

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, N.E., Atlanta, GA 30319

## Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 01-01-2020

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available in your state. Only applicants **first** eligible for Medicare before 2020 may purchase Plan C, Plan F, or High Deductible F.

†Atlantic Capital Life Assurance Company does not currently offer the plans marked below.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B †	D †	G <sup>1</sup>	K	L †	M †	N	C †	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in 2025 <sup>2</sup>					\$7,220 <sup>2</sup>	\$3,610 <sup>2</sup>				

<sup>1</sup>Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup>Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup>Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024

### PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	99.55	118.01	99.60	34.72	60.00	77.15
66	99.55	118.01	99.60	34.72	60.00	77.15
67	99.55	118.01	99.60	34.72	60.00	77.15
68	99.55	118.01	99.60	34.72	60.00	77.15
69	101.54	120.37	101.59	35.42	61.20	78.69
70	104.59	123.99	104.64	36.48	63.03	81.05
71	108.59	128.73	108.65	37.88	65.45	84.16
72	112.51	133.38	112.57	39.25	67.81	87.20
73	116.43	138.02	116.49	40.61	70.17	90.23
74	120.35	142.67	120.41	41.98	72.53	93.27
75	124.27	147.32	124.33	43.35	74.90	96.31
76	128.45	152.27	128.51	44.80	77.42	99.55
77	133.59	158.36	133.65	46.60	80.51	103.53
78	138.90	164.66	138.97	48.45	83.71	107.64
79	142.99	169.51	143.07	49.88	86.18	110.82
80	147.34	174.67	147.42	51.40	88.80	114.19
81	151.70	179.84	151.78	52.92	91.43	117.57
82	156.23	185.20	156.31	54.50	94.16	121.08
83	160.93	190.78	161.01	56.14	96.99	124.72
84	165.63	196.35	165.72	57.78	99.83	128.36
85	170.42	202.03	170.51	59.45	102.71	132.08
86	175.21	207.71	175.30	61.12	105.60	135.79
87	180.09	213.49	180.18	62.82	108.54	139.57
88	185.05	219.37	185.15	64.55	111.53	143.42
89	190.02	225.26	190.11	66.28	114.52	147.26
90	194.89	231.04	194.99	67.98	117.46	151.04
91	198.90	235.79	199.00	69.38	119.88	154.15
92	202.90	240.54	203.01	70.78	122.29	157.25
93	206.65	244.98	206.76	72.08	124.55	160.15
94	210.48	249.52	210.59	73.42	126.86	163.12
95	214.40	254.16	214.51	74.79	129.22	166.16
96	217.97	258.39	218.08	76.03	131.37	168.93
97	221.63	262.73	221.74	77.31	133.57	171.76
98	225.28	267.07	225.40	78.59	135.78	174.59
99+	229.12	271.61	229.23	79.92	138.09	177.56

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

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**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	107.51	127.45	107.57	37.50	64.80	83.32
66	107.51	127.45	107.57	37.50	64.80	83.32
67	107.51	127.45	107.57	37.50	64.80	83.32
68	107.51	127.45	107.57	37.50	64.80	83.32
69	109.66	130.00	109.72	38.25	66.09	84.99
70	112.95	133.90	113.01	39.40	68.08	87.54
71	117.28	139.03	117.34	40.91	70.68	90.89
72	121.51	144.05	121.58	42.39	73.24	94.17
73	125.75	149.06	125.81	43.86	75.79	97.45
74	129.98	154.08	130.04	45.34	78.34	100.73
75	134.21	159.10	134.28	46.82	80.89	104.01
76	138.72	164.45	138.80	48.39	83.61	107.51
77	144.27	171.03	144.35	50.33	86.95	111.81
78	150.01	177.83	150.09	52.33	90.41	116.26
79	154.43	183.07	154.51	53.87	93.08	119.68
80	159.13	188.65	159.21	55.51	95.91	123.33
81	163.84	194.22	163.92	57.15	98.74	126.97
82	168.73	200.02	168.81	58.86	101.69	130.76
83	173.80	206.04	173.89	60.63	104.75	134.70
84	178.88	212.06	178.98	62.40	107.81	138.63
85	184.06	218.19	184.15	64.20	110.93	142.64
86	189.23	224.32	189.33	66.01	114.05	146.65
87	194.49	230.57	194.59	67.85	117.22	150.73
88	199.86	236.92	199.96	69.71	120.45	154.89
89	205.22	243.28	205.32	71.59	123.68	159.04
90	210.48	249.52	210.59	73.42	126.86	163.13
91	214.81	254.65	214.92	74.93	129.46	166.48
92	219.14	259.78	219.25	76.44	132.07	169.83
93	223.18	264.57	223.30	77.85	134.51	172.96
94	227.32	269.48	227.44	79.30	137.00	176.17
95	231.55	274.50	231.67	80.77	139.55	179.45
96	235.41	279.07	235.53	82.12	141.88	182.44
97	239.36	283.75	239.48	83.49	144.26	185.50
98	243.31	288.43	243.43	84.87	146.64	188.56
99+	247.45	293.34	247.57	86.32	149.13	191.77

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

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A one-time Policy Fee of \$25.00 is required with the initial premium.

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**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	115.48	136.89	115.54	40.28	69.60	89.49
66	115.48	136.89	115.54	40.28	69.60	89.49
67	115.48	136.89	115.54	40.28	69.60	89.49
68	115.48	136.89	115.54	40.28	69.60	89.49
69	117.79	139.63	117.85	41.09	70.99	91.28
70	121.32	143.82	121.38	42.32	73.12	94.02
71	125.97	149.33	126.03	43.94	75.92	97.63
72	130.51	154.72	130.58	45.53	78.66	101.15
73	135.06	160.11	135.13	47.11	81.40	104.67
74	139.61	165.50	139.68	48.70	84.14	108.19
75	144.15	170.89	144.23	50.28	86.88	111.72
76	149.00	176.63	149.08	51.97	89.80	115.48
77	154.96	183.70	155.04	54.05	93.39	120.09
78	161.12	191.00	161.20	56.20	97.11	124.87
79	165.87	196.63	165.96	57.86	99.97	128.55
80	170.92	202.62	171.01	59.62	103.01	132.46
81	175.97	208.61	176.06	61.38	106.06	136.38
82	181.22	214.83	181.32	63.22	109.22	140.45
83	186.68	221.30	186.78	65.12	112.51	144.68
84	192.13	227.77	192.23	67.02	115.80	148.90
85	197.69	234.35	197.79	68.96	119.15	153.21
86	203.25	240.94	203.35	70.90	122.50	157.51
87	208.90	247.65	209.01	72.87	125.90	161.90
88	214.66	254.47	214.77	74.88	129.37	166.36
89	220.42	261.30	220.53	76.89	132.85	170.82
90	226.08	268.00	226.19	78.86	136.25	175.21
91	230.72	273.51	230.84	80.48	139.06	178.81
92	235.37	279.02	235.49	82.10	141.86	182.41
93	239.71	284.17	239.84	83.62	144.47	185.78
94	244.16	289.44	244.28	85.17	147.15	189.22
95	248.70	294.83	248.83	86.75	149.89	192.74
96	252.84	299.74	252.97	88.20	152.39	195.95
97	257.09	304.77	257.22	89.68	154.94	199.24
98	261.33	309.80	261.46	91.16	157.50	202.53
99+	265.78	315.07	265.91	92.71	160.18	205.98

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

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**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	114.23	135.49	114.32	39.74	68.79	88.52
66	114.23	135.49	114.32	39.74	68.79	88.52
67	114.23	135.49	114.32	39.74	68.79	88.52
68	114.23	135.49	114.32	39.74	68.79	88.52
69	116.52	138.20	116.60	40.54	70.17	90.29
70	120.01	142.35	120.10	41.75	72.27	93.00
71	124.61	147.80	124.70	43.35	75.04	96.56
72	129.10	153.13	129.20	44.92	77.75	100.05
73	133.60	158.46	133.70	46.48	80.46	103.53
74	138.10	163.80	138.20	48.05	83.17	107.02
75	142.59	169.13	142.70	49.61	85.87	110.50
76	147.39	174.82	147.50	51.28	88.76	114.22
77	153.29	181.81	153.40	53.33	92.31	118.79
78	159.38	189.04	159.50	55.45	95.98	123.51
79	164.08	194.61	164.20	57.09	98.81	127.15
80	169.08	200.54	169.20	58.83	101.82	131.02
81	174.07	206.47	174.20	60.56	104.83	134.90
82	179.27	212.63	179.40	62.37	107.96	138.92
83	184.66	219.03	184.80	64.25	111.21	143.10
84	190.06	225.43	190.20	66.13	114.46	147.29
85	195.56	231.95	195.70	68.04	117.77	151.54
86	201.05	238.47	201.20	69.95	121.08	155.80
87	206.65	245.10	206.81	71.90	124.45	160.14
88	212.34	251.86	212.50	73.88	127.88	164.55
89	218.04	258.62	218.20	75.86	131.31	168.97
90	223.63	265.25	223.81	77.81	134.68	173.30
91	228.23	270.70	228.41	79.41	137.45	176.87
92	232.83	276.16	233.01	81.01	140.22	180.43
93	237.12	281.25	237.31	82.50	142.80	183.76
94	241.52	286.47	241.71	84.03	145.45	187.16
95	246.02	291.80	246.21	85.60	148.16	190.65
96	250.12	296.66	250.31	87.02	150.63	193.82
97	254.31	301.64	254.51	88.48	153.15	197.08
98	258.51	306.62	258.71	89.94	155.68	200.33
99+	262.91	311.83	263.11	91.47	158.33	203.74

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

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**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	123.37	146.33	123.46	42.92	74.30	95.60
66	123.37	146.33	123.46	42.92	74.30	95.60
67	123.37	146.33	123.46	42.92	74.30	95.60
68	123.37	146.33	123.46	42.92	74.30	95.60
69	125.84	149.25	125.93	43.78	75.78	97.52
70	129.61	153.73	129.71	45.09	78.06	100.44
71	134.58	159.62	134.68	46.82	81.05	104.29
72	139.43	165.38	139.54	48.51	83.97	108.05
73	144.29	171.14	144.40	50.20	86.89	111.82
74	149.15	176.90	149.26	51.89	89.82	115.58
75	154.00	182.66	154.12	53.58	92.74	119.34
76	159.18	188.80	159.30	55.38	95.86	123.36
77	165.55	196.36	165.68	57.60	99.70	128.29
78	172.13	204.17	172.26	59.89	103.66	133.39
79	177.21	210.18	177.34	61.65	106.72	137.32
80	182.60	216.58	182.74	63.53	109.97	141.51
81	188.00	222.98	188.14	65.41	113.22	145.69
82	193.61	229.64	193.76	67.36	116.60	150.04
83	199.44	236.55	199.59	69.39	120.11	154.55
84	205.26	243.46	205.42	71.42	123.62	159.07
85	211.20	250.50	211.36	73.48	127.19	163.67
86	217.14	257.54	217.30	75.55	130.76	168.27
87	223.18	264.71	223.35	77.65	134.40	172.95
88	229.33	272.01	229.50	79.79	138.11	177.72
89	235.48	279.30	235.66	81.93	141.81	182.49
90	241.53	286.47	241.71	84.03	145.45	187.17
91	246.49	292.36	246.68	85.76	148.44	191.02
92	251.45	298.25	251.65	87.49	151.43	194.86
93	256.09	303.75	256.29	89.10	154.23	198.46
94	260.84	309.38	261.04	90.75	157.09	202.14
95	265.70	315.14	265.90	92.44	160.01	205.90
96	270.13	320.39	270.33	93.98	162.68	209.33
97	274.66	325.77	274.87	95.56	165.41	212.84
98	279.19	331.15	279.40	97.14	168.13	216.36
99+	283.94	336.78	284.16	98.79	170.99	220.04

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

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**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	132.51	157.17	132.61	46.10	79.80	102.69
66	132.51	157.17	132.61	46.10	79.80	102.69
67	132.51	157.17	132.61	46.10	79.80	102.69
68	132.51	157.17	132.61	46.10	79.80	102.69
69	135.16	160.31	135.26	47.02	81.40	104.74
70	139.21	165.12	139.32	48.43	83.84	107.88
71	144.55	171.44	144.66	50.29	87.05	112.01
72	149.76	177.63	149.88	52.11	90.19	116.06
73	154.98	183.82	155.10	53.92	93.33	120.10
74	160.19	190.00	160.32	55.73	96.47	124.14
75	165.41	196.19	165.54	57.55	99.61	128.18
76	170.97	202.79	171.10	59.48	102.97	132.49
77	177.81	210.90	177.95	61.87	107.08	137.79
78	184.88	219.29	185.03	64.32	111.34	143.27
79	190.33	225.75	190.48	66.22	114.62	147.50
80	196.13	232.63	196.28	68.24	118.11	151.99
81	201.92	239.50	202.08	70.25	121.60	156.48
82	207.95	246.65	208.11	72.35	125.23	161.15
83	214.21	254.07	214.37	74.53	129.00	166.00
84	220.47	261.50	220.64	76.71	132.77	170.85
85	226.85	269.06	227.02	78.92	136.61	175.79
86	233.22	276.62	233.40	81.14	140.45	180.73
87	239.71	284.32	239.89	83.40	144.36	185.76
88	246.32	292.16	246.51	85.70	148.34	190.88
89	252.92	299.99	253.12	88.00	152.32	196.00
90	259.42	307.69	259.61	90.26	156.23	201.03
91	264.75	314.02	264.95	92.11	159.44	205.17
92	270.08	320.34	270.29	93.97	162.65	209.30
93	275.06	326.25	275.27	95.70	165.65	213.16
94	280.17	332.30	280.38	97.48	168.72	217.11
95	285.38	338.49	285.60	99.29	171.86	221.15
96	290.13	344.13	290.36	100.94	174.73	224.84
97	295.00	349.90	295.23	102.64	177.66	228.61
98	299.87	355.68	300.10	104.33	180.59	232.38
99+	304.97	361.72	305.20	106.11	183.66	236.33

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

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4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****STANDARD – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	125.65	149.08	125.75	43.66	75.64	97.33
66	125.65	149.08	125.75	43.66	75.64	97.33
67	125.65	149.08	125.75	43.66	75.64	97.33
68	125.65	149.08	125.75	43.66	75.64	97.33
69	128.16	152.06	128.26	44.53	77.16	99.28
70	132.00	156.63	132.11	45.87	79.47	102.25
71	137.06	162.62	137.17	47.63	82.51	106.17
72	142.01	168.49	142.12	49.35	85.49	110.00
73	146.95	174.36	147.07	51.07	88.47	113.83
74	151.90	180.23	152.02	52.78	91.45	117.66
75	156.84	186.10	156.97	54.50	94.43	121.50
76	162.12	192.36	162.25	56.34	97.60	125.58
77	168.60	200.05	168.74	58.59	101.51	130.60
78	175.31	208.01	175.45	60.92	105.54	135.80
79	180.47	214.14	180.62	62.72	108.65	139.80
80	185.97	220.66	186.12	64.63	111.96	144.06
81	191.47	227.18	191.62	66.54	115.27	148.31
82	197.18	233.96	197.34	68.52	118.71	152.74
83	203.12	241.00	203.28	70.58	122.28	157.34
84	209.05	248.04	209.22	72.65	125.86	161.94
85	215.10	255.22	215.27	74.75	129.50	166.62
86	221.14	262.39	221.32	76.85	133.13	171.30
87	227.30	269.69	227.48	78.99	136.84	176.07
88	233.56	277.13	233.75	81.16	140.61	180.92
89	239.83	284.56	240.02	83.34	144.38	185.78
90	245.98	291.86	246.18	85.48	148.09	190.54
91	251.04	297.86	251.24	87.24	151.13	194.46
92	256.09	303.86	256.30	88.99	154.18	198.38
93	260.82	309.47	261.03	90.64	157.02	202.04
94	265.66	315.21	265.87	92.32	159.93	205.79
95	270.60	321.08	270.82	94.04	162.91	209.62
96	275.11	326.42	275.33	95.60	165.63	213.11
97	279.72	331.90	279.95	97.21	168.40	216.68
98	284.34	337.38	284.57	98.81	171.18	220.26
99+	289.18	343.12	289.41	100.49	174.09	224.01

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****STANDARD – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	135.70	161.01	135.81	47.16	81.69	105.11
66	135.70	161.01	135.81	47.16	81.69	105.11
67	135.70	161.01	135.81	47.16	81.69	105.11
68	135.70	161.01	135.81	47.16	81.69	105.11
69	138.41	164.23	138.52	48.10	83.33	107.22
70	142.56	169.16	142.68	49.54	85.83	110.43
71	148.02	175.63	148.14	51.44	89.12	114.66
72	153.37	181.97	153.49	53.30	92.33	118.80
73	158.71	188.31	158.83	55.15	95.55	122.94
74	164.05	194.65	164.18	57.01	98.76	127.08
75	169.39	200.99	169.53	58.86	101.98	131.22
76	175.09	207.75	175.23	60.85	105.41	135.63
77	182.09	216.06	182.24	63.28	109.63	141.05
78	189.33	224.65	189.49	65.79	113.98	146.66
79	194.91	231.27	195.07	67.73	117.34	150.98
80	200.85	238.31	201.01	69.80	120.92	155.58
81	206.78	245.35	206.95	71.86	124.49	160.18
82	212.95	252.68	213.13	74.00	128.21	164.96
83	219.37	260.28	219.54	76.23	132.06	169.93
84	225.78	267.89	225.96	78.46	135.92	174.89
85	232.30	275.63	232.49	80.73	139.86	179.95
86	238.83	283.38	239.03	83.00	143.79	185.01
87	245.48	291.27	245.68	85.31	147.79	190.16
88	252.25	299.30	252.45	87.66	151.86	195.40
89	259.01	307.33	259.22	90.01	155.93	200.64
90	265.66	315.21	265.87	92.32	159.94	205.79
91	271.12	321.69	271.34	94.22	163.22	210.02
92	276.58	328.17	276.80	96.11	166.51	214.25
93	281.68	334.23	281.91	97.89	169.58	218.20
94	286.91	340.42	287.14	99.70	172.73	222.25
95	292.25	346.76	292.48	101.56	175.94	226.39
96	297.12	352.54	297.35	103.25	178.88	230.16
97	302.10	358.45	302.34	104.98	181.87	234.02
98	307.09	364.37	307.34	106.71	184.88	237.88
99+	312.31	370.57	312.56	108.53	188.02	241.93

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****STANDARD – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.75	172.94	145.87	50.65	87.75	112.90
66	145.75	172.94	145.87	50.65	87.75	112.90
67	145.75	172.94	145.87	50.65	87.75	112.90
68	145.75	172.94	145.87	50.65	87.75	112.90
69	148.66	176.39	148.78	51.66	89.50	115.16
70	153.12	181.69	153.25	53.21	92.19	118.62
71	158.99	188.64	159.12	55.25	95.72	123.16
72	164.73	195.45	164.86	57.24	99.17	127.60
73	170.46	202.26	170.60	59.24	102.62	132.05
74	176.20	209.07	176.34	61.23	106.08	136.49
75	181.94	215.87	182.08	63.22	109.53	140.94
76	188.06	223.14	188.21	65.35	113.22	145.68
77	195.58	232.06	195.74	67.96	117.75	151.50
78	203.36	241.29	203.52	70.67	122.43	157.53
79	209.35	248.40	209.52	72.75	126.04	162.17
80	215.73	255.96	215.90	74.97	129.87	167.11
81	222.10	263.53	222.28	77.18	133.71	172.05
82	228.73	271.39	228.91	79.49	137.70	177.18
83	235.61	279.56	235.80	81.88	141.85	182.52
84	242.50	287.73	242.69	84.27	145.99	187.85
85	249.51	296.05	249.71	86.71	150.21	193.28
86	256.52	304.37	256.73	89.14	154.44	198.71
87	263.66	312.84	263.88	91.63	158.73	204.24
88	270.93	321.47	271.15	94.15	163.11	209.87
89	278.20	330.09	278.42	96.68	167.48	215.50
90	285.34	338.56	285.57	99.16	171.78	221.03
91	291.20	345.52	291.44	101.20	175.31	225.57
92	297.07	352.48	297.31	103.23	178.84	230.12
93	302.55	358.99	302.79	105.14	182.15	234.37
94	308.16	365.64	308.41	107.09	185.52	238.71
95	313.90	372.45	314.15	109.08	188.98	243.16
96	319.13	378.65	319.38	110.90	192.12	247.21
97	324.48	385.00	324.74	112.76	195.35	251.35
98	329.83	391.36	330.10	114.62	198.57	255.50
99+	335.44	398.01	335.71	116.57	201.95	259.85

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	144.22	171.20	144.37	50.01	86.77	111.71
66	144.22	171.20	144.37	50.01	86.77	111.71
67	144.22	171.20	144.37	50.01	86.77	111.71
68	144.22	171.20	144.37	50.01	86.77	111.71
69	147.11	174.62	147.25	51.01	88.51	113.95
70	151.52	179.86	151.67	52.54	91.16	117.37
71	157.32	186.75	157.48	54.56	94.66	121.86
72	163.00	193.49	163.16	56.53	98.07	126.26
73	168.68	200.23	168.85	58.49	101.49	130.66
74	174.36	206.97	174.53	60.46	104.90	135.05
75	180.03	213.71	180.21	62.43	108.32	139.45
76	186.09	220.89	186.28	64.53	111.96	144.14
77	193.53	229.73	193.73	67.11	116.44	149.91
78	201.23	238.86	201.43	69.78	121.07	155.87
79	207.16	245.90	207.37	71.84	124.64	160.46
80	213.46	253.39	213.68	74.03	128.43	165.35
81	219.77	260.88	219.99	76.21	132.23	170.23
82	226.33	268.67	226.56	78.49	136.17	175.32
83	233.15	276.75	233.38	80.85	140.27	180.59
84	239.96	284.84	240.20	83.21	144.37	185.87
85	246.90	293.08	247.15	85.62	148.55	191.24
86	253.84	301.31	254.09	88.02	152.72	196.62
87	260.90	309.70	261.17	90.47	156.97	202.09
88	268.09	318.24	268.36	92.97	161.30	207.66
89	275.28	326.77	275.56	95.46	165.63	213.23
90	282.35	335.16	282.63	97.91	169.88	218.70
91	288.15	342.05	288.44	99.92	173.37	223.20
92	293.96	348.94	294.25	101.94	176.86	227.69
93	299.38	355.38	299.68	103.82	180.12	231.90
94	304.93	361.97	305.24	105.74	183.46	236.20
95	310.61	368.70	310.92	107.71	186.88	240.59
96	315.78	374.84	316.10	109.51	189.99	244.60
97	321.08	381.13	321.40	111.34	193.18	248.71
98	326.38	387.42	326.71	113.18	196.37	252.81
99+	331.93	394.01	332.27	115.11	199.71	257.11

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****STANDARD – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	155.76	184.89	155.92	54.01	93.71	120.65
66	155.76	184.89	155.92	54.01	93.71	120.65
67	155.76	184.89	155.92	54.01	93.71	120.65
68	155.76	184.89	155.92	54.01	93.71	120.65
69	158.88	188.59	159.04	55.10	95.59	123.06
70	163.64	194.25	163.81	56.75	98.46	126.76
71	169.91	201.69	170.08	58.92	102.23	131.61
72	176.04	208.97	176.22	61.05	105.92	136.36
73	182.17	216.25	182.35	63.17	109.60	141.11
74	188.30	223.52	188.49	65.30	113.29	145.86
75	194.44	230.80	194.63	67.43	116.98	150.61
76	200.98	238.57	201.18	69.69	120.92	155.67
77	209.01	248.11	209.23	72.48	125.75	161.90
78	217.33	257.97	217.54	75.36	130.75	168.34
79	223.73	265.58	223.95	77.58	134.61	173.30
80	230.54	273.66	230.77	79.95	138.71	178.57
81	237.35	281.75	237.59	82.31	142.81	183.85
82	244.44	290.16	244.69	84.77	147.07	189.34
83	251.80	298.89	252.05	87.32	151.50	195.04
84	259.16	307.63	259.42	89.87	155.92	200.74
85	266.65	316.52	266.92	92.47	160.43	206.54
86	274.14	325.42	274.42	95.07	164.94	212.35
87	281.77	334.48	282.06	97.71	169.53	218.26
88	289.54	343.70	289.83	100.41	174.20	224.27
89	297.31	352.91	297.61	103.10	178.88	230.29
90	304.94	361.97	305.24	105.74	183.47	236.20
91	311.21	369.41	311.52	107.92	187.24	241.06
92	317.47	376.85	317.79	110.09	191.01	245.91
93	323.33	383.81	323.66	112.12	194.53	250.45
94	329.33	390.92	329.66	114.20	198.14	255.09
95	335.46	398.20	335.80	116.33	201.83	259.84
96	341.04	404.83	341.39	118.27	205.19	264.17
97	346.77	411.63	347.12	120.25	208.63	268.60
98	352.49	418.42	352.84	122.24	212.08	273.03
99+	358.49	425.53	358.85	124.31	215.68	277.68

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY BANK DRAFT RATES – EFFECTIVE 03-04-2024****STANDARD – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	167.30	198.59	167.47	58.02	100.66	129.59
66	167.30	198.59	167.47	58.02	100.66	129.59
67	167.30	198.59	167.47	58.02	100.66	129.59
68	167.30	198.59	167.47	58.02	100.66	129.59
69	170.64	202.56	170.82	59.18	102.67	132.18
70	175.76	208.64	175.94	60.95	105.75	136.14
71	182.50	216.63	182.68	63.28	109.80	141.36
72	189.08	224.45	189.27	65.57	113.76	146.46
73	195.67	232.26	195.86	67.85	117.72	151.56
74	202.25	240.08	202.46	70.14	121.69	156.66
75	208.84	247.90	209.05	72.42	125.65	161.76
76	215.86	256.24	216.08	74.86	129.87	167.20
77	224.50	266.49	224.72	77.85	135.07	173.89
78	233.42	277.08	233.66	80.95	140.44	180.81
79	240.30	285.25	240.54	83.33	144.58	186.13
80	247.62	293.93	247.87	85.87	148.98	191.80
81	254.94	302.62	255.19	88.41	153.38	197.47
82	262.55	311.65	262.81	91.05	157.96	203.37
83	270.45	321.03	270.72	93.79	162.72	209.49
84	278.35	330.41	278.63	96.53	167.47	215.61
85	286.40	339.97	286.69	99.32	172.31	221.84
86	294.45	349.52	294.75	102.11	177.16	228.08
87	302.65	359.25	302.95	104.95	182.09	234.43
88	310.99	369.16	311.30	107.84	187.11	240.89
89	319.33	379.06	319.65	110.74	192.13	247.35
90	327.53	388.78	327.86	113.58	197.06	253.70
91	334.26	396.78	334.59	115.91	201.11	258.91
92	340.99	404.77	341.33	118.25	205.16	264.13
93	347.28	412.24	347.63	120.43	208.94	269.00
94	353.72	419.88	354.08	122.66	212.82	273.99
95	360.31	427.70	360.67	124.95	216.78	279.09
96	366.31	434.82	366.68	127.03	220.39	283.74
97	372.45	442.12	372.83	129.16	224.09	288.50
98	378.60	449.41	378.98	131.29	227.79	293.26
99+	385.04	457.06	385.43	133.52	231.66	298.25

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following:

Annual = 12; Semi-Annual = 6; Quarterly = 3

Monthly Direct Bill: Add \$2.00 monthly service fee to Monthly Bank Draft Premium.

Monthly Credit Card Premiums: Add 3% to Monthly Bank Draft Rates (refer to Monthly Credit Card rate sheet)

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	102.54	121.55	102.59	35.77	61.80	79.46
66	102.54	121.55	102.59	35.77	61.80	79.46
67	102.54	121.55	102.59	35.77	61.80	79.46
68	102.54	121.55	102.59	35.77	61.80	79.46
69	104.59	123.98	104.64	36.48	63.03	81.05
70	107.73	127.70	107.78	37.58	64.93	83.49
71	111.85	132.59	111.91	39.02	67.41	86.68
72	115.89	137.38	115.95	40.42	69.85	89.81
73	119.92	142.16	119.99	41.83	72.28	92.94
74	123.96	146.95	124.02	43.24	74.71	96.07
75	128.00	151.74	128.06	44.65	77.14	99.20
76	132.30	156.84	132.37	46.15	79.74	102.53
77	137.59	163.11	137.66	48.00	82.93	106.63
78	143.07	169.60	143.14	49.90	86.22	110.87
79	147.28	174.60	147.36	51.38	88.77	114.14
80	151.77	179.91	151.84	52.94	91.47	117.62
81	156.25	185.23	156.33	54.50	94.17	121.09
82	160.91	190.76	161.00	56.13	96.98	124.71
83	165.76	196.50	165.84	57.82	99.90	128.46
84	170.60	202.24	170.69	59.51	102.82	132.22
85	175.53	208.09	175.63	61.23	105.79	136.04
86	180.47	213.94	180.56	62.95	108.77	139.86
87	185.49	219.89	185.59	64.70	111.79	143.75
88	190.60	225.95	190.70	66.49	114.88	147.72
89	195.72	232.02	195.82	68.27	117.96	151.68
90	200.74	237.97	200.84	70.02	120.99	155.57
91	204.87	242.86	204.97	71.46	123.47	158.77
92	208.99	247.75	209.10	72.90	125.96	161.97
93	212.85	252.33	212.96	74.25	128.28	164.96
94	216.80	257.00	216.91	75.62	130.66	168.02
95	220.83	261.79	220.94	77.03	133.09	171.14
96	224.51	266.15	224.62	78.31	135.31	173.99
97	228.28	270.61	228.39	79.63	137.58	176.91
98	232.04	275.08	232.16	80.94	139.85	179.83
99+	235.99	279.76	236.11	82.32	142.23	182.89

Other Premium Modes: refer to Monthly Bank Draft rate sheet

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	110.74	131.28	110.80	38.63	66.74	85.82
66	110.74	131.28	110.80	38.63	66.74	85.82
67	110.74	131.28	110.80	38.63	66.74	85.82
68	110.74	131.28	110.80	38.63	66.74	85.82
69	112.95	133.90	113.01	39.40	68.08	87.54
70	116.34	137.92	116.40	40.58	70.12	90.17
71	120.80	143.20	120.86	42.14	72.81	93.62
72	125.16	148.37	125.22	43.66	75.43	97.00
73	129.52	153.54	129.58	45.18	78.06	100.38
74	133.88	158.71	133.95	46.70	80.69	103.75
75	138.24	163.87	138.31	48.22	83.31	107.13
76	142.89	169.39	142.96	49.84	86.12	110.74
77	148.60	176.16	148.68	51.84	89.56	115.16
78	154.51	183.17	154.59	53.90	93.12	119.74
79	159.06	188.57	159.15	55.49	95.87	123.27
80	163.91	194.31	163.99	57.17	98.79	127.03
81	168.75	200.05	168.84	58.86	101.71	130.78
82	173.79	206.02	173.88	60.62	104.74	134.69
83	179.02	212.22	179.11	62.45	107.89	138.74
84	184.25	218.42	184.34	64.27	111.05	142.79
85	189.58	224.74	189.68	66.13	114.26	146.92
86	194.91	231.05	195.01	67.99	117.47	151.05
87	200.33	237.48	200.43	69.88	120.74	155.26
88	205.85	244.03	205.96	71.81	124.07	159.53
89	211.37	250.58	211.48	73.73	127.39	163.81
90	216.80	257.01	216.91	75.62	130.66	168.02
91	221.25	262.29	221.37	77.18	133.35	171.47
92	225.71	267.57	225.83	78.73	136.03	174.93
93	229.88	272.51	229.99	80.19	138.55	178.15
94	234.14	277.56	234.26	81.67	141.11	181.46
95	238.50	282.73	238.62	83.19	143.74	184.83
96	242.47	287.44	242.59	84.58	146.14	187.91
97	246.54	292.26	246.67	86.00	148.59	191.07
98	250.61	297.09	250.74	87.42	151.04	194.22
99+	254.87	302.14	255.00	88.91	153.61	197.52

Other Premium Modes: refer to Monthly Bank Draft rate sheet

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.



# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024

### PREFERRED NON-TOBACCO – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	118.94	141.00	119.00	41.49	71.69	92.18
66	118.94	141.00	119.00	41.49	71.69	92.18
67	118.94	141.00	119.00	41.49	71.69	92.18
68	118.94	141.00	119.00	41.49	71.69	92.18
69	121.32	143.82	121.38	42.32	73.12	94.02
70	124.96	148.14	125.03	43.59	75.31	96.84
71	129.75	153.81	129.81	45.26	78.20	100.55
72	134.43	159.36	134.50	46.89	81.02	104.18
73	139.11	164.91	139.18	48.53	83.84	107.81
74	143.79	170.46	143.87	50.16	86.66	111.44
75	148.48	176.01	148.55	51.79	89.49	115.07
76	153.47	181.93	153.55	53.53	92.50	118.94
77	159.61	189.21	159.69	55.67	96.20	123.70
78	165.96	196.74	166.04	57.89	100.02	128.61
79	170.85	202.53	170.93	59.60	102.97	132.40
80	176.05	208.70	176.14	61.41	106.10	136.44
81	181.25	214.87	181.34	63.22	109.24	140.47
82	186.66	221.28	186.76	65.11	112.50	144.66
83	192.28	227.94	192.38	67.07	115.89	149.02
84	197.90	234.60	198.00	69.03	119.27	153.37
85	203.62	241.38	203.73	71.03	122.72	157.81
86	209.34	248.17	209.45	73.02	126.17	162.24
87	215.17	255.08	215.28	75.06	129.68	166.76
88	221.10	262.11	221.21	77.13	133.26	171.35
89	227.03	269.14	227.15	79.20	136.83	175.95
90	232.86	276.04	232.98	81.23	140.34	180.46
91	237.64	281.72	237.77	82.90	143.23	184.17
92	242.43	287.39	242.55	84.57	146.11	187.88
93	246.90	292.70	247.03	86.13	148.81	191.35
94	251.48	298.12	251.61	87.72	151.57	194.90
95	256.16	303.67	256.30	89.36	154.39	198.53
96	260.43	308.73	260.56	90.85	156.96	201.83
97	264.80	313.91	264.94	92.37	159.59	205.22
98	269.17	319.09	269.31	93.89	162.23	208.61
99+	273.75	324.52	273.89	95.49	164.99	212.15

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	117.66	139.55	117.75	40.94	70.86	91.18
66	117.66	139.55	117.75	40.94	70.86	91.18
67	117.66	139.55	117.75	40.94	70.86	91.18
68	117.66	139.55	117.75	40.94	70.86	91.18
69	120.01	142.34	120.10	41.75	72.27	93.00
70	123.61	146.62	123.71	43.01	74.44	95.79
71	128.35	152.23	128.44	44.65	77.29	99.46
72	132.98	157.73	133.08	46.27	80.08	103.05
73	137.61	163.22	137.71	47.88	82.87	106.64
74	142.24	168.71	142.35	49.49	85.66	110.23
75	146.87	174.21	146.98	51.10	88.45	113.82
76	151.81	180.06	151.93	52.82	91.43	117.65
77	157.89	187.27	158.01	54.93	95.08	122.35
78	164.16	194.71	164.29	57.12	98.86	127.22
79	169.00	200.45	169.13	58.80	101.78	130.97
80	174.15	206.56	174.28	60.59	104.88	134.95
81	179.29	212.66	179.43	62.38	107.97	138.94
82	184.65	219.01	184.79	64.24	111.20	143.09
83	190.20	225.60	190.35	66.18	114.55	147.40
84	195.76	232.19	195.91	68.11	117.89	151.70
85	201.42	238.91	201.58	70.08	121.30	156.09
86	207.08	245.62	207.24	72.05	124.71	160.48
87	212.85	252.46	213.01	74.05	128.18	164.94
88	218.71	259.42	218.88	76.10	131.71	169.49
89	224.58	266.37	224.75	78.14	135.25	174.04
90	230.34	273.21	230.52	80.14	138.72	178.50
91	235.08	278.83	235.26	81.79	141.57	182.17
92	239.81	284.44	240.00	83.44	144.42	185.84
93	244.24	289.69	244.42	84.98	147.09	189.27
94	248.77	295.06	248.96	86.55	149.81	192.78
95	253.40	300.56	253.59	88.16	152.60	196.37
96	257.62	305.56	257.82	89.63	155.14	199.64
97	261.94	310.69	262.14	91.14	157.75	202.99
98	266.27	315.82	266.47	92.64	160.35	206.34
99+	270.79	321.19	271.00	94.22	163.08	209.85

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	127.07	150.72	127.17	44.21	76.53	98.47
66	127.07	150.72	127.17	44.21	76.53	98.47
67	127.07	150.72	127.17	44.21	76.53	98.47
68	127.07	150.72	127.17	44.21	76.53	98.47
69	129.61	153.73	129.71	45.10	78.06	100.44
70	133.50	158.35	133.60	46.45	80.40	103.46
71	138.61	164.41	138.72	48.23	83.48	107.42
72	143.62	170.34	143.73	49.97	86.49	111.29
73	148.62	176.28	148.73	51.71	89.50	115.17
74	153.62	182.21	153.74	53.45	92.51	119.05
75	158.62	188.14	158.74	55.19	95.53	122.92
76	163.96	194.47	164.08	57.04	98.74	127.06
77	170.52	202.25	170.65	59.33	102.69	132.14
78	177.30	210.29	177.43	61.69	106.77	137.39
79	182.52	216.49	182.66	63.50	109.92	141.44
80	188.08	223.08	188.22	65.44	113.27	145.75
81	193.64	229.67	193.78	67.37	116.61	150.06
82	199.42	236.53	199.57	69.38	120.10	154.54
83	205.42	243.65	205.58	71.47	123.71	159.19
84	211.42	250.77	211.58	73.56	127.32	163.84
85	217.54	258.02	217.70	75.69	131.01	168.58
86	223.65	265.27	223.82	77.81	134.69	173.32
87	229.88	272.65	230.05	79.98	138.44	178.14
88	236.21	280.17	236.39	82.18	142.25	183.05
89	242.55	287.68	242.73	84.39	146.07	187.96
90	248.77	295.07	248.96	86.55	149.82	192.78
91	253.89	301.13	254.08	88.33	152.90	196.75
92	259.00	307.20	259.20	90.11	155.98	200.71
93	263.78	312.87	263.98	91.77	158.85	204.41
94	268.67	318.67	268.87	93.48	161.80	208.20
95	273.67	324.60	273.88	95.22	164.81	212.08
96	278.23	330.01	278.44	96.80	167.56	215.61
97	282.90	335.54	283.11	98.43	170.37	219.23
98	287.57	341.08	287.78	100.05	173.18	222.85
99+	292.46	346.88	292.68	101.75	176.12	226.64

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	136.48	161.88	136.59	47.49	82.19	105.77
66	136.48	161.88	136.59	47.49	82.19	105.77
67	136.48	161.88	136.59	47.49	82.19	105.77
68	136.48	161.88	136.59	47.49	82.19	105.77
69	139.21	165.12	139.32	48.44	83.84	107.88
70	143.39	170.07	143.50	49.89	86.35	111.12
71	148.88	176.59	149.00	51.80	89.66	115.38
72	154.25	182.96	154.37	53.67	92.90	119.54
73	159.63	189.33	159.75	55.54	96.13	123.70
74	165.00	195.71	165.13	57.41	99.37	127.86
75	170.37	202.08	170.50	59.28	102.60	132.03
76	176.10	208.88	176.24	61.27	106.05	136.47
77	183.15	217.23	183.29	63.72	110.30	141.93
78	190.43	225.87	190.58	66.25	114.68	147.57
79	196.04	232.52	196.19	68.21	118.06	151.92
80	202.01	239.60	202.16	70.29	121.66	156.55
81	207.98	246.69	208.14	72.36	125.25	161.17
82	214.19	254.05	214.35	74.52	128.99	165.98
83	220.64	261.69	220.80	76.76	132.87	170.98
84	227.08	269.34	227.26	79.01	136.76	175.98
85	233.65	277.13	233.83	81.29	140.71	181.07
86	240.22	284.92	240.40	83.58	144.66	186.15
87	246.90	292.85	247.09	85.90	148.69	191.33
88	253.71	300.92	253.90	88.27	152.79	196.61
89	260.51	308.99	260.71	90.64	156.89	201.88
90	267.20	316.92	267.40	92.97	160.91	207.06
91	272.69	323.44	272.90	94.88	164.22	211.32
92	278.18	329.95	278.40	96.79	167.53	215.58
93	283.32	336.04	283.53	98.57	170.62	219.55
94	288.57	342.27	288.79	100.40	173.79	223.62
95	293.94	348.64	294.17	102.27	177.02	227.79
96	298.84	354.45	299.07	103.97	179.97	231.58
97	303.85	360.40	304.08	105.72	182.99	235.47
98	308.87	366.35	309.10	107.46	186.01	239.35
99+	314.12	372.58	314.36	109.29	189.17	243.43

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****STANDARD – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	129.42	153.56	129.52	44.97	77.91	100.25
66	129.42	153.56	129.52	44.97	77.91	100.25
67	129.42	153.56	129.52	44.97	77.91	100.25
68	129.42	153.56	129.52	44.97	77.91	100.25
69	132.00	156.63	132.11	45.87	79.47	102.25
70	135.96	161.32	136.07	47.25	81.86	105.32
71	141.17	167.50	141.28	49.06	84.99	109.36
72	146.27	173.55	146.38	50.83	88.06	113.30
73	151.36	179.59	151.48	52.60	91.12	117.25
74	156.46	185.64	156.58	54.37	94.19	121.19
75	161.55	191.68	161.68	56.14	97.26	125.14
76	166.98	198.13	167.12	58.03	100.53	129.35
77	173.66	206.05	173.80	60.35	104.55	134.52
78	180.57	214.25	180.71	62.75	108.71	139.87
79	185.89	220.56	186.04	64.60	111.91	144.00
80	191.55	227.28	191.70	66.57	115.32	148.38
81	197.21	233.99	197.37	68.53	118.73	152.76
82	203.10	240.98	203.26	70.58	122.27	157.33
83	209.21	248.23	209.38	72.70	125.95	162.06
84	215.32	255.49	215.50	74.83	129.63	166.80
85	221.55	262.87	221.73	76.99	133.38	171.62
86	227.77	270.26	227.96	79.15	137.13	176.44
87	234.12	277.79	234.30	81.36	140.95	181.35
88	240.57	285.44	240.76	83.60	144.83	186.35
89	247.02	293.10	247.22	85.84	148.72	191.35
90	253.36	300.62	253.56	88.05	152.53	196.26
91	258.57	306.80	258.78	89.85	155.67	200.29
92	263.78	312.98	263.99	91.66	158.80	204.33
93	268.64	318.75	268.86	93.36	161.73	208.10
94	273.63	324.66	273.85	95.09	164.73	211.96
95	278.72	330.71	278.94	96.86	167.80	215.91
96	283.36	336.22	283.59	98.47	170.59	219.50
97	288.12	341.86	288.35	100.12	173.45	223.18
98	292.87	347.50	293.11	101.77	176.32	226.87
99+	297.85	353.41	298.09	103.50	179.32	230.73

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****STANDARD – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	139.77	165.84	139.88	48.57	84.15	108.27
66	139.77	165.84	139.88	48.57	84.15	108.27
67	139.77	165.84	139.88	48.57	84.15	108.27
68	139.77	165.84	139.88	48.57	84.15	108.27
69	142.56	169.16	142.68	49.54	85.83	110.43
70	146.84	174.23	146.96	51.03	88.40	113.75
71	152.46	180.90	152.59	52.98	91.79	118.10
72	157.97	187.43	158.09	54.89	95.10	122.37
73	163.47	193.96	163.60	56.81	98.41	126.63
74	168.97	200.49	169.11	58.72	101.73	130.89
75	174.47	207.02	174.61	60.63	105.04	135.15
76	180.34	213.98	180.49	62.67	108.57	139.70
77	187.55	222.54	187.71	65.18	112.92	145.29
78	195.01	231.39	195.17	67.77	117.40	151.06
79	200.76	238.21	200.92	69.77	120.86	155.51
80	206.87	245.46	207.04	71.89	124.54	160.25
81	212.99	252.71	213.16	74.02	128.22	164.99
82	219.34	260.26	219.52	76.22	132.05	169.91
83	225.95	268.09	226.13	78.52	136.03	175.03
84	232.55	275.92	232.74	80.81	140.00	180.14
85	239.27	283.90	239.47	83.15	144.05	185.35
86	246.00	291.88	246.20	85.49	148.10	190.56
87	252.84	300.01	253.05	87.87	152.22	195.86
88	259.81	308.28	260.02	90.29	156.42	201.26
89	266.78	316.55	267.00	92.71	160.61	206.66
90	273.63	324.67	273.85	95.09	164.73	211.96
91	279.25	331.34	279.48	97.04	168.12	216.32
92	284.88	338.02	285.11	99.00	171.51	220.68
93	290.14	344.25	290.37	100.82	174.67	224.75
94	295.52	350.64	295.75	102.69	177.91	228.92
95	301.02	357.17	301.26	104.61	181.22	233.18
96	306.03	363.11	306.28	106.35	184.24	237.06
97	311.17	369.21	311.42	108.13	187.33	241.04
98	316.30	375.30	316.56	109.92	190.42	245.02
99+	321.68	381.68	321.94	111.78	193.66	249.18

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****STANDARD – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	150.12	178.12	150.24	52.17	90.38	116.29
66	150.12	178.12	150.24	52.17	90.38	116.29
67	150.12	178.12	150.24	52.17	90.38	116.29
68	150.12	178.12	150.24	52.17	90.38	116.29
69	153.12	181.69	153.25	53.21	92.18	118.62
70	157.72	187.14	157.84	54.81	94.95	122.17
71	163.76	194.30	163.89	56.91	98.59	126.85
72	169.67	201.32	169.81	58.96	102.15	131.43
73	175.58	208.33	175.72	61.01	105.70	136.01
74	181.49	215.34	181.63	63.07	109.26	140.58
75	187.40	222.35	187.55	65.12	112.82	145.16
76	193.70	229.83	193.86	67.31	116.61	150.05
77	201.45	239.02	201.61	70.00	121.28	156.05
78	209.46	248.53	209.63	72.79	126.10	162.25
79	215.63	255.85	215.80	74.93	129.82	167.03
80	222.20	263.64	222.38	77.22	133.77	172.12
81	228.76	271.43	228.95	79.50	137.72	177.21
82	235.59	279.54	235.78	81.87	141.83	182.50
83	242.68	287.95	242.88	84.33	146.10	187.99
84	249.78	296.36	249.98	86.80	150.37	193.48
85	257.00	304.93	257.20	89.31	154.72	199.08
86	264.22	313.51	264.43	91.82	159.07	204.67
87	271.57	322.23	271.79	94.37	163.50	210.37
88	279.06	331.11	279.28	96.98	168.00	216.17
89	286.54	339.99	286.77	99.58	172.51	221.97
90	293.90	348.72	294.14	102.13	176.94	227.66
91	299.94	355.89	300.18	104.23	180.57	232.34
92	305.98	363.05	306.23	106.33	184.21	237.02
93	311.63	369.76	311.88	108.29	187.61	241.40
94	317.41	376.61	317.66	110.30	191.09	245.87
95	323.31	383.62	323.57	112.35	194.65	250.45
96	328.70	390.01	328.96	114.23	197.89	254.62
97	334.21	396.55	334.48	116.14	201.21	258.89
98	339.73	403.10	340.00	118.06	204.53	263.17
99+	345.51	409.96	345.79	120.07	208.01	267.64

Other Premium Modes: refer to Monthly Bank Draft rate sheet

7% Household Discount may be available; refer to application for qualifications.

A one-time Policy Fee of \$25.00 is required with the initial premium.



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****STANDARD – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	148.55	176.33	148.70	51.51	89.38	115.06
66	148.55	176.33	148.70	51.51	89.38	115.06
67	148.55	176.33	148.70	51.51	89.38	115.06
68	148.55	176.33	148.70	51.51	89.38	115.06
69	151.52	179.86	151.67	52.54	91.16	117.37
70	156.07	185.26	156.22	54.12	93.90	120.89
71	162.04	192.35	162.21	56.19	97.50	125.52
72	167.89	199.29	168.06	58.22	101.01	130.05
73	173.74	206.23	173.91	60.25	104.53	134.58
74	179.59	213.18	179.77	62.28	108.05	139.11
75	185.43	220.12	185.62	64.30	111.57	143.63
76	191.67	227.52	191.86	66.47	115.32	148.47
77	199.34	236.62	199.54	69.13	119.93	154.40
78	207.26	246.03	207.47	71.87	124.70	160.54
79	213.37	253.28	213.59	73.99	128.38	165.27
80	219.87	260.99	220.09	76.25	132.29	170.31
81	226.37	268.71	226.59	78.50	136.19	175.34
82	233.12	276.73	233.36	80.84	140.26	180.58
83	240.14	285.06	240.38	83.27	144.48	186.01
84	247.16	293.38	247.41	85.71	148.70	191.44
85	254.30	301.87	254.56	88.19	153.00	196.98
86	261.45	310.35	261.71	90.67	157.30	202.52
87	268.73	318.99	269.00	93.19	161.68	208.15
88	276.14	327.78	276.41	95.76	166.14	213.89
89	283.54	336.58	283.83	98.33	170.59	219.63
90	290.82	345.21	291.11	100.85	174.97	225.27
91	296.80	352.31	297.10	102.92	178.57	229.90
92	302.78	359.41	303.08	104.99	182.17	234.53
93	308.36	366.04	308.67	106.93	185.53	238.85
94	314.08	372.82	314.40	108.91	188.97	243.28
95	319.93	379.77	320.25	110.94	192.49	247.81
96	325.26	386.09	325.58	112.79	195.69	251.94
97	330.71	392.57	331.05	114.68	198.98	256.17
98	336.17	399.05	336.51	116.58	202.26	260.39
99+	341.89	405.83	342.23	118.56	205.70	264.82

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****STANDARD – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	160.43	190.44	160.59	55.63	96.53	124.27
66	160.43	190.44	160.59	55.63	96.53	124.27
67	160.43	190.44	160.59	55.63	96.53	124.27
68	160.43	190.44	160.59	55.63	96.53	124.27
69	163.64	194.25	163.81	56.75	98.46	126.75
70	168.55	200.08	168.72	58.45	101.41	130.56
71	175.01	207.74	175.18	60.69	105.29	135.56
72	181.32	215.24	181.50	62.88	109.09	140.45
73	187.64	222.73	187.83	65.07	112.89	145.34
74	193.95	230.23	194.15	67.26	116.69	150.23
75	200.27	237.73	200.47	69.45	120.49	155.13
76	207.00	245.72	207.21	71.78	124.55	160.34
77	215.28	255.55	215.50	74.66	129.53	166.76
78	223.85	265.71	224.07	77.62	134.68	173.39
79	230.44	273.54	230.67	79.91	138.65	178.50
80	237.46	281.87	237.70	82.35	142.87	183.93
81	244.48	290.20	244.72	84.78	147.09	189.37
82	251.77	298.87	252.03	87.31	151.48	195.02
83	259.35	307.86	259.61	89.94	156.04	200.89
84	266.93	316.86	267.20	92.57	160.60	206.76
85	274.65	326.02	274.93	95.24	165.24	212.74
86	282.37	335.18	282.65	97.92	169.89	218.72
87	290.23	344.51	290.52	100.64	174.62	224.81
88	298.23	354.01	298.53	103.42	179.43	231.00
89	306.23	363.50	306.53	106.19	184.24	237.20
90	314.09	372.83	314.40	108.92	188.97	243.29
91	320.54	380.49	320.86	111.16	192.86	248.29
92	327.00	388.16	327.33	113.39	196.74	253.29
93	333.03	395.32	333.37	115.49	200.37	257.96
94	339.21	402.65	339.55	117.63	204.09	262.75
95	345.52	410.15	345.87	119.82	207.88	267.64
96	351.28	416.98	351.63	121.81	211.35	272.09
97	357.17	423.97	357.53	123.86	214.89	276.66
98	363.06	430.97	363.43	125.90	218.44	281.23
99+	369.24	438.30	369.61	128.04	222.16	286.01

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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4370 Peachtree Road, NE, Atlanta, GA 30319

**INDIANA – MONTHLY CREDIT CARD RATES – EFFECTIVE 03-04-2024****STANDARD – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	172.32	204.55	172.49	59.76	103.68	133.48
66	172.32	204.55	172.49	59.76	103.68	133.48
67	172.32	204.55	172.49	59.76	103.68	133.48
68	172.32	204.55	172.49	59.76	103.68	133.48
69	175.76	208.64	175.94	60.95	105.75	136.14
70	181.04	214.90	181.22	62.78	108.92	140.23
71	187.97	223.13	188.16	65.18	113.09	145.60
72	194.75	231.18	194.95	67.54	117.17	150.85
73	201.54	239.23	201.74	69.89	121.25	156.11
74	208.32	247.28	208.53	72.24	125.34	161.36
75	215.10	255.34	215.32	74.59	129.42	166.62
76	222.34	263.92	222.56	77.10	133.77	172.22
77	231.23	274.48	231.47	80.19	139.12	179.11
78	240.43	285.40	240.67	83.37	144.65	186.23
79	247.51	293.81	247.76	85.83	148.92	191.72
80	255.05	302.75	255.31	88.45	153.45	197.56
81	262.58	311.70	262.85	91.06	157.99	203.40
82	270.42	321.00	270.70	93.78	162.70	209.47
83	278.56	330.67	278.84	96.60	167.60	215.77
84	286.70	340.33	286.99	99.42	172.50	222.08
85	294.99	350.17	295.29	102.30	177.48	228.50
86	303.28	360.01	303.59	105.17	182.47	234.92
87	311.73	370.03	312.04	108.10	187.55	241.46
88	320.32	380.23	320.64	111.08	192.72	248.11
89	328.91	390.43	329.24	114.06	197.89	254.77
90	337.35	400.45	337.69	116.99	202.97	261.31
91	344.29	408.68	344.63	119.39	207.14	266.68
92	351.22	416.91	351.57	121.79	211.31	272.05
93	357.70	424.61	358.06	124.04	215.21	277.07
94	364.33	432.48	364.70	126.34	219.20	282.21
95	371.12	440.53	371.49	128.69	223.28	287.46
96	377.30	447.86	377.68	130.84	227.00	292.25
97	383.63	455.38	384.01	133.03	230.81	297.15
98	389.96	462.89	390.35	135.23	234.62	302.06
99+	396.59	470.77	396.99	137.53	238.61	307.20

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
46001	Alexandria	1	46075	Whitestown	1	46158	Mooreville	1
46011	Anderson	1	46076	Windfall	1	46160	Morgantown	1
46012	Anderson	1	46077	Zionsville	1	46161	Morristown	1
46013	Anderson	1	46082	Carmel	1	46162	Needham	1
46014	Anderson	1	46085	Fishers	1	46163	New Palestine	1
46015	Anderson	1	46102	Advance	1	46164	Nineveh	1
46016	Anderson	1	46103	Amo	1	46165	North Salem	1
46017	Anderson	1	46104	Arlington	2	46166	Paragon	1
46018	Anderson	1	46105	Bainbridge	2	46167	Pittsboro	1
46030	Arcadia	1	46106	Bargersville	1	46168	Plainfield	1
46031	Atlanta	2	46107	Beech Grove	1	46170	Putnamville	2
46032	Carmel	1	46110	Boggstown	1	46171	Reelsville	2
46033	Carmel	1	46111	Brooklyn	1	46172	Roachdale	1
46034	Cicero	1	46112	Brownsburg	1	46173	Rushville	2
46035	Colfax	1	46113	Camby	1	46175	Russellville	1
46036	Elwood	2	46115	Carthage	1	46176	Shelbyville	1
46037	Fishers	1	46117	Charlottesville	1	46180	Stilesville	1
46038	Fishers	1	46118	Clayton	1	46181	Trafalgar	1
46039	Forest	1	46120	Cloverdale	2	46182	Waldron	1
46040	Fortville	1	46121	Coatesville	1	46183	West Newton	1
46041	Frankfort	2	46122	Danville	1	46184	Whiteland	1
46044	Frankton	1	46123	Avon	1	46186	Wilkinson	1
46045	Goldsmith	2	46124	Edinburgh	1	46201	Indianapolis	2
46047	Hobbs	2	46125	Eminence	1	46202	Indianapolis	2
46048	Ingalls	1	46126	Fairland	1	46203	Indianapolis	2
46049	Kempton	1	46127	Falmouth	1	46204	Indianapolis	2
46050	Kirklin	1	46128	Fillmore	2	46205	Indianapolis	2
46051	Lapel	1	46129	Finly	1	46206	Indianapolis	2
46052	Lebanon	1	46130	Fountaintown	1	46207	Indianapolis	2
46055	Mccordsville	1	46131	Franklin	1	46208	Indianapolis	2
46056	Markleville	1	46133	Glenwood	2	46209	Indianapolis	2
46057	Michigantown	2	46135	Greencastle	2	46211	Indianapolis	2
46058	Mulberry	1	46140	Greenfield	1	46213	Indianapolis	2
46060	Noblesville	1	46142	Greenwood	1	46214	Indianapolis	2
46061	Noblesville	1	46143	Greenwood	1	46216	Indianapolis	2
46062	Noblesville	1	46144	Gwynneville	1	46217	Indianapolis	2
46063	Orestes	1	46146	Homer	1	46218	Indianapolis	2
46064	Pendleton	1	46147	Jamestown	1	46219	Indianapolis	2
46065	Rossville	1	46148	Knightstown	1	46220	Indianapolis	2
46067	Sedalia	2	46149	Lizton	1	46221	Indianapolis	2
46068	Sharpsville	1	46150	Manilla	1	46222	Indianapolis	2
46069	Sheridan	1	46151	Martinsville	1	46224	Indianapolis	2
46070	Summitville	1	46154	Maxwell	1	46225	Indianapolis	2
46071	Thorntown	1	46155	Mays	1	46226	Indianapolis	2
46072	Tipton	2	46156	Milroy	2	46227	Indianapolis	2
46074	Westfield	1	46157	Monrovia	1	46228	Indianapolis	2

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
46229	Indianapolis	2	46311	Dyer	3	46401	Gary	3
46230	Indianapolis	2	46312	East Chicago	3	46402	Gary	3
46231	Indianapolis	2	46319	Griffith	3	46403	Gary	3
46234	Indianapolis	2	46320	Hammond	3	46404	Gary	3
46235	Indianapolis	2	46321	Munster	3	46405	Lake Station	3
46236	Indianapolis	2	46322	Highland	3	46406	Gary	3
46237	Indianapolis	2	46323	Hammond	3	46407	Gary	3
46239	Indianapolis	2	46324	Hammond	3	46408	Gary	3
46240	Indianapolis	2	46325	Hammond	3	46409	Gary	3
46241	Indianapolis	2	46327	Hammond	3	46410	Merrillville	3
46242	Indianapolis	2	46340	Hanna	3	46411	Merrillville	3
46244	Indianapolis	2	46341	Hebron	3	46501	Argos	1
46247	Indianapolis	2	46342	Hobart	3	46502	Atwood	1
46249	Indianapolis	2	46345	Kingsbury	3	46504	Bourbon	1
46250	Indianapolis	2	46346	Kingsford Heights	3	46506	Bremen	1
46251	Indianapolis	2	46347	Kouts	3	46507	Bristol	1
46253	Indianapolis	2	46348	La Crosse	3	46508	Burket	1
46254	Indianapolis	2	46349	Lake Village	3	46510	Claypool	1
46255	Indianapolis	2	46350	La Porte	3	46511	Culver	1
46256	Indianapolis	2	46352	La Porte	3	46513	Donaldson	1
46259	Indianapolis	2	46355	Leroy	3	46514	Elkhart	1
46260	Indianapolis	2	46356	Lowell	3	46515	Elkhart	1
46262	Indianapolis	2	46360	Michigan City	3	46516	Elkhart	1
46266	Indianapolis	2	46361	Michigan City	3	46517	Elkhart	1
46268	Indianapolis	2	46365	Mill Creek	3	46524	Etna Green	1
46274	Indianapolis	2	46366	North Judson	3	46526	Goshen	1
46275	Indianapolis	2	46368	Portage	3	46527	Goshen	1
46277	Indianapolis	2	46371	Rolling Prairie	3	46528	Goshen	1
46278	Indianapolis	2	46372	Roselawn	3	46530	Granger	1
46280	Indianapolis	2	46373	Saint John	3	46531	Grovertown	1
46282	Indianapolis	2	46374	San Pierre	3	46532	Hamlet	1
46283	Indianapolis	2	46375	Schererville	3	46534	Knox	1
46285	Indianapolis	2	46376	Schneider	3	46536	Lakeville	1
46288	Indianapolis	2	46377	Shelby	3	46537	Lapaz	1
46290	Indianapolis	2	46379	Sumava Resorts	3	46538	Leesburg	1
46291	Indianapolis	2	46380	Tefft	3	46539	Mentone	1
46295	Indianapolis	2	46381	Thayer	3	46540	Middlebury	1
46296	Indianapolis	2	46382	Union Mills	3	46542	Milford	1
46298	Indianapolis	2	46383	Valparaiso	3	46543	Millersburg	1
46301	Beverly Shores	3	46384	Valparaiso	3	46544	Mishawaka	1
46302	Boone Grove	3	46385	Valparaiso	3	46545	Mishawaka	1
46303	Cedar Lake	3	46390	Wanatah	3	46546	Mishawaka	1
46304	Chesterton	3	46391	Westville	3	46550	Nappanee	1
46307	Crown Point	3	46392	Wheatfield	3	46552	New Carlisle	1
46308	Crown Point	3	46393	Wheeler	3	46553	New Paris	1
46310	Demotte	3	46394	Whiting	3	46554	North Liberty	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
46555	North Webster	1	46730	Corunna	1	46793	Waterloo	1
46556	Notre Dame	1	46731	Craigville	1	46794	Wawaka	1
46561	Osceola	1	46732	Cromwell	1	46795	Wolcottville	1
46562	Pierceton	1	46733	Decatur	2	46796	Wolflake	1
46563	Plymouth	1	46737	Fremont	2	46797	Woodburn	1
46565	Shipshewana	1	46738	Garrett	1	46798	Yoder	1
46567	Syracuse	1	46740	Geneva	1	46799	Zanesville	1
46570	Tippecanoe	1	46741	Grabill	1	46801	Fort Wayne	1
46571	Topeka	2	46742	Hamilton	2	46802	Fort Wayne	1
46572	Tyner	1	46743	Harlan	2	46803	Fort Wayne	1
46573	Wakarusa	1	46745	Hoagland	1	46804	Fort Wayne	1
46574	Walkerton	1	46746	Howe	1	46805	Fort Wayne	1
46580	Warsaw	1	46747	Hudson	1	46806	Fort Wayne	1
46581	Warsaw	1	46748	Huntertown	1	46807	Fort Wayne	1
46582	Warsaw	1	46750	Huntington	1	46808	Fort Wayne	1
46590	Winona Lake	1	46755	Kendallville	1	46809	Fort Wayne	1
46595	Wyatt	1	46759	Keystone	1	46814	Fort Wayne	1
46601	South Bend	1	46760	Kimmell	1	46815	Fort Wayne	1
46613	South Bend	1	46761	Lagrange	2	46816	Fort Wayne	1
46614	South Bend	1	46763	Laotto	1	46818	Fort Wayne	1
46615	South Bend	1	46764	Larwill	1	46819	Fort Wayne	1
46616	South Bend	1	46765	Leo	1	46825	Fort Wayne	1
46617	South Bend	1	46766	Liberty Center	1	46835	Fort Wayne	1
46619	South Bend	1	46767	Ligonier	1	46845	Fort Wayne	1
46624	South Bend	1	46769	Linn Grove	1	46850	Fort Wayne	1
46626	South Bend	1	46770	Markle	1	46851	Fort Wayne	1
46628	South Bend	1	46771	Mongo	1	46852	Fort Wayne	1
46634	South Bend	1	46772	Monroe	2	46853	Fort Wayne	1
46635	South Bend	1	46773	Monroeville	1	46854	Fort Wayne	1
46637	South Bend	1	46774	New Haven	1	46855	Fort Wayne	1
46660	South Bend	1	46776	Orland	2	46856	Fort Wayne	1
46680	South Bend	1	46777	Ossian	1	46857	Fort Wayne	1
46699	South Bend	1	46778	Petroleum	1	46858	Fort Wayne	1
46701	Albion	1	46779	Pleasant Lake	2	46859	Fort Wayne	1
46702	Andrews	1	46780	Pleasant Mills	2	46860	Fort Wayne	1
46703	Angola	2	46781	Poneto	1	46861	Fort Wayne	1
46704	Arcola	1	46782	Preble	2	46862	Fort Wayne	1
46705	Ashley	1	46783	Roanoke	1	46863	Fort Wayne	1
46706	Auburn	1	46784	Rome City	1	46864	Fort Wayne	1
46710	Avilla	1	46785	Saint Joe	1	46865	Fort Wayne	1
46711	Berne	1	46786	South Milford	1	46866	Fort Wayne	1
46713	Bippus	1	46787	South Whitley	1	46867	Fort Wayne	1
46714	Bluffton	1	46788	Spencerville	1	46868	Fort Wayne	1
46721	Butler	1	46789	Stroh	1	46869	Fort Wayne	1
46723	Churubusco	1	46791	Uniondale	1	46885	Fort Wayne	1
46725	Columbia City	1	46792	Warren	1	46895	Fort Wayne	1



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
46896	Fort Wayne	1	46959	Miami	1	47031	Milan	1
46897	Fort Wayne	1	46960	Monterey	1	47032	Moore's Hill	1
46898	Fort Wayne	1	46961	New Waverly	1	47033	Morris	2
46899	Fort Wayne	1	46962	North Manchester	1	47034	Napoleon	2
46901	Kokomo	1	46965	Oakford	1	47035	New Trenton	1
46902	Kokomo	1	46967	Onward	1	47036	Oldenburg	2
46903	Kokomo	1	46968	Ora	1	47037	Osgood	2
46904	Kokomo	1	46970	Peru	2	47038	Patriot	1
46910	Akron	2	46971	Grissom Arb	2	47039	Pierceville	2
46911	Amboy	1	46974	Roann	2	47040	Rising Sun	1
46912	Athens	2	46975	Rochester	2	47041	Sunman	2
46913	Bringinghurst	1	46977	Rockfield	1	47042	Versailles	1
46914	Bunker Hill	1	46978	Royal Center	1	47043	Vevay	2
46915	Burlington	1	46979	Russiaville	1	47060	West Harrison	1
46916	Burrows	1	46980	Servia	1	47102	Austin	2
46917	Camden	1	46982	Silver Lake	1	47104	Bethlehem	1
46919	Converse	1	46984	Somerset	1	47106	Borden	1
46920	Cutler	1	46985	Star City	2	47107	Bradford	1
46921	Deedsville	2	46986	Swayzee	1	47108	Campbellsburg	2
46922	Delong	1	46987	Sweetser	1	47110	Central	2
46923	Delphi	1	46988	Twelve Mile	1	47111	Charlestown	1
46926	Denver	2	46989	Upland	2	47112	Corydon	2
46928	Fairmount	1	46990	Urbana	1	47114	Crandall	2
46929	Flora	1	46991	Van Buren	1	47115	Depauw	2
46930	Fowlerton	1	46992	Wabash	2	47116	Eckerty	1
46931	Fulton	2	46994	Walton	1	47117	Elizabeth	1
46932	Galveston	1	46995	West Middleton	1	47118	English	2
46933	Gas City	1	46996	Winamac	2	47119	Floyds Knobs	1
46935	Grass Creek	1	46998	Young America	1	47120	Fredericksburg	2
46936	Greentown	1	47001	Aurora	1	47122	Georgetown	1
46937	Hemlock	1	47003	West College Corner	1	47123	Grantsburg	2
46938	Jonesboro	1	47006	Batesville	2	47124	Greenville	1
46939	Kewanna	2	47010	Bath	1	47125	Hardinsburg	2
46940	La Fontaine	1	47011	Bennington	1	47126	Henryville	2
46941	Lagro	2	47012	Brookville	1	47129	Clarksville	1
46942	Lake Cicott	1	47016	Cedar Grove	1	47130	Jeffersonville	1
46943	Laketon	2	47017	Cross Plains	1	47131	Jeffersonville	1
46945	Leiters Ford	2	47018	Dillsboro	1	47132	Jeffersonville	1
46946	Liberty Mills	1	47019	East Enterprise	1	47133	Jeffersonville	1
46947	Logansport	1	47020	Florence	1	47134	Jeffersonville	1
46950	Lucerne	1	47021	Friendship	1	47135	Laconia	2
46951	Macy	2	47022	Guilford	1	47136	Lanesville	1
46952	Marion	1	47023	Holton	2	47137	Leavenworth	2
46953	Marion	1	47024	Laurel	2	47138	Lexington	1
46957	Matthews	2	47025	Lawrenceburg	1	47140	Marengo	2
46958	Mexico	2	47030	Metamora	2	47141	Marysville	2



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
47142	Mauckport	2	47247	Jonesville	1	47352	Lewisville	1
47143	Memphis	1	47249	Kurtz	1	47353	Liberty	1
47144	Jeffersonville	1	47250	Madison	1	47354	Losantville	1
47145	Milltown	2	47260	Medora	1	47355	Lynn	2
47146	Mount Saint Francis	1	47261	Millhousen	2	47356	Middletown	1
47147	Nabb	1	47263	New Point	2	47357	Milton	1
47150	New Albany	1	47264	Norman	2	47358	Modoc	2
47151	New Albany	1	47265	North Vernon	2	47359	Montpelier	1
47160	New Middletown	2	47270	Paris Crossing	1	47360	Mooreland	1
47161	New Salisbury	2	47272	Saint Paul	1	47361	Mount Summit	1
47162	New Washington	1	47273	Scipio	2	47362	New Castle	1
47163	Otisco	1	47274	Seymour	1	47366	New Lisbon	1
47164	Palmyra	1	47280	Taylorsville	1	47367	Oakville	1
47165	Pekin	2	47281	Vallonia	1	47368	Parker City	1
47166	Ramsey	2	47282	Vernon	2	47369	Pennville	2
47167	Salem	2	47283	Westport	2	47370	Pershing	1
47170	Scottsburg	2	47302	Muncie	1	47371	Portland	2
47172	Sellersburg	1	47303	Muncie	1	47373	Redkey	1
47174	Sulphur	2	47304	Muncie	1	47374	Richmond	1
47175	Taswell	2	47305	Muncie	1	47375	Richmond	1
47177	Underwood	2	47306	Muncie	1	47380	Ridgeville	2
47190	Jeffersonville	1	47307	Muncie	1	47381	Salamonia	2
47199	Jeffersonville	1	47308	Muncie	1	47382	Saratoga	2
47201	Columbus	1	47320	Albany	1	47383	Selma	1
47202	Columbus	1	47322	Bentonville	1	47384	Shirley	1
47203	Columbus	1	47324	Boston	1	47385	Spiceland	1
47220	Brownstown	1	47325	Brownsville	1	47386	Springport	1
47223	Butlerville	2	47326	Bryant	2	47387	Straughn	1
47224	Canaan	1	47327	Cambridge City	1	47388	Sulphur Springs	1
47225	Clarksburg	2	47330	Centerville	1	47390	Union City	1
47226	Clifford	1	47331	Connersville	1	47392	Webster	1
47227	Commiskey	1	47334	Daleville	1	47393	Williamsburg	1
47228	Cortland	1	47335	Dublin	1	47394	Winchester	2
47229	Crothersville	1	47336	Dunkirk	2	47396	Yorktown	1
47230	Deputy	1	47337	Dunreith	1	47401	Bloomington	1
47231	Dupont	1	47338	Eaton	1	47402	Bloomington	1
47232	Elizabethtown	1	47339	Economy	1	47403	Bloomington	1
47234	Flat Rock	1	47340	Farmland	2	47404	Bloomington	1
47235	Freetown	1	47341	Fountain City	1	47405	Bloomington	1
47236	Grammer	1	47342	Gaston	1	47406	Bloomington	1
47240	Greensburg	2	47344	Greensboro	1	47407	Bloomington	1
47243	Hanover	1	47345	Greens Fork	1	47408	Bloomington	1
47244	Hartsville	1	47346	Hagerstown	1	47420	Avoca	2
47245	Hayden	1	47348	Hartford City	2	47421	Bedford	2
47246	Hope	1	47351	Kennard	1	47424	Bloomfield	1
47247	Jonesville	1	47030	Metamora	2	47426	Clear Creek	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
47427	Coal City	2	47523	Dale	1	47598	Winslow	1
47429	Ellettsville	1	47524	Decker	1	47601	Boonville	1
47431	Freedom	1	47525	Derby	2	47610	Chandler	1
47432	French Lick	2	47527	Dubois	1	47611	Chrisney	2
47433	Gosport	1	47528	Edwardsport	1	47612	Cynthiana	1
47434	Harrodsburg	1	47529	Elnora	1	47613	Elberfeld	1
47435	Helmsburg	1	47531	Evanston	2	47615	Grandview	1
47436	Heltonville	2	47532	Ferdinand	1	47616	Griffin	2
47437	Huron	2	47535	Freelandville	1	47617	Hatfield	1
47438	Jasonville	2	47536	Fulda	2	47618	Inglefield	1
47439	Koleen	2	47537	Gentryville	2	47619	Lynnville	2
47441	Linton	2	47541	Holland	1	47620	Mount Vernon	1
47443	Lyons	2	47542	Huntingburg	1	47629	Newburgh	2
47445	Midland	2	47545	Ireland	1	47630	Newburgh	1
47446	Mitchell	2	47546	Jasper	1	47631	New Harmony	1
47448	Nashville	1	47547	Jasper	1	47633	Poseyville	1
47449	Newberry	2	47549	Jasper	1	47634	Richland	1
47451	Oolitic	2	47550	Lamar	2	47635	Rockport	1
47452	Orleans	2	47551	Leopold	2	47637	Tennyson	2
47453	Owensburg	1	47552	Lincoln City	1	47638	Wadesville	1
47454	Paoli	2	47553	Loogootee	1	47639	Haubstadt	1
47455	Patrickburg	2	47556	Mariah Hill	1	47640	Hazleton	2
47456	Quincy	1	47557	Monroe City	1	47647	Buckskin	2
47457	Scotland	2	47558	Montgomery	1	47648	Fort Branch	2
47458	Smithville	1	47561	Oaktown	1	47649	Francisco	2
47459	Solsberry	1	47562	Odon	1	47654	Mackey	2
47460	Spencer	1	47564	Otwell	1	47660	Oakland City	2
47462	Springville	1	47567	Petersburg	1	47665	Owensville	2
47463	Stanford	1	47568	Plainville	1	47666	Patoka	2
47464	Stinesville	1	47573	Ragsdale	1	47670	Princeton	2
47465	Switz City	2	47574	Rome	2	47683	Somerville	2
47467	Tunnelton	2	47575	Saint Anthony	1	47701	Evansville	1
47468	Unionville	1	47576	Saint Croix	1	47702	Evansville	1
47469	West Baden Springs	2	47577	Saint Meinrad	1	47703	Evansville	1
47470	Williams	2	47578	Sandborn	1	47704	Evansville	1
47471	Worthington	2	47579	Santa Claus	1	47705	Evansville	1
47501	Washington	1	47580	Schnellville	1	47706	Evansville	1
47512	Bicknell	1	47581	Shoals	1	47708	Evansville	1
47513	Birdseye	1	47584	Spurgeon	2	47710	Evansville	1
47514	Branchville	2	47585	Stendal	1	47711	Evansville	1
47515	Bristow	1	47586	Tell City	2	47712	Evansville	1
47516	Bruceville	1	47588	Troy	2	47713	Evansville	1
47519	Cannelburg	1	47590	Velpen	1	47714	Evansville	1
47520	Cannelton	2	47591	Vincennes	1	47715	Evansville	1
47521	Celestine	1	47596	Westphalia	1	47716	Evansville	1
47522	Crane	1	47597	Wheatland	1	47719	Evansville	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
47720	Evansville	1	47855	Hymera	2	47932	Covington	1
47721	Evansville	1	47857	Knightsville	2	47933	Crawfordsville	1
47722	Evansville	1	47858	Lewis	1	47940	Darlington	1
47724	Evansville	1	47859	Marshall	1	47941	Dayton	1
47725	Evansville	1	47860	Mecca	2	47942	Earl Park	1
47728	Evansville	1	47861	Merom	2	47943	Fair Oaks	2
47730	Evansville	1	47862	Montezuma	2	47944	Fowler	1
47731	Evansville	1	47863	New Goshen	1	47946	Francesville	2
47732	Evansville	1	47865	Paxton	2	47948	Goodland	1
47733	Evansville	1	47866	Pimento	1	47949	Hillsboro	1
47734	Evansville	1	47868	Poland	2	47950	Idaville	2
47735	Evansville	1	47869	Prairie Creek	1	47951	Kentland	1
47736	Evansville	1	47870	Prairieton	1	47952	Kingman	1
47737	Evansville	1	47871	Riley	1	47954	Ladoga	1
47740	Evansville	1	47872	Rockville	2	47955	Linden	1
47747	Evansville	1	47874	Rosedale	1	47957	Medaryville	2
47750	Evansville	1	47875	Saint Bernice	2	47958	Mellott	1
47801	Terre Haute	1	47876	Saint Mary Of The Woods	1	47959	Monon	2
47802	Terre Haute	1	47878	Seelyville	1	47960	Monticello	2
47803	Terre Haute	1	47879	Shelburn	2	47962	Montmorenci	1
47804	Terre Haute	1	47880	Shepardsville	1	47963	Morocco	1
47805	Terre Haute	1	47881	Staunton	2	47964	Mount Ayr	2
47807	Terre Haute	1	47882	Sullivan	2	47965	New Market	1
47808	Terre Haute	1	47884	Universal	1	47966	Newport	2
47809	Terre Haute	1	47885	West Terre Haute	1	47967	New Richmond	1
47830	Bellmore	2	47901	Lafayette	1	47968	New Ross	1
47831	Blanford	2	47902	Lafayette	1	47969	Newtown	1
47832	Bloomington	2	47903	Lafayette	1	47970	Otterbein	1
47833	Bowling Green	2	47904	Lafayette	1	47971	Oxford	2
47834	Brazil	2	47905	Lafayette	1	47974	Perrysville	1
47836	Bridgeton	2	47906	West Lafayette	1	47975	Pine Village	2
47837	Carbon	2	47907	West Lafayette	1	47977	Remington	2
47838	Carlisle	2	47909	Lafayette	1	47978	Rensselaer	2
47840	Centerpoint	2	47916	Alamo	1	47980	Reynolds	2
47841	Clay City	1	47917	Ambia	2	47981	Romney	1
47842	Clinton	2	47918	Attica	2	47982	State Line	1
47845	Coalmont	2	47920	Battle Ground	1	47983	Stockwell	1
47846	Cory	1	47921	Boswell	2	47984	Talbot	2
47847	Dana	2	47922	Brook	2	47986	Templeton	1
47848	Dugger	2	47923	Brookston	1	47987	Veedersburg	1
47849	Fairbanks	2	47924	Buck Creek	1	47988	Wallace	1
47850	Farmersburg	1	47925	Buffalo	2	47989	Waveland	1
47851	Fontanet	1	47926	Burnettsville	1	47990	Waynetown	1
47852	Graysville	2	47928	Cayuga	1	47991	West Lebanon	2
47853	Harmony	2	47929	Chalmers	2	47992	Westpoint	1
47854	Hillsdale	2	47930	Clarks Hill	1	47993	Williamsport	2

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**INDIANA – ZIP CODE AREA CHART – Effective 3-04-2024**

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## **ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, N.E.; Atlanta, GA 30319

### **PREMIUM INFORMATION**

We, Atlantic Capital Life Assurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

Premiums are Attained Age Premiums; which means that they will increase each year as your age increases. The increase will be effective on the first premium due date on or after each Anniversary Date of your Policy. Premium rates are based on where you live, and therefore may change if you your place of residence changes. Rates can also increase periodically as stated above.

**Household Premium Discount:** You will be eligible for the Household Premium Discount if you are married and residing with Your spouse or residing with at least one other (1) person, but not more than three other (3) persons, who are all aged 50 or older for at least the last 12 consecutive months. The discounted premium will be 7% lower than the rates illustrated. Your Household Premium Discount will be removed if, other than in the event of the other person(s) death, You no longer reside with Your spouse, or You are no longer residing with at least one other (1) person who is aged 50 or older; or You are living with more than three other (3) persons regardless of their age.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is 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 that you are not satisfied with your policy, you may return it to 4370 Peachtree Road, N.E.; Atlanta, GA 30319. 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.

### **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**

This policy may not fully cover all of your medical costs.

Neither Atlantic Capital Life Assurance 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.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

## PLAN A

### MEDICARE (PART A) – HOSPITAL SERVICES – 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$0 \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$[1,676] (Part A deductible) \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 \$0 \$0	\$0 Up to \$[209.50] a day All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN A

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$[257] of Medicare Approved Amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$[257] of Medicare Approved Amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[257] of Medicare approved amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0



## PLAN F

### MEDICARE (PART A) – HOSPITAL SERVICES – 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,676]	\$[1,676] (Part A deductible)	\$0
61st through 90th day	All but \$[419] a day	\$[419] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but \$[838] a day	\$[838] 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
21st through 100th day	All but \$[209.50] a day	Up to \$[209.50] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN F

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$[257] of Medicare Approved Amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$[257] of Medicare Approved Amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[257] of Medicare approved amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

### OTHER BENEFITS NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum

## PLAN G

### MEDICARE (PART A) – HOSPITAL SERVICES – 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,676]	\$[1,676] (Part A deductible)	\$0
61st through 90th day	All but \$[419] a day	\$[419] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but \$[838] a day	\$[838] 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
21st through 100th day	All but \$[209.50] a day	Up to \$[209.50] a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN G

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$[257] (Unless Part B deductible has been met) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[257] (Unless Part B deductible has been met) \$0
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#### OTHER BENEFITS NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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## HIGH DEDUCTIBLE PLAN G

### MEDICARE (PART A) – HOSPITAL SERVICES – 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.

\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,870] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,870]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 Up to \$[209.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## HIGH DEDUCTIBLE PLAN G

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,870] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,870]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[257] (Unless Part B deductible has been met) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
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## HIGH DEDUCTIBLE PLAN G

### OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	   \$0 \$0	   \$0 80% to a lifetime maximum of \$50,000	   \$250 20% and amounts over the \$50,000 lifetime maximum



## PLAN K

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[7,220] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit 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.**

### MEDICARE (PART A) – HOSPITAL SERVICES – 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION**</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days  61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days  - Beyond the additional 365 days	All but \$[1,676]  All but \$[419] a day  All but \$[838] a day  \$0  \$0	\$[838] (50% of Part A deductible) \$[419] a day  \$[838] a day  100% of Medicare-eligible expenses \$0	\$[838] (50% of Part A deductible)♦ \$0  \$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 21st through 100th day  101st day and after	All approved amounts All but \$[209.50] a day  \$0	\$0 Up to \$[104.75] a day (50% of Part A deductible) \$0	\$0 Up to \$[104.75] a day (50% of Part A deductible)♦ All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

\*\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN K

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare Approved Amounts	\$0  Generally 80% or more of Medicare Approved Amounts Generally 80%	\$0  Remainder of Medicare Approved Amounts Generally 10%	\$[257] (Part B deductible)****◆ All costs above Medicare Approved Amounts Generally 10%◆
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[7,220])*
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$[257] (Part B deductible)****◆ Generally 10%◆
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts**** Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 10%	\$0  \$[257] (Part B deductible)◆ 10%◆
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\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,220] per year. **However, this limit 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.**

\*\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

## PLAN N

### MEDICARE (PART A) – HOSPITAL SERVICES – 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$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 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 Up to \$[209.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN N

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[257] (Part B deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 80%	\$0 20%	\$[257] (Part B deductible) \$0

# PLAN N

## OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum