



2016 MEDICARE SUPPLEMENT COMPARISON GUIDE



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LOCAL HELP FOR PEOPLE WITH MEDICARE



A program of the Louisiana Department of Insurance | James J. Donelon, Commissioner

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Table of Contents

Introduction.....	2
Medicare Part A.....	3
Medicare Part B.....	4
The 10 Standard Medicare Supplement Plans.....	5
The 10 Standard Medicare Supplement Plans in Table Form.....	8
Medigap Insurance Policy Comparison Checklist.....	9
Glossary.....	10
Other Types of Health Insurance.....	13
Significant Medicare Insurance Laws.....	14
Things to Remember When Choosing Health Insurance.....	15
Variables.....	16
Change in Medicare Supplement Regulations for New Medicare Beneficiaries Under 65.....	17
Medicare Select.....	17
State and Federal Regulation Guarantees Medigap to Medicare Beneficiaries.....	18
Temporary Suspension of Premiums/Reinstitution of Coverage.....	20
Factors to Consider When Comparing Medicare Supplement Policies.....	21
Insurance Companies' Approved Policy Specifics.....	22
Definitions of AM Best's Ratings and Not Rated Categories (NR).....	68



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Introduction

MEDICARE

is a federal health insurance program for people over 65 and certain disabled people. It consists of Part A (Hospital Coverage) and Part B (Medical Coverage).

This book does not contain Medicare Part C (Medicare Advantage) & Part D (Prescription Drug Plans).

MEDIGAP

is another name for Medicare Supplement Insurance. It is private health insurance designed specifically to supplement Medicare benefits. Medicare does not pay all of a beneficiary's medical expenses. To fill these gaps, many people purchase this insurance coverage to supplement their Medicare benefits. This guide is designed to assist you in selecting a Medicare supplement insurance policy.

This guide also contains an outline of the benefits provided by Medicare, a glossary of commonly used terms, a description of the types of health insurance available to senior citizens, important buyer's tips and more. It will also provide you with information on cost and the benefits offered by some of the Medicare supplement insurers in Louisiana.

Only those authorized companies responding to our survey are included in this guide. They are listed in alphabetical order. Rates shown are new applicant rates that were in effect at the time of printing.

This comparison guide is not in any way indicative of the financial strength or stability of the companies included here nor does this Department endorse any company, producer or policy.

If you have questions concerning information in this booklet or if you need assistance, please call toll free, statewide, at 1-800-259-5300.



Medicare Part A

Hospital Insurance-Covered Services for 2016

Services	Benefit	Medicare Pays	You Pay
In-Patient Hospitalization per benefit period**	1-60 days	All covered services except for a deductible	\$1,288 per benefit period for up to 60 days of Medicare-covered services
Semiprivate room and board, general nursing and miscellaneous	61-90 days	Covered services except for the daily coinsurance amount	\$322 per day
Hospital services and supplies	91-150 days* (60 reserve days)	Covered services except for the daily coinsurance amount	\$644 per day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care per benefit period** You must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after medical discharge***	1-20 days	100% of approved amount	Nothing
	21-100 days	Covered services except for a daily coinsurance amount	Up to \$161 per day
	Beyond 100 days	Nothing	Everything
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Visits limited to medically necessary skilled care, unlimited as long as you meet Medicare requirements for home health benefits	Full costs of services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Hospice Care Pain and symptom relief, and supportive services for the management of a terminal illness	As long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
Blood From a hospital or skilled nursing facility during a covered stay	Unlimited during benefit period, if medically necessary	All but first three pints per calendar year	For first three pints

* Each of the 60 reserve days may only be used once.

** 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 or skilled nursing facility for 60 days in a row.

*** Medicare and private insurance will not pay for most nursing home care.

Medicare Part B

Medical Insurance-Covered Services for 2016

Services	Benefit	Medicare Pays	You Pay
Medical Expense - Physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, ambulance, etc.	Medicare pays for medical services in or out of the hospital	80% of approved amount (after \$166 deductible)	\$166 deductible* plus 20% of approved amount (plus any charge up to 15% above approved amount)** 20% for all outpatient physical, occupational, and speech-language therapy services
Home Health Care (If you don't have Part A)	Visits limited to medically necessary skilled care	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment	Unlimited if medically necessary at hospitals and community mental health centers	A Medicare-approved amount for covered services after \$166 deductible	A coinsurance or fixed co-payment amount that may vary according to the service
Blood ***	Blood	80% of approved amount (after \$166 deductible and starting with fourth pint)	First three pints plus 20% of approved amount (after \$166 deductible)

* Once you have incurred \$166 of Medicare approved charges for covered services in 2016, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** You pay for charges higher than the amount approved by Medicare up to the legal charge limit unless the doctor or supplier agrees to accept Medicare's approved amount as full payment for services rendered. This is known as "accepting assignment."

*** To the extent the blood deductible is met under one part (either Part A or Part B) of Medicare during the calendar year, it does not have to be met under the other part.

The 10 Standard Medicare Supplement Plans

The following is a list of the 10 standard plans and benefits provided by each.

1 **PLAN A - (the basic policy) consists of these core benefits:**

- Coverage for the Part A coinsurance amount (\$322 per day in 2016) for the 61st through the 90th day of hospitalization in each Medicare period.
 - Coverage for the Part A lifetime reserve days coinsurance amount (\$644 per day in 2016) for the 91st through the 150th day of Medicare's 60 non-renewable lifetime hospital inpatient reserve days used.
 - After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime. This benefit is paid either at the rate Medicare pays hospitals under its Prospective Payment System (PPS) or under another appropriate standard of payment for hospitals not subject to the PPS. Beneficiaries may be responsible for payment when Medigap hospital benefits are exhausted.
 - Coverage under Medicare Parts A & B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells as defined under federal regulations) unless replaced in accordance with federal regulations.
 - Coverage for the coinsurance amount for Part B services (generally 20% of approved amount) after the \$166 annual deductible; 50% coverage of approved charges for outpatient mental health services after Part B deductible is met.
-

2 **PLAN B - includes the core benefits in Plan A PLUS:**

- Coverage for the Medicare Part A inpatient hospital deductible
 - Plan B Select – Same as Plan B but restricted to network of hospital
-

3 **PLAN C - Includes the core benefits in Plan A PLUS:**

- Coverage for the Medicare Part A deductible
 - Coverage for the skilled nursing facility coinsurance
 - Coverage for the Medicare Part B deductible
 - 80% coverage for the medically necessary emergency care in a foreign country after a \$250 deductible for the year.
 - Foreign travel emergency coverage with Medigap policies has a lifetime limit of \$50,000.
-

4 **PLAN D - includes the core benefits in Plan A PLUS:**

- Coverage for the Medicare Part A deductible
- Coverage for the skilled nursing facility care daily coinsurance amount
- 80% coverage for the medically necessary emergency care in a foreign country after a \$250 deductible for the year.

5 **PLAN F - includes the core benefits in Plan A PLUS:**

- Coverage for the Medicare Part A deductible
- Coverage for the skilled nursing facility care daily coinsurance amount
- Coverage for the Medicare Part B deductible
- 80% coverage for the medically necessary emergency care in a foreign country after a \$250 deductible
- Coverage for 100% of Medicare Part B excess charges
- Plan F HD (High Deductible) – Same as Plan F but with \$2,180 out of pocket expense
- Plan F Select – Same as Plan F but restricted to network of hospital

6 **PLAN G - includes the core benefits in Plan A PLUS:**

- Coverage for the Medicare Part A deductible
- Coverage for the skilled nursing facility care daily coinsurance amount
- Coverage for 100% of Medicare Part B excess charges
- Coverage for medically necessary emergency care in a foreign country after \$250 deductible.

7 **PLAN K - includes the core benefits in Plan A with the following differences:**

- Coverage of the Part A deductible paid at 50%
- Coverage of the skilled nursing facility daily coinsurance paid at 50%
- Annual blood deductible (first three pints of non-replaced blood in a calendar year) paid at 50%
- 50% Part B coinsurance, except for preventive care services, which are covered at 100%

NOTE: Plan K limits your annual out-of-pocket payments for Medicare-approved amounts to \$4,960 per year in 2016. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), the Medigap plan pays 100% of covered services for the remainder of the calendar year. However, this amount does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service up to the limiting charge (15% above the Medicare Approved Amount).

8 PLAN L - includes the core benefits in Plan A with the following differences:

- Coverage of the Part A deductible paid at 75%
- Coverage of the skilled nursing facility daily coinsurance paid at 75%
- Annual blood deductible (first three pints of non-replaced blood in a calendar year) paid at 75%
- 75% Part B coinsurance, except for preventive care services, which are covered at 100%
- Coinsurance for certain benefits under Medicare Hospice benefit paid at 100%

NOTE: Plan L limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,480 per year in 2016. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), the Medigap plan pays 100% of covered services for the remainder of the calendar year. However, this amount does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service up to the limiting charge (15% above the Medicare Approved Amount).

9 PLAN M - includes the core benefits in Plan A with the following differences:

- Coverage of the Part A deductible paid at 50%

10 PLAN N - includes the core benefits in Plan A with the following differences:

- Part B coinsurance paid at 100%, except up to \$20 office visit; up to \$50 ER
- Plan N Select – Same as Plan N but restricted to network of hospital

**Questions on Medigap coverage?
Call 1-800-259-5300.**



This table shows basic information about the different benefits that Medigap policies cover.

If a percentage appears, the Medigap plan covers that percentage of the benefit and you must pay the rest.

Benefits	Medicare Supplement Insurance (Medigap) Plans										
	A	B	C	D	F*	G	K	L	M	N	
Medicare Part A coinsurance and hospital costs (up to an additional 356 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%	***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%	100%
Part B deductible			100%		100%						
Part B excess charges					100%	100%					
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%	
							Out-of-pocket limit in 2016 **				
							\$4,960	\$2,480			

* Plan F is also offered as a high-deductible plan by some insurance companies. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,180 in 2016 before your policy pays anything.

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Medicare Supplement/Medigap Insurance Policy Comparison Checklist

Does the policy cover:	POLICY#1		POLICY#2		POLICY#3	
	Yes	No	Yes	No	Yes	No
Medicare Part A hospital deductible?	<input type="checkbox"/>					
Medicare Part A hospital daily coinsurance?*	<input type="checkbox"/>					
Hospital care beyond Medicare's 150-day limit?*	<input type="checkbox"/>					
Skilled nursing facility (SNF) daily coinsurance?	<input type="checkbox"/>					
SNF care beyond Medicare's limits?	<input type="checkbox"/>					
Medicare Part B annual deductible?	<input type="checkbox"/>					
Medicare Part B coinsurance?*	<input type="checkbox"/>					
Physician & supplier charges in excess of Medicare's approved amounts?	<input type="checkbox"/>					
Medicare blood deductibles?*	<input type="checkbox"/>					
Other Policy Considerations:						
Can the company cancel or renew the policy?	<input type="checkbox"/>					
What are the policy limits for covered services?						
How much is the annual premium?						
How often can the company raise the premium?						
How long before existing health problems are covered?						
Does the policy have a waiting period before any benefits will be paid? If so, how long?	<input type="checkbox"/>					

*Louisiana requires these benefits be included in all newly issued Medigap policies.

Glossary

APPROVED CHARGES

Also known as allowable charges, Medicare eligible expenses, or Medicare covered charges, applies to the specific dollar amount on which Medicare will base its payment for every conceivable medical procedure under Part B. Medicare will pay 80% of this “approved” amount.

ASSIGNMENT

This means doctors or suppliers receive payment directly from Medicare. When assignment is used, the provider of medical service agrees that his or her total charge for the covered service will be the charge approved by the Medicare carrier. Medicare then pays your doctor or supplier 80% of the approved charge, less any part of the \$166 annual Part B deductible. Accepting assignment means that the doctor or medical provider will not bill you for the difference between the actual charge and the Medicare approved amount. Find out in advance whether your doctor or medical provider will accept assignment. When assignment is not accepted, you will be responsible for any amount up to 15% above the charges approved by Medicare. Using doctors or suppliers who accept assignment will save you money. Any physician may take assignment on a claim by claim basis whether he is a “participating” provider or not.

CARRIER

The Medicare Part B claims processor. For questions about your Medicare Part B claims payments, telephone 1-800-MEDICARE.

CONTESTABLE CLAUSE

A policy provision that gives an insurer the right to rescind your insurance policy in the event there are any errors, omissions or misstatements on your insurance application or enrollment form. The contestable period is generally the two years following the effective date of the policy.

COORDINATION OF BENEFITS (COB)

Means that one of your health insurance policies may reduce its benefits if you are also covered by another insurance plan. **IMPORTANT!** This usually applies only for employer-sponsored plans. Private Medicare supplements ordinarily do not have COB regardless of how many policies you have.

COPAYMENT

The amount that you or your insurance plan must pay to supplement Medicare’s payments for Part A and Part B expenses. For example, for charges incurred in 2016, you will have a \$322 per day co-payment for days 61-90 and a \$644 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of \$161 for skilled nursing days 21-100 and, for all Part B services, a co-payment of 20% after your annual Part B deductible of \$166.

DEDUCTIBLE

The dollar amount that you will have to pay before either Medicare or your insurance plan will begin paying their benefits. Your Medicare Part A deductible is \$1,288 per benefit period for 2016. Your Medicare Part B deductible is \$166 of approved charges each calendar year.

EFFECTIVE DATE

The date your policy becomes effective. When you talk to your insurer, ask what the effective date will be. The effective date is printed on your insurance policy or certificate.

EXCLUSIONS OR EXCEPTIONS

The list of specific conditions or circumstances that are not covered by the policy. The exceptions in Medicare supplements are limited by state law and cannot exclude or limit coverage for any specific health condition for more than six months. Other health insurance plans such as hospital indemnities or medical surgical expense plans may have 12 month exclusion for preexisting conditions and/or permanent endorsements for certain health conditions.

FREE LOOK

The time period after you receive the policy in which you can review its benefits. State law requires Medicare supplement insurers to give the consumer 30 days to review the policy. If you return the policy within the 30-day free look period, you will get a full refund. Other types of individually marketed health insurance plans are limited to a 10-day free look period.

GRACE PERIOD

The time period, usually 31 days, for the payment of an overdue premium, during which time the policy remains in force.

GUARANTEED ISSUE RIGHTS

(also called “Medigap Protections”) Rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy. In these situations, an insurance company can’t deny you a Medigap policy, or place conditions on a Medigap policy, such as exclusions for preexisting conditions, and can’t charge you more for a Medigap policy because of a past or present health problem.

HOSPICE

A program for the terminally ill. Medicare does reimburse most Hospice expenses if the Medicare patient chooses to take Hospice benefits instead of regular Part A and Part B benefits. There may be a co-payment for outpatient drugs and inpatient respite care. Care must be provided through certified Hospice organizations.

INTERMEDIARY

The Medicare Part A claims processor. For questions about Medicare Part A claims payments, call 1-800-MEDICARE.

LIMITING CHARGE

Effective January 1, 1991, physicians who do not accept assignment are limited as to what they can charge a Medicare beneficiary. In 2016, the limiting charge is no more than 15% over Medicare’s approved amount. Limiting charge information appears on Medicare’s Medicare Summary Notice (MSN) form.

MATERIAL MISREPRESENTATION

A misrepresentation that was important or essential to the decision to issue or not issue an insurance policy.

MEDICAID

A federal and state program that provides health insurance benefits for certain low income, disabled and blind individuals and families. There are strict income eligibility guidelines, and applications must be made at the local enrollment centers of the Department of Health & Hospitals.

MEDICAL UNDERWRITING

The process that an insurance company uses to decide, based on your medical history, whether or not to take your application for insurance, whether or not to add a waiting period for preexisting conditions (if your state law allows it), and how much to charge you for that insurance.

MEDICARE CROSSOVER

One of the more significant service enhancements that companies can offer. A “crossover” company has a contract with Medicare requiring Medicare to send the insured’s balance bills directly to the Medicare supplement insurance company.

MEDICARE ADVANTAGE

The new name for Medicare Health Plans (Part C). It is a section of the Budget Balancing Act (BBA) of 1997 that authorizes the Centers for Medicare & Medicaid Services (CMS) to enter into contracts with insurance companies, managed care organizations and other entities to give Medicare beneficiaries a choice in how they receive their Medicare benefits.

MEDICARE HIGH DEDUCTIBLE PLAN

A Medigap policy that will pay benefits as Plan F after one has paid a calendar year (\$2,180) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed yearly high deductible (\$2,180). 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.

MEDICARE SELECT

A type of Medigap policy that requires you to use hospitals within a specific network to be eligible for full benefits.

NON-PARTICIPATING PHYSICIANS

Doctors who have not signed a contract with Medicare to accept assignment, but may do so on a case by case basis. Non-participating physicians must still file all claims with Medicare.

PARTICIPATING PHYSICIANS

Doctors who have contracted with Medicare to accept assignment for all Medicare patients, file all claims for Medicare patients and agree to all Medicare rules.

PREEXISTING CONDITIONS

Health conditions for which you have been diagnosed, treated or had symptoms during the time before your policy's effective date of coverage.

PREEXISTING CONDITION WAITING PERIOD

The amount of time after your effective date of coverage during which your insurance plan will not cover any preexisting conditions. Medicare supplement law in Louisiana says that your waiting period cannot be any longer than six months. Many Medicare supplements offer plans with shorter waiting periods. When a Medicare supplement policy replaces another Medicare supplement policy, the replacing issuer must waive any time period applicable to preexisting conditions.

QUALIFIED MEDICARE BENEFICIARY (QMB)

A program available through Medicaid for paying Medicare premiums, deductibles, and coinsurance amounts for certain low income elderly and disabled beneficiaries who are not otherwise eligible for Medicaid. Eligibility determinations are made through the Medicaid program.

QUALIFIED INDIVIDUAL (QI)

A Medicaid program established in January 1993. Eligible persons will have their Medicare Part B premiums paid. However, their deductible and co-payments will not be covered under QI.

QUALITY IMPROVEMENT ORGANIZATION (QIO)

A group of doctors and health care professionals who are paid by the federal government to review Medicare hospital admissions and reimbursements and to monitor inpatient quality of care. QIOs have the authority to deny hospital payments if care is not medically necessary. QIOs also handle any appeals and complaints the patient makes regarding non-payment of service or quality of care. If you have any questions, you can contact the QIO in Louisiana: KEPRO, 5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

A Medicaid program established in January 1993. Eligible persons will have their Medicare Part B premiums paid. However, their deductible and co-payments will not be covered under SLMB.

UNDERWRITING

The method insurance companies use to evaluate risks and determine insurability.

USUAL, CUSTOMARY AND REASONABLE (UCR)

Typically the fees most frequently charged in a geographic area by providers with similar training and experience for the same or like service or supply.

Other Types of Health Insurance

ACCIDENT POLICIES

These are specific benefit policies covering you only if you incur expenses due to an accident. Any expenses incurred through an illness are normally excluded. These policies can be very restrictive so be careful that you fully understand the benefits and exclusions.

CANCER POLICIES

These policies provide specific benefits for expenses related to actual treatment of cancer. Most cancer policies require that the cancer is pathologically diagnosed before benefits become payable and benefits are not payable for related illnesses. Remember that Medicare and Medicare supplement policies pay benefits regardless of your illness or diagnosis.

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

HMOs provide or make available health care services that may include preventive medical care and pharmacy services for which an enrolled person pays a predetermined monthly rate. HMOs are available to those persons living in specified geographical areas. Generally, members must receive health care services from the HMO staff at a designated HMO facility, although some emergencies are covered at facilities outside the normal service area.

LONG-TERM CARE INSURANCE POLICIES

A long-term care policy is designed to pay a specific amount per day while one is confined in a skilled, intermediate or custodial nursing care facility or while receiving home care. Policies vary in cost based on age, amount of daily benefit, the number of years for the benefit to be paid, and how soon the benefit will begin being paid. It is important to understand the limitations in these policies, especially how they define “levels of care” and covered facilities.

MAJOR MEDICAL EXPENSE COVERAGE

Designed to cover the high costs of serious injuries and illnesses. Benefits are paid for longer periods and dollar limits are generally higher than in basic policies. Usually expenses incurred out of the hospital such as prescription drugs and doctor’s visits are also covered. Most major medical plans contain deductible and co-insurance provisions.

MEDICAL-SURGICAL EXPENSE POLICIES

These policies pay for charges made by a physician for surgical operations. It may also pay for fees of the assistant surgeon and anesthesiologist. When an insured is hospitalized for care other than surgery, fees for the doctors’ in hospital visits may also be covered. The benefit payable for specific operations is usually based on a surgical schedule included in the policy. This lists the maximum amount paid for each procedure.



**Looking into Long-term Care Insurance?
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Information Guide for Louisiana**

Call for a copy today at
1-800-259-5300 or (225) 342-5301
or see it online at www.lidi.la.gov/SHIIPresources

Significant Medicare Insurance Laws

A free look period of 30 days is required, during which time the applicant may return the policy to the insurance company and receive a full refund. The free-look period begins from the day the applicant receives the certificate of policy, not from the day of the application.

A preexisting condition waiting period may extend no longer than six months for health conditions diagnosed or treated within the *six months* immediately prior to the application. The medical questionnaire accompanying an application should have accurate information and should be completed by the applicant, not the producer.

If the Medicare Beneficiary is replacing a Medicare supplement policy, no new waiting period is allowed by the replacing insurer for equivalent coverage.

For replacement policies, the applicant is required to sign a replacement form indicating that he/she understands the hazards of changing.

No producer in Louisiana may sell a new Medicare supplement policy to anyone who already has a Medicare supplement unless the applicant agrees to drop his or her previous insurance.

Insurer may not deny an applicant a policy during the six months period after first enrolled in Part B of Medicare regardless of a person's health status. This also applies to Medicare beneficiaries under age 65 by reason of disability or End Stage Renal Disease (ESRD). These individuals are also entitled to another six-month open enrollment period when they reach age 65.

All Medicare supplement policies must be guaranteed renewable.

An insurer must suspend Medicare supplement premiums and benefits while the policyholder is entitled to Medicaid and the insurer must reinstate policy benefits upon request when Medicaid entitlement ends. This suspension may last up to two years. Policyholders are responsible for informing the insurer of their Medicaid eligibility.

- The 101st Congress (1990) passed strong federal legislation, which made uniform requirements to govern Medicare supplement insurance in each state. Ten standard benefit plans were developed and became effective in Louisiana in July of 1992 as described in this comparison guidebook. It should be noted that policyholders are not required to change from their old supplements to the newer standardized supplements unless they choose.
- Medicare Supplement Plans (K and L) have been approved for sale as a result of the federal passage of the Medicare Modernization Act of 2003.
- The Medicare Improvements for Patients and Providers Act of 2008 created plans M and N.

Things to Remember When Choosing Health Insurance

SHOP WITH CAUTION.

Don't just buy the cheapest policy you can find without weighing other factors, which include determining the company's financial stability and reputation for resolving complaints.

AVOID HIGH PRESSURE SALES TACTICS.

Take your time and avoid being pushed into buying an insurance policy. Do not buy a policy under the pressure of limited enrollment periods or "last chance to enroll." Be wary of producers and sales material that imply a policy is connected with or endorsed by the government. Medicare supplement insurance and long-term care insurance are not connected with or endorsed by the federal government.

DON'T BE MISLED BY ADVERTISING.

Only you can decide if a policy is the right one for you. Do not buy a policy because celebrities endorse it in television, radio, newspaper or other advertisements. If you have questions, make sure you know the answers before you buy the policy.

LOOK OUT FOR PREEXISTING CONDITION LIMITATIONS AND REMEMBER THE FREE LOOK PROVISION (see page14).

BE CAREFUL HOW YOU PAY FOR POLICIES.

When purchasing Medicare supplement insurance, it is always best to pay by check, money order or bank draft. Premium payments should always be made payable to the insurance company, not the producer. If you must pay in cash, be sure to get a company authorized receipt signed by the producer.

KEEP RECORDS.

Make sure that you write down and keep the correct name, telephone number and permanent address of the producer and the insurance company. Ask for a toll free number in case you need to call long distance.

KEEP YOUR POLICY IN A SAFE PLACE.

Designate a friend or relative in advance to handle your affairs in case of illness and let that person know where your policy is kept.

Variables

Although policies are “standardized,” there are still a surprising number of variables that distinguish companies and policies.

Variables include:

POLICY FEE

Some policies add a one time policy fee.

ZIP CODE

Several companies have zip code rating. Because each has its own zip code cluster, it is not practical to show the premiums for each zip code.

GENDER

A few companies differentiate between men and women when calculating premium rates.

DIRECT RESPONSE/PRODUCER

Premiums are basically the same when comparing a direct response sale to a producer-marketed sale.

NON-SMOKER

A few companies have nonsmoker discounts.

MEDICARE CROSSOVER

This is one of the more significant service enhancements that companies can offer. A “crossover” company has a contract with Medicare requiring Medicare to send the policyholder’s balance bills directly to the Medicare supplement insurance company.

PREMIUM TYPE

The premium for your policy may increase every year, primarily due to inflation in medical costs and the use of more advanced technology. The amount your premium goes up may depend upon the manner in which the company has reflected the aging of its policyholders in its rates. The general approaches that companies use are described below.

1. ATTAINED AGE

In addition to medical inflation and advancing technology, your premium will also rise due to the increased use of medical services as people age.

2. ISSUE AGE

The premium you pay will be initially somewhat higher than under the Attained Age approach because a portion of the initial premium is used to pre fund the increased claims cost in later years. As a result, in subsequent years your premiums should be somewhat less than they would be under an Attained Age approach.

3. NO AGE RATING

Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

Change in Medicare Supplement Regulations for New Medicare Beneficiaries Under 65

This change in the Medicare Supplement regulation means that Louisiana citizens who acquire Medicare due to disability, End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS) will have an easier time getting approved for Medicare Supplement (Medigap) insurance. Formerly, only those Medicare beneficiaries who have reached the age of 65 and had Medicare Part B for six months or less or had reached 65 and already had Medicare by reason of disability, were granted an “open enrollment” for Medicare Supplement insurance. This means that by applying in this time period the beneficiary is guaranteed acceptance for any Medigap plan that any company sells. The company cannot deny the coverage due to any health condition.

This change allows an open enrollment for Medigap insurance to anyone acquiring Medicare Part B, regardless of age. The open enrollment period is the first six months that Medicare Part B is effective. This is particularly important to those individuals acquiring Medicare under the age of 65. With this regulation change, these Medicare beneficiaries have the same right to Medigap open enrollment as those who acquire Medicare by reason of turning 65.

Medicare Select

Medicare SELECT is now available in most areas of the state. Medicare SELECT is another alternative to Medicare beneficiaries in covering the gaps that Medicare does not pay. Medicare SELECT is the same as standard Medigap insurance in nearly all respects. If you buy a Medicare SELECT policy, you are buying a standard Medigap plan (see page 5). ***In Louisiana, the only difference between Medicare SELECT and standard Medigap insurance is that each insurer has specific hospitals (preferred providers) that you must use, except in an emergency, in order to be eligible for full benefits.*** Medicare SELECT policies have lower premiums than standard Medigap plans for this reason.

When you go to the insurer’s “preferred providers,” Medicare pays its share of approved charges and the insurer is responsible for the full supplemental benefits provided for in the policy. In general, Medicare SELECT policies are not required to pay any benefits if you do not use a preferred provider for non-emergency services. Medicare, however, will still pay its share of approved charges regardless of the provider you choose.

There are many companies licensed to sell Medicare SELECT policies in Louisiana. If you are interested in purchasing a Medicare SELECT policy to replace your existing Medicare supplement policy, begin your search by asking your producer (agent) if your current insurer offers Medicare SELECT policies.

State and Federal Regulation Guarantees Medigap to Medicare Beneficiaries

A change in federal and state regulation guarantees acceptance into Medicare Supplement insurance (Medigap), in addition to the regular open enrollment period, if a Medicare beneficiary qualifies in one of six categories. In each case, the Medicare beneficiary has 63 days from the date of loss of coverage to take advantage of this guaranteed access to Medicare Supplement insurance. In addition, no insurer may impose a preexisting waiting period.

CATEGORY 1:

If a Medicare beneficiary is enrolled in an employer-sponsored plan, whether primary or secondary to Medicare, and the plan terminates or ceases to provide benefits, or the beneficiary voluntarily leaves the plan,

then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 2:

If a Medicare beneficiary is enrolled in a Medicare Health Plan (e.g., a Medicare HMO, PPO or PFFS) and

- the plans certification is terminated, or
- the plan ceases to provide all services, or
- the enrollee moves out of the service area, or
- the plan violates the contract, misrepresents during marketing, or
- there are other circumstances as determined by the HHS Secretary,

and then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K, or L with any company selling these plans.

CATEGORY 3:

If a Medicare beneficiary is enrolled in a Medicare Health Plan (e.g., a Medicare HMO, PPO or PFFS), Demonstration, HCPP, or select plan, and

- the plan's certification is terminated, or
- the plan ceases to provide all services, or
- the enrollee moves out of the service area, or
- the plan violates the contract, misrepresents during marketing, or
- there are other circumstances as determined by the HHS Secretary,

then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 4:

If a Medicare beneficiary is enrolled in a Medigap policy and any of the following occur:

- the insurer becomes insolvent or bankrupt, or
- there is involuntary termination of coverage or enrollment, or
- there is material violation of the policy, or
- material misrepresentation during marketing,

then the Medicare beneficiary is entitled to Medigap plans A, B, C, F, K or L with any company selling these plans.

CATEGORY 5:

If a Medicare beneficiary is enrolled in a Medigap policy and terminates it and enrolls for the first time in a Medicare Health Plan (e.g., a Medicare HMO), Demonstration, HCPP, or Select plan, and disenrolls from the chosen coverage within the first 12 months as permitted under federal law, then the Medicare beneficiary is entitled to his/her prior Medigap plan if it is still available or, if it is not available, Medigap plans A, B, C, F, K or L with any company selling these plans.

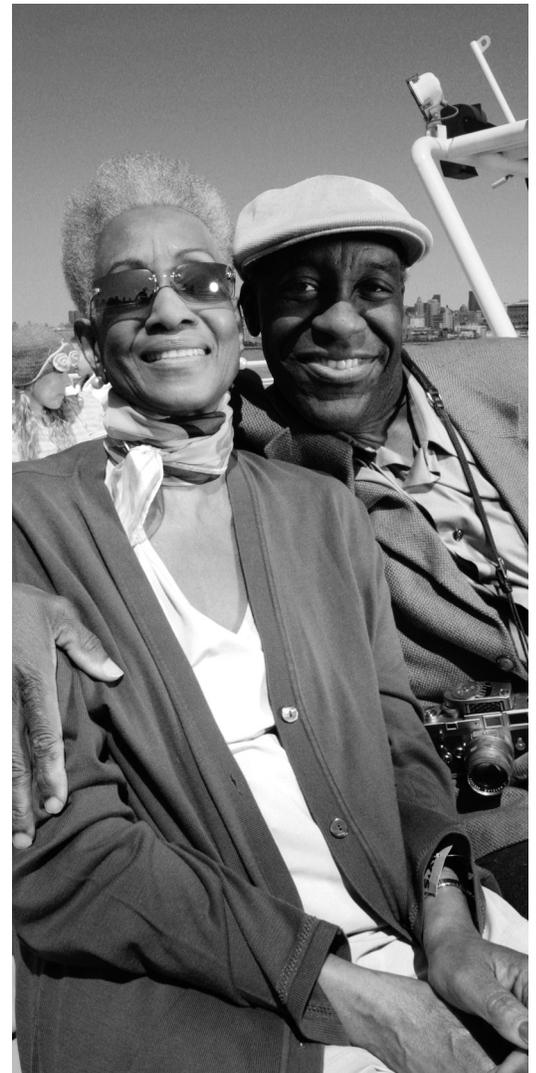
CATEGORY 6:

If an individual is eligible for Medicare Part A and enrolled in Medicare Part B for the first time, and

- enrolls in a Medicare Health Plan (e.g., a Medicare HMO), and
- disenrolls within the first 12 months after enrollment as permitted by federal law,

then the Medicare beneficiary is entitled to any Medigap plan sold by any insurer.

The Louisiana Department of Insurance is committed to seeing that your rights are upheld in all circumstances pertaining to guaranteed acceptance into Medicare Health Plans, Medicare Supplement or Medicare Select insurance. If you believe you fall into one of these categories and have been denied a policy, contact SHIIP at 1-800-259-3500 or CMS Consumer Affairs at 1-800-MEDICARE.



Temporary Suspension of Premiums/ Reinstitution of Coverage

A Medicare beneficiary may request temporary suspension of premium if any of the following occur:

CATEGORY 1:

- Suspension of Premiums (not to exceed 24 months) can occur if a Medicare beneficiary has applied for and is determined to be entitled for medical assistance (Medicaid) under Title XIX of the Social Security Act and notifies the company within 90 days after the date the individual becomes entitled to assistance.
- Reinstitution of coverage can occur if a Medicare beneficiary loses entitlement to medical assistance, the Medicare beneficiary shall be automatically reinstated (effective as of the date of termination of such entitlement) as of the termination of entitlement if the policyholder or certificate holder provides notice of loss of entitlement within 90 days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

CATEGORY 2:

- Suspension of Premium (for any period that may be provided by federal regulation) can occur if a Medicare beneficiary is entitled to benefits under Section 226 (b) of the Social Security Act and is covered under a group health plan [as defined in Section 1862 (b) (1)(A)(v) of the Social Security Act].
- Reinstitution of coverage can occur if a Medicare beneficiary loses coverage under the group health plan. The policy shall be automatically reinstated (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.

Reinstitution of coverage shall

- (1) not provide for any waiting period with respect to treatment of preexisting conditions; and
- (2) provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of suspension; and
- (3) provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder had the coverage not been suspended.

Factors to Consider When Comparing Medicare Supplement Policies

(For more information, see “2015 Choosing a Medigap Policy” at <https://www.medicare.gov/Pubs/pdf/02110.pdf>)

When describing the benefits of their Medicare supplemental plans, all insurers are required to use the same format, language and definitions. They are also required to use a uniform chart and outline of coverage to summarize the benefits of the plans they offer. These requirements make it easier for you to compare policies from different insurers. As you shop for a policy, you should keep in mind that each company’s products are alike, so they are competing based on their price, service and reputation.

PRICE

While the benefits are identical for all Medicare supplemental plans of the same type, the premiums vary from one company to another and from area to area. The plan with the lowest price is not necessarily the best plan. ***The price should not be the only concern.*** You may prefer a particular schedule of payments. Some companies bill the premium each month, while others bill each quarter or once a year. In addition, prices are based in part on the services a company provides and on their reputation. These are important factors in the decision to purchase a Medicare supplemental policy.

CUSTOMER SERVICES

You should ask about the insurer’s customer services. For example, some companies link their computers to the computers at the federal Medicare office to process your health insurance claims without additional paperwork. This is called Medicare Crossover (see pages 11 and 16). This and other available customer services may be important considerations in making a decision.

REPUTATION

You should consider the reputation of the insurer before buying a policy. Find out about the company by asking for referrals and by talking to others about their experiences.

Take your time in making a choice. Choosing a plan and insurer is a major decision. Make sure you understand the choices, the responsibilities and the consequences of the decision.

Insurance Companies' Approved Policy Specifics

This section attempts to summarize the benefits of the Medicare supplement policies that have been approved by the Louisiana Department of Insurance. The Senior Health Insurance Information Program obtained the information herein from insurers, licensed to do business in Louisiana, through survey responses and compiled the information.

In addition, please be advised that some new policies may have entered the marketplace since this publication was printed and will not be included.

Don't be alarmed if your Medicare supplement policy does not appear in this publication.

If you bought a policy before July 20, 1992, it is no longer available to first time buyers. However, you may choose to keep your old policy as long as you pay the premiums.

Publication of this guide is for informational purposes only. Please refer to the policy itself for the complete and actual terms of coverage, since the policy constitutes the contract between the insurer and the insured and will ultimately be the basis of final determinations.

The premiums in this guide reflect the rates that were approved for use at the time of printing. Every attempt is made to keep premium information up to date. Exact premiums should be verified from the company or producer prior to purchase.

Only annual premiums are listed. If another mode of payment is selected (e.g., monthly, quarterly, etc.), the premium will usually be higher.

Inclusion of information in this guide regarding a policy does not constitute an endorsement of the policy or company by the Louisiana Department of Insurance.

Definitions of the ratings of A.M. Best, a nationally known service that grades companies according to their financial stability, are explained.



Please remember ALL Medicare Supplement companies MUST offer ALL available plans to Medicare beneficiaries with in the first six months of Medicare Part B becoming effective, REGARDLESS OF AGE. This includes disabled Medicare beneficiaries, and those with ALS and End Stage Renal Disease (e.g. kidney failure). See page 17 for more information about benefits for Beneficiaries under age 65.

NOTE: Annual premiums are shown. To determine monthly premium, please locate your zip code area and divide listed figure by 12.

SUPERSCRIPT MEANINGS IN THE CHARTS		
F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan



American Retirement Life Insurance Company

11200 Lakeline Blvd., Suite 100

Austin, TX 78717

866-459-4272

www.cigna.com

A.M. Best Rating: A-

Medical Underwriting: Yes, except during Open Enrollment or Guarantee Issue

Preexisting condition waiting period: 6 months if policy issued without Creditable Coverage

Policy Fee: \$20.00

Medicare Crossover: Yes

Annual Premiums: Attained Age

Zip Code Areas: Area I 705-706, 709-714 Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3886	4469	4701	5406	3989	4587	3177	3653
65	1295	1490	1567	1802	1330	1529	1059	1218
70	1523	1751	1829	2104	1578	1815	1250	1438
75	1752	2015	2131	2450	1864	2143	1479	1701
80	1968	2263	2469	2840	2177	2503	1741	2002
85+	2240	2575	2933	3373	2600	2990	2106	2422

Zip Code Areas: Area I 705-706, 709-714 Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4274	4916	5171	5947	4388	5046	3494	4018
65	1425	1639	1724	1982	1463	1682	1165	1339
70	1675	1926	2012	2314	1736	1996	1375	1582
75	1927	2216	2344	2695	2050	2358	1627	1872
80	2165	2490	2716	3124	2394	2753	1915	2202
85+	2463	2833	3226	3710	2860	3290	2317	2664

Zip Code Areas: Area I 705-706, 709-714 Standard II Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	2534	2914	3104	3570	2805	3226	2228	2563
70	2534	2914	3104	3570	2805	3226	2228	2563
75	2651	3048	3277	3769	3052	3479	2402	2762
80	2775	3191	3539	4070	3292	3786	2633	3028
85+	2836	3261	3776	4342	3533	4063	2861	3290

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

American Retirement Life Insurance Company

(continued)

Zip Code Areas: Area I 705-706, 709-714 Standard III Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	2788	3206	3415	3927	3086	3549	2451	2819
70	2788	3206	3415	3927	3086	3549	2451	2819
75	2916	3353	3605	4146	3328	3827	2642	3038
80	3052	3510	3893	4477	3621	4164	2897	3331
85+	3119	3587	4153	4776	3886	4469	3147	3619

Zip Code Areas: Area II 700-704,707-708, Preferred Non-Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5014	5766	6066	6976	5147	5919	4098	4714
65	1671	1922	2022	2325	1716	1973	1366	1571
70	1965	2259	2360	2714	2036	2342	1613	1855
75	2261	2600	2749	3162	2404	2765	1909	2195
80	2540	2920	3186	3664	2808	3229	2246	2583
85+	2890	3323	3784	4352	3355	3859	2718	3125

Zip Code Areas: Area II 700-704,707-708, Standard Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5515	6343	6673	7637	5662	6511	4509	5185
65	1838	2114	2224	2558	1887	2170	1502	1728
70	2161	2485	2596	2985	2240	2576	1774	2041
75	2487	2860	3024	3478	2645	3042	2100	2415
80	2794	3213	3505	4031	3089	3552	2471	2842
85+	3179	3655	4163	4787	3691	4245	2989	3438

Zip Code Areas: Area II 700-704,707-708, Standard II Non-Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	3270	3760	4006	4606	3620	4163	2875	3307
70	3270	3760	4006	4606	3620	4163	2875	3307
75	3420	3933	4229	4863	3904	4489	3099	3564
80	3580	4118	4567	5252	4247	4885	3398	3908
85+	3659	4208	4872	5602	4559	5242	3692	4246

Zip Code Areas: Area II 700-704,707-708, Standard II Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	3597	4136	4406	5067	3982	4759	3163	3637
70	3597	4136	4406	5067	3982	4749	3163	3637
75	3762	4327	4652	5350	4294	4938	3409	3920
80	3938	4529	5024	5777	4672	5373	3738	4298
85+	4025	4629	5359	6163	5014	5767	4061	4670

Assured Life Association

PO Box 2397

Omaha, NE 68103-2397

(877) 223-3666

www.denverwoodmen.com

A.M. Best Rating: NR

Medical Underwriting: Yes, all available plans

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age

NON TOBACCO

Zip Code Areas: 703, 705-706, 710, 713-714

AGE	A		B		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	3,148	3,619	3,418	3,929	4,242	4,875	3,572	4,106	4,258	4,894	3,603	4,141	2,623	3,015
65	1,340	1,540	1,454	1,672	1,805	2,075	1,520	1,747	1,812	2,082	1,533	1,762	1,116	1,283
70	1,585	1,821	1,718	1,975	2,138	2,457	1,800	2,069	2,146	2,466	1,816	2,087	1,322	1,520
75	1,758	2,020	1,928	2,216	2,404	2,763	2,032	2,336	2,413	2,774	2,049	2,356	1,494	1,718
80	1,867	2,146	2,078	2,389	2,597	2,985	2,208	2,538	2,606	2,995	2,227	2,560	1,623	1,866
85+	1,947	2,238	2,201	2,530	2,762	3,175	2,359	2,712	2,772	3,186	2,379	2,735	1,737	1,997

SELECT

AGE	B		C		D		F		G	
	F	M	F	M	F	M	F	M	F	M
<65	2,837	3,261	3,521	4,047	2,964	3,407	3,534	4,062	2,990	3,437
65	1,207	1,387	1,498	1,722	1,262	1,450	1,504	1,728	1,273	1,463
70	1,426	1,639	1,774	2,039	1,494	1,717	1,781	2,047	1,507	1,732
75	1,600	1,839	1,996	2,294	1,687	1,939	2,003	2,302	1,701	1,955
80	1,725	1,983	2,155	2,477	1,833	2,107	2,163	2,486	1,848	2,124
85+	1,827	2,100	2,292	2,635	1,958	2,251	2,300	2,644	1,975	2,270

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

RATES CONTINUE NEXT PAGE

Assured Life Association

(continued)

NON TOBACCO

Zip Code Areas:700-701, 704, 707-708, 711-712

AGE	A		B		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	3,495	4,017	3,794	4,361	4,708	5,412	3,965	4,557	4,726	5,432	3,999	4,597	2,912	3,347
65	1,487	1,709	1,614	1,856	2,003	2,303	1,687	1,939	2,011	2,311	1,702	1,956	1,239	1,424
70	1,759	2,022	1,907	2,192	2,373	2,727	1,998	2,297	2,382	2,737	2,015	2,316	1,468	1,687
75	1,951	2,242	2,140	2,459	2,669	3,067	2,255	2,592	2,678	3,079	2,275	2,615	1,659	1,906
80	2,072	2,382	2,307	2,652	2,882	3,313	2,451	2,817	2,893	3,325	2,472	2,841	1,802	2,071
85+	2,161	2,484	2,443	2,808	3,066	3,524	2,619	3,010	3,076	3,536	2,641	3,036	1,928	2,216

SELECT

AGE	B		C		D		F		G	
	F	M	F	M	F	M	F	M	F	M
<65	3,149	3,619	3,908	4,492	3,291	3,782	3,922	4,508	3,319	3,815
65	1,340	1,540	1,663	1,911	1,400	1,610	1,669	1,918	1,412	1,624
70	1,583	1,819	1,969	2,264	1,658	1,906	1,977	2,272	1,673	1,923
75	1,776	2,041	2,215	2,546	1,872	2,152	2,223	2,555	1,888	2,170
80	1,915	2,201	2,392	2,750	2,034	2,338	2,401	2,759	2,051	2,358
85+	2,028	2,331	2,544	2,925	2,174	2,499	2,553	2,935	2,192	2,520

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, Northeast

Atlanta, GA 30319-3000

1-800-241-1439

www.bflic.com

A.M. Best Rating: B++

Medical Underwriting: Yes, all available plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Issue Age for M & F for A, F & F2. Attained Age for M & F for G, K & N

ANNUAL PREMIUMS

Zip Code Areas: All
Other

PREFERRED NON
TOBACCO

AGE	Zip Code Areas: All Other			PREFERRED NON TOBACCO		K	N	
	A	F	F HD	F	M		F	M
<65	4,717	6,164	4,800	4,636.25	5,192.60	5,604	3,074.62	3,443.57
65	1,560	2,284	624	1,221.96	1,368.61	840	1,024.88	1,147.86
70	1,735	2,534	696	1,383.31	1,549.31	996	1,156.26	1,295.01
75	1,959	2,878	780	1,634.19	1,830.29	1,188	1,368.85	1,533.11
80	2,122	3,089	840	1,894.45	2,121.79	1,356	1,599.32	1,791.23
85+	2,209	3,274	900	2,190.01	2,452.81	1,464	1,871.85	2,096.47

Zip Code Areas: 700-704

PREFERRED NON
TOBACCO

AGE	Zip Code Areas: 700-704			PREFERRED NON TOBACCO		K	N	
	A	F	F HD	F	M		F	M
<65	5,703	7,458	5,808	5,609.17	6,282.27	6,780	3,722.13	4,168.78
65	1,884	2,746	756	1,479.22	1,656.73	1,020	1,240.71	1,389.59
70	2,097	3,076	840	1,674.53	1,875.48	1,200	1,399.63	1,567.58
75	2,359	3,485	948	1,978.23	2,215.61	1,452	1,657.09	1,855.95
80	2,546	3,762	1,020	2,293.28	2,568.48	1,632	1,935.92	2,168.23
85+	2,696	3,960	1,080	2,651.07	2,969.19	1,764	2,265.91	2,537.82

RATES CONTINUE ON NEXT PAGE

Bankers Fidelity Life Insurance Company

(continued)

Zip Code Areas: All Other

STANDARD

AGE	A	F	F HD	G		K	N	
				F	M		F	M
<65	4,717	6,164	4,800	4,636.25	5,192.60	5,604	3,074.62	3,443.57
65	1,872	2,732	756	1,466.36	1,642.32	1,020	1,229.87	1,377.45
70	2,072	3,062	840	1,659.97	1,859.16	1,200	1,387.50	1,553.99
75	2,346	3,458	936	1,961.03	2,196.34	1,452	1,642.68	1,839.80
80	2,533	3,722	1,008	2,273.34	2,546.14	1,632	1,919.11	2,149.41
85+	2,683	3,934	1,080	2,628.01	2,943.38	1,764	2,246.28	2,515.84

Zip Code Areas: 700-704

STANDARD

AGE	A	F	F HD	G		K	N	
				F	M		F	M
<65	5,703	7,458	5,808	5,609.17	6,282.27	6,780	3,722.13	4,168.78
65	2,259	3,326	912	1,775.07	1,988.08	1,248	1,488.74	1,667.39
70	2,521	3,696	1,008	2,009.43	2,250.57	1,452	1,679.65	1,881.21
75	2,833	4,171	1,140	2,373.87	2,658.73	1,752	1,988.49	2,227.11
80	3,070	4,528	1,236	2,751.94	3,082.18	1,956	2,323.15	2,601.92
85+	3,232	4,765	1,296	3,181.28	3,563.03	2,124	2,719.27	3,045.58

SUPERSCRIPT MEANINGS

IN THE CHARTS

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

Blue Cross Blue Shield of Louisiana

P.O. Box 98029

Baton Rouge, LA 70809-9029

225-295-3307

1-800-258-3365

www.bcbsla.com

A.M. Best Rating: NR-5

Medical Underwriting: No, except in some cases outside of open enrollment

Preexisting condition waiting period: None.

Policy Fee: None.

Medicare Crossover: Yes

Annual Premiums: Issue Age for M & F for A, F & F2. Attained Age for M & F for G & K.

MONTHLY PREMIUMS

AREA 1: Monthly premiums for all parishes except those in Area 2 and only Grand Isle in Jefferson Parish

AGE	A	B	B SEL	F	F SEL	N	N SEL
<65	227.40	303.60	200.20	347.50	254.10	249.90	169.40
65	114.70	149.30	98.90	168.90	125.60	122.00	84.20
66-68	124.20	162.40	107.30	183.60	136.70	132.70	91.50
69-71	134.60	177.10	117.00	200.30	149.20	144.70	100.00
72-74	142.40	187.90	124.20	212.70	158.60	153.60	106.20
75-77	151.40	201.10	133.10	228.70	170.50	165.30	114.20
78-80	157.80	210.40	138.90	239.50	178.20	173.10	119.30
81+	164.40	219.40	144.90	249.50	183.20	180.40	122.70

AREA 2: Monthly premiums for Jefferson (except Grand Isle), Orleans, Plaquemines, St. Bernard, St. Charles, St. Tammany, and Washington

AGE	A	B	B SEL	F	F SEL	N	N SEL
<65	262.60	350.80	231.20	401.60	293.50	288.90	195.70
65	132.70	172.70	114.10	195.20	145.30	141.00	97.40
66-68	143.40	187.60	124.10	212.30	157.90	153.40	105.80
69-71	155.40	204.30	135.00	231.50	172.40	167.20	115.50
72-74	164.50	216.70	143.50	245.50	183.20	177.50	122.70
75-77	174.60	232.50	153.90	264.10	197.00	190.80	131.90
78-80	182.30	242.70	160.60	276.30	205.60	199.70	137.70
81+	189.60	253.40	167.40	288.60	211.50	208.60	141.80

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

Central States Indemnity Co. of Omaha

1212 N 96th Street

Omaha, NE 68134-0009

1-866-644-3988

www.csi-omaha.com

A.M. Best Rating: A+

Medical Underwriting: A, B, C, F, G & N

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

ANNUAL PREMIUMS

NON TOBACCO Zip Code Areas: 700-704

AGE	A		B		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3841	4413	4482	5153	5368	6176	5582	6417	4745	5455	3792	4358
65	1326	1527	1549	1782	1853	2131	1921	2208	1533	1762	1225	1407
70	1504	1731	1757	2021	2105	2420	2160	2485	1724	1983	1377	1585
75	1788	2056	2086	2398	2532	2912	2586	2973	2064	2373	1648	1895
80	2031	2337	2372	2727	2878	3310	2920	3357	2330	2680	1861	2140
85+	2208	2538	2578	2964	3136	3605	3162	3638	2524	2903	2016	2320

NON TOBACCO Zip Code Areas: All other areas

AGE	A		B		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3173	3646	3702	4257	4434	5102	4612	5301	3920	4506	3133	3600
65	1096	1261	1280	1472	1531	1760	1587	1824	1267	1456	1012	1162
70	1243	1430	1452	1669	1739	2000	1784	2053	1424	1638	1138	1309
75	1477	1699	1723	1981	2092	2405	2136	2456	1705	1960	1362	1566
80	1678	1930	1959	2253	2377	2735	2412	2774	1925	2214	1537	1768
85+	1824	2097	2129	2449	2591	2978	2612	3005	2085	2399	1665	1917

TOBACCO Zip Code Areas: 700-704

AGE	A		B		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4267	4906	4978	5726	5969	6859	6199	7130	5270	6060	4212	4844
65	1476	1696	1721	1979	2060	2369	2133	2455	1703	1959	1361	1565
70	1672	1924	1951	2245	2338	2689	2399	2760	1915	2203	1530	1761
75	1985	2284	2318	2666	2814	3236	2874	3304	2294	2637	1832	2107
80	2257	2596	2635	3030	3198	3677	3243	3731	2589	2978	2067	2379
85+	2455	2823	2865	3293	3483	4006	3515	4042	2805	3226	2242	2577

30

TOBACCO Zip Code Areas: All other areas

AGE	A		B		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3525	4053	4112	4730	4931	5667	5121	5890	4353	5006	3479	4002
65	1219	1401	1421	1635	1702	1957	1762	2028	1407	1618	1124	1293
70	1381	1589	1612	1854	1931	2221	1982	2280	1582	1820	1264	1454
75	1640	1887	1915	2202	2324	2673	2374	2729	1895	2178	1514	1740
80	1864	2145	2177	2503	2641	3038	2679	3082	2138	2460	1708	1965
85+	2028	2332	2367	2721	2877	3309	2903	3339	2317	2665	1852	2129

Colonial Penn Life Insurance Company

111 East Wacker Drive

Chicago, IL 60601

1-800-800-2254

www.colonialpenn.com

A.M. Best Rating: B+

Medical Underwriting: All plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

PREFERRED

Zip Code Areas: 700-704

AGE	A		B		F		FHD		G		K		L		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	4922	5469	5449	6055	6795	7551	2499	2777	5425	6027	2068	2298	3928	4365	5094	5659	3731	4146
65	1560	1734	1740	1934	2182	2425	412	458	1623	1803	655	728	1279	1421	1584	1760	1093	1214
70	1909	2121	2120	2355	2644	2938	499	555	2002	2225	795	883	1527	1697	1963	2181	1417	1574
75	2324	2583	2564	2849	3208	3565	606	673	2470	2745	997	1108	1862	2069	2436	2707	1820	2022
80	2708	3009	2991	3324	3827	4253	723	803	2983	3315	1220	1355	2230	2477	2916	3240	2261	2512
85+	3081	3423	3421	3801	4502	5002	851	945	3548	3943	1463	1626	2624	2915	3403	3781	2756	3062

PREFERRED

Zip Code Areas: Rest of State

AGE	A		B		F		FHD		G		K		L		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	4473	4970	4952	5502	6175	6861	2272	2525	4931	5479	1879	2088	3570	3966	4628	5143	3390	3767
65	1418	1575	1581	1757	1983	2203	374	416	1475	1639	596	662	1162	1291	1439	1599	993	1103
70	1735	927	1926	2140	2402	2669	454	504	1820	2022	722	802	1388	1542	1784	1982	1287	1431
75	2112	2347	2330	2589	2915	3239	550	612	2245	2494	906	1006	1692	1880	2214	2460	1653	1837
80	2461	2735	2718	3020	3478	3864	657	730	2711	3012	1108	1231	2026	2251	2649	2944	2054	2283
85+	2799	3110	3109	3454	4091	4545	773	859	3224	3582	1329	1477	2384	2649	3092	3436	2504	2783

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

RATES CONTINUE NEXT PAGE

Colonial Penn Life Insurance Company

(continued)

STANDARD

Zip Code Areas: 700-704

AGE	A		B		F		FHD		G		K		L		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	5469	6077	6055	6728	7551	8390	2777	3086	6027	6697	2298	2553	4365	4850	5659	6288	4146	4606
65	1734	1926	1934	2149	2425	2694	458	509	1803	2004	728	809	1421	1579	1760	1955	1214	1349
70	2121	2357	2355	2617	2938	3264	555	616	2225	2472	883	981	1697	1885	2181	2424	1574	1749
75	2583	2870	2849	3165	3565	3961	673	748	2745	3050	1108	1231	2069	2299	2707	3008	2022	2246
80	3009	3344	3324	3693	4253	4725	803	892	3315	3683	1355	1506	2477	2753	3240	3600	2512	2791
85+	3423	3804	3801	4224	5002	5558	945	1050	3943	4381	626	1806	2915	3239	3781	4201	3062	3403

STANDARD

Zip Code Areas: Rest of State

AGE	A		B		F		FHD		G		K		L		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	4970	5522	5502	6114	6861	7624	2525	2805	5479	6088	2088	2320	3966	4407	5143	5714	3767	4186
65	1575	1750	1757	1952	2203	2448	416	462	1639	1821	662	735	1291	1434	1599	1777	1103	1226
70	1927	2142	2140	2378	2669	2966	504	560	2022	2247	802	892	1542	1713	1982	2202	1431	1589
75	2347	2608	2589	2876	3239	3599	612	680	2494	2771	1006	1118	1880	2089	2460	2733	1837	2041
80	2735	3038	3020	3356	3864	4294	730	811	3012	3347	1231	1368	2251	2501	2944	3271	2283	2536
85+	3110	3456	3454	3838	4545	5051	859	954	3582	3981	1477	1641	2649	2944	3436	3818	2783	3092

Combined Insurance Company

111 East Wacker Drive, Suite 700

Chicago, IL 60601

1-800-544-5531

www.combinedinsurance.com

A.M. Best Rating: A

Medical Underwriting: All plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age

STANDARD NON TOBACCO Zip Code Areas: 700, 701, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4432	5096	5106	5873	4050	4657	4363	5017
65	1773	2038	2043	2349	1620	1863	1745	2007
70	2094	2408	2410	2772	1912	2199	2068	2380
75	2319	2667	2919	3357	2315	2663	2349	2701
80	2457	2826	3311	3807	2626	3020	2568	2954
85	2552	2935	3662	4211	2904	3339	2760	3174

STANDARD NON TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3389	3897	3905	4491	3097	3562	3337	3837
65	1356	1559	1562	1796	1239	1425	1335	1535
70	1602	1842	1843	2120	1462	1681	1582	1820
75	1773	2040	2232	2568	1770	2036	1796	2066
80	1879	2161	2532	2912	2008	2309	1964	2259
85	1952	2245	2801	3220	2220	2553	2111	2427

STANDARD TOBACCO Zip Code Areas: 700, 701, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	1950	2242	2246	2583	1782	2049	1920	2207
70	2303	2648	2651	3048	2103	2418	2276	2617
75	2551	2934	3211	3693	2546	2928	2583	2972
80	2703	3109	3642	4188	2888	3321	2826	3248
85	2809	3229	4029	4632	3194	3674	3036	3491

RATES CONTINUE NEXT PAGE

Combined Insurance Company

(continued)

STANDARD TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	1491	1715	1718	1976	1363	1567	1468	1688
70	1761	2025	2028	2331	1608	1849	1740	2001
75	1951	2244	2456	2824	1947	2240	1976	2273
80	2067	2377	2785	3203	2209	2540	2161	2484
85	2148	2469	3081	3543	2443	2809	2322	2670

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Equitable Life & Casualty

3 Triad Center

Salt Lake City UT 84180

1-800-264-4000

www.EquiLife.com

A.M. Best Rating: B

Medical Underwriting: All plans out of the open enrollment period

Preexisting condition waiting period: None

Policy Fee: \$20.00

Medicare Crossover: Yes

NON TOBACCO Zip Code Areas: 700, 701, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2793	3215	3958	4552	3784.07	4351.68	2679	3081
65	1651	1898	2339	2690	1572.60	1808.49	1583	1821
70	1772	2038	2520	2899	1780.23	2047.27	1707	1964
75	1936	2226	2770	3187	2103.11	2418.56	1877	2158
80	2051	2361	2951	3394	2438.04	2803.75	2000	2300
85	2119	2438	3075	3536	2818.42	3241.18	2084	2397

TOBACCO Zip Code Areas: 700, 701, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2793	3215	3958	4552	3784.07	4351.68	2679	3081
65	1974	2270	2795	3216	1808.49	2079.77	1893	2177
70	2118	2437	3013	3466	2047.27	2354.37	2043	2349
75	2314	2662	3312	3811	2418.56	2781.35	2242	2581
80	2454	2822	3528	4059	2803.75	3224.31	2391	2751
85	2534	2916	3676	4229	3241.18	3727.34	2491	2866

NON TOBACCO Zip Code Areas: 703, 706-708

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2310	2659	3272	3766	3141.49	3612.72	2216	2549
65	1366	1571	1935	2225	1305.56	1501.39	1310	1507
70	1466	1687	2085	2399	1477.93	1699.62	1414	1626
75	1602	1842	2291	2636	1745.98	2007.86	1551	1785
80	1697	1954	2441	2808	2024.03	2327.64	1656	1904
85	1754	2017	2543	2925	2339.82	2690.79	1724	1983

RATES CONTINUE ON NEXT PAGE

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Equitable Life & Casualty

(continued)

TOBACCO Zip Code Areas: 703, 706-708

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2310	2659	3272	3766	3141.49	3612.72	2216	2549
65	1633	1879	2311	2661	1501.39	1726.60	1566	1801
70	1753	2017	2493	2869	1699.62	1954.57	1690	1943
75	1915	2203	2740	3154	2007.86	2309.04	1857	2135
80	2030	2334	2920	3358	2327.64	2676.78	1979	2276
81-85	2096	2441	3041	3499	2690.79	3094.40	2062	2371

NON TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2110	2425	2985	3435	2855.90	3284.29	2021	2326
65	1245	1435	1764	2031	1187.87	1364.90	1194	1373
70	1338	1539	1901	2188	1343.57	1545.11	1289	1483
75	1461	1681	2091	2405	1587.25	1825.33	1416	1628
80	1548	1781	2226	2562	1840.03	2116.04	1509	1737
81-85	1600	1840	2321	2670	2127.11	2446.17	1572	1809

TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2110	2425	2985	3435	2855.90	3284.29	2021	2326
65	1491	1713	2111	2427	1364.90	1569.64	1427	1643
70	1599	1839	2275	2615	1545.11	1776.88	1542	1774
75	1747	2010	2501	2875	1825.33	2099.13	1692	1946
80	1851	2130	2663	3036	2116.04	2433.44	1805	2076
81-85	1913	2199	2773	3191	2446.17	2813.09	1880	2162

SUPERScript MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Gerber Life Insurance Company

P.O. Box 2271

Omaha, NE 68103-2271

877-778-0839

A.M. Best Rating: A

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained age, Non Tobacco

Zip Code Areas: 703,705-708,710-714

AGE	A		F		G		F SEL		G SEL	
	F	M	F	M	F	M	F	M	F	M
<65	3,101	3,564	4,315	4,959	3,486	4,007	3,581	4,116	2,894	3,326
65	1,319	1,517	1,836	2,110	1,484	1,705	1,524	1,752	1,231	1,415
70	1,561	1,794	2,176	2,501	1,759	2,021	1,806	2,076	1,460	1,678
75	1,731	1,990	2,454	2,281	1,987	2,284	2,037	2,341	1,650	1,896
80	1,839	2,114	2,663	3,061	2,162	2,485	2,211	2,541	1,794	2,063
85+	1,918	2,205	2,843	3,268	2,314	2,660	2,360	2,712	1,921	2,208

Zip Code Areas: 700-702, 704

AGE	A		F		G		F SEL		G SEL	
	F	M	F	M	F	M	F	M	F	M
<65	3,690	4,241	5,134	5,901	4,149	4,769	4,261	4,898	3,443	3,958
65	1,570	1,805	2,185	2,511	1,765	2,029	1,813	2,084	1,465	1,684
70	1,858	2,135	2,589	2,976	2,093	2,405	2,149	2,470	1,737	1,996
75	2,060	2,368	2,920	3,357	2,365	2,718	2,424	2,786	1,963	2,256
80	2,189	2,516	3,169	3,643	2,573	2,957	2,631	3,024	2,135	2,454
85+	2,283	2,624	3,383	3,889	2,754	3,165	2,808	3,228	2,286	2,627

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Globe Life and Accident Insurance Company

P.O. Box 8080

McKinney, TX 75070

1-800-801-6831

www.globecaremedsupp.com

A.M. Best Rating: A+

Medical Underwriting: All available plans

Preexisting condition waiting period: 60 days

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age for Both Male and Female

All Zip Code Areas, Non Tobacco

AGE	A	B	C	F	HDF
<65	2612	3319	3530	3543	2533
65	1043	1621	1797	1811	374
70	1381	1958	2133	2149	499
75	1479	2295	2470	2485	614
80+	1486	2358	2712	2734	724

SUPERSCRIPT MEANINGS IN THE CHARTS

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

Government Personnel Mutual Life Insurance Company

P.O. Box 2679
Omaha, NE 68103-2679
1-866-242-7573
www.gpmlife.com

A.M. Best Rating: A-

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age, Non Tobacco

Zip Code Areas: 703,705-708, 710-714

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3,292	3,784	4,461	5,127	4,568	5,251	3,125	3,592	2,617	3,008
65	1,401	1,610	1,898	2,182	1,944	2,235	1,330	1,528	1,114	1,280
70	1,534	1,763	2,088	2,401	2,139	2,458	1,464	1,682	1,227	1,410
75	1,718	1,975	2,379	2,735	2,436	2,800	1,670	1,920	1,405	1,615
80	1,879	2,160	2,659	3,056	2,723	3,130	1,871	2,151	1,580	1,816
85+	1,998	2,296	2,894	3,326	2,963	3,405	2,042	2,347	1,731	1,990

Zip Code Areas: 700-702, 704

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3,917	4,503	5,309	6,102	5,436	6,249	3,718	4,274	3,114	3,579
65	1,667	1,916	2,259	2,597	2,314	2,659	1,582	1,819	1,325	1,523
70	1,825	2,098	2,485	2,857	2,545	2,925	1,742	2,002	1,460	1,678
75	2,045	2,350	2,831	3,254	2,899	3,333	1,988	2,285	1,672	1,921
80	2,236	2,571	3,164	3,637	3,240	3,724	2,227	2,560	1,881	2,162
85+	2,377	2,733	3,443	3,958	3,526	4,052	2,429	2,792	2,060	2,368

SUPERSCRIP^T MEANINGS IN THE CHARTS

F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Individual Assurance Company

P.O. Box 3270

Salt Lake City, UT 84110-3270

844-502-6780

A.M. Best Rating: B+

Medical Underwriting: All plans out of the open enrollment period

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

NON TOBACCO Zip Code Areas: 700-704, 707-708

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4635.23	5330.53	5466.20	6286.12	4465.61	5135.44	3774.92	4341.15
65	1545.08	1776.84	1822.07	2095.37	1488.54	1711.81	1258.31	1447.05
70	1738.03	1998.73	2037.69	2343.34	1685.06	1937.82	1419.58	1632.53
75	1999.64	2299.58	2373.13	2729.09	1990.68	2289.27	1680.65	1932.74
80	2229.06	2563.42	2729.61	3139.06	2307.72	2653.87	1963.53	2258.05
85	2451.37	2819.07	3135.39	3605.70	2667.75	3067.91	2298.27	2643.00

TOBACCO Zip Code Areas: 700-704, 707-708

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4635.23	5330.53	5466.20	6286.12	4465.61	5135.44	3774.92	4341.15
65	1776.84	2043.37	2095.37	2409.68	1711.81	1968.58	1447.05	1664.11
70	1998.73	2298.54	2343.34	2694.84	1937.82	2228.51	1632.53	1877.41
75	2299.58	2644.51	2729.09	3138.46	2289.27	2632.67	1932.74	2222.65
80	2563.42	2947.93	3139.06	3609.92	2653.87	3051.95	2258.05	2596.77
85	2819.07	3241.93	3605.70	4146.55	3067.91	3528.10	2643.00	3039.45

NON TOBACCO Zip Code Areas: 705-706, 709-714

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3912.30	4499.16	4613.67	5305.71	3769.14	4334.50	3186.17	3664.09
65	1304.10	1499.72	1537.89	1768.57	1256.38	1444.83	1062.06	1221.36
70	1466.96	4687.00	1719.88	1977.86	1422.26	1635.59	1198.18	1377.91
75	1687.77	1940.93	2003.01	2303.45	1680.21	1932.23	1418.53	1631.31
80	1881.41	2163.62	2303.89	2649.48	1947.80	2239.96	1657.29	1905.88
85	2069.04	2379.40	2646.38	3043.34	2251.68	2589.43	1939.82	2230.79

TOBACCO Zip Code Areas: 705-706, 709-714

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3912.30	4499.16	4613.67	5305.71	3769.14	4334.50	3186.17	3664.09
65	1499.72	1724.68	1768.57	2033.86	1444.83	1661.56	1221.36	1404.57
70	1687.00	1940.05	1977.86	2274.54	1635.59	1880.94	1377.91	1584.60
75	1940.93	2232.07	2303.45	2648.97	1932.23	2222.07	1631.31	1876.00
80	2163.62	2488.16	2649.48	3046.90	2239.96	2575.95	1905.88	2191.77
85	2379.40	2736.31	3043.34	3499.84	2589.43	2977.85	2230.79	2565.41

Liberty National Life Insurance Company

P.O. Box 8080

McKinney, TX 75070

1-800-331-2512

www.libertynational.com

A.M. Best Rating: A+

Medical Underwriting: All available plans, except during
Open Enrollment/Guarantee Issue Periods

Preexisting condition waiting period: 60 days - age; 6 months - disability

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age (Age) and Issue Age (Disability) for Female Nonsmoking

All Zip Code Areas

AGE	A	B	FHD	F	N
<65	5565	6774	2872	6857	5383
65	1677	2355	452	2646	2035
70	2063	2954	603	3345	2628
75	2162	3207	805	3740	2979
80+	2162	3212	954	4015	3252

SUPERScript MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Loyal Christian Benefit Association

P.O. Box 3090

Salt Lake City, UT 84110

877-358-4740

lcbalife.org

A.M. Best Rating: BÜ

Medical Underwriting: All plans outside of the open enrollment period

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

Zip Code Areas: 700-702, 704,

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3446.04	3960.96	4425.12	5086.20	3685.56	4236.12	3060.48	3517.68
65	1378.44	1584.36	1770.00	2034.48	1474.08	1694.52	1224.24	1407.12
70	1522.92	1750.56	1955.64	2247.84	1626.12	1869.12	1353.60	1555.80
75	1822.80	2095.20	2340.36	2690.04	1946.28	2236.92	1620.12	1862.16
80	2081.88	2392.92	2673.34	3072.60	2222.88	2554.92	1850.28	2126.76
85+	2318.76	2665.20	2977.44	3422.40	2475.84	2845.92	2060.88	2368.80

Zip Code Areas: 700-702, 704 Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3446.04	3960.96	4425.12	5086.20	3685.56	4236.12	3060.48	3517.68
65	1584.36	1821.12	2034.48	2338.44	1694.52	1947.60	1407.12	1617.36
70	1750.56	2012.16	2247.84	2583.72	1869.12	2148.48	1555.80	1788.24
75	2095.20	2408.16	2690.04	3092.04	2236.92	2571.24	1862.16	2140.32
80	2392.92	2750.52	3072.60	3531.72	2554.92	2936.88	2126.76	2444.40
85+	2665.20	3063.48	3422.40	3933.72	2845.92	3271.08	2368.80	2722.80

Zip Code Areas: 703, 705-714

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2895.84	3328.56	3718.56	4274.16	3097.08	3559.80	2571.84	2956.08
65	1158.36	1331.40	1487.40	1709.64	1238.76	1423.92	1028.76	1182.48
70	1279.80	1471.08	1643.40	1888.92	1366.44	1570.68	1137.48	1307.40
75	1531.80	1760.64	1966.68	2260.56	1635.48	1879.80	1361.40	1564.80
80	1749.48	2010.84	2246.40	2582.04	1867.92	2147.04	1554.84	1787.16
85+	1948.56	2239.68	2502.00	2875.92	2080.56	2391.48	1731.84	1990.56

Zip Code Areas: 703, 705-714 Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2895.84	3328.56	3718.56	4274.16	3097.08	3559.80	2571.84	2956.08
65	1331.40	1530.36	1709.64	1965.12	1423.92	1636.68	1182.48	1359.12
70	1471.08	1690.92	1888.92	2171.16	1570.68	1805.40	1307.40	1502.76
75	1760.64	2023.68	2260.56	2598.36	1879.80	2160.72	1564.80	1798.56
80	2010.84	2311.32	2582.04	2967.84	2147.04	2467.92	1787.16	2054.16
85+	2239.68	2574.36	2875.92	3305.64	2391.48	2748.84	1990.56	2288.04

Medico Corp Insurance Company
P.O. Box 10482
Des Moines, IA 50306
1-866-481-2220
www.americanenterprise.com

A.M. Best Rating: A-

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Household discounts are also available.

ANNUAL PREMIUMS – Attained Age, Preferred

Zip Code Areas: 700, 710

AGE	A		F		N	
	F	M	F	M	F	M
<65	4384	4384	5620	5620	3981	3981
65	1596	1756	2046	2251	1441	1594
70	1451	1593	1860	2043	1314	1453
75	1705	1936	2186	2482	1561	1787
80	2068	2298	2651	2946	1908	2136
85	2318	2680	2972	3436	2150	2504

Zip Code Areas: 701

AGE	A		F		N	
	F	M	F	M	F	M
<65	4298	4298	5510	5510	3903	3903
65	1565	1721	2006	2207	1413	1563
70	1422	1562	1824	2003	1288	1424
75	1672	1898	2143	2434	1530	1752
80	2027	2253	2599	2888	1870	2094
85	2272	2627	2913	3369	2107	2454

Zip Code Areas: 703, 705-707, 711

AGE	A		F		N	
	F	M	F	M	F	M
<65	4060	4060	5205	5205	3687	3687
65	1478	1626	1895	2085	1334	1477
70	1344	1476	1723	1892	1216	1345
75	1579	1793	2025	2299	1446	1655
80	1915	2128	2455	2728	1767	1978
85	2147	2482	2752	3182	1991	2319

SUPERScript MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

RATES CONTINUE ON NEXT PAGE

Medico Corp Insurance Company

(continued)

Zip Code Areas: 704

AGE	A		F		N	
	F	M	F	M	F	M
<65	4902	4902	6285	6285	4452	4452
65	1785	1963	2288	2517	1611	1783
70	1622	1782	2080	2284	1469	1625
75	1907	2165	2445	2776	1746	1999
80	2312	2569	2964	3294	2133	2388
85	2592	2997	3323	3843	2404	2800

Zip Code Areas: 708

AGE	A		F		N	
	F	M	F	M	F	M
<65	3974	3974	5094	5094	3609	3609
65	1447	1591	1855	2040	1306	1445
70	1315	1444	1686	1852	1191	1317
75	1546	1755	1982	2250	1415	1620
80	1874	2083	2403	2670	1729	1936
85	2101	2429	2694	3115	1948	2269

Zip Code Areas: 712-713

AGE	A		F		N	
	F	M	F	M	F	M
<65	4773	4773	6119	6119	4334	4334
65	1738	1911	2228	2451	1569	1736
70	1580	1735	2025	2224	1430	1582
75	1856	2108	2380	2703	1700	1946
80	2251	2502	2886	3207	2077	2325
85	2524	2918	3235	3741	2340	2726

Zip Code Areas: 714

AGE	A		F		N	
	F	M	F	M	F	M
<65	4470	4470	5731	5731	4060	4060
65	1627	1790	2087	2295	1469	1626
70	1480	1625	1897	2083	1339	1481
75	1739	1974	2229	2531	1592	1823
80	2109	2343	2703	3004	1945	2178
85	2364	2733	3030	3504	2192	2553

Zip Code Areas: All Others

AGE	A		F		N	
	F	M	F	M	F	M
<65	4319	4319	5537	5537	3922	3922
65	1572	1730	2016	2218	1420	1571
70	1429	1570	1833	2013	1294	1431
75	1680	1908	2154	2446	1538	1761
80	2037	2264	2612	2902	1880	2104
85	2284	2641	2928	3385	2118	2467

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza

Omaha, NE 68175

1-800-354-3289

www.mutualofomaha.com

A.M. Best Rating: A+

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age, Non Tobacco

Zip Code Areas: 705-706, 710-714

AGE	A		F		G	
	F	M	F	M	M	F
<65	3,468	3,782	4,563	4,976	3,878	4,230
65	1,238	1,351	1,630	1,777	1,385	1,511
70	1,423	1,614	1,872	2,123	1,591	1,805
75	1,714	2,057	2,256	2,707	1,917	2,301
80	1,975	2,399	2,599	3,157	2,209	2,683
85+	2,310	2,650	3,040	3,487	2,584	2,964

Zip Code Areas: 700, 703,707-708

AGE	A		F		G	
	F	M	F	M	M	F
<65	3,721	4,058	4,897	5,340	4,162	4,539
65	1,329	1,449	1,749	1,907	1,486	1,621
70	1,527	1,732	2,009	2,279	1,707	1,937
75	1,840	2,208	2,421	2,905	2,058	2,469
80	2,120	2,575	2,790	3,388	2,371	2,880
85+	2,480	2,844	3,263	3,742	2,773	3,180

Zip Code Areas: 701, 704

AGE	A		F		G	
	F	M	F	M	M	F
<65	4,313	4,704	5,676	6,190	4,824	5,261
65	1,540	1,680	2,027	2,211	1,723	1,879
70	1,770	2,007	2,328	2,641	1,979	2,245
75	2,132	2,559	2,806	3,367	2,385	2,862
80	2,457	2,984	3,233	3,927	2,748	3,338
85+	2,874	3,296	3,782	4,337	3,214	3,686

Physicians Mutual Insurance Company

2600 Dodge Street

Omaha, NE 68131

1-800-228-9100

www.physiciansmutual.com

A.M. Best Rating: A

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Issue Age

Zip Code Areas: 712-713

AGE	A	F	FHD	FHD*	G	N
<65	5309	7904	2640	4003	5413	4563
65	1348	2007	435	1049	1321	1172
70	1348	2492	540	1302	1640	1455
75	1348	3461	749	1809	2278	2020
80	1348	3461	749	1809	2278	2020
85	1348	3461	749	1809	2278	2020

Zip Code Areas: 705-706, 710

AGE	A	F	FHD	FHD*	G	N
<65	5575	8299	2772	4203	5684	4791
65	1416	2108	456	1102	1387	1230
70	1416	2617	567	1368	1722	1527
75	1416	3634	787	1899	2392	2121
80	1416	3634	787	1899	2392	2121
85	1416	3634	787	1899	2392	2121

All rates include NT, Annuity and Household Discounts. All plans, except Plan A, have an early enrollment discount.

FHD* – Plan F with High Deductible Discount Rider (High Deductible applies for 3-4 years.

Premium Discount applies for life unless the rider is terminated by policy owner.)

RATES CONTINUE NEXT PAGE

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Physicians Mutual Insurance Company

(continued)

ANNUAL PREMIUMS – Issue Age

Zip Code Areas: 707-708, 711, 714

AGE	A	F	FHD	FHD*	G	N
<65	6106	9090	3036	4603	5955	5247
65	1551	2308	500	1206	1453	1347
70	1551	2865	620	1498	1804	1673
75	1551	3980	862	2080	2506	2323
80	1551	3980	862	2080	2506	2323
85	1551	3980	862	2080	2506	2323

Zip Code Areas: 703-704

AGE	A	F	FHD	FHD*	G	N
<65	6371	9485	3168	4804	6225	5476
65	1618	2409	522	1259	1519	1406
70	1618	2990	647	1563	1886	1745
75	1618	4153	899	2171	2620	2424
80	1618	4153	899	2171	2620	2424
85	1618	4153	899	2171	2620	2424

Zip Code Areas: 700

AGE	A	F	FHD	FHD*	G	N
<65	7698	11461	3828	5805	7578	6617
65	1955	2911	630	1521	1850	1699
70	1955	3613	782	1888	2296	2109
75	1955	5019	1087	2623	3189	2930
80	1955	5019	1087	2623	3189	2930
85	1955	5019	1087	2623	3189	2930

Zip Code Areas: 701

AGE	A	F	FHD	FHD*	G	N
<65	7964	11856	3960	6005	7849	6845
65	2023	3011	652	1574	1916	1758
70	2023	3738	509	1953	2378	2182
75	2023	5191	1124	2713	3303	3030
80	2023	5191	1124	2713	3303	3030
85	2023	5191	1124	2713	3303	3030

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

All rates include NT, Annuity and Household Discounts. All plans, except Plan A, have an early enrollment discount.

FHD* – Plan F with High Deductible Discount Rider (High Deductible applies for 3-4 years. Premium Discount applies for life unless the rider is terminated by policy owner.)

Reserve National Insurance Company

601 East Britton

Oklahoma City, OK 73114

1-800-654-9106

www.reservenational.com

A.M. Best Rating: A-

Medical Underwriting: All available plans

Preexisting condition waiting period: 6 months

Policy Fee: \$15.00

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age for Both Male and Female Plans A, C, N

PREFERRED, NON TOBACCO

AGE	A	C	N
<65	3271	4857	3074
65	1706	2533	1603
70	2026	3009	1904
75	2384	3539	2240
80	2763	4102	2597
85	3050	4530	2867

PREFERRED, TOBACCO

AGE	A	C	N
<65	3762	5586	3535
65	1962	2912	1844
70	2331	3460	2190
75	2741	4069	2576
80	3178	4718	2986
85	3508	5209	3297

STANDARD

AGE	A	C	N
<65	3762	5586	3535
65	1962	2912	1844
70	2331	3460	2190
75	2741	4069	2576
80	3178	4718	2986
85	3508	5209	3297

STANDARD

AGE	A	C	N
<65	4326	6424	4066
65	2256	3350	2120
70	2680	3979	2518
75	3152	4680	2962
80	3654	5426	3434
85	4035	5990	3791

RATES CONTINUE NEXT PAGE

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

Reserve National Insurance Company

(continued)

ANNUAL PREMIUMS – Attained Age, Plan G

PREFERRED, NON TOBACCO

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1283	1476	1476	1697
70	1524	1753	1753	2016
75	1793	2062	2062	2371
80	2078	2390	2390	2748
85	2295	2640	2640	3035

PREFERRED, TOBACCO

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1476	1697	1697	1952
70	1753	2016	2016	2319
75	2062	2371	2371	2726
80	2390	2748	2748	3160
85	2640	3035	3035	3490

STANDARD

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1476	1697	1697	1952
70	1753	2016	2016	2319
75	2062	2371	2371	2726
80	2390	2748	2750	3162
85	2640	3035	3035	3490

STANDARD

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1697	1952	1952	2244
70	2016	2319	2319	2667
75	2371	2726	2726	3135
80	2748	3060	3162	3636
85	3035	3490	3490	4013

Sentinel Security Life Insurance Company
1405 West 2200 South
Salt Lake City, UT 84119
1-800-247-1423
www.sslco.com

A.M. Best Rating: B++

Medical Underwriting: All available plans
Pre-existing condition waiting period: None
Policy Fee: \$25.00
Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age

STANDARD PLANS: Zip Code Areas: All other zip code areas (Area 1)

AGE	A				B				C			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3501	4026	4026	4630	3873	4454	4454	5122	4749	5461	5461	6281
65	1490	1713	1713	1970	1648	1896	1896	2180	2021	2324	2324	2673
70	1704	1959	1959	2253	1886	2169	2169	2494	2319	2667	2667	3067
75	1908	2194	2194	2524	2139	2459	2459	2828	2643	3040	3040	3495
80	2087	2400	2400	2760	2376	2732	2732	3142	2956	3399	3399	3909
85	2218	2550	2550	2933	2566	2951	2951	3393	3218	3701	3701	4256

STANDARD PLANS: Zip Code Areas: All other zip code areas (Area 1)

AGE	C SEL				D				D SEL			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3800	4369	4369	5025	3855	4433	4433	5098	3084	3546	3546	4078
65	1617	1860	1860	2138	1641	1887	1887	2170	1313	1509	1509	1736
70	1856	2134	2134	2454	1883	2166	2166	2490	1507	1732	1732	1992
75	2115	2432	2432	2796	2152	2474	2474	2845	1721	1980	1980	2276
80	2365	2719	2719	3127	2414	2775	2775	3192	1931	2221	2221	2553
85	2575	2961	2961	3405	2636	3032	3032	3486	2109	2425	2425	2789

RATES CONTINUED ON NEXT PAGE

Sentinel Security Life Insurance Company

(Continued)

STANDARD PLANS: Zip Code Areas: All other zip code areas (Area 1)

AGE	F				F SEL				N			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4774	5491	5491	6314	3820	4392	4392	5051	2449	2816	2816	3239
65	2032	2337	2337	2687	1626	1869	1869	2150	1043	1199	1199	1379
70	2332	2681	2681	3083	1865	2145	2145	2467	1197	1377	1377	1583
75	2657	3056	3056	3514	2126	2445	2445	2811	1371	1576	1576	1813
80	2971	3417	3417	3929	2377	2733	2733	3143	1542	1773	1773	2039
85	3234	3719	3719	4277	2587	2975	2975	3422	1689	1942	1942	2233

STANDARD PLANS: Zip Code Areas: All other zip code areas (Area 1)

AGE	N SEL			
	NT		T	
	F	M	F	M
<65	1959	2253	2253	2591
65	834	959	959	1103
70	958	1101	1101	1267
75	1097	1261	1261	1450
80	1233	1419	1419	1631
85	1351	1554	1554	1787

STANDARD PLANS: Zip Code Areas: 707-708 (Area 2)

AGE	A				B				C			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3746	4308	4308	4954	4144	4766	4766	5481	5082	5843	5843	6720
65	1594	1833	1833	2108	1764	2028	2028	2333	2163	2487	2487	2860
70	1823	2096	2096	2411	2018	2321	2321	2669	2482	2854	2854	3282
75	2042	2348	2348	2700	2288	2631	2631	3026	2828	3252	3252	3740
80	2233	2568	2568	2953	2542	2923	2923	3361	3163	3637	3637	4182
85	2373	2729	2729	3138	2746	3157	3157	3631	3443	3960	3960	4553

RATES CONTINUED ON NEXT PAGE

Sentinel Security Life Insurance Company

(Continued)

STANDARD PLANS: Zip Code Areas: 707-708 (Area 2)

AGE	C SEL				D				D SEL			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4066	4675	4675	5376	4124	4743	4743	5455	3300	3794	3794	4364
65	1730	1990	1990	2288	1755	2019	2019	2321	1404	1615	1615	1857
70	1985	2283	2283	2626	2015	2317	2317	2665	1612	1854	1854	2132
75	2263	2602	2602	2992	2302	2647	2647	3044	1842	2118	2118	2436
80	2530	2910	2910	3346	2582	2970	2970	3415	2066	2376	2376	2732
85	2755	3168	3168	3643	2821	3244	3244	3730	2257	2595	2595	2984

STANDARD PLANS: Zip Code Areas: 707-708 (Area 2)

AGE	F				F SEL				N			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	5108	5875	5875	6756	4087	4700	4700	5405	2621	3014	3014	3466
65	2174	2500	2500	2875	1739	2000	2000	2300	1115	1283	1283	1475
70	2495	2869	2869	3299	1996	2295	2295	2640	1281	1473	1473	1694
75	2843	3269	3269	3760	2274	2616	2616	3008	1467	1687	1687	1939
80	3179	3656	3656	4204	2543	2925	2925	3363	1650	1897	1897	2181
85	3461	3979	3979	4576	2768	3184	3184	3661	1807	2078	2078	2390

STANDARD PLANS: Zip Code Areas: 707-708 (Area 2)

AGE	N SEL			
	NT		T	
	F	M	F	M
<65	2097	2411	2411	2773
65	892	1026	1026	1180
70	1025	1178	1178	1355
75	1173	1349	1349	1552
80	1320	1518	1518	1745
85	1446	1663	1663	1912

RATES CONTINUED ON NEXT PAGE

Sentinel Security Life Insurance Company

(Continued)

STANDARD PLANS: Zip Code Areas: 700-701, 704 (Area 3)

AGE	A				B				C			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4201	4831	4831	5556	4648	5345	5345	6147	5699	6553	6553	7537
65	1788	2056	2056	2364	1978	2275	2275	2616	2425	2789	2789	3207
70	2045	2351	2351	2704	2264	2603	2603	2993	2783	3200	3200	3680
75	2290	2633	2633	3028	2566	2951	2951	3394	3172	3647	3647	4194
80	2504	2880	2880	3312	2851	3278	3278	3770	3547	4079	4079	4690
85	2661	3060	3060	3519	3079	3541	3541	4072	3861	4441	4441	5107

STANDARD PLANS: Zip Code Areas: 700-701, 704 (Area 3)

AGE	C SEL				D				D SEL			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4560	5243	5243	6029	4625	5320	5320	6117	3701	4255	4255	4894
65	1941	2231	2231	2566	1969	2264	2264	2603	1575	1811	1811	2083
70	2227	2561	2561	2944	2260	2599	2599	2988	1808	2079	2079	2391
75	2537	2918	2918	3356	2582	2969	2969	3414	2065	2375	2375	2732
80	2838	3263	3263	3752	2896	3330	3330	3830	2317	2665	2665	3064
85	3089	3553	3553	4085	3164	3638	3638	4184	2531	2910	2910	3347

STANDARD PLANS: Zip Code Areas: 700-701, 704 (Area 3)

AGE	F				F SEL				N			
	NT		T		NT		T		NT		T	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	5729	6589	6589	7577	4583	5271	5271	6061	2939	3380	3380	3887
65	2438	2804	2804	3224	1951	2243	2243	2580	1251	1438	1438	1654
70	2798	3218	3218	3700	2238	2574	2574	2960	1436	1652	1652	1900
75	3188	3667	3667	4216	2551	2933	2933	3373	1645	1891	1891	2175
80	3565	4100	4100	4715	2852	3280	3280	3772	1850	2127	2127	2446
85	3881	4463	4463	5132	3105	3570	3570	4106	2027	2330	2330	2680

RATES CONTINUED ON NEXT PAGE

Sentinel Security Life Insurance Company

(Continued)

STANDARD PLANS: Zip Code Areas: 700-701, 704 (Area 3)

AGE	N SEL			
	NT		T	
	F	M	F	M
<65	2351	2704	2704	3109
65	1001	1151	1151	1323
70	1149	1322	1322	1520
75	1316	1513	1513	1740
80	1480	1702	1702	1957
85	1621	1864	1864	2144

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Standard Life & Accident Insurance Company
One Moody Plaza
Galveston, TX 77550
1-888-350-1488
www.slaico.com

A.M. Best Rating: A

Medical Underwriting: Outside Open Enrollment
Preexisting condition waiting period: None
Policy Fee: \$0.00
Medicare Crossover: Yes

ANNUAL PREMIUMS* – Attained Age

AGE	A		B		C		D		F		FHD		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	12531	12531	14268	14268	16222	16222	9775	9775	13340	13340	1939	1939	9849	9849	6434	6434
65	2899	2899	3301	3301	3753	3753	2261	2261	3086	3086	449	449	2279	2279	1488	1488
70	2972	3354	3384	3819	3847	4342	2318	2616	3164	3570	460	519	2336	2636	1526	1722
75	3183	3855	3624	4389	4121	4990	2483	3007	3389	4104	493	597	2502	3030	1634	1979
80	3777	4630	4300	5271	4889	5993	2946	3611	4021	4928	585	717	2969	3639	1939	2377
85+	4814	5824	5481	6631	6232	7539	3755	4543	5125	6200	745	902	3784	4578	2472	2990

LOUISIANA AREA FACTORS:

Zip Codes

700-701, 704 = Rate x 1.20

703,706, 712-713 = Rate x 1.05

705, 707-711, 714 = Rate x 1.15

*Rates shown are tobacco user rates. Rates for non tobacco users are 90% of the rates shown.

State Farm Mutual Auto Insurance Company

1 State Farm Plaza

Bloomington, IL 61701

Please contact your local State Farm agent.

www.statefarm.com

A.M. Best Rating: A++

Medical Underwriting: All plans outside of open enrollment period

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age

Plans A, C, and F

Area 1: All other parishes

AGE	A	C	F
<65	5,146	7,762	7,840
65	1,204	1,816	1,834
70	1,517	2,288	2,311
75	1,758	2,651	2,678
80	1,975	2,978	3,008
85+	2,059	3,105	3,136

Area 2: Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John The Baptist, St. Tammany, Tangipahoa, Washington

AGE	A	C	F
<65	5,351	8,072	8,153
65	1,252	1,889	1,908
70	1,578	2,380	2,404
75	1,828	2,757	2,785
80	2,053	3,097	3,128
85+	2,141	3,230	3,262

Policies effective on or after 4/1/2016 will have gender and tobacco distinct rates in all areas.

SUPERScript MEANINGS IN THE CHARTS

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

State Mutual Insurance Company

210 E. Second Ave. Suite 301

Rome, GA 30161

1-844-212-0475

www.statemutualinsurance.com

A.M. Best Rating: A

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: \$25

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age

NON TOBACCO

Zip Code Areas: 700-704

AGE	A		B		C		D		F		FHD		G		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	2857	3287	3335	3839	4031	4636	3269	3765	4141	4759	1627	1872	3287	3782	3140	3625	2895	3335
65	1143	1315	1334	1536	1612	1855	1308	1506	1656	1904	651	749	1315	1513	1256	1450	1158	1334
70	1302	1496	1519	1748	1838	2115	1491	1713	1868	2149	735	846	1496	1722	1436	1649	1309	1502
75	1533	1763	1791	2060	2196	2526	1757	2019	2221	2554	874	1006	1767	2031	1690	1944	1556	1789
80	1717	1976	2005	2306	2457	2825	1964	2261	2470	2840	972	1117	1976	2273	1891	2176	1727	1988
85+	1841	2117	2148	2471	2634	3028	2104	2423	2648	3045	1041	1198	2118	2436	2027	2334	1852	2132

NON TOBACCO

All Other Zip Code Areas

AGE	A		B		C		D		F		FHD		G		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	2369	2725	2765	3183	3343	3844	2711	3122	3434	3946	1349	1552	2725	3137	2604	3006	2401	2765
65	948	1090	1106	1274	1337	1538	1084	1249	1374	1579	540	621	1090	1255	1042	1202	961	1106
70	1080	1241	1260	1450	1524	1754	1237	1420	1549	1782	610	702	1241	1428	1190	1368	1086	1246
75	1271	1462	1486	1708	1821	2095	1457	1674	1842	2118	725	834	1465	1684	1401	1612	1290	1483
80	1424	1638	1662	1912	2038	2343	1629	1875	2048	2356	806	926	1638	1885	1568	1805	1432	1649
85+	1526	1755	1782	2049	2184	2511	1745	2009	2196	2525	864	993	1756	2020	1681	1935	1536	1768

RATES CONTINUE NEXT PAGE

SUPERScript MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

State Mutual Insurance Company

(continued)

TOBACCO

Zip Code Areas: 700-704

AGE	A		B		C		D		F		FHD		G		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	3177	3654	3708	4255	4487	5150	3636	4171	4594	5284	1809	2077	3654	4198	3499	4018	3219	3696
65	1271	1462	1483	1702	1795	2060	1455	1668	1838	2114	724	831	1462	1679	1400	1607	1287	1478
70	1446	1662	1687	1939	2041	2346	1656	1901	2074	2386	816	938	1662	1911	1592	1829	1450	1669
75	1702	1959	1988	2285	2438	2802	1949	2241	2466	2834	970	1115	1961	2253	1875	2156	1726	1985
80	1908	2192	2228	2557	2731	3139	2184	2506	2741	3152	1079	1239	2195	2522	2103	2416	1920	2208
85+	2044	2350	2388	2741	2927	3365	2341	2688	2939	3379	1157	1329	2353	2703	2253	2588	2059	2365

TOBACCO

All Other Zip Code Areas

AGE	A		B		C		D		F		FHD		G		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	2635	3030	3075	3528	3721	4271	3015	3459	3810	4382	1500	1723	3030	3481	2902	3332	2669	3065
65	1054	1212	1230	1411	1488	1708	1206	1383	1524	1753	600	689	1212	1392	1161	1333	1068	1226
70	1200	1378	1399	1608	1692	1945	1373	1577	1720	1979	676	778	1378	1585	1320	1517	1203	1384
75	1411	1625	1648	1895	2022	2324	1616	1858	2045	2350	804	924	1627	1869	1555	1788	1431	1646
80	1582	1818	1847	2120	2265	2603	1811	2078	2273	2614	895	1028	1820	2091	1744	2003	1592	1831
85+	1695	1949	1980	2273	2428	2790	1941	2229	2437	2802	960	1102	1951	2242	1868	2146	1707	1961

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Thrivent Financial
4321 N. Ballard Road
Appleton, WI 54919-0001
1-800-847-4836
www.thrivent.com

A.M. Best Rating: A++

Medical Underwriting: All available plans
Preexisting condition waiting period: None
Policy Fee: None
Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age

NON TOBACCO Zip Code Areas: 700-701

AGE	A	B	C	D	F	FHD	G	L	M
<65	3874	4578	6436	5608	6460	1948	5638	3660	4632
65	1624	1819	2150	1850	2161	644	1862	1326	1750
70	1928	2185	2548	2239	2560	792	2252	1606	2107
75	2218	2578	3025	2706	3041	979	2720	1942	2532
80	2365	2860	3546	3212	3563	1190	3233	2309	2974
85+	2417	3041	4048	3701	4063	1412	3721	2664	3380

TOBACCO Zip Code Areas: 700-701

AGE	A	B	C	D	F	FHD	G	L	M
<65	4261	5036	7079	6168	7105	2142	3202	4026	5095
65	1786	2002	2365	2035	2377	709	2048	1459	1925
70	2122	2404	2802	2464	2815	871	2478	1766	2318
75	2440	2836	3328	2977	3344	1078	2993	2136	2785
80	2602	3145	3901	3534	3919	1309	3556	2539	3271
85+	2658	3344	4452	4070	4470	1554	4093	2930	3719

**SUPERSCRIPT MEANINGS
IN THE CHARTS**

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

RATES CONTINUE ON NEXT PAGE

Thrivent Financial

(continued)

NON TOBACCO Zip Code Area: 704

AGE	A	B	C	D	F	FHD	G	L	M
<65	3712	4387	6167	5374	6190	1866	5403	3508	4439
65	1556	1744	2061	1774	2071	618	1785	1271	1677
70	1848	2094	2441	2146	2453	759	2159	1539	2019
75	2125	2470	2899	2593	2914	938	2607	1861	2427
80	2267	2740	3398	3079	3414	1141	3098	2213	2850
85+	2316	2914	3879	3547	3894	1354	3566	2553	3240

TOBACCO Zip Code Area: 704

AGE	A	B	C	D	F	FHD	G	L	M
<65	4084	4827	6784	5911	6809	2053	5943	3858	4883
65	1711	1918	2267	1950	2278	680	1963	1398	1845
70	2033	2303	2685	2361	2698	835	2375	1693	2222
75	2338	2717	3189	2853	3205	1033	2868	2047	2669
80	2493	3014	3739	3387	3756	1255	3407	2433	3135
85+	2547	3205	4267	3901	4284	1489	3923	2808	3564

NON TOBACCO Zip Code Area: 703

AGE	A	B	C	D	F	FHD	G	L	M
<65	3551	4197	5899	5140	5921	1785	5168	3355	4246
65	1488	1668	1971	1696	1981	591	1707	1216	1604
70	1768	2003	2335	2053	2346	726	2065	1472	1932
75	2033	2363	2773	2481	2787	898	2494	1780	2321
80	2168	2621	3251	2945	3266	1091	2963	2116	2726
85+	2215	2787	3710	3392	3725	1295	3411	2442	3099

RATES CONTINUE ON NEXT PAGE

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Thrivent Financial

(continued)

TOBACCO Zip Code Areas: 703

AGE	A	B	C	D	F	FHD	G	L	M
<65	3906	4617	6489	5654	6513	1964	5685	3691	4671
65	1637	1835	2168	1866	2179	650	1878	1338	1764
70	1945	2203	2569	2258	2581	799	2272	1619	2125
75	2236	2599	3050	2729	3066	988	2743	1958	2553
80	2385	2883	3576	3240	3593	1200	3259	2328	2999
85+	2437	3066	4081	3731	4098	1425	3752	2686	3409

NON TOBACCO Zip Code Areas: 705-708, 710-714

AGE	A	B	C	D	F	FHD	G	L	M
<65	3389	4006	5631	4907	5652	1704	4933	3203	4053
65	1421	1592	1882	1619	1891	564	1630	1160	1531
70	1687	1912	2229	1959	2240	693	1971	1405	1844
75	1940	2255	2647	2368	2661	857	2380	1699	2216
80	2070	2502	3103	2811	3117	1042	2829	2020	2602
85+	2115	2661	3542	3238	3555	1236	3256	2331	2960

TOBACCO Zip Code Areas: 705-708, 710-714

AGE	A	B	C	D	F	FHD	G	L	M
<65	3729	4407	6194	5397	6217	1874	5426	3523	4458
65	1562	1751	2070	1781	2080	621	1792	1277	1684
70	1856	2103	2452	2156	2463	762	2168	1546	2029
75	2135	2481	2912	2605	2926	943	2619	1869	2437
80	2276	2752	3414	3092	3429	1146	3111	2222	2862
85+	2326	2926	3896	3562	3911	1360	3582	2564	3254

Quarterly premium = .255 x annual premium + \$0.75

Monthly pre-authorized check premium = 0.855 x annual premium

SUPERSCRIPIT MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Transamerica Life Insurance Company

100 Light Street

Baltimore, MD 21202

Telephone number: 800-233-4624

Customer Service: 800-752-9797

A.M. Best Rating: NR

Medical Underwriting: During the open enrollment period or the 63 day guaranteed issue period for certain eligible persons, all business written is guaranteed issue as required. All insureds written during these periods will be charged the non-tobacco rates. For business written outside the open enrollment or guaranteed issue periods, underwriting will be implemented. Non-tobacco and tobacco rates are used for the business written during this period.

Preexisting condition waiting period: Six month pre-existing condition exclusion

Policy Fee: None

MONTHLY PREMIUMS – Issue Age

FEMALE NON TOBACCO

Zip Code Areas: All others

AGE	A	B	C	D	F	G	N
<65	289.24	381.89	451.83	417.69	454.45	417.49	357.68
65	96.41	127.30	150.61	139.23	151.48	139.16	119.23
70	121.20	160.03	189.33	175.03	190.43	174.94	149.88
75	147.55	194.81	230.49	213.08	231.83	212.97	182.46
80	173.95	229.66	271.73	251.19	273.31	251.07	215.11
85+	196.08	258.89	306.30	283.16	308.08	283.02	242.48

SUPERSCRIPT MEANINGS IN THE CHARTS

F	-	Female
M	-	Male
NT	-	Non Tobacco User
T	-	Tobacco User
HD	-	High Deductible Plan
SEL	-	Select Plan

United American Insurance Company

P.O. Box 8080

McKinney, TX 75070

1-800-331-2512

www.unitedamerican.com

A.M. Best Rating: A+

Medical Underwriting: All available plans
except during open enrollment/guarantee issue period

Preexisting condition waiting period: 60 Days - age; 6 months - disability

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age (Age) and Issue Age (Disability) for Female Non Tobacco

NONSMOKING FEMALES ALL ZIP CODES AREAS

AGE	A	B	C	D	F	FHD	G	K	L	N
<65	4728	5100	6788	5647	5832	2477	5199	2360	3406	4871
65	1379	1893	2383	2112	2203	368	1933	1149	1613	1798
70	1691	2371	3009	2712	2780	490	2479	1530	2147	2320
75	1770	2569	3360	3045	3101	603	2782	1694	2381	2627
80+	1770	2575	3598	3273	3320	712	2990	1773	2489	2861

SUPERSCRIPT MEANINGS IN THE CHARTS

F - Female

M - Male

NT - Non Tobacco User

T - Tobacco User

HD - High Deductible Plan

SEL - Select Plan

United Commercial Travelers
1801 Watermark Dr., Suite 100
Columbus, OH 43215
800-848-0123
www.uct.org

A.M. Best Rating: B+

Medical Underwriting: Yes
Preexisting condition waiting period: None
Policy Fee: \$0
Medicare Crossover: Yes

Base Rates – ANNUAL PREMIUMS (attained age, non-tobacco)

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
<65	3787.59	4358.01	4904.15	5642.20	5152.84	5928.75	4771.66	5488.10	5190.71	5969.31
65	2206.05	2535.87	2857.59	3284.73	3133.34	3603.75	2781.88	3198.23	3227.96	3714.60
70	2760.24	3173.89	3571.30	4106.60	3903.84	4490.49	3476.69	3998.45	3933.56	4522.94
75	3225.25	3709.19	4174.20	4801.41	4490.49	5163.69	4063.33	4671.64	4522.94	5198.81
80	3552.37	4084.96	4598.64	5288.01	4855.46	5585.43	4474.28	5144.74	4890.62	5623.26
85+	3787.59	4358.01	4904.15	5642.20	5152.84	5928.75	4771.66	5488.10	5190.71	5969.31

AGE	G		N	
	F	M	F	M
<65	4617.55	5309.67	3633.49	4178.50
65	2689.95	3092.80	2259.58	2600.21
70	3363.15	3868.69	2753.50	3166.05
75	3933.56	4522.94	3166.05	3639.17
80	4331.00	4979.82	3423.43	3936.29
85+	4617.55	5309.67	3633.49	4178.50

Louisiana Area Factors:

Zip Codes - 700, 701, 704 = Base Rate x 1.15
703, 706 – 708 = Base Rate x 1.00
All Others = Base Rate x .90

United Healthcare Insurance Company (AARP)

680 Blair Mill Road
Horsham, PA 19044

1-800-523-5800

www.aarphealthcare.com

A.M. Best Rating: A

Medical Underwriting: Applicants who enroll more than six months after becoming eligible for Medicare Part B coverage, except those that apply within six months after their 65th birthday, must satisfy underwriting requirements to be eligible for coverage, unless otherwise eligible for open enrollment or guaranteed issue.

Preexisting condition waiting period: 3 months/3 months

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – No Age rating*

NONSMOKING FEMALES ALL ZIP CODES AREAS

Ascension, Iberville, Jefferson, Livingston, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany, Tangipahoa, and Washington

AGE	A	B	C	F	K	L	N	C SEL	F SEL
<65	3288	4254	5238	5259	1740	2766	3822	4455	4488
65	1279	1655	2037	2045	676	1075	1487	1732	1745
70	1553	2009	2473	2484	821	1306	1805	2104	2119
75	2010	2600	3201	3214	1063	1690	2336	2722	2742
80	2010	2600	3201	3214	1063	1690	2336	2722	2742
85	2010	2600	3201	3214	1063	1690	2336	2722	2742

Rest of State

AGE	A	B	C	F	K	L	N	C SEL	F SEL
<65	2781	3597	4428	4443	1470	2334	3234	3768	3792
65	1081	1399	1722	1728	571	907	1258	1466	1474
70	1313	1698	2091	2099	694	1102	1527	1780	1790
75	1699	2198	2706	2716	898	1426	1977	2303	2317
80	1699	2198	2706	2716	898	1426	1977	2303	2317
85	1699	2198	2706	2716	898	1426	1977	2303	2317

*Non tobacco Premiums listed. Rates vary according to Medicare enrollment date, discount eligibility and responses to medical questions. Please call for your exact rate.

SUPERScript MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

USAA Life Insurance Company

9800 Fredericksburg Rd

San Antonio, TX 78288

1-800-515-8687

www.usaa.com/medicare

A.M. Best Rating: A ++

Medical Underwriting: All available plans outside of open enrollment period

Preexisting condition waiting period: none

Policy Fee: None

Medicare Crossover: Yes

ANNUAL PREMIUMS – Attained Age, Non Tobacco

Zip Code Areas: All

AGE	A		F		N	
	F	M	F	M	F	M
<65	3141.60	3141.60	3296.64	3296.64	2392.92	2392.92
65	1752.36	1752.36	1844.16	1844.16	1338.24	1338.24
70	2050.20	2050.20	2156.28	2156.28	1564.68	1564.68
75	2458.20	2458.20	2574.48	2574.48	1868.64	1868.64
80	2847.84	2847.84	2980.44	2980.44	2162.40	2162.40
85+	3141.60	3141.60	3296.64	3296.64	2392.92	2392.92

ANNUAL PREMIUMS – Attained Age, Tobacco

Zip Code Areas: All

AGE	A		F		N	
	F	M	F	M	F	M
<65	3447.60	3447.60	3614.88	3614.88	2623.44	2623.44
65	1933.92	1933.92	2027.76	2027.76	1472.88	1472.88
70	2262.36	2262.36	2372.52	2372.52	1721.76	1721.76
75	2696.88	2696.88	2829.48	2829.48	2054.28	2054.28
80	3125.28	3125.28	3276.24	3276.24	2378.64	2378.64
85+	3447.60	3447.60	3614.88	3614.88	2623.44	2623.44

SUPERSCRIPIT MEANINGS IN THE CHARTS

F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan
SEL	- Select Plan

Definitions of A.M. Best's Ratings and Not Rated Categories (NR)

BEST'S RATINGS— SECURE

A++ and A+ (Superior)

Assigned to companies which have, on balance, superior balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have a very strong ability to meet their ongoing obligations to policyholders.

A and A- (Excellent)

Assigned to companies which have, on balance, excellent balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have a strong ability to meet their ongoing obligations to policyholders.

B++ and B+ (Very Good)

Assigned to companies which have, on balance, very good balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have a good ability to meet their ongoing obligations to policyholders.

BEST'S RATINGS— VULNERABLE

B and B- (Fair)

Assigned to companies which have, on balance, fair balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have an ability to meet their ongoing obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions.

C++ and C+ (Marginal)

Assigned to companies which have, on balance, marginal balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have a good ability to meet their ongoing obligations to policyholders, but their financial strength is vulnerable to adverse changes in underwriting and economic conditions.

C and C- (Weak)

Assigned to companies which have, on balance, weak balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, have a good ability to meet their ongoing obligations to policyholders, but their financial strength is very vulnerable to adverse changes in underwriting and economic conditions.

D (Poor)

Assigned to companies which have, on balance, poor balance sheet strength, operating performance and business profile when compared to the standards established by the A.M. Best Company. These companies, in A.M. Best's opinion, may not have an ability to meet their current obligations to policyholders, but their financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

E (Under Regulatory Supervision)

Assigned to companies and (possibly their subsidiaries/affiliates) that have been placed, by an insurance regulatory authority, under a significant form of supervision, control or restraint, whereby they are no longer allowed to conduct normal ongoing insurance operations. This would include conservatorship or rehabilitation, but does not include liquidation. It may also be assigned to companies issued cease and desist orders by regulators outside their home state or country.

F (In Liquidation)

Assigned to companies which have been placed under an order of liquidation by a court of law or whose owners have voluntarily agreed to liquidate the company.

NOT RATED CATEGORIES (NR)

NR-1 (Insufficient Data)

Assigned predominantly to small companies for which A.M. Best does not have sufficient financial information required to assign a rating opinion. The information contained in these limited reports is obtained from several sources, which include the individual companies and the National Association of Insurance Commissioners (NAIC). The data received from the NAIC, in some cases, is prior to the completion of their cross checking and validation process.

NR-2 (Insufficient Size and /or Operating Experience)

Assigned to companies that do not meet A.M. Best's minimum size and/or operating experience requirements.

NR-3 (Rating Procedure Inapplicable)

Assigned to companies that are not rated by A.M. Best, because the normal rating procedures do not apply due to their unique or unusual business features.

NR-4 (Company Request)

Assigned to companies that request that their rating not be published.

NR-5 (Not Formally Followed)

Assigned to companies that are not formally evaluated for the purposes of assigning a rating opinion.

RATING MODIFIERS AND AFFILIATION CODES

Under Review (U) Rating Modifiers are assigned to Best's Ratings and Financial Performance Ratings to identify companies whose rating opinions are Under Review and may be subject to near-term change. Qualified (Q) Rating Modifiers may be assigned to Health Maintenance Organizations (HMO's) and Canadian insurers that do not subscribe to our interactive rating process. Best's Qualified Ratings are therefore based primarily on a quantitative analysis of a company's balance sheet strength and operating performance. Best's Public Data (PD) Rating Modifiers may be assigned to UK and other European insurers that do not subscribe to our interactive rating process. Best's Public Data Ratings reflect both qualitative and quantitative analysis using publicly available data and other public information. Syndicate (S) Rating Modifiers are assigned to syndicates operating at Lloyd's. Affiliation Codes are based on a Group (G), Pooling (P) or Reinsurance (R) affiliation with other insurers.

RATING MODIFIERS

U - Under Review
Q - Qualified
S - Syndicate
PD - Public Data

AFFILIATION CODES

G - Group
P - Pooled
R - Reinsured



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