

**AMERICAN CONTINENTAL INSURANCE COMPANY**  
800 Crescent Centre Dr., Suite 200, Franklin, Tennessee (800) 264-4000

**OUTLINE OF MEDICARE SUPPLEMENT INSURANCE**  
**OUTLINE OF COVERAGE FOR POLICY FORM ACIMSP14BC**

**MEDICARE SUPPLEMENT INSURANCE**

**The Wisconsin Insurance Commissioner has set standards for Medicare Supplement Insurance. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see *Wisconsin Guide to Health Insurance for People with Medicare*, given to you when you applied for the policy. Do not buy the policy if you did not get this guide.**

**PREMIUM INFORMATION-**We, American Continental Insurance Company can only raise your premium if we raise the premium for all policies like yours in the same geographic area in this state. Your premium will change each year. The new premium will be based on your age.

**Use this outline to compare benefits and premiums among policies.**

**READ YOUR POLICY VERY CAREFULLY-** This is only an Outline of Coverage describing your policy's most important features. This is not your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

**RIGHT TO RETURN POLICY-**If you find you are not satisfied with your policy, you may return it to American Continental Insurance Company, 800 Crescent Centre Dr., Suite 200, Franklin, Tennessee 37067. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

**POLICY REPLACEMENT-**If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**NOTICE-**The policy may not fully cover all of your medical costs.

**NEITHER AMERICAN CONTINENTAL  
INSURANCE COMPANY NOR ITS AGENTS  
ARE CONNECTED WITH MEDICARE.**

**THIS OUTLINE OF COVERAGE DOES NOT GIVE ALL THE DETAILS OF MEDICARE COVERAGE. CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE OR CONSULT "MEDICARE AND YOU" FOR MORE DETAILS.**

**AMERICAN CONTINENTAL INSURANCE COMPANY  
OUTLINE OF MEDICARE SUPPLEMENT INSURANCE**

**BASIC PLAN**

**MEDICARE SUPPLEMENT PART A-HOSPITAL EXPENSES-PER BENEFIT PERIOD**

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<b>Medicare Part A Benefits</b>	<b>Per Benefit Period</b>	<b>Medicare Pays</b>	<b>This Policy Pays</b>	<b>You Pay</b>
<b>HOSPITALIZATION</b> Semiprivate room and board general nursing and miscellaneous hospital services and supplies (Does not include personal items).	First 60 days	All but \$1288 each benefit period.	\$0 or  [ ] Part A Deductible Rider **	\$1288 or  \$0
	61 <sup>st</sup> to 90 <sup>th</sup> Day	All but \$322 a day	\$322 a day	\$0
	91 <sup>st</sup> day and After while using 60 lifetime reserve days	All but \$644 a day	\$644 a day	\$0
	Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses*	\$0
	Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$161 per day	Up to \$161 a day	\$0
	101 <sup>st</sup> day and after	\$0	\$0	All Costs

<b>INPATIENT PSYCHIATRIC CARE</b> Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 days per lifetime	All charges not covered by policy nor by Medicare
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services		All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care	\$0	\$0

\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the issuer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

## BASIC MEDICARE SUPPLEMENT POLICIES-PART B BENEFITS

Once you have been billed \$166 of Medicare approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

<b>Medicare Part B Benefits</b>	<b>Per Calendar Year</b>	<b>Medicare Pays</b>	<b>This Policy Pays</b>	<b>You Pay</b>
<b>MEDICAL EXPENSES</b> Eligible expense for physician's services, in-patient and out-patient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$166 of Medicare approved amounts	\$0	\$0 or  <input type="checkbox"/> Optional Part B Deductible Rider**  <input type="checkbox"/> Optional Medicare Copayment Deductible Rider**	\$166 or  \$0 or  Up to \$20 per office visit and up to \$50 per emergency room visit.
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%  <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider	Charges in excess of 20% up to the limiting charge  Balance, if any, or expenses if not covered by Medicare or this policy
<b>BLOOD</b>	First 3 pints	\$0	All costs	\$0
	Next \$166 of Medicare approved amounts	\$0	\$0 or \$166 Part B Deductible	Charges not covered by the policy or Medicare
	Remainder of Medicare approved amounts	80%	20%	

<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services		100%	\$0	\$0
<b>HOME HEALTH CARE</b>		100% of charges for visits considered medically necessary by Medicare	40 visits or [ ] Optional Additional Home Health Care Rider	Charges not covered by policy or Medicare
<b>PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$120 each calendar year  Additional charges	\$0  \$0	\$120  \$0	Charges not covered by policy or Medicare

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

## THE FOLLOWING BENEFITS ARE MANDATED BY YOUR STATE:

**Skilled Nursing Facility Benefit-Non-Medicare Eligible Confinement-**For confinement in a Wisconsin state licensed nursing facility we will pay the expense incurred for up to 30 days.

**Kidney Disease Benefit-**We will pay inpatient and outpatient expense for dialysis, transplantation, or donor related services because of kidney disease. We won't pay for expenses paid for under Medicare, nor pay more than \$30,000 in any one calendar year. If you have other coverage covering kidney disease expense, we won't pay more than our share.

**Chiropractic Benefit-**When Medicare Part B does not pay for medically necessary services received from a chiropractor, we will provide payment in full for all usual and customary charges for chiropractor services. Benefits are not payable for any charges paid by Medicare.

**Diabetes Benefit-**We will provide payment in full for all usual and customary expenses for: (a) the installation or purchase of an insulin infusion pump; (b) non-prescription insulin or any other non-prescription equipment or supplies for the treatment of diabetes, but not including any other outpatient prescription medications; and (c) diabetes self-management education program. Benefits are not payable for any charges paid by Medicare.

**Hospital or Ambulatory Dental Benefit-**We will provide payment in full for all usual and customary expenses incurred for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care if any of the following applies; (a) the insured person has a chronic health condition; (2) the insured person has a medical condition that requires hospitalization or general anesthesia for dental care. Benefits are not payable for any charges paid by Medicare.

**Breast Reconstruction Benefit-** We will provide payment in full for all usual and customary expenses incurred, in the manner recommended by the attending physician or oncologist to be appropriate for reconstruction of the affected tissue incident to a mastectomy. Benefits are not payable for any charges paid by Medicare.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE POLICY-**We will not pay benefits for:

- (1) expenses deemed unnecessary or unreasonable by Medicare, except in the Benefit provisions and in Optional Riders, if any;
- (2) expenses incurred prior to the coverage effective date;
- (3) drugs (other than prescription drugs furnished during a hospital or skilled nursing facility stay;
- (4) custodial care, dental care (except as provided in the mandated benefits) eye or ear examinations to prescribe or fit eyeglasses or hearing aids, routine immunizations, cosmetic surgery or routine foot care;
- (5) services for which a charge is normally not make when there is no insurance;
- (6) nursing home care costs (beyond what is covered by Medicare and the Wisconsin 30-day skilled nursing mandated by Wisconsin 632.895(3);
- (7) home health care above the number of visits covered by Medicare and the 40-visits mandated by Wisconsin 632.895(2), unless you select the Additional Home Health Care Rider;
- (8) care received outside the USA

Benefits will be increased to match any increases in Medicare deductible amounts or co-payment charges. The premium may automatically increase to correspond with these increases.

**Renewability of the Policy**-We will renew the policy each time you send us the premium. It must be paid on or before the date it is due or during the 31 days that follow.

Your premium will change on the first renewal date that coincides with or follows the anniversary date of the policy.

**Material Misrepresentation**-in the event of a material misrepresentation, the coverage will be cancelled as of the coverage effective date. A "material misrepresentation" occurs when a condition or combination of conditions you were requested to name on the application was not named and which, if named, would have caused us to deny issuing the coverage. This limitation for material misrepresentation is subject to the Time Limit for Certain defenses provision.

**Review and Appeal**-In the event of the denial of a claim under the Policy, You may appeal such denial by submitting a written request, which may be in any form and which may include supporting material, for our review. We will provide a description of the review and notification to you regarding the results of the review within 30 days after receiving your request.

**Grievance**-A grievance may be made by you or on your behalf in writing to us. A grievance is any dissatisfaction with the provision of services or claims practices by us.

**IN ADDITION TO THIS OUTLINE OF COVERAGE, AMERICAN CONTINENTAL INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU, 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES, WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.**

## MEDICARE SUPPLEMENT PREMIUM INFORMATION

### ANNUAL PREMIUM

\$ \_\_\_\_\_

BASIC MEDICARE SUPPLEMENT COVERAGE

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY-Each of these riders may be purchased separately.

\$ \_\_\_\_\_

PART A DEDUCTIBLE RIDER-100% of Part A Deductible

\$ \_\_\_\_\_

PART B DEDUCTIBLE RIDER-100% of Part B Deductible

\$ \_\_\_\_\_

PART B EXCESS CHARGES RIDER-Difference between what Medicare pays and the amount charged by the provider which shall be no greater than the actual charge or the limiting charge allowed by Medicare, whichever is less.

\$ \_\_\_\_\_

ADDITIONAL HOME HEALTH CARE RIDER-An aggregate of 365 visits per year including those covered by Medicare.

\$ \_\_\_\_\_

FOREIGN TRAVEL RIDER-After a deductible of not greater than \$250, covers at least 80% of expenses associated with emergency medical care received outside the United States during the first 60 days of a trip with a maximum of at least \$50,000.

\$ \_\_\_\_\_

BASIC PLAN WITH MEDICARE COPAYMENT DEDUCTIBLE RIDER-Pays the Part B coinsurance subject to a copayment or coinsurance of no more than \$20 per office visit and no more than \$50 per emergency room visit that is in addition to the Medicare Part B medical deductible and in addition to out-of-pocket maximums.

\$ \_\_\_\_\_

TOTAL FOR BASIC POLICY, POLICY FEE AND SELECTED OPTIONAL RIDERS

Total Premium, if other than Annual Mode (at time of application), including premium for any Optional Rider selected above:

\$ \_\_\_\_\_ EFT \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Semi-annual



**AMERICAN CONTINENTAL INSURANCE COMPANY**

**WISCONSIN - ANNUAL ATTAINED AGE PREMIUMS**

**ZIP CODES: 530-534**

**EFFECTIVE DATE: 04/01/2016**

**FEMALE RATES**

Attained Age	Preferred			
	Basic Policy with Part B			
	Copayment		Part A	
	Basic Policy	Rider	Deductible Rider	Excess Rider
Under 65	4,998	3,611	930	248
65	1,280	1,005	215	70
66	1,326	1,036	232	71
67	1,372	1,070	246	74
68	1,417	1,102	261	76
69	1,459	1,132	276	78
70	1,503	1,163	291	81
71	1,547	1,194	306	83
72	1,590	1,226	320	86
73	1,632	1,254	342	89
74	1,672	1,283	365	91
75	1,714	1,312	385	93
76	1,753	1,339	408	95
77	1,792	1,369	429	98
78	1,816	1,385	458	99
79	1,837	1,402	488	101
80	1,860	1,417	516	102
81	1,880	1,433	546	106
82	1,903	1,449	575	107
83	1,925	1,470	600	110
84	1,950	1,492	627	112
85	1,972	1,511	651	113
86	1,990	1,531	675	115
87	2,011	1,551	700	116
88	2,032	1,572	727	117
89	2,054	1,593	751	118
90	2,075	1,615	775	121
91	2,098	1,636	797	122
92	2,121	1,659	819	123
93	2,144	1,682	840	124
94	2,167	1,705	859	125
95	2,191	1,731	875	128
96	2,216	1,756	890	129
97	2,243	1,783	906	130
98	2,269	1,809	919	131
99+	2,297	1,835	930	133

Attained Age	Standard			
	Basic Policy with Part B			
	Copayment		Part A	
	Basic Policy	Rider	Deductible Rider	Excess Rider
Under 65	5,553	4,012	1,034	276
65	1,423	1,117	239	78
66	1,473	1,151	258	79
67	1,525	1,188	274	82
68	1,574	1,224	290	84
69	1,622	1,257	307	87
70	1,670	1,291	323	90
71	1,718	1,326	340	92
72	1,768	1,362	355	95
73	1,814	1,393	380	99
74	1,858	1,426	405	101
75	1,904	1,458	428	104
76	1,947	1,487	453	106
77	1,991	1,520	476	108
78	2,017	1,539	508	110
79	2,040	1,557	542	113
80	2,067	1,574	574	114
81	2,090	1,592	607	117
82	2,115	1,610	639	118
83	2,139	1,633	667	123
84	2,167	1,657	697	124
85	2,192	1,679	723	125
86	2,210	1,701	750	128
87	2,234	1,724	779	129
88	2,257	1,747	807	130
89	2,282	1,770	835	131
90	2,305	1,794	861	135
91	2,331	1,818	886	136
92	2,356	1,843	910	137
93	2,382	1,870	933	138
94	2,407	1,895	955	139
95	2,435	1,923	973	141
96	2,462	1,952	989	143
97	2,492	1,980	1,007	145
98	2,521	2,010	1,021	146
99+	2,552	2,039	1,034	148

Attained Age	Preferred		
	Additional Part B		
	Home Health		Foreign Travel
	Care Rider	Deductible Rider	
All	41	166	35

Attained Age	Standard		
	Additional Part B		
	Home Health		Foreign Travel
	Care Rider	Deductible Rider	
All	46	166	38

Modal Factors:                      Semi-Annual:      0.5200

Quarterly:      0.2650                      Monthly:      0.0833

The above rates do not include the \$20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**AMERICAN CONTINENTAL INSURANCE COMPANY**

**WISCONSIN - ANNUAL ATTAINED AGE PREMIUMS**

**ZIP CODES: 530-534**

**EFFECTIVE DATE: 04/01/2016**

**MALE RATES**

Attained Age	Preferred			
	Basic Policy with Part B			
	Copayment		Part A	
	Basic Policy	Rider	Deductible Rider	Excess Rider
Under 65	5,748	4,152	1,070	286
65	1,471	1,156	247	79
66	1,525	1,191	266	82
67	1,577	1,231	284	85
68	1,628	1,266	300	87
69	1,680	1,302	317	90
70	1,730	1,336	335	93
71	1,780	1,373	352	95
72	1,830	1,409	368	98
73	1,877	1,442	392	101
74	1,924	1,477	419	105
75	1,972	1,508	444	107
76	2,015	1,541	468	112
77	2,061	1,573	493	114
78	2,087	1,593	527	115
79	2,114	1,612	561	117
80	2,139	1,628	595	118
81	2,163	1,648	628	122
82	2,190	1,666	660	123
83	2,214	1,691	691	125
84	2,243	1,715	721	127
85	2,268	1,738	748	129
86	2,289	1,761	776	131
87	2,314	1,785	804	133
88	2,337	1,809	836	135
89	2,362	1,832	865	136
90	2,386	1,857	890	139
91	2,412	1,881	917	140
92	2,439	1,908	942	141
93	2,463	1,934	965	143
94	2,491	1,961	988	144
95	2,519	1,990	1,007	147
96	2,548	2,021	1,024	150
97	2,578	2,049	1,041	151
98	2,609	2,079	1,058	152
99+	2,642	2,110	1,070	153

Attained Age	Standard			
	Basic Policy with Part B			
	Copayment		Part A	
	Basic Policy	Rider	Deductible Rider	Excess Rider
Under 65	6,386	4,613	1,188	319
65	1,634	1,285	275	89
66	1,694	1,324	296	91
67	1,751	1,367	315	94
68	1,809	1,406	334	97
69	1,866	1,447	353	100
70	1,922	1,485	371	104
71	1,978	1,526	391	106
72	2,033	1,565	409	108
73	2,085	1,602	436	113
74	2,138	1,641	465	116
75	2,192	1,676	493	118
76	2,239	1,712	520	124
77	2,290	1,748	549	127
78	2,320	1,770	585	128
79	2,348	1,792	623	130
80	2,377	1,809	660	131
81	2,404	1,831	698	136
82	2,433	1,852	734	137
83	2,460	1,878	768	139
84	2,492	1,906	802	140
85	2,520	1,931	830	143
86	2,543	1,956	863	146
87	2,571	1,983	894	148
88	2,597	2,010	929	150
89	2,624	2,036	961	151
90	2,652	2,063	989	154
91	2,680	2,091	1,019	156
92	2,711	2,119	1,047	158
93	2,737	2,149	1,072	159
94	2,768	2,178	1,097	160
95	2,798	2,210	1,119	163
96	2,831	2,245	1,137	166
97	2,865	2,277	1,157	168
98	2,899	2,310	1,175	169
99+	2,935	2,345	1,188	170

Attained Age	Preferred		
	Additional	Part B	
	Home Health Care Rider	Deductible Rider	Foreign Travel Rider
All	41	166	35

Attained Age	Standard		
	Additional	Part B	
	Home Health Care Rider	Deductible Rider	Foreign Travel Rider
All	46	166	38

Modal Factors:                      Semi-Annual:      0.5200

Quarterly:      0.2650                      Monthly:      0.0833

The above rates do not include the \$20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**AMERICAN CONTINENTAL INSURANCE COMPANY**

**WISCONSIN - ANNUAL ATTAINED AGE PREMIUMS**

**ZIP CODES: REST OF STATE**

**EFFECTIVE DATE: 04/01/2016**

**FEMALE RATES**

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with Part B		Part A	Part B		Basic Policy with Part B		Part A	Part B
	Copayment	Deductible	Excess			Copayment	Deductible	Excess	
	Basic Policy	Rider	Rider	Rider		Basic Policy	Rider	Rider	Rider
Under 65	4,346	3,140	809	216	Under 65	4,829	3,489	899	240
65	1,113	874	187	61	65	1,237	971	208	68
66	1,153	901	202	62	66	1,281	1,001	224	69
67	1,193	930	214	64	67	1,326	1,033	238	71
68	1,232	958	227	66	68	1,369	1,064	252	73
69	1,269	984	240	68	69	1,410	1,093	267	76
70	1,307	1,011	253	70	70	1,452	1,123	281	78
71	1,345	1,038	266	72	71	1,494	1,153	296	80
72	1,383	1,066	278	75	72	1,537	1,184	309	83
73	1,419	1,090	297	77	73	1,577	1,211	330	86
74	1,454	1,116	317	79	74	1,616	1,240	352	88
75	1,490	1,141	335	81	75	1,656	1,268	372	90
76	1,524	1,164	355	83	76	1,693	1,293	394	92
77	1,558	1,190	373	85	77	1,731	1,322	414	94
78	1,579	1,204	398	86	78	1,754	1,338	442	96
79	1,597	1,219	424	88	79	1,774	1,354	471	98
80	1,617	1,232	449	89	80	1,797	1,369	499	99
81	1,635	1,246	475	92	81	1,817	1,384	528	102
82	1,655	1,260	500	93	82	1,839	1,400	556	103
83	1,674	1,278	522	96	83	1,860	1,420	580	107
84	1,696	1,297	545	97	84	1,884	1,441	606	108
85	1,715	1,314	566	98	85	1,906	1,460	629	109
86	1,730	1,331	587	100	86	1,922	1,479	652	111
87	1,749	1,349	609	101	87	1,943	1,499	677	112
88	1,767	1,367	632	102	88	1,963	1,519	702	113
89	1,786	1,385	653	103	89	1,984	1,539	726	114
90	1,804	1,404	674	105	90	2,004	1,560	749	117
91	1,824	1,423	693	106	91	2,027	1,581	770	118
92	1,844	1,443	712	107	92	2,049	1,603	791	119
93	1,864	1,463	730	108	93	2,071	1,626	811	120
94	1,884	1,483	747	109	94	2,093	1,648	830	121
95	1,905	1,505	761	111	95	2,117	1,672	846	123
96	1,927	1,527	774	112	96	2,141	1,697	860	124
97	1,950	1,550	788	113	97	2,167	1,722	876	126
98	1,973	1,573	799	114	98	2,192	1,748	888	127
99+	1,997	1,596	809	116	99+	2,219	1,773	899	129

Attained Age	Preferred		
	Additional	Part B	
	Home Health Care Rider	Deductible Rider	Foreign Travel Rider
All	36	166	30

Attained Age	Standard		
	Additional	Part B	
	Home Health Care Rider	Deductible Rider	Foreign Travel Rider
All	40	166	33

Modal Factors:                      Semi-Annual:      0.5200

Quarterly:      0.2650                      Monthly:      0.0833

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To calculate a Household discount:

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**AMERICAN CONTINENTAL INSURANCE COMPANY**

**WISCONSIN - ANNUAL ATTAINED AGE PREMIUMS**

**ZIP CODES: REST OF STATE**

**EFFECTIVE DATE: 04/01/2016**

**MALE RATES**

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with Part B		Part A	Part B		Basic Policy with Part B		Part A	Part B
	Copayment	Deductible	Excess			Copayment	Deductible	Excess	
	Basic Policy	Rider	Rider	Rider		Basic Policy	Rider	Rider	Rider
Under 65	4,998	3,610	930	249	Under 65	5,553	4,011	1,033	277
65	1,279	1,005	215	69	65	1,421	1,117	239	77
66	1,326	1,036	231	71	66	1,473	1,151	257	79
67	1,371	1,070	247	74	67	1,523	1,189	274	82
68	1,416	1,101	261	76	68	1,573	1,223	290	84
69	1,461	1,132	276	78	69	1,623	1,258	307	87
70	1,504	1,162	291	81	70	1,671	1,291	323	90
71	1,548	1,194	306	83	71	1,720	1,327	340	92
72	1,591	1,225	320	85	72	1,768	1,361	356	94
73	1,632	1,254	341	88	73	1,813	1,393	379	98
74	1,673	1,284	364	91	74	1,859	1,427	404	101
75	1,715	1,311	386	93	75	1,906	1,457	429	103
76	1,752	1,340	407	97	76	1,947	1,489	452	108
77	1,792	1,368	429	99	77	1,991	1,520	477	110
78	1,815	1,385	458	100	78	2,017	1,539	509	111
79	1,838	1,402	488	102	79	2,042	1,558	542	113
80	1,860	1,416	517	103	80	2,067	1,573	574	114
81	1,881	1,433	546	106	81	2,090	1,592	607	118
82	1,904	1,449	574	107	82	2,116	1,610	638	119
83	1,925	1,470	601	109	83	2,139	1,633	668	121
84	1,950	1,491	627	110	84	2,167	1,657	697	122
85	1,972	1,511	650	112	85	2,191	1,679	722	124
86	1,990	1,531	675	114	86	2,211	1,701	750	127
87	2,012	1,552	699	116	87	2,236	1,724	777	129
88	2,032	1,573	727	117	88	2,258	1,748	808	130
89	2,054	1,593	752	118	89	2,282	1,770	836	131
90	2,075	1,615	774	121	90	2,306	1,794	860	134
91	2,097	1,636	797	122	91	2,330	1,818	886	136
92	2,121	1,659	819	123	92	2,357	1,843	910	137
93	2,142	1,682	839	124	93	2,380	1,869	932	138
94	2,166	1,705	859	125	94	2,407	1,894	954	139
95	2,190	1,730	876	128	95	2,433	1,922	973	142
96	2,216	1,757	890	130	96	2,462	1,952	989	144
97	2,242	1,782	905	131	97	2,491	1,980	1,006	146
98	2,269	1,808	920	132	98	2,521	2,009	1,022	147
99+	2,297	1,835	930	133	99+	2,552	2,039	1,033	148

Attained Age	Preferred		
	Additional	Part B	
	Home Health Care Rider	Deductible Rider	Foreign Travel Rider
All	36	166	30

Attained Age	Standard		
	Additional	Part B	
	Home Health Care Rider	Deductible Rider	Foreign Travel Rider
All	40	166	33

Modal Factors:                      Semi-Annual:      0.5200

Quarterly:      0.2650                      Monthly:      0.0833

The above rates do not include the \$20 application fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .95 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.