A

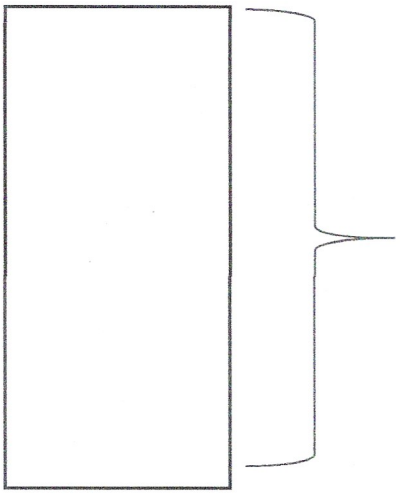
B

Deductible $_____

Range of
monthly premium $_____

Annual $_____

MOOP $_____



Medicare Advantage Plans (cont.)

T-1 T-2 T-3 T-4 T-5	T-1 T-2 T-3 T-4 T-5	T-1 T-2 T-3 T-4 T-5	T-1 T-2 T-3 T-4 T-5	T-1 T-2 T-3 T-4 T-5
Hospital Day 1 Day 2 Day 3 Day 4 Day 5	Hospital Day 1 Day 2 Day 3 Day 4 Day 5	Hospital Day 1 Day 2 Day 3 Day 4 Day 5	Hospital Day 1 Day 2 Day 3 Day 4 Day 5	Hospital Day 1 Day 2 Day 3 Day 4 Day 5

Supplemental		Medicare Advantage Plans		
		T-1 T-2 T-3 T-4 T-5	T-1 T-2 T-3 T-4 T-5	T-1 T-2 T-3 T-4 T-5
		Hospital Day 1 Day 2 Day 3 Day 4 Day 5	Hospital Day 1 Day 2 Day 3 Day 4 Day 5	Hospital Day 1 Day 2 Day 3 Day 4 Day 5