Learn the Advantages Of:

Medicare High-Deductible G Plan – Low Monthly Premiums

An Educational Workshop

Presented by: James R. Grazioli - President
Comprehensive Financial Group Inc.
Financial Service Professional – 34 Yrs.

A Discussion of:

1. The High-Deductible G Supplement Plan

2. Able to see any Doctor or Hospital anywhere in the county as long as they accept Medicare. No need to look up doctors or Hospital Lists.

3. Hospital Indemnity Plan to cover the in-stay Hospital Costs.

What to look for when selecting an *Insurance Company*

- **Solvency** *(Assets over Liabilities to meet all obligations)*
- **Liquid Assets** *(To meet unforeseen emergency cash requirements that may arise)*
- **Capital & Surplus to Assets** *(Capital & surplus divided by total assets)*
- **AM Best Rating** *(Performance in Investment Quality, Policy Reserves, Cost Control, Management Experience)*

- **WE REPRESENT MANY COMPANIES**

- **United Health Care is one of the largest, and oldest Companies that we represent, Rated A Excellent with AM Best**

- **Aetna is an A Excellent Rated Company with AM Best**

AMB #: 008290 - UnitedHealthcare Insurance Company

1. The Symbol, Number, or Score in the Rating Scale used to Denote the Credit Rating Categories and Notches as required by Paragraph (a)(1)(ii)(A) of Rule 17g-7

UnitedHealthcare Insurance Company

AM Best #: 008290 **NAIC #:** 79413 **FEIN #:** 36-2739571

Financial Strength Rating	View Definition
Rating:	A (Excellent)
Affiliation Code:	g (Group Rating)
Financial Size Category:	XV (Greater than or Equal to USD 2.00 Billion)
Outlook:	Stable
Action:	Downgraded
Effective Date:	August 28, 2025
Initial Rating Date:	June 30, 1977

Long-Term Issuer Credit Rating	View Definition
Long-Term:	a+ (Excellent)
Outlook:	Stable
Action:	Downgraded
Effective Date:	August 28, 2025
Initial Rating Date:	June 22, 2005

(i) Denotes Indicative Rating

u Denotes Under Review Rating

pca Best's Preliminary Credit Assessment is an independent opinion on the relative general credit strengths and weaknesses of an issuer, obligor, security, or a proposed transaction or financing structure primarily based on business plans, term sheets, and AM Best's expectations relative to the execution of such business plans. AM Best does not define a PCA as a Credit Rating; however, the assessment is expressed using the existing Best's Credit Rating scales.

Best's Credit Rating Analyst	
Rating Issued by:	A.M. Best Rating Services, Inc.
	Ambest Road, Oldwick, NJ 08858
	United States
	+1 908 439 2200
Director :	Bridget Maehr
	+1 908-882-2080
Senior Director :	Sally A. Rosen

Aetna Better Health of Florida, Inc.

BestLink **AMB #: 064066 NAIC #: 95114 FEIN #: 650986441**

Mailing Address
Attn: Stat Compliance; P.O. Box 818048
Cleveland, Ohio 44181-8048
United States

Web: www.coventryhealthcare.com
Phone: 954-693-2501
View Additional Address Information

AM Best Rating Unit: AMB #: 069015 - Aetna Health & Life Group
Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

View additional news, reports and products for this company.

Based on AM Best's analysis, 052060 - CVS Health Corporation is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

Financial Strength View Definition

Rating (Rating Category):	A (Excellent)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	May 08, 2025
Initial Rating Date:	July 25, 2000

Long-Term Issuer Credit View Definition

Rating (Rating Category):	a (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	May 08, 2025
Initial Rating Date:	October 30, 2007

Financial Size Category View Definition

Financial Size Category:	XV (Greater than or Equal to USD 2.00 Billion)

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Financial Analyst II: Jon Housel
Senior Director: Sally A. Rosen
Note: *See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.*

Disclosure Information

Disclosure Information Form
View AM Best's Rating Disclosure Form

Press Release
AM Best Affirms Credit Ratings of CVS Health Corporation's Aetna Inc. Subsidiaries
May 08, 2025

View AM Best's Rating Review Form

Next See the Coverage for the High-Deductible G Plan

Part A – Hospital Coverage, Skilled Nursing Facility Care, Blood, & Hospice

High Deductible 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.

** This high deductible plan pays the same benefits as Plan G after you have paid a calendar year **$2,950** deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are **$2,950** Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies		**Hospital Copay**	
First 60 days	All but **$1,736**	**$1,736** (Part A deductible)	$0
61st thru 90th day	All but **$434** a day	**$434** a day	$0
91st day and after:			
– While using 60 lifetime reserve days	All but **$868** a day	**$868** 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 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but **$217** a day	Up to **$217** a day	$0
101st day and after	$0	$0	All costs

*** **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 G

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY **$2,950** DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO **$2,950** DEDUCTIBLE,** YOU PAY
BLOOD First 3 pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

Next See the Coverage for the High-Deductible G Plan

Part B – Outpatient Coverage
Doctor Visits, Tests, Durable Medical Equipment, Etc.

Outpatient Services

High Deductible Plan G

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

* Once you have been billed $283 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan G after you have paid a calendar year deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY **$2,950** DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO **$2,950** 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 tests, durable medical equipment			
First **$283** of Medicare Approved Amounts*	$0	$0	$283 (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%	$0
BLOOD First 3 pints	$0	All costs	$0
Next **$283** of Medicare Approved Amounts*	$0	$0	$283 (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

High Deductible Plan G

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2,950 DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
- First $283 of Medicare Approved Amounts*	$0	$0	$283 (Unless Part B deductible has been met)
- Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,950 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $2,950 DEDUCTIBLE,** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
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

Next See an Example of the Premiums for the High-Deductible G Plan

Example: Male – Age 65 Non- Smoker in Zip Code 34990 – Area 2

Regular Plan G Plan = $246.96

High-Deductible Plan G Plan = $61.91 ($59.91 by Using Automatic Checking Account

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Florida - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only[2]	
Male Non-Tobacco Standard Rates											
Age[1]	Plan A	Plan B	Plan G	High Deductible Plan G	Select G[3]	Plan K	Plan L	Plan N	Select N[3]	Plan C[2]	Plan F[2]
50-64	$916.49	$1,079.26	$1,164.26	$1,030.40	$949.52	$368.19	$750.03	$907.64	$740.22	$1,250.42	$1,257.69
65	$213.46	$258.56	$246.96	$61.91	$224.26	$82.33	$179.88	$211.43	$184.11	$299.70	$301.50
66	$220.59	$267.20	$255.21	$66.25	$231.75	$85.08	$185.89	$218.49	$190.26	$309.72	$311.57
67	$229.31	$277.76	$265.30	$71.20	$240.91	$88.45	$193.23	$227.13	$197.78	$321.96	$323.89
68	$237.77	$288.00	$275.08	$74.29	$249.80	$91.71	$200.36	$235.50	$205.07	$333.83	$335.83
69	$246.48	$298.56	$285.17	$77.39	$258.95	$95.07	$207.70	$244.13	$212.59	$346.07	$348.14
70	$254.67	$308.48	$294.64	$83.58	$267.56	$98.23	$214.60	$252.24	$219.66	$357.57	$359.71
71	$262.86	$318.40	$304.12	$92.87	$276.16	$101.39	$221.51	$260.36	$226.72	$369.07	$371.28
72	$270.79	$328.00	$313.29	$102.15	$284.49	$104.44	$228.18	$268.21	$233.56	$380.20	$382.47
73	$278.98	$337.92	$322.76	$114.54	$293.09	$107.60	$235.09	$276.32	$240.62	$391.69	$394.04
74	$286.37	$346.88	$331.32	$123.82	$300.86	$110.46	$241.32	$283.64	$247.00	$402.08	$404.49
75	$294.30	$356.48	$340.49	$133.11	$309.19	$113.51	$248.00	$291.49	$253.84	$413.21	$415.68
76	$301.43	$365.12	$348.74	$142.40	$316.68	$116.26	$254.01	$298.56	$259.99	$423.22	$425.76
77	$309.09	$374.40	$357.61	$154.78	$324.73	$119.22	$260.46	$306.15	$266.60	$433.98	$436.58
78	$312.00	$377.92	$360.97	$154.78	$327.79	$120.34	$262.91	$309.03	$269.10	$438.06	$440.68
79	$312.00	$377.92	$360.97	$154.78	$327.79	$120.34	$262.91	$309.03	$269.10	$438.06	$440.68
80+	$341.06	$413.12	$394.59	$185.74	$358.32	$131.55	$287.40	$337.81	$294.17	$478.86	$481.73

The rates above are for plan effective dates from June 2025 through May 2026 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.

Next See the Specifications for the Aetna Hospital Indemnity Plan

1. The Plan Pays $1,750 for an Inpatient Hospital Admission.

2. The Plan has a guaranteed Acceptance with no health questions for ages 64 ½ through Age 67.

We understand that this Annual Enrollment Period (AEP) is going to need a lot of flexibility. Your clients have unique needs, and the solution that's right for them may include pairing one of our ancillary products with a Medicare Advantage or Medicare Supplement plan.

Let's take a look at Hospital Indemnity Flex

Hospital Indemnity Flex is an easy product to talk about. If your client has a hospital stay, it can help offset the cost of deductibles and co-pays incurred but not covered by your client's other insurance plans.

- Your client receives the benefits directly, or they can designate them to a medical provider.
- Your client receives the benefits in addition to any other health care coverage.

Benefits

Daily Hospital	- $10-$1,000 - Choose 3-10 days or 20 days
Hospital Admission	- $250 - $4,000 - Once/period of care

$1,750 Paid for Hospital Admission

Riders **Not Included Unless Requested**

Daily Skilled Nursing Facility	- $10-$500/day - 20-100 days - Days 1-20; Days 1-100; or Days 21-100
Doctor's Office Visit	- $10-$100/day - 20 visits/calendar yr
Outpatient Surgical Procedure	- $250-$3k - 1 visit/calendar yr
Hospital Emergency Room Visit or Ambulance Service	- $200/$400/$600 - 2 visits/calendar yr
Outpatient Rehabilitation Services	- $10-$250/day - 15 or 30 visits/calendar yr
Lump Sum Cancer	- Choice of $2.5k; $5k; $10k or $20k - Once per lifetime

Some states have requirements that will differ from these charts. For clarity on benefits and coverage, always reference the Outline of Coverage in your client's state.

Available in 46 states, 43 of which have "Guaranteed Acceptance"

What does "Guaranteed Acceptance" mean?

- If your client is within the age range approved by their state, they qualify.
- A qualifying client doesn't have to answer health questions, list their medications or provide physician information when filling out their application (unless they add the Lump Sum Cancer Rider).

Age Range	State
64 – 70*	AL, AZ, CO, DE, IN, KS, KY, LA, MO, ND, NE, NH, NJ, NM, OH, SC, SD, TX, VT, WI
64 ½ – 67**	AR, CT, FL, GA, IL, IA, MA, MD, MI, MN, MS, MT, NC, NV, OK, OR, PA, RI, TN, VA, WA, WV, WY

* Client may apply for coverage anytime during the month in which they turn 64 and through the month in which they will turn 71.

** Client may apply for coverage anytime during the month in which they turn 64 ½ and through the month in which they will turn 68.

Next See the Quote for the Aetna Hospital Indemnity Plan

1. The Plan Pays $1,750 for an Inpatient Hospital Admission.

2. The Medicare Hospital Inpatient Copay is $1,736 which will also go toward the annual maximum out of pocket which is $2,950.

3. Monthly premium for the Hospital plan is $21.75

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Rate Quote Results

Page 1: Customer Information, Rate Quote Summary
Page 2: Rate Quote Details

Dec 19, 2025
Method: Web

RATE QUOTE DETAILS

PRODUCT: HOSPITAL INDEMNITY FLEX FOR APPLICANT A - CLI				
Daily hospital confinement - Benefit Amount			$15	
Hospital Admission Indemnity - Benefit Amount			$1750	
	Monthly	Quarterly	Semi Annual	Annual
Hospital Admission Indemnity	$20.77	$66.03	$129.57	$249.20
Ambulance and Emergency Room Rider	$2.74	$8.72	$17.11	$32.90
Cancer Lump Sum Rider	$2.38	$7.55	$14.82	$28.50
Daily Skilled Nursing Facility	$0.15	$0.48	$0.94	$1.80
Doctor Visit Indemnity	$3.61	$11.47	$22.52	$43.30
Outpatient Rehab Services	$1.56	$4.96	$9.72	$18.70
Outpatient Surgical Procedure	$3.52	$11.21	$22.00	$42.30

Hospital Admission Benefit: $1,750

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Rate Quote Results

Page 1: Customer Information, Rate Quote Summary **Dec 19, 2025**
Page 2: Rate Quote Details **Method: Web**

CONSUMER INFORMATION FOR APPLICANT A	
Name	
Date of Birth / Age	1960-11-05 / 65
Gender	Male
Smoker	No
State	FL
Zip	34990

RATE QUOTE SUMMARY		
Payment mode	Monthly	
Product(s) Selected		**Applicant A**
Hospital Indemnity Flex		**$21.75**
Total Premium		**$21.75**

Monthly Premium

The premium rate quoted to you is an estimate based on the information you provided to us on the date it was provided. The actual premium rate will be determined at the time your application is approved and could change from this quote.

This insurance coverage is not connected with or endorsed by the U.S. Government or Federal Medicare Program.

The purpose of this communication is the solicitation of insurance. You may be contacted by an agent or the insurance company.

Next See the Next Page for the Policy Exclusions for the Aetna Hospital Indemnity Plan

1. The Hospital Plan will Not Cover Pre-existing conditions for a 3 Month waiting period from the effective date of coverage.

2. Pre-existing conditions only go back 6 months, Anything prior to 6 months, is not excluded.

Policy exclusions

We will not pay for losses caused by or resulting from:

1. Treatment, services or supplies including: experimental/investigational procedures or participation in clinical trials; diagnostic lab testing, x-rays, advanced studies and venipuncture; cosmetic surgery, routine foot care, dental services, acne or varicose veins; allergy testing/injections; speech, occupational and physical therapy; pre-employment, pre-marital or routine physical examinations; therapy or treatment of learning disorders or disabilities, developmental delays, mental, nervous or sleep disorders; programs, treatment or procedures for tobacco cessation or substance use disorders; and weight reduction, wiring of the teeth and all forms of surgery, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery.
2. Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty; treatment for cataracts; orthoptics and visual eye training.
3. Hospice care, custodial care or home health care.
4. Pregnancy and reproduction.
5. War or an act of war, riot or in the commission or attempted commission of an assault or felony. This includes an act of international armed conflict. This exclusion does not apply to an act of terrorism.
6. The commission or attempted commission of a crime or felony or while engaged in an illegal act; or while imprisoned.
7. Suicide or attempted suicide or intentionally self-inflicted injury, whether while sane or insane.
8. Treatment, services and supplies resulting from participation in skydiving, scuba diving, hang or ultralight gliding, ballooning, bungee jumping, parakiting, riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart, racing with a motorcycle, motor vehicle, boat or any form of aircraft, any participation in sports for pay or profit, or participation in rodeo contests.
9. Injury sustained while operating a motor vehicle where the insured's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the injury occurred.
10. Medical treatment, services and supplies received outside of the United States.

Pre-existing condition

Pre-existing conditions are not covered unless the loss begins more than three months after the coverage effective date. This means a condition which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended for or received by the insured, during the six months before the coverage effective date.

Reference the policy and outline of coverage for complete details.

Important Questions to Consider

- **Does it make sense to save money and go with the United Health Care High-Deductible Plan G along with the Aetna Hospital Indemnity Plan?**

- **Regular Plan G Premium = $246.96**

- **High-Deductible Plan G Premium $59.91**
- **+ the Aetna Hospital Indemnity Plan = $21.75**
- **Total Monthly Premium = $81.66**
- **Savings Per Month = $165.30**
  Savings Per Year = $1,983.60

Remember the Nature of Procrastination

People Don't Plan to Fail

They Fail to Plan

Thank You for Attending the Fixed Index Annuity Presentation

- **What to do next?**
- **If the concepts of the High-Deductible Plan G make sense to you, then contact us to get further information, and begin the process.**
- **James R. Grazioli – President**
- **Comprehensive Financial Group Inc.**
- **Office - 772-286-4324 Cell/Text – 772-485-4288**
- **Email: jimgrazi1127@gmail.com**
- **Website: www.jamesgraz.com**