

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE; 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.

†Bankers Fidelity 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 ¹	K	L †	M †	N	C †	F ¹
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 ³	✓	✓
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] ²					\$[7,220] ²		\$[3,610] ²			

¹Plans 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.

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

³Plan 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.

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IOWA – MONTHLY BANK DRAFT RATES – Effective 03-03-2024 PREFERRED NON-TOBACCO – Area 1 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	137.22	157.72	163.31	187.71	140.89	161.94	32.37	37.20	60.76	69.84	106.94	122.92
66	137.22	157.72	163.31	187.71	140.89	161.94	32.37	37.20	60.76	69.84	106.94	122.92
67	137.22	157.72	164.87	189.51	140.89	161.94	32.37	37.20	60.76	69.84	106.94	122.92
68	139.40	160.23	168.40	193.56	140.89	161.94	33.05	37.99	63.13	72.57	111.20	127.82
69	142.28	163.54	171.85	197.53	143.01	164.39	33.91	38.98	65.58	75.38	115.63	132.91
70	145.51	167.25	175.30	201.49	146.58	168.49	34.90	40.11	68.17	78.36	120.22	138.19
71	149.00	171.27	179.61	206.45	150.07	172.50	35.80	41.15	70.62	81.17	124.57	143.18
72	152.93	175.78	183.99	211.49	153.57	176.51	36.87	42.38	73.14	84.06	128.91	148.17
73	158.43	182.10	190.65	219.14	159.18	182.97	38.08	43.76	75.43	86.70	133.09	152.98
74	164.19	188.72	197.71	227.25	164.80	189.43	39.32	45.19	77.88	89.51	137.18	157.68
75	169.95	195.34	204.84	235.45	170.49	195.97	40.65	46.72	80.17	92.15	141.44	162.58
76	176.15	202.47	212.13	243.82	176.11	202.43	41.94	48.20	82.62	94.97	145.62	167.38
77	182.26	209.49	219.49	252.29	181.73	208.88	43.27	49.73	85.06	97.78	149.97	172.38
78	188.63	216.81	227.17	261.12	188.11	216.21	44.73	51.41	88.03	101.18	155.23	178.42
79	194.83	223.94	234.70	269.77	195.47	224.68	46.19	53.09	91.14	104.76	160.58	184.57
80	201.11	231.16	242.22	278.41	201.92	232.09	47.65	54.77	94.18	108.25	166.01	190.81
81	207.57	238.59	249.98	287.33	209.36	240.65	49.11	56.44	97.29	111.83	171.52	197.15
82	213.94	245.91	257.66	296.16	215.81	248.06	50.52	58.07	100.33	115.32	176.95	203.39
83	221.10	254.14	266.28	306.06	223.10	256.44	51.94	59.70	103.74	119.24	182.80	210.11
84	228.17	262.26	274.74	315.79	231.37	265.95	53.27	61.23	107.07	123.07	188.65	216.84
85	236.11	271.39	284.38	326.87	238.81	274.50	54.82	63.01	110.78	127.33	195.25	224.42
86	243.36	279.72	293.15	336.96	246.25	283.05	56.15	64.54	114.26	131.33	201.35	231.43
87	250.69	288.15	301.77	346.87	254.45	292.47	57.56	66.16	117.59	135.17	207.28	238.25
88	256.71	295.07	309.06	355.24	259.01	297.71	58.98	67.79	117.82	135.42	207.61	238.64
89	262.82	302.10	316.51	363.80	264.70	304.25	60.40	69.42	123.30	141.72	217.30	249.78
90	269.02	309.22	324.03	372.45	270.09	310.45	61.90	71.15	126.26	145.13	222.40	255.63
91	275.39	316.54	331.55	381.09	275.70	316.90	63.36	72.83	129.23	148.54	227.75	261.78
92	281.94	324.07	339.39	390.10	281.25	323.27	64.82	74.50	132.19	151.94	233.01	267.83
93	288.40	331.49	347.30	399.20	286.71	329.56	66.41	76.33	135.30	155.52	238.53	274.17
94	295.12	339.22	355.37	408.47	292.33	336.01	67.99	78.15	138.49	159.18	244.04	280.51
95	301.84	346.94	363.68	418.02	297.80	342.29	69.58	79.98	141.68	162.85	249.64	286.94
96	308.91	355.07	371.99	427.57	304.32	349.80	71.21	81.85	144.79	166.42	255.40	293.57
97	315.98	363.20	380.61	437.48	310.78	357.21	72.76	83.63	148.20	170.34	261.17	300.19
98	323.05	371.32	389.15	447.30	316.24	363.50	74.39	85.51	151.53	174.17	267.10	307.01
99+	330.30	379.65	397.85	457.29	322.69	370.91	76.15	87.53	151.53	174.17	267.10	307.01

Other Premium Modes: Multiply the Monthly Bank Draft premiums by: 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: Refer to Monthly Credit Card rate sheet.

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

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4370 Peachtree Road, NE, Atlanta, GA 30319

IOWA – MONTHLY BANK DRAFT RATES – Effective 03-03-2024 PREFERRED NON-TOBACCO – Area 2 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	157.80	181.38	187.80	215.87	162.02	186.23	37.22	42.78	69.87	80.32	122.98	141.36
66	157.80	181.38	187.80	215.87	162.02	186.23	37.22	42.78	69.87	80.32	122.98	141.36
67	157.80	181.38	189.60	217.94	162.02	186.23	37.22	42.78	69.87	80.32	122.98	141.36
68	160.31	184.26	193.66	222.60	162.02	186.23	38.01	43.69	72.60	83.45	127.88	146.99
69	163.62	188.07	197.63	227.16	164.47	189.04	39.00	44.82	75.41	86.68	132.97	152.84
70	167.33	192.34	201.59	231.71	168.57	193.76	40.13	46.13	78.40	90.11	138.26	158.92
71	171.35	196.95	206.55	237.41	172.59	198.38	41.17	47.32	81.21	93.34	143.25	164.66
72	175.87	202.15	211.59	243.21	176.60	202.99	42.40	48.74	84.11	96.67	148.25	170.40
73	182.19	209.42	219.25	252.02	183.06	210.42	43.79	50.33	86.75	99.71	153.05	175.92
74	188.82	217.03	227.37	261.34	189.52	217.84	45.22	51.97	89.56	102.94	157.76	181.33
75	195.44	224.65	235.56	270.77	196.07	225.37	46.75	53.73	92.20	105.98	162.66	186.97
76	202.57	232.84	243.95	280.40	202.53	232.79	48.23	55.44	95.01	109.21	167.46	192.49
77	209.59	240.92	252.42	290.14	208.99	240.22	49.76	57.20	97.82	112.44	172.46	198.23
78	216.92	249.34	261.25	300.29	216.32	248.65	51.44	59.12	101.23	116.36	178.51	205.19
79	224.05	257.53	269.90	310.23	224.79	258.38	53.12	61.05	104.81	120.47	184.66	212.26
80	231.28	265.84	278.55	320.17	232.21	266.91	54.79	62.98	108.31	124.49	190.91	219.43
81	238.71	274.37	287.47	330.43	240.76	276.74	56.47	64.91	111.89	128.60	197.25	226.72
82	246.03	282.80	296.30	340.58	248.19	285.27	58.10	66.78	115.38	132.62	203.49	233.90
83	254.26	292.26	306.22	351.97	256.56	294.90	59.73	68.66	119.30	137.12	210.22	241.63
84	262.40	301.60	315.95	363.16	266.08	305.84	61.26	70.41	123.13	141.53	216.95	249.36
85	271.53	312.10	327.03	375.90	274.63	315.67	63.04	72.46	127.39	146.43	224.54	258.09
86	279.86	321.68	337.13	387.50	283.19	325.51	64.57	74.22	131.40	151.03	231.55	266.15
87	288.29	331.37	347.04	398.90	292.62	336.34	66.20	76.09	135.23	155.44	238.37	273.99
88	295.22	339.33	355.42	408.53	297.86	342.36	67.83	77.96	135.49	155.73	238.76	274.43
89	302.25	347.41	363.98	418.37	304.40	349.89	69.46	79.83	141.80	162.98	249.90	287.24
90	309.37	355.60	372.63	428.32	310.60	357.01	71.18	81.82	145.20	166.90	255.76	293.98
91	316.70	364.02	381.28	438.26	317.06	364.44	72.86	83.75	148.61	170.82	261.91	301.05
92	324.23	372.68	390.30	448.62	323.43	371.77	74.54	85.68	152.02	174.74	267.96	308.00
93	331.66	381.22	399.40	459.08	329.72	378.99	76.37	87.78	155.60	178.85	274.31	315.29
94	339.39	390.10	408.68	469.75	336.18	386.41	78.19	89.88	159.26	183.06	280.64	322.58
95	347.12	398.98	418.23	480.73	342.46	393.64	80.02	91.98	162.93	187.27	287.08	329.98
96	355.25	408.33	427.79	491.71	349.97	402.27	81.90	94.13	166.51	191.39	293.71	337.60
97	363.38	417.68	437.70	503.10	357.39	410.80	83.67	96.18	170.43	195.89	300.34	345.22
98	371.51	427.02	447.52	514.39	363.68	418.02	85.55	98.33	174.26	200.30	307.16	353.06
99+	379.84	436.60	457.52	525.89	371.10	426.55	87.57	100.66	174.26	200.30	307.16	353.06

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IOWA – MONTHLY BANK DRAFT RATES – Effective 03-03-2024

STANDARD – Area 1 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	164.66	189.26	195.97	225.25	169.07	194.33	38.84	44.64	72.91	83.81	128.33	147.50
66	164.66	189.26	195.97	225.25	169.07	194.33	38.84	44.64	72.91	83.81	128.33	147.50
67	164.66	189.26	197.85	227.41	169.07	194.33	38.84	44.64	72.91	83.81	128.33	147.50
68	167.28	192.27	202.08	232.28	169.07	194.33	39.66	45.59	75.76	87.08	133.44	153.38
69	170.73	196.25	206.22	237.03	171.62	197.26	40.69	46.77	78.69	90.45	138.75	159.49
70	174.61	200.70	210.35	241.79	175.90	202.18	41.88	48.14	81.80	94.03	144.27	165.83
71	178.80	205.52	215.53	247.73	180.09	207.00	42.96	49.38	84.74	97.40	149.48	171.82
72	183.51	210.93	220.79	253.79	184.28	211.81	44.25	50.86	87.76	100.88	154.69	177.81
73	190.11	218.52	228.79	262.97	191.02	219.56	45.69	52.52	90.52	104.05	159.71	183.57
74	197.03	226.47	237.25	272.70	197.76	227.31	47.18	54.23	93.45	107.42	164.62	189.22
75	203.94	234.41	245.81	282.54	204.59	235.16	48.78	56.07	96.21	110.59	169.73	195.09
76	211.37	242.96	254.55	292.59	211.33	242.91	50.33	57.85	99.14	113.96	174.75	200.86
77	218.71	251.39	263.39	302.75	218.08	250.66	51.92	59.68	102.08	117.33	179.96	206.85
78	226.35	260.18	272.61	313.34	225.73	259.46	53.67	61.69	105.63	121.42	186.28	214.11
79	233.79	268.73	281.63	323.72	234.56	269.61	55.43	63.71	109.37	125.71	192.69	221.49
80	241.33	277.40	290.66	334.09	242.31	278.51	57.18	65.72	113.01	129.90	199.21	228.98
81	249.08	286.30	299.97	344.80	251.23	288.77	58.93	67.73	116.75	134.20	205.83	236.58
82	256.73	295.09	309.19	355.39	258.98	297.67	60.63	69.69	120.40	138.39	212.34	244.07
83	265.32	304.96	319.53	367.28	267.72	307.72	62.33	71.64	124.49	143.09	219.36	252.14
84	273.80	314.72	329.69	378.95	277.65	319.14	63.92	73.48	128.49	147.69	226.38	260.20
85	283.34	325.67	341.25	392.24	286.58	329.40	65.78	75.61	132.93	152.80	234.30	269.31
86	292.03	335.67	351.78	404.35	295.50	339.66	67.38	77.44	137.11	157.60	241.62	277.72
87	300.83	345.78	362.13	416.24	305.34	350.97	69.08	79.40	141.11	162.20	248.74	285.90
88	308.06	354.09	370.87	426.29	310.81	357.25	70.78	81.35	141.38	162.51	249.14	286.36
89	315.39	362.51	379.81	436.56	317.64	365.10	72.48	83.31	147.96	170.07	260.77	299.73
90	322.82	371.06	388.83	446.94	324.11	372.53	74.28	85.38	151.52	174.16	266.88	306.76
91	330.47	379.85	397.86	457.31	330.85	380.28	76.03	87.39	155.07	178.25	273.30	314.13
92	338.33	388.88	407.27	468.12	337.50	387.93	77.78	89.40	158.63	182.33	279.61	321.39
93	346.08	397.79	416.76	479.04	344.05	395.46	79.69	91.59	162.37	186.63	286.23	329.00
94	354.14	407.06	426.45	490.17	350.80	403.21	81.59	93.78	166.19	191.02	292.85	336.61
95	362.21	416.33	436.42	501.63	357.35	410.75	83.50	95.98	170.01	195.42	299.57	344.33
96	370.69	426.08	446.38	513.09	365.19	419.76	85.46	98.23	173.75	199.71	306.48	352.28
97	379.18	435.84	456.73	524.97	372.93	428.66	87.31	100.36	177.84	204.41	313.40	360.23
98	387.66	445.59	466.98	536.76	379.49	436.20	89.27	102.61	181.84	209.01	320.52	368.41
99+	396.35	455.58	477.42	548.75	387.23	445.10	91.38	105.03	181.84	209.01	320.52	368.41

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IOWA – MONTHLY BANK DRAFT RATES – Effective 03-03-2024

STANDARD – Area 2 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	189.36	217.65	225.36	259.04	194.43	223.48	44.66	51.34	83.85	96.38	147.58	169.63
66	189.36	217.65	225.36	259.04	194.43	223.48	44.66	51.34	83.85	96.38	147.58	169.63
67	189.36	217.65	227.53	261.53	194.43	223.48	44.66	51.34	83.85	96.38	147.58	169.63
68	192.37	221.11	232.39	267.12	194.43	223.48	45.61	52.43	87.12	100.14	153.46	176.39
69	196.34	225.68	237.15	272.59	197.36	226.85	46.80	53.79	90.50	104.02	159.57	183.41
70	200.80	230.81	241.91	278.06	202.29	232.51	48.16	55.36	94.07	108.13	165.91	190.70
71	205.62	236.35	247.86	284.89	207.10	238.05	49.40	56.79	97.45	112.01	171.90	197.59
72	211.04	242.57	253.91	291.85	211.92	243.59	50.88	58.49	100.93	116.01	177.90	204.48
73	218.63	251.30	263.10	302.42	219.67	252.50	52.54	60.39	104.10	119.65	183.66	211.11
74	226.58	260.44	272.84	313.61	227.42	261.41	54.26	62.37	107.47	123.53	189.31	217.60
75	234.53	269.57	282.68	324.92	235.28	270.44	56.10	64.48	110.64	127.17	195.19	224.36
76	243.08	279.40	292.73	336.48	243.03	279.35	57.87	66.52	114.02	131.05	200.96	230.99
77	251.51	289.10	302.90	348.16	250.79	288.26	59.71	68.63	117.39	134.93	206.95	237.88
78	260.31	299.20	313.50	360.34	259.59	298.37	61.73	70.95	121.48	139.63	214.22	246.23
79	268.86	309.03	323.88	372.28	269.75	310.05	63.74	73.26	125.77	144.57	221.60	254.71
80	277.53	319.00	334.26	384.21	278.65	320.29	65.75	75.58	129.97	149.39	229.09	263.32
81	286.45	329.25	344.97	396.51	288.92	332.09	67.77	77.89	134.26	154.32	236.70	272.07
82	295.24	339.36	355.56	408.70	297.82	342.32	69.72	80.14	138.45	159.14	244.19	280.68
83	305.12	350.71	367.46	422.37	307.88	353.88	71.68	82.39	143.16	164.55	252.26	289.96
84	314.87	361.92	379.14	435.79	319.30	367.01	73.51	84.50	147.76	169.84	260.34	299.24
85	325.84	374.53	392.44	451.08	329.56	378.81	75.65	86.95	152.87	175.72	269.44	309.70
86	335.83	386.02	404.55	465.00	339.83	390.61	77.48	89.06	157.68	181.24	277.86	319.38
87	345.95	397.65	416.45	478.68	351.14	403.61	79.44	91.31	162.28	186.53	286.05	328.79
88	354.26	407.20	426.51	490.24	357.43	410.84	81.39	93.55	162.59	186.88	286.51	329.32
89	362.69	416.89	436.78	502.04	365.29	419.87	83.35	95.80	170.15	195.58	299.88	344.69
90	371.25	426.72	447.16	513.98	372.72	428.41	85.42	98.18	174.24	200.28	306.91	352.77
91	380.04	436.83	457.54	525.91	380.47	437.33	87.43	100.50	178.33	204.98	314.29	361.25
92	389.08	447.21	468.36	538.34	388.12	446.12	89.45	102.81	182.43	209.68	321.56	369.60
93	397.99	457.46	479.28	550.89	395.66	454.78	91.64	105.33	186.72	214.62	329.17	378.35
94	407.26	468.12	490.42	563.69	403.42	463.70	93.83	107.85	191.12	219.67	336.77	387.10
95	416.54	478.78	501.88	576.87	410.96	472.37	96.02	110.37	195.51	224.73	344.50	395.97
96	426.30	490.00	513.34	590.05	419.97	482.72	98.27	112.96	199.81	229.66	352.46	405.12
97	436.05	501.21	525.24	603.72	428.87	492.96	100.41	115.41	204.51	235.07	360.41	414.26
98	445.81	512.43	537.02	617.27	436.41	501.63	102.66	118.00	209.11	240.36	368.59	423.67
99+	455.81	523.92	549.03	631.06	445.32	511.86	105.09	120.79	209.11	240.36	368.59	423.67

Other Premium Modes: Multiply the Monthly Bank Draft premiums by: 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: Refer to Monthly Credit Card rate sheet.

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

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, GA 30319

IOWA – MONTHLY CREDIT CARD RATES – Effective 03-03-2024 PREFERRED NON-TOBACCO – Area 1 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	141.33	162.45	168.21	193.34	145.12	166.80	33.34	38.32	62.58	71.94	110.15	126.61
66	141.33	162.45	168.21	193.34	145.12	166.80	33.34	38.32	62.58	71.94	110.15	126.61
67	141.33	162.45	169.82	195.20	145.12	166.80	33.34	38.32	62.58	71.94	110.15	126.61
68	143.58	165.04	173.45	199.37	145.12	166.80	34.04	39.13	65.03	74.74	114.54	131.65
69	146.55	168.45	177.00	203.45	147.30	169.32	34.93	40.15	67.54	77.64	119.10	136.89
70	149.87	172.27	180.55	207.54	150.98	173.54	35.95	41.32	70.22	80.71	123.83	142.33
71	153.47	176.40	184.99	212.64	154.58	177.67	36.87	42.38	72.73	83.60	128.31	147.48
72	157.52	181.05	189.51	217.83	158.17	181.81	37.98	43.65	75.33	86.59	132.78	152.62
73	163.18	187.56	196.37	225.72	163.96	188.46	39.22	45.08	77.70	89.31	137.08	157.57
74	169.11	194.38	203.64	234.07	169.75	195.11	40.50	46.55	80.21	92.20	141.30	162.41
75	175.05	201.20	210.98	242.51	175.61	201.85	41.87	48.13	82.58	94.92	145.69	167.46
76	181.43	208.54	218.49	251.14	181.40	208.50	43.20	49.65	85.10	97.81	149.99	172.40
77	187.73	215.78	226.08	259.86	187.18	215.15	44.57	51.23	87.62	100.71	154.46	177.55
78	194.29	223.32	233.99	268.95	193.75	222.70	46.07	52.95	90.67	104.22	159.89	183.78
79	200.67	230.66	241.74	277.86	201.33	231.42	47.57	54.68	93.88	107.90	165.39	190.11
80	207.14	238.10	249.49	286.76	207.98	239.06	49.08	56.41	97.01	111.50	170.99	196.54
81	213.80	245.74	257.48	295.95	215.64	247.87	50.58	58.14	100.21	115.18	176.67	203.07
82	220.36	253.29	265.39	305.04	222.29	255.50	52.04	59.81	103.34	118.78	182.26	209.50
83	227.73	261.76	274.26	315.25	229.79	264.13	53.50	61.49	106.85	122.82	188.28	216.42
84	235.02	270.13	282.98	325.26	238.32	273.93	54.87	63.07	110.28	126.76	194.31	223.34
85	243.20	279.54	292.91	336.68	245.98	282.74	56.46	64.90	114.10	131.15	201.10	231.16
86	250.66	288.11	301.95	347.07	253.64	291.54	57.83	66.47	117.69	135.27	207.39	238.37
87	258.21	296.79	310.83	357.27	262.08	301.25	59.29	68.15	121.12	139.22	213.50	245.40
88	264.41	303.92	318.33	365.90	266.78	306.64	60.75	69.83	121.35	139.48	213.84	245.80
89	270.71	311.16	326.00	374.71	272.64	313.38	62.21	71.50	127.00	145.98	223.82	257.27
90	277.09	318.50	333.75	383.62	278.19	319.76	63.76	73.28	130.05	149.48	229.07	263.30
91	283.65	326.04	341.50	392.53	283.98	326.41	65.26	75.01	133.11	152.99	234.58	269.63
92	290.40	333.79	349.57	401.80	289.68	332.97	66.76	76.74	136.16	156.50	240.00	275.86
93	297.05	341.44	357.72	411.17	295.31	339.44	68.40	78.62	139.36	160.19	245.68	282.39
94	303.97	349.39	366.03	420.73	301.10	346.09	70.03	80.50	142.65	163.96	251.36	288.92
95	310.90	357.35	374.59	430.57	306.73	352.56	71.67	82.38	145.93	167.73	257.13	295.55
96	318.18	365.72	383.15	440.40	313.45	360.29	73.35	84.31	149.13	171.42	263.06	302.37
97	325.46	374.09	392.03	450.60	320.10	367.93	74.94	86.14	152.64	175.45	269.00	309.20
98	332.74	382.46	400.82	460.71	325.73	374.40	76.62	88.07	156.08	179.40	275.11	316.22
99+	340.21	391.04	409.78	471.01	332.37	382.04	78.43	90.15	156.08	179.40	275.11	316.22

Premium Modes other than Monthly Credit Card: Refer to Monthly Bank Draft rate sheet.

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

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, GA 30319

IOWA – MONTHLY CREDIT CARD RATES – Effective 03-03-2024 PREFERRED NON-TOBACCO – Area 2 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	162.53	186.82	193.44	222.34	166.88	191.82	38.34	44.07	71.97	82.73	126.67	145.60
66	162.53	186.82	193.44	222.34	166.88	191.82	38.34	44.07	71.97	82.73	126.67	145.60
67	162.53	186.82	195.29	224.48	166.88	191.82	38.34	44.07	71.97	82.73	126.67	145.60
68	165.12	189.79	199.47	229.28	166.88	191.82	39.15	45.00	74.78	85.95	131.72	151.40
69	168.53	193.71	203.56	233.97	169.40	194.71	40.17	46.17	77.68	89.28	136.96	157.43
70	172.35	198.11	207.64	238.66	173.63	199.57	41.34	47.51	80.75	92.81	142.40	163.68
71	176.49	202.86	212.75	244.53	177.76	204.33	42.41	48.74	83.64	96.14	147.55	169.60
72	181.14	208.21	217.94	250.51	181.90	209.08	43.68	50.20	86.63	99.57	152.70	175.51
73	187.66	215.70	225.83	259.58	188.55	216.73	45.10	51.84	89.35	102.70	157.64	181.20
74	194.48	223.54	234.19	269.18	195.21	224.38	46.57	53.53	92.25	106.03	162.49	186.77
75	201.30	231.39	242.63	278.89	201.95	232.13	48.15	55.35	94.97	109.16	167.54	192.58
76	208.65	239.82	251.26	288.81	208.60	239.78	49.68	57.10	97.86	112.49	172.49	198.26
77	215.88	248.14	259.99	298.84	215.26	247.42	51.25	58.91	100.76	115.82	177.63	204.18
78	223.43	256.82	269.09	309.30	222.81	256.11	52.98	60.90	104.27	119.85	183.87	211.34
79	230.77	265.25	278.00	319.54	231.53	266.13	54.71	62.89	107.96	124.09	190.20	218.62
80	238.22	273.81	286.91	329.78	239.18	274.91	56.44	64.87	111.56	128.22	196.63	226.02
81	245.87	282.60	296.10	340.34	247.99	285.04	58.17	66.86	115.24	132.46	203.17	233.53
82	253.41	291.28	305.19	350.80	255.63	293.83	59.84	68.79	118.84	136.60	209.60	240.92
83	261.89	301.03	315.40	362.53	264.26	303.75	61.52	70.72	122.88	141.24	216.53	248.88
84	270.27	310.65	325.43	374.06	274.06	315.01	63.10	72.53	126.83	145.78	223.45	256.84
85	279.68	321.47	336.84	387.18	282.87	325.14	64.93	74.63	131.22	150.82	231.27	265.83
86	288.26	331.33	347.24	399.13	291.68	335.27	66.51	76.44	135.34	155.56	238.49	274.13
87	296.94	341.31	357.45	410.86	301.40	346.43	68.18	78.37	139.29	160.10	245.52	282.21
88	304.08	349.51	366.08	420.79	306.79	352.64	69.86	80.30	139.55	160.41	245.92	282.66
89	311.31	357.83	374.90	430.92	313.54	360.39	71.54	82.23	146.05	167.87	257.40	295.86
90	318.66	366.27	383.81	441.17	319.92	367.72	73.32	84.27	149.56	171.91	263.43	302.80
91	326.20	374.94	392.72	451.40	326.57	375.37	75.05	86.26	153.07	175.94	269.77	310.08
92	333.96	383.86	402.01	462.08	333.14	382.92	76.78	88.25	156.58	179.98	276.00	317.24
93	341.61	392.65	411.38	472.85	339.61	390.36	78.66	90.41	160.27	184.22	282.54	324.75
94	349.57	401.80	420.94	483.84	346.26	398.01	80.54	92.57	164.04	188.55	289.06	332.26
95	357.53	410.95	430.78	495.15	352.74	405.45	82.42	94.74	167.82	192.89	295.70	339.88
96	365.91	420.58	440.62	506.46	360.47	414.33	84.35	96.96	171.50	197.13	302.52	347.73
97	374.28	430.21	450.83	518.19	368.12	423.12	86.18	99.06	175.54	201.77	309.35	355.58
98	382.66	439.83	460.95	529.82	374.59	430.56	88.11	101.28	179.49	206.31	316.38	363.65
99+	391.24	449.70	471.25	541.67	382.23	439.35	90.20	103.68	179.49	206.31	316.38	363.65

Premium Modes other than Monthly Credit Card: Refer to Monthly Bank Draft rate sheet.

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

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, GA 30319

IOWA – MONTHLY CREDIT CARD RATES – Effective 03-03-2024**STANDARD – Area 1 (refer to Zip Code Area Chart)****ATTAINED AGE RATES**

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	169.60	194.94	201.85	232.01	174.14	200.16	40.00	45.98	75.10	86.32	132.18	151.93
66	169.60	194.94	201.85	232.01	174.14	200.16	40.00	45.98	75.10	86.32	132.18	151.93
67	169.60	194.94	203.78	234.24	174.14	200.16	40.00	45.98	75.10	86.32	132.18	151.93
68	172.30	198.04	208.14	239.25	174.14	200.16	40.85	46.96	78.03	89.69	137.44	157.98
69	175.86	202.13	212.40	244.14	176.77	203.18	41.91	48.18	81.05	93.17	142.92	164.27
70	179.85	206.72	216.67	249.04	181.18	208.25	43.13	49.58	84.26	96.85	148.60	170.80
71	184.17	211.68	222.00	255.17	185.49	213.21	44.25	50.86	87.28	100.32	153.97	176.97
72	189.02	217.26	227.42	261.40	189.81	218.17	45.57	52.39	90.40	103.90	159.33	183.14
73	195.82	225.08	235.65	270.86	196.75	226.15	47.06	54.09	93.23	107.17	164.50	189.08
74	202.94	233.26	244.37	280.88	203.69	234.13	48.60	55.86	96.26	110.64	169.56	194.89
75	210.06	241.44	253.18	291.01	210.73	242.22	50.24	57.75	99.10	113.90	174.82	200.95
76	217.72	250.25	262.19	301.37	217.68	250.20	51.84	59.58	102.12	117.38	179.99	206.88
77	225.27	258.93	271.29	311.83	224.62	258.18	53.48	61.47	105.14	120.85	185.36	213.06
78	233.14	267.98	280.79	322.74	232.50	267.24	55.28	63.55	108.80	125.06	191.86	220.53
79	240.81	276.79	290.08	333.43	241.60	277.70	57.09	65.62	112.65	129.48	198.47	228.13
80	248.57	285.72	299.38	344.12	249.58	286.87	58.89	67.69	116.41	133.80	205.19	235.85
81	256.56	294.89	308.97	355.14	258.77	297.44	60.70	69.77	120.25	138.22	212.00	243.68
82	264.43	303.94	318.46	366.05	266.75	306.60	62.45	71.78	124.01	142.54	218.71	251.39
83	273.28	314.11	329.12	378.30	275.75	316.96	64.20	73.79	128.22	147.38	225.94	259.70
84	282.02	324.16	339.58	390.32	285.98	328.71	65.84	75.68	132.34	152.12	233.17	268.01
85	291.84	335.44	351.49	404.01	295.17	339.28	67.75	77.88	136.92	157.38	241.33	277.39
86	300.79	345.74	362.34	416.48	304.37	349.85	69.40	79.77	141.23	162.33	248.87	286.05
87	309.85	356.15	372.99	428.73	314.50	361.50	71.15	81.78	145.35	167.06	256.20	294.48
88	317.30	364.71	382.00	439.08	320.13	367.97	72.90	83.79	145.62	167.38	256.61	294.95
89	324.85	373.39	391.20	449.66	327.17	376.05	74.65	85.80	152.40	175.17	268.59	308.72
90	332.51	382.19	400.50	460.34	333.83	383.71	76.51	87.94	156.06	179.38	274.89	315.96
91	340.39	391.25	409.80	471.03	340.77	391.69	78.31	90.01	159.73	183.59	281.50	323.56
92	348.48	400.55	419.48	482.17	347.62	399.57	80.11	92.09	163.39	187.80	288.00	331.04
93	356.46	409.72	429.27	493.41	354.38	407.33	82.08	94.34	167.24	192.23	294.82	338.87
94	364.77	419.27	439.24	504.87	361.32	415.31	84.04	96.60	171.17	196.75	301.63	346.71
95	373.07	428.82	449.51	516.68	368.08	423.08	86.00	98.85	175.11	201.28	308.55	354.66
96	381.81	438.87	459.78	528.48	376.14	432.35	88.02	101.17	178.96	205.70	315.68	362.85
97	390.55	448.91	470.43	540.72	384.12	441.52	89.93	103.37	183.17	210.54	322.80	371.04
98	399.29	458.96	480.99	552.86	390.88	449.28	91.95	105.69	187.29	215.28	330.13	379.46
99+	408.25	469.25	491.74	565.22	398.85	458.45	94.12	108.19	187.29	215.28	330.13	379.46

Premium Modes other than Monthly Credit Card: Refer to Monthly Bank Draft rate sheet.

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

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, GA 30319

IOWA – MONTHLY CREDIT CARD RATES – Effective 03-03-2024

STANDARD – Area 2 (refer to Zip Code Area Chart)

ATTAINED AGE RATES

Age at Issue	A		F		G		High Deductible G		K		N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65	195.04	224.18	232.12	266.81	200.26	230.18	46.00	52.88	86.37	99.27	152.00	174.72
66	195.04	224.18	232.12	266.81	200.26	230.18	46.00	52.88	86.37	99.27	152.00	174.72
67	195.04	224.18	234.35	269.37	200.26	230.18	46.00	52.88	86.37	99.27	152.00	174.72
68	198.14	227.75	239.36	275.13	200.26	230.18	46.98	54.00	89.74	103.14	158.06	181.68
69	202.23	232.46	244.27	280.76	203.28	233.66	48.20	55.40	93.21	107.14	164.36	188.91
70	206.82	237.73	249.17	286.40	208.35	239.48	49.60	57.02	96.90	111.38	170.89	196.42
71	211.79	243.44	255.29	293.44	213.32	245.19	50.89	58.49	100.37	115.37	177.06	203.52
72	217.37	249.85	261.53	300.61	218.28	250.89	52.41	60.24	103.95	119.49	183.24	210.62
73	225.19	258.84	271.00	311.49	226.26	260.07	54.12	62.21	107.22	123.24	189.17	217.44
74	233.38	268.25	281.02	323.02	234.25	269.25	55.89	64.24	110.69	127.24	194.99	224.13
75	241.57	277.66	291.16	334.67	242.34	278.55	57.78	66.41	113.96	130.99	201.05	231.09
76	250.37	287.79	301.52	346.57	250.33	287.73	59.61	68.52	117.44	134.98	206.99	237.92
77	259.06	297.77	311.99	358.61	258.31	296.91	61.50	70.69	120.91	138.98	213.16	245.01
78	268.12	308.18	322.90	371.15	267.37	307.33	63.58	73.08	125.12	143.82	220.64	253.61
79	276.93	318.31	333.60	383.44	277.84	319.36	65.65	75.46	129.55	148.91	228.25	262.35
80	285.86	328.57	344.29	395.74	287.01	329.90	67.73	77.85	133.87	153.87	235.96	271.22
81	295.04	339.13	355.32	408.41	297.59	342.05	69.80	80.23	138.29	158.95	243.80	280.23
82	304.10	349.54	366.23	420.96	306.76	352.59	71.81	82.54	142.61	163.92	251.52	289.10
83	314.27	361.23	378.48	435.04	317.12	364.50	73.83	84.86	147.45	169.49	259.83	298.66
84	324.32	372.78	390.51	448.87	328.87	378.02	75.72	87.03	152.19	174.94	268.15	308.21
85	335.61	385.76	404.21	464.61	339.45	390.17	77.92	89.56	157.46	180.99	277.53	319.00
86	345.91	397.60	416.69	478.95	350.02	402.33	79.81	91.73	162.41	186.68	286.20	328.96
87	356.33	409.58	428.94	493.04	361.68	415.72	81.82	94.05	167.15	192.12	294.63	338.65
88	364.89	419.42	439.30	504.94	368.15	423.16	83.83	96.36	167.46	192.49	295.10	339.20
89	373.58	429.40	449.88	517.11	376.24	432.46	85.85	98.68	175.26	201.45	308.88	355.03
90	382.39	439.53	460.58	529.40	383.90	441.27	87.98	101.13	179.47	206.29	316.12	363.36
91	391.44	449.94	471.27	541.69	391.89	450.45	90.06	103.51	183.68	211.13	323.72	372.09
92	400.75	460.63	482.41	554.49	399.77	459.50	92.13	105.90	187.90	215.98	331.20	380.69
93	409.93	471.18	493.66	567.42	407.53	468.43	94.39	108.49	192.32	221.06	339.04	389.70
94	419.48	482.16	505.13	580.61	415.52	477.61	96.65	111.09	196.85	226.26	346.88	398.71
95	429.03	493.15	516.93	594.18	423.29	486.54	98.90	113.68	201.38	231.47	354.83	407.85
96	439.09	504.70	528.74	607.75	432.57	497.20	101.22	116.35	205.80	236.56	363.03	417.27
97	449.14	516.25	540.99	621.83	441.74	507.74	103.42	118.87	210.65	242.12	371.22	426.69
98	459.19	527.80	553.14	635.79	449.51	516.68	105.74	121.54	215.39	247.57	379.65	436.38
99+	469.48	539.64	565.50	650.00	458.68	527.22	108.24	124.41	215.39	247.57	379.65	436.38

Premium Modes other than Monthly Credit Card: Refer to Monthly Bank Draft rate sheet.

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

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
50001	Ackworth	1	50055	Collins	1	50124	Huxley	1
50002	Adair	2	50056	Colo	1	50125	Indianola	1
50003	Adel	1	50057	Columbia	2	50126	Iowa Falls	2
50005	Albion	1	50058	Coon Rapids	1	50127	Ira	1
50006	Alden	2	50059	Cooper	2	50128	Jamaica	2
50007	Alleman	1	50060	Corydon	2	50129	Jefferson	2
50008	Allerton	2	50061	Cumming	1	50130	Jewell	1
50009	Altoona	1	50062	Melcher Dallas	2	50131	Johnston	1
50010	Ames	1	50063	Dallas Center	1	50132	Kamrar	1
50011	Ames	1	50064	Dana	2	50133	Kellerton	2
50012	Ames	1	50065	Davis City	2	50134	Kelley	1
50013	Ames	1	50066	Dawson	2	50135	Kellogg	1
50014	Ames	1	50067	Decatur	2	50136	Keswick	2
50020	Anita	2	50068	Derby	2	50137	Killduff	1
50021	Ankeny	1	50069	De Soto	1	50138	Knoxville	2
50022	Atlantic	2	50070	Dexter	2	50139	Lacona	2
50023	Ankeny	1	50071	Dows	2	50140	Lamoni	2
50025	Audubon	1	50072	Earlham	2	50141	Laurel	1
50026	Bagley	2	50073	Elkhart	1	50142	Le Grand	1
50027	Barnes City	1	50074	Ellston	2	50143	Leighton	2
50028	Baxter	1	50075	Ellsworth	1	50144	Leon	2
50029	Bayard	1	50076	Exira	2	50145	Liberty Center	2
50031	Beaver	2	50078	Ferguson	1	50146	Linden	2
50032	Berwick	1	50099	Boone	1	50147	Lineville	2
50033	Bevington	1	50101	Galt	2	50148	Liscomb	1
50034	Blairsburg	2	50102	Garden City	1	50149	Lorimor	2
50035	Bondurant	1	50103	Garden Grove	2	50150	Lovilia	2
50036	Boone	1	50104	Gibson	2	50151	Lucas	2
50037	Boone	1	50105	Gilbert	1	50152	Luther	1
50038	Booneville	1	50106	Gilman	1	50153	Lynnvile	1
50039	Bouton	1	50107	Grand Junction	2	50154	Mc Callsburg	1
50040	Boxholm	1	50108	Grand River	2	50155	Macksburg	2
50041	Bradford	2	50109	Granger	1	50156	Madrid	1
50042	Brayton	2	50110	Gray	1	50157	Malcom	1
50043	Buckeye	2	50111	Grimes	1	50158	Marshalltown	1
50044	Bussey	2	50112	Grinnell	1	50160	Martensdale	1
50046	Cambridge	1	50115	Guthrie Center	2	50161	Maxwell	1
50047	Carlisle	1	50116	Hamilton	2	50162	Melbourne	1
50048	Casey	2	50117	Hamlin	2	50163	Melcher Dallas	2
50049	Chariton	2	50118	Hartford	1	50164	Menlo	2
50050	Churdan	1	50119	Harvey	2	50165	Millerton	2
50051	Clemons	1	50120	Haverhill	1	50166	Milo	1
50052	Clio	2	50122	Hubbard	1	50167	Minburn	1
50054	Colfax	1	50123	Humeston	2	50168	Mingo	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
50169	Mitchellville	1	50249	Stratford	1	50319	Des Moines	2
50170	Monroe	1	50250	Stuart	2	50320	Des Moines	2
50171	Montezuma	1	50251	Sully	1	50321	Des Moines	2
50173	Montour	1	50252	Swan	1	50322	Urbandale	2
50174	Murray	2	50254	Thayer	2	50323	Urbandale	2
50201	Nevada	1	50255	Thornburg	2	50324	Windsor Heights	2
50206	New Providence	1	50256	Tracy	2	50325	Clive	2
50207	New Sharon	1	50257	Truro	2	50327	Pleasant Hill	2
50208	Newton	1	50258	Union	1	50328	Des Moines	2
50210	New Virginia	2	50259	Gifford	1	50329	Des Moines	2
50211	Norwalk	1	50261	Van Meter	1	50330	Des Moines	2
50212	Ogden	1	50262	Van Wert	2	50331	Des Moines	2
50213	Osceola	2	50263	Waukee	1	50332	Des Moines	2
50214	Otley	1	50264	Weldon	2	50333	Des Moines	2
50216	Panora	2	50265	West Des Moines	1	50334	Des Moines	2
50217	Paton	1	50266	West Des Moines	1	50335	Des Moines	2
50218	Patterson	1	50268	What Cheer	1	50336	Des Moines	2
50219	Pella	1	50269	Whitten	1	50339	Des Moines	2
50220	Perry	2	50271	Williams	2	50340	Des Moines	2
50222	Peru	2	50272	Williamson	2	50359	Des Moines	2
50223	Pilot Mound	1	50273	Winterset	2	50360	Des Moines	2
50225	Pleasantville	1	50274	Wiota	2	50361	Des Moines	2
50226	Polk City	1	50275	Woodburn	2	50362	Des Moines	2
50227	Popejoy	2	50276	Woodward	1	50363	Des Moines	2
50228	Prairie City	1	50277	Yale	2	50364	Des Moines	2
50229	Prole	1	50278	Zearing	1	50367	Des Moines	2
50230	Radcliffe	1	50301	Des Moines	2	50368	Des Moines	2
50231	Randall	1	50302	Des Moines	2	50369	Des Moines	2
50232	Reasnor	1	50303	Des Moines	2	50380	Des Moines	2
50233	Redfield	2	50304	Des Moines	2	50381	Des Moines	2
50234	Rhodes	1	50305	Des Moines	2	50391	Des Moines	2
50235	Rippey	2	50306	Des Moines	2	50392	Des Moines	2
50236	Roland	1	50307	Des Moines	2	50393	Des Moines	2
50237	Runnells	1	50308	Des Moines	2	50394	Des Moines	2
50238	Russell	2	50309	Des Moines	2	50395	Des Moines	2
50239	Saint Anthony	1	50310	Des Moines	2	50396	Des Moines	2
50240	Saint Charles	1	50311	Des Moines	2	50398	Urbandale	2
50241	Saint Marys	1	50312	Des Moines	2	50401	Mason City	1
50242	Searsboro	1	50313	Des Moines	2	50402	Mason City	1
50243	Sheldahl	1	50314	Des Moines	2	50420	Alexander	2
50244	Slater	1	50315	Des Moines	2	50421	Belmond	2
50246	Stanhope	1	50316	Des Moines	2	50423	Britt	2
50247	State Center	1	50317	Des Moines	2	50424	Buffalo Center	2
50248	Story City	1	50318	Des Moines	2	50426	Carpenter	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
50427	Chapin	1	50479	Thornton	1	50556	Ledyard	1
50428	Clear Lake	1	50480	Titonka	2	50557	Lehigh	1
50430	Corwith	2	50481	Toeterville	1	50558	Livermore	2
50431	Coulter	2	50482	Ventura	1	50559	Lone Rock	2
50432	Crystal Lake	2	50483	Wesley	2	50560	Lu Verne	2
50433	Dougherty	1	50484	Woden	2	50561	Lytton	2
50434	Fertile	1	50501	Fort Dodge	1	50562	Mallard	2
50435	Floyd	1	50510	Albert City	2	50563	Manson	1
50436	Forest City	1	50511	Algona	2	50565	Marathon	1
50438	Garner	1	50514	Armstrong	1	50566	Moorland	1
50439	Goodell	2	50515	Ayrshire	1	50567	Nemaha	2
50440	Grafton	1	50516	Badger	1	50568	Newell	2
50441	Hampton	2	50517	Bancroft	2	50569	Otho	1
50444	Hanlontown	1	50518	Barnum	1	50570	Ottosen	2
50446	Joice	1	50519	Bode	2	50571	Palmer	1
50447	Kanawha	2	50520	Bradgate	1	50573	Plover	2
50448	Kensett	1	50521	Burnside	1	50574	Pocahontas	2
50449	Klemme	1	50522	Burt	2	50575	Pomeroy	2
50450	Lake Mills	1	50523	Callender	1	50576	Rembrandt	1
50451	Lakota	1	50524	Clare	1	50577	Renwick	2
50452	Latimer	2	50525	Clarion	2	50578	Ringsted	2
50453	Leland	1	50526	Clarion	2	50579	Rockwell City	1
50454	Little Cedar	2	50527	Curlew	1	50581	Rolfe	2
50455	Mc Intire	2	50528	Cylinder	2	50582	Rutland	1
50456	Manly	1	50529	Dakota City	1	50583	Sac City	2
50457	Meservey	1	50530	Dayton	1	50585	Sioux Rapids	1
50458	Nora Springs	1	50531	Dolliver	1	50586	Somers	1
50459	Northwood	1	50532	Duncombe	1	50588	Storm Lake	2
50460	Orchard	2	50533	Eagle Grove	1	50590	Swea City	1
50461	Osage	1	50535	Early	2	50591	Thor	1
50464	Plymouth	1	50536	Emmetsburg	1	50592	Truesdale	2
50465	Rake	2	50538	Farnhamville	1	50593	Varina	2
50466	Riceville	2	50539	Fenton	2	50594	Vincent	1
50467	Rock Falls	1	50540	Fonda	2	50595	Webster City	1
50468	Rockford	1	50541	Gilmore City	1	50597	West Bend	2
50469	Rockwell	1	50542	Goldfield	1	50598	Whittemore	2
50470	Rowan	2	50543	Gowrie	1	50599	Woolstock	1
50471	Rudd	1	50544	Harcourt	1	50601	Ackley	2
50472	Saint Ansgar	1	50545	Hardy	1	50602	Allison	1
50473	Scarville	1	50546	Havelock	2	50603	Alta Vista	2
50475	Sheffield	1	50548	Humboldt	1	50604	Aplington	1
50476	Stacyville	2	50551	Jolley	2	50605	Aredale	1
50477	Swaledale	1	50552	Knierim	1	50606	Arlington	2
50478	Thompson	1	50554	Laurens	2	50607	Aurora	2

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
50608	Austinville	2	50661	North Washington	2	50857	Nodaway	2
50609	Beaman	1	50662	Oelwein	1	50858	Orient	2
50611	Bristow	2	50664	Oran	2	50859	Prescott	2
50612	Buckingham	1	50665	Parkersburg	1	50860	Redding	2
50613	Cedar Falls	1	50666	Plainfield	1	50861	Shannon City	2
50614	Cedar Falls	1	50667	Raymond	1	50862	Sharpsburg	2
50616	Charles City	2	50668	Readlyn	1	50863	Tingley	2
50619	Clarksville	1	50669	Reinbeck	1	50864	Villisca	2
50620	Colwell	2	50670	Shell Rock	1	50936	Des Moines	2
50621	Conrad	1	50671	Stanley	2	50940	Des Moines	2
50622	Denver	1	50672	Steamboat Rock	2	50947	Des Moines	2
50623	Dewar	1	50673	Stout	1	50950	Des Moines	2
50624	Dike	1	50674	Sumner	2	50980	Des Moines	2
50625	Dumont	2	50675	Traer	1	50981	Des Moines	2
50626	Dunkerton	1	50676	Tripoli	1	50982	Des Moines	2
50627	Eldora	1	50677	Waverly	1	50983	Des Moines	2
50628	Elma	2	50680	Wellsburg	1	51001	Akron	1
50629	Fairbank	1	50681	Westgate	2	51002	Alta	2
50630	Fredericksburg	2	50682	Winthrop	2	51003	Alton	2
50631	Frederika	1	50701	Waterloo	1	51004	Anthon	1
50632	Garwin	1	50702	Waterloo	1	51005	Aurelia	2
50633	Geneva	2	50703	Waterloo	1	51006	Battle Creek	2
50634	Gilbertville	1	50704	Waterloo	1	51007	Bronson	1
50635	Gladbrook	1	50707	Evansdale	1	51008	Brunsville	1
50636	Greene	2	50801	Creston	2	51009	Calumet	1
50638	Grundy Center	1	50830	Afton	2	51010	Castana	2
50641	Hazleton	1	50831	Arispe	2	51011	Chatsworth	2
50642	Holland	1	50833	Bedford	2	51012	Cherokee	2
50643	Hudson	1	50835	Benton	2	51014	Cleghorn	2
50644	Independence	1	50836	Blockton	2	51015	Climbing Hill	1
50645	Ionia	2	50837	Bridgewater	2	51016	Correctionville	2
50647	Janesville	1	50839	Carbon	2	51018	Cushing	2
50648	Jesup	1	50840	Clearfield	2	51019	Danbury	2
50649	Kesley	1	50841	Corning	2	51020	Galva	2
50650	Lamont	2	50842	Cromwell	2	51022	Granville	2
50651	La Porte City	1	50843	Cumberland	2	51023	Hawarden	2
50652	Lincoln	1	50845	Diagonal	2	51024	Hinton	1
50653	Marble Rock	1	50846	Fontanelle	2	51025	Holstein	2
50654	Masonville	2	50847	Grant	2	51026	Hornick	1
50655	Maynard	2	50848	Gravity	2	51027	Ireton	2
50657	Morrison	1	50849	Greenfield	2	51028	Kingsley	1
50658	Nashua	2	50851	Lenox	2	51029	Larrabee	2
50659	New Hampton	2	50853	Massena	2	51030	Lawton	1
50660	New Hartford	1	50854	Mount Ayr	2	51031	Le Mars	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
51033	Linn Grove	1	51239	Hull	2	51442	Denison	1
51034	Mapleton	2	51240	Inwood	1	51443	Glidden	1
51035	Marcus	2	51241	Larchwood	1	51444	Halbur	1
51036	Maurice	2	51242	Lester	1	51445	Ida Grove	2
51037	Meriden	2	51243	Little Rock	1	51446	Irwin	2
51038	Merrill	1	51244	Matlock	2	51447	Kirkman	2
51039	Moville	1	51245	Primghar	2	51448	Kiron	1
51040	Onawa	2	51246	Rock Rapids	1	51449	Lake City	1
51041	Orange City	2	51247	Rock Valley	2	51450	Lake View	1
51044	Oto	1	51248	Sanborn	2	51451	Lanesboro	1
51045	Oyens	2	51249	Sibley	1	51452	Lidderdale	1
51046	Paullina	2	51250	Sioux Center	2	51453	Lohrville	1
51047	Peterson	1	51301	Spencer	1	51454	Manilla	1
51048	Pierson	1	51331	Arnolds Park	1	51455	Manning	1
51049	Quimby	2	51333	Dickens	1	51458	Odebolt	2
51050	Remsen	2	51334	Estherville	1	51459	Ralston	1
51051	Rodney	2	51338	Everly	1	51460	Ricketts	2
51052	Salix	1	51340	Fostoria	1	51461	Schleswig	2
51053	Schaller	2	51341	Gillett Grove	1	51462	Scranton	1
51054	Sergeant Bluff	1	51342	Graettinger	1	51463	Templeton	1
51055	Sloan	1	51343	Greenville	1	51465	Vail	1
51056	Smithland	2	51345	Harris	1	51466	Wall Lake	1
51058	Sutherland	1	51346	Hartley	1	51467	Westside	1
51060	Ute	2	51347	Lake Park	1	51501	Council Bluffs	1
51061	Washta	2	51350	Melvin	1	51502	Council Bluffs	1
51062	Westfield	1	51351	Milford	1	51503	Council Bluffs	1
51063	Whiting	2	51354	Ocheyedan	1	51510	Carter Lake	1
51101	Sioux City	1	51355	Okoboji	1	51520	Arion	2
51102	Sioux City	1	51357	Royal	1	51521	Avoca	2
51103	Sioux City	1	51358	Ruthven	1	51523	Blencoe	2
51104	Sioux City	1	51360	Spirit Lake	1	51525	Carson	1
51105	Sioux City	1	51363	Superior	1	51526	Crescent	1
51106	Sioux City	1	51364	Terril	1	51527	Defiance	2
51108	Sioux City	1	51365	Wallingford	1	51528	Dow City	2
51109	Sioux City	1	51366	Webb	1	51529	Dunlap	2
51111	Sioux City	1	51401	Carroll	1	51530	Earling	2
51201	Sheldon	2	51430	Arcadia	1	51531	Elk Horn	2
51230	Alvord	2	51431	Arthur	2	51532	Elliott	2
51231	Archer	2	51432	Aspinwall	1	51533	Emerson	2
51232	Ashton	1	51433	Auburn	1	51534	Glenwood	1
51234	Boyden	2	51436	Breda	1	51535	Griswold	2
51235	Doon	2	51439	Charter Oak	2	51536	Hancock	1
51237	George	2	51440	Dedham	1	51537	Harlan	2
51238	Hospers	2	51441	Deloit	1	51540	Hastings	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
51541	Henderson	1	51639	Farragut	2	52065	New Vienna	1
51542	Honey Creek	1	51640	Hamburg	2	52066	North Buena Vista	1
51543	Kimballton	2	51645	Imogene	2	52068	Peosta	1
51544	Lewis	2	51646	New Market	2	52069	Preston	1
51545	Little Sioux	2	51647	Northboro	2	52070	Sabula	1
51546	Logan	2	51648	Percival	2	52071	Saint Donatus	1
51548	Mc Clelland	1	51649	Randolph	2	52072	Saint Olaf	2
51549	Macedonia	1	51650	Riverton	2	52073	Sherrill	1
51550	Magnolia	2	51651	Shambaugh	2	52074	Spragueville	1
51551	Malvern	1	51652	Sidney	2	52075	Springbrook	1
51552	Marne	2	51653	Tabor	1	52076	Strawberry Point	2
51553	Minden	1	51654	Thurman	1	52077	Volga	2
51554	Mineola	1	51656	Yorktown	2	52078	Worthington	1
51555	Missouri Valley	1	52001	Dubuque	1	52079	Zwingle	1
51556	Modale	1	52002	Dubuque	1	52099	Dubuque	1
51557	Mondamin	2	52003	Dubuque	1	52101	Decorah	2
51558	Moorhead	2	52004	Dubuque	1	52132	Calmar	2
51559	Neola	1	52030	Andrew	1	52133	Castalia	2
51560	Oakland	1	52031	Bellevue	1	52134	Chester	2
51561	Pacific Junction	1	52032	Bernard	1	52135	Clermont	2
51562	Panama	2	52033	Cascade	1	52136	Cresco	2
51563	Persia	2	52035	Colesburg	2	52140	Dorchester	2
51564	Pisgah	2	52036	Delaware	2	52141	Elgin	2
51565	Portsmouth	2	52037	Delmar	1	52142	Fayette	2
51566	Red Oak	2	52038	Dundee	2	52144	Fort Atkinson	2
51570	Shelby	2	52039	Durango	1	52146	Harpers Ferry	2
51571	Silver City	1	52040	Dyersville	1	52147	Hawkeye	2
51572	Soldier	2	52041	Earlville	2	52149	Highlandville	2
51573	Stanton	2	52042	Edgewood	2	52151	Lansing	2
51575	Treynor	1	52043	Elkader	2	52154	Lawler	2
51576	Underwood	1	52044	Elkport	2	52155	Lime Springs	2
51577	Walnut	2	52045	Epworth	1	52156	Luana	2
51578	Westphalia	2	52046	Farley	1	52157	Mc Gregor	2
51579	Woodbine	2	52047	Farmersburg	2	52158	Marquette	2
51591	Red Oak	2	52048	Garber	2	52159	Monona	2
51593	Harlan	2	52049	Garnavillo	2	52160	New Albin	1
51601	Shenandoah	2	52050	Greeley	2	52161	Ossian	2
51603	Shenandoah	2	52052	Guttenberg	1	52162	Postville	2
51630	Blanchard	2	52053	Holy Cross	1	52163	Protivin	2
51631	Braddyville	1	52054	La Motte	1	52164	Randalia	2
51632	Clarinda	2	52056	Luxemburg	1	52165	Ridgeway	2
51636	Coin	2	52057	Manchester	2	52166	Saint Lucas	2
51637	College Springs	1	52060	Maquoketa	2	52168	Spillville	2
51638	Essex	2	52064	Miles	1	52169	Wadena	2

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
52170	Waterville	2	52246	Iowa City	1	52340	Tiffin	1
52171	Waucoma	2	52247	Kalona	1	52341	Toddville	1
52172	Waukon	2	52248	Keota	2	52342	Toledo	1
52175	West Union	2	52249	Keystone	2	52344	Troy Mills	1
52201	Ainsworth	2	52251	Ladora	2	52345	Urbana	1
52202	Alburnett	1	52252	Langworthy	2	52346	Van Horne	1
52203	Amana	1	52253	Lisbon	1	52347	Victor	1
52204	Amana	1	52254	Lost Nation	2	52348	Vining	1
52205	Anamosa	1	52255	Lowden	1	52349	Vinton	1
52206	Atkins	1	52257	Luzerne	2	52351	Walford	1
52207	Baldwin	2	52301	Marengo	2	52352	Walker	1
52208	Belle Plaine	2	52302	Marion	1	52353	Washington	2
52209	Blairstown	1	52305	Martelle	1	52354	Watkins	1
52210	Brandon	1	52306	Mechanicsville	1	52355	Webster	2
52211	Brooklyn	1	52307	Middle Amana	1	52356	Wellman	1
52212	Center Junction	2	52308	Millersburg	2	52358	West Branch	1
52213	Center Point	1	52309	Monmouth	2	52359	West Chester	2
52214	Central City	1	52310	Monticello	2	52361	Williamsburg	1
52215	Chelsea	1	52312	Morley	1	52362	Wyoming	2
52216	Clarence	1	52313	Mount Auburn	1	52401	Cedar Rapids	1
52217	Clutier	1	52314	Mount Vernon	1	52402	Cedar Rapids	1
52218	Coggon	1	52315	Newhall	1	52403	Cedar Rapids	1
52219	Prairieburg	1	52316	North English	2	52404	Cedar Rapids	1
52220	Conroy	1	52317	North Liberty	1	52405	Cedar Rapids	1
52221	Guernsey	1	52318	Norway	1	52406	Cedar Rapids	1
52222	Deep River	1	52320	Olin	2	52407	Cedar Rapids	1
52223	Delhi	2	52321	Onslow	2	52408	Cedar Rapids	1
52224	Dysart	1	52322	Oxford	1	52409	Cedar Rapids	1
52225	Elberon	1	52323	Oxford Junction	2	52410	Cedar Rapids	1
52227	Ely	1	52324	Palo	1	52411	Cedar Rapids	1
52228	Fairfax	1	52325	Parnell	1	52497	Cedar Rapids	1
52229	Garrison	1	52326	Quasqueton	2	52498	Cedar Rapids	1
52231	Harper	2	52327	Riverside	1	52499	Cedar Rapids	1
52232	Hartwick	1	52328	Robins	1	52501	Ottumwa	1
52233	Hiawatha	1	52329	Rowley	2	52530	Agency	1
52235	Hills	1	52330	Ryan	2	52531	Albia	1
52236	Homestead	1	52332	Shellsburg	1	52533	Batavia	1
52237	Hopkinton	2	52333	Solon	1	52534	Beacon	1
52240	Iowa City	1	52334	South Amana	1	52535	Birmingham	2
52241	Coralville	1	52335	South English	2	52536	Blakesburg	1
52242	Iowa City	1	52336	Springville	1	52537	Bloomfield	1
52243	Iowa City	1	52337	Stanwood	1	52540	Brighton	2
52244	Iowa City	1	52338	Swisher	1	52542	Cantril	2
52245	Iowa City	1	52339	Tama	1	52543	Cedar	1

BANKERS FIDELITY ASSURANCE COMPANY®

IOWA – ZIP CODE AREA CHART – Effective 03-03-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
52544	Centerville	2	52624	Denmark	1	52736	Clinton	1
52548	Chillicothe	1	52625	Donnellson	1	52737	Columbus City	1
52549	Cincinnati	2	52626	Farmington	1	52738	Columbus Junction	1
52550	Delta	1	52627	Fort Madison	1	52739	Conesville	1
52551	Douds	1	52630	Hillsboro	1	52742	De Witt	1
52552	Drakesville	1	52631	Houghton	1	52745	Dixon	1
52553	Eddyville	1	52632	Keokuk	1	52746	Donahue	1
52554	Eldon	1	52635	Lockridge	2	52747	Durant	1
52555	Exline	2	52637	Mediapolis	1	52748	Eldridge	1
52556	Fairfield	1	52638	Middletown	1	52749	Fruitland	1
52557	Fairfield	1	52639	Montrose	1	52750	Goose Lake	1
52560	Floris	1	52640	Morning Sun	1	52751	Grand Mound	1
52561	Fremont	1	52641	Mount Pleasant	1	52752	Grandview	1
52562	Hayesville	1	52642	Rome	2	52753	Le Claire	1
52563	Hedrick	1	52644	Mount Union	1	52754	Letts	1
52565	Keosauqua	2	52645	New London	1	52755	Lone Tree	1
52566	Kirkville	1	52646	Oakville	1	52756	Long Grove	1
52567	Libertyville	1	52647	Olds	2	52757	Low Moor	1
52568	Martinsburg	1	52648	Pilot Grove	1	52758	Mc Causland	1
52569	Melrose	2	52649	Salem	1	52759	Montpelier	1
52570	Milton	2	52650	Sperry	1	52760	Moscow	1
52571	Moravia	2	52651	Stockport	2	52761	Muscatine	1
52572	Moulton	2	52652	Swedesburg	2	52765	New Liberty	1
52573	Mount Sterling	2	52653	Wapello	1	52766	Nichols	1
52574	Mystic	2	52654	Wayland	2	52767	Pleasant Valley	1
52576	Ollie	1	52655	West Burlington	1	52768	Princeton	1
52577	Oskaloosa	1	52656	West Point	1	52769	Stockton	1
52580	Packwood	1	52657	Saint Paul	1	52771	Teeds Grove	1
52581	Plano	2	52658	Wever	1	52772	Tipton	1
52583	Promise City	2	52659	Winfield	2	52773	Walcott	1
52584	Pulaski	1	52660	Yarmouth	1	52774	Welton	1
52585	Richland	1	52701	Andover	1	52776	West Liberty	1
52586	Rose Hill	1	52720	Atalissa	1	52777	Wheatland	1
52588	Selma	1	52721	Bennett	1	52778	Wilton	1
52590	Seymour	2	52722	Bettendorf	1	52801	Davenport	2
52591	Sigourney	1	52726	Blue Grass	1	52802	Davenport	2
52593	Udell	1	52727	Bryant	1	52803	Davenport	2
52594	Unionville	1	52728	Buffalo	1	52804	Davenport	2
52595	University Park	1	52729	Calamus	1	52805	Davenport	2
52601	Burlington	1	52730	Camanche	1	52806	Davenport	2
52619	Argyle	1	52731	Charlotte	1	52807	Davenport	2
52620	Bonaparte	1	52732	Clinton	1	52808	Davenport	2
52621	Crawfordsville	2	52733	Clinton	1	52809	Davenport	2
52623	Danville	1	52734	Clinton	1			

BANKERS FIDELITY ASSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, GA 30319

PREMIUM INFORMATION

We, Bankers Fidelity 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, NE, 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 Bankers Fidelity 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
HOSPITALIZATION* 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
SKILLED NURSING FACILITY CARE* 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
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , 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] (Part B deductible) \$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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] (Part B deductible) \$0
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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
HOSPITALIZATION* 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
SKILLED NURSING FACILITY CARE* 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
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , 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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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

FOREIGN TRAVEL– NOT COVERED BY MEDICARE 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
HOSPITALIZATION* 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
SKILLED NURSING FACILITY CARE* 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
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , 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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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

FOREIGN TRAVEL– NOT COVERED BY MEDICARE 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
HOSPITALIZATION* 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
SKILLED NURSING FACILITY CARE* 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
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , 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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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
FOREIGN TRAVEL– NOT COVERED BY MEDICARE 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
HOSPITALIZATION** 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
SKILLED NURSING FACILITY CARE* 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
BLOOD First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$0
HOSPICE CARE 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*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , 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%◆
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[7,220])*
BLOOD 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%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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
HOSPITALIZATION* 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
SKILLED NURSING FACILITY CARE* 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
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , 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.
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE 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
FOREIGN TRAVEL– NOT COVERED BY MEDICARE 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