

MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

FLORIDA

**Benefit Plans A, B, C, D, E, F, G
& High Deductible F**

Genworth Life and Annuity Insurance Company

Administrative Office:
P.O. Box 10824
Clearwater, Florida 33757-8824
Telephone Number: (877) 825-9337

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 2
BENEFIT PLANS AVAILABLE: A, B, C, D, E, F, G AND HIGH DEDUCTIBLE F

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: Included in All Plans: 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, copayments for hospital outpatient services
 Blood: First three pints of blood each year.

A	B	C	D	E	F/F*	G	H	I	J/J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care NOT covered by Medicare					Preventive Care NOT covered by Medicare

*Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year \$1860 deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed \$1860. 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.

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
Outline of Medicare Supplement Coverage-Cover Page: Page 2

Basic Benefits for Plans K and L include similar services as Plans A-J, but cost sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits end. 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood. 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services.	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits end. 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood. 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services.
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	\$4140 Out of Pocket Annual Limit***	\$2070 Out of Pocket Annual Limit***

**Plans K and L provide for different cost-sharing for items and services than Plans A-J.

Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the Calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved Amounts, called "Excess Charges." You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: 330-333
MALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	2,282	2,885	3,490	3,034	3,051	3,598	1,557	3,240	65	2,536	3,205	3,878	3,371	3,390	3,997	1,728	3,598
66	2,342	2,968	3,573	3,123	3,139	3,685	1,595	3,333	66	2,605	3,298	3,971	3,470	3,490	4,091	1,770	3,702
67	2,400	3,046	3,653	3,206	3,224	3,765	1,627	3,421	67	2,666	3,386	4,058	3,562	3,584	4,184	1,811	3,803
68	2,454	3,120	3,728	3,286	3,304	3,842	1,662	3,507	68	2,726	3,469	4,142	3,650	3,672	4,270	1,848	3,896
69	2,515	3,205	3,816	3,376	3,395	3,933	1,702	3,605	69	2,794	3,560	4,238	3,752	3,774	4,370	1,891	4,003
70	2,573	3,285	3,898	3,461	3,482	4,018	1,738	3,694	70	2,858	3,650	4,333	3,848	3,869	4,466	1,930	4,106
71	2,622	3,357	3,974	3,542	3,562	4,098	1,771	3,779	71	2,917	3,733	4,416	3,936	3,955	4,552	1,968	4,198
72	2,672	3,426	4,045	3,614	3,635	4,170	1,805	3,858	72	2,968	3,806	4,496	4,018	4,040	4,632	2,006	4,285
73	2,714	3,486	4,109	3,682	3,702	4,235	1,832	3,930	73	3,014	3,875	4,565	4,090	4,112	4,706	2,035	4,365
74	2,760	3,560	4,187	3,760	3,781	4,315	1,866	4,011	74	3,067	3,955	4,651	4,178	4,203	4,795	2,077	4,456
75	2,805	3,626	4,256	3,832	3,853	4,387	1,899	4,086	75	3,115	4,030	4,731	4,258	4,282	4,875	2,110	4,541
76	2,842	3,685	4,320	3,898	3,917	4,451	1,926	4,154	76	3,157	4,091	4,800	4,330	4,354	4,947	2,141	4,616
77	2,886	3,754	4,398	3,974	3,995	4,533	1,962	4,237	77	3,205	4,171	4,885	4,413	4,440	5,035	2,179	4,706
78	2,925	3,816	4,467	4,043	4,064	4,603	1,990	4,310	78	3,248	4,240	4,965	4,490	4,515	5,114	2,211	4,787
79	2,957	3,870	4,530	4,102	4,125	4,666	2,021	4,373	79	3,285	4,301	5,032	4,558	4,582	5,182	2,243	4,861
80	2,979	3,914	4,576	4,149	4,173	4,714	2,040	4,422	80	3,309	4,347	5,083	4,610	4,637	5,237	2,266	4,915
81	2,995	3,949	4,616	4,189	4,213	4,754	2,058	4,466	81	3,326	4,386	5,128	4,656	4,680	5,280	2,286	4,962
82	3,008	3,979	4,651	4,229	4,250	4,792	2,074	4,506	82	3,344	4,422	5,168	4,699	4,722	5,323	2,306	5,005
83	3,024	4,011	4,686	4,262	4,285	4,829	2,088	4,541	83	3,357	4,456	5,208	4,736	4,760	5,363	2,320	5,046
84	3,038	4,040	4,718	4,296	4,318	4,861	2,102	4,578	84	3,376	4,488	5,243	4,774	4,798	5,400	2,338	5,083
85	3,051	4,067	4,749	4,326	4,349	4,890	2,117	4,608	85	3,390	4,518	5,277	4,808	4,832	5,434	2,350	5,120
86	3,067	4,096	4,778	4,357	4,379	4,920	2,130	4,640	86	3,408	4,549	5,309	4,840	4,866	5,466	2,363	5,157
87	3,101	4,142	4,834	4,408	4,432	4,974	2,152	4,696	87	3,442	4,602	5,370	4,899	4,925	5,528	2,392	5,218
88	3,130	4,187	4,883	4,456	4,480	5,029	2,178	4,747	88	3,478	4,651	5,426	4,952	4,978	5,587	2,418	5,275
89	3,160	4,232	4,933	4,507	4,530	5,077	2,198	4,800	89	3,514	4,702	5,480	5,006	5,032	5,642	2,442	5,333
90	3,194	4,275	4,978	4,550	4,576	5,126	2,219	4,846	90	3,549	4,749	5,531	5,056	5,082	5,696	2,464	5,384
91	3,224	4,315	5,024	4,595	4,618	5,170	2,240	4,894	91	3,584	4,795	5,579	5,102	5,131	5,744	2,486	5,437
92	3,256	4,354	5,062	4,632	4,659	5,211	2,256	4,934	92	3,619	4,837	5,626	5,146	5,174	5,792	2,507	5,482
93	3,286	4,387	5,101	4,670	4,694	5,251	2,272	4,974	93	3,653	4,877	5,667	5,190	5,214	5,835	2,525	5,528
94	3,318	4,422	5,136	4,706	4,731	5,290	2,288	5,013	94	3,688	4,915	5,706	5,229	5,254	5,877	2,544	5,568
95	3,349	4,454	5,168	4,738	4,760	5,323	2,306	5,046	95	3,722	4,949	5,742	5,262	5,291	5,914	2,558	5,608
96	3,379	4,486	5,202	4,770	4,794	5,358	2,318	5,080	96	3,757	4,986	5,779	5,298	5,328	5,954	2,574	5,645
97	3,413	4,518	5,234	4,800	4,826	5,394	2,331	5,115	97	3,792	5,024	5,814	5,334	5,363	5,990	2,592	5,683
98	3,446	4,552	5,267	4,834	4,861	5,427	2,349	5,150	98	3,829	5,059	5,853	5,371	5,400	6,029	2,610	5,725
99	3,477	4,584	5,301	4,867	4,894	5,462	2,362	5,189	99	3,864	5,096	5,891	5,406	5,437	6,069	2,626	5,763

Modal Factors: Semi Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0867

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: 330-333
FEMALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	1,984	2,509	3,037	2,638	2,653	3,128	1,355	2,814	65	2,203	2,786	3,373	2,931	2,947	3,475	1,504	3,130
66	2,037	2,579	3,109	2,715	2,728	3,203	1,386	2,898	66	2,264	2,869	3,453	3,018	3,034	3,558	1,539	3,219
67	2,090	2,650	3,176	2,789	2,805	3,275	1,418	2,978	67	2,318	2,942	3,528	3,101	3,115	3,638	1,576	3,307
68	2,133	2,714	3,242	2,858	2,874	3,342	1,446	3,050	68	2,373	3,016	3,602	3,176	3,192	3,712	1,605	3,389
69	2,187	2,787	3,318	2,938	2,952	3,419	1,482	3,134	69	2,432	3,096	3,686	3,261	3,282	3,800	1,645	3,482
70	2,237	2,856	3,389	3,011	3,026	3,494	1,512	3,213	70	2,485	3,174	3,766	3,346	3,363	3,882	1,682	3,570
71	2,283	2,920	3,456	3,080	3,096	3,562	1,542	3,286	71	2,536	3,245	3,842	3,421	3,442	3,957	1,712	3,651
72	2,323	2,979	3,518	3,144	3,160	3,626	1,568	3,354	72	2,582	3,310	3,909	3,493	3,514	4,030	1,744	3,725
73	2,358	3,034	3,573	3,203	3,219	3,682	1,595	3,416	73	2,619	3,370	3,971	3,558	3,578	4,091	1,770	3,794
74	2,400	3,094	3,642	3,270	3,288	3,752	1,624	3,486	74	2,666	3,440	4,045	3,634	3,653	4,170	1,805	3,875
75	2,440	3,152	3,702	3,333	3,350	3,816	1,650	3,552	75	2,709	3,504	4,112	3,702	3,722	4,238	1,835	3,950
76	2,470	3,203	3,757	3,389	3,408	3,872	1,677	3,613	76	2,746	3,560	4,174	3,765	3,784	4,302	1,861	4,016
77	2,510	3,266	3,824	3,454	3,475	3,939	1,704	3,682	77	2,789	3,627	4,250	3,838	3,859	4,379	1,896	4,091
78	2,544	3,318	3,885	3,515	3,534	4,002	1,731	3,746	78	2,826	3,688	4,315	3,906	3,926	4,446	1,925	4,163
79	2,571	3,366	3,938	3,568	3,587	4,056	1,755	3,803	79	2,856	3,741	4,376	3,966	3,984	4,507	1,950	4,226
80	2,590	3,405	3,979	3,610	3,630	4,101	1,771	3,848	80	2,878	3,781	4,421	4,011	4,032	4,554	1,970	4,275
81	2,605	3,434	4,013	3,645	3,666	4,133	1,789	3,883	81	2,893	3,814	4,459	4,048	4,069	4,594	1,987	4,314
82	2,616	3,461	4,045	3,675	3,694	4,166	1,802	3,917	82	2,907	3,846	4,496	4,085	4,106	4,629	2,003	4,350
83	2,629	3,486	4,077	3,707	3,725	4,197	1,818	3,950	83	2,922	3,875	4,530	4,120	4,141	4,664	2,018	4,387
84	2,642	3,514	4,104	3,736	3,755	4,226	1,829	3,979	84	2,933	3,904	4,560	4,149	4,173	4,694	2,030	4,421
85	2,653	3,538	4,130	3,760	3,782	4,251	1,842	4,008	85	2,947	3,931	4,587	4,181	4,203	4,726	2,045	4,453
86	2,664	3,560	4,154	3,787	3,806	4,278	1,851	4,035	86	2,962	3,955	4,618	4,210	4,232	4,752	2,058	4,483
87	2,693	3,602	4,203	3,835	3,853	4,326	1,870	4,083	87	2,994	4,002	4,669	4,258	4,282	4,808	2,080	4,538
88	2,720	3,642	4,246	3,875	3,898	4,371	1,891	4,130	88	3,024	4,045	4,717	4,307	4,330	4,859	2,101	4,587
89	2,749	3,680	4,290	3,917	3,938	4,414	1,910	4,173	89	3,054	4,088	4,766	4,354	4,376	4,906	2,123	4,637
90	2,778	3,717	4,330	3,955	3,978	4,456	1,928	4,214	90	3,085	4,130	4,811	4,398	4,419	4,950	2,144	4,682
91	2,805	3,752	4,368	3,995	4,014	4,496	1,946	4,254	91	3,115	4,170	4,853	4,437	4,462	4,995	2,162	4,726
92	2,830	3,784	4,403	4,030	4,051	4,534	1,962	4,291	92	3,146	4,206	4,891	4,477	4,501	5,037	2,181	4,768
93	2,858	3,816	4,435	4,062	4,083	4,566	1,978	4,326	93	3,176	4,240	4,928	4,512	4,538	5,075	2,197	4,808
94	2,886	3,846	4,467	4,090	4,110	4,600	1,989	4,357	94	3,205	4,274	4,963	4,546	4,570	5,110	2,211	4,843
95	2,914	3,874	4,494	4,120	4,141	4,629	2,003	4,387	95	3,237	4,304	4,994	4,578	4,600	5,142	2,226	4,875
96	2,939	3,902	4,522	4,146	4,170	4,659	2,016	4,416	96	3,267	4,336	5,027	4,606	4,632	5,176	2,242	4,909
97	2,965	3,931	4,552	4,174	4,197	4,688	2,029	4,450	97	3,298	4,366	5,058	4,638	4,664	5,210	2,253	4,942
98	2,995	3,957	4,579	4,205	4,224	4,717	2,043	4,478	98	3,326	4,400	5,091	4,670	4,696	5,243	2,267	4,976
99	3,022	3,987	4,610	4,234	4,254	4,749	2,056	4,510	99	3,357	4,430	5,120	4,704	4,730	5,277	2,285	5,011

Modal Factors: Semi Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0867

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: 334, 349
MALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	1,854	2,344	2,835	2,465	2,479	2,924	1,265	2,633	65	2,061	2,604	3,151	2,739	2,755	3,247	1,404	2,924
66	1,903	2,412	2,903	2,538	2,551	2,994	1,296	2,708	66	2,116	2,679	3,227	2,820	2,835	3,324	1,438	3,008
67	1,950	2,475	2,968	2,605	2,620	3,059	1,322	2,779	67	2,166	2,751	3,297	2,894	2,912	3,400	1,472	3,090
68	1,994	2,535	3,029	2,670	2,685	3,121	1,351	2,850	68	2,215	2,818	3,366	2,965	2,984	3,470	1,502	3,166
69	2,044	2,604	3,101	2,743	2,759	3,195	1,383	2,929	69	2,270	2,893	3,444	3,049	3,067	3,550	1,537	3,253
70	2,090	2,669	3,167	2,812	2,829	3,264	1,412	3,002	70	2,322	2,965	3,520	3,127	3,143	3,628	1,568	3,336
71	2,131	2,727	3,229	2,878	2,894	3,329	1,439	3,071	71	2,370	3,033	3,588	3,198	3,214	3,699	1,599	3,411
72	2,171	2,783	3,286	2,937	2,954	3,388	1,466	3,134	72	2,412	3,093	3,653	3,264	3,283	3,764	1,630	3,481
73	2,205	2,833	3,338	2,991	3,008	3,441	1,489	3,193	73	2,449	3,149	3,709	3,323	3,341	3,823	1,654	3,546
74	2,243	2,893	3,402	3,055	3,072	3,506	1,516	3,259	74	2,492	3,214	3,779	3,394	3,415	3,896	1,687	3,621
75	2,279	2,946	3,458	3,114	3,130	3,565	1,543	3,320	75	2,531	3,275	3,844	3,459	3,479	3,961	1,715	3,689
76	2,309	2,994	3,510	3,167	3,182	3,617	1,565	3,375	76	2,565	3,324	3,900	3,518	3,537	4,020	1,739	3,751
77	2,345	3,050	3,574	3,229	3,246	3,683	1,594	3,442	77	2,604	3,389	3,969	3,585	3,608	4,091	1,771	3,823
78	2,376	3,101	3,630	3,285	3,302	3,740	1,617	3,502	78	2,639	3,445	4,034	3,648	3,669	4,155	1,797	3,890
79	2,402	3,145	3,680	3,333	3,351	3,791	1,642	3,553	79	2,669	3,494	4,089	3,704	3,723	4,211	1,823	3,949
80	2,421	3,180	3,718	3,371	3,390	3,830	1,658	3,593	80	2,688	3,532	4,130	3,745	3,767	4,255	1,841	3,994
81	2,434	3,208	3,751	3,403	3,423	3,862	1,672	3,628	81	2,703	3,563	4,167	3,783	3,803	4,290	1,858	4,031
82	2,444	3,233	3,779	3,436	3,453	3,894	1,685	3,661	82	2,717	3,593	4,199	3,818	3,836	4,325	1,873	4,066
83	2,457	3,259	3,808	3,463	3,481	3,923	1,697	3,689	83	2,727	3,621	4,232	3,848	3,868	4,358	1,885	4,100
84	2,469	3,283	3,834	3,491	3,509	3,949	1,708	3,719	84	2,743	3,647	4,260	3,879	3,899	4,388	1,899	4,130
85	2,479	3,305	3,858	3,515	3,533	3,973	1,720	3,744	85	2,755	3,671	4,287	3,907	3,926	4,415	1,910	4,160
86	2,492	3,328	3,882	3,540	3,558	3,998	1,730	3,770	86	2,769	3,696	4,313	3,933	3,953	4,441	1,920	4,190
87	2,519	3,366	3,927	3,582	3,601	4,042	1,749	3,816	87	2,796	3,739	4,363	3,981	4,001	4,492	1,944	4,239
88	2,543	3,402	3,968	3,621	3,640	4,086	1,769	3,857	88	2,826	3,779	4,408	4,024	4,044	4,540	1,964	4,286
89	2,568	3,439	4,008	3,662	3,680	4,125	1,786	3,900	89	2,855	3,821	4,453	4,068	4,089	4,584	1,984	4,333
90	2,595	3,474	4,044	3,697	3,718	4,165	1,803	3,938	90	2,883	3,858	4,494	4,108	4,129	4,628	2,002	4,375
91	2,620	3,506	4,082	3,734	3,752	4,200	1,820	3,977	91	2,912	3,896	4,533	4,146	4,169	4,667	2,020	4,417
92	2,646	3,537	4,113	3,764	3,786	4,234	1,833	4,009	92	2,941	3,930	4,571	4,181	4,204	4,706	2,037	4,454
93	2,670	3,565	4,144	3,795	3,814	4,267	1,846	4,042	93	2,968	3,962	4,605	4,217	4,237	4,741	2,051	4,492
94	2,696	3,593	4,173	3,823	3,844	4,298	1,859	4,073	94	2,997	3,994	4,636	4,248	4,269	4,775	2,067	4,524
95	2,721	3,619	4,199	3,849	3,868	4,325	1,873	4,100	95	3,024	4,021	4,666	4,276	4,299	4,805	2,079	4,557
96	2,746	3,645	4,226	3,875	3,895	4,354	1,884	4,128	96	3,052	4,051	4,696	4,304	4,329	4,837	2,092	4,586
97	2,773	3,671	4,252	3,900	3,921	4,382	1,894	4,156	97	3,081	4,082	4,724	4,334	4,358	4,867	2,106	4,618
98	2,800	3,699	4,280	3,927	3,949	4,410	1,908	4,185	98	3,111	4,111	4,755	4,364	4,388	4,898	2,120	4,651
99	2,825	3,725	4,307	3,955	3,977	4,438	1,919	4,216	99	3,140	4,141	4,787	4,393	4,417	4,931	2,133	4,683

Modal Factors: Semi Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0867

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: 337, 346
MALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	1,569	1,983	2,399	2,086	2,098	2,474	1,070	2,228	65	1,744	2,203	2,666	2,318	2,331	2,748	1,188	2,474
66	1,610	2,041	2,456	2,147	2,158	2,533	1,097	2,291	66	1,791	2,267	2,730	2,386	2,399	2,813	1,217	2,545
67	1,650	2,094	2,511	2,204	2,217	2,588	1,119	2,352	67	1,833	2,328	2,790	2,449	2,464	2,877	1,245	2,615
68	1,687	2,145	2,563	2,259	2,272	2,641	1,143	2,411	68	1,874	2,385	2,848	2,509	2,525	2,936	1,271	2,679
69	1,729	2,203	2,624	2,321	2,334	2,704	1,170	2,478	69	1,921	2,448	2,914	2,580	2,595	3,004	1,300	2,752
70	1,769	2,258	2,680	2,379	2,394	2,762	1,195	2,540	70	1,965	2,509	2,979	2,646	2,660	3,070	1,327	2,823
71	1,803	2,308	2,732	2,435	2,449	2,817	1,218	2,598	71	2,005	2,566	3,036	2,706	2,719	3,130	1,353	2,886
72	1,837	2,355	2,781	2,485	2,499	2,867	1,241	2,652	72	2,041	2,617	3,091	2,762	2,778	3,185	1,379	2,946
73	1,866	2,397	2,825	2,531	2,545	2,912	1,260	2,702	73	2,072	2,664	3,138	2,812	2,827	3,235	1,399	3,001
74	1,898	2,448	2,879	2,585	2,599	2,967	1,283	2,758	74	2,109	2,719	3,198	2,872	2,890	3,297	1,428	3,064
75	1,928	2,493	2,926	2,635	2,649	3,016	1,306	2,809	75	2,142	2,771	3,253	2,927	2,944	3,352	1,451	3,122
76	1,954	2,533	2,970	2,680	2,693	3,060	1,324	2,856	76	2,170	2,813	3,300	2,977	2,993	3,401	1,472	3,174
77	1,984	2,581	3,024	2,732	2,747	3,116	1,349	2,913	77	2,203	2,868	3,358	3,034	3,053	3,462	1,498	3,235
78	2,011	2,624	3,071	2,780	2,794	3,165	1,368	2,963	78	2,233	2,915	3,413	3,087	3,104	3,516	1,520	3,291
79	2,033	2,661	3,114	2,820	2,836	3,208	1,389	3,006	79	2,258	2,957	3,460	3,134	3,150	3,563	1,542	3,342
80	2,048	2,691	3,146	2,852	2,869	3,241	1,403	3,040	80	2,275	2,989	3,495	3,169	3,188	3,600	1,558	3,379
81	2,059	2,715	3,174	2,880	2,896	3,268	1,415	3,070	81	2,287	3,015	3,526	3,201	3,218	3,630	1,572	3,411
82	2,068	2,736	3,198	2,907	2,922	3,295	1,426	3,098	82	2,299	3,040	3,553	3,231	3,246	3,660	1,585	3,441
83	2,079	2,758	3,222	2,930	2,946	3,320	1,436	3,122	83	2,308	3,064	3,581	3,256	3,273	3,687	1,595	3,469
84	2,089	2,778	3,244	2,954	2,969	3,342	1,445	3,147	84	2,321	3,086	3,605	3,282	3,299	3,713	1,607	3,495
85	2,098	2,796	3,265	2,974	2,990	3,362	1,455	3,168	85	2,331	3,106	3,628	3,306	3,322	3,736	1,616	3,520
86	2,109	2,816	3,285	2,995	3,011	3,383	1,464	3,190	86	2,343	3,127	3,650	3,328	3,345	3,758	1,625	3,545
87	2,132	2,848	3,323	3,031	3,047	3,420	1,480	3,229	87	2,366	3,164	3,692	3,368	3,386	3,801	1,645	3,587
88	2,152	2,879	3,357	3,064	3,080	3,457	1,497	3,264	88	2,391	3,198	3,730	3,405	3,422	3,841	1,662	3,627
89	2,173	2,910	3,391	3,099	3,114	3,490	1,511	3,300	89	2,416	3,233	3,768	3,442	3,460	3,879	1,679	3,666
90	2,196	2,939	3,422	3,128	3,146	3,524	1,526	3,332	90	2,440	3,265	3,803	3,476	3,494	3,916	1,694	3,702
91	2,217	2,967	3,454	3,159	3,175	3,554	1,540	3,365	91	2,464	3,297	3,836	3,508	3,528	3,949	1,709	3,738
92	2,239	2,993	3,480	3,185	3,203	3,583	1,551	3,392	92	2,488	3,325	3,868	3,538	3,557	3,982	1,724	3,769
93	2,259	3,016	3,507	3,211	3,227	3,610	1,562	3,420	93	2,511	3,353	3,896	3,568	3,585	4,012	1,736	3,801
94	2,281	3,040	3,531	3,235	3,253	3,637	1,573	3,446	94	2,536	3,379	3,923	3,595	3,612	4,040	1,749	3,828
95	2,302	3,062	3,553	3,257	3,273	3,660	1,585	3,469	95	2,559	3,402	3,948	3,618	3,638	4,066	1,759	3,856
96	2,323	3,084	3,576	3,279	3,296	3,684	1,594	3,493	96	2,583	3,428	3,973	3,642	3,663	4,093	1,770	3,881
97	2,346	3,106	3,598	3,300	3,318	3,708	1,603	3,517	97	2,607	3,454	3,997	3,667	3,687	4,118	1,782	3,907
98	2,369	3,130	3,621	3,323	3,342	3,731	1,615	3,541	98	2,632	3,478	4,024	3,693	3,713	4,145	1,794	3,936
99	2,390	3,152	3,644	3,346	3,365	3,755	1,624	3,567	99	2,657	3,504	4,050	3,717	3,738	4,172	1,805	3,962

Modal Factors:

Semi Annual: 0.5200

Quarterly: 0.2650

Monthly: 0.0867

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: 337, 346
FEMALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	1,364	1,725	2,088	1,814	1,824	2,151	932	1,935	65	1,515	1,915	2,319	2,015	2,026	2,389	1,034	2,152
66	1,400	1,773	2,137	1,867	1,876	2,202	953	1,992	66	1,557	1,972	2,374	2,075	2,086	2,446	1,058	2,213
67	1,437	1,822	2,184	1,917	1,928	2,252	975	2,047	67	1,594	2,023	2,426	2,132	2,142	2,501	1,084	2,274
68	1,466	1,866	2,229	1,965	1,976	2,298	994	2,097	68	1,631	2,074	2,476	2,184	2,195	2,552	1,103	2,330
69	1,504	1,916	2,281	2,020	2,030	2,351	1,019	2,155	69	1,672	2,129	2,534	2,242	2,256	2,613	1,131	2,394
70	1,538	1,964	2,330	2,070	2,080	2,402	1,040	2,209	70	1,708	2,182	2,589	2,300	2,312	2,669	1,156	2,454
71	1,570	2,008	2,376	2,118	2,129	2,449	1,060	2,259	71	1,744	2,231	2,641	2,352	2,366	2,720	1,177	2,510
72	1,597	2,048	2,419	2,162	2,173	2,493	1,078	2,306	72	1,775	2,276	2,687	2,401	2,416	2,771	1,199	2,561
73	1,621	2,086	2,456	2,202	2,213	2,531	1,097	2,349	73	1,801	2,317	2,730	2,446	2,460	2,813	1,217	2,608
74	1,650	2,127	2,504	2,248	2,261	2,580	1,117	2,397	74	1,833	2,365	2,781	2,498	2,511	2,867	1,241	2,664
75	1,678	2,167	2,545	2,291	2,303	2,624	1,134	2,442	75	1,862	2,409	2,827	2,545	2,559	2,914	1,262	2,716
76	1,698	2,202	2,583	2,330	2,343	2,662	1,153	2,484	76	1,888	2,448	2,870	2,588	2,602	2,958	1,279	2,761
77	1,726	2,245	2,629	2,375	2,389	2,708	1,172	2,531	77	1,917	2,494	2,922	2,639	2,653	3,011	1,304	2,813
78	1,749	2,281	2,671	2,417	2,430	2,751	1,190	2,575	78	1,943	2,536	2,967	2,685	2,699	3,057	1,323	2,862
79	1,768	2,314	2,707	2,453	2,466	2,789	1,207	2,615	79	1,964	2,572	3,009	2,727	2,739	3,099	1,341	2,905
80	1,781	2,341	2,736	2,482	2,496	2,819	1,218	2,646	80	1,979	2,599	3,039	2,758	2,772	3,131	1,354	2,939
81	1,791	2,361	2,759	2,506	2,520	2,841	1,230	2,670	81	1,989	2,622	3,066	2,783	2,797	3,158	1,366	2,966
82	1,799	2,379	2,781	2,527	2,540	2,864	1,239	2,693	82	1,999	2,644	3,091	2,808	2,823	3,182	1,377	2,991
83	1,807	2,397	2,803	2,549	2,561	2,885	1,250	2,716	83	2,009	2,664	3,114	2,833	2,847	3,207	1,387	3,016
84	1,816	2,416	2,822	2,569	2,582	2,905	1,257	2,736	84	2,016	2,684	3,135	2,852	2,869	3,227	1,396	3,039
85	1,824	2,432	2,839	2,585	2,600	2,923	1,266	2,756	85	2,026	2,703	3,154	2,874	2,890	3,249	1,406	3,061
86	1,832	2,448	2,856	2,604	2,617	2,941	1,273	2,774	86	2,036	2,719	3,175	2,894	2,910	3,267	1,415	3,082
87	1,851	2,476	2,890	2,637	2,649	2,974	1,286	2,807	87	2,058	2,751	3,210	2,927	2,944	3,306	1,430	3,120
88	1,870	2,504	2,919	2,664	2,680	3,005	1,300	2,839	88	2,079	2,781	3,243	2,961	2,977	3,341	1,444	3,154
89	1,890	2,530	2,949	2,693	2,707	3,035	1,313	2,869	89	2,100	2,811	3,277	2,993	3,009	3,373	1,460	3,188
90	1,910	2,555	2,977	2,719	2,735	3,064	1,326	2,897	90	2,121	2,839	3,308	3,024	3,038	3,403	1,474	3,219
91	1,928	2,580	3,003	2,747	2,760	3,091	1,338	2,925	91	2,142	2,867	3,336	3,050	3,068	3,434	1,486	3,249
92	1,946	2,602	3,027	2,771	2,785	3,117	1,349	2,950	92	2,163	2,892	3,363	3,078	3,094	3,463	1,499	3,278
93	1,965	2,624	3,049	2,793	2,807	3,139	1,360	2,974	93	2,184	2,915	3,388	3,102	3,120	3,489	1,510	3,306
94	1,984	2,644	3,071	2,812	2,826	3,163	1,367	2,995	94	2,203	2,938	3,412	3,125	3,142	3,513	1,520	3,330
95	2,003	2,663	3,090	2,833	2,847	3,182	1,377	3,016	95	2,225	2,959	3,433	3,147	3,163	3,535	1,530	3,352
96	2,021	2,683	3,109	2,850	2,867	3,203	1,386	3,036	96	2,246	2,981	3,456	3,167	3,185	3,559	1,541	3,375
97	2,038	2,703	3,130	2,870	2,885	3,223	1,395	3,059	97	2,267	3,002	3,477	3,189	3,207	3,582	1,549	3,398
98	2,059	2,720	3,148	2,891	2,904	3,243	1,405	3,079	98	2,287	3,025	3,500	3,211	3,229	3,605	1,559	3,421
99	2,078	2,741	3,169	2,911	2,925	3,265	1,414	3,101	99	2,308	3,046	3,520	3,234	3,252	3,628	1,571	3,445

Modal Factors: Semi Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0867

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: ALL EXCEPT 330-334, 337, 346, 349
MALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	1,426	1,803	2,181	1,896	1,907	2,249	973	2,025	65	1,585	2,003	2,424	2,107	2,119	2,498	1,080	2,249
66	1,464	1,855	2,233	1,952	1,962	2,303	997	2,083	66	1,628	2,061	2,482	2,169	2,181	2,557	1,106	2,314
67	1,500	1,904	2,283	2,004	2,015	2,353	1,017	2,138	67	1,666	2,116	2,536	2,226	2,240	2,615	1,132	2,377
68	1,534	1,950	2,330	2,054	2,065	2,401	1,039	2,192	68	1,704	2,168	2,589	2,281	2,295	2,669	1,155	2,435
69	1,572	2,003	2,385	2,110	2,122	2,458	1,064	2,253	69	1,746	2,225	2,649	2,345	2,359	2,731	1,182	2,502
70	1,608	2,053	2,436	2,163	2,176	2,511	1,086	2,309	70	1,786	2,281	2,708	2,405	2,418	2,791	1,206	2,566
71	1,639	2,098	2,484	2,214	2,226	2,561	1,107	2,362	71	1,823	2,333	2,760	2,460	2,472	2,845	1,230	2,624
72	1,670	2,141	2,528	2,259	2,272	2,606	1,128	2,411	72	1,855	2,379	2,810	2,511	2,525	2,895	1,254	2,678
73	1,696	2,179	2,568	2,301	2,314	2,647	1,145	2,456	73	1,884	2,422	2,853	2,556	2,570	2,941	1,272	2,728
74	1,725	2,225	2,617	2,350	2,363	2,697	1,166	2,507	74	1,917	2,472	2,907	2,611	2,627	2,997	1,298	2,785
75	1,753	2,266	2,660	2,395	2,408	2,742	1,187	2,554	75	1,947	2,519	2,957	2,661	2,676	3,047	1,319	2,838
76	1,776	2,303	2,700	2,436	2,448	2,782	1,204	2,596	76	1,973	2,557	3,000	2,706	2,721	3,092	1,338	2,885
77	1,804	2,346	2,749	2,484	2,497	2,833	1,226	2,648	77	2,003	2,607	3,053	2,758	2,775	3,147	1,362	2,941
78	1,828	2,385	2,792	2,527	2,540	2,877	1,244	2,694	78	2,030	2,650	3,103	2,806	2,822	3,196	1,382	2,992
79	1,848	2,419	2,831	2,564	2,578	2,916	1,263	2,733	79	2,053	2,688	3,145	2,849	2,864	3,239	1,402	3,038
80	1,862	2,446	2,860	2,593	2,608	2,946	1,275	2,764	80	2,068	2,717	3,177	2,881	2,898	3,273	1,416	3,072
81	1,872	2,468	2,885	2,618	2,633	2,971	1,286	2,791	81	2,079	2,741	3,205	2,910	2,925	3,300	1,429	3,101
82	1,880	2,487	2,907	2,643	2,656	2,995	1,296	2,816	82	2,090	2,764	3,230	2,937	2,951	3,327	1,441	3,128
83	1,890	2,507	2,929	2,664	2,678	3,018	1,305	2,838	83	2,098	2,785	3,255	2,960	2,975	3,352	1,450	3,154
84	1,899	2,525	2,949	2,685	2,699	3,038	1,314	2,861	84	2,110	2,805	3,277	2,984	2,999	3,375	1,461	3,177
85	1,907	2,542	2,968	2,704	2,718	3,056	1,323	2,880	85	2,119	2,824	3,298	3,005	3,020	3,396	1,469	3,200
86	1,917	2,560	2,986	2,723	2,737	3,075	1,331	2,900	86	2,130	2,843	3,318	3,025	3,041	3,416	1,477	3,223
87	1,938	2,589	3,021	2,755	2,770	3,109	1,345	2,935	87	2,151	2,876	3,356	3,062	3,078	3,455	1,495	3,261
88	1,956	2,617	3,052	2,785	2,800	3,143	1,361	2,967	88	2,174	2,907	3,391	3,095	3,111	3,492	1,511	3,297
89	1,975	2,645	3,083	2,817	2,831	3,173	1,374	3,000	89	2,196	2,939	3,425	3,129	3,145	3,526	1,526	3,333
90	1,996	2,672	3,111	2,844	2,860	3,204	1,387	3,029	90	2,218	2,968	3,457	3,160	3,176	3,560	1,540	3,365
91	2,015	2,697	3,140	2,872	2,886	3,231	1,400	3,059	91	2,240	2,997	3,487	3,189	3,207	3,590	1,554	3,398
92	2,035	2,721	3,164	2,895	2,912	3,257	1,410	3,084	92	2,262	3,023	3,516	3,216	3,234	3,620	1,567	3,426
93	2,054	2,742	3,188	2,919	2,934	3,282	1,420	3,109	93	2,283	3,048	3,542	3,244	3,259	3,647	1,578	3,455
94	2,074	2,764	3,210	2,941	2,957	3,306	1,430	3,133	94	2,305	3,072	3,566	3,268	3,284	3,673	1,590	3,480
95	2,093	2,784	3,230	2,961	2,975	3,327	1,441	3,154	95	2,326	3,093	3,589	3,289	3,307	3,696	1,599	3,505
96	2,112	2,804	3,251	2,981	2,996	3,349	1,449	3,175	96	2,348	3,116	3,612	3,311	3,330	3,721	1,609	3,528
97	2,133	2,824	3,271	3,000	3,016	3,371	1,457	3,197	97	2,370	3,140	3,634	3,334	3,352	3,744	1,620	3,552
98	2,154	2,845	3,292	3,021	3,038	3,392	1,468	3,219	98	2,393	3,162	3,658	3,357	3,375	3,768	1,631	3,578
99	2,173	2,865	3,313	3,042	3,059	3,414	1,476	3,243	99	2,415	3,185	3,682	3,379	3,398	3,793	1,641	3,602

Modal Factors: Semi Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0867

GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
MEDICARE STANDARD ANNUAL ISSUE AGE PREMIUMS
FLORIDA RATES EFFECTIVE 7/1/07
FOR USE IN ZIP CODES: ALL EXCEPT 330-334, 337, 346, 349
FEMALE RATES

Issue Age	Non-Tobacco User								Issue Age	Standard							
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan HDF	Plan G
65	1,240	1,568	1,898	1,649	1,658	1,955	847	1,759	65	1,377	1,741	2,108	1,832	1,842	2,172	940	1,956
66	1,273	1,612	1,943	1,697	1,705	2,002	866	1,811	66	1,415	1,793	2,158	1,886	1,896	2,224	962	2,012
67	1,306	1,656	1,985	1,743	1,753	2,047	886	1,861	67	1,449	1,839	2,205	1,938	1,947	2,274	985	2,067
68	1,333	1,696	2,026	1,786	1,796	2,089	904	1,906	68	1,483	1,885	2,251	1,985	1,995	2,320	1,003	2,118
69	1,367	1,742	2,074	1,836	1,845	2,137	926	1,959	69	1,520	1,935	2,304	2,038	2,051	2,375	1,028	2,176
70	1,398	1,785	2,118	1,882	1,891	2,184	945	2,008	70	1,553	1,984	2,354	2,091	2,102	2,426	1,051	2,231
71	1,427	1,825	2,160	1,925	1,935	2,226	964	2,054	71	1,585	2,028	2,401	2,138	2,151	2,473	1,070	2,282
72	1,452	1,862	2,199	1,965	1,975	2,266	980	2,096	72	1,614	2,069	2,443	2,183	2,196	2,519	1,090	2,328
73	1,474	1,896	2,233	2,002	2,012	2,301	997	2,135	73	1,637	2,106	2,482	2,224	2,236	2,557	1,106	2,371
74	1,500	1,934	2,276	2,044	2,055	2,345	1,015	2,179	74	1,666	2,150	2,528	2,271	2,283	2,606	1,128	2,422
75	1,525	1,970	2,314	2,083	2,094	2,385	1,031	2,220	75	1,693	2,190	2,570	2,314	2,326	2,649	1,147	2,469
76	1,544	2,002	2,348	2,118	2,130	2,420	1,048	2,258	76	1,716	2,225	2,609	2,353	2,365	2,689	1,163	2,510
77	1,569	2,041	2,390	2,159	2,172	2,462	1,065	2,301	77	1,743	2,267	2,656	2,399	2,412	2,737	1,185	2,557
78	1,590	2,074	2,428	2,197	2,209	2,501	1,082	2,341	78	1,766	2,305	2,697	2,441	2,454	2,779	1,203	2,602
79	1,607	2,104	2,461	2,230	2,242	2,535	1,097	2,377	79	1,785	2,338	2,735	2,479	2,490	2,817	1,219	2,641
80	1,619	2,128	2,487	2,256	2,269	2,563	1,107	2,405	80	1,799	2,363	2,763	2,507	2,520	2,846	1,231	2,672
81	1,628	2,146	2,508	2,278	2,291	2,583	1,118	2,427	81	1,808	2,384	2,787	2,530	2,543	2,871	1,242	2,696
82	1,635	2,163	2,528	2,297	2,309	2,604	1,126	2,448	82	1,817	2,404	2,810	2,553	2,566	2,893	1,252	2,719
83	1,643	2,179	2,548	2,317	2,328	2,623	1,136	2,469	83	1,826	2,422	2,831	2,575	2,588	2,915	1,261	2,742
84	1,651	2,196	2,565	2,335	2,347	2,641	1,143	2,487	84	1,833	2,440	2,850	2,593	2,608	2,934	1,269	2,763
85	1,658	2,211	2,581	2,350	2,364	2,657	1,151	2,505	85	1,842	2,457	2,867	2,613	2,627	2,954	1,278	2,783
86	1,665	2,225	2,596	2,367	2,379	2,674	1,157	2,522	86	1,851	2,472	2,886	2,631	2,645	2,970	1,286	2,802
87	1,683	2,251	2,627	2,397	2,408	2,704	1,169	2,552	87	1,871	2,501	2,918	2,661	2,676	3,005	1,300	2,836
88	1,700	2,276	2,654	2,422	2,436	2,732	1,182	2,581	88	1,890	2,528	2,948	2,692	2,706	3,037	1,313	2,867
89	1,718	2,300	2,681	2,448	2,461	2,759	1,194	2,608	89	1,909	2,555	2,979	2,721	2,735	3,066	1,327	2,898
90	1,736	2,323	2,706	2,472	2,486	2,785	1,205	2,634	90	1,928	2,581	3,007	2,749	2,762	3,094	1,340	2,926
91	1,753	2,345	2,730	2,497	2,509	2,810	1,216	2,659	91	1,947	2,606	3,033	2,773	2,789	3,122	1,351	2,954
92	1,769	2,365	2,752	2,519	2,532	2,834	1,226	2,682	92	1,966	2,629	3,057	2,798	2,813	3,148	1,363	2,980
93	1,786	2,385	2,772	2,539	2,552	2,854	1,236	2,704	93	1,985	2,650	3,080	2,820	2,836	3,172	1,373	3,005
94	1,804	2,404	2,792	2,556	2,569	2,875	1,243	2,723	94	2,003	2,671	3,102	2,841	2,856	3,194	1,382	3,027
95	1,821	2,421	2,809	2,575	2,588	2,893	1,252	2,742	95	2,023	2,690	3,121	2,861	2,875	3,214	1,391	3,047
96	1,837	2,439	2,826	2,591	2,606	2,912	1,260	2,760	96	2,042	2,710	3,142	2,879	2,895	3,235	1,401	3,068
97	1,853	2,457	2,845	2,609	2,623	2,930	1,268	2,781	97	2,061	2,729	3,161	2,899	2,915	3,256	1,408	3,089
98	1,872	2,473	2,862	2,628	2,640	2,948	1,277	2,799	98	2,079	2,750	3,182	2,919	2,935	3,277	1,417	3,110
99	1,889	2,492	2,881	2,646	2,659	2,968	1,285	2,819	99	2,098	2,769	3,200	2,940	2,956	3,298	1,428	3,132

Modal Factors: Semi Annual: 0.5200

Quarterly: 0.2650 Monthly: 0.0867

PREMIUM INFORMATION

Genworth Life and Annuity Insurance Company can only raise your premium if we raise the premium for all policies like yours in this state.

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

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly EFT: 0.0867

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 Genworth Life and Annuity Insurance Company, P.O. Box 10824, Clearwater, FL 33757-8824. 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 cover all of your medical costs.

Neither Genworth Life and Annuity 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, C, D, E, F, G AND HIGH DEDUCTIBLE F OFFERED BY GENWORTH LIFE AND ANNUITY INSURANCE COMPANY.

PLAN A

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 61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days	All but \$992 All but \$248 a day All but \$496 a day \$0 \$0	\$0 \$248 a day \$496 a day 100% of Medicare Eligible Expenses \$0	\$992 (Part A Deductible) \$0 \$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 \$124 a day \$0	\$0 \$0 \$0	\$0 Up to \$124 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

PLAN A

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

*Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 80%	\$0 20%	\$131 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$131 (Part B Deductible) \$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 •Durable medical equipment	100%	\$0	\$0
•First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	\$0 80%	\$0 20%	\$131 (Part B Deductible) \$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 61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days	All but \$992 All but \$248 a day All but \$496 a day \$0 \$0	\$992 (Part A Deductible) \$248 a day \$496 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 \$124 a day \$0	\$0 \$0 \$0	\$0 Up to \$124 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

PLAN B

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

* Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	 \$0 80%	 \$0 20%	 \$131 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$131 (Part B Deductible) \$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 •Durable medical equipment •First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	 100% \$0 80%	 \$0 \$0 20%	 \$0 \$131 (Part B Deductible) \$0

PLAN C

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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days</p> <p>61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days 	<p>All but \$992</p> <p>All but \$248 a day</p> <p>All but \$496 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$992 (Part A Deductible)</p> <p>\$248 a day</p> <p>\$496 a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>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</p> <p>First 20 days</p> <p>21st thru 100th day 101st day and after</p>	<p>All approved amounts</p> <p>All but \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

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

PLAN C

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

*Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 80%	\$131 (Part B Deductible) 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$131 (Part B Deductible) 20%	\$0 \$0 \$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 •Durable medical equipment	100%	\$0	\$0
•First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	\$0 80%	\$131 (Part B Deductible) 20%	\$0 \$0

PLAN C

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 D

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 61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days	All but \$992 All but \$248 a day All but \$496 a day \$0 \$0	\$992 (Part A Deductible) \$248 a day \$496 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 \$124 a day \$0	\$0 Up to \$124 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

PLAN D

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

*Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 80%	\$0 20%	\$131 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$131 (Part B Deductible) \$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 •Durable medical equipment	100%	\$0	\$0
•First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	\$0 80%	\$0 20%	\$131 (Part B Deductible) \$0

**PLAN D
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care beginning during recovery from an Injury or sickness for which Medicare approved a Home Care Treatment Plan •Benefit for each visit •Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit) •Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare-Approved visits, not to exceed 7 each week \$1,600	Balance

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 E

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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days</p> <p>61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days 	<p>All but \$992</p> <p>All but \$248 a day</p> <p>All but \$496 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$992 (Part A Deductible)</p> <p>\$248 a day</p> <p>\$496 a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>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</p> <p>First 20 days</p> <p>21st thru 100th day 101st day and after</p>	<p>All approved amounts</p> <p>All but \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

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

PLAN E

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

*Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$131 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$131 (Part B Deductible) \$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 •Durable medical equipment	100%	\$0	\$0
•First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	\$0 80%	\$0 20%	\$131 (Part B Deductible) \$0

PLAN E
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
*PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

*Medicare benefits are subject to change. Please consult with the latest *Guide to Health Insurance for People with Medicare*.

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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days</p> <p>61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> •While using 60 lifetime reserve days •Once lifetime reserve days are used: <ul style="list-style-type: none"> •Additional 365 days •Beyond the Additional 365 days 	<p>All but \$992</p> <p>All but \$248 a day</p> <p>All but \$496 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$992 (Part A Deductible)</p> <p>\$248 a day</p> <p>\$496 a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>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</p> <p>First 20 days</p> <p>21st thru 100th day 101st day and after</p>	<p>All approved amounts</p> <p>All but \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

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

PLAN F

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

*Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$131 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$131 (Part B Deductible) 20%	\$0 \$0 \$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 •Durable medical equipment •First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	100% \$0 80%	\$0 \$131 (Part B Deductible) 20%	\$0 \$0 \$0

PLAN F

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>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</p>	<p>\$0 \$0</p>	<p>\$0 80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250 20% and amounts over the \$50,000 lifetime maximum</p>

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 or offers the same benefits as Plan F after you have paid a calendar year \$1860 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$1860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's foreign emergency travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1860 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1860 DEDUCTIBLE** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days	All but \$992 All but \$248 a day All but \$496 a day \$0 \$0	\$992 (Part A Deductible) \$248 a day \$496 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 \$124 a day \$0	\$0 Up to \$124 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0

HIGH DEDUCTIBLE PLAN F

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1860 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1860 DEDUCTIBLE** YOU PAY
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

HIGH DEDUCTIBLE PLAN F

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

*Once you have been billed \$131 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	AFTER YOU PAY \$1860 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1860 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$131 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$131 (Part B Deductible) 20%	\$0 \$0 \$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 •Durable medical equipment •First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	100% \$0 80%	\$0 \$131 (Part B Deductible) 20%	\$0 \$0 \$0

HIGH DEDUCTIBLE PLAN F
OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1860 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1860 DEDUCTIBLE** YOU PAY
<p>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</p>	<p>\$0 \$0</p>	<p>\$0 80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250 20% and amounts over the \$50,000 lifetime maximum</p>

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
<p>HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days</p> <p>61st thru 90th day 91st day and after</p> <ul style="list-style-type: none"> •While using 60 lifetime reserve days •Once lifetime reserve days are used: •Additional 365 days •Beyond the Additional 365 days 	<p>All but \$992</p> <p>All but \$248 a day</p> <p>All but \$496 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$992 (Part A Deductible)</p> <p>\$248 a day</p> <p>\$496 a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>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</p> <p>First 20 days</p> <p>21st thru 100th day 101st day and after</p>	<p>All approved amounts</p> <p>All but \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$124 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD First 3 pints Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

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

PLAN G

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

*Once you have been billed \$131 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 \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$131 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	80%	20%
BLOOD First 3 pints Next \$131 of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$131 (Part B Deductible) \$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 •Durable medical equipment	100%	\$0	\$0
•First \$131 of Medicare-Approved amounts* •Remainder of Medicare-Approved amounts	\$0 80%	\$0 20%	\$131 (Part B Deductible) \$0

**PLAN G
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care beginning during recovery from an Injury or sickness for which Medicare approved a Home Care Treatment Plan <ul style="list-style-type: none"> •Benefit for each visit •Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit) •Calendar year maximum 	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare-Approved visits, not to exceed 7 each week \$1,600	Balance

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