

SRP - 1317

Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan A

Plan A includes the following coverages:

61st to 90th day of confinement	Daily Coinsurance Charge (25% of Medicare Part A Deductible per day)
Lifetime Reserve Period	Daily Coinsurance Charge (50% of Medicare Part A Deductible per day)
After Lifetime Reserve Period	100% of Hospital Expenses for an additional 365 days per lifetime
Blood Deductible Benefit	First 3 pints of blood under Medicare Part A or Medicare Part B
Medicare Part B Supplement Benefit Medical Care	20% of Medicare Eligible Expenses after the Medicare Part B Deductible

Plan Rate
\$873.78

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Proposed Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan B

Plan B includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Plan Rate
\$1,376.08

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Proposed Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan C

Plan C includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,870.84

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Proposed Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan D

Plan D includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Skilled Nursing Facility Benefit
21st to 100th Day of Confinement

Actual billed charges up to the Daily Co-insurance
Amount (12.5% of Medicare Part A
Deductible per Day)

Foreign Travel Emergency Benefit

Percentage Payable: 80%
Deductible Amount: \$250
Lifetime Maximum
Benefit Amount: \$50,000

At-Home Recovery Benefit:

Maximum Amount per visit: \$40
Maximum Visits per week: 7
Maximum Benefit Amount: \$1,600 per Calendar Year

Plan Rate
\$2,285.29

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Proposed Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan F

Plan F includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Medicare Part B Excess Charges Benefit	The Difference between the actual Medicare Part B charge as billed and the Medicare approved Part B charge
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,871.75

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Proposed Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan G

Plan G includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Excess Charges Benefit	The Difference between the actual Medicare Part B charge as billed and the Medicare approved Part B charge
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000
At-Home Recovery Benefit:	Maximum Amount per visit: \$40 Maximum Visits per week: 7 Maximum Benefit Amount: \$1,600 per Calendar Year

Plan Rate
\$2,667.08

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan A

Plan A includes the following coverages:

61st to 90th day of confinement	Daily Coinsurance Charge (25% of Medicare Part A Deductible per day)
Lifetime Reserve Period	Daily Coinsurance Charge (50% of Medicare Part A Deductible per day)
After Lifetime Reserve Period	100% of Hospital Expenses for an additional 365 days per lifetime
Blood Deductible Benefit	First 3 pints of blood under Medicare Part A or Medicare Part B
Medicare Part B Supplement Benefit Medical Care	20% of Medicare Eligible Expenses after the Medicare Part B Deductible

Plan Rate
\$794.35

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan B

Plan B includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Plan Rate
\$1,250.98

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan C

Plan C includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,609.86

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan D

Plan D includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Skilled Nursing Facility Benefit
21st to 100th Day of Confinement

Actual billed charges up to the Daily Co-insurance
Amount (12.5% of Medicare Part A
Deductible per Day)

Foreign Travel Emergency Benefit

Percentage Payable: 80%
Deductible Amount: \$250
Lifetime Maximum
Benefit Amount: \$50,000

At-Home Recovery Benefit:

Maximum Amount per visit: \$40
Maximum Visits per week: 7
Maximum Benefit Amount: \$1,600 per Calendar Year

Plan Rate
\$2,077.54

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan F

Plan F includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Skilled Nursing Facility Benefit
21st to 100th Day of Confinement

Actual billed charges up to the Daily Co-insurance
Amount (12.5% of Medicare Part A
Deductible per Day)

Medicare Part B Deductible Benefit

Medicare Part B Deductible

Medicare Part B Excess
Charges Benefit

The Difference between the actual Medicare Part B
charge as billed and the Medicare approved
Part B charge

Foreign Travel Emergency Benefit

Percentage Payable: 80%
Deductible Amount: \$250
Lifetime Maximum
Benefit Amount: \$50,000

Plan Rate
\$2,610.68

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan G

Plan G includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Skilled Nursing Facility Benefit
21st to 100th Day of Confinement

Actual billed charges up to the Daily Co-insurance
Amount (12.5% of Medicare Part A
Deductible per Day)

Medicare Part B Excess
Charges Benefit

The Difference between the actual Medicare Part B
charge as billed and the Medicare approved
Part B charge

Foreign Travel Emergency Benefit

Percentage Payable: 80%
Deductible Amount: \$250
Lifetime Maximum
Benefit Amount: \$50,000

At-Home Recovery Benefit:

Maximum Amount per visit: \$40
Maximum Visits per week: 7
Maximum Benefit Amount: \$1,600 per Calendar Year

Plan Rate
\$2,424.62

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan A

Plan A includes the following coverages:

61st to 90th day of confinement	Daily Coinsurance Charge (25% of Medicare Part A Deductible per day)
Lifetime Reserve Period	Daily Coinsurance Charge (50% of Medicare Part A Deductible per day)
After Lifetime Reserve Period	100% of Hospital Expenses for an additional 365 days per lifetime
Blood Deductible Benefit	First 3 pints of blood under Medicare Part A or Medicare Part B
Hospice Care	100% of Hospice Expenses
Medicare Part B Supplement Benefit Medical Care	20% of Medicare Eligible Expenses after the Medicare Part B Deductible

Plan Rate
\$875.66

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan B

Plan B includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Plan Rate
\$1,378.53

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan C

Plan C includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,875.20

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan D

Plan D includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Skilled Nursing Facility Benefit
21st to 100th Day of Confinement

Actual billed charges up to the Daily Co-insurance
Amount (12.5% of Medicare Part A
Deductible per Day)

Foreign Travel Emergency Benefit

Percentage Payable: 80%
Deductible Amount: \$250
Lifetime Maximum
Benefit Amount: \$50,000

Plan Rate
\$2,290.19

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan F

Plan F includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Medicare Part B Excess Charges Benefit	The Difference between the actual Medicare Part B charge as billed and the Medicare approved Part B charge
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,876.82

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

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Proposed Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan G

Plan G includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Excess Charges Benefit	The Difference between the actual Medicare Part B charge as billed and the Medicare approved Part B charge
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,671.12

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan A

Plan A includes the following coverages:

61st to 90th day of confinement	Daily Coinsurance Charge (25% of Medicare Part A Deductible per day)
Lifetime Reserve Period	Daily Coinsurance Charge (50% of Medicare Part A Deductible per day)
After Lifetime Reserve Period	100% of Hospital Expenses for an additional 365 days per lifetime
Blood Deductible Benefit	First 3 pints of blood under Medicare Part A or Medicare Part B
Hospice Care	100% of Hospice Expenses
Medicare Part B Supplement Benefit Medical Care	20% of Medicare Eligible Expenses after the Medicare Part B Deductible

Plan Rate
\$796.06

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan B

Plan B includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Plan Rate
\$1,253.21

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
and

Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan C

Plan C includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,613.82

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan D

Plan D includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,081.99

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan F

Plan F includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit 1st to 60th Day of Confinement	Medicare Part A Deductible
Skilled Nursing Facility Benefit 21st to 100th Day of Confinement	Actual billed charges up to the Daily Co-insurance Amount (12.5% of Medicare Part A Deductible per Day)
Medicare Part B Deductible Benefit	Medicare Part B Deductible
Medicare Part B Excess Charges Benefit	The Difference between the actual Medicare Part B charge as billed and the Medicare approved Part B charge
Foreign Travel Emergency Benefit	Percentage Payable: 80% Deductible Amount: \$250 Lifetime Maximum Benefit Amount: \$50,000

Plan Rate
\$2,615.29

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company

SRP - 1317

Current Annual Gross Premium Rate
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Descriptions of Coverage
For Standardized Medicare Supplement Plans A-J

Plan G

Plan G includes the benefits of Plan A plus the following:

Additional Benefits

Medicare Part A Deductible Benefit
1st to 60th Day of Confinement

Medicare Part A Deductible

Skilled Nursing Facility Benefit
21st to 100th Day of Confinement

Actual billed charges up to the Daily Co-insurance
Amount (12.5% of Medicare Part A
Deductible per Day)

Medicare Part B Excess
Charges Benefit

The Difference between the actual Medicare Part B
charge as billed and the Medicare approved
Part B charge

Foreign Travel Emergency Benefit

Percentage Payable: 80%
Deductible Amount: \$250
Lifetime Maximum
Benefit Amount: \$50,000

Plan Rate
\$2,428.29

Modal Factors	
Annual	100.00%
Semi-Annual	50.00%
Quarterly	25.00%
Monthly	8.33%

Hartford Life Insurance Company