



2017 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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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 and are rounded to the nearest dollar.

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 2017

Services	Benefit	Medicare Pays	You Pay
In-Patient Hospitalization per benefit period**	1-60 days	All covered services except for a deductible	\$1,316 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	\$329 per day
Hospital services and supplies	91-150 days* (60 reserve days)	Covered services except for the daily coinsurance amount	\$658 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 \$164.50 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 2017

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 \$183 deductible)	\$183 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 \$183 deductible	A coinsurance or fixed co-payment amount that may vary according to the service
Blood ***	Blood	80% of approved amount (after \$183 deductible and starting with fourth pint)	First three pints plus 20% of approved amount (after \$183 deductible)

* Once you have incurred \$183 of Medicare approved charges for covered services in 2017, 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 (\$329 per day in 2017 for the 61st through the 90th day of hospitalization in each Medicare period.
- Coverage for the Part A lifetime reserve days coinsurance amount (\$658 per day in 2017) 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 \$183 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 \$2,200 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 \$5,120 per year in 2017. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2017), 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 \$2,560 per year in 2017. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2017), 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 365 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%	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 2017 **				
							\$5,120	\$2,560			

* 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 \$2,200 in 2017 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 (\$183 in 2017), 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part A hospital daily coinsurance?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital care beyond Medicare's 150-day limit?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled nursing facility (SNF) daily coinsurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNF care beyond Medicare's limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B annual deductible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B coinsurance?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician & supplier charges in excess of Medicare's approved amounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare blood deductibles?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Policy Considerations:						
Can the company cancel or renew the policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 \$183 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 2017, you will have a \$329 per day co-payment for days 61-90 and a \$658 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of \$164.50 for skilled nursing days 21-100 and, for all Part B services, a co-payment of 20% after your annual Part B deductible of \$183.

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 \$1,316 per benefit period for 2017. Your Medicare Part B deductible is \$183 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 2017, 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 (\$2,200) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed yearly high deductible (\$2,200). 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

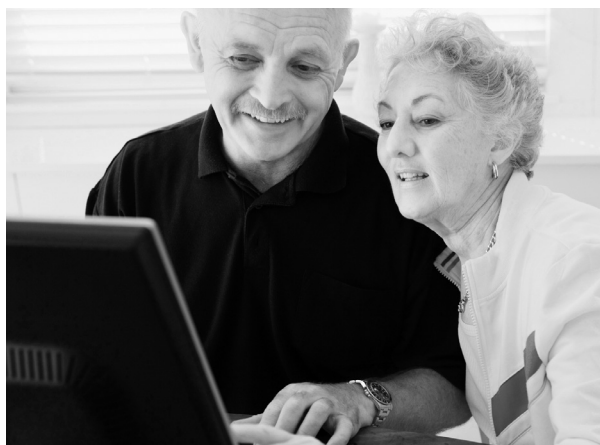
A long-term care policy is designed to pay a specific amount per day while one is confined in a skilled, intermediate or custodial nursing care facility or while receiving home care. Policies vary in cost based on age, amount of daily benefit, the number of years for the benefit to be paid, and how soon 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?
Check out our Long-term Care Insurance
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 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 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 on “Choosing a Medigap Policy” go to www.medicare.gov.

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.

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 Continental Insurance Company

800 Crescent Centre Drive

Franklin, Tennessee 37067

(800) 264-4000

www.aetnaseniorproducts.com

A.M. Best Rating: A

Medical Underwriting: All plans outside of open enrollment and guaranteed issue periods

Preexisting condition waiting period: None

Policy Fee: \$20.00

Medicare Crossover: Yes

Annual Premiums: Attained Age

Zip Code Areas: 700-702, 706-709 Preferred

AGE	A		B		F		HD F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3821	4394			5272	6065						
65	1249	1439	1577	1813	1855	2134	720	829	1296	1490	1175	1351
70	1415	1628	1786	2051	2082	2396	808	930	1466	1688	1330	1530
75	1656	1904	2087	2398	2394	2753	929	1068	1715	1973	1556	1787
80	1824	2098	2296	2641	2588	2977	1004	1157	1890	2171	1714	1968
85	1942	2236	2449	2816	2749	3161	1068	1226	2016	2317	1825	2101

Zip Code Areas: 700-702, 706-709 Standard

AGE	A		B		F		HD F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4249	4882			5860	6734						
65	1388	1598	1753	2014	2063	2372	800	920	1441	1657	1307	1500
70	1573	1810	1982	2281	2314	2660	898	1032	1631	1876	1480	1700
75	1838	2116	2318	2665	2660	3060	1032	1188	1907	2192	1728	1986
80	2024	2327	2554	2933	2875	3307	1116	1284	2099	2413	1902	2188
85	2159	2485	2723	3128	3054	3514	1186	1361	2239	2574	2029	2333

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

RATES CONTINUED ON NEXT PAGE

American Continental Insurance Company

(continued)

Zip Code Areas: Rest of the State

Preferred

AGE	A		B		F		HD F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3502	4028			4832	5559						
65	1145	1319	1445	1662	1701	1956	660	760	1188	1366	1077	1239
70	1297	1493	1637	1880	1909	2197	740	853	1344	1548	1219	1403
75	1518	1746	1913	2198	2195	2523	851	979	1572	1808	1427	1638
80	1672	1923	2104	2421	2373	2729	921	1060	1733	1990	1571	1804
85	1780	2049	2245	2582	2520	2897	979	1124	1848	2124	1673	1926

Zip Code Areas: Rest of the State

Standard

AGE	A		B		F		HD F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3895	4475			5371	6173						
65	1273	1465	1607	1846	1891	2175	734	844	1321	1519	1198	1375
70	1442	1659	1817	2091	2121	2439	823	946	1495	1719	1356	1559
75	1685	1939	2125	2443	2439	2805	946	1089	1748	2010	1584	1821
80	1856	2133	2341	2688	2636	3032	1023	1177	1924	2212	1744	2005
85	1979	2278	2496	2868	2800	3221	1087	1247	2053	2360	1860	2138

American National Insurance Company of Texas

One Moody Plaza
Galveston, TX 77550
1-888-290-1085
www.slaico.com

A.M. Best Rating: A

Medical Underwriting: Outside Open Enrollment

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums

Zip Code Areas: 700 Standard Non-Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	6333	7245	8755	9961	6941	7908
65	1271	1445	1749	1988	1390	1586
70	1390	1586	1923	2183	1521	1738
75	1608	1836	2238	2531	1760	1999
80	1847	2086	2542	2900	2031	2292
85+	2086	2368	2889	3269	2281	2596

Zip Code Areas: 700 Standard Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	7036	8050	9728	11067	7712	8786
65	1412	1605	1943	2209	1545	1762
70	1545	1762	2136	2426	1690	1931
75	1786	2040	2486	2812	1955	2221
80	2052	2317	2824	3222	2257	2547
85+	2317	2631	3210	3633	2534	2884

Zip Code Areas: 701, 704 Standard Non-Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	6634	7590	9172	10435	7271	8284
65	1331	1513	1832	2082	1457	1661
70	1457	1661	2014	2287	1593	1821
75	1684	1923	2344	2651	1843	2094
80	1934	2185	2663	3038	2128	2401
85+	2185	2481	3027	3425	2390	2720

SUPERSCRIP^T MEANINGS IN THE CHARTS

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

RATES CONTINUED ON NEXT PAGE

American National Insurance Company of Texas (continued)

Zip Code Areas: 701, 704 Standard Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	7371	8433	10191	11594	8079	9205
65	1479	1682	2036	2314	1618	1846
70	1618	1846	2238	2541	1770	2023
75	1871	2137	2605	2946	2048	2326
80	2149	2428	2959	3376	2364	2668
85+	2428	2756	3363	3806	2655	3022

Zip Code Areas: 703, 707, 708, 712-714 Standard Non-Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	6031	6900	8338	9486	6610	7531
65	1210	1376	1666	1893	1324	1510
70	1324	1510	1831	2079	1448	1655
75	1531	1748	2131	2410	1676	1903
80	1759	1986	2421	2762	1934	2183
85+	1986	2255	2752	3114	2172	2472

Zip Code Areas: 703, 707, 708, 712-714 Standard Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	6701	7667	9264	10540	7345	8368
65	1345	1529	1851	2103	1471	1678
70	1471	1678	2034	2310	1609	1839
75	1701	1943	2368	2678	1862	2115
80	1954	2207	2690	3069	2149	2425
85+	2207	2506	3057	3460	2414	2747

Zip Code Areas: 705, 706, 710, 711 Standard Non-Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	5729	6555	7921	9012	6280	7154
65	1150	1307	1582	1798	1258	1435
70	1258	1435	1739	1975	1376	1572
75	1454	1661	2024	2290	1592	1808
80	1671	1887	2300	2624	1838	2074
85+	1887	2142	2614	2958	2064	2349

RATES CONTINUED ON NEXT PAGE

American National Insurance Company of Texas

(continued)

Zip Code Areas: 705, 706, 710, 711 Standard Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	6366	7283	8801	10013	6978	7949
65	1278	1452	1758	1998	1398	1594
70	1398	1594	1933	2195	1529	1747
75	1616	1845	2249	2544	1769	2009
80	1856	2097	2555	2916	2042	2304
85+	2097	2380	2905	3287	2293	2610

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	3271	3762	3177	3653
65	1295	1490	1567	1802	1090	1254	1059	1218
70	1523	1751	1829	2104	1294	1488	1250	1438
75	1752	2015	2131	2450	1528	1757	1479	1701
80	1968	2263	2469	2840	1784	2052	1741	2002
85+	2240	2575	2933	3373	2132	2452	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	3598	4138	3494	4018
65	1425	1639	1724	1982	1199	1379	1165	1339
70	1675	1926	2012	2314	1423	1637	1375	1582
75	1927	2216	2344	2695	1681	1933	1627	1872
80	2165	2490	2716	3124	1963	2257	1915	2202
85+	2463	2833	3226	3710	2346	2697	2317	2664

RATES CONTINUED ON 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

American Retirement Life Insurance Company

(continued)

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	2905	3226	2228	2563
75	2651	3048	3277	3769	3025	3479	2402	2762
80	2775	3191	3539	4070	3291	3786	2633	3028
85+	2836	3261	3776	4342	3533	4063	2861	3290

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	4221	4854	4098	4714
65	1671	1922	2022	2325	1407	1618	1366	1571
70	1965	2259	2360	2714	1670	1920	1613	1855
75	2261	2600	2749	3162	1972	2268	1909	2195
80	2540	2920	3186	3664	2303	2648	2246	2583
85+	2890	3323	3784	4352	2751	3164	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	4643	5339	4509	5185
65	1838	2114	2224	2558	1548	1780	1502	1728
70	2161	2485	2596	1837	1937	2112	1774	2041
75	2487	2860	3024	3478	2169	2494	2100	2415
80	2794	3213	3505	4031	2533	2913	2471	2842
85+	3179	3655	4163	4787	3026	3481	2989	3438

RATES CONTINUED ON NEXT PAGE

American Retirement Life Insurance Company

(continued)

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	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 III Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	3597	4136	4406	5067	3982	4579	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

Americo Financial Life and Annuity Insurance Company

300 West 11th Street
 Kansas City, MO 64105
 1-800-231-0801
 www.americo.com

A.M. Best Rating: A

Medical Underwriting: A, F, G, N

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Attained age

Zip Code Areas: 700-704, 707-708

Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4469	5140	5544	6376	4589	5278	3773	4339
65	1490	1713	1848	2125	1530	1759	1258	1446
70	1676	1927	2067	2377	1732	1992	1419	1632
75	1927	2217	2406	2767	2045	2352	1679	1931
80	2111	2427	2718	3126	2329	2678	1927	2216
85+	2272	2613	3057	3516	2636	3031	2208	2539

Zip Code Areas: 700-704, 707-708

Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5140	5911	6376	7332	5278	6069	4339	4989
65	1713	1970	2125	2444	1759	2023	1446	1663
70	1927	2216	2377	2733	1992	2290	1632	1876
75	2217	2549	2767	3182	2352	2705	1931	2221
80	2427	2791	3126	3595	2678	3080	2216	2548
85+	2613	3005	3516	4043	3031	3486	2539	2920

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

RATES CONTINUED ON NEXT PAGE

Americo Financial Life and Annuity Insurance Company

(continued)

Zip Code Areas: 705-706, 709-714

Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3807	4378	4723	5431	3909	4496	3214	3696
65	1269	1459	1574	1810	1303	1499	1071	1232
70	1428	1642	1761	2025	1475	1696	1209	1390
75	1642	1888	2050	2357	1742	2004	1430	1645
80	1798	2068	2316	2663	1984	2281	1641	1888
85+	1936	2226	2604	2995	2245	2582	1881	2163

Zip Code Areas: 705-706, 709-714

Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4378	5035	5431	6246	4496	5170	3696	4250
65	1459	1678	1810	2082	1499	1723	1232	1417
70	1642	1888	2025	2328	1696	1951	1390	1598
75	1888	2171	2357	2711	2004	2304	1645	1892
80	2068	2378	2663	3063	2281	2624	1888	2171
85+	2226	2560	2995	3444	2582	2969	2163	2488

Assured Life Association

PO Box 2397

Omaha, NE 68103-2397

(877) 223-3666

www.assuredlife.org

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	3274	3763	3555	4086	4411	5070	3715	4270	4428	5089	3747	4307	2728	3136
65	1393	1601	1513	1739	1877	2158	1581	1817	1884	2166	1594	1833	1161	1334
70	1648	1894	1787	2054	2223	2555	1872	2152	2231	2565	1888	2170	1375	1581
75	1828	2101	2005	2304	2500	2874	2113	2429	2510	2885	2132	2450	1554	1786
80	1942	2232	2161	2484	2701	3104	2296	2639	2710	3115	2316	2662	1688	1940
85+	2025	2327	2289	2631	2872	3302	2454	2820	2882	3313	2475	2844	1807	2077

SELECT

AGE	B		C		D		F		G	
	F	M	F	M	F	M	F	M	F	M
<65	2950	3391	3661	4208	3083	3544	3675	4224	3110	3575
65	1255	1443	1558	1791	1312	1508	1564	1797	1323	1521
70	1483	1704	1845	2121	1554	1786	1852	2129	1567	1801
75	1664	1913	2075	2385	1754	2016	2083	2394	1769	2033
80	1794	2062	2241	2576	1906	2191	2249	2585	1922	2209
85+	1900	2184	2384	2740	2037	2341	2392	2750	2054	2361

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

RATES CONTINUED ON 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	3634	4177	3946	4535	4897	5628	4123	4739	4915	5649	4159	4780	3028	3481
65	1547	1778	1679	1930	2084	2395	1755	2017	2091	2404	1770	2034	1289	1481
70	1829	2103	1983	2280	2468	2836	2078	2388	2477	2847	2096	2409	1527	1755
75	2029	2332	2225	2558	2775	3190	2346	2696	2786	3202	2366	2720	1725	1983
80	2155	2477	2399	2758	2998	3446	2549	2930	3008	3458	2571	2955	1874	2154
85+	2247	2583	2541	2921	3188	3665	2724	3131	3200	3678	2747	3157	2005	2305

SELECT

AGE	B		C		D		F		G	
	F	M	F	M	F	M	F	M	F	M
<65	3275	3764	4064	4671	3422	3934	4079	4689	3452	3968
65	1393	1602	1729	1988	1456	1674	1736	1995	1469	1688
70	1646	1892	2048	2354	1725	1982	2056	2363	1740	2000
75	1847	2123	2304	2648	1947	2238	2312	2657	1964	2257
80	1991	2289	2488	2860	2116	2432	2497	2870	2133	2452
85+	2109	2424	2646	3042	2261	2598	2655	3052	2280	2621

Bankers Fidelity Assurance Company

4370 Peachtree Road, Northeast

Atlanta, GA 30319-3000

1-866-458-7504 x 876

www.bflic.com

A.M. Best Rating: A-

Medical Underwriting: Yes, all available plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Attained Age

FEMALE

Zip Code Areas: 700-704

STANDARD NON TOBACCO

AGE	A	F	F2
<65	3979	4974	1611
65	1525	1907	618
70	1878	2333	808
75	2241	2805	989
80	2519	3254	1162
85+	2793	3769	1364

Zip Code Areas: All Other

STANDARD NON TOBACCO

AGE	A	F	F2
<65	3275	4094	1326
65	1255	1596	508
70	1546	1920	665
75	1844	2309	814
80	2073	2678	957
85+	2299	3102	1123

Zip Code Areas: 700-704

PREFERRED NON TOBACCO

AGE	A	F	F2
<65	3979	4974	1611
65	1326	1658	537
70	1633	2028	702
75	1948	2439	860
80	2190	2830	1011
85+	2429	3278	1187

Zip Code Areas: All Other

PREFERRED NON TOBACCO

AGE	A	F	F2
<65	3275	4094	1326
65	1092	1365	445
70	1344	1669	578
75	1603	2007	708
80	1803	2329	832
85+	1999	2698	977

F2 = High Deductible

or

F2 = Select

RATES CONTINUED ON NEXT PAGE

Bankers Fidelity Assurance Company
(continued)

MALE

Zip Code Areas: 700-704
 STANDARD NON TOBACCO

AGE	A	F	F2
<65	4457	5682	1804
65	1708	2178	692
70	2104	2665	905
75	2509	3205	1107
80	2821	3717	1302
85+	3129	4306	1528

Zip Code Areas: All Other
 STANDARD NON TOBACCO

AGE	A	F	F2
<65	3668	4676	1485
65	1406	1793	569
70	1731	2193	744
75	2065	2637	911
80	2322	3060	1071
85+	2575	3544	1258

Zip Code Areas: 700-704
 PREFERRED NON TOBACCO

AGE	A	F	F2
<65	4457	5682	1804
65	1486	1894	601
70	1829	2317	787
75	2182	2787	963
80	2453	3233	1132
85+	2721	3744	1329

Zip Code Areas: All Other
 PREFERRED NON TOBACCO

AGE	A	F	F2
<65	3668	4676	1485
65	1223	1559	495
70	1506	1907	647
75	1796	2293	792
80	2019	2660	932
85+	2239	3082	1094

F2 = High Deductible
or
F2 = Select

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, Northeast

Atlanta, GA 30319-3000

1-866-458-7504 x 876

www.bflic.com

A.M. Best Rating: A-

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.

FEMALE

Zip Code Areas: 700-704

STANDARD NON TOBACCO

AGE	A	F	F2	G	K
<65	5703	7458	5808	5609	6780
65	2259	3326	912	1775	1248
70	2521	3696	1008	2009	1452
75	2833	4171	1140	2374	1752
80	3070	4528	1236	2752	1956
85+	3232	4765	1296	3181	2124

Zip Code Areas: All Other

STANDARD NON TOBACCO

AGE	A	F	F2	G	K
<65	4717	6164	4800	4636	5604
65	1872	2732	756	1466	1020
70	2072	3062	840	1660	1200
75	2346	3458	936	1961	1440
80	2533	3722	1008	2273	1632
85+	2683	3934	1080	2628	1764

Zip Code Areas: 700-704

PREFERRED NON TOBACCO

AGE	A	F	F2	G	K
<65	5703	7458	5808	5609	6780
65	1884	2746	756	1479	1020
70	2097	3076	840	1675	1200
75	2359	3485	948	1978	1452
80	2546	3762	1020	2293	1632
85+	2696	3960	1080	2651	1764

Zip Code Areas: All Other

PREFERRED NON TOBACCO

AGE	A	F	F2	G	K
<65	4717	6164	4800	4636	5604
65	1560	2284	624	1222	840
70	1735	2534	696	1383	996
75	1959	2878	780	1634	1188
80	2122	3089	840	1894	1356
85+	2209	3274	900	2190	1464

F2 = High Deductible

or

F2 = Select

RATES CONTINUED ON NEXT PAGE

Bankers Fidelity Life Insurance Company (continued)

MALE

Zip Code Areas: 700-704
STANDARD NON TOBACCO

AGE	A	F	F2	G	K
<65	5703	7458	5808	6282	6780
65	2259	3326	912	1988	1248
70	2521	3696	1008	2251	1452
75	2833	4171	1140	2659	1752
80	3070	4528	1236	3082	1956
85+	3232	4765	1296	3563	2124

Zip Code Areas: All Other
STANDARD NON TOBACCO

AGE	A	F	F2	G	K
<65	4717	6164	4800	5193	5604
65	1872	2732	756	1642	1020
70	2072	3062	840	1859	1200
75	2346	3458	936	2196	1440
80	2533	3722	1008	2546	1632
85+	2683	3934	1080	2943	1764

Zip Code Areas: 700-704
PREFERRED NON TOBACCO

AGE	A	F	F2	G	K
<65	5703	7458	5808	6282	6780
65	1884	2746	756	1657	1020
70	2097	3076	840	1875	1200
75	2359	3485	948	2216	1452
80	2546	3762	1020	2568	1632
85+	2696	3960	1080	2969	1764

Zip Code Areas: All Other
PREFERRED NON TOBACCO

AGE	A	F	F2	G	K
<65	4717	6164	4800	5193	5604
65	1560	2284	624	1369	840
70	1735	2534	696	1549	996
75	1959	2878	780	1830	1188
80	2122	3089	840	2122	1356
85+	2209	3274	900	2453	1464

F2 = High Deductible
or
F2 = Select

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

Monthly Premiums: Attained Age for all plans listed.

AREA 1: Monthly premiums for all parishes except those in Area 2.

AGE	A	B	B SEL	F	F SEL	N	N SEL
<65	241	322	212	368	270	250	169
65	118	154	102	174	129	122	84
66-68	128	167	111	189	141	133	92
69-71	139	182	121	206	154	145	100
72-74	147	194	128	219	163	154	106
75-77	156	207	137	236	176	165	114
78-80	163	217	143	247	184	173	119
81+	169	226	149	257	189	180	123

AREA 2: Monthly premiums for Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Tammany, and Washington

AGE	A	B	B SEL	F	F SEL	N	N SEL
<65	278	372	245	426	311	289	196
65	137	178	118	201	150	141	97
66-68	148	193	128	219	163	153	106
69-71	160	210	139	238	178	167	116
72-74	169	223	148	253	189	178	123
75-77	180	240	159	272	203	191	132
78-80	188	250	165	285	212	200	138
81+	195	261	172	297	218	209	142

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

Colonial Penn Life Insurance Company

111 East Wacker Drive

Chicago, IL 60601

1-800-800-2254

www.bankerslife.com/products/medicare-supplement-insurance/

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	5513	6125	5667	6297	7135	7928	2499	2777	5425	6027	2068	2298	4243	4714	5297	5886	3925	4361
65	1747	1942	1810	2011	2291	2546	412	458	1623	1803	655	728	1381	1534	1647	1830	1149	1277
70	2138	2376	2204	2450	2776	3084	499	555	2002	2225	795	883	1649	1832	2042	2269	1491	1656
75	2603	2893	2666	2963	3369	3743	606	673	2470	2745	997	1108	2011	2235	2533	2815	1914	2127
80	3033	3370	3111	3457	4019	4465	723	803	2983	3315	1220	1355	2408	2675	3032	3369	2378	2643
85+	3450	3834	3558	3953	4727	5252	851	945	3548	3943	1463	1626	2834	3148	3539	3932	2899	3221

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	5010	5566	5150	5722	6484	7204	2272	2525	4931	5479	1879	2088	3855	4284	4814	5349	3567	3963
65	1588	1765	1645	1827	2082	2313	374	416	1475	1639	596	662	1255	1394	1497	1663	1044	1161
70	1943	2159	2003	2226	2522	2803	454	504	1820	2022	722	802	1499	1665	1855	2061	1354	1505
75	2366	2629	2423	2692	3061	3401	550	612	2245	2494	906	1006	1828	2031	2302	2558	1739	1933
80	2756	3063	2827	3141	3651	4057	657	730	2711	3012	1108	1231	2188	2431	2755	3062	2161	2401
85+	3135	3484	3233	3592	4295	4772	773	859	3224	3582	1329	1477	2575	2861	3216	3573	2635	2927

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

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	6125	6806	6297	6997	7928	8809	2777	3086	6027	6697	2298	2553	4714	5238	5886	6540	4361	4846
65	1942	2157	2011	2235	2546	2829	458	509	1803	2004	728	809	1534	1705	1830	2033	1277	1419
70	2376	2640	2450	2722	3084	3427	555	616	2225	2472	883	981	1832	2036	2269	2521	1656	1840
75	2893	3214	2963	3292	3743	4159	673	748	2745	3050	1108	1231	2235	2483	2815	3128	2127	2363
80	3370	3745	3457	3841	4465	4962	803	892	3315	3683	1355	1506	2675	2973	3369	3744	2643	2936
85+	3834	4260	3953	4393	5252	5836	945	1050	3943	4381	1626	1806	3148	3498	3932	4370	3221	3580

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	5566	6185	5722	6358	7204	8005	2525	2805	5479	6088	2088	2320	4284	4760	5349	5943	3963	4404
65	1765	1961	1827	2031	2313	2570	416	462	1639	1821	662	735	1394	1549	1663	1848	1161	1289
70	2159	2399	2226	2473	2803	3114	504	560	2022	2247	802	892	1665	1850	2061	2290	1505	1672
75	2629	2921	2692	2991	3401	3779	612	680	2494	2771	1006	1118	2031	2256	2558	2842	1933	2147
80	3063	3403	3141	3490	4057	4508	730	811	3012	3347	1231	1368	2431	2702	3062	3402	2401	2668
85+	3484	3871	3592	3991	4772	5303	859	954	3582	3981	1477	1641	2861	3179	3573	3971	2927	3253

Combined Insurance Company of America
P.O. Box 14207
Clearwater, Florida 33766-4207
1-855-278-9329
www.combinedinsurance.com

A.M. Best Rating: A

Medical Underwriting: Yes

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums

Zip Code Areas: 703, 705-714

Standard Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3491	4014	4061	4671	3190	3668	3437	3952
65	1396	1605	1625	1868	1276	1467	1375	1581
70	1650	1897	1917	2204	1506	1732	1629	1875
75	1826	2101	2322	2670	1824	2097	1850	2128
80	1936	2226	2634	3028	2068	2379	2023	2327
85+	2010	2312	2913	3349	2287	2630	2174	2500

Zip Code Areas: 703, 705-714

Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	1536	1767	1787	2055	1404	1614	1512	1738
70	1814	2086	2109	2425	1656	1905	1793	2061
75	2009	2311	2554	2937	2006	2307	2035	2341
80	2129	2449	2896	3331	2275	2616	2226	2559
85+	2212	2543	3204	3684	2516	2894	2391	2750

Zip Code Areas: 700, 701, 704

Standard Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4565	5249	5311	6108	4171	4797	4494	5167
65	1826	2100	2124	2443	1668	1919	1798	2067
70	2157	2480	2507	2883	1969	2265	2130	2451
75	2388	2747	3036	3492	2385	2742	2419	2782
80	2531	2910	3444	3959	2705	3110	2645	3042
85+	2629	3023	3809	4379	2991	3439	2843	3269

RATES CONTINUED ON NEXT PAGE

Combined Insurance Company of America

(continued)

Zip Code Areas: 700, 701, 704 Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	2009	2310	2336	2687	1836	2111	1977	2273
70	2372	2728	2757	3170	2166	2491	2344	2695
75	2627	3022	3340	3841	2623	3016	2661	3061
80	2784	3202	3788	4355	2975	3421	2910	3346
85+	2893	3326	4190	4818	3290	3784	3127	3595

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

CSI Life Insurance Company

1212 North 96th Street
 Omaha, NE 68114-2274
 1-866-644-3988
 www.csi-omaha.com

A.M. Best Rating: A+

Medical Underwriting: A, F, G, N
 Preexisting condition waiting period: None
 Policy Fee: \$25.00
 Medicare Crossover: Yes
 Annual Premiums: Attained age

Zip Code Areas: 700-704 Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4973	5720	7105	8171	5400	6210	4374	5030
65	1422	1635	2030	2334	1543	1774	1250	1437
70	1422	1635	2030	2334	1543	1774	1250	1437
75	1652	1900	2360	2714	1793	2062	1452	1671
80	1915	2202	2736	3146	2079	2391	1684	1937
85+	2208	2540	3154	3628	2397	2756	1941	2232

Zip Code Areas: 700-704 Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5521	6349	7887	9070	5993	6892	4855	5583
65	1578	1814	2253	2591	1712	1970	1387	1595
70	1578	1814	2253	2591	1712	1970	1387	1595
75	1833	2108	2620	3012	1990	2289	1612	1854
80	2126	2444	3036	3492	2307	2655	1869	2150
85+	2451	2818	3501	4026	2660	3059	2155	2478

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

RATES CONTINUED ON NEXT PAGE

CSI Life Insurance Company

(continued)

Zip Code Areas: All other Zip Code Areas Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4110	4727	5872	6753	4463	5132	3615	4157
65	1175	1351	1678	1929	1275	1466	1033	1188
70	1175	1351	1678	1929	1275	1466	1033	1188
75	1365	1570	1950	2243	1482	1704	1200	1381
80	1583	1820	2261	2600	1718	1976	1392	1601
85+	1825	2099	2607	2998	1981	2278	1604	1845

Zip Code Areas: All other Zip Code Areas Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4563	5247	6518	7496	4953	5696	4012	4614
65	1304	1499	1862	2141	1415	1628	1146	1318
70	1304	1499	1862	2141	1415	1628	1146	1318
75	1515	1742	2165	2489	1645	1892	1332	1532
80	1757	2020	2509	2886	1907	2194	1545	1777
85+	2026	2329	2893	3327	2198	2528	1781	2048

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	3045	3505	4335	4985	2840	3266	4012	4613
65	1800	2069	2562	2946	1678	1931	1667	1917
70	1932	2222	2760	3175	1810	2082	1888	2171
75	2111	2427	3034	3490	1990	2288	2230	2564
80	2236	2574	3232	3717	2120	2438	2585	2972
85	2310	2658	3368	3872	2210	2541	2988	3436

TOBACCO Zip Code Areas: 700, 701, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3045	3505	4335	4985	4012	4613	2840	3266
65	2152	2475	3061	3522	1917	2205	2007	2308
70	2309	2657	3300	3796	2171	2496	2166	2490
75	2523	2902	3627	4174	2564	2949	2377	2736
80	2675	3076	3864	4445	2972	3418	2535	2917
85	2763	3179	4026	4631	3436	3951	2641	3038

NON TOBACCO Zip Code Areas: 703, 706-708

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2518	2899	3585	4124	3330	3830	2349	2702
65	1489	1713	2119	2437	1384	1592	1389	1598
70	1598	1839	2284	2627	1567	1802	1499	1724
75	1747	2008	2509	2887	1851	2129	1645	1893
80	1850	2130	2673	3075	2146	2468	1756	2019
85	1912	2199	2785	3203	2481	2853	1828	2102

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

RATES CONTINUED ON NEXT PAGE

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	2518	2899	3585	4124	3330	3830	2349	2702
65	1780	2049	2531	2914	1592	1831	1660	1910
70	1911	2199	2730	3142	1802	2072	1792	2060
75	2088	2402	3001	3454	2129	2448	1969	2264
80	2213	2545	3198	3678	2468	2838	2098	2413
81-85	2285	2628	3330	3832	2853	3281	2186	2514

NON TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2300	2644	3269	3762	3028	3482	2143	2466
65	1358	1565	1932	2224	1259	1447	1266	1456
70	1459	1678	2082	2396	1425	1638	1367	1572
75	1593	1833	2290	2634	1683	1935	1501	1726
80	1688	1942	2438	2806	1951	2244	1600	1842
81-85	1744	2006	2542	2924	2255	2593	1667	1918

TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2300	2644	3269	3762	3028	3482	2143	2466
65	1626	1868	2312	2658	1447	1664	1513	1742
70	1743	2005	2492	2864	1638	1884	1635	1881
75	1905	2191	2739	3149	1935	2226	1794	2063
80	2018	2322	2916	3354	2244	2580	1914	2201
81-85	2086	2397	3037	3495	2593	2982	1993	2292

Gerber Life Insurance Company

P.O. Box 2271
 Omaha, NE 68103-2271
 877-778-0839
 www.gerberlife.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

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

AGE	A		F		G		F SEL		G SEL	
	F	M	F	M	F	M	F	M	F	M
<65	3380	3885	4703	5406	3800	4368	3903	4486	3154	3625
65	1438	1653	2001	2300	1617	1859	1661	1909	1342	1543
70	1702	1956	2372	2726	1917	2203	1968	2262	1591	1829
75	1887	2169	2675	3075	2166	2490	2220	2552	1798	2067
80	2005	2305	2903	3337	2357	2709	2410	2770	1956	2248
85+	2091	2403	3099	3562	2522	2899	2572	2956	2093	2406

Zip Code Areas: 700-702, 704 Non Tobacco

AGE	A		F		G		F SEL		G SEL	
	F	M	F	M	F	M	F	M	F	M
<65	4022	4623	5596	6433	4522	5198	4645	5339	3753	4314
65	1711	1967	2381	2737	1924	2272	1977	2272	1597	1836
70	2025	2327	2822	3244	2281	2622	2342	2692	1893	2176
75	2245	2581	3183	3659	2578	2963	2642	3037	2140	2459
80	2386	2743	3455	3971	2804	3223	2867	3296	2328	2675
85+	2488	2860	3688	4239	3002	3450	3061	3518	2491	2864

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

SUPERSCRIPIT 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

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

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3292	3784	4461	5127	4568	5251	3125	3592	2617	3008
65	1401	1610	1898	2182	1944	2235	1330	1528	1114	1280
70	1534	1763	2088	2401	2139	2458	1464	1682	1227	1410
75	1718	1975	2379	2735	2436	2800	1670	1920	1405	1615
80	1879	2160	2659	3056	2723	3130	1871	2151	1580	1816
85+	1998	2296	2894	3326	2963	3405	2042	2347	1731	1990

Zip Code Areas: 700-702, 704 Non tobacco

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3917	4503	5309	6102	5436	6249	3718	4274	3114	3579
65	1667	1916	2259	2597	2314	2659	1582	1819	1325	1523
70	1825	2098	2485	2857	2545	2925	1742	2002	1460	1678
75	2045	2350	2831	3254	2899	3333	1988	2285	1672	1921
80	2236	2571	3164	3637	3240	3724	2227	2560	1881	2162
85+	2377	2733	3443	3958	3526	4052	2429	2792	2060	2368

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

Humana Health Benefit Plan of Louisiana
500 W. Main st.
Louisville, KY 40202
1-888-310-8482
www.humana.com

A.M. Best Rating: A-

Medical Underwriting: Yes, all available plans.

Preexisting condition waiting period: 3 months

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Issue Age <65, Attained Age 65+

Area 1 Non-Tobacco: Annual Premiums for all parishes in the state except: JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		C		F		FHD		F SEL	
	F	M	F	M	F	M	F	M	F	M
<65	4415	4415	5645	5645	5760	5760	1923	1923	4798	4798
65	1761	1766	2252	2258	2298	2304	767	769	1914	1919
70	2082	2148	2662	2747	2716	2803	907	936	2263	2335
75	2413	2614	3086	3342	3149	3410	1051	1138	2623	2841
80	2744	3089	3508	3950	3579	4030	1195	1345	2982	3357
85+	3029	3581	3873	4579	3952	4672	1319	1560	3292	3892

AGE	K		L		N	
	F	M	F	M	F	M
<65	3161	3161	4126	4126	3795	3805
65	1190	1193	1553	1557	1518	1522
70	1406	1451	1836	1894	1794	1851
75	1630	1766	2128	2305	2080	2253
80	1853	2087	2419	2724	2364	2662
85+	2046	2419	2671	3158	2611	3086

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

RATES CONTINUED ON NEXT PAGE

Humana Health Benefit Plan of Louisiana (continued)

Area 1 Tobacco: Annual Premiums for all parishes in the state except: JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		C		F		FHD		F SEL	
	F	M	F	M	F	M	F	M	F	M
<65	6598	6598	8437	8437	8609	8609	2874	2874	7171	7171
65	2633	2639	3366	3375	3435	3443	1146	1149	2861	2868
70	3112	3211	3979	4105	4060	4189	1355	1398	3382	3490
75	3607	3907	4612	4995	4706	5097	1571	1701	3920	4246
80	4101	4617	5243	5903	5350	6024	1786	2011	4457	5018
85+	4528	5353	5789	6844	5907	6984	1972	2331	4921	5817

AGE	K		L		N	
	F	M	F	M	F	M
<65	4724	4724	6168	6168	5672	5687
65	1778	1783	2321	2327	2269	2275
70	2102	2169	2744	2831	2682	2767
75	2437	2639	3181	3445	3109	3367
80	2770	3119	3616	4071	3534	3979
85+	3058	3616	3993	4720	3902	4613

Area 2 Non-Tobacco: Annual Premiums for : JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		C		F		FHD		F SEL	
	F	M	F	M	F	M	F	M	F	M
<65	5099	5099	6520	6520	6653	6653	2221	2221	5542	5542
65	2034	2040	2601	2608	2654	2661	886	888	2211	2217
70	2405	2481	3075	3173	3137	3237	1047	1081	2613	2697
75	2787	3019	3564	3860	3637	3939	1214	1315	3030	3281
80	3169	3568	4052	4562	4134	4655	1380	1554	3444	3878
85+	3499	4136	4474	5289	4565	5397	1524	1802	3803	4495

AGE	K		L		N	
	F	M	F	M	F	M
<65	3651	3651	4766	4766	4383	4394
65	1374	1378	1794	1798	1753	1758
70	1624	1676	2120	2188	2072	2138
75	1883	2039	2458	2662	2402	2602
80	2140	2410	2794	3146	2731	3075
85+	2363	2794	3085	3647	3015	3565

RATES CONTINUED ON NEXT PAGE

Humana Health Benefit Plan of Louisiana

(continued)

Area 2 Tobacco: Annual Premiums for : JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		C		F		FHD		F SEL	
	F	M	F	M	F	M	F	M	F	M
<65	7621	7621	9744	9744	9943	9943	3319	3319	8283	8283
65	3041	3048	3888	3898	3967	3977	1324	1328	3305	3313
70	3594	3708	4595	4742	4689	4839	1565	1615	3906	4030
75	4166	4512	5327	5769	5436	5887	1815	1965	4528	4904
80	4736	5333	6056	6818	6179	6958	2063	2322	5147	5796
85+	5229	6182	6686	7905	6823	8066	2278	2693	5683	6719

AGE	K		L		N	
	F	M	F	M	F	M
<65	5457	5457	7123	7123	6551	6568
65	2054	2059	2681	2688	2620	2627
70	2428	2505	3169	3270	3097	3196
75	2814	3048	3674	3979	3591	3889
80	3199	3602	4176	4702	4082	4596
85+	3532	4176	4611	5452	4507	5328

Humana Health Benefit Plan of Louisiana
Humana Healthy Living Plan
500 W. Main St.
Louisville, Ky 40202
1-888-310-8482
www.humana.com

A.M. Best Rating: A-

Medical Underwriting: Yes, all available plans.

Preexisting condition waiting period: 3 months

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Issue Age <65, Attained Age 65+

Plans and Premiums listed below include Innovative Benefits (Dental and Vision)

Area 1 Non-Tobacco: Annual Premiums for all parishes in the state except: JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		F		FHD		K		N	
	F	M	F	M	F	M	F	M	F	M
<65	4730	4742	6054	6069	2191	2196	3512	3521	4616	4627
65	1974	1979	2504	2510	958	960	1487	1490	1928	1933
70	2308	2378	2934	3024	1108	1139	1732	1783	2254	2322
75	2654	2863	3380	3649	1263	1356	1987	2140	2592	2795
80	2999	3359	3823	4288	1417	1578	2240	2505	2927	3279
85+	3297	3873	4207	4949	1550	1808	2459	2882	3218	3779

Area 1 Tobacco: Annual Premiums for all parishes in the state except: JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		F		FHD		K		N	
	F	M	F	M	F	M	F	M	F	M
<65	7003	7020	8981	9004	3207	3215	5182	5195	6831	6848
65	2883	2890	3674	3683	1365	1368	2155	2160	2814	2821
70	3383	3486	4318	4451	1588	1635	2522	2598	3302	3402
75	3899	4212	4984	5387	1820	1959	2902	3131	3806	4110
80	4414	4953	5647	6341	2050	2291	3280	3676	4307	4833
85+	4860	5721	6221	7330	2249	2634	3607	4240	4742	5581

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

RATES CONTINUED ON NEXT PAGE

Humana Health Benefit Plan of Louisiana
Humana Healthy Living Plan
(continued)

Area 2 Non-Tobacco: Annual Premiums for : JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		F		FHD		K		N	
	F	M	F	M	F	M	F	M	F	M
<65	5442	5456	6971	6989	2510	2516	4035	4045	5310	5323
65	2259	2264	2870	2877	1086	1088	1696	1700	2206	221
70	2645	2725	3368	3471	1259	1294	1980	2039	2582	2661
75	3045	3286	3882	4194	1437	1545	2274	2451	2972	3207
80	3442	3859	4395	4931	1615	1801	2566	2872	3360	3766
85+	3787	4452	4838	5695	1769	2067	2819	3307	3696	4344

Area 2 Tobacco: Annual Premiums for : JEFFERSON, ORLEANS, PLAQUEMINES, ST. BERNARD, ST. CHARLES, ST. TAMMANY, and WASHINGTON

AGE	A		F		FHD		K		N	
	F	M	F	M	F	M	F	M	F	M
<65	8067	8087	10352	10378	3684	3693	5964	5979	7869	7888
65	3309	3317	4223	4233	1555	1559	2468	2473	3229	3237
70	3886	4005	4966	5120	1813	1867	2892	2979	3792	3909
75	4483	4844	5735	6200	2081	2242	3330	3596	4374	4726
80	5077	5700	6501	7303	2346	2625	3767	4225	4954	5561
85+	5592	6586	7164	8445	2577	3021	4145	4876	5456	6425

Individual Assurance Company

P.O. Box 3270

Salt Lake City, UT 84110-3270

844-502-6780

www.iac-group.com

A.M. Best Rating: B+

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

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	4821	5544	5685	6538	4466	5135	3775	4341
65	1607	1848	1895	2179	1489	1712	1258	1447
70	1808	2079	2119	2437	1685	1938	1420	1633
75	2080	2392	2468	2838	1991	2289	1681	1933
80	2318	2666	2839	3265	2308	2654	1964	2258
85	2549	2932	3261	3750	2668	3068	2298	2643

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5544	6375	6538	7518	5135	5906	4341	4992
65	1848	2125	2179	2506	1712	1969	1447	1664
70	2079	2390	2437	2803	1938	2229	1633	1877
75	2392	2750	2838	3264	2289	2633	1933	2223
80	2666	3066	3265	3754	2654	3052	2258	2597
85	2932	3372	3750	4312	3068	3528	2643	3039

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4069	4679	4798	5518	3769	4335	3186	3664
65	1356	1560	1599	1839	1256	1445	1062	1221
70	1526	1754	1789	2057	1422	1636	1198	1378
75	1755	2019	2083	2396	1680	1932	1419	1631
80	1957	2250	2396	2755	1948	2240	1657	1906
85	2152	2475	2752	3165	2252	2589	1940	2231

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4679	5381	5518	6346	4335	4985	3664	4214
65	1560	1794	1839	2115	1445	1662	1221	1405
70	1754	2018	2057	2366	1636	1881	1378	1585
75	2019	2321	2396	2755	1932	2222	1631	1876
80	2250	2588	2755	3169	2240	2576	1906	2192
85	2475	2846	3165	3640	2589	2978	2231	2565

Loyal Christian Benefit Association

P.O. Box 3090

Salt Lake City, UT 84110

877-358-4740

lcbalife.org

A.M. Best Rating: NR

Medical Underwriting: All plans outside of the open enrollment period

Preexisting condition waiting period: None

Policy Fee: \$25.00

Medicare Crossover: Yes

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

Zip Code Areas: 700-702, 704,

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3550	4080	4558	5239	3686	4236	3060	3518
65	1420	1632	1823	2095	1474	1695	1224	1407
70	1569	1803	2014	2315	1626	1869	1354	1556
75	1877	2158	2411	2771	1946	2237	1620	1862
80	2144	2465	2753	3165	2223	2555	1850	2127
85+	2388	2745	3067	3525	2476	2846	2061	2369

Zip Code Areas: 700-702, 704 Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4080	4690	5239	6022	4236	4869	3518	4043
65	1632	1876	2095	2409	1695	1948	1407	1617
70	1803	2072	2315	2661	1869	2148	1556	1788
75	2158	2480	2771	3185	2237	2571	1862	2140
80	2465	2833	3165	3638	2555	2937	2127	2444
85+	2745	3155	3525	4052	2846	3271	2369	2723

Zip Code Areas: 703, 705-714

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2983	3429	3830	4402	3097	3560	2572	2956
65	1193	1371	1532	1761	1239	1424	1029	1182
70	1318	1515	1693	1946	1366	1571	1137	1307
75	1578	1813	2026	2328	1635	1880	1361	1565
80	1802	2071	2314	2659	1868	2147	1555	1787
85+	2007	2307	2577	2962	2081	2391	1732	1991

Zip Code Areas: 703, 705-714 Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3429	3941	440	5060	3560	4092	2956	3398
65	1371	1576	1761	2024	1424	1637	1182	1359
70	1515	1742	1946	2236	1571	1805	1307	1503
75	1813	2084	2328	2676	1880	2161	1565	1799
80	2071	2381	2659	3057	2147	2468	1787	2054
85+	2307	2652	2962	3405	2391	2749	1991	2288

Manhattan Life Insurance Company

10777 Northwest Freeway

Houston, Texas 77092

1-800-877-7703

www.manhattanlife.com

A.M. Best Rating: B+

Medical Underwriting: Yes

Preexisting condition waiting period: No

Policy Fee: \$25.00

Medicare Crossover: Yes

Annual Premiums: Attained Age

Zip Code Areas: 700-704

Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3652	4049	N/A	N/A	N/A	N/A	N/A	N/A
65	1392	1542	1855	2059	1431	1643	1145	1316
70	1572	1742	2096	2328	1621	1862	1297	1489
75	1858	2061	2479	2751	1914	2200	1531	1760
80	2153	2389	2872	3189	2229	2561	1782	2048
85+	2376	2638	3171	3519	2587	2974	2070	2379

Zip Code Areas: 700-704

Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4,059	4502	N/A	N/A	N/A	N/A	N/A	N/A
65	1547	1715	2063	2290	1643	1891	1316	1513
70	1748	1939	2331	2588	1862	2142	1489	1714
75	2065	2292	2756	3058	2200	2528	1760	2023
80	2394	2658	3194	3545	2561	2945	2048	2355
85+	2642	2934	3526	3913	2974	3420	2379	2736

Zip Code Areas: All other areas

Preferred Non-Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3154	3497	N/A	N/A	N/A	N/A	N/A	N/A
65	1202	1332	1602	1778	1236	1419	989	1136
70	1358	1505	1810	2010	1400	1608	1120	1286
75	1605	1780	2141	2376	1653	1900	1322	1520
80	1859	2063	2480	2754	1925	2212	1539	1769
85+	2052	2278	2739	3039	2234	2569	1788	2055

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

RATES CONTINUED ON NEXT PAGE

Manhattan Life Insurance Company

(continued)

Zip Code Areas: All other areas

Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3506	3888	N/A	N/A	N/A	N/A	N/A	N/A
65	1336	1481	1781	1978	1419	1633	1136	1306
70	1510	1675	2013	2235	1608	1850	1286	1480
75	1783	1980	2380	2641	1900	2183	1520	1747
80	2067	2295	2759	3062	2212	2543	1769	2034
85+	2282	2534	3045	3379	2569	2954	2055	2363

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

Annual Premiums: Attained age, preferred

Household discounts are also available.

Zip Code Areas: 700, 710

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4559	4559	5845	5845	4140	4140	5231	5231
65	1660	1826	2128	2341	1499	1658	1536	1690
70	1509	1657	1935	2125	1366	1511	1396	1534
75	1773	2014	2274	2582	1624	1859	1641	1864
80	2151	2390	2757	3064	1984	2221	1990	2212
85	2411	2787	3091	3574	2236	2604	2231	2580

Zip Code Areas: 701

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4469	4469	5730	5730	4059	4059	5127	5127
65	1627	1790	2086	2295	1469	1626	1506	1657
70	1479	1625	1896	2083	1339	1481	1369	1503
75	1738	1974	2229	2531	1592	1822	1609	1827
80	2108	2343	2703	3003	1945	2178	1951	2168
85	2363	2733	3030	3503	2192	2553	2187	2529

Zip Code Areas: 703, 705-707, 711

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4222	4222	5413	5413	3834	3834	4844	4844
65	1537	1691	1971	2168	1388	1536	1423	1565
70	1397	1535	1792	1968	1265	1399	1293	1420
75	1642	1865	2106	2391	1504	1721	1520	1726
80	1992	2213	2553	2837	1837	2057	1843	2048
85	2233	2582	2862	3310	2070	2411	2066	2389

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

RATES CONTINUED ON NEXT PAGE

Medico Corp Insurance Company

(continued)

Zip Code Areas: 704

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	5098	5098	6536	6536	4630	4630	5849	5849
65	1856	2042	2380	2618	1676	1854	1718	1890
70	1687	1853	2163	2376	1528	1690	1562	1715
75	1983	2252	2542	2887	1816	2079	1835	2084
80	2405	2672	3083	3426	2219	2484	2225	2473
85	2696	3117	3456	3996	2500	2912	2495	2885

Zip Code Areas: 708

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4133	4133	5298	5298	3753	3753	4741	4741
65	1505	1655	1929	2122	1358	1503	1392	1532
70	1368	1502	1754	1926	1238	1369	1266	1390
75	1607	1825	2061	2340	1472	1685	1488	1689
80	1949	2166	2499	2777	1798	2013	1804	2005
85	2185	2527	2801	3239	2026	2360	2022	2338

Zip Code Areas: 712-713

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4964	4964	6364	6364	4507	4507	5694	5694
65	1807	1988	2317	2549	1631	1805	1672	1840
70	1643	1804	2106	2313	1487	1645	1520	1670
75	1931	2192	2475	2811	1768	2024	1787	2029
80	2341	2602	3002	3335	2160	2418	2167	2408
85	2625	3035	3365	3891	2434	2835	2429	2808

Zip Code Areas: 714

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4649	4649	5960	5960	4222	4222	5334	5334
65	1693	1862	2170	2387	1528	1691	1566	1723
70	1539	1690	1973	2166	1393	1541	1424	1564
75	1808	2053	2318	2633	1656	1895	1674	1900
80	2193	2437	2811	3124	2023	2265	2029	2255
85	2458	2842	3152	3644	2280	2655	2275	2630

SUPERSCRIP ^T MEANINGS IN THE CHARTS	
F	- Female
M	- Male
NT	- Non Tobacco User
T	- Tobacco User
HD	- High Deductible Plan

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

Zip Code Areas: 705-706, 710-714 Non tobacco

AGE	A		F		G	
	F	M	F	M	M	F
<65	3468	3782	4563	4976	3878	4230
65	1238	1351	1630	1777	1385	1511
70	1423	1614	1872	2123	1591	1805
75	1714	2057	2256	2707	1917	2301
80	1975	2399	2599	3157	2209	2683
85+	2310	2650	3040	3487	2584	2964

Zip Code Areas: 700, 703, 707-708 Non tobacco

AGE	A		F		G	
	F	M	F	M	M	F
<65	3721	4058	4897	5340	4162	4539
65	1329	1449	1749	1907	1486	1621
70	1527	1732	2009	2279	1707	1937
75	1840	2208	2421	2905	2058	2469
80	2120	2575	2790	3388	2371	2880
85+	2480	2844	3263	3742	2773	3180

Zip Code Areas: 701, 704 Non tobacco

AGE	A		F		G	
	F	M	F	M	M	F
<65	4313	4704	5676	6190	4824	5261
65	1540	1680	2027	2211	1723	1879
70	1770	2007	2328	2641	1979	2245
75	2132	2559	2806	3367	2385	2862
80	2457	2984	3233	3927	2748	3338
85+	2874	3296	3782	4337	3214	3686

Pekin Life Insurance Company
Court Street
IL 61558
(800) 322-0160
www.pekininsurance.com

A.M. Best Rating: A-

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

Preexisting condition waiting period: 6 months; None – if policy issued during Open Enrollment/Guaranteed Issue Period.

Policy Fee: \$25.00

Medicare Crossover: Yes

Annual Premiums: Attained Age

Zip Code Areas: 700-704,707,708

Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4274	4915	5062	5821	4277	4921	3509	4038
65	1425	1638	1687	1940	1426	1640	1170	1346
70	1602	1843	1886	2169	1614	1856	1320	1518
75	1844	2121	2196	2527	1908	2193	1563	1797
80	2066	2375	2546	2472	2223	2555	1836	2110
85+	2265	2604	2954	2867	2560	2944	2141	2462

Zip Code Areas: 700-704,707,708

Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4915	5652	5821	6694	4919	5660	4035	4644
65	1638	1884	1940	2231	1640	1887	1345	1548
70	1843	2120	2169	2494	1856	2135	1518	1746
75	2121	2439	2526	2906	2194	2522	1798	2067
80	2375	2731	2928	3368	2556	2938	2111	2427
85+	2605	2995	3397	3906	2944	3386	2462	2832

**SUPERSCRIPIT MEANINGS
IN THE CHARTS**

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

RATES CONTINUED ON NEXT PAGE

Pekin Life Insurance Company

(continued)

Zip Code Areas: 705,706,709-714

Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3607	4148	4272	4913	3610	4154	2961	3409
65	1202	1383	1424	1638	1203	1385	987	1136
70	1352	1556	1592	1831	1363	1567	1114	1282
75	1557	1790	1854	2133	1610	1851	1319	1517
80	1743	2005	2149	2472	1876	2156	1549	1781
85+	1912	2198	2493	2867	2161	2485	1807	2078

Zip Code Areas: 705,706,709-714

Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4148	4771	4913	5650	4152	4777	3406	3920
65	1383	1590	1638	1883	1384	1592	1135	1307
70	1555	1789	1830	2105	1567	1802	1281	1474
75	1790	2059	2132	2452	1852	2129	1517	1745
80	2005	2305	2471	2843	2157	2480	1782	2048
85+	2199	2528	2867	3297	2485	2858	2078	2390

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: 71200-71399

AGE	A	F	FHD	FHD*	G	N
<65	5733	8300	2773	3995	5845	4792
65	1455	2108	457	1051	1426	1231
70	1455	2617	567	1304	1771	1527
75	1455	3634	787	1811	2459	2122
80	1455	3634	787	1811	2459	2122
85	1455	3634	787	1811	2459	2122

Zip Code Areas: 70500-70699, 71000-71099

AGE	A	F	FHD	FHD*	G	N
<65	6020	8715	2911	4194	6138	5031
65	1528	2213	479	1103	1497	1292
70	1528	2748	595	1369	1859	1604
75	1528	3816	826	1902	2582	2228
80	1528	3816	826	1902	2582	2228
85	1528	3816	826	1902	2582	2228

All rates include Early Enrollment Discount where applicable, as approved, as well as discounts for non-tobacco use and for ownership of annuities and/or other Medicare Supplement plans with our other companies.

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 CONTINUED ON NEXT PAGE

Physicians Mutual Insurance Company

(continued)

Zip Code Areas: 71100-71199, 71400-71499

AGE	A	F	FHD	FHD*	G	N
<65	6593	9544	3188	4594	6722	5510
65	1674	2424	525	1208	1640	1415
70	1674	3009	652	1499	2036	1757
75	1674	4179	905	2083	2828	2440
80	1674	4179	905	2083	2828	2440
85	1674	4179	905	2083	2828	2440

Zip Code Areas: 70300-70499

AGE	A	F	FHD	FHD*	G	N
<65	6880	9960	3327	4793	6722	5750
65	1747	2529	548	1260	1640	1477
70	1747	3140	680	1565	2036	1833
75	1747	4361	945	2173	2828	2546
80	1747	4361	945	2173	2828	2546
85	1747	4361	945	2173	2828	2546

Zip Code Areas: 70000-70099

AGE	A	F	FHD	FHD*	G	N
<65	8313	12035	4020	5972	8184	6948
65	2111	3057	662	1523	1997	1784
70	2111	3794	822	1891	2479	2215
75	2111	5270	1141	2626	3443	3077
80	2111	5270	1141	2626	3443	3077
85	2111	5270	1141	2626	3443	3077

All rates include Early Enrollment Discount where applicable, as approved, as well as discounts for non-tobacco use and for ownership of annuities and/or other Medicare Supplement plans with our other companies.

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 CONTINUED ON NEXT PAGE

Physicians Mutual Insurance Company

(continued)

Zip Code Areas: 70100-70199

AGE	A	F	FHD	FHD*	G	N
<65	8600	12450	4159	5992	8476	7187
65	2183	3162	685	1576	2068	1846
70	2183	3925	850	1956	2568	2291
75	2183	5452	1181	2717	3566	3183
80	2183	5452	1181	2717	3566	3183
85	2183	5452	1181	2717	3566	3183

Zip Code Areas: 70700-7089

AGE	A	F	FHD	FHD*	G	N
<65	6593	9544	3188	4594	6430	5510
65	1674	2424	525	1208	1569	1415
70	1674	3009	652	1499	1948	1757
75	1674	4179	905	2083	2705	2440
80	1674	4179	905	2083	2705	2440
85	1674	4179	905	2083	2705	2440

All rates include Early Enrollment Discount where applicable, as approved, as well as discounts for non-tobacco use and for ownership of annuities and/or other Medicare Supplement plans with our other companies.

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)

SUPERScript 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

601 East Britton Road

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	3565	5294	3074
65	1859	2761	1603
70	2209	3280	1904
75	2598	3857	2240
80	3011	4472	2597
85	3325	4938	2867

PREFERRED, TOBACCO

AGE	A	C	N
<65	4100	6089	3535
65	2138	3175	1844
70	2540	3771	2190
75	2987	4435	2576
80	3464	5142	2986
85	3824	5678	3297

STANDARD, NON TOBACCO

AGE	A	C	N
<65	4100	6089	3535
65	2138	3175	1844
70	2540	3771	2190
75	2987	4435	2576
80	3464	5142	2986
85	3824	5678	3297

STANDARD, TOBACCO

AGE	A	C	N
<65	4715	7002	4066
65	2459	3652	2120
70	2921	4338	2518
75	3436	5101	2962
80	3983	5914	3434
85	4398	6530	3791

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

RATES CONTINUED ON NEXT PAGE

Reserve National Insurance Company

(continued)

Plan G

PREFERRED, NON TOBACCO

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1335	1535	1535	1765
70	1585	1823	1823	2097
75	1865	2144	2144	2466
80	2162	2485	2485	2858
85	2386	2745	2745	3157

PREFERRED, TOBACCO

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1535	1765	1765	2030
70	1823	2097	2097	2412
75	2144	2466	2466	2836
80	2485	2858	2858	3287
85	2745	3157	3157	3629

STANDARD, NON TOBACCO

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1535	1765	1765	2030
70	1823	2097	2097	2412
75	2144	2466	2466	2836
80	2485	2858	2858	3288
85	2745	3157	3157	3629

STANDARD, TOBACCO

Zip Code Areas

AGE	705-706, 709-714		700-704, 707-708	
	F	M	F	M
65	1765	2030	2030	2334
70	2097	2412	2412	2774
75	2466	2836	2836	3261
80	2858	3287	3288	3781
85	3157	3629	3629	4174

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

Sentinel Security Life Insurance Company

1405 West 2200 South
 St. Lake City, UT 84119
 1-800-247-1423
 www.sslco.com

A.M. Best Rating: B++

Medical Underwriting: All available plans
 Preexisting 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

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

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

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

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: None

Medicare Crossover: Yes

Annual Premiums: Attained Age

AGE	A		B		C		D		F		FHD	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	13033	13033	14839	14839	16871	16871	10166	10166	13873	13873	2017	2017
65	3015	3015	3433	3433	3903	3903	2352	2352	3210	3210	467	467
70	3091	3488	3519	3972	4001	4516	2411	2721	3290	3713	478	540
75	3311	4009	3769	4565	4286	5190	2582	3127	3524	4268	512	621
80	3928	4815	4472	5482	5085	6233	3064	3756	4181	5125	608	745
85+	5007	6057	5700	6897	6481	7841	3905	4725	5330	6448	775	938

AGE	G		N	
	F	M	F	M
<65	10243	10243	6692	6692
65	2370	2370	1548	1548
70	2429	2742	1587	1791
75	2602	3151	1700	2058
80	3087	3784	2017	2472
85+	3935	4761	2570	3110

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 ^{F,NT}	C ^{F,NT}	F ^{F,NT}
65	1199	1808	1826
70	1510	2278	2301
75	1750	2639	2666
80	1966	2965	2994
85+	2050	3091	3122

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

AGE	A ^{F,NT}	C ^{F,NT}	F ^{F,NT}
65	1246	1880	1899
70	1570	2369	2393
75	1820	2745	2772
80	2044	3083	3114
85+	2132	3215	3247

SUPERSCRIPIT 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

1-877-872-5500

www.statemutualinsurance.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: 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	3029	3484	3535	4069	4273	4914	3466	3991	4390	5044	1725	1984	3484	4009	3329	3842	3069	3535
65	1211	1394	1414	1628	1709	1966	1386	1596	1756	2018	690	794	1394	1604	1332	1537	1228	1414
70	1380	1586	1611	1853	1948	2242	1581	1815	1980	2278	780	897	1586	1826	1522	1748	1388	1593
75	1625	1869	1899	2183	2328	2678	1862	2140	2354	2707	926	1066	1873	2153	1791	2061	1649	1896
80	1820	2094	2125	2444	2605	2995	2082	2396	2618	3011	1030	1184	2094	2410	2005	2307	1831	2108
85+	1951	2244	2277	2619	2792	3210	2230	2569	2806	3227	1104	1270	2245	2582	2149	2474	1963	2260

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	2512	2889	2931	3374	3543	4075	2874	3310	3640	4183	1430	1646	2889	3325	2760	3186	2545	2931
65	1005	1156	1173	1350	1417	1630	1149	1324	1456	1673	572	658	1156	1330	1104	1274	1018	1173
70	1144	1315	1336	1536	1616	1859	1311	1506	1642	1889	646	744	1315	1514	1262	1450	1151	1321
75	1348	1550	1575	1810	1930	2221	1544	1774	1952	2245	768	884	1553	1785	1485	1709	1367	1573
80	1509	1737	1762	2027	2160	2484	1727	1987	2171	2497	854	982	1737	1998	1662	1913	1518	1748
85+	1618	1861	1888	2172	2315	2662	1850	2130	2327	2676	915	1053	1862	2141	1782	2051	1628	1874

RATES CONTINUED 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

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	3368	3874	3931	4510	4756	5459	3854	4421	4870	5601	1918	2202	3874	4450	3709	4260	3412	3918
65	1347	1549	1572	1804	1903	2184	1542	1768	1948	2241	767	881	1549	1780	1484	1704	1365	1567
70	1533	1761	1788	2055	2163	2487	1755	2015	2198	2529	865	995	1761	2025	1688	1939	1537	1769
75	1804	2077	2107	2423	2584	2970	2066	2375	2613	3004	1028	1182	2079	2388	1987	2286	1829	2104
80	2022	2324	2361	2710	2895	3328	2315	2657	2905	3341	1144	1314	2327	2673	2229	2561	2035	2340
85+	2166	2491	2531	2905	3103	3567	2482	2849	3115	3582	1227	1409	2494	2865	2388	2744	2182	2507

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	2793	3212	3260	3740	3944	4527	3196	3666	4038	4645	1590	1826	3212	3690	3076	3532	2830	3249
65	1117	1285	1304	1496	1578	1811	1279	1466	1615	1858	636	731	1285	1476	1230	1413	1132	1300
70	1272	1461	1483	1704	1794	2062	1455	1671	1823	2097	717	825	1461	1680	1400	1608	1275	1467
75	1496	1722	1747	2009	2143	2463	1713	1970	2167	2491	852	980	1724	1981	1648	1896	1517	1745
80	1677	1927	1958	2247	2400	2759	1919	2203	2409	2771	949	1089	1929	2216	1849	2123	1688	1941
85+	1796	2066	2099	2409	2573	2958	2058	2363	2583	2970	1017	1168	2068	2376	1980	2275	1810	2079

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	6202	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

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

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

Thrivent Financial

(continued)

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

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	2958

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

Transamerica Life Insurance Company

100 Light Street

Baltimore, MD 21202

800-752-9797

www.transamerica.com

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	382	452	418	454	417	358
65	96	127	151	139	151	139	119
70	121	160	189	175	190	175	150
75	148	195	230	213	232	213	182
80	174	230	272	251	273	251	215
85+	196	259	306	283	308	283	242

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 and Issue age (disability) for female non tobacco

AGE	A	B	C	D	F	FHD	G	K	L	N
<65	4870	5100	6992	5816	5832	2477	5199	2360	3406	4871
65	1379	1893	2430	2154	2203	368	1933	1149	1613	1798
70	1691	2371	3069	2767	2780	490	2479	1530	2147	2320
75	1770	2569	3427	3106	3101	603	2782	1694	2381	2627
80+	1770	2575	3670	3338	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: None

Medicare Crossover: Yes

Annual Premiums: Attained Age

Base Rates - Non-tobacco

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
<65	4015	4619	5198	5981	5462	6284	5058	5817	5502	6327
65	2338	2688	3029	3482	3321	3820	2949	3390	3422	3937
70	2926	3364	3786	4353	4138	4760	3685	4238	4170	4794
75	3419	3932	4425	5089	4760	5474	4307	4952	4794	5511
80	3766	4330	4875	5605	5147	5921	4743	5453	5184	5961
85+	4015+	4619+	5198+	5981+	5462+	6284+	5058+	5817+	5502+	6327+

AGE	G		N	
	F	M	F	M
<65	4895	5628	3852	4429
65	2851	3278	2395	2756
70	3565	4101	2919	3356
75	4170	4794	3356	3858
80	4591	5279	3629	4172
85+	4895+	5628+	3852+	4429+

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*

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 Road

San Antonio, TX 78288

(800) 515-8687

www.usaa.com/medicare

A.M. Best Rating: A++

Medical Underwriting: All available plans outside of open enrollment and guaranteed issue periods.

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Attained age

Zip Code Areas: All, Non Tobacco

AGE	A		F		N	
	F	M	F	M	F	M
<65	3770	3770	3956	3956	2632	2632
65	1069	1069	1844	1844	1338	1338
70	1251	1251	2156	2156	1568	1568
75	1499	1499	2574	2574	1869	1869
80	1738	1738	2980	2980	2162	2162
85+	1916	1916	3297	3297	2393	2393

Zip Code Areas: All, Tobacco

AGE	A		F		N	
	F	M	F	M	F	M
<65	4137	4137	4337	4337	2887	2887
65	1179	1179	2028	2028	1473	1473
70	1379	1379	2373	2373	1722	1722
75	1644	1644	2829	2829	2054	2054
80	1907	1907	3276	3276	2379	2379
85+	2103	2103	3615	3615	2623	2623

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

