



2018 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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SHIIP is the Senior Health Insurance Information Program for the State of Louisiana. It is funded by the Administration for Community Living. It is a public service administered through the LOUISIANA DEPARTMENT OF INSURANCE

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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 2018

Services	Benefit	Medicare Pays	You Pay
In-Patient Hospitalization per benefit period**	1-60 days	All covered services except for a deductible	\$1,340 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	\$335 per day
Hospital services and supplies	91-150 days* (60 reserve days)	Covered services except for the daily coinsurance amount	\$670 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 \$167.50 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 2018

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 2018, 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 (\$335 per day in 2018 for the 61st through the 90th day of hospitalization in each Medicare period.
- Coverage for the Part A lifetime reserve days coinsurance amount (\$670 per day in 2018) 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 \$2,240 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 \$5,240 per year in 2018. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2018), 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 \$2,620 per year in 2018. After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2018), 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%	***
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 2018 **				
							\$5,240	\$2,620			

* 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 2018 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 2018), 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 2018, you will have a \$335 per day co-payment for days 61-90 and a \$670 per day co-payment for days 91-150 while in a hospital. There is also a co-payment of \$167.50 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 \$1,340 per benefit period for 2018. 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 2018, 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 (\$2,240) deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed yearly high deductible (\$2,240). 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

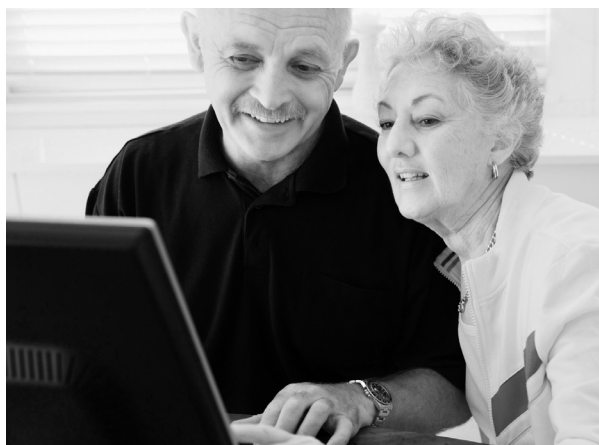
A long-term care policy is designed to pay a specific amount per day while one is confined in a skilled, intermediate or custodial nursing care facility or while receiving home care. Policies vary in cost based on age, amount of daily benefit, the number of years for the benefit to be paid, and how soon 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 page 14).

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 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

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 CONTINUE 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 CONTINUE 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

Medicare Crossover: Yes

Annual Premiums: Attained age

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	4251	4889	5143	5914	3271	3762	3272	3763
65	1417	1630	1714	1971	1090	1254	1091	1254
70	1666	1916	2001	2301	1294	1488	1288	1481
75	1917	2204	2331	2681	1528	1757	1524	1752
80	2153	2476	2702	3107	1784	2052	1793	2062
85+	2450	2818	3209	3690	2132	2452	2169	2495

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4676	5378	5657	6506	3598	4138	3599	4139
65	1559	1793	1886	2169	1199	1379	1200	1380
70	1832	2107	2201	2531	1423	1637	1416	1629
75	2108	2424	2564	2949	1681	1933	1676	1928
80	2368	2724	2972	3418	1963	2257	1972	2268
85+	2695	3099	3530	4059	2346	2697	2386	2744

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	2610	3002	3197	3677	2890	3323	2295	2640
70	2610	3002	3197	3677	2890	3323	2295	2640
75	2730	3140	3376	3882	3116	3583	2474	2845
80	2858	3287	3646	4193	3391	3899	2712	3119
85+	2921	3359	3889	4472	3639	4185	2947	3389

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

RATES CONTINUE NEXT PAGE

American Retirement Life Insurance Company

(continued)

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	2871	3302	3517	4045	3178	3655	2525	2904
70	2871	3302	3517	4045	3178	3655	2525	2904
75	3003	3454	3713	4270	3428	3942	2721	3129
80	3144	3615	4010	4612	3730	4289	2984	3431
85+	3213	3695	4278	4919	4003	4603	3242	3728

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5485	6308	6636	7632	4221	4854	4222	4855
65	1828	2103	2212	2544	1407	1618	1407	1618
70	2149	2472	2582	2969	1670	1920	1662	1911
75	2473	2844	3008	3459	1972	2268	1966	2261
80	2778	3195	3486	4009	2303	2648	2314	2661
85+	3161	3636	4140	4761	2751	3164	2799	3219

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	6034	6939	7300	8395	4643	5339	4644	5340
65	2011	2313	2433	2798	1548	1780	1548	1780
70	2364	2719	2840	3266	1837	2112	1828	2102
75	2720	3128	3309	3805	2169	2494	2163	2487
80	3056	3515	3835	4410	2533	2913	2545	2927
85+	3477	3999	4554	5237	3027	3481	3079	3541

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	3368	3873	4126	4745	3728	4288	2962	3406
70	3368	3873	4126	4745	3728	4288	2962	3406
75	3523	4051	4356	5009	4021	4624	3192	3671
80	3688	4241	4704	5410	4375	5031	3500	4025
85+	3769	4334	5018	5771	4695	5400	3803	4373

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

RATES CONTINUE NEXT PAGE

American Retirement Life Insurance Company

(continued)

Zip Code Areas: 700-704, 707-708

Standard III Smoker

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	3705	4260	4538	5219	4101	4716	3258	3747
70	3705	4260	4538	5219	4101	4716	3258	3747
75	3875	4456	4791	5510	4423	5086	3511	4038
80	4057	4665	5174	5951	4812	5534	3850	4427
85+	4146	4768	5520	6348	5165	5939	4183	4810

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

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: 700-702, 704 Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5274	6065	6057	6966	5014	5766	4122	4740
65	1758	2022	2019	2322	1671	1922	1374	1580
70	1978	2274	2258	2597	1892	2176	1550	1783
75	2274	2616	2629	3023	2234	2570	1835	2110
80	2490	2864	2970	3416	2544	2926	2105	2421
85+	2681	3084	3340	3841	2880	3312	2413	2775

Zip Code Areas: 700-702, 704 Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	6065	6975	6966	8011	5766	6631	4740	5451
65	2022	2325	2322	2670	1922	2210	1580	1917
70	2274	2615	2597	2986	2176	2502	1783	2050
75	2616	3008	3023	3477	2570	2955	2110	2426
80	2864	3294	3416	3928	2926	3365	2421	2784
85+	3084	3546	3841	4418	3312	3809	2775	3191

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 NEXT PAGE

Americo Financial Life and Annuity Insurance Company (continued)

Zip Code Areas: 703, 707-708

Preferred Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4603	5294	5287	6080	4377	5033	3598	4138
65	1534	1765	1792	2027	1459	1678	1199	1379
70	1726	1985	1971	2267	1652	1899	1353	1556
75	1985	2283	2295	2639	1950	2243	1601	1842
80	2174	2500	2593	2982	2221	2554	1838	2113
85+	2341	2692	2916	3353	2514	2891	2106	2422

Zip Code Areas: 703, 707-708

Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5294	6088	6080	6992	5033	5788	4138	4758
65	1765	2029	2027	2331	1678	1929	1379	1586
70	1985	2283	2267	2607	1899	2184	1556	1789
75	2283	2626	2639	3035	2243	2579	1842	2118
80	2500	2875	2982	3429	2554	2937	2113	2430
85+	2692	3095	3353	3856	2891	3325	2422	2785

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	4112	4729	4723	5431	3909	4496	3214	3696
65	1371	1576	1574	1810	1303	1499	1071	1232
70	1542	1773	1760	2025	1475	1696	1209	1390
75	1773	2039	2050	2357	1742	2003	1430	1645
80	1942	2233	2316	2663	1984	2281	1641	1888
85+	2091	2404	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	4729	5438	5431	6246	4496	5170	3696	4250
65	1576	1813	1810	2082	1499	1723	1232	1417
70	1773	2039	2025	2328	1696	1951	1390	1598
75	2039	2345	2357	2711	2003	2304	1645	1892
80	2233	2568	2663	3063	2281	2624	1888	2171
85+	2404	2765	2995	3444	2582	2969	2163	2488

Assured Life Association

PO Box 2397

Omaha, NE 68103-2397

(877) 223-3666

www.assuedlife.org

A.M. Best Rating: NR

Medical Underwriting: Yes, all available plans

Preexisting condition waiting period: None

Policy Fee: \$25

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	3503	4027	3803	4372	4720	5425	3975	4569	4738	5446	4009	4608	2728	3136
65	1491	1714	1618	1860	2008	2309	1691	1944	2016	2317	1706	1961	999	1149
70	1763	2027	1912	2197	2379	2734	2003	2302	2388	2744	2020	2322	1089	1252
75	1956	2248	2145	2465	2675	3075	2261	2599	2685	3087	2281	2621	1303	1498
80	2078	2388	2313	2658	2890	3322	2457	2824	2900	3333	2478	2848	1488	1711
85+	2167	2490	2449	2815	3073	3533	2626	3018	3084	3545	2648	3043	1658	1905

SELECT

AGE	B		C		D		F		G	
	F	M	F	M	F	M	F	M	F	M
<65	3157	3629	3918	4503	3299	3792	3932	4520	3328	3825
65	1343	1544	1667	1916	1404	1614	1673	1923	1416	1628
70	1587	1824	1975	2270	1663	1911	1982	2278	1677	1928
75	1780	2046	2221	2552	1877	2157	2229	2562	1893	2176
80	1920	2206	2398	2757	2039	2344	2407	2766	2057	2364
85+	2033	2337	2551	2932	2179	2505	2531	2942	2198	2526

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

RATES CONTINUE NEXT PAGE

Assured Life Association

(continued)

NON TOBACCO

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

AGE	A		B		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	3889	4470	4222	4853	5239	6022	4412	5071	5259	6045	4450	5115	3028	3481
65	1655	1902	1796	2065	2229	2563	1877	2158	2238	2572	1894	2177	1109	1275
70	1957	2250	2122	2439	2640	3035	2223	2556	2650	3046	2243	2578	1209	1389
75	2171	2495	2381	2737	2970	3413	2510	2885	2981	3426	2532	2910	1447	1663
80	2306	2651	2567	2951	3208	3687	2727	3135	3219	3700	2751	3162	1652	1899
85+	2405	2764	2719	3125	3411	3921	2914	3350	3424	3935	2939	3378	1840	2115

SELECT

AGE	B		C		D		F		G	
	F	M	F	M	F	M	F	M	F	M
<65	3504	4028	4349	4998	3662	4209	4365	5017	3694	4246
65	1491	1714	1850	2127	1558	1791	1857	2135	1572	1807
70	1761	2024	2192	2519	1845	2121	2200	2528	1861	2140
75	1976	2272	2465	2833	2083	2395	2474	2843	2101	2415
80	2131	2449	2662	3060	2264	2602	2671	3071	2283	2624
85+	2256	2594	2831	3255	2419	2780	2841	3266	2440	2804

Bankers Fidelity Assurance Company

4370 Peachtree Road, Northeast

Atlanta, GA 30319-3000

1-800-241-1439

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: 700-701, 704

STANDARD NON TOBACCO

AGE	A	F	F2
<65	3979	5074	1611
65	1525	1945	618
70	1878	2379	808
75	2241	2861	989
80	2519	3319	1162
85+	2793	3845	1364

Zip Code Areas: All Other

STANDARD NON TOBACCO

AGE	A	F	F2
<65	3275	4175	1326
65	1255	1601	508
70	1546	1958	665
75	1844	2355	814
80	2073	2732	957
85+	2299	3164	1123

Zip Code Areas: 700-701, 704

PREFERRED NON TOBACCO

AGE	A	F	F2
<65	3979	5074	1611
65	1326	1691	537
70	1633	2069	702
75	1948	2488	860
80	2190	2886	1011
85+	2429	3343	1187

Zip Code Areas: All Other

PREFERRED NON TOBACCO

AGE	A	F	F2
<65	3275	4175	1326
65	1092	1392	442
70	1344	1703	578
75	1603	2048	708
80	1803	2375	832
85+	1999	2752	977

F2 = High Deductible

RATES CONTINUE NEXT PAGE

Bankers Fidelity Assurance Company

(continued)

MALE

Zip Code Areas: 700-701, 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	2812	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: 700-701, 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

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, Northeast

Atlanta, GA 30319-3000

1-800-241-1439

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	N
<65	6045	7905	5808	6058	6780	3722
65	2395	3526	912	1917	1248	1489
70	2672	3918	1008	2170	1452	1680
75	3003	4421	1140	2564	1752	1988
80	3254	4800	1236	2972	1956	2323
85+	3426	5051	1296	3436	2124	2719

Zip Code Areas: All Other

STANDARD NON TOBACCO

AGE	A	F	F2	G	K	N
<65	5000	6534	4800	5007	5604	3075
65	1984	2896	756	1584	1020	1230
70	2196	3246	840	1793	1200	1388
75	2487	3665	936	2118	1440	1643
80	2685	3945	1008	2455	1632	1919
85+	2844	4170	1080	2838	1764	2246

Zip Code Areas: 700-704

PREFERRED NON TOBACCO

AGE	A	F	F2	G	K	N
<65	6045	7905	5808	6058	6780	3722
65	1997	2911	756	1598	1020	1241
70	2223	3261	840	1808	1200	1400
75	2501	3694	948	2136	1452	1657
80	2699	3988	1020	2477	1632	1936
85+	2858	4198	1080	2863	1764	2266

Zip Code Areas: All Other

PREFERRED NON TOBACCO

AGE	A	F	F2	G	K	N
<65	5000	6534	4800	5007	5604	3075
65	1654	2421	624	1320	840	1025
70	1839	2686	696	1494	966	1156
75	2077	3051	780	1765	1188	1369
80	2249	3274	840	2046	1356	1599
85+	2342	3470	900	2365	1464	1872

F2 = High Deductible

RATES CONTINUE NEXT PAGE

Bankers Fidelity Life Insurance Company

(continued)

MALE

Zip Code Areas: 700-704
STANDARD NON TOBACCO

AGE	A	F	F2	G	K	N
<65	6045	7905	5808	6058	6780	3722
65	2395	3526	912	2147	1248	1667
70	2672	3918	1008	2431	1452	1881
75	3003	4421	1140	2871	1752	2227
80	3254	4800	1236	3329	1956	2602
85+	3426	5051	1296	3848	2124	3046

Zip Code Areas: All Other
STANDARD NON TOBACCO

AGE	A	F	F2	G	K	N
<65	5000	6534	4800	5007	5604	3075
65	1984	2896	756	1774	1020	1377
70	2196	3246	840	2008	1200	1554
75	2487	3665	936	2372	1440	1840
80	2685	3945	1008	2750	1632	2149
85+	2844	4170	1080	3179	1764	2516

Zip Code Areas: 700-704
PREFERRED NON TOBACCO

AGE	A	F	F2	G	K	N
<65	6045	7905	5808	6058	6780	3722
65	1997	2911	756	1789	1020	1390
70	2223	3261	840	2026	1200	1568
75	2501	3694	948	2393	1452	1856
80	2699	3988	1020	2774	1632	2168
85+	2858	4198	1080	3207	1764	2538

Zip Code Areas: All Other
PREFERRED NON TOBACCO

AGE	A	F	F2	G	K	N
<65	5000	6534	4800	5007	5604	3075
65	1654	2421	624	1478	840	1148
70	1839	2686	696	1673	966	1295
75	2077	3051	780	1977	1188	1533
80	2249	3274	840	2292	1356	1791
85+	2342	3470	900	2649	1464	2096

F2 = High Deductible

Blue Cross Blue Shield of Louisiana

P.O. Box 98029

Baton Rouge, LA 70809-9029

225-295-3307

1-800-258-3365

www.bcbsla.com

A.M. Best Rating: NR-5

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

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Attained Age

MONTHLY PREMIUMS

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

AGE	A	B	B SEL	F	F	N	N SEL
<65	263	351	231	402	294	250	169
65	121	157	104	178	132	122	84
66-68	131	171	113	193	144	133	92
69-71	141	186	123	210	157	145	100
72-74	150	197	131	224	167	154	106
75-77	159	211	140	240	179	165	114
78-80	166	221	146	252	187	173	119
81+	173	231	152	262	193	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	N	N SEL
<65	304	405	267	464	339	289	196
65	139	182	120	205	153	141	97
66-68	151	197	130	223	166	153	106
69-71	163	215	142	243	181	167	116
72-74	173	228	151	258	193	178	123
75-77	183	244	162	277	207	191	132
78-80	192	255	169	290	216	200	138
81+	199	266	176	303	222	209	142

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		FH		G		K		L	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	6174	6860	6007	6675	7706	8562	2649	2944	5940	6600	2107	2341	4646	5162
65	1957	2175	1919	2132	2474	2749	437	485	1777	1975	668	742	1512	1680
70	2395	2661	2337	2597	2998	3331	529	588	2193	2436	810	900	1806	2006
75	2916	3240	2826	3141	3638	4042	642	714	2705	3006	1016	1129	2202	2447
80	3397	3775	3298	3664	4340	4823	766	851	3267	3630	1243	1381	2637	2930
85+	3864	4294	3771	4190	5105	5673	902	1002	3885	4317	1491	1657	3103	3448

AGE	M		N	
	F	M	F	M
<65	5615	6239	4298	4776
65	1746	1940	1259	1399
70	2164	2405	1632	1813
75	2685	2984	2096	2329
80	3214	3571	2604	2894
85+	3752	4168	3175	3527

PREFERRED

Zip Code Areas: Rest of State

AGE	A		B		F		FH		G		K		L	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	5611	6234	5459	6065	7002	7781	2409	2676	5400	6000	1915	2128	4222	4691
65	1779	1976	1743	1937	2248	2498	397	441	1615	1794	607	674	1374	1527
70	2176	2418	2123	2359	2724	3027	481	534	1993	2214	736	818	1641	1823
75	2649	2944	2568	2854	3306	3673	584	648	2458	2731	923	1026	2001	2224
80	3087	3430	2997	3330	3944	4382	696	773	2968	3298	1129	1255	2396	2662
85+	3512	3902	3427	3808	4639	5154	819	910	3530	3923	1355	1505	2819	3133

RATES CONTINUE NEXT PAGE

Colonial Penn Life Insurance Company

(continued)

AGE	M		N	
	F	M	F	M
<65	5102	5670	3906	4340
65	1587	1763	1143	1271
70	1966	2185	1483	1648
75	2440	2712	1904	2116
80	2921	3245	2366	2629
85+	3409	3788	2885	3205

STANDARD

Zip Code Areas: 700-704

AGE	A		B		F		FH		G		K		L	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	6860	7623	6675	7417	8562	9514	2944	2371	6600	7333	2341	2602	5162	5736
65	2175	2416	2132	2369	2749	3055	485	539	1975	2194	742	825	1680	1867
70	2661	2957	2597	2885	3331	3701	588	653	2436	2707	900	1000	2006	2230
75	3240	3600	3141	3490	4042	4492	714	793	3006	3340	1129	1254	2447	2719
80	3775	4195	3664	4071	4823	5359	851	946	3630	4033	1381	1534	2930	3255
85+	4294	4771	4190	4656	5673	6303	1002	1113	4317	4797	1657	1841	3448	3831

AGE	M		N	
	F	M	F	M
<65	6239	6932	4776	5306
65	1940	2155	1399	1554
70	2405	2672	1813	2015
75	2984	3315	2329	2588
80	3571	3968	2894	3215
85+	4168	4632	3527	3920

RATES CONTINUE NEXT PAGE

Colonial Penn Life Insurance Company

(continued)

STANDARD

Zip Code Areas: Rest of State

AGE	A		B		F		FH		G		K		L	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	6234	6927	6065	6740	7781	8645	2676	2974	6000	6667	2128	2364	4691	5212
65	1976	2196	1937	2152	2498	2776	441	490	1794	1994	674	749	1527	1696
70	2418	2686	2359	2622	3027	3363	534	594	2214	2460	818	909	1823	2026
75	2944	3271	2854	3171	3673	4082	648	720	2731	3035	1026	1140	2224	2471
80	3430	3811	3330	3699	4382	4869	773	859	3298	3665	1255	1394	2662	2958
85+	3902	4335	3808	4231	5154	5727	910	1011	3923	4359	1505	1673	3133	3481

AGE	M		N	
	F	M	F	M
<65	5670	6300	4340	4822
65	1763	1959	1271	1412
70	2185	2428	1648	1831
75	2712	3013	2116	2351
80	3245	3606	2629	2922
85+	3788	4209	3205	3652

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

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: No
Medicare Crossover: Yes

Zip Code Areas: 703, 705-714 Standard Non-Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3683	4235	4285	4928	3365	3870	3626	4169
65	1473	1694	1714	1971	1346	1548	1450	1668
70	1740	2001	2022	2326	1588	1827	1719	1978
75	1927	2216	2449	2817	1924	2213	1952	2245
80	2042	2348	2778	3195	2182	2509	2134	2455
85+	2121	2439	3073	3533	2413	2775	2294	2638

Zip Code Areas: 703, 705-714 Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
65	1621	1864	1885	2168	1481	1703	1595	1834
70	1913	2201	2225	2558	1747	2010	1891	2175
75	2120	2438	2695	3099	2116	2434	2147	2470
80	2246	2583	3056	3514	2400	2760	2348	2700
85+	2334	2683	3381	3887	2655	3053	2523	2901

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4816	5538	5603	6444	4401	5061	4741	5451
65	1926	2215	2241	2577	1760	2024	1897	2181
70	2276	2617	2645	3041	2077	2389	2247	2586
75	2520	2898	3203	3684	2516	2893	2552	2935
80	2670	3071	3633	4177	2853	3282	2790	3210
85+	2773	3190	4018	4620	3155	3628	2999	3449

RATES CONTINUE 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	2119	2437	2465	2834	1937	2227	2086	2398
70	2502	2878	2909	3345	2285	2628	2473	2843
75	2772	3188	3523	4052	2767	3182	2807	3229
80	2937	3378	3996	4595	3138	3609	3070	3530
85+	3052	3509	4420	5083	3471	3992	3299	3793

SUPERSCRIP ^T 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
Medicare Crossover: Yes
Annual Premium: 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	5073	5834	7674	8825	5589	6427	4462	5131
65	1450	1667	2193	2521	1597	1836	1275	1466
70	1450	1667	2193	2521	1597	1836	1275	1466
75	1685	1938	2548	2931	1856	2134	1481	1704
80	1954	2246	2955	3398	2152	2475	1718	1976
85+	2252	2591	3407	3918	2481	2853	1980	2277

Zip Code Areas: 700-704 Standard Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5632	6476	8518	9796	6203	7133	4952	5695
65	1609	1850	2433	2798	1772	2039	1414	1627
70	1609	1850	2433	2798	1772	2039	1414	1627
75	1870	2150	2829	3253	2060	2369	1644	1891
80	2168	2493	3279	3771	2388	2748	1907	2193
85+	2500	2874	3781	4348	2753	3166	2198	2528

RATES CONTINUE NEXT PAGE

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

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	4192	4822	6342	7293	4619	5312	3687	4240
65	1199	1378	1812	2083	1320	1517	1054	1212
70	1199	1378	1812	2083	1320	1517	1054	1212
75	1392	1601	2106	2422	1534	1764	1224	1409
80	1615	1856	2442	2808	1778	2045	1420	1633
85+	1862	2141	2816	3238	2050	2358	1636	1882

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	4654	5352	7039	8096	5126	5895	4092	4706
65	1330	1529	2011	2312	1465	1685	1169	1344
70	1330	1529	2011	2312	1465	1685	1169	1344
75	1545	1777	2338	2688	1703	1958	1359	1563
80	1792	2060	2710	3117	1974	2271	1576	1813
85+	2067	2376	3124	3593	2275	2616	1817	2089

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

Equitable Life & Casualty

P.O. Box 2460

Salt Lake City UT 84110

1-800-352-5160

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

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	3228	3716	4769	5484	4414	5075	3124	3593
65	1908	2194	2819	3241	1834	2109	1846	2125
70	2048	2356	3036	3493	2077	2389	1991	2291
75	2238	2573	3338	3839	2453	2821	2189	2517
80	2371	2729	3556	4089	2844	3270	2332	2682
85	2449	2818	4260	3705	3287	3780	2431	2796

TOBACCO Zip Code Areas: 700, 701, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	2282	2624	3368	3875	2109	2426	2208	2539
70	2448	2817	3630	4176	2389	2746	2383	2739
75	2675	3077	3990	4592	2821	3244	2615	3010
80	2836	3261	4251	4890	3270	3760	2789	3209
85	2929	3370	4429	5095	4347	3780	2906	3342

NON TOBACCO Zip Code Areas: 703, 706-708

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2670	3073	3942	4537	3663	4213	2584	2973
65	1579	1816	2331	2681	1523	1752	1528	1758
70	1694	1950	2513	2890	1724	1983	1649	1897
75	1852	2129	2760	3176	2037	2342	1810	2083
80	1961	2258	2941	3383	2361	2715	1932	2221
85	2027	2331	3064	3524	2730	3139	2011	2313

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

RATES CONTINUE NEXT PAGE

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								
65	1887	2172	2331	2681	1523	1752	1826	2101
70	2026	2331	2513	2890	1724	1983	1972	2266
75	2214	2547	2760	3176	2037	2342	2166	2491
80	2346	2698	2941	3383	2361	2715	2308	2655
85	2423	2786	3663	4216	3139	3610	2405	2766

NON TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	2438	2803	3596	4139	3331	3831	2358	2713
65	1440	1659	2126	2447	1385	1592	1393	1602
70	1547	1779	2291	2636	1568	1802	1504	1730
75	1689	1943	2519	2898	1852	2129	1652	1899
80	1790	2059	2682	3087	2147	2469	1760	2027
85	1849	2127	2797	3217	2481	2853	1834	2110

TOBACCO Zip Code Areas: All other areas

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	1724	1981	2544	2924	1592	1831	1665	1917
70	1848	2126	2742	3151	1802	2073	1799	2070
75	2020	2323	3013	3464	2129	2449	1974	2270
80	2140	2462	3208	3690	2469	2838	2106	2422
85	2212	2541	3341	3845	2853	3281	2193	2522

Everest Reinsurance Company

477 Martinsville Road

Liberty Corner, NJ 07938

1-813-638-8984

www.everestregroup.com

A.M. Best Rating: A+

Medical Underwriting: A, C, D, F, G, N

Preexisting condition waiting period: None

Policy Fee: \$25

Medicare Crossover: Yes

Annual Premiums: Attained Age

Zip Code Areas: 701

Non-Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4631	5280	5660	6452	4420	5039	5717	6517	4470	5096	3837	4375
65	1544	1760	1887	2151	1473	1680	1906	2172	1490	1699	1279	1458
70	1702	1941	2067	2356	1635	1864	2088	2380	1654	1885	1415	1613
75	1959	2233	2405	2742	1933	2204	2430	2770	1955	2228	1676	1911
80	2189	2496	2774	3162	2248	2563	2802	3194	2273	2591	1915	2183
85+	2409	2747	3190	3637	2604	2969	3221	3672	2631	2999	2194	2501

Zip Code Areas: 701

Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	5141	5860	6282	7162	4906	5593	6346	7234	4962	5657	4259	4856
65	1714	1953	2094	2387	1635	1864	2115	2411	1654	1886	1420	1619
70	1890	2154	2294	2615	1815	2069	2317	2642	1836	2093	1571	1791
75	2174	2479	2670	3044	2146	2446	2697	3075	2170	2473	1860	2121
80	2430	2770	3079	3510	2495	2845	3110	3545	2523	2876	2125	2423
85+	2675	3049	3541	4037	2890	3295	3575	4076	2921	3329	2435	2776

Zip Code Areas: 700, 702-704

Non-Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4467	5093	5459	6224	4264	4860	5514	6286	4312	4916	3702	4220
65	1489	1698	1820	2075	1421	1620	1838	2095	1437	1639	1224	1407
70	1642	1872	1994	2273	1578	1798	2014	2296	1595	1819	1365	1556
75	1889	2154	2320	2645	1865	2126	2344	2672	1885	2149	1617	1843
80	2112	2407	2675	3050	2169	2472	2702	3081	2192	2499	1847	2105
85+	2324	2650	3077	3508	2512	2863	3107	3542	2538	2893	2116	2412

RATES CONTINUE NEXT PAGE

Everest Reinsurance Company

(continued)

Zip Code Areas: 700, 702-704

Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4959	5653	6060	6908	4733	5395	6121	6978	4786	5456	4109	4684
65	1653	1884	2020	2303	1576	1798	2040	2326	1595	1819	1370	1561
70	1823	2078	2213	2523	1751	1996	2235	2548	1771	2019	1515	1728
75	2097	2391	2576	2936	2070	2360	2602	2966	2093	2386	1795	2046
80	2344	2672	2970	3386	2407	2744	3000	3420	2433	2774	2050	2337
85+	2580	2941	3416	3894	2788	3178	3449	3932	2817	3212	2349	2677

Zip Code Areas: 707-708

Non-Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4016	4579	4908	5596	3833	4370	4958	5652	3877	4420	3328	3794
65	1339	1526	1636	1865	1278	1457	1653	1884	1292	1473	1109	1265
70	1477	1683	1792	2043	1418	1617	1811	2064	1434	1635	1227	1399
75	1699	1937	2086	2378	1677	1911	2107	2402	1695	1932	1454	1657
80	1898	2164	2405	2742	1950	2223	2430	2770	1971	2247	1660	1893
85+	2090	2382	2767	3154	2258	2574	2794	3185	2282	2601	1902	2169

Zip Code Areas: 707-708

Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4458	5082	5448	6211	4255	4851	5503	6274	4303	4906	3694	4211
65	1486	1694	1816	2070	1418	1617	1834	2091	1434	1635	1231	1404
70	1639	1868	1990	2268	1574	1795	2010	2291	1592	1815	1362	1553
75	1886	2150	2316	2640	1861	2122	2339	2667	1882	2145	1613	1839
80	2107	2402	2670	3044	2164	2467	2697	3074	2188	2494	1843	2101
85+	2319	2644	3071	3501	2507	2858	3101	3535	2533	2887	2112	2407

Zip Code Areas: 705-706, 709-714

Non-Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	3689	4205	4508	5139	3520	4013	4553	5191	3560	4059	3056	3484
65	1230	1402	1503	1713	1173	1338	1518	1730	1187	1353	1019	1161
70	1356	1546	1646	1877	1303	1485	1663	1896	1317	1502	1127	1285
75	1560	1779	1916	2184	1540	1755	1935	2206	1557	1775	1335	1522
80	1744	1988	2209	2518	1791	2041	2231	2544	1810	2064	1525	1738
85+	1919	2188	2541	2897	2074	2364	2566	2925	2096	2389	1747	1992

Zip Code Areas: 705-706, 709-714

Tobacco User

AGE	A		C		D		F		G		N	
	F	M	F	M	F	M	F	M	F	M	F	M
<65	4094	4668	5004	5704	3908	4455	5054	5762	3952	4505	3393	3867
65	1365	1556	1668	1901	1303	1485	1685	1921	1317	1502	1131	1289
70	1505	1716	1827	2083	1446	1648	1846	2104	1462	1667	1251	1426
75	1732	1974	2127	2424	1709	1948	2148	2449	1728	1970	1482	1689
80	1935	2206	2452	2795	1988	2266	2477	2823	2009	2291	1693	1930
85+	2130	2428	2820	3215	2302	2624	2848	3246	2326	2652	1939	2211

Gerber Life Insurance Company

P.O. Box 2271

Omaha, NE 68103-2271

877-778-0839

A.M. Best Rating: A

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: \$25

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	3797	4365	5384	6189	4269	4907	4176	4801	3312	3807
65	1616	1857	2291	2633	1817	2088	1777	2043	1409	1620
70	1912	2197	2715	3121	2153	2475	2106	2421	1670	1920
75	2120	2437	3063	3520	2434	2797	2376	2730	1888	2170
80	2253	2589	3324	3820	2648	3043	2578	2964	2054	2361
85+	2349	2700	3548	4078	2834	3257	2752	3163	2198	2527

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	4519	5194	6407	7365	5081	5840	4970	5713	3941	4530
65	1923	2210	2726	3134	2162	2485	2115	2431	1677	1928
70	2275	2615	3231	3714	2563	2946	2506	2881	1988	2285
75	2523	2900	3644	4189	2896	3329	2827	3249	2247	2582
80	2681	3081	3955	4546	3151	3621	3068	3527	2444	2809
85+	2795	3213	4222	4853	3372	3876	3275	3764	2616	3007

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	2769	3518	3742	3756	2685
65	1106	1718	1905	1920	396
70	1464	2075	2261	2278	529
75	1568	2433	2618	2634	651
80+	1575	2499	2875	2898	767

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
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	3605	4143	4885	5615	5002	5750	3421	3933	2865	3294
65	1534	1763	2079	2389	2129	2447	1456	1674	1219	1402
70	1680	1930	2287	2629	2342	2692	1603	1842	1343	1544
75	1881	2162	2605	2994	2668	3066	1829	2103	1538	1768
80	2058	2366	2911	3347	2982	3427	2049	2355	1730	1989
85+	2188	2514	3168	3642	3244	3729	2235	2569	1896	2179

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	4289	4930	5813	6681	5953	6842	4072	4680	3410	3919
65	1825	2098	2474	2843	2533	2912	1733	1992	1451	1668
70	1999	2297	2721	3128	2787	3203	1907	2192	1599	1838
75	2239	2573	3100	3563	3175	3649	2177	2502	1830	2104
80	2449	2815	3465	3982	3548	4078	2439	2803	2059	2367
85+	2603	2992	3770	4334	3860	4437	2660	3058	2256	2593

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

Individual Assurance Company

P.O. Box 3270

Salt Lake City, UT 84110

844-502-6780

www.iaclife.com

A.M. Best Rating: B+

Medical Underwriting: All plans out of the open enrollment period

Preexisting condition waiting period: None

Policy Fee: \$25

Medicare Crossover: Yes

Zip Code Areas: 700-704, 707-708, Non-Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5206	5987	6140	7061	4644	5341	3926	4515
65	1735	1996	2047	2354	1548	1780	1309	1505
70	1952	2245	2289	2632	1752	2015	1476	1698
75	2246	2583	2666	3065	2070	2381	1748	2010
80	2504	2879	3066	3526	2400	2760	2042	2348
85+	2753	3166	3522	4050	2774	3191	2390	2749

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	1996	2295	2354	2707	1780	2047	1505	1731
70	2245	2582	2632	3027	2015	2318	1698	1953
75	2583	2970	3065	3525	2381	2738	2010	2312
80	2879	3311	3526	4055	2760	3174	2348	2701
85+	3166	3641	4050	4657	3191	3669	2749	3161

Zip Code Areas: 705-706, 709-714, Non-Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	4394	5033	5182	5959	3920	4508	3314	3811
65	1465	1684	1727	1986	1307	1503	1105	1270
70	1648	1895	1932	2222	1479	1701	1246	1433
75	1896	2180	2250	2587	1747	2010	1475	1697
80	2113	2430	2588	2976	2026	2330	1724	1982
85+	2324	2673	2972	3418	2342	2693	2017	2320

RATES CONTINUE NEXT PAGE

Individual Assurance Company

(continued)

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

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	1684	1937	1986	2284	1503	1728	1270	1461
70	1892	2179	2222	2555	1701	1956	1433	1648
75	2180	2507	2587	2975	2010	2311	1697	1951
80	2430	2795	2976	3422	2330	2679	1982	2279
85+	2673	3073	3418	3931	2693	3097	2320	2668

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

Loyal Christian Benefit Association

PO Box 3090

Salt Lake City, UT 84110

877-358-4051

lcba.org

A.M. Best Rating: NR

Medical Underwriting: All plans outside of the open enrollment period

Preexisting condition waiting period: None

Policy Fee: \$25

Medicare Crossover: Yes

Zip Code Areas: 700-702, 704

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3798	4365	4877	5605	3686	4236	3060	3518
65	1519	1746	1951	2242	1474	1695	1224	1407
70	1678	1929	2155	2477	1626	1869	1354	1556
75	2009	2309	2579	2965	1946	2237	1620	1862
80	2294	2637	2946	3386	2222	2555	1820	2127
85+	2556	2937	3281	3772	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								
65	1746	2007	2242	2577	1695	1948	1407	1617
70	1929	2218	2477	2848	1869	2148	1556	1788
75	2309	2654	2965	3408	2237	2571	1862	2140
80	2637	3031	3386	3892	2555	2937	2127	2444
85+	2937	3376	3772	4335	2846	3271	2369	2723

Zip Code Areas: 703, 705-714

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	3192	3668	4098	4710	3097	3560	2572	2956
65	1277	1467	1639	1884	1239	1424	1029	1182
70	1410	1621	1811	2082	1366	1571	1137	1307
75	1688	1940	2168	2491	1635	1880	1361	1565
80	1928	2216	2476	2846	1868	2147	1555	1787
85+	2148	2468	2757	3169	2081	2391	1732	1991

RATES CONTINUE NEXT PAGE

Loyal Christian Benefit Association

(continued)

Zip Code Areas: 703, 705-714 Tobacco

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65								
65	1467	1687	1884	2166	1424	1637	1182	1359
70	1621	1863	2082	2393	1571	1805	1307	1503
75	1940	2230	2491	2864	1880	2161	1565	1799
80	2216	2547	2846	3271	2147	2468	1787	2054
85+	2468	2837	3169	3643	2391	2749	1991	2288

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

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: None
Policy Fee: \$25
Medicare Crossover: Yes
Annual Premiums: Attained Age

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

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3981	4413	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1517	1681	2031	2254	2022	2244	1560	1791	1249	1434
70	1714	1900	2296	2549	2284	2537	1768	2030	1414	1624
75	2025	2247	2714	3012	2703	2999	2087	2398	1669	1918
80	2346	2604	3147	3493	3131	3476	2429	2792	1943	2233
85	2589	2875	3473	3856	3456	3836	2820	3242	2256	2594

Zip Code Areas: 700-704 Standard Tobacco User

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	4424	4907	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1686	1869	2259	2507	2248	2496	1791	2061	1434	1649
70	1905	2114	2554	2835	2541	2822	2030	2334	1624	1868
75	2251	2499	3020	3348	3003	3333	2398	2756	1918	2206
80	2609	2896	3499	3882	3482	3864	2792	3210	2233	2567
85	2880	3198	3863	4287	3842	4265	3242	3728	2594	2982

Zip Code Areas: All other areas Preferred Non-Smoker

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3438	3811	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1310	1452	1754	1947	1746	1938	1347	1547	1078	1239
70	1480	1641	1983	2201	1972	2191	1527	1753	1221	1402
75	1749	1941	2344	2601	2334	2590	1802	2071	1441	1657
80	2026	2249	2718	3016	2704	3002	2098	2411	1678	1929
85	2236	2483	2999	3330	2985	3313	2436	2800	1948	2240

RATES CONTINUE NEXT PAGE

Manhattan Life Insurance Company

(continued)

Zip Code Areas: All other areas

Standard Tobacco User

AGE	A		C		F		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	3821	4238	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	1456	1614	1951	2165	1942	2156	1547	1780	1239	1424
70	1645	1826	2206	2448	2195	2437	1753	2016	1402	1613
75	1944	2158	2608	2892	2594	2879	2071	2380	1657	1905
80	2253	2501	3022	3353	3007	3337	2411	2772	1929	2217
85	2487	2762	3336	3702	3318	3683	2800	3220	2240	2575

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

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	4787	4787	6430	6430	4347	4347	5492	5492
65	1743	1917	2341	2575	1573	1741	1613	1774
70	1584	1740	2128	2337	1434	1586	1466	1610
75	1862	2114	2501	2840	1705	1952	1723	1957
80	2258	2509	3033	3370	2083	2332	2090	2322
85	2531	2927	3400	3931	2347	2734	2343	2709

Zip Code Areas: 701

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4693	4693	6303	6303	4262	4262	5384	5384
65	1709	1879	2295	2524	1542	1707	1581	1739
70	1553	1706	2086	2291	1406	1555	1437	1579
75	1825	2073	2452	2784	1671	1913	1689	1918
80	2214	2460	2973	3304	2042	2286	2049	2276
85	2481	2869	3333	3854	2301	2680	2296	2655

Zip Code Areas: 703, 705-707, 711

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4434	4434	5955	5955	4026	4026	5086	5086
65	1614	1776	2168	2385	1457	1612	1494	1643
70	1467	1611	1971	2164	1328	1469	1358	1491
75	1725	1958	2316	2630	1579	1808	1596	1812
80	2091	2324	2809	3121	1929	2160	1935	2151
85	2344	2711	3149	3641	2174	2532	2169	2508

RATES CONTINUE 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	5353	5353	7190	7190	4861	4861	6141	6141
65	1949	2144	2618	2880	1759	1947	1804	1984
70	1772	1946	2380	2613	1604	1774	1640	1801
75	2082	2364	2797	3176	1906	2182	1927	2188
80	2525	2806	3391	3769	2330	2608	2337	2597
85	2831	3273	3802	4396	2625	3057	2620	3029

Zip Code Areas: 708

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4339	4339	5828	5828	3940	3940	4978	4978
65	1580	1738	2122	2334	1426	1578	1462	1608
70	1436	1577	1929	2118	1300	1438	1329	1460
75	1688	1917	2267	2574	1545	1769	1562	1774
80	2047	2274	2749	3055	1888	2114	1894	2105
85	2294	2653	3082	3563	2128	2478	2123	2455

Zip Code Areas: 712-713

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	5212	5212	7000	7000	4733	4733	5979	5979
65	1897	2087	2548	2803	1713	1895	1756	1932
70	1725	1894	2317	2544	1562	1727	1596	1753
75	2027	2302	2723	3092	1856	2125	1876	2130
80	2458	2732	3302	3669	2268	2539	2275	2528
85	2756	3186	3701	4280	2556	2976	2550	2949

Zip Code Areas: 714

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4882	4882	6556	6556	4433	4433	5600	5600
65	1777	1955	2387	2626	1604	1775	1645	1809
70	1616	1774	2170	2383	1463	1618	1495	1642
75	1899	2156	2550	2896	1738	1990	1757	1995
80	2303	2559	3093	3437	2124	2378	2131	2368
85	2581	2985	3467	4009	2394	2788	2389	2762

Zip Code Areas: All Others

AGE	A		F		N		G	
	F	M	F	M	F	M	F	M
<65	4717	4717	6335	6335	4283	4283	5411	5411
65	1717	1889	2306	2537	1550	1715	1589	1748
70	1561	1714	2097	2302	1413	1563	1445	1586
75	1835	2083	2464	2798	1680	1923	1698	1928
80	2225	2472	2988	3320	2052	2298	2059	2288
85	2494	2884	3350	3873	2313	2694	2308	2669

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

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza

Omaha, NE 68175

1-800-677-2937

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		HF		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	4044	4411	5322	5803	1545	1685	4354	4749	3148	3433
65	1444	1575	1901	2073	521	569	1555	1696	1124	1226
70	1659	1882	2183	2477	599	679	1786	2026	1291	1465
75	1999	2399	2631	3157	722	866	2153	2583	1556	1868
80	2304	2798	3032	3682	832	1010	2481	3012	1794	2178
85+	2695	3090	3546	4067	973	1116	2901	3327	2098	2406

Zip Code Areas: 700, 703,707-708

Non tobacco

AGE	A		F		HF		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	4340	4733	5711	6228	1658	1808	4673	5096	3379	3685
65	1550	1691	2040	2224	560	610	1669	1820	1207	1316
70	1781	2020	2343	2658	643	729	1917	2175	1386	1572
75	2146	2575	2823	3388	775	930	2310	2772	1670	2005
80	2473	3003	3253	3951	893	1084	2662	3233	1925	2337
85+	2892	3317	3805	4364	1044	1197	3113	3571	2251	2582

Zip Code Areas: 701, 704

Non tobacco

AGE	A		F		HF		G		N	
	F	M	F	M	F	M	F	M	F	M
<65	5031	5486	6620	7219	1922	2096	5416	5907	3916	4271
65	1797	1960	2364	2578	649	707	1934	2110	1399	1525
70	2064	2341	2716	3081	745	845	2222	2521	1606	1823
75	2487	2985	3272	3927	898	1078	2678	3213	1936	2324
80	2866	3481	3771	4580	1035	1257	3086	3747	2231	2709
85+	3352	3844	4410	5058	1210	1388	3609	4139	2609	2993

Pekin Life Insurance Company

2505 Court Street
 Pekin, 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: Yes - \$25

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	4689	5396	5556	6390	4264	4905	3509	4038
65	1563	1799	1852	2130	1421	1635	1170	1346
70	1758	2023	2070	2381	1519	1747	1320	1518
75	2024	2328	2410	2773	1797	2067	1563	1797
80	2267	2606	2795	3214	2169	2494	1836	2110
85+	2486	2858	3242	3728	2597	2988	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	5393	6205	6389	7348	4904	5641	4035	4644
65	1798	2068	2130	2449	1635	1880	1345	1548
70	2022	2326	2380	2738	1747	2009	1518	1746
75	2328	2677	2771	3189	2067	2377	1798	2067
80	2607	2997	3214	3697	2494	2868	2111	2427
85+	2859	3287	3728	4287	2987	3436	2462	2832

RATES CONTINUE 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	4689	4554	5556	5393	4264	4140	3509	3409
65	1563	1518	1852	1798	1421	1380	1170	1136
70	1758	1708	2070	2009	1519	1475	1320	1282
75	2024	1965	2410	2340	1797	1744	1563	1517
80	2267	2200	2795	2713	2169	2105	1836	1781
85+	2486	2412	3242	3146	2597	2522	2141	2078

Zip Code Areas: 705,706,709-714

Tobacco User

AGE	A		F		G		N	
	F	M	F	M	F	M	F	M
<65	5393	5237	6389	6202	4904	4761	4035	3920
65	1798	1746	2130	2067	1635	1587	1345	1307
70	2022	1964	2380	2311	1747	1696	1518	1474
75	2328	2260	2771	2692	2067	2006	1798	1745
80	2607	2530	3214	3120	2494	2421	2111	2048
85+	2859	2774	3728	3618	2987	2900	2462	2390

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

Physicians Mutual Insurance Company

2600 Dodge Street

Omaha, NE 68131

1-800-228-9100

www.physiciansmutual.com

A.M. Best Rating: A

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Issue Age

Zip Code Areas: 712-713

AGE	A	F	FHD	FHD*	G	N
<65	6249	9294	2967	4262	6285	5223
65	1587	2360	489	1124	1533	1341
70	1587	2930	607	1395	1904	1665
75	1587	4069	843	1938	2644	2313
80	1587	4069	843	1938	2644	2313
85	1587	4069	843	1938	2644	2313

Zip Code Areas: 705-706, 710

AGE	A	F	FHD	FHD*	G	N
<65	6561	9759	3116	4475	6599	5484
65	1666	2478	513	1180	1610	1408
70	1666	3076	637	1465	1999	1748
75	1666	4273	885	2035	2776	2428
80	1666	4273	885	2035	2776	2428
85	6561	4273	3116	2035	2776	2428

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 CONTINUE NEXT PAGE

Physicians Mutual Insurance Company

(continued)

Zip Code Areas: 711, 714

AGE	A	F	FHD	FHD*	G	N
<65	7186	10688	3413	4901	7227	6006
65	1824	2714	562	1293	1764	1542
70	1824	3369	698	1605	2190	1915
75	1824	4680	970	2229	3041	2659
80	1824	4680	970	2229	3041	2659
85	1824	4680	970	2229	3041	2659

Zip Code Areas: 703-704

AGE	A	F	FHD	FHD*	G	N
<65	7499	11153	3561	5114	7227	6267
65	1904	2832	587	1349	1764	1609
70	1904	3516	729	1674	2190	1998
75	1904	4883	1012	2326	3041	2775
80	1904	4883	1012	2326	3041	2775
85	1904	4883	1012	2326	3041	2775

Zip Code Areas: 707-708

AGE	A	F	FHD	FHD*	G	N
<65	7186	10688	3413	4901	6913	6006
65	1824	2714	562	1293	1687	1542
70	1824	3369	698	1605	2094	1915
75	1824	4680	970	2229	2909	2659
80	1824	4680	970	2229	2909	2659
85	1824	4680	970	2229	2909	2659

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 CONTINUE NEXT PAGE

Physicians Mutual Insurance Company

(continued)

Zip Code Areas: 700

AGE	A	F	FHD	FHD*	G	N
<65	9061	13477	4303	6179	8798	7573
65	2300	3422	709	1630	2147	1945
70	2300	4248	880	2023	2666	2414
75	2300	5901	1223	2810	3702	3353
80	2300	5901	1223	2810	3702	3353
85	2300	5901	1223	2810	3702	3353

Zip Code Areas: 701

AGE	A	F	FHD	FHD*	G	N
<65	9374	13942	4451	6393	9112	7834
65	2380	3540	733	1686	2224	2012
70	2380	4395	911	2093	2761	2498
75	2380	6104	1265	2907	3834	3469
80	2380	6104	1265	2907	3834	3469
85	2380	6104	1265	2907	3834	3469

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

Medicare Crossover: Yes

Annual Premiums: Attained Age for both male and female

Plans A, C, N

PREFERRED, Non-Tobacco

AGE	A	C	N
<65	3744	5559	3074
65	1952	2899	1603
70	2319	3444	1904
75	2728	4050	2240
80	3162	4695	2597
85	3491	5184	2867

PREFERRED, Tobacco

AGE	A	C	N
<65	4305	6393	3535
65	2246	3334	1844
70	2667	3960	2190
75	3137	4657	2576
80	3637	5400	2986
85	4015	5962	3297

STANDARD, Non-Tobacco

AGE	A	C	N
<65	4305	6393	3535
65	2246	3334	1844
70	2667	3960	2190
75	3137	4657	2576
80	3637	5400	2986
85	4015	5962	3297

STANDARD, Tobacco

AGE	A	C	N
<65	4951	7352	4066
65	2582	3834	2120
70	3067	4555	2518
75	3607	5356	2962
80	4183	6210	3434
85	4618	6856	3791

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 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	2559	2943	2943	3384
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	2943	3384	3384	3892
65	1535	1765	1765	2023
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	2943	3384	3385	3893
65	1535	1765	1765	2030
70	1823	2097	2097	2412
75	2144	2466	2466	2836
80	2485	2858	2859	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	3384	3892	3893	4477
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

S.USA Life Insurance Company, Inc.

P.O. Box 1050

Newark, NJ 07101

1-866-787-2123

www.prosperitylife.com

A.M. Best Rating: A-

Medical Underwriting: A, F, G

Preexisting condition waiting period: 6 months

Policy Fee: \$25

Medicare Crossover: Yes

Annual Premiums: Attained Age

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

	F	M	F	M	F	M
<65	4808	5529	5960	6854	4943	5554
65	1202	1382	1490	1714	1236	1389
70	1220	1403	1507	1733	1261	1416
75	1388	1596	1734	1994	1483	1666
80	1682	1935	2168	2494	1868	2099
85+	1918	2206	2583	2971	2242	2519

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

AGE	A		F		G	
	F	M	F	M	F	M
<65	5529	6358	6854	7882	5685	6387
65	1382	1590	1714	1971	1421	1597
70	1403	1614	1733	1993	1450	1629
75	1596	1836	1994	2293	1705	1916
80	1935	2225	2494	2868	2148	2414
85+	2206	2537	2971	3416	2578	2897

RATES CONTINUE NEXT PAGE

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

S.USA Life Insurance Company, Inc.

(continued)

Zip Code Areas: 700-704, 707-708 Preferred Non-Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	5480	6302	6793	7812	5634	6331
65	1370	1575	1698	1953	1409	1583
70	1391	1599	1718	1975	1437	1614
75	1582	1819	1977	2273	1690	1899
80	1917	2205	2471	2842	2129	2393
85+	2186	2514	2944	3386	2555	2871

Zip Code Areas: 700-704, 707-708 Standard Tobacco User

AGE	A		F		G	
	F	M	F	M	F	M
<65	6302	7247	7812	8984	6479	7280
65	1575	1812	1953	2246	1620	1820
70	1599	1839	1975	2272	1652	1856
75	1819	2092	2273	2614	1943	2183
80	2205	2536	2842	3269	2449	2751
85+	2514	2891	3386	3894	2939	3302

SUPERScript 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

Salt Lake City, UT 84119

1-800-247-1423

www.sslco.com

A.M. Best Rating: B++

Medical Underwriting: All available plans

Pre-existing condition waiting period: None

Policy Fee: \$25

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	4121	4739	4739	5450	4559	5243	5243	6029	5590	6428	6428	7393
65	1754	2017	2017	2319	1940	2231	2231	2566	2379	2735	2735	3146
70	2005	2306	2306	2652	2220	2553	2553	2936	2730	3139	3139	3610
75	2246	2583	2583	2970	2517	2894	2894	3329	3111	3578	3578	4114
80	2456	2825	2825	3248	2796	3215	3215	3698	3479	4001	4001	4601
85+	2610	3001	3001	3452	3020	3473	3473	3994	3788	4356	4356	5009

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	4473	5143	5143	5914	4537	5218	5218	6001	3630	4174	4174	4800
65	1903	2188	2188	2517	1931	2220	2220	2553	1545	1776	1776	2043
70	2184	2511	2511	2888	2216	2549	2549	2931	1773	2039	2039	2345
75	2489	2862	2862	3291	2532	2912	2912	3349	2026	2330	2330	2679
80	2783	3201	3201	3681	2841	3267	3267	3757	2273	2613	2613	3005
85+	3030	3485	3485	4007	3103	3568	3568	4104	2482	2855	2855	3283

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 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	5619	6463	6463	7432	4496	5170	5170	5946	2571	2957	2957	3400
65	2391	2750	2750	3163	1913	2200	2200	2530	1094	1258	1258	1447
70	2744	3156	3156	3629	2195	2525	2525	2903	1257	1445	1445	1662
75	3127	3597	3597	4136	2502	2877	2877	3309	1439	1655	1655	1903
80	3497	4021	4021	4624	2797	3217	3217	3700	1618	1861	1861	2140
85+	3807	4377	4377	5034	3045	3502	3502	4028	1773	2039	2039	2345

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

AGE	N SEL				G			
	NT		T		NT		T	
	F	M	F	M	F	M	F	M
<65	2057	2365	2365	2720	2982	3428	3428	3940
65	875	1006	1006	1158	1269	1459	1459	1677
70	1005	1156	1156	1329	1456	1674	1674	1924
75	1151	1324	1324	1522	1659	1907	1907	2192
80	1295	1489	1489	1712	1855	2133	2133	2451
85+	1418	1631	1631	1876	2020	2322	2322	2669

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	4409	5071	5071	5831	4878	5610	5610	6452	5981	6878	6878	7910
65	1876	2158	2158	2481	2076	2387	2387	2745	2545	2927	2927	3366
70	2146	2467	2467	2838	2376	2732	2732	3141	2921	3359	3359	3863
75	2403	2764	2764	3178	2693	3097	3097	3562	3329	3828	3828	4402
80	2628	3022	3022	3476	2992	3440	3440	3956	3722	4281	4281	4923
85+	2793	3212	3212	3693	3231	3716	3716	4274	4053	4661	4661	5360

RATES CONTINUE 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	4786	5503	5503	6328	4854	5583	5583	6421	3884	4466	4466	5136
65	2036	2342	2342	2693	2066	2376	2376	2732	1653	1901	1901	2186
70	2337	2687	2687	3090	2371	2727	2727	3136	1897	2182	2182	2509
75	2663	3062	3062	3522	2710	3116	3116	3583	2168	2493	2493	2867
80	2978	3425	3425	3938	3040	3495	3495	4020	2432	2796	2796	3216
85+	3242	3728	3728	4288	3320	3818	3818	4391	2656	3055	3055	3513

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	6013	6916	6916	7953	4810	5532	5532	6362	2751	3164	3164	3638
65	2559	2943	2943	3384	2047	2354	2354	2707	1171	1346	1346	1548
70	2936	3377	3377	3883	2349	2701	2701	3107	1344	1546	1546	1778
75	3346	3848	3848	4425	2677	3079	3079	3540	1539	1770	1770	2036
80	3742	4303	4303	4948	2993	3442	3442	3958	1732	1991	1991	2290
85+	4073	4684	4684	5387	3258	3747	3747	4309	1897	2182	2182	2509

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

AGE	N SEL				G			
	NT		T		NT		T	
	F	M	F	M	F	M	F	M
<65	2201	2531	2531	2911	3191	3668	3668	4216
65	937	1077	1077	1239	1358	1561	1561	1794
70	1076	1237	1237	1422	1558	1791	1791	2059
75	1232	1416	1416	1629	1776	2041	2041	2346
80	1385	1593	1593	1832	1985	2282	2282	2623
85+	1518	1745	1745	2007	2161	2484	2484	2855

RATES CONTINUE 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	4945	5687	5687	6539	5471	6292	6292	7235	6708	7714	7714	8871
65	2104	2420	2420	2783	2328	2677	2677	3079	2855	3282	3282	3775
70	2406	2767	2767	3182	2664	3064	3064	3523	3276	3767	3767	4332
75	2695	3099	3099	3564	3020	3473	3473	3994	3733	4293	4293	4937
80	2948	3390	3390	3898	3355	3858	3858	4437	4175	4801	4801	5521
85+	3132	3602	3602	4142	3624	4168	4168	4793	4545	5227	5227	6011

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	5367	6171	6171	7097	5444	6261	6261	7201	4356	5009	5009	5761
65	2284	2626	2626	3020	2317	2664	2664	3064	1854	2131	2131	2451
70	2621	3014	3014	3466	2660	3059	3059	3517	2128	2447	2447	2814
75	2986	3435	3435	3950	3039	3494	3494	4019	2431	2796	2796	3215
80	3340	3841	3841	4417	3409	3920	3920	4508	2727	3136	3136	3606
85+	3636	4181	4181	4809	3724	4282	4282	4924	2979	3426	3426	3939

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	6743	7756	7756	8919	5395	6204	6204	7135	3086	3548	3548	4081
65	2869	3300	3300	3795	2296	2640	2640	3036	1313	1510	1510	1736
70	3293	3787	3787	4355	2634	3030	3030	3484	1508	1734	1734	1994
75	3753	4316	4316	4963	3002	3453	3453	3970	1726	1985	1985	2283
80	4196	4826	4826	5549	3357	3861	3861	4439	1942	2233	2233	2568
85+	4568	5253	5253	6041	3654	4203	4203	4833	2127	2447	2447	2813

RATES CONTINUE NEXT PAGE

Sentinel Security Life Insurance Company

(continued)

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

AGE	N SEL				G			
	NT		T		NT		T	
	F	M	F	M	F	M	F	M
<65	2468	2838	2838	3264	3579	4113	4113	4728
65	1050	1208	1208	1389	1523	1750	1750	2012
70	1206	1387	1387	1595	1747	2008	2008	2309
75	1381	1588	1588	1827	1991	2289	2289	2631
80	1553	1787	1787	2055	2226	2559	2559	2942
85+	1702	1957	1957	2251	2424	2786	2786	3202

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

Standard Life & Accident Insurance Company

One Moody Plaza
Galveston, TX 77550
1-888-350-1488
www.slaico.com

A.M. Best Rating: A

Medical Underwriting: Outside Open Enrollment

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums*: Attained Age

AGE	A		B		C		D		F		FHD		G	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	14206	14206	16174	16174	18389	18389	11081	11081	15122	15122	2198	2198	11165	11165
65	3287	3287	3742	3742	4254	4254	2564	2564	3499	3499	509	509	2583	2583
70	3369	3802	3836	4329	4361	4922	2628	2966	3586	4048	521	589	2648	2988
75	3609	4370	4109	4976	4671	5657	2815	3409	3841	4652	559	676	2836	3435
80	4282	5248	4875	5975	5542	6794	3340	4094	4558	5587	663	812	3365	4125
85+	5457	6602	6214	7517	7064	8547	4257	5150	5809	7028	845	1022	4289	5189

AGE	N	
	F	M
<65	7294	7294
65	1687	1687
70	1730	1952
75	1853	2244
80	2198	2694
85+	2802	3390

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	1265	1907	1926
70	1593	2403	2428
75	1846	2784	2813
80	2074	3128	3159
85+	2163	3261	3294

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	1315	1983	2003
70	1656	2499	2525
75	1920	2896	2924
80	2156	3253	3285
85+	2249	3392	3426

These rates are effective 04/01/2017.

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

1-844-212-0475

www.statemutualinsurance.com

A.M. Best Rating: A

Medical Underwriting: All available plans

Preexisting condition waiting period: None

Policy Fee: \$25

Medicare Crossover: Yes

Annual Premiums: Attained Age

NON TOBACCO

Zip Code Areas: 700-704

AGE	A		B		C		D		F		FHD		G		M		N	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
<65	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

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

RATES CONTINUE NEXT PAGE

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

SUPERSCRIPT 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: 700-702, 704

AGE	A	F	G
<65	4918	6163	4867
65	1639	2054	1622
70	1844	2296	1837
75	2120	2670	2169
80	2396	3113	2551
85+	2676 - 3483	3632 - 5099	2997 - 4237

TOBACCO Zip Code Areas: 700-702, 704

AGE	A	F	G
<65	5656	7088	5597
65	1885	2363	1866
70	2121	2640	2112
75	2438	3070	2494
80	2756	3580	2933
85+	3078 - 4006	4177 - 5864	3446 - 4873

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

RATES CONTINUE NEXT PAGE

Thrivent Financial

(continued)

NON TOBACCO

Zip Code Area: 703, 707-708

AGE	A	F	G
<65	4741	5941	4692
65	1580	1980	1564
70	1778	2213	1771
75	2044	2574	2091
80	2310	3001	2459
85+	2580 - 3358	3502 - 4915	2889 - 4085

TOBACCO

Zip Code Areas: 703, 707-708

AGE	A	F	G
<65	5452	6832	5396
65	1817	2277	1799
70	2044	2545	2036
75	2350	2959	2404
80	2656	3451	2828
85+	2967 - 3861	4027 - 5652	3322 - 4697

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

AGE	A	F	G
<65	4076	5108	4034
65	1359	1703	1345
70	1528	1903	1522
75	1757	2213	1798
80	1986	2580	2114
85+	2218 - 2887	3,011 - 4,226	2484 - 3512

RATES CONTINUE NEXT PAGE

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

Thrivent Financial

(continued)

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

AGE	A	F	G
<65	4688	5874	4,639
65	1563	1958	1546
70	1758	2188	1751
75	2021	2545	2067
80	2284	2967	2431
85+	2551 - 3320	3462 - 4860	2856 - 4039

Quarterly premium = $.255 \times \text{annual premium} + \0.75

Monthly pre-authorized check premium = $0.855 \times \text{annual premium}$

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

Transamerica Life Insurance Company

100 Light Street

Baltimore, MD 21202

866-205-9120

A.M. Best Rating: A+

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 preexisting condition exclusion

Policy Fee: None

Medicare Crossover: None

Monthly Premiums: Issue Age

Zip Code Areas: All others

Non tobacco

AGE	A		F		G	
	F	M	F	M	F	M
<65	303	332	475	521	437	479
65	101	111	158	174	146	160
70	127	141	199	222	183	204
75	154	176	242	277	223	254
80	182	209	286	328	263	301
85+	205	234	322	368	296	338

SUPERSCRIPIT MEANINGS IN THE CHARTS

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

United American Insurance Company

P.O. Box 8080

McKinney, TX 75070

1-800-331-2512

www.unitedamerican.com

A.M. Best Rating: A+

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

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

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Attained Age (Age) and Issue Age (Disability)

NONSMOKING FEMALES

ALL ZIP CODES AREAS

AGE	A	B	C	D	F	FHD	G	K	L	N
<65	4967	5100	7132	5933	5949	2477	5199	2360	3406	4871
65	1407	1893	2479	2197	2247	368	1933	1149	1613	1798
70	1725	2371	3131	2822	2836	490	2479	1530	2147	2320
75	1805	2569	3495	3168	3163	603	2782	1694	2381	2627
80+	1805	2575	3743	3404	3387	712	2990	1773	2489	2861

SUPERSCRIPIT 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
Address: 1801 Watermark Dr., Suite 100
Columbus, OH 43215
Phone Number: 1-800-848-0123
Website: www.uct.org

A.M. Best Rating: B+

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

Zip Code Areas: 703, 706-708

Non-tobacco

AGE	A		B		C		D		F	
	F	M	F	M	F	M	F	M	F	M
<65	4256	4897	5510	6340	5844	6724	5361	6166	5887	6770
65	2479	2849	3211	3691	3554	4087	3126	3594	3661	4213
70	3101	3566	4013	4614	4428	5093	3906	4493	4461	5130
75	3624	4168	4690	5395	5093	5857	4566	5249	5130	5896
80	3991	4590	5167	5942	5507	6335	5027	5781	5547	6378
85+	4256+	4897+	5510+	6340+	5844+	6724+	5361+	6166+	5887+	6770+

AGE	G		N	
	F	M	F	M
<65	5188	5966	4083	4695
65	3022	3475	2539	2922
70	3779	4347	3094	3557
75	4420	5082	3557	4089
80	4866	5595	3847	4423
85+	5188+	5966+	4083+	4695+

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

USAA Life Insurance Company

9800 Fredericksburg Rd

San Antonio, TX 78288

1-800-515-8687

www.usaa.com/medicare

A.M. Best Rating: A++

Medical Underwriting: All available plans outside of open enrollment period

Preexisting condition waiting period: None

Policy Fee: None

Medicare Crossover: Yes

Annual Premiums: Attained Age

Zip Code Areas: All

Non tobacco

AGE	A		F		N	
	F	M	F	M	F	M
<65	3696	3696	4654	4654	3096	3096
65	1080	1080	1808	1808	1312	1312
70	1262	1262	2114	2114	1534	1534
75	1514	1514	2524	2524	1832	1832
80	1756	1756	2922	2922	2120	2120
85+	1934	1934	3232	3232	2346	2346

Zip Code Areas: All

Tobacco

AGE	A		F		N	
	F	M	F	M	F	M
<65	4056	4056	5102	5102	3396	3396
65	1190	1190	1988	1988	1444	1444
70	1392	1392	2326	2326	1688	1688
75	1660	1660	2774	2774	2014	2014
80	1926	1926	3212	3212	2332	2332
85+	2124	2124	3544	3544	2572	2572

Monthly automatic payment plan (APP) premium = 0.085 x Annual Premium

Quarterly direct bill pay premium = 0.26 x Annual Premium

SUPERScript 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