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

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

Texas Farm Bureau Health Plans, insured by Members Health Insurance Company does not offer those plans shaded in gray below.

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

BENEFITS	MEDICARE SUPPLEMENT INSURANCE PLANS AVAILABLE TO ALL APPLICANTS								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓[3] Copays apply	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility care copayment			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charge				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit[2]					$6,940[2]	$3,470[2]				

[1]Plans F and G also have a high deductible option, which require first paying a plan deductible of $3,470 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

[3]Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

INTENTIONALLY LEFT BLANK

HOW TO FIND A PLAN FOR YOU

To find your estimated monthly premium costs, follow these steps:

1. Find your rating area based off the table below
2. Use the tables on pages 5-10 to find the corresponding rating area table and tobacco use
3. Once you find the correct table, scroll down the first column to find your age. Your premium will be shown at the right based on whether you're male or female and whether you use tobacco if you're applying outside of your Medicare Supplement Open Enrollment Period and are not eligible for a Guarenteed Issue Right
4. Find the plan option that's right for you.

Area Assignments by Zip Code					
AREA 1			AREA 2		AREA 3
754	783		750		772
755	785		751		774
756	786		752		775
757	787		753		776
758	788		760		
759	789		761		
763	790		762		
765	791		764		
766	792		767		
768	793		770		
769	794		777		
773	795		784		
778	796				
779	797				
780	798				
781	799				
782	885				

Your Premium is effective on your Policy Effective Date and is based on your attained age as of your Policy Effective Date. After the Policy Effective Date, your Premium will be adjusted each year on your birthday to the Premium indicated above for your newly attained age for that year.

PREMIUM RATES - AREA 1

Zip Code: 754, 755, 756, 757, 758, 759, 763, 765, 766, 768, 769, 773, 778, 779, 780, 781, 782, 783, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 885

AGE	NON-TOBACCO							
	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	$111.57	$99.67	$135.59	$121.42	$135.90	$121.69	$113.34	$101.28
66	$111.57	$99.67	$135.59	$121.42	$135.90	$121.69	$113.34	$101.28
67	$111.57	$99.67	$135.59	$121.42	$135.90	$121.69	$113.34	$101.28
68	$111.57	$99.67	$135.59	$121.42	$135.90	$121.69	$113.34	$101.28
69	$115.92	$103.61	$142.29	$127.48	$142.62	$127.76	$119.04	$106.43
70	$120.47	$107.73	$149.29	$133.81	$149.64	$134.11	$125.00	$111.83
71	$125.23	$112.03	$156.61	$140.43	$156.97	$140.75	$131.23	$117.46
72	$130.19	$116.52	$164.26	$147.35	$164.64	$147.69	$137.74	$123.35
73	$135.39	$121.22	$172.24	$154.58	$172.65	$154.93	$144.53	$129.50
74	$140.81	$126.13	$180.59	$162.13	$181.02	$162.51	$151.64	$135.93
75	$146.48	$131.26	$189.32	$170.02	$189.77	$170.42	$159.06	$142.64
76	$152.40	$136.62	$198.43	$178.27	$198.91	$178.69	$166.82	$149.66
77	$158.59	$142.22	$207.96	$186.89	$208.46	$187.33	$174.93	$157.00
78	$165.06	$148.07	$217.92	$195.90	$218.44	$196.36	$183.41	$164.67
79	$171.82	$154.18	$228.32	$205.31	$228.87	$205.80	$192.26	$172.68
80	$178.89	$160.58	$239.19	$215.15	$239.77	$215.66	$201.51	$181.05
81	$186.27	$167.26	$250.55	$225.43	$251.16	$225.97	$211.18	$189.80
82	$193.98	$174.23	$262.43	$236.17	$263.07	$236.74	$221.29	$198.94
83	$202.04	$181.53	$274.83	$247.39	$275.51	$247.99	$231.85	$208.49
84	$210.47	$189.15	$287.80	$259.12	$288.50	$259.76	$242.88	$218.48
85	$219.27	$197.12	$301.35	$271.38	$302.09	$272.05	$254.41	$228.91
86	$228.47	$205.44	$315.50	$284.19	$316.28	$284.89	$266.46	$239.81
87	$238.08	$214.14	$330.30	$297.58	$331.12	$298.31	$279.05	$251.20
88	$248.13	$223.23	$345.76	$311.57	$346.62	$312.34	$292.21	$263.11
89	$258.63	$232.72	$361.92	$326.18	$362.82	$326.99	$305.96	$275.55
90	$269.60	$242.65	$378.80	$341.46	$379.75	$342.31	$320.33	$288.55
91	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
92	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
93	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
94	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
95	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
96	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
97	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
98	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
99	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
100-120	$281.06	$253.02	$396.44	$357.42	$397.44	$358.31	$335.35	$302.14
Under 65 Disability	$613.30	$553.62	-	-	-	-	-	-

These rates are available during your Open Enrollment period and/or a guaranteed issue period.

RATE EFFECTIVE 06/01/2022

PREMIUM RATES - AREA 1

Zip Code: 754, 755, 756, 757, 758, 759, 763, 765, 766, 768, 769, 773, 778, 779, 780, 781, 782, 783, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 885

AGE	TOBACCO							
	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	$122.73	$109.64	$149.15	$133.56	$149.49	$133.86	$124.68	$111.40
66	$122.73	$109.64	$149.15	$133.56	$149.49	$133.86	$124.68	$111.40
67	$122.73	$109.64	$149.15	$133.56	$149.49	$133.86	$124.68	$111.40
68	$122.73	$109.64	$149.15	$133.56	$149.49	$133.86	$124.68	$111.40
69	$127.52	$113.97	$156.52	$140.23	$156.88	$140.54	$130.95	$117.08
70	$132.52	$118.50	$164.22	$147.19	$164.60	$147.53	$137.50	$123.01
71	$137.75	$123.23	$172.27	$154.47	$172.67	$154.83	$144.35	$129.20
72	$143.21	$128.17	$180.68	$162.08	$181.10	$162.45	$151.51	$135.68
73	$148.92	$133.34	$189.47	$170.03	$189.91	$170.43	$158.99	$142.45
74	$154.89	$138.74	$198.65	$178.34	$199.12	$178.76	$166.80	$149.52
75	$161.13	$144.38	$208.25	$187.02	$208.74	$187.46	$174.97	$156.91
76	$167.64	$150.28	$218.28	$196.10	$218.80	$196.56	$183.51	$164.63
77	$174.45	$156.44	$228.76	$205.58	$229.30	$206.07	$192.43	$172.70
78	$181.57	$162.88	$239.71	$215.49	$240.28	$216.00	$201.75	$181.13
79	$189.00	$169.60	$251.15	$225.84	$251.76	$226.38	$211.49	$189.94
80	$196.77	$176.63	$263.11	$236.66	$263.75	$237.23	$221.66	$199.15
81	$204.89	$183.98	$275.61	$247.97	$276.28	$248.57	$232.30	$208.78
82	$213.38	$191.66	$288.67	$259.78	$289.37	$260.41	$243.42	$218.83
83	$222.25	$199.68	$302.32	$272.13	$303.06	$272.79	$255.03	$229.34
84	$231.51	$208.07	$316.58	$285.04	$317.36	$285.73	$267.17	$240.32
85	$241.20	$216.83	$331.48	$298.52	$332.30	$299.25	$279.85	$251.80
86	$251.32	$225.98	$347.05	$312.61	$347.91	$313.38	$293.11	$263.79
87	$261.89	$235.55	$363.33	$327.33	$364.23	$328.14	$306.96	$276.32
88	$272.94	$245.55	$380.34	$342.72	$381.28	$343.57	$321.43	$289.42
89	$284.49	$256.00	$398.11	$358.80	$399.10	$359.69	$336.56	$303.11
90	$296.56	$266.91	$416.68	$375.60	$417.72	$376.54	$352.36	$317.41
91	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
92	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
93	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
94	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
95	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
96	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
97	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
98	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
99	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
100-120	$309.17	$278.32	$436.09	$393.16	$437.18	$394.14	$368.88	$332.35
Under 65 Disability	$674.63	$608.98	-	-	-	-	-	-

These rates are available during your Open Enrollment period and/or a guaranteed issue period.

RATE EFFECTIVE 06/01/2022

PREMIUM RATES - AREA 2

Zip Code: 750, 751, 752, 753, 760, 761, 762, 764, 767, 770, 777, 784

AGE	NON-TOBACCO							
	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	$117.18	$104.68	$142.40	$127.51	$142.73	$127.80	$119.04	$106.36
66	$117.18	$104.68	$142.40	$127.51	$142.73	$127.80	$119.04	$106.36
67	$117.18	$104.68	$142.40	$127.51	$142.73	$127.80	$119.04	$106.36
68	$117.18	$104.68	$142.40	$127.51	$142.73	$127.80	$119.04	$106.36
69	$121.75	$108.82	$149.44	$133.88	$149.78	$134.18	$125.02	$111.78
70	$126.52	$113.14	$156.79	$140.53	$157.15	$140.85	$131.28	$117.44
71	$131.52	$117.65	$164.48	$147.48	$164.86	$147.82	$137.82	$123.36
72	$136.73	$122.37	$172.50	$154.75	$172.91	$155.10	$144.65	$129.54
73	$142.18	$127.31	$180.90	$162.34	$181.32	$162.71	$151.79	$136.00
74	$147.88	$132.46	$189.66	$170.27	$190.11	$170.67	$159.26	$142.75
75	$153.84	$137.85	$198.83	$178.56	$199.30	$178.98	$167.05	$149.81
76	$160.06	$143.48	$208.40	$187.22	$208.90	$187.67	$175.20	$157.18
77	$166.56	$149.36	$218.41	$196.28	$218.93	$196.74	$183.72	$164.89
78	$173.35	$155.51	$228.86	$205.74	$229.41	$206.23	$192.62	$172.94
79	$180.45	$161.93	$239.79	$215.62	$240.37	$216.14	$201.92	$181.35
80	$187.87	$168.64	$251.21	$225.95	$251.81	$226.50	$211.63	$190.14
81	$195.62	$175.66	$263.14	$236.75	$263.78	$237.32	$221.79	$199.33
82	$203.72	$182.99	$275.61	$248.03	$276.28	$248.63	$232.40	$208.93
83	$212.19	$190.65	$288.64	$259.82	$289.34	$260.45	$243.49	$218.96
84	$221.04	$198.65	$302.25	$272.14	$302.99	$272.80	$255.08	$229.45
85	$230.28	$207.02	$316.48	$285.01	$317.26	$285.71	$267.19	$240.41
86	$239.95	$215.76	$331.35	$298.46	$332.17	$299.20	$279.84	$251.86
87	$250.04	$224.89	$346.89	$312.52	$347.75	$313.29	$293.07	$263.82
88	$260.59	$234.44	$363.13	$327.21	$364.03	$328.02	$306.89	$276.32
89	$271.62	$244.41	$380.09	$342.57	$381.04	$343.42	$321.33	$289.39
90	$283.14	$254.84	$397.83	$358.61	$398.82	$359.50	$336.42	$303.04
91	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
92	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
93	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
94	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
95	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
96	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
97	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
98	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
99	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
100	$295.18	$265.73	$416.35	$375.37	$417.40	$376.31	$352.19	$317.31
Under 65 Disability	$644.10	$581.42	-	-	-	-	-	-

These rates are available during your Open Enrollment period and/or a guaranteed issue period.

RATE EFFECTIVE 06/01/2022

PREMIUM RATES - AREA 2

Zip Code: 750, 751, 752, 753, 760, 761, 762, 764, 767, 770, 777, 784

AGE	TOBACCO							
	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	$128.89	$115.15	$156.65	$140.27	$157.00	$140.58	$130.94	$117.00
66	$128.89	$115.15	$156.65	$140.27	$157.00	$140.58	$130.94	$117.00
67	$128.89	$115.15	$156.65	$140.27	$157.00	$140.58	$130.94	$117.00
68	$128.89	$115.15	$156.65	$140.27	$157.00	$140.58	$130.94	$117.00
69	$133.92	$119.70	$164.38	$147.27	$164.76	$147.60	$137.53	$122.96
70	$139.18	$124.45	$172.47	$154.59	$172.87	$154.94	$144.41	$129.19
71	$144.67	$129.42	$180.92	$162.23	$181.34	$162.60	$151.60	$135.69
72	$150.41	$134.61	$189.76	$170.22	$190.20	$170.61	$159.12	$142.49
73	$156.40	$140.04	$198.98	$178.57	$199.45	$178.99	$166.97	$149.60
74	$162.67	$145.71	$208.63	$187.30	$209.12	$187.74	$175.18	$157.03
75	$169.22	$151.63	$218.71	$196.42	$219.23	$196.88	$183.76	$164.79
76	$176.06	$157.82	$229.24	$205.95	$229.79	$206.43	$192.72	$172.90
77	$183.21	$164.29	$240.25	$215.90	$240.82	$216.42	$202.09	$181.37
78	$190.69	$171.06	$251.75	$226.31	$252.35	$226.85	$211.88	$190.23
79	$198.50	$178.12	$263.77	$237.18	$264.40	$237.75	$222.11	$199.48
80	$206.66	$185.51	$276.33	$248.55	$277.00	$249.15	$232.80	$209.16
81	$215.19	$193.22	$289.45	$260.42	$290.16	$261.05	$243.97	$219.26
82	$224.10	$201.28	$303.17	$272.83	$303.91	$273.49	$255.64	$229.82
83	$233.41	$209.71	$317.50	$285.80	$318.28	$286.50	$267.84	$240.86
84	$243.14	$218.52	$332.48	$299.35	$333.29	$300.08	$280.59	$252.39
85	$253.31	$227.72	$348.13	$313.51	$348.99	$314.28	$293.91	$264.45
86	$263.94	$237.33	$364.48	$328.31	$365.39	$329.12	$307.83	$277.04
87	$275.05	$247.38	$381.58	$343.78	$382.52	$344.62	$322.37	$290.20
88	$286.65	$257.88	$399.44	$359.94	$400.43	$360.82	$337.58	$303.96
89	$298.78	$268.85	$418.10	$376.82	$419.15	$377.76	$353.46	$318.33
90	$311.45	$280.32	$437.61	$394.47	$438.70	$395.45	$370.06	$333.35
91	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
92	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
93	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
94	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
95	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
96	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
97	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
98	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
99	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
100	$324.70	$292.30	$457.99	$412.91	$459.14	$413.94	$387.41	$349.04
Under 65 Disability	$708.51	$639.57	-	-	-	-	-	-

These rates are available during your Open Enrollment period and/or a guaranteed issue period.

RATE EFFECTIVE 06/01/2022

PREMIUM RATES - AREA 3

Zip Code: 772, 774, 775, 776

AGE	NON-TOBACCO							
	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	$129.48	$115.67	$157.36	$140.90	$157.71	$141.22	$131.53	$117.53
66	$129.48	$115.67	$157.36	$140.90	$157.71	$141.22	$131.53	$117.53
67	$129.48	$115.67	$157.36	$140.90	$157.71	$141.22	$131.53	$117.53
68	$129.48	$115.67	$157.36	$140.90	$157.71	$141.22	$131.53	$117.53
69	$134.53	$120.24	$165.13	$147.94	$165.51	$148.27	$138.15	$123.52
70	$139.81	$125.02	$173.26	$155.29	$173.65	$155.64	$145.06	$129.77
71	$145.33	$130.01	$181.75	$162.97	$182.17	$163.34	$152.29	$136.31
72	$151.09	$135.22	$190.62	$171.00	$191.06	$171.39	$159.84	$143.14
73	$157.11	$140.67	$199.89	$179.38	$200.36	$179.80	$167.73	$150.28
74	$163.41	$146.37	$209.58	$188.15	$210.07	$188.59	$175.98	$157.74
75	$169.99	$152.32	$219.70	$197.31	$220.22	$197.77	$184.59	$165.54
76	$176.86	$158.54	$230.28	$206.88	$230.83	$207.37	$193.60	$173.68
77	$184.05	$165.04	$241.34	$216.89	$241.92	$217.40	$203.01	$182.20
78	$191.55	$171.83	$252.89	$227.34	$253.50	$227.88	$212.84	$191.09
79	$199.40	$178.93	$264.96	$238.26	$265.60	$238.83	$223.12	$200.39
80	$207.60	$186.35	$277.58	$249.68	$278.25	$250.28	$233.86	$210.11
81	$216.16	$194.10	$290.77	$261.61	$291.47	$262.24	$245.08	$220.26
82	$225.12	$202.20	$304.54	$274.07	$305.29	$274.74	$256.80	$230.87
83	$234.47	$210.66	$318.94	$287.10	$319.72	$287.80	$269.06	$241.96
84	$244.25	$219.51	$333.99	$300.71	$334.81	$301.45	$281.86	$253.54
85	$254.46	$228.75	$349.71	$314.94	$350.57	$315.71	$295.24	$265.65
86	$265.14	$238.41	$366.14	$329.80	$367.05	$330.61	$309.23	$278.30
87	$276.30	$248.50	$383.31	$345.34	$384.26	$346.19	$323.84	$291.52
88	$287.95	$259.05	$401.25	$361.57	$402.25	$362.46	$339.11	$305.34
89	$300.14	$270.08	$420.00	$378.53	$421.05	$379.47	$355.07	$319.78
90	$312.87	$281.59	$439.60	$396.26	$440.69	$397.25	$371.74	$334.86
91	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
92	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
93	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
94	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
95	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
96	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
97	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
98	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
99	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
100-120	$326.17	$293.63	$460.07	$414.79	$461.22	$415.82	$389.17	$350.63
Under 65 Disability	$711.73	$642.470	-	-	-	-	-	-

These rates are available during your Open Enrollment period and/or a guaranteed issue period.

RATE EFFECTIVE 06/01/2022

PREMIUM RATES - AREA 3

Zip Code: 772, 774, 775, 776

AGE	TOBACCO							
	PLAN A		PLAN D		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	$142.43	$127.24	$173.09	$154.99	$173.49	$155.34	$144.69	$129.28
66	$142.43	$127.24	$173.09	$154.99	$173.49	$155.34	$144.69	$129.28
67	$142.43	$127.24	$173.09	$154.99	$173.49	$155.34	$144.69	$129.28
68	$142.43	$127.24	$173.09	$154.99	$173.49	$155.34	$144.69	$129.28
69	$147.98	$132.26	$181.64	$162.73	$182.06	$163.10	$151.97	$135.87
70	$153.79	$137.52	$190.58	$170.82	$191.02	$171.20	$159.57	$142.75
71	$159.86	$143.01	$199.92	$179.27	$200.38	$179.68	$167.52	$149.94
72	$166.20	$148.75	$209.68	$188.10	$210.17	$188.53	$175.83	$157.46
73	$172.83	$154.74	$219.88	$197.32	$220.39	$197.78	$184.51	$165.31
74	$179.75	$161.01	$230.53	$206.96	$231.08	$207.45	$193.58	$173.52
75	$186.99	$167.55	$241.67	$217.04	$242.24	$217.55	$203.05	$182.09
76	$194.55	$174.40	$253.31	$227.57	$253.91	$228.11	$212.96	$191.05
77	$202.45	$181.55	$265.47	$238.57	$266.11	$239.14	$223.31	$200.42
78	$210.71	$189.02	$278.18	$250.07	$278.85	$250.67	$234.13	$210.20
79	$219.34	$196.82	$291.46	$262.09	$292.17	$262.72	$245.43	$220.43
80	$228.36	$204.98	$305.34	$274.65	$306.08	$275.31	$257.24	$231.12
81	$237.78	$213.51	$319.84	$287.77	$320.62	$288.46	$269.58	$242.28
82	$247.63	$222.42	$335.00	$301.48	$335.82	$302.21	$282.48	$253.96
83	$257.92	$231.73	$350.84	$315.81	$351.70	$316.58	$295.96	$266.15
84	$268.67	$241.46	$367.39	$330.78	$368.29	$331.59	$310.05	$278.89
85	$279.91	$251.63	$384.68	$346.43	$385.63	$347.28	$324.77	$292.21
86	$291.65	$262.25	$402.75	$362.78	$403.75	$363.67	$340.15	$306.13
87	$303.92	$273.36	$421.64	$379.87	$422.69	$380.81	$356.22	$320.67
88	$316.75	$284.96	$441.38	$397.73	$442.48	$398.71	$373.02	$335.87
89	$330.15	$297.08	$462.00	$416.39	$463.15	$417.42	$390.57	$351.75
90	$344.15	$309.75	$483.56	$435.89	$484.76	$436.97	$408.92	$368.35
91	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
92	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
93	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
94	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
95	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
96	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
97	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
98	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
99	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
100-120	$358.79	$322.99	$506.08	$456.27	$507.35	$457.40	$428.09	$385.69
Under 65 Disability	$782.91	$706.72	-	-	-	-	-	-

These rates are available during your Open Enrollment period and/or a guaranteed issue period.

RATE EFFECTIVE 06/01/2022

INTENTIONALLY LEFT BLANK

PREMIUM INFORMATION

We, Texas Farm Bureau Health Plans, insured by Members Health Insurance Company, can raise your premium at any time with 60-day notice. However, we can only raise your premium if we raise the premiums for all policies of the same class and issued on the same policy form as yours in the State of Texas. Any premium increase must be approved by Texas Department of Insurance. The Medicare Supplement Insurance coverage is age-rated. Your premium will be based on your current age and adjusted annually each birthday. Refer to the following premium chart for the premium applicable to the Medicare Supplement Insurance plans offered by Members Health Insurance Company.

Monthly premiums will be paid through authorized automatic deductions from your bank account. Premium payments are due on the 1st or 15th of each month depending on your selected payment date upon applying.

DISCLOSURE

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your Policy for any reason, you may return it to

Texas Farm Bureau Health Plans, insured by Members Health Insurance Company
P.O. Box 1424
Columbia, Tennessee 38402-1424

If you send the Policy back to us within 30 days after you receive it, we will treat the Policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

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

NOTICE

The Policy may not fully cover all of your medical costs. Texas Farm Bureau Health Plans, insured by Members Health Insurance Company is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult The Medicare Handbook (Medicare and You) for more details.

LIMITATIONS AND EXCLUSIONS

The group policy will not cover expenses due to a pre-existing condition that you may have unless the expense is incurred six (6) months or more after your certificate effective date. A "pre-existing condition" is a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months prior to your certificate effective date.

You must wait six (6) months from your certificate effective date before you can receive benefits for a pre-existing condition under the group policy. However, the six (6) month pre-existing condition waiting period may be waived or reduced in the following situations:

1. If, as of the date of your enrollment application you are in Medicare open enrollment and you had a continuous period of creditable coverage or had prior coverage for at least six (6) months, we will not exclude benefits based on a pre-existing condition.
2. If, as of the date of your enrollment application you are in Medicare open enrollment and had a continuous period of creditable coverage or had prior coverage for less than six (6) months, we will reduce the period of the pre-existing condition limitation by the time covered under such prior coverage.
3. If, as of the date of your enrollment application, your coverage under the group policy replaced another Medicare Supplement Insurance plan, we will waive any time periods applicable to the pre-existing condition limitation provision provided under the certificate to the extent such time was spent under the prior policy or certificate.
4. If, as of the date of your enrollment application, your coverage under the group policy replaced another Medicare Supplement Insurance policy or certificate which had been in effect for at least six (6) months, your coverage under the group policy will not apply the six (6) month Pre-Existing Condition limitation requirement.
5. If, as of the date of your enrollment application, you qualified for guaranteed issue coverage provided under the group policy, the six (6) month pre-existing condition limitation will be waived.

The group policy does not provide benefits for:

1. Expenses incurred while the group policy or your coverage under the group policy is not in force;
2. Hospital or Skilled Nursing Facility Confinement expenses incurred by you during a Medicare Part A benefit period that begins while the group policy or your coverage under the group policy is not in force. However, coverage for your medical condition requiring the confinement will be covered under the group policy on the earlier of: (a) the date the confinement ends; or (b) six (6) months from your certificate effective date.

LIMITATIONS AND EXCLUSIONS (continued)

However, this limitation will not apply if you meet the following requirements:

a. You had a period of creditable coverage of at least six (6) months as of the date of your enrollment application; and

b. You are sixty-five (65) years of age or older; and

c.You meet at least one (1) of the following:

(1) You made application for coverage under the group policy within six (6) months of attaining sixty-five (65) years of age; or

(2) You enrolled within sixty-three (63) days following termination of coverage under a group health insurance plan; or

(3) You enrolled within sixty-three (63) days of a Medicare Supplement Insurance policy or plan that terminated because: (a) the issuer became insolvent; (b) the issuer substantially violated a material provision of the Medicare Supplement Insurance policy or plan; or (c) the issuer or agent misrepresented the coverage to you when it was sold; or

(4) You purchased your coverage under the group policy within sixty-three (63) days of your disenrollment from a Medicare Risk HMO, Medicare Advantage HMO, PACE, or a Medicare Supplement Insurance Select policy or plan because:

(a) Your prior carrier discontinued providing benefits to the service area;

(b) You moved out of the service area; the carrier substantially violated a material provision of the policy or plan; or the issuer or agent materially misrepresented the Medicare Supplement Insurance plan to you when it was sold; or

(c) Other reasons specified by Health and Human Services (HHS).

3. Services and supplies which are not Medicare-eligible expenses, unless specifically included in the group policy;
4. Any expenses payable by Medicare, whether or not you are enrolled for Medicare;
5. Any Medicare deductible or copayment/coinsurance not included as a covered benefit under the group policy;
6. Services for which a charge is not normally made in the absence of insurance;
7. Expenses for benefits that are not covered under the group policy; or
8. Any Insured enrolled in a Medicare Advantage Plan.

REFUND OF PREMIUM

Upon our receipt of your written notice to terminate your coverage under the group policy, we will terminate your coverage effective on the date requested and any unearned premium from the date of cancellation shall be refunded. In the event of your death, we will refund any portion of the unearned premium to your designated beneficiary or estate.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Texas Farm Bureau Health Plans, insured by Members Health Insurance 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.

PLAN A

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

*A benefit period begins on the first day you receive services 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICARE (PART A) HOSPITAL SERVICES PER BENEFIT PERIOD **Hospitalization* -** Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,600	$0	$1,600 (Part A deductible)
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $800 a day	$800 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 three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All Approved Amounts	$0	$0
21st through 100th day	All but $200.00 a day	$0	Up to $200.00 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	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, Texas Farm Bureau Health Plans, insured by Members Health Insurance Company stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill 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 $226 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$0	$226 (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 Cost	$0
Next $226 of Medicare Approved Amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

PLAN A

Parts A & B

SERVICE	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 $226 of Medicare Approved Amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

PLAN D

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

*A benefit period begins on the first day you receive services 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICARE (PART A) HOSPITAL SERVICES PER BENEFIT PERIOD **Hospitalization* -** Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $800 a day	$800 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 three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All Approved Amounts	$0	$0
21st through 100th day	All but $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	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, Texas Farm Bureau Health Plans, insured by Members Health Insurance Company stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D

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

*Once you have been billed $226 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$0	$226 (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 Cost	$0
Next $226 of Medicare Approved Amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

PLAN D

Parts A & B

SERVICE	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 $226 of Medicare Approved Amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
OTHER BENEFITS – NOT COVERED BY MEDICARE			
Foreign Travel Not Covered By Medicare- Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN G

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

*A benefit period begins on the first day you receive services 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICARE (PART A) HOSPITAL SERVICES PER BENEFIT PERIOD **Hospitalization* -** Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $800 a day	$800 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 three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All Approved Amounts	$0	$0
21st through 100th day	All but $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	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, Texas Farm Bureau Health Plans, insured by Members Health Insurance Company stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

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

*Once you have been billed $226 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (Above Medicare-approved amounts)	$0	100%	All costs
Blood			
First 3 pints	$0	All Cost	$0
Next $226 of Medicare Approved Amounts*	$0	$0	$226 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

PLAN G

Parts A & B

SERVICE	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 $226 of Medicare Approved Amounts*	$0	$0	$226 (Unless Part B deductible has been met)
Remainder of Medicare Approved Amounts	80%	20%	$0
OTHER BENEFITS – NOT COVERED BY MEDICARE			
Foreign Travel Not Covered By Medicare- Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN N

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

*A benefit period begins on the first day you receive services 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.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICARE (PART A) HOSPITAL SERVICES PER BENEFIT PERIOD **Hospitalization* -** Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $800 a day	$800 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 three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All Approved Amounts	$0	$0
21st through 100th day	All but $200.00 a day	Up to $200.00 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	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, Texas Farm Bureau Health Plans, insured by Members Health Insurance Company stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

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

*Once you have been billed $226 of Medicare-approved amounts for covered services (which are noted withan asterisk), your Part B deductible will have been met for the calendar year.

SERVICE	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $226 of Medicare-approved amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to the hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (Above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All Cost	$0
Next $226 of Medicare Approved Amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

PLAN N Parts A & B

SERVICE	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 $226 of Medicare Approved Amounts*	$0	$0	$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
OTHER BENEFITS – NOT COVERED BY MEDICARE			
Foreign Travel Not Covered By Medicare- Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

INTENTIONALLY LEFT BLANK