,964	2,474	2,930	1,089	2,202	2,060
79	1,797	2,265	2,675	966	2,016	1,886	79	1,997	2,518	2,971	1,105	2,239	2,091
80	1,828	2,302	2,708	1,007	2,049	1,915	80	2,029	2,557	3,009	1,119	2,276	2,127
81	1,853	2,335	2,745	1,020	2,078	1,941	81	2,058	2,594	3,050	1,133	2,309	2,158
82	1,878	2,367	2,779	1,033	2,106	1,967	82	2,086	2,629	3,088	1,148	2,340	2,187
83	1,903	2,399	2,813	1,045	2,134	1,993	83	2,115	2,663	3,126	1,161	2,371	2,216
84	1,925	2,425	2,845	1,056	2,160	2,017	84	2,139	2,696	3,160	1,176	2,400	2,244
85	1,948	2,455	2,875	1,069	2,185	2,042	85	2,165	2,727	3, 197	1,187	2,428	2,268
86	1,970	2,482	2,905	1,080	2,209	2,065	86	2,190	2,760	3,229	1,199	2,455	2,294
87	1,990	2,509	2,936	1,091	2,233	2,085	87	2,210	2,786	3,260	1,212	2,482	2,319
88	2,011	2,534	2,963	1,102	2,255	2,108	88	2,234	2,814	3, 290	1,223	2,507	2,343
89	2,029	2,559	2,987	1, 111	2,276	2,128	89	2,256	2,842	3,320	1,235	2,529	2,364
90	2,049	2,582	3,011	1,119	2,298	2,145	06	2,274	2,867	3, 348	1,244	2,553	2,385
91	2,064	2,600	3,034	1,127	2,317	2,163	91	2,295	2,892	3,371	1,254	2,574	2,405
92	2,080	2,621	3,054	1,135	2,334	2,181	92	2,312	2,914	3,394	1,261	2,592	2,422
93	2,096	2,640	3,075	1, 143	2,350	2,196	93	2,329	2,933	3,414	1,270	2,610	2,440
94	2,107	2,658	3,091	1,149	2,365	2,210	94	2,342	2,952	3,434	1,277	2,628	2,455
95	2,120	2,673	3,108	1,156	2,378	2,223	95	2,355	2,972	3,452	1,284	2,644	2,470
96	2,134	2,689	3,122	1,160	2,391	2,236	96	2,372	2,987	3,470	1,290	2,659	2,484
97	2,145	2,703	3,137	1,166	2,407	2,250	97	2,384	3,003	3,488	1,296	2,674	2,498
98	2,159	2,718	3,155	1,173	2,420	2,263	98	2,400	3,022	3,505	1,302	2,690	2,514
66	2,171	2,736	3,171	1,179	2,434	2,276	66	2,413	3,039	3,521	1,309	2,706	2,529
Modal Factors:		Semi-,	Semi-Annual:		0.5200		Quarterly: 0.2650	0.2650	2	Monthly:		0.0833	

The above rates do not include the \$6 application fee.

To calculate household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

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# American Continental Insurance Company Annual Attained Age Premiums For Use in ZIP Codes: Rest of State Female Rates

Rates Effective 08/01/2016

Attained			Preferred	rred			Attained			Stan	Standard		
Age	Plan A	Plan B	Plan F F	Plan HF	Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
0-64 (GI Issue Period)	2,722	3,430	4,475	N/A	N/A	N/A	0-64 (GI Issue Period)	3,026	3,811	4,973	N/A	N/A	N/A
0-64 (open enrollees)	2,722	3,430	4,475	1,478	4,156	3,301	0-64 (open enrollees)	3,026	3,811	4,973	1,644	4,618	3,668
65	1,036	1,305	1,605	596	1,163	1,086	65	1,151	1,451	1,783	663	1,291	1,207
66	1,036	1,305	1,605	596	1,163	1,086	99	1,151	1,451	1,783	663	1,291	1,207
67	1,036	1,305	1,605	596	1,163	1,086	67	1,151	1,451	1,783	663	1,291	1,207
68	1,081	1,359	1,671	619	1,209	1,131	68	1,199	1,511	1,856	069	1,346	1,257
69	1,127	1,421	1,736	646	1,265	1,182	69	1,254	1,579	1,930	717	1,406	1,313
70	1,173	1,479	1,800	670	1,316	1,229	70	1,302	1,643	2,000	744	1,461	1,367
71	1,219	1,534	1,862	692	1,364	1,274	71	1,354	1,705	2,069	768	1,517	1,416
72	1,260	1,587	1,920	713	1,412	1,321	72	1,399	1,764	2,134	793	1,568	1,467
73	1,300	1,638	1,974	732	1,457	1,361	73	1,443	1,818	2,193	815	1,619	1,513
74	1,338	1,685	2,023	751	1,498	1,400	74	1,485	1,872	2,249	836	1,666	1,556
75	1,371	1,727	2,069	768	1,537	1,437	75	1,522	1,919	2,301	854	1,707	1,596
76	1,402	1,767	2,110	786	1,573	1,471	76	1,558	1,962	2,342	871	1,747	1,631
77	1,432	1,803	2,146	797	1,606	1,502	77	1,592	2,005	2, 385	887	1,784	1,667
78	1,459	1,838	2,179	811	1,637	1,530	78	1,624	2,043	2,422	006	1,819	1,701
79	1,485	1,872	2,209	821	1,666	1,555	79	1,650	2,081	2,455	912	1,851	1,729
80	1,510	1,901	2,237	831	1,693	1,583	80	1,676	2,114	2,486	923	1,881	1,758
81	1,530	1,928	2,268	842	1,717	1,605	81	1,701	2,143	2,518	936	1,908	1,784
82	1,550	1,954	2,295	854	1,740	1,626	82	1,723	2,174	2,550	949	1,933	1,807
83	1,572	1,979	2,323	864	1,762	1,647	83	1,746	2,199	2,581	096	1,957	1,831
84	1,591	2,003	2,349	874	1,783	1,667	84	1,769	2,229	2,611	971	1,983	1,853
85	1,608	2,028	2,377	884	1,806	1,687	85	1,788	2,253	2,640	981	2,005	1,873
86	1,628	2,051	2,400	892	1,825	1,704	86	1,809	2,280	2,668	992	2,028	1,896
87	1,644	2,073	2,425	901	1,845	1,723	87	1,828	2,302	2,692	1,000	2,050	1,915
88	1,663	2,093	2,447	911	1,863	1,741	88	1,847	2,325	2,719	1,012	2,072	1,934
89	1,676	2,114	2,467	918	1,881	1,758	89	1,864	2,347	2,742	1,019	2,090	1,953
90	1,691	2,132	2,490	924	1,897	1,773	06	1,880	2,368	2,764	1,028	2,107	1,971
91	1,705	2,151	2,508	932	1,913	1,788	91	1,895	2,388	2,784	1,036	2,126	1,985
92	1,718	2,168	2,524	938	1,927	1,800	92	1,910	2,406	2,805	1,044	2,142	2,003
93	1,730	2,181	2,540	946	1,941	1,815	93	1,923	2,423	2,822	1,050	2,157	2,015
94	1,743	2,195	2,554	949	1,953	1,826	94	1,936	2,440	2,838	1,055	2,172	2,030
95	1,752	2,209	2,567	954	1,966	1,836	95	1,948	2,454	2,851	1,059	2,183	2,042
96	1,763	2,220	2,579	960	1,977	1,847	96	1,957	2,467	2,866	1,065	2,195	2,052
97	1,774	2,233	2,594	963	1,987	1,857	97	1,971	2,482	2,881	1,071	2,209	2,064
98	1,782	2,247	2,608	696	2,000	1,868	98	1,981	2,497	2,897	1,076	2,222	2,076
99	1,794	2,260	2,619	974	2,012	1,880	66	1,994	2,513	2,911	1,083	2,235	2,089
Modal Factors:		Semi-/	Semi-Annual:		0.5200		Quarterly: 0.2650	0.2650	2	Monthly:		0.0833	

The above rates do not include the \$6 application fee.

To calculate household discount: Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

ACIMS01045MS

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# American Continental Insurance Company Annual Attained Age Premiums For Use in ZIP Codes: Rest of State Male Rates

Rates Effective 08/01/2016

Plan A         Plan B         Plan F         Plan F<	Attained			Preferred	irred			Attained			Star	Standard		
Period         3,130         3,943         5,148         N/A         N/A         N/A         N/A           1,192         1,501         1,846         687         1,336         1,247         65           1,192         1,501         1,846         687         1,336         1,247         65           1,192         1,501         1,846         687         1,336         1,247         65           1,192         1,501         1,907         743         1,568         1,461         77           1,241         1,565         1,907         743         1,611         71         66           1,241         1,701         2,070         753         1,568         1,467         73           1,401         1,701         2,103         766         1,564         73           1,401         1,761         2,113         774         1,611         73           1,401         1,761         2,133         756         1,564         73           1,515         1,931         1,807         1,611         73         73           1,523         1,932         2,313         2,013         1,907         1,613           1,523	_	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan F Plan HF	Plan G	Plan N
rollees)         3,130         3,943         5,148         1,700         4,779         3,798         0.64 (open e           1,192         1,501         1,846         687         1,336         1,247         65           1,192         1,501         1,846         687         1,336         1,247         65           1,192         1,501         1,846         687         1,336         1,247         65           1,241         1,565         1,920         743         1,568         1,467         773           1,247         1,566         1,731         1,511         1,414         771           1,441         1,701         2,143         796         1,568         1,774         1,566           1,441         1,761         2,143         796         1,568         1,777         1,566         773           1,441         1,761         2,143         774         1,611         773         773           1,448         1,825         2,203         825         1,767         1,651         773           1,563         1,767         1,611         1,761         1,761         773           1,563         2,913         1,873         1,6	_	3,130	3,943	5,148	N/A	N/A	N/A	0-64 (GI Issue Period)	3,477	4,380	5,715	N/A	N/A	N/A
1,192         1,501         1,846         687         1,336         1,247         66           1,192         1,501         1,846         687         1,336         1,247         66           1,192         1,501         1,846         687         1,336         1,247         66           1,241         1,565         1,907         743         1,456         1,360         69           1,247         1,701         2,070         769         1,511         1,447         70           1,347         1,701         2,070         769         1,561         1,414         70           1,438         1,883         2,133         823         1,767         1,651         77           1,438         1,883         2,320         821         1,677         1,680         77           1,577         1,987         2,687         901         1,807         1,681         77           1,577         1,988         2,733         957         1,947         1,819         86           1,760         2,116         2,506         931         1,807         1,683         77           1,568         2,137         2,187         2,573         1,947<	_	3, 130	3,943	5,148	1,700	4,779	3,798	0-64 (open enrollees)	3,477	4,380	5,715	1,888	5,311	4,221
1,192         1,501         1,846         687         1,336         1,247         667           1,192         1,501         1,846         687         1,335         1,247         667           1,241         1,565         1,920         713         1,333         1,301         667           1,247         1,565         1,920         743         1,456         1,360         667           1,247         1,701         2,070         769         1,511         1,414         701           1,333         2,133         821         1,651         1,511         1,566         77           1,438         1,832         2,209         821         1,651         755         77           1,577         1,938         2,571         947         1,566         77         74           1,577         1,938         2,573         957         1,947         1,819         767           1,612         2,013         2,457         911         1,807         1,680         77           1,566         1,516         2,513         957         1,947         1,819         77           1,560         2,116         2,503         1,947         1,819	65	1, 192	1,501	1,846	687	1,336	1,247	65	1,323	1,667	2,051	762	1,484	1,386
1,192         1,501         1,846         687         1,336         1,247         667           1,241         1,555         1,997         743         1,456         1,360         693           1,241         1,555         1,997         743         1,456         1,360         693           1,347         1,701         2,070         769         1,511         1,414         70           1,401         1,764         2,143         796         1,568         1,467         70           1,403         1,825         2,709         821         1,624         1,518         77           1,493         1,833         2,770         842         1,611         70         73           1,538         1,938         855         1,777         1,985         73         766           1,560         2,116         2,703         901         1,807         1,689         73           1,612         2,1541         946         1,917         1,819         81           1,707         2,152         2,931         1,016         2,076         1,944         81           1,707         2,152         2,133         2,571         1,941         1,849	66	1, 192	1,501	1,846	687	1,336	1,247	99	1,323	1,667	2,051	762	1,484	1,386
1,241       1,565       1,920       713       1,3301       168         1,238       1,634       1,997       743       1,456       1,360       69         1,347       1,701       2,070       769       1,511       1,414       70         1,401       1,764       2,143       796       1,568       1,467       70         1,448       1,825       2,209       821       1,624       1,518       77         1,433       1,835       2,700       842       1,677       1,566       73         1,577       1,938       2,328       865       1,774       1,516       73         1,560       2,116       2,031       2,467       918       1,847       1,756       73         1,661       2,116       2,506       932       1,883       1,760       76       76         1,612       2,031       2,677       993       1,947       1,893       81       77         1,612       2,112       2,113       1,016       2,076       1,940       86       81         1,770       2,123       2,571       1,916       1,844       1,844       81         1,784       2,	67	1, 192	1,501	1,846	687	1,336	1,247	67	1,323	1,667	2,051	762	1,484	1,386
1,298       1,634       1,997       743       1,456       1,360       669         1,347       1,701       2,070       769       1,511       1,414       771         1,4401       1,764       2,143       796       1,568       1,467       773         1,448       1,825       2,209       821       1,624       1,518       773         1,577       1,938       2,330       885       1,767       1,566       73         1,577       1,938       2,330       885       1,767       1,566       73         1,577       1,938       2,314       946       1,807       1,669       77         1,645       2,075       2,467       918       1,847       1,776       77         1,650       2,116       2,504       918       1,947       1,844       81         1,707       2,152       2,541       946       1,944       81       81         1,760       2,154       946       1,944       1,844       81         1,770       2,152       2,541       946       1,844       81         1,770       2,128       2,670       946       1,940       86	68	1,241	1,565	1,920	713	1,393	1,301	68	1,379	1,738	2,136	793	1,547	1,445
1,347       1,701       2,070       769       1,511       1,414       70         1,401       1,764       2,143       796       1,568       1,467       1,518       73         1,448       1,825       2,209       821       1,624       1,516       73         1,433       1,833       2,270       842       1,617       1,566       73         1,538       1,938       2,330       885       1,777       1,983       73         1,577       1,985       2,330       885       1,767       1,566       73         1,645       2,075       2,467       918       1,847       1,726       75         1,645       2,075       2,467       918       1,847       1,756       75         1,650       2,116       2,506       913       1,844       81       1,766         1,766       2,131       2,103       1,001       1,947       1,844       81       81         1,766       2,132       2,511       1,016       2,076       1,940       86       1,844       81         1,776       2,132       2,133       1,016       2,076       1,940       86       1,844       <		1, 298	1,634	1,997	743	1,456	1,360	69	1,440	1,815	2,218	825	1,617	1,511
1,401       1,764       2,143       796       1,568       1,467       73         1,448       1,825       2,209       821       1,624       1,516       73         1,433       1,833       2,270       842       1,611       73         1,538       1,938       2,328       865       1,757       1,651       75         1,577       1,985       2,380       885       1,767       1,651       75         1,645       2,073       2,467       918       1,833       1,760       76         1,645       2,075       2,447       946       1,915       1,726       77         1,760       2,116       2,506       932       1,883       1,760       78         1,770       2,115       2,501       946       1,917       1,819       88         1,760       2,116       2,503       969       1,947       1,819       81         1,784       2,313       1,016       2,076       1,940       82       83         1,784       2,334       2,733       1,016       2,076       1,940       86         1,881       2,324       2,334       1,016       2,076 <t< td=""><td>70</td><td>1,347</td><td>1,701</td><td>2,070</td><td>769</td><td>1,511</td><td>1,414</td><td>70</td><td>1,499</td><td>1,888</td><td>2,301</td><td>854</td><td>1,681</td><td>1,572</td></t<>	70	1,347	1,701	2,070	769	1,511	1,414	70	1,499	1,888	2,301	854	1,681	1,572
1,448       1,825       2,209       821       1,624       1,516       73         1,538       1,938       2,321       865       1,77       1,566       73         1,577       1,985       2,338       865       1,774       1,611       75         1,577       1,988       2,328       865       1,776       1,651       75         1,612       2,031       2,455       901       1,807       1,689       76         1,645       2,075       2,467       918       1,883       1,760       77         1,660       2,116       2,506       932       1,883       1,760       78         1,760       2,152       2,541       946       1,914       18       81         1,776       2,152       2,541       946       1,940       83         1,776       2,132       2,573       901       1,940       86         1,784       2,513       1,001       2,075       1,940       83         1,851       2,332       2,731       1,016       2,076       1,940         1,851       2,332       2,733       1,003       2,055       1,940         1,851 <t< td=""><td>71</td><td>1,401</td><td>1,764</td><td>2,143</td><td>796</td><td>1,568</td><td>1,467</td><td>71</td><td>1,555</td><td>1,959</td><td>2,380</td><td>885</td><td>1,744</td><td>1,629</td></t<>	71	1,401	1,764	2,143	796	1,568	1,467	71	1,555	1,959	2,380	885	1,744	1,629
1,493       1,883       2,277       842       1,677       1,566       73         1,577       1,988       2,328       865       1,774       1,651       75         1,577       1,985       2,330       885       1,767       1,651       75         1,645       2,031       2,425       901       1,807       1,689       77         1,645       2,075       2,467       918       1,847       1,726       77         1,680       2,116       2,506       932       1,883       1,760       78         1,770       2,152       2,541       946       1,915       1,770       78         1,760       2,118       2,603       931       2,001       1,869       86         1,774       2,187       2,573       957       1,940       86         1,784       2,739       1,001       2,007       1,869       87         1,851       2,373       1,001       2,007       1,869       87         1,821       2,332       2,760       1,006       2,003       1,962         1,821       2,332       2,760       1,006       2,007       1,869         1,821		1,448	1,825	2,209	821	1,624	1,518	72	1,608	2,028	2,455	912	1,805	1,687
1,538       1,938       2,328       865       1,774       1,651       75         1,577       1,985       2,330       885       1,767       1,651       75         1,645       2,075       2,467       918       1,807       1,689       77         1,645       2,075       2,467       918       1,833       1,760       78         1,707       2,115       2,506       932       1,883       1,760       78         1,707       2,115       2,504       946       1,915       1,792       78         1,707       2,115       2,504       932       1,883       1,760       80         1,760       2,118       2,640       981       2,001       1,869       80         1,784       2,230       2,672       993       2,001       1,869       83         1,881       2,760       1,006       2,076       1,940       86       87         1,881       2,334       2,760       1,016       2,075       1,981       87         1,881       2,334       2,760       1,016       2,076       1,981       87         1,891       2,841       1,016       2,076	73	1,493	1,883	2,270	842	1,677	1,566	73	1,662	2,092	2,520	937	1,861	1,739
1,577       1,985       2,330       885       1,767       1,651       77         1,645       2,075       2,467       918       1,847       1,726       77         1,645       2,075       2,467       918       1,847       1,726       77         1,680       2,116       2,506       932       1,883       1,760       78         1,707       2,152       2,541       946       1,915       1,792       79         1,770       2,152       2,541       946       1,915       1,760       79         1,7760       2,118       2,640       981       2,001       1,869       80         1,784       2,249       2,640       981       2,001       1,869       81         1,851       2,332       2,731       1,016       2,076       1,940       85         1,891       2,334       2,703       1,005       2,099       1,962       86         1,891       2,334       2,703       1,016       2,075       1,940       85         1,891       2,840       1,016       2,076       1,940       86       90         1,891       2,840       1,047       2,843		1,538	1,938	2,328	865	1,724	1,611	74	1,707	2,152	2,585	961	1,915	1,792
1,612       2,031       2,425       901       1,807       1,689       77         1,645       2,075       2,467       918       1,847       1,726       77         1,707       2,115       2,596       932       1,883       1,760       79         1,707       2,115       2,541       946       1,915       1,792       79         1,707       2,118       2,513       957       1,947       1,819       80         1,760       2,218       2,608       969       1,974       1,819       81         1,780       2,2132       2,703       1,001       2,601       933       2,007       1,940       82         1,872       2,334       2,703       1,016       2,009       1,962       86       87         1,872       2,334       2,733       1,016       2,007       1,940       86       87         1,891       2,334       2,733       1,016       2,017       1,981       87         1,891       2,334       2,733       1,016       2,916       86       90         1,991       2,407       2,815       1,016       2,112       1,981       87         <		1,577	1,985	2,380	885	1,767	1,651	75	1,751	2,208	2,645	983	1,964	1,834
1,645       2,075       2,467       918       1,847       1,726       77         1,707       2,115       2,596       932       1,883       1,760       79         1,707       2,115       2,596       932       1,883       1,760       79         1,760       2,118       2,573       957       1,947       1,819       80         1,760       2,218       2,608       969       1,915       1,844       81         1,780       2,218       2,640       981       2,001       1,869       82         1,872       2,338       2,703       1,016       2,099       1,940       85         1,872       2,334       2,770       1,016       2,099       1,940       86         1,872       2,334       2,773       1,016       2,099       1,940       86         1,871       2,334       2,773       1,016       2,012       1,940       86         1,891       2,334       2,789       1,016       2,901       1,940       86         1,910       2,407       2,815       1,016       2,901       96       91         1,910       2,407       2,815       1,016		1,612	2,031	2,425	901	1,807	1,689	76	1,791	2,256	2,693	1,001	2,009	1,878
1,680       2,116       2,506       932       1,883       1,760       7         1,777       2,152       2,541       946       1,915       1,792       79         1,777       2,152       2,541       946       1,915       1,792       79         1,760       2,118       2,608       969       1,974       1,819       80         1,760       2,218       2,600       981       2,001       1,869       81         1,784       2,239       2,670       981       2,001       1,869       83         1,872       2,334       2,703       1,005       1,916       84         1,851       2,332       2,731       1,016       2,076       1,940       85         1,872       2,338       2,703       1,005       2,099       1,962       86         1,891       2,334       2,703       1,006       2,121       1,981       87         1,910       2,401       2,815       1,047       2,142       2,003       99         1,910       2,407       2,815       1,047       2,142       2,003       91         1,910       2,470       2,815       1,047       2,142 <td></td> <td>1,645</td> <td>2,075</td> <td>2,467</td> <td>918</td> <td>1,847</td> <td>1,726</td> <td>77</td> <td>1,830</td> <td>2,306</td> <td>2,742</td> <td>1,019</td> <td>2,052</td> <td>1,916</td>		1,645	2,075	2,467	918	1,847	1,726	77	1,830	2,306	2,742	1,019	2,052	1,916
1,707       2,152       2,541       946       1,915       1,792       80         1,737       2,187       2,573       957       1,947       1,819       80         1,756       2,218       2,608       969       1,974       1,844       81         1,760       2,218       2,603       961       1,974       1,869       82         1,784       2,249       2,640       981       2,001       1,869       82         1,808       2,730       1,0016       2,076       1,940       88         1,851       2,334       2,731       1,016       2,076       1,940       85         1,817       2,338       2,760       1,016       2,076       1,940       86         1,817       2,338       2,703       1,016       2,076       1,940       86         1,817       2,338       1,016       2,076       1,940       86       96         1,910       2,401       2,815       1,016       2,016       1,961       87         1,910       2,407       2,815       1,017       2,112       903       91         1,928       2,431       2,888       1,068       2,217		1,680	2,116	2,506	932	1,883	1,760	78	1,866	2,350	2,784	1,035	2,092	1,957
1,737       2,187       2,573       957       1,947       1,819       80         1,760       2,218       2,608       969       1,974       1,869       81         1,784       2,249       2,640       981       2,001       1,869       82         1,808       2,279       2,640       981       2,001       1,869       82         1,808       2,730       1,003       2,052       1,916       83         1,851       2,332       2,731       1,016       2,076       1,940       85         1,817       2,338       2,760       1,016       2,076       1,940       86         1,831       2,334       2,789       1,016       2,076       1,940       86         1,891       2,334       2,789       1,016       2,076       1,940       86         1,910       2,407       2,815       1,016       2,014       2,013       86         1,910       2,401       2,813       1,016       2,013       86       90         1,947       2,453       2,860       1,063       2,112       2,013       91         1,947       2,460       2,901       1,002       2,012 </td <td></td> <td>1,707</td> <td>2,152</td> <td>2,541</td> <td>946</td> <td>1,915</td> <td>1,792</td> <td>79</td> <td>1,897</td> <td>2,392</td> <td>2,822</td> <td>1,050</td> <td>2,127</td> <td>1,986</td>		1,707	2,152	2,541	946	1,915	1,792	79	1,897	2,392	2,822	1,050	2,127	1,986
1,760       2,218       2,608       969       1,974       1,844       81         1,784       2,249       2,640       981       2,001       1,869       82         1,808       2,279       2,640       981       2,001       1,869       82         1,808       2,279       2,640       981       2,001       1,869       82         1,808       2,730       1,003       2,052       1,916       85         1,851       2,332       2,731       1,016       2,076       1,940       85         1,891       2,338       2,760       1,016       2,076       1,940       86         1,891       2,332       2,731       1,016       2,076       1,940       86         1,910       2,407       2,815       1,047       2,142       2,003       88         1,910       2,407       2,815       1,047       2,142       2,003       99         1,947       2,453       2,860       1,063       2,112       2,012       91         1,991       2,470       2,882       1,017       2,201       2,025       91         1,947       2,473       2,100       2,926       1,01		1,737	2,187	2,573	957	1,947	1,819	80	1,928	2,429	2,859	1,063	2,162	2,021
1,784       2,249       2,640       981       2,001       1,869       823         1,808       2,279       2,672       993       2,027       1,893       833         1,829       2,334       2,731       1,016       2,076       1,940       85         1,872       2,338       2,760       1,016       2,076       1,940       85         1,891       2,334       2,789       1,016       2,076       1,940       85         1,891       2,334       2,789       1,016       2,076       1,940       86         1,910       2,407       2,815       1,047       2,142       2,003       88         1,910       2,407       2,815       1,047       2,142       2,003       88         1,928       2,431       2,883       1,055       2,112       1,981       87         1,947       2,473       2,882       1,071       2,201       2,072       99       90         1,947       2,470       2,882       1,071       2,201       2,072       91       91         1,991       2,568       1,078       2,217       2,100       2,926       1,012       2,124       94		1,760	2,218	2,608	696	1,974	1,844	81	1,955	2,464	2,898	1,076	2,194	2,050
1,808       2,279       2,672       993       2,027       1,893       833         1,829       2,3304       2,703       1,003       2,052       1,916       854         1,851       2,332       2,731       1,016       2,076       1,940       85         1,872       2,338       2,760       1,026       2,099       1,962       86         1,891       2,384       2,789       1,036       2,121       1,981       87         1,910       2,407       2,815       1,047       2,142       2,003       88         1,910       2,407       2,815       1,047       2,142       2,003       88         1,928       2,431       2,838       1,055       2,162       2,022       89         1,947       2,443       2,882       1,071       2,203       2,038       90         1,947       2,473       2,882       1,071       2,201       2,072       91         1,947       2,433       2,882       1,071       2,201       2,072       92         1,947       2,493       2,906       1,078       2,217       2,072       92         1,991       2,508       1,071		1,784	2,249	2,640	981	2,001	1,869	82	1,982	2,498	2,934	1,091	2,223	2,078
1,829       2,304       2,703       1,003       2,052       1,916       84         1,851       2,332       2,731       1,016       2,076       1,940       85         1,872       2,338       2,760       1,026       2,099       1,962       86         1,891       2,334       2,789       1,016       2,076       1,940       87         1,910       2,407       2,815       1,047       2,142       2,003       88         1,910       2,407       2,815       1,047       2,142       2,003       88         1,928       2,431       2,838       1,055       2,162       2,022       89         1,947       2,453       2,860       1,063       2,183       2,038       90         1,991       2,470       2,882       1,071       2,201       2,072       91         1,991       2,470       2,882       1,071       2,201       2,072       92         1,991       2,568       1,078       2,217       2,100       93       93         2,002       2,956       1,0102       2,233       2,086       91       93       93         2,014       2,928       1,09		1,808	2,279	2,672	993	2,027	1,893	83	2,009	2,530	2,970	1,103	2,252	2,105
1,851       2,332       2,731       1,016       2,076       1,940       85         1,872       2,338       2,760       1,026       2,099       1,962       86         1,891       2,334       2,789       1,036       2,121       1,981       87         1,910       2,407       2,815       1,047       2,142       2,003       88         1,928       2,431       2,838       1,055       2,162       2,022       89         1,961       2,477       2,882       1,016       2,012       2,023       89         1,961       2,470       2,882       1,071       2,201       2,065       90         1,991       2,490       2,901       1,078       2,217       2,072       93         1,991       2,508       1,071       2,201       2,072       93       93         2,002       2,535       2,991       1,078       2,217       2,072       93       93         2,002       2,555       2,991       1,078       2,217       2,072       94       96         2,014       2,555       2,993       1,098       2,529       2,112       95       96       96       97		1,829	2,304	2,703	1,003	2,052	1,916	84	2,032	2,561	3,002	1,117	2,280	2,132
1,872       2,358       2,760       1,026       2,099       1,962       86         1,891       2,384       2,789       1,036       2,121       1,981       87         1,910       2,407       2,815       1,047       2,142       2,003       88         1,910       2,443       2,838       1,055       2,162       2,022       89         1,947       2,453       2,860       1,063       2,183       2,038       89         1,976       2,490       2,901       1,078       2,117       2,072       90         1,991       2,508       1,071       2,201       2,072       90       91         1,991       2,501       1,078       2,217       2,072       93       93         2,002       2,525       2,991       1,098       2,247       2,100       94         2,014       2,555       2,996       1,102       2,212       2,112       95         2,023       2,038       1,102       2,237       2,112       96       96         2,038       2,566       1,102       2,212       2,124       96       96       97         2,031       2,038       2,996		1,851	2,332	2,731	1,016	2,076	1,940	85	2,057	2,591	3,037	1,128	2,307	2,155
1,891       2,384       2,789       1,036       2,121       1,981       87         1,910       2,407       2,815       1,047       2,142       2,003       88         1,928       2,431       2,838       1,055       2,162       2,022       89         1,947       2,453       2,860       1,063       2,183       2,038       89         1,961       2,470       2,882       1,071       2,012       2,055       90         1,991       2,490       2,901       1,078       2,117       2,072       93         1,991       2,508       2,991       1,078       2,217       2,072       93         1,991       2,508       1,071       2,201       2,072       93         2,002       2,555       2,991       1,098       2,247       2,100         2,014       2,556       1,098       2,259       2,112       95         2,014       2,555       2,996       1,102       2,124       96         2,033       2,566       1,102       2,124       96       96         2,033       2,568       2,996       1,102       2,124       96         2,033       2		1,872	2,358	2,760	1,026	2,099	1,962	86	2,081	2,622	3,068	1,139	2,332	2,179
1,910       2,407       2,815       1,047       2,142       2,003       88         1,928       2,431       2,838       1,055       2,162       2,022       89         1,947       2,453       2,860       1,063       2,183       2,038       89         1,961       2,470       2,882       1,071       2,012       2,055       90         1,976       2,490       2,901       1,078       2,217       2,072       92         1,991       2,508       2,901       1,078       2,217       2,072       93         2,002       2,525       2,936       1,098       2,247       2,100       94         2,014       2,539       2,936       1,098       2,259       2,112       95         2,014       2,555       2,996       1,102       2,217       2,124       96         2,021       2,038       2,996       1,102       2,212       2,124       96         2,031       2,568       2,996       1,102       2,212       2,124       96         2,032       2,583       2,997       1,114       2,237       2,138       97         2,056       2,012       1,102		1,891	2,384	2,789	1,036	2,121	1,981	87	2,100	2,647	3,097	1,151	2,358	2,203
1,928       2,431       2,838       1,055       2,162       2,022       89         1,947       2,453       2,860       1,063       2,183       2,038       90         1,961       2,470       2,882       1,071       2,011       2,055       91         1,976       2,490       2,901       1,078       2,217       2,072       92         1,991       2,508       2,901       1,078       2,217       2,072       93         2,002       2,525       2,936       1,092       2,247       2,100       94         2,014       2,539       2,996       1,102       2,212       2,112       95         2,014       2,555       2,996       1,102       2,212       2,124       96         2,027       2,568       1,908       2,259       2,112       97       97         2,031       2,558       2,997       1,114       2,299       2,123       97       97         2,051       2,552       2,997       1,114       2,299       2,133       97       97         2,052       2,997       1,114       2,299       2,132       97       97       97         2,052		1,910	2,407	2,815	1,047	2,142	2,003	88	2,122	2,673	3,126	1,162	2,382	2,226
1,947     2,453     2,860     1,063     2,183     2,038     90       1,961     2,470     2,882     1,071     2,012     2,055     91       1,976     2,490     2,901     1,078     2,217     2,072     92       1,997     2,508     2,901     1,078     2,217     2,072     93       2,002     2,525     2,936     1,092     2,247     2,100     94       2,014     2,539     2,993     1,098     2,259     2,112     95       2,014     2,555     2,996     1,102     2,212     2,124     96       2,021     2,555     2,996     1,102     2,212     2,124     96       2,038     2,568     1,908     2,287     2,138     97       2,051     2,582     2,990     1,108     2,287     2,138       2,051     2,582     2,991     1,114     2,292     2,124       2,052     2,592     2,997     1,114     2,292     2,124       2,052     2,593     3,012     1,120     2,123     97       2,052     2,593     3,012     1,120     2,162     98       2,052     2,593     3,012     1,120     2,162     99		1,928	2,431	2,838	1,055	2,162	2,022	89	2,143	2,700	3,154	1,173	2,403	2,246
1,961     2,470     2,882     1,071     2,201     2,055     91       1,976     2,490     2,901     1,078     2,217     2,072     92       1,991     2,508     2,921     1,086     2,233     2,086     93       2,002     2,525     2,936     1,092     2,247     2,100     94       2,002     2,555     2,936     1,092     2,247     2,100     94       2,014     2,533     1,098     2,259     2,112     95       2,014     2,555     2,966     1,102     2,271     2,124     96       2,027     2,555     2,980     1,108     2,287     2,138     97       2,038     2,568     2,990     1,108     2,287     2,138     97       2,051     2,582     2,990     1,108     2,287     2,138     97       2,052     2,590     1,108     2,287     2,993     91       2,052     2,582     2,997     1,114     2,292     2,995     92       2,052     2,593     3,012     1,120     2,150     93       2,052     2,593     3,012     1,120     2,165     96       2,052     2,993     3,012     1,120 <td< td=""><td>06</td><td>1,947</td><td>2,453</td><td>2,860</td><td>1,063</td><td>2,183</td><td>2,038</td><td>06</td><td>2,160</td><td>2,724</td><td>3,181</td><td>1,182</td><td>2,425</td><td>2,266</td></td<>	06	1,947	2,453	2,860	1,063	2,183	2,038	06	2,160	2,724	3,181	1,182	2,425	2,266
1,976       2,490       2,901       1,078       2,217       2,072       92         1,991       2,508       2,921       1,086       2,233       2,086       93         2,002       2,525       2,936       1,092       2,247       2,100       94         2,014       2,539       2,953       1,098       2,259       2,112       95         2,014       2,555       2,966       1,102       2,271       2,124       96         2,027       2,555       2,966       1,102       2,271       2,124       96         2,038       2,568       2,108       1,108       2,287       2,138       97         2,051       2,582       2,990       1,114       2,299       2,150       98         2,062       2,599       3,012       1,120       2,312       2,162       98         2,062       2,599       3,012       1,120       2,312       2,162       99         5,061       2,052       1,120       2,312       2,162       99         2,052       2,599       3,012       1,120       2,312       2,162       99         2,062       2,599       3,012       1,120		1,961	2,470	2,882	1,071	2,201	2,055	91	2,180	2,747	3,202	1,191	2,445	2,285
1,991     2,508     2,921     1,086     2,233     2,086     93       2,002     2,525     2,936     1,092     2,247     2,100     94       2,014     2,539     2,953     1,098     2,259     2,112     95       2,027     2,555     2,966     1,102     2,271     2,124     96       2,038     2,568     2,900     1,108     2,287     2,138     97       2,051     2,582     2,997     1,114     2,299     2,150     98       2,062     2,599     3,012     1,120     2,312     2,162     99       5,061     1,120     2,312     2,162     91     96       2,062     2,599     3,012     1,120     2,312     2,162     99       5,061     2,599     3,012     1,120     2,312     2,162     99		1,976	2,490	2,901	1,078	2,217	2,072	92	2,196	2,768	3,224	1,198	2,462	2,301
2,002 2,525 2,936 1,092 2,247 2,100 94 2,014 2,539 2,953 1,098 2,259 2,112 95 2,027 2,555 2,966 1,102 2,271 2,124 96 2,038 2,568 2,980 1,108 2,287 2,138 97 2,051 2,582 2,997 1,114 2,299 2,150 98 2,062 2,599 3,012 1,120 2,312 2,162 99 Semi-Annual: 0.5200	93	1,991	2,508	2,921	1,086	2,233	2,086	93	2,213	2,786	3,243	1,207	2,480	2,318
2,014     2,539     2,953     1,098     2,259     2,112     95       2,027     2,555     2,966     1,102     2,271     2,124     96       2,038     2,568     2,980     1,108     2,287     2,138     97       2,051     2,582     2,997     1,114     2,299     2,150     98       2,062     2,599     3,012     1,120     2,312     2,162     99       Setmi-Annual:     0.5200     0.5200     0.5200	94	2,002	2,525	2,936	1,092	2,247	2,100	94	2,225	2,804	3,262	1,213	2,497	2,332
2,027     2,555     2,966     1,102     2,271     2,124     96       2,038     2,568     2,980     1,108     2,287     2,138     97       2,051     2,582     2,997     1,114     2,299     2,150     98       2,062     2,599     3,012     1,120     2,312     2,162     99       Setmi-Annual:     0.5200		2,014	2,539	2,953	1,098	2,259	2,112	95	2,237	2,823	3,279	1,220	2,512	2,347
2,038 2,568 2,980 1,108 2,287 2,138 97 2,051 2,582 2,997 1,114 2,299 2,150 98 2,062 2,599 3,012 1,120 2,312 2,162 99 Semi-Annual: 0.5200		2,027	2,555	2,966	1,102	2,271	2,124	96	2,253	2,838	3,297	1,226	2,526	2,360
2,051 2,582 2,997 1,114 2,299 2,150 98 2,062 2,599 3,012 1,120 2,312 2,162 99 Semi-Annual: 0.5200		2,038	2,568	2,980	1,108	2,287	2,138	97	2,265	2,853	3,314	1,231	2,540	2,373
2,062 2,599 3,012 1,120 2,312 2,162 Semi-Annual: 0.5200		2,051	2,582	2,997	1,114	2,299	2,150	98	2,280	2,871	3,330	1,237	2,556	2,388
Semi-Annual: 0.5200		2,062	2,599	3,012	1,120	2,312	2,162	66	2,292	2,887	3,345	1,244	2,571	2,403
	Modal Factors:		Semi-/	Annual:		0.5200		Quarterly: 0.2650	0.2650	2	Monthly:		0.0833	

The above rates do not include the \$6 application fee.

To calculate household discount: Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .95 = discounted premium

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If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

### **PREMIUM INFORMATION**

American Continental Insurance Company 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 annually 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 an American Continental Insurance Company 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 an American Continental Insurance Company Medicare supplement policy. The Medicare eligible adult must be either (a) your spouse; (b) be someone with whom you are in a civil union partnership; or (c) 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 American Continental Insurance Company, P.O. Box 14770, Lexington, KY 40512-4770. 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 American Continental Insurance Company nor its agents are connected with Medicare.

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

### 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 AMERICAN CONTINENTAL INSURANCE COMPANY.

### PLAN A

### MEDICARE (PART A) – HOSPITAL SERVICES – PER CALENDAR YEAR

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1288	\$0	\$1288 (Part A Deductible)
61st thru 90th day 91st day and after ●While using 60 lifetime reserve	All but \$322 a day	\$322 a day	\$0
<ul> <li>Once lifetime reserve days are used:</li> </ul>	All but \$644 a day	\$644 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 \$161 a day \$0	\$0 \$0 \$0 \$0	\$0 Up to \$161 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

### PLAN A

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

\*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment			
First \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved	<b>*0</b>	<b>A</b> A	
amounts)	\$0	\$0	All costs
BLOOD	¢۵		<b>¢</b> 0
First 3 pints	\$0 \$0	All costs \$0	\$0 \$166
Next \$166 of Medicare-Approved amounts*	φυ	φυ	(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> <li>First \$166 of Medicare Approved amounts*</li> </ul>	\$O	\$O	\$166 (Part B Deductible)
<ul> <li>Remainder of Medicare Approved amounts</li> </ul>	80%	20%	\$0

### PLAN B

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
		(Part A Deductible)	<b>A A</b>
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve			<b>A A</b>
days	All but \$644 a day	\$644 a day	\$0
•Once lifetime reserve days are			
used:	<b>*</b>	4000/ CNA 15	<b>A</b> O <b>*</b> *
<ul> <li>Additional 365 days</li> </ul>	\$0	100% of Medicare	\$0**
Devend the Additional 205 days	<b>¢</b> 0	Eligible Expenses	
•Beyond the Additional 365 days	\$0	\$0	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	ΨŬ	ΨŬ
21st thru 100th day	All but \$161 a day	\$0	Up to \$161 a day
101st day and after	\$0	\$0	All costs
BLOOD	T -		
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	
	outpatient drugs		
	and inpatient		
	respite care		

### PLAN B

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

\* Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES -			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment	••		
First \$166 of Medicare-Approved	\$0	\$0	\$166 (Dent D. Dedwetible)
amounts* Remainder of Medicare-Approved			(Part B Deductible)
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			<b>~~</b>
(Above Medicare-Approved			
amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved amounts*	\$0	\$0	\$166 (Dort P. Doductible)
Remainder of Medicare-Approved			(Part B Deductible)
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
<ul> <li>Durable medical equipment</li> <li>First \$166 of Medicare Approved amounts*</li> </ul>	\$O	\$O	\$166 (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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
		(Part A Deductible)	
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve		<b>AO ( ( )</b>	<b>*•</b>
days	All but \$644 a day	\$644 a day	\$0
•Once lifetime reserve days are			
used:	<b>\$</b> 0	1000/ of Madiana	<b>*0**</b>
•Additional 365 days	\$0	100% of Medicare	\$0**
-Devend the Additional 265 days	\$0	Eligible Expenses	All costs
•Beyond the Additional 365 days SKILLED NURSING FACILITY	ΨΟ	φΟ	All COSIS
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		
21st thru 100th day	All but \$161 a day	Up to \$161 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	
	outpatient drugs		
	and inpatient respite care		
	respile care		

### PLAN F

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

\*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment			
First \$166 of Medicare-Approved	\$0	\$166	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved	<b>*</b> 2	1000/	<b>*</b> 0
amounts)	\$0	100%	\$0
BLOOD	<b>Φ</b> Ω		<b>¢</b> 0
First 3 pints	\$0 \$0	All costs \$166	\$0 \$0
Next \$166 of Medicare-Approved amounts*	φυ	(Part B Deductible)	φΟ
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES –			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> <li>First \$166 of Medicare Approved amounts*</li> </ul>	\$0	\$166 (Part B Deductible)	\$0
<ul> <li>Remainder of Medicare Approved amounts</li> </ul>	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 PLAN F

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

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

\*\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

		AFTER YOU PAY	IN ADDITION TO
0553//050		\$2180 DEDUCTION Extra	\$2180 DEDUCTION Ettt
SERVICES	MEDICARE PAYS	DEDUCTIBLE*** PLAN PAYS	DEDUCTIBLE*** YOU PAY
HOSPITALIZATION*			IUUTAI
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288 (Part A Deductible)	\$0
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			Ψ <sup>0</sup>
•While using 60 lifetime reserve			
days	All but \$644 a day	\$644 a day	\$0
•Once lifetime reserve days are			
used:			
<ul> <li>Additional 365 days</li> </ul>	\$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	<b>~</b> ~	ΨŬ
21st thru 100th day	All but \$161 a day	Up to \$161 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 certification of terminal illness.	copayment/ coinsurance for	copayment/ coinsurance	
	outpatient drugs and inpatient		
	respite care		

### HIGH DEDUCTIBLE PLAN F

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

\*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

\*\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2180 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO \$2180 DEDUCTIBLE*** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable medical equipment			
First \$166 of Medicare-Approved	\$0	\$166	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved amounts)	\$0	100%	\$0
BLOOD	ΨΟ	100 /0	ψυ
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0	\$166	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved	0.00/	000/	<b>AA</b>
amounts	80%	20%	\$0
SERVICES – TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

### HIGH DEDUCTIBLE PLAN F

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2180 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO \$2180 DEDUCTIBLE*** YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> <li>First \$166 of Medicare Approved amounts*</li> </ul>	\$0	\$166 (Part B Deductible)	\$0
Remainder of Medicare     Approved amounts	80%	20%	\$0

### PARTS A & B

### **OTHER BENEFITS – NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2180 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2180 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	<b>A</b> A	<b>A</b> A	<b>A</b> 0 <b>F</b> 0
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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
		(Part A Deductible)	
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve			
days	All but \$644 a day	\$644 a day	\$0
•Once lifetime reserve days are			
used:			
Additional 365 days	\$0	100% of Medicare	\$0**
	T -	Eligible Expenses	Υ -
•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		
21st thru 100th day	All but \$161 a day	Up to \$161 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		

### PLAN G

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

\*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES -			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment			
First \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved	O a m a maille : 0.00/	O a m a malle : 000/	<b>*</b> 0
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved			
amounts)	\$0	100%	\$0
BLOOD	φ0	100 /0	ΨΟ
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
SERVICES	100 %	φυ	φυ

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care			
•Durable medical equipment	100%	\$0	\$0
<ul> <li>First \$166 of Medicare Approved amounts*</li> <li>Remainder of Medicare</li> </ul>	\$0	\$0	\$166 (Part B Deductible)
Approved amounts	80%	20%	\$0

### PLAN G

### OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside			
the 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

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

SERVICES	MEDICARE	PLAN	YOU
	PAYS	PAYS	PAY
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies		¢1000	<b>¢</b> 0
First 60 days	All but \$1288	\$1288 (Dort A Doductible)	\$0
61 at thru 00th day	All but \$222 a day	(Part A Deductible)	\$0
61st thru 90th day	All but \$322 a day	\$322 a day	φυ
91st day and after			
•While using 60 lifetime reserve	All but ¢611 a day	¢644 o dov	\$0
days	All but \$644 a day	\$644 a day	φυ
•Once lifetime reserve days are used:			
	\$0	100% of Medicare	\$0**
•Additional 365 days	φυ	Eligible Expenses	φΟ
•Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY	ΨΟ	ΨΟ	
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		
21st thru 100th day	All but \$161 a day	Up to \$161 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/	co-payment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

### PLAN N

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

\*Once you have been billed \$166 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.

	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 \$166 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$0 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.	\$166 (Part B Deductible) 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	\$0	0%	All costs
amounts) BLOOD	ψυ	0 /0	
First 3 pints Next \$166 of Medicare-Approved amounts* Remainder of Medicare-Approved	\$0 \$0	All costs \$0	\$0 \$166 (Part B Deductible)
amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

### PLAN N

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE –			
MEDICARE APPROVED			
SERVICES			
<ul> <li>Medically necessary skilled care</li> </ul>			
services and medical supplies	100%	\$0	\$0
•Durable medical equipment			
•First \$166 of Medicare	\$0	\$0	\$166
Approved amounts*			(Part B Deductible)
•Remainder of Medicare			
Approved amounts	80%	20%	\$0

### PARTS A & B

### **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