

DAILY RATES FOR PARTS A AND B

AGE	DEDUCTIBLE				
	\$1,000	\$1,500	\$2,500	\$5,000	\$10,000
60	\$11.87	\$10.22	\$8.37	\$6.89	\$6.56
61	\$12.10	\$10.42	\$8.67	\$7.02	\$6.76
62	\$12.23	\$10.75	\$8.77	\$7.19	\$6.82
63	\$12.46	\$10.85	\$9.00	\$7.32	\$6.96
64	\$12.66	\$11.18	\$9.30	\$7.48	\$7.05
65	\$12.86	\$11.24	\$9.46	\$7.75	\$7.19
66	\$13.42	\$11.67	\$9.79	\$7.95	\$7.38
67	\$14.01	\$12.10	\$10.05	\$8.27	\$7.62
68	\$14.60	\$12.66	\$10.29	\$8.60	\$7.78
69	\$15.13	\$13.15	\$10.58	\$8.77	\$8.04
70	\$15.76	\$13.71	\$10.85	\$9.03	\$8.21
71	\$16.32	\$14.01	\$11.27	\$9.49	\$8.47
72	\$16.98	\$14.64	\$11.87	\$9.79	\$8.70
73	\$17.57	\$15.03	\$12.20	\$10.12	\$8.93
74	\$18.03	\$15.36	\$12.76	\$10.55	\$9.16
75	N/A	\$15.96	\$13.19	\$10.81	\$9.63
76	N/A	\$16.48	\$13.71	\$11.21	\$9.99
77	N/A	\$16.81	\$14.01	\$11.54	\$10.12
78	N/A	\$17.31	\$14.54	\$11.80	\$10.42
79	N/A	\$17.80	\$14.93	\$12.16	\$10.65
80	N/A	N/A	\$15.49	\$12.40	\$10.98
81	N/A	N/A	\$16.35	\$13.68	\$11.87
82	N/A	N/A	\$17.14	\$15.16	\$12.99
83	N/A	N/A	\$18.03	\$16.65	\$14.01
84	N/A	N/A	\$18.69	\$18.00	\$15.10
85	N/A	N/A	N/A	\$19.45	\$16.25
86	N/A	N/A	N/A	\$20.87	\$17.34
87	N/A	N/A	N/A	\$22.29	\$18.46
88	N/A	N/A	N/A	\$23.60	\$19.55
89	N/A	N/A	N/A	\$25.02	\$20.67
90	N/A	N/A	N/A	N/A	\$21.86
91	N/A	N/A	N/A	N/A	\$22.98
92	N/A	N/A	N/A	N/A	\$24.07
93	N/A	N/A	N/A	N/A	\$25.19
94	N/A	N/A	N/A	N/A	\$26.27
95	N/A	N/A	N/A	N/A	\$27.40

Our Money Back Guarantee

If you buy Green Cover® and decide you don't need it, simply notify Seven Corners before your coverage start date to receive a full refund. If we receive your request after your coverage begins, the unused portion of your plan cost is refunded minus a cancellation fee if you have not submitted any claims.

DEDUCTIBLE AND COINSURANCE

Deductible Options — There are five deductible options: \$1,000, \$1,500, \$2,500, \$5,000, or \$10,000. Availability varies by age. You are responsible for paying your deductible first.

Coinsurance — This is paid after the deductible. We pay 80% of the next \$10,000 in expenses, and you pay 20%. We then pay 100% of any remaining expenses up to your policy maximum.

POLICY MAXIMUM

The maximum for your policy is determined by your age.

- Ages 60-74: \$250,000
- Ages 75-79: \$100,000
- Ages 80-89: \$50,000
- Ages 90-95: \$25,000

QUICK FACTS

Coverage Period — 5 to 364 days. Your coverage must begin within 5 years of your arrival in the U.S.

Continuing Coverage — If you initially buy less than 364 days, you may purchase additional days to a total of 364 days. We will send you a renewal notice, which allows you to extend your coverage. Your initial coverage start date is used for deductible and coinsurance calculations and to determine pre-existing conditions.

Coverage Start and End Date — Your coverage begins on the latter of: the date you request or the date we receive and approve your payment and application. Your ID card will state the start and end dates for you coverage.

AFFORDABLE HEALTHCARE WITH THE BENEFITS YOU NEED