

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 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.

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	125.78	128.34	107.45	37.37	64.58	81.60
66	125.78	128.34	107.45	37.37	64.58	81.60
67	125.78	128.34	107.45	37.37	64.58	81.60
68	125.78	128.34	107.45	37.37	64.58	81.60
69	128.30	130.91	109.60	38.12	65.87	83.23
70	132.15	134.83	112.89	39.27	67.85	85.72
71	137.21	140.00	117.22	40.77	70.45	89.01
72	142.16	145.05	121.45	42.24	72.99	92.22
73	147.11	150.10	125.68	43.71	75.53	95.43
74	152.06	155.15	129.91	45.18	78.08	98.65
75	157.01	160.21	134.14	46.65	80.62	101.86
76	162.29	165.60	138.65	48.22	83.33	105.28
77	168.79	172.22	144.19	50.15	86.66	109.49
78	175.50	179.07	149.93	52.15	90.11	113.85
79	180.67	184.34	154.34	53.68	92.76	117.20
80	186.17	189.96	159.04	55.32	95.59	120.77
81	191.67	195.57	163.74	56.95	98.41	124.34
82	197.39	201.41	168.63	58.65	101.35	128.05
83	203.34	207.47	173.71	60.42	104.40	131.91
84	209.28	213.53	178.78	62.18	107.45	135.76
85	215.33	219.71	183.95	63.98	110.56	139.69
86	221.38	225.88	189.12	65.78	113.67	143.61
87	227.54	232.17	194.39	67.61	116.83	147.61
88	233.81	238.57	199.75	69.47	120.05	151.68
89	240.09	244.97	205.10	71.34	123.27	155.75
90	246.25	251.25	210.37	73.17	126.43	159.74
91	251.31	256.42	214.69	74.67	129.03	163.03
92	256.37	261.59	219.02	76.18	131.63	166.31
93	261.10	266.41	223.06	77.58	134.06	169.38
94	265.94	271.35	227.19	79.02	136.55	172.52
95	270.89	276.40	231.42	80.49	139.09	175.73
96	275.40	281.01	235.28	81.83	141.40	178.66
97	280.03	285.72	239.22	83.21	143.78	181.66
98	284.65	290.44	243.17	84.58	146.15	184.66
99+	289.49	295.38	247.31	86.02	148.63	187.80

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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ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	135.84	138.61	116.05	40.36	69.75	88.12
66	135.84	138.61	116.05	40.36	69.75	88.12
67	135.84	138.61	116.05	40.36	69.75	88.12
68	135.84	138.61	116.05	40.36	69.75	88.12
69	138.56	141.38	118.37	41.17	71.14	89.89
70	142.72	145.62	121.92	42.41	73.28	92.58
71	148.18	151.20	126.59	44.03	76.08	96.13
72	153.53	156.65	131.16	45.62	78.83	99.60
73	158.88	162.11	135.73	47.21	81.58	103.07
74	164.23	167.57	140.30	48.80	84.32	106.54
75	169.57	173.02	144.87	50.39	87.07	110.01
76	175.28	178.84	149.74	52.08	90.00	113.71
77	182.29	186.00	155.73	54.16	93.60	118.25
78	189.54	193.39	161.92	56.32	97.32	122.96
79	195.12	199.09	166.69	57.98	100.18	126.58
80	201.06	205.16	171.77	59.74	103.24	130.43
81	207.01	211.22	176.84	61.51	106.29	134.29
82	213.19	217.52	182.12	63.35	109.46	138.30
83	219.60	224.07	187.61	65.25	112.75	142.46
84	226.02	230.62	193.09	67.16	116.05	146.62
85	232.55	237.28	198.67	69.10	119.40	150.86
86	239.09	243.95	204.25	71.04	122.76	155.10
87	245.75	250.74	209.94	73.02	126.18	159.42
88	252.52	257.66	215.73	75.03	129.65	163.81
89	259.29	264.57	221.51	77.05	133.13	168.21
90	265.95	271.35	227.20	79.02	136.55	172.52
91	271.41	276.93	231.87	80.65	139.35	176.07
92	276.88	282.51	236.54	82.27	142.16	179.62
93	281.99	287.73	240.90	83.79	144.78	182.93
94	287.22	293.06	245.37	85.34	147.47	186.32
95	292.57	298.52	249.94	86.93	150.21	189.79
96	297.44	303.49	254.10	88.38	152.72	192.95
97	302.43	308.58	258.36	89.86	155.28	196.19
98	307.42	313.67	262.63	91.35	157.84	199.43
99+	312.65	319.01	267.09	92.90	160.53	202.82

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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ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.91	148.87	124.65	43.35	74.91	94.65
66	145.91	148.87	124.65	43.35	74.91	94.65
67	145.91	148.87	124.65	43.35	74.91	94.65
68	145.91	148.87	124.65	43.35	74.91	94.65
69	148.82	151.85	127.14	44.22	76.41	96.54
70	153.29	156.41	130.95	45.55	78.71	99.44
71	159.16	162.40	135.97	47.29	81.72	103.25
72	164.91	168.26	140.88	49.00	84.67	106.98
73	170.65	174.12	145.78	50.71	87.62	110.70
74	176.39	179.98	150.69	52.41	90.57	114.43
75	182.14	185.84	155.60	54.12	93.52	118.15
76	188.26	192.09	160.83	55.94	96.66	122.13
77	195.79	199.77	167.26	58.18	100.53	127.01
78	203.58	207.72	173.91	60.49	104.52	132.06
79	209.58	213.84	179.04	62.27	107.60	135.96
80	215.96	220.35	184.49	64.17	110.88	140.09
81	222.34	226.86	189.94	66.07	114.16	144.24
82	228.98	233.63	195.61	68.04	117.57	148.54
83	235.87	240.67	201.50	70.09	121.11	153.01
84	242.76	247.70	207.39	72.13	124.64	157.49
85	249.78	254.86	213.39	74.22	128.25	162.04
86	256.80	262.02	219.38	76.31	131.85	166.59
87	263.95	269.32	225.49	78.43	135.52	171.23
88	271.22	276.74	231.71	80.59	139.26	175.95
89	278.50	284.16	237.92	82.75	142.99	180.67
90	285.65	291.46	244.03	84.88	146.66	185.30
91	291.52	297.45	249.04	86.62	149.68	189.11
92	297.39	303.44	254.06	88.37	152.69	192.92
93	302.88	309.04	258.75	90.00	155.51	196.48
94	308.49	314.77	263.54	91.67	158.39	200.12
95	314.24	320.63	268.45	93.37	161.34	203.85
96	319.47	325.97	272.92	94.93	164.03	207.24
97	324.83	331.44	277.50	96.52	166.78	210.72
98	330.19	336.91	282.08	98.11	169.53	214.20
99+	335.81	342.64	286.88	99.78	172.42	217.85

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)

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ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	143.56	146.52	122.64	42.54	73.63	93.10
66	143.56	146.52	122.64	42.54	73.63	93.10
67	143.56	146.52	122.64	42.54	73.63	93.10
68	143.56	146.52	122.64	42.54	73.63	93.10
69	146.43	149.45	125.09	43.39	75.11	94.96
70	150.82	153.93	128.85	44.69	77.36	97.81
71	156.59	159.83	133.78	46.40	80.32	101.55
72	162.25	165.60	138.61	48.08	83.22	105.22
73	167.90	171.36	143.44	49.75	86.12	108.88
74	173.55	177.13	148.26	51.43	89.02	112.55
75	179.20	182.90	153.09	53.10	91.92	116.21
76	185.23	189.05	158.24	54.89	95.01	120.12
77	192.64	196.61	164.57	57.08	98.81	124.93
78	200.30	204.43	171.11	59.35	102.74	129.89
79	206.20	210.45	176.16	61.10	105.76	133.72
80	212.48	216.86	181.52	62.96	108.99	137.79
81	218.76	223.27	186.88	64.82	112.21	141.87
82	225.29	229.93	192.46	66.76	115.56	146.10
83	232.07	236.86	198.26	68.77	119.03	150.50
84	238.85	243.78	204.05	70.78	122.51	154.90
85	245.75	250.83	209.95	72.82	126.05	159.37
86	252.66	257.88	215.85	74.87	129.60	163.85
87	259.70	265.05	221.86	76.96	133.20	168.41
88	266.85	272.36	227.97	79.08	136.88	173.06
89	274.01	279.67	234.09	81.20	140.55	177.70
90	281.04	286.84	240.10	83.28	144.15	182.26
91	286.82	292.74	245.03	84.99	147.12	186.00
92	292.60	298.63	249.97	86.70	150.08	189.75
93	298.00	304.15	254.58	88.30	152.85	193.25
94	303.52	309.79	259.30	89.94	155.68	196.84
95	309.17	315.55	264.13	91.62	158.58	200.50
96	314.32	320.81	268.53	93.14	161.22	203.84
97	319.59	326.19	273.03	94.71	163.93	207.26
98	324.87	331.57	277.54	96.27	166.63	210.68
99+	330.39	337.21	282.26	97.91	169.47	214.26

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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ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024 PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	155.04	158.24	132.45	45.94	79.52	100.54
66	155.04	158.24	132.45	45.94	79.52	100.54
67	155.04	158.24	132.45	45.94	79.52	100.54
68	155.04	158.24	132.45	45.94	79.52	100.54
69	158.14	161.41	135.10	46.86	81.11	102.56
70	162.88	166.25	139.15	48.27	83.55	105.63
71	169.12	172.61	144.48	50.12	86.75	109.68
72	175.23	178.84	149.70	51.92	89.88	113.64
73	181.33	185.07	154.91	53.73	93.01	117.59
74	187.43	191.30	160.13	55.54	96.14	121.55
75	193.53	197.53	165.34	57.35	99.27	125.51
76	200.04	204.17	170.90	59.28	102.61	129.73
77	208.05	212.34	177.74	61.65	106.71	134.92
78	216.32	220.78	184.80	64.10	110.96	140.29
79	222.69	227.29	190.25	65.99	114.23	144.42
80	229.48	234.21	196.04	68.00	117.70	148.82
81	236.26	241.13	201.84	70.01	121.18	153.22
82	243.31	248.33	207.86	72.10	124.80	157.79
83	250.63	255.80	214.12	74.27	128.56	162.54
84	257.96	263.28	220.37	76.44	132.31	167.29
85	265.41	270.89	226.75	78.65	136.14	172.12
86	272.87	278.51	233.12	80.86	139.97	176.96
87	280.47	286.26	239.61	83.11	143.86	181.89
88	288.20	294.15	246.21	85.40	147.83	186.90
89	295.93	302.04	252.82	87.69	151.79	191.92
90	303.53	309.79	259.30	89.94	155.69	196.84
91	309.77	316.16	264.63	91.79	158.89	200.88
92	316.00	322.52	269.96	93.64	162.09	204.93
93	321.84	328.48	274.95	95.37	165.08	208.71
94	327.80	334.57	280.04	97.14	168.14	212.58
95	333.91	340.80	285.26	98.95	171.27	216.54
96	339.47	346.47	290.01	100.59	174.12	220.15
97	345.16	352.29	294.87	102.28	177.04	223.84
98	350.86	358.10	299.74	103.97	179.97	227.53
99+	356.83	364.19	304.84	105.74	183.03	231.40

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.

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ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	166.52	169.96	142.26	49.35	85.41	107.99
66	166.52	169.96	142.26	49.35	85.41	107.99
67	166.52	169.96	142.26	49.35	85.41	107.99
68	166.52	169.96	142.26	49.35	85.41	107.99
69	169.85	173.36	145.11	50.33	87.12	110.15
70	174.95	178.56	149.46	51.84	89.74	113.46
71	181.65	185.40	155.19	53.83	93.17	117.80
72	188.20	192.09	160.79	55.77	96.54	122.05
73	194.76	198.78	166.39	57.71	99.90	126.31
74	201.32	205.47	171.99	59.66	103.26	130.55
75	207.87	212.16	177.58	61.60	106.62	134.81
76	214.86	219.30	183.56	63.67	110.21	139.34
77	223.46	228.07	190.90	66.22	114.62	144.91
78	232.34	237.14	198.49	68.85	119.17	150.68
79	239.19	244.13	204.34	70.88	122.69	155.12
80	246.47	251.56	210.56	73.04	126.42	159.84
81	253.76	258.99	216.79	75.20	130.16	164.56
82	261.33	266.72	223.26	77.44	134.04	169.48
83	269.20	274.75	229.98	79.77	138.08	174.58
84	277.06	282.78	236.70	82.10	142.11	179.68
85	285.08	290.96	243.54	84.48	146.22	184.87
86	293.09	299.14	250.39	86.85	150.33	190.07
87	301.25	307.46	257.36	89.27	154.52	195.36
88	309.55	315.94	264.45	91.73	158.78	200.75
89	317.85	324.41	271.54	94.19	163.03	206.13
90	326.01	332.74	278.51	96.61	167.22	211.42
91	332.71	339.58	284.24	98.59	170.65	215.76
92	339.41	346.42	289.96	100.58	174.09	220.11
93	345.67	352.81	295.31	102.43	177.31	224.17
94	352.08	359.35	300.79	104.33	180.59	228.33
95	358.64	366.04	306.39	106.27	183.96	232.58
96	364.61	372.14	311.49	108.05	187.02	236.45
97	370.73	378.38	316.72	109.86	190.16	240.42
98	376.85	384.63	321.95	111.67	193.30	244.39
99+	383.26	391.17	327.42	113.57	196.58	248.55

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ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**STANDARD – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	158.75	162.04	135.60	46.98	81.40	102.89
66	158.75	162.04	135.60	46.98	81.40	102.89
67	158.75	162.04	135.60	46.98	81.40	102.89
68	158.75	162.04	135.60	46.98	81.40	102.89
69	161.93	165.28	138.31	47.92	83.03	104.95
70	166.79	170.24	142.46	49.36	85.52	108.10
71	173.18	176.76	147.92	51.25	88.80	112.24
72	179.43	183.14	153.25	53.10	92.00	116.29
73	185.68	189.52	158.59	54.95	95.20	120.34
74	191.92	195.90	163.93	56.80	98.41	124.39
75	198.17	202.28	169.27	58.65	101.61	128.44
76	204.84	209.08	174.96	60.62	105.03	132.76
77	213.03	217.44	181.96	63.05	109.23	138.07
78	221.50	226.09	189.20	65.55	113.58	143.56
79	228.03	232.75	194.77	67.49	116.92	147.79
80	234.97	239.84	200.70	69.54	120.48	152.29
81	241.92	246.93	206.63	71.60	124.05	156.79
82	249.14	254.30	212.80	73.73	127.75	161.47
83	256.64	261.95	219.21	75.95	131.59	166.33
84	264.14	269.61	225.61	78.17	135.44	171.19
85	271.78	277.40	232.14	80.43	139.35	176.14
86	279.41	285.20	238.66	82.69	143.27	181.09
87	287.19	293.14	245.30	84.99	147.26	186.13
88	295.11	301.22	252.06	87.34	151.32	191.26
89	303.02	309.30	258.83	89.68	155.38	196.39
90	310.80	317.23	265.47	91.98	159.36	201.43
91	317.19	323.76	270.92	93.87	162.64	205.57
92	323.58	330.28	276.38	95.76	165.91	209.71
93	329.55	336.37	281.48	97.53	168.98	213.58
94	335.66	342.61	286.70	99.34	172.11	217.54
95	341.91	348.99	292.04	101.19	175.31	221.59
96	347.60	354.80	296.90	102.87	178.23	225.28
97	353.43	360.75	301.88	104.60	181.22	229.07
98	359.27	366.71	306.87	106.32	184.22	232.84
99+	365.38	372.94	312.08	108.13	187.35	236.80

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

ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**STANDARD – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	171.45	175.01	146.45	50.74	87.91	111.12
66	171.45	175.01	146.45	50.74	87.91	111.12
67	171.45	175.01	146.45	50.74	87.91	111.12
68	171.45	175.01	146.45	50.74	87.91	111.12
69	174.88	178.51	149.38	51.76	89.67	113.35
70	180.13	183.86	153.86	53.31	92.36	116.74
71	187.03	190.90	159.75	55.35	95.90	121.22
72	193.78	197.79	165.52	57.35	99.36	125.59
73	200.53	204.68	171.28	59.35	102.82	129.96
74	207.28	211.57	177.04	61.34	106.28	134.34
75	214.03	218.46	182.81	63.34	109.74	138.71
76	221.23	225.81	188.96	65.47	113.43	143.38
77	230.08	234.84	196.52	68.09	117.97	149.11
78	239.22	244.18	204.33	70.80	122.66	155.04
79	246.27	251.37	210.35	72.88	126.28	159.61
80	253.77	259.03	216.76	75.10	130.12	164.47
81	261.27	266.68	223.16	77.32	133.97	169.33
82	269.07	274.64	229.82	79.63	137.97	174.39
83	277.17	282.91	236.74	82.03	142.12	179.64
84	285.27	291.18	243.66	84.43	146.27	184.89
85	293.52	299.60	250.71	86.87	150.50	190.23
86	301.77	308.02	257.75	89.31	154.73	195.58
87	310.17	316.59	264.93	91.79	159.04	201.02
88	318.72	325.32	272.23	94.32	163.42	206.56
89	327.27	334.04	279.53	96.85	167.81	212.10
90	335.66	342.61	286.71	99.34	172.11	217.55
91	342.56	349.66	292.60	101.38	175.65	222.02
92	349.46	356.70	298.49	103.42	179.19	226.49
93	355.91	363.28	304.00	105.33	182.49	230.67
94	362.51	370.02	309.64	107.28	185.88	234.95
95	369.26	376.91	315.40	109.28	189.34	239.32
96	375.41	383.18	320.65	111.10	192.49	243.31
97	381.71	389.61	326.03	112.97	195.72	247.39
98	388.01	396.04	331.41	114.83	198.95	251.47
99+	394.61	402.78	337.05	116.78	202.34	255.75

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

ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024**STANDARD – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	184.16	187.97	157.30	54.50	94.43	119.35
66	184.16	187.97	157.30	54.50	94.43	119.35
67	184.16	187.97	157.30	54.50	94.43	119.35
68	184.16	187.97	157.30	54.50	94.43	119.35
69	187.84	191.73	160.44	55.59	96.31	121.74
70	193.47	197.48	165.25	57.26	99.20	125.39
71	200.88	205.04	171.58	59.45	103.00	130.19
72	208.13	212.44	177.78	61.60	106.72	134.89
73	215.38	219.84	183.97	63.74	110.44	139.59
74	222.63	227.24	190.16	65.89	114.15	144.29
75	229.88	234.64	196.35	68.03	117.87	148.99
76	237.61	242.53	202.96	70.32	121.84	154.00
77	247.12	252.23	211.07	73.13	126.71	160.16
78	256.95	262.26	219.47	76.04	131.75	166.53
79	264.52	269.99	225.93	78.28	135.63	171.43
80	272.57	278.21	232.81	80.67	139.76	176.65
81	280.63	286.44	239.69	83.05	143.89	181.88
82	289.00	294.99	246.85	85.53	148.19	187.31
83	297.70	303.86	254.28	88.10	152.65	192.94
84	306.40	312.74	261.71	90.68	157.11	198.58
85	315.26	321.79	269.28	93.30	161.65	204.32
86	324.12	330.83	276.84	95.92	166.19	210.07
87	333.14	340.04	284.55	98.59	170.82	215.91
88	342.33	349.41	292.39	101.31	175.53	221.86
89	351.51	358.79	300.24	104.03	180.24	227.81
90	360.53	367.99	307.94	106.70	184.86	233.66
91	367.94	375.56	314.27	108.89	188.66	238.47
92	375.35	383.12	320.60	111.08	192.46	243.27
93	382.28	390.19	326.52	113.13	196.01	247.76
94	389.36	397.43	332.57	115.23	199.65	252.35
95	396.61	404.83	338.76	117.38	203.36	257.05
96	403.22	411.57	344.41	119.33	206.75	261.33
97	409.98	418.47	350.19	121.33	210.22	265.72
98	416.75	425.38	355.96	123.34	213.69	270.10
99+	423.84	432.61	362.02	125.43	217.32	274.69

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

ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024

STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	181.23	185.03	154.80	53.52	92.85	117.43
66	181.23	185.03	154.80	53.52	92.85	117.43
67	181.23	185.03	154.80	53.52	92.85	117.43
68	181.23	185.03	154.80	53.52	92.85	117.43
69	184.86	188.73	157.90	54.59	94.71	119.78
70	190.40	194.39	162.63	56.23	97.55	123.37
71	197.70	201.84	168.86	58.38	101.29	128.10
72	204.83	209.12	174.96	60.49	104.94	132.72
73	211.97	216.41	181.05	62.59	108.60	137.34
74	219.10	223.69	187.15	64.70	112.25	141.96
75	226.23	230.97	193.24	66.81	115.91	146.59
76	233.84	238.74	199.74	69.05	119.81	151.52
77	243.20	248.29	207.73	71.81	124.60	157.58
78	252.87	258.17	215.99	74.67	129.55	163.84
79	260.32	265.77	222.35	76.87	133.37	168.67
80	268.25	273.87	229.13	79.21	137.43	173.81
81	276.17	281.96	235.90	81.55	141.49	178.95
82	284.42	290.38	242.94	83.99	145.72	184.29
83	292.98	299.12	250.25	86.51	150.10	189.83
84	301.54	307.86	257.56	89.04	154.49	195.38
85	310.26	316.76	265.01	91.62	158.96	201.03
86	318.98	325.66	272.46	94.19	163.42	206.68
87	327.86	334.72	280.04	96.81	167.97	212.43
88	336.89	343.95	287.76	99.48	172.60	218.29
89	345.93	353.18	295.48	102.15	177.23	224.14
90	354.81	362.24	303.06	104.77	181.78	229.90
91	362.10	369.69	309.29	106.93	185.52	234.62
92	369.39	377.13	315.52	109.08	189.25	239.35
93	376.21	384.09	321.34	111.09	192.75	243.76
94	383.19	391.21	327.30	113.15	196.32	248.28
95	390.32	398.50	333.39	115.26	199.97	252.91
96	396.82	405.13	338.95	117.18	203.31	257.12
97	403.48	411.93	344.63	119.14	206.72	261.43
98	410.14	418.73	350.32	121.11	210.13	265.75
99+	417.11	425.85	356.28	123.17	213.70	270.27

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

ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024

STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	195.73	199.83	167.19	57.80	100.28	126.82
66	195.73	199.83	167.19	57.80	100.28	126.82
67	195.73	199.83	167.19	57.80	100.28	126.82
68	195.73	199.83	167.19	57.80	100.28	126.82
69	199.65	203.83	170.53	58.96	102.29	129.36
70	205.64	209.94	175.64	60.72	105.35	133.24
71	213.51	217.98	182.37	63.05	109.39	138.34
72	221.22	225.85	188.95	65.33	113.34	143.34
73	228.92	233.72	195.53	67.60	117.28	148.33
74	236.63	241.58	202.12	69.87	121.23	153.32
75	244.33	249.45	208.70	72.15	125.18	158.31
76	252.55	257.84	215.72	74.58	129.39	163.64
77	262.65	268.16	224.35	77.56	134.57	170.18
78	273.10	278.82	233.27	80.64	139.92	176.95
79	281.15	287.04	240.14	83.02	144.04	182.17
80	289.71	295.78	247.46	85.55	148.43	187.71
81	298.27	304.52	254.77	88.08	152.81	193.26
82	307.17	313.61	262.37	90.70	157.37	199.03
83	316.42	323.05	270.27	93.44	162.11	205.02
84	325.66	332.49	278.17	96.16	166.85	211.01
85	335.08	342.10	286.21	98.95	171.67	217.11
86	344.50	351.71	294.25	101.73	176.50	223.21
87	354.09	361.50	302.44	104.56	181.41	229.43
88	363.84	371.47	310.78	107.44	186.41	235.75
89	373.61	381.43	319.12	110.32	191.41	242.08
90	383.19	391.22	327.31	113.15	196.32	248.29
91	391.07	399.26	334.03	115.48	200.36	253.39
92	398.95	407.30	340.76	117.81	204.39	258.49
93	406.31	414.82	347.05	119.98	208.17	263.27
94	413.84	422.51	353.49	122.20	212.03	268.15
95	421.55	430.38	360.07	124.48	215.97	273.14
96	428.57	437.54	366.06	126.55	219.57	277.69
97	435.76	444.89	372.20	128.68	223.25	282.35
98	442.95	452.23	378.35	130.80	226.94	287.01
99+	450.48	459.92	384.78	133.02	230.80	291.89

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

ALABAMA – MONTHLY BANK DRAFT RATES – EFFECTIVE 05-01-2024

STANDARD – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	210.23	214.63	179.57	62.08	107.71	136.22
66	210.23	214.63	179.57	62.08	107.71	136.22
67	210.23	214.63	179.57	62.08	107.71	136.22
68	210.23	214.63	179.57	62.08	107.71	136.22
69	214.44	218.93	183.16	63.32	109.86	138.94
70	220.87	225.50	188.65	65.22	113.16	143.11
71	229.33	234.13	195.88	67.72	117.49	148.59
72	237.60	242.58	202.95	70.16	121.73	153.95
73	245.88	251.03	210.02	72.61	125.97	159.32
74	254.16	259.48	217.09	75.05	130.21	164.68
75	262.43	267.93	224.16	77.49	134.45	170.04
76	271.26	276.94	231.70	80.10	138.98	175.76
77	282.11	288.02	240.96	83.31	144.53	182.79
78	293.33	299.47	250.55	86.62	150.28	190.06
79	301.97	308.30	257.93	89.17	154.71	195.66
80	311.17	317.68	265.79	91.89	159.42	201.62
81	320.36	327.07	273.64	94.60	164.13	207.58
82	329.93	336.84	281.81	97.42	169.03	213.77
83	339.86	346.98	290.29	100.36	174.12	220.21
84	349.79	357.11	298.77	103.29	179.21	226.64
85	359.90	367.44	307.41	106.27	184.39	233.19
86	370.02	377.77	316.05	109.26	189.57	239.75
87	380.31	388.28	324.85	112.30	194.85	246.42
88	390.80	398.99	333.80	115.40	200.22	253.21
89	401.28	409.69	342.75	118.49	205.59	260.01
90	411.58	420.20	351.55	121.54	210.86	266.68
91	420.04	428.84	358.78	124.03	215.20	272.16
92	428.50	437.47	366.00	126.53	219.53	277.64
93	436.40	445.55	372.76	128.87	223.59	282.77
94	444.50	453.81	379.67	131.26	227.73	288.01
95	452.77	462.26	386.74	133.70	231.97	293.37
96	460.31	469.96	393.18	135.93	235.83	298.25
97	468.04	477.84	399.77	138.21	239.79	303.26
98	475.76	485.73	406.37	140.49	243.75	308.27
99+	483.85	493.99	413.28	142.88	247.90	313.51

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	129.56	132.19	110.68	38.50	66.52	84.04
66	129.56	132.19	110.68	38.50	66.52	84.04
67	129.56	132.19	110.68	38.50	66.52	84.04
68	129.56	132.19	110.68	38.50	66.52	84.04
69	132.15	134.83	112.89	39.27	67.85	85.73
70	136.11	138.88	116.28	40.44	69.89	88.30
71	141.32	144.20	120.73	41.99	72.56	91.68
72	146.42	149.40	125.09	43.51	75.18	94.99
73	151.52	154.61	129.45	45.02	77.80	98.30
74	156.62	159.81	133.80	46.54	80.42	101.61
75	161.72	165.01	138.16	48.05	83.04	104.91
76	167.16	170.56	142.81	49.67	85.83	108.44
77	173.85	177.39	148.52	51.66	89.26	112.78
78	180.76	184.44	154.42	53.71	92.81	117.26
79	186.09	189.87	158.98	55.29	95.55	120.72
80	191.76	195.66	163.82	56.98	98.46	124.39
81	197.42	201.44	168.66	58.66	101.37	128.07
82	203.32	207.45	173.69	60.41	104.39	131.89
83	209.44	213.70	178.92	62.23	107.53	135.86
84	215.56	219.94	184.15	64.05	110.68	139.84
85	221.79	226.30	189.47	65.90	113.88	143.88
86	228.02	232.66	194.80	67.75	117.08	147.92
87	234.37	239.14	200.22	69.64	120.33	152.04
88	240.83	245.73	205.74	71.56	123.65	156.23
89	247.29	252.32	211.26	73.48	126.97	160.42
90	253.64	258.79	216.68	75.36	130.23	164.54
91	258.85	264.11	221.13	76.91	132.90	167.92
92	264.06	269.43	225.59	78.46	135.58	171.30
93	268.94	274.40	229.75	79.91	138.08	174.46
94	273.92	279.49	234.01	81.39	140.64	177.70
95	279.02	284.70	238.37	82.91	143.26	181.01
96	283.67	289.44	242.33	84.29	145.65	184.02
97	288.43	294.29	246.40	85.70	148.09	187.11
98	293.19	299.15	250.47	87.12	150.53	190.20
99+	298.18	304.24	254.73	88.60	153.09	193.43

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	139.92	142.76	119.53	41.58	71.84	90.77
66	139.92	142.76	119.53	41.58	71.84	90.77
67	139.92	142.76	119.53	41.58	71.84	90.77
68	139.92	142.76	119.53	41.58	71.84	90.77
69	142.72	145.62	121.92	42.41	73.28	92.58
70	147.00	149.99	125.58	43.68	75.48	95.36
71	152.63	155.73	130.39	45.35	78.37	99.01
72	158.14	161.35	135.10	46.99	81.19	102.59
73	163.65	166.97	139.80	48.62	84.02	106.16
74	169.15	172.59	144.51	50.26	86.85	109.73
75	174.66	178.21	149.21	51.90	89.68	113.31
76	180.54	184.21	154.23	53.64	92.70	117.12
77	187.76	191.58	160.40	55.79	96.40	121.80
78	195.22	199.20	166.78	58.01	100.24	126.65
79	200.98	205.07	171.69	59.72	103.19	130.38
80	207.10	211.31	176.92	61.54	106.33	134.35
81	213.22	217.55	182.15	63.36	109.47	138.32
82	219.58	224.05	187.59	65.25	112.74	142.45
83	226.19	230.79	193.23	67.21	116.14	146.73
84	232.80	237.53	198.88	69.17	119.53	151.02
85	239.53	244.40	204.63	71.17	122.99	155.39
86	246.26	251.27	210.38	73.17	126.44	159.75
87	253.12	258.27	216.24	75.21	129.96	164.20
88	260.09	265.39	222.20	77.28	133.54	168.73
89	267.07	272.50	228.16	79.36	137.12	173.25
90	273.93	279.50	234.01	81.39	140.64	177.70
91	279.56	285.24	238.82	83.07	143.54	181.35
92	285.19	290.99	243.63	84.74	146.43	185.01
93	290.45	296.36	248.13	86.30	149.13	188.42
94	295.84	301.85	252.73	87.90	151.89	191.91
95	301.34	307.47	257.44	89.54	154.72	195.49
96	306.36	312.59	261.72	91.03	157.30	198.74
97	311.50	317.84	266.11	92.56	159.94	202.08
98	316.64	323.08	270.51	94.09	162.58	205.41
99+	322.03	328.58	275.11	95.69	165.34	208.91

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024

PREFERRED NON-TOBACCO – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	150.28	153.34	128.39	44.65	77.16	97.49
66	150.28	153.34	128.39	44.65	77.16	97.49
67	150.28	153.34	128.39	44.65	77.16	97.49
68	150.28	153.34	128.39	44.65	77.16	97.49
69	153.29	156.41	130.96	45.55	78.71	99.44
70	157.89	161.10	134.88	46.91	81.07	102.42
71	163.94	167.27	140.05	48.71	84.17	106.35
72	169.85	173.31	145.10	50.47	87.21	110.19
73	175.77	179.34	150.16	52.23	90.25	114.02
74	181.68	185.38	155.21	53.99	93.28	117.86
75	187.60	191.41	160.27	55.74	96.32	121.70
76	193.91	197.85	165.66	57.62	99.56	125.79
77	201.67	205.77	172.28	59.92	103.54	130.82
78	209.69	213.95	179.13	62.31	107.66	136.03
79	215.86	220.26	184.41	64.14	110.83	140.03
80	222.44	226.96	190.03	66.10	114.21	144.30
81	229.01	233.67	195.64	68.05	117.58	148.56
82	235.85	240.64	201.48	70.08	121.09	153.00
83	242.95	247.89	207.55	72.19	124.74	157.60
84	250.05	255.13	213.61	74.30	128.38	162.21
85	257.28	262.51	219.79	76.45	132.10	166.90
86	264.51	269.89	225.97	78.59	135.81	171.59
87	271.87	277.40	232.26	80.78	139.59	176.37
88	279.36	285.04	238.66	83.01	143.43	181.23
89	286.86	292.69	245.06	85.24	147.28	186.09
90	294.22	300.20	251.35	87.42	151.06	190.86
91	300.26	306.37	256.51	89.22	154.17	194.79
92	306.31	312.54	261.68	91.02	157.27	198.71
93	311.97	318.31	266.51	92.70	160.17	202.38
94	317.75	324.21	271.45	94.42	163.14	206.13
95	323.67	330.25	276.50	96.18	166.18	209.97
96	329.05	335.75	281.11	97.77	168.95	213.46
97	334.58	341.38	285.83	99.42	171.78	217.05
98	340.10	347.01	290.54	101.06	174.62	220.63
99+	345.88	352.92	295.48	102.78	177.59	224.38

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	147.86	150.91	126.32	43.82	75.84	95.89
66	147.86	150.91	126.32	43.82	75.84	95.89
67	147.86	150.91	126.32	43.82	75.84	95.89
68	147.86	150.91	126.32	43.82	75.84	95.89
69	150.82	153.93	128.85	44.69	77.36	97.81
70	155.34	158.55	132.71	46.03	79.68	100.74
71	161.29	164.62	137.79	47.80	82.73	104.60
72	167.11	170.56	142.77	49.52	85.72	108.37
73	172.93	176.50	147.74	51.24	88.70	112.15
74	178.75	182.44	152.71	52.97	91.69	115.92
75	184.57	188.38	157.68	54.69	94.67	119.70
76	190.78	194.72	162.99	56.54	97.86	123.72
77	198.42	202.51	169.51	58.80	101.77	128.67
78	206.31	210.56	176.25	61.13	105.82	133.79
79	212.38	216.77	181.44	62.94	108.94	137.73
80	218.85	223.37	186.97	64.85	112.26	141.93
81	225.32	229.97	192.49	66.77	115.57	146.12
82	232.04	236.83	198.24	68.76	119.02	150.48
83	239.03	243.96	204.20	70.83	122.60	155.01
84	246.01	251.09	210.17	72.90	126.19	159.54
85	253.13	258.35	216.25	75.01	129.84	164.16
86	260.24	265.61	222.33	77.12	133.49	168.77
87	267.49	273.01	228.51	79.26	137.20	173.47
88	274.86	280.53	234.81	81.45	140.98	178.25
89	282.23	288.06	241.11	83.63	144.76	183.03
90	289.47	295.45	247.30	85.78	148.48	187.73
91	295.43	301.52	252.38	87.54	151.53	191.58
92	301.37	307.59	257.47	89.31	154.58	195.45
93	306.94	313.27	262.22	90.95	157.44	199.05
94	312.63	319.08	267.08	92.64	160.35	202.74
95	318.45	325.02	272.05	94.36	163.34	206.52
96	323.75	330.43	276.58	95.94	166.06	209.95
97	329.18	335.98	281.22	97.55	168.85	213.48
98	334.62	341.52	285.87	99.16	171.63	217.00
99+	340.31	347.33	290.73	100.84	174.55	220.69

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024 PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	159.69	162.99	136.42	47.32	81.91	103.56
66	159.69	162.99	136.42	47.32	81.91	103.56
67	159.69	162.99	136.42	47.32	81.91	103.56
68	159.69	162.99	136.42	47.32	81.91	103.56
69	162.89	166.25	139.15	48.27	83.55	105.63
70	167.77	171.23	143.33	49.71	86.05	108.80
71	174.20	177.79	148.82	51.62	89.35	112.97
72	180.48	184.21	154.19	53.48	92.58	117.04
73	186.77	190.62	159.56	55.34	95.80	121.12
74	193.05	197.04	164.93	57.21	99.02	125.20
75	199.34	203.46	170.30	59.07	102.25	129.28
76	206.05	210.30	176.03	61.06	105.69	133.62
77	214.29	218.71	183.07	63.50	109.92	138.97
78	222.81	227.41	190.35	66.03	114.28	144.49
79	229.38	234.11	195.96	67.97	117.65	148.75
80	236.36	241.24	201.92	70.04	121.24	153.28
81	243.34	248.37	207.89	72.11	124.82	157.81
82	250.61	255.78	214.10	74.26	128.54	162.52
83	258.15	263.48	220.54	76.50	132.41	167.41
84	265.70	271.18	226.99	78.73	136.28	172.31
85	273.38	279.02	233.55	81.01	140.22	177.29
86	281.06	286.86	240.11	83.29	144.16	182.27
87	288.89	294.85	246.80	85.61	148.18	187.34
88	296.85	302.97	253.60	87.97	152.26	192.51
89	304.81	311.10	260.40	90.32	156.34	197.67
90	312.63	319.08	267.08	92.64	160.36	202.74
91	319.06	325.64	272.57	94.55	163.65	206.91
92	325.48	332.20	278.06	96.45	166.95	211.08
93	331.49	338.33	283.20	98.23	170.03	214.97
94	337.64	344.61	288.45	100.05	173.18	218.96
95	343.92	351.02	293.82	101.91	176.41	223.04
96	349.65	356.87	298.71	103.61	179.35	226.75
97	355.52	362.85	303.72	105.35	182.35	230.56
98	361.38	368.84	308.73	107.09	185.36	234.36
99+	367.53	375.12	313.99	108.91	188.52	238.35

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	171.52	175.06	146.53	50.83	87.98	111.23
66	171.52	175.06	146.53	50.83	87.98	111.23
67	171.52	175.06	146.53	50.83	87.98	111.23
68	171.52	175.06	146.53	50.83	87.98	111.23
69	174.95	178.56	149.46	51.84	89.74	113.46
70	180.20	183.92	153.95	53.40	92.43	116.86
71	187.10	190.96	159.84	55.44	95.97	121.34
72	193.85	197.85	165.61	57.44	99.43	125.72
73	200.60	204.74	171.38	59.44	102.90	130.10
74	207.36	211.63	177.15	61.44	106.36	134.47
75	214.11	218.53	182.91	63.44	109.82	138.85
76	221.31	225.88	189.07	65.58	113.51	143.52
77	230.16	234.91	196.63	68.20	118.06	149.26
78	239.31	244.25	204.45	70.92	122.75	155.20
79	246.37	251.45	210.47	73.01	126.37	159.77
80	253.87	259.11	216.88	75.23	130.22	164.64
81	261.37	266.76	223.29	77.45	134.06	169.50
82	269.17	274.73	229.95	79.76	138.07	174.56
83	277.27	283.00	236.88	82.17	142.22	179.82
84	285.38	291.27	243.80	84.57	146.38	185.07
85	293.63	299.69	250.85	87.01	150.61	190.42
86	301.88	308.11	257.90	89.46	154.84	195.77
87	310.28	316.69	265.08	91.95	159.15	201.22
88	318.84	325.42	272.38	94.48	163.54	206.77
89	327.39	334.14	279.69	97.02	167.92	212.32
90	335.79	342.72	286.87	99.50	172.24	217.76
91	342.69	349.76	292.76	101.55	175.77	222.24
92	349.60	356.81	298.66	103.59	179.32	226.72
93	356.05	363.39	304.17	105.51	182.62	230.90
94	362.65	370.13	309.81	107.46	186.01	235.18
95	369.40	377.02	315.58	109.46	189.47	239.56
96	375.55	383.30	320.84	111.29	192.63	243.55
97	381.85	389.73	326.22	113.15	195.86	247.63
98	388.15	396.17	331.60	115.02	199.09	251.72
99+	394.76	402.90	337.24	116.98	202.48	256.00

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**STANDARD – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	163.52	166.90	139.67	48.39	83.84	105.98
66	163.52	166.90	139.67	48.39	83.84	105.98
67	163.52	166.90	139.67	48.39	83.84	105.98
68	163.52	166.90	139.67	48.39	83.84	105.98
69	166.79	170.24	142.46	49.36	85.52	108.10
70	171.79	175.35	146.73	50.84	88.09	111.34
71	178.37	182.07	152.36	52.79	91.46	115.60
72	184.81	188.63	157.85	54.69	94.76	119.78
73	191.25	195.20	163.35	56.60	98.06	123.95
74	197.68	201.77	168.85	58.50	101.36	128.12
75	204.12	208.35	174.35	60.41	104.66	132.29
76	210.98	215.35	180.21	62.44	108.18	136.74
77	219.42	223.97	187.42	64.94	112.51	142.21
78	228.15	232.87	194.87	67.52	116.98	147.87
79	234.87	239.74	200.61	69.51	120.43	152.22
80	242.02	247.04	206.72	71.63	124.10	156.86
81	249.18	254.34	212.83	73.74	127.77	161.49
82	256.61	261.93	219.18	75.94	131.58	166.31
83	264.34	269.81	225.78	78.23	135.54	171.32
84	272.06	277.70	232.38	80.52	139.50	176.33
85	279.93	285.73	239.10	82.84	143.53	181.43
86	287.80	293.76	245.82	85.17	147.57	186.52
87	295.81	301.93	252.66	87.54	151.68	191.72
88	303.96	310.25	259.63	89.96	155.86	197.00
89	312.11	318.58	266.59	92.37	160.04	202.28
90	320.13	326.75	273.43	94.74	164.14	207.48
91	326.70	333.47	279.05	96.69	167.52	211.74
92	333.28	340.19	284.67	98.63	170.89	216.00
93	339.44	346.46	289.93	100.46	174.05	219.99
94	345.73	352.89	295.30	102.32	177.27	224.07
95	352.17	359.46	300.80	104.22	180.57	228.24
96	358.03	365.44	305.81	105.96	183.58	232.04
97	364.04	371.58	310.94	107.74	186.66	235.94
98	370.05	377.71	316.07	109.51	189.74	239.83
99+	376.34	384.13	321.45	111.38	192.97	243.91

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024

STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	176.60	180.26	150.84	52.26	90.55	114.46
66	176.60	180.26	150.84	52.26	90.55	114.46
67	176.60	180.26	150.84	52.26	90.55	114.46
68	176.60	180.26	150.84	52.26	90.55	114.46
69	180.13	183.86	153.86	53.31	92.36	116.75
70	185.53	189.38	158.47	54.91	95.13	120.25
71	192.64	196.63	164.54	57.01	98.78	124.85
72	199.59	203.73	170.48	59.07	102.34	129.36
73	206.55	210.82	176.42	61.13	105.91	133.86
74	213.50	217.92	182.36	63.18	109.47	138.37
75	220.45	225.01	188.29	65.24	113.03	142.87
76	227.86	232.58	194.63	67.44	116.84	147.68
77	236.98	241.88	202.41	70.13	121.51	153.59
78	246.40	251.50	210.46	72.92	126.34	159.69
79	253.66	258.91	216.66	75.07	130.07	164.40
80	261.39	266.80	223.26	77.36	134.03	169.41
81	269.11	274.68	229.86	79.64	137.99	174.41
82	277.14	282.88	236.72	82.02	142.11	179.62
83	285.49	291.40	243.85	84.49	146.38	185.03
84	293.83	299.91	250.97	86.96	150.66	190.43
85	302.33	308.58	258.23	89.47	155.02	195.94
86	310.82	317.26	265.49	91.99	159.37	201.45
87	319.47	326.09	272.88	94.55	163.81	207.05
88	328.28	335.08	280.40	97.15	168.32	212.76
89	337.08	344.06	287.92	99.76	172.84	218.47
90	345.74	352.89	295.31	102.32	177.28	224.07
91	352.84	360.15	301.38	104.42	180.92	228.68
92	359.95	367.40	307.45	106.53	184.56	233.29
93	366.59	374.18	313.12	108.49	187.97	237.59
94	373.39	381.12	318.93	110.50	191.45	242.00
95	380.34	388.21	324.86	112.56	195.02	246.50
96	386.67	394.68	330.27	114.43	198.27	250.61
97	393.16	401.30	335.82	116.36	201.59	254.81
98	399.65	407.92	341.36	118.28	204.92	259.02
99+	406.45	414.86	347.16	120.29	208.41	263.42

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024

STANDARD – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	189.68	193.61	162.01	56.13	97.26	122.93
66	189.68	193.61	162.01	56.13	97.26	122.93
67	189.68	193.61	162.01	56.13	97.26	122.93
68	189.68	193.61	162.01	56.13	97.26	122.93
69	193.47	197.48	165.25	57.26	99.20	125.39
70	199.28	203.40	170.21	58.98	102.18	129.15
71	206.91	211.20	176.73	61.24	106.09	134.10
72	214.38	218.82	183.11	63.44	109.92	138.94
73	221.84	226.44	189.49	65.65	113.75	143.78
74	229.31	234.06	195.86	67.86	117.58	148.62
75	236.78	241.68	202.24	70.07	121.41	153.46
76	244.74	249.81	209.04	72.43	125.49	158.62
77	254.53	259.80	217.41	75.33	130.51	164.96
78	264.65	270.13	226.05	78.32	135.70	171.52
79	272.45	278.09	232.71	80.63	139.70	176.58
80	280.75	286.56	239.80	83.09	143.95	181.95
81	289.04	295.03	246.88	85.54	148.21	187.33
82	297.67	303.84	254.25	88.10	152.63	192.93
83	306.63	312.98	261.91	90.75	157.23	198.73
84	315.59	322.13	269.56	93.40	161.82	204.54
85	324.72	331.44	277.36	96.10	166.50	210.45
86	333.84	340.76	285.15	98.80	171.18	216.37
87	343.14	350.24	293.09	101.55	175.94	222.39
88	352.60	359.90	301.17	104.35	180.79	228.52
89	362.05	369.55	309.24	107.15	185.64	234.65
90	371.35	379.03	317.18	109.90	190.41	240.67
91	378.98	386.83	323.70	112.16	194.32	245.62
92	386.61	394.62	330.22	114.42	198.23	250.57
93	393.75	401.90	336.31	116.53	201.89	255.19
94	401.04	409.35	342.55	118.69	205.64	259.92
95	408.51	416.97	348.93	120.90	209.46	264.76
96	415.32	423.92	354.74	122.91	212.95	269.17
97	422.28	431.03	360.69	124.97	216.53	273.69
98	429.25	438.14	366.64	127.04	220.10	278.20
99+	436.55	445.59	372.88	129.20	223.84	282.93

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**STANDARD – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	186.67	190.58	159.45	55.12	95.64	120.95
66	186.67	190.58	159.45	55.12	95.64	120.95
67	186.67	190.58	159.45	55.12	95.64	120.95
68	186.67	190.58	159.45	55.12	95.64	120.95
69	190.41	194.39	162.63	56.23	97.55	123.37
70	196.12	200.22	167.51	57.91	100.48	127.07
71	203.63	207.89	173.93	60.13	104.33	131.94
72	210.98	215.40	180.21	62.30	108.09	136.70
73	218.32	222.90	186.48	64.47	111.85	141.46
74	225.67	230.40	192.76	66.64	115.62	146.22
75	233.02	237.90	199.04	68.81	119.38	150.98
76	240.86	245.91	205.73	71.12	123.40	156.06
77	250.49	255.74	213.96	73.97	128.34	162.31
78	260.45	265.91	222.47	76.91	133.44	168.76
79	268.13	273.75	229.02	79.18	137.37	173.73
80	276.29	282.08	236.00	81.59	141.56	179.02
81	284.46	290.42	242.97	84.00	145.74	184.31
82	292.95	299.09	250.23	86.51	150.09	189.82
83	301.77	308.09	257.76	89.11	154.61	195.53
84	310.59	317.09	265.29	91.71	159.12	201.24
85	319.57	326.26	272.96	94.36	163.73	207.06
86	328.55	335.43	280.63	97.02	168.33	212.88
87	337.69	344.77	288.44	99.72	173.01	218.80
88	347.00	354.27	296.39	102.47	177.78	224.84
89	356.31	363.77	304.34	105.21	182.55	230.87
90	365.45	373.11	312.15	107.92	187.23	236.79
91	372.97	380.78	318.57	110.13	191.08	241.66
92	380.48	388.45	324.99	112.35	194.93	246.53
93	387.50	395.62	330.98	114.43	198.53	251.08
94	394.68	402.95	337.12	116.55	202.21	255.73
95	402.03	410.45	343.40	118.72	205.97	260.49
96	408.73	417.29	349.12	120.69	209.41	264.83
97	415.58	424.29	354.97	122.72	212.92	269.28
98	422.44	431.29	360.83	124.74	216.43	273.72
99+	429.63	438.63	366.97	126.87	220.11	278.37

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024**STANDARD – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	201.61	205.83	172.20	59.53	103.29	130.63
66	201.61	205.83	172.20	59.53	103.29	130.63
67	201.61	205.83	172.20	59.53	103.29	130.63
68	201.61	205.83	172.20	59.53	103.29	130.63
69	205.64	209.94	175.65	60.72	105.35	133.24
70	211.81	216.24	180.91	62.55	108.52	137.24
71	219.92	224.52	187.84	64.94	112.67	142.49
72	227.86	232.63	194.62	67.29	116.74	147.64
73	235.79	240.73	201.40	69.63	120.80	152.78
74	243.73	248.83	208.18	71.97	124.87	157.92
75	251.66	256.93	214.96	74.32	128.94	163.06
76	260.13	265.58	222.19	76.81	133.27	168.55
77	270.53	276.20	231.08	79.89	138.60	175.29
78	281.29	287.18	240.27	83.06	144.11	182.26
79	289.58	295.65	247.35	85.51	148.36	187.63
80	298.40	304.65	254.88	88.12	152.88	193.35
81	307.22	313.65	262.41	90.72	157.40	199.06
82	316.39	323.01	270.24	93.43	162.10	205.00
83	325.91	332.74	278.38	96.24	166.98	211.17
84	335.43	342.46	286.51	99.05	171.85	217.34
85	345.13	352.36	294.80	101.91	176.82	223.63
86	354.83	362.27	303.08	104.78	181.79	229.91
87	364.71	372.35	311.52	107.70	186.85	236.31
88	374.76	382.61	320.10	110.66	192.00	242.82
89	384.82	392.88	328.69	113.63	197.15	249.34
90	394.69	402.96	337.13	116.55	202.21	255.74
91	402.80	411.24	344.06	118.94	206.37	260.99
92	410.91	419.52	350.98	121.34	210.53	266.25
93	418.50	427.26	357.46	123.58	214.41	271.16
94	426.26	435.19	364.09	125.87	218.39	276.19
95	434.19	443.29	370.87	128.21	222.45	281.33
96	441.42	450.67	377.04	130.35	226.16	286.02
97	448.83	458.23	383.37	132.54	229.95	290.82
98	456.24	465.80	389.70	134.72	233.75	295.62
99+	464.00	473.72	396.33	137.02	237.72	300.64

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

ALABAMA – MONTHLY CREDIT CARD RATES – EFFECTIVE 05-01-2024

STANDARD – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	216.54	221.07	184.96	63.94	110.94	140.30
66	216.54	221.07	184.96	63.94	110.94	140.30
67	216.54	221.07	184.96	63.94	110.94	140.30
68	216.54	221.07	184.96	63.94	110.94	140.30
69	220.87	225.50	188.66	65.22	113.16	143.11
70	227.50	232.26	194.31	67.18	116.55	147.40
71	236.21	241.16	201.76	69.75	121.02	153.05
72	244.73	249.86	209.04	72.27	125.39	158.57
73	253.26	258.56	216.32	74.79	129.75	164.10
74	261.78	267.26	223.60	77.30	134.12	169.62
75	270.30	275.97	230.88	79.82	138.49	175.14
76	279.40	285.25	238.65	82.50	143.15	181.03
77	290.57	296.66	248.19	85.80	148.87	188.27
78	302.13	308.46	258.06	89.22	154.79	195.76
79	311.03	317.55	265.67	91.84	159.35	201.53
80	320.50	327.22	273.76	94.64	164.20	207.67
81	329.97	336.88	281.85	97.44	169.06	213.80
82	339.82	346.94	290.26	100.35	174.10	220.19
83	350.05	357.38	299.00	103.37	179.34	226.81
84	360.28	367.83	307.73	106.39	184.58	233.44
85	370.70	378.46	316.63	109.46	189.92	240.19
86	381.12	389.10	325.53	112.54	195.26	246.94
87	391.72	399.93	334.59	115.67	200.69	253.81
88	402.52	410.96	343.82	118.86	206.23	260.81
89	413.32	421.98	353.04	122.05	211.76	267.81
90	423.93	432.81	362.10	125.18	217.19	274.68
91	432.64	441.70	369.54	127.76	221.66	280.33
92	441.35	450.60	376.98	130.33	226.12	285.97
93	449.50	458.91	383.94	132.73	230.29	291.25
94	457.83	467.42	391.06	135.19	234.56	296.65
95	466.36	476.13	398.34	137.71	238.93	302.17
96	474.12	484.05	404.97	140.00	242.91	307.20
97	482.08	492.18	411.77	142.35	246.99	312.36
98	490.03	500.30	418.56	144.70	251.06	317.51
99+	498.37	508.81	425.68	147.16	255.33	322.91

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ALABAMA – ZIP CODE AREA CHART – Effective 05-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
35004	Moody	2	35072	Goodwater	2	35149	Sycamore	2
35005	Adamsville	2	35073	Graysville	2	35150	Sylacauga	2
35006	Adger	2	35074	Green Pond	2	35151	Sylacauga	2
35007	Alabaster	2	35077	Hanceville	2	35160	Talladega	2
35010	Alexander City	2	35078	Harpersville	2	35161	Talladega	2
35011	Alexander City	2	35079	Hayden	2	35171	Thorsby	2
35013	Allgood	3	35080	Helena	2	35172	Trafford	2
35014	Alpine	2	35082	Hollins	2	35173	Trussville	2
35015	Alton	2	35083	Holly Pond	2	35175	Union Grove	2
35016	Arab	2	35085	Jemison	2	35176	Vandiver	2
35019	Baileytown	2	35087	Joppa	2	35178	Vincent	2
35020	Bessemer	2	35089	Kellyton	2	35179	Vinemont	2
35021	Bessemer	2	35091	Kimberly	2	35180	Warrior	2
35022	Bessemer	2	35094	Leeds	2	35181	Watson	2
35023	Bessemer	2	35096	Lincoln	2	35182	Wattsville	2
35031	Blountsville	2	35097	Locust Fork	3	35183	Weogufka	2
35032	Bon Air	2	35098	Logan	2	35184	West Blocton	2
35033	Bremen	2	35111	Mc Calla	2	35185	Westover	2
35034	Brent	2	35112	Margaret	2	35186	Wilsonville	2
35035	Brierfield	2	35114	Alabaster	2	35187	Wilton	2
35036	Brookside	2	35115	Montevallo	2	35188	Woodstock	2
35038	Burnwell	2	35116	Morris	2	35201	Birmingham	2
35040	Calera	2	35117	Mount Olive	2	35202	Birmingham	2
35042	Centreville	2	35118	Mulga	2	35203	Birmingham	2
35043	Chelsea	2	35119	New Castle	2	35204	Birmingham	2
35044	Childersburg	2	35120	Odenville	2	35205	Birmingham	2
35045	Clanton	2	35121	Oneonta	3	35206	Birmingham	2
35046	Clanton	2	35123	Palmerdale	2	35207	Birmingham	2
35048	Clay	2	35124	Pelham	2	35208	Birmingham	2
35049	Cleveland	3	35125	Pell City	2	35209	Birmingham	2
35051	Columbiana	2	35126	Pinson	2	35210	Birmingham	2
35052	Cook Springs	2	35127	Pleasant Grove	2	35211	Birmingham	2
35053	Crane Hill	2	35128	Pell City	2	35212	Birmingham	2
35054	Cropwell	2	35130	Quinton	2	35213	Birmingham	2
35055	Cullman	2	35131	Ragland	2	35214	Birmingham	2
35056	Cullman	2	35133	Remlap	2	35215	Birmingham	2
35057	Cullman	2	35135	Riverside	2	35216	Birmingham	2
35058	Cullman	2	35136	Rockford	2	35217	Birmingham	2
35060	Docena	2	35137	Saginaw	2	35218	Birmingham	2
35061	Dolomite	2	35139	Sayre	2	35219	Birmingham	2
35062	Dora	2	35142	Shannon	2	35220	Birmingham	2
35063	Empire	2	35143	Shelby	2	35221	Birmingham	2
35064	Fairfield	2	35144	Siluria	2	35222	Birmingham	2
35068	Fultondale	2	35146	Springville	2	35223	Birmingham	2
35070	Garden City	2	35147	Sterrett	2	35224	Birmingham	2
35071	Gardendale	2	35148	Sumiton	2	35226	Birmingham	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ALABAMA – ZIP CODE AREA CHART – Effective 05-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
35228	Birmingham	2	35442	Aliceville	1	35546	Berry	1
35229	Birmingham	2	35443	Boligee	1	35548	Brilliant	1
35231	Birmingham	2	35444	Brookwood	1	35549	Carbon Hill	1
35232	Birmingham	2	35446	Buhl	1	35550	Cordova	1
35233	Birmingham	2	35447	Carrollton	1	35551	Delmar	1
35234	Birmingham	2	35448	Clinton	1	35552	Detroit	1
35235	Birmingham	2	35449	Coaling	1	35553	Double Springs	1
35236	Birmingham	2	35452	Coker	1	35554	Eldridge	1
35237	Birmingham	2	35453	Cottondale	1	35555	Fayette	1
35238	Birmingham	2	35456	Duncanville	1	35559	Glen Allen	1
35242	Birmingham	2	35457	Echola	1	35560	Goodsprings	1
35243	Birmingham	2	35458	Elrod	1	35563	Guin	1
35244	Birmingham	2	35459	Emelle	1	35564	Hackleburg	1
35246	Birmingham	2	35460	Epes	1	35565	Haleyville	1
35249	Birmingham	2	35461	Ethelsville	1	35570	Hamilton	1
35253	Birmingham	2	35462	Eutaw	1	35571	Hodges	1
35254	Birmingham	2	35463	Fosters	1	35572	Houston	1
35255	Birmingham	2	35464	Gainesville	1	35573	Kansas	1
35259	Birmingham	2	35466	Gordo	1	35574	Kennedy	1
35260	Birmingham	2	35468	Kellerman	1	35575	Lynn	1
35261	Birmingham	2	35469	Knoxville	1	35576	Millport	1
35266	Birmingham	2	35470	Livingston	1	35577	Natural Bridge	1
35270	Birmingham	2	35471	Mc Shan	1	35578	Nauvoo	1
35282	Birmingham	2	35473	Northport	1	35579	Oakman	1
35283	Birmingham	2	35474	Moundville	1	35580	Parrish	1
35285	Birmingham	2	35475	Northport	1	35581	Phil Campbell	1
35287	Birmingham	2	35476	Northport	1	35582	Red Bay	2
35288	Birmingham	2	35477	Panola	1	35584	Sipsey	1
35290	Birmingham	2	35478	Peterson	1	35585	Spruce Pine	1
35291	Birmingham	2	35480	Ralph	1	35586	Sulligent	1
35292	Birmingham	2	35481	Reform	1	35587	Townley	1
35293	Birmingham	2	35482	Samantha	1	35592	Vernon	1
35294	Birmingham	2	35486	Tuscaloosa	1	35593	Vina	2
35295	Birmingham	2	35487	Tuscaloosa	1	35594	Winfield	1
35296	Birmingham	2	35490	Vance	1	35601	Decatur	1
35297	Birmingham	2	35491	West Greene	1	35602	Decatur	1
35298	Birmingham	2	35501	Jasper	1	35603	Decatur	1
35401	Tuscaloosa	1	35502	Jasper	1	35609	Decatur	1
35402	Tuscaloosa	1	35503	Jasper	1	35610	Anderson	1
35403	Tuscaloosa	1	35504	Jasper	1	35611	Athens	1
35404	Tuscaloosa	1	35540	Addison	1	35612	Athens	1
35405	Tuscaloosa	1	35541	Arley	1	35613	Athens	1
35406	Tuscaloosa	1	35542	Bankston	1	35614	Athens	1
35407	Tuscaloosa	1	35543	Bear Creek	1	35615	Belle Mina	1
35440	Abernant	1	35544	Beaverton	1	35616	Cherokee	1
35441	Akron	1	35545	Belk	1	35617	Cloverdale	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ALABAMA – ZIP CODE AREA CHART – Effective 05-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
35618	Courtland	1	35755	Langston	1	35902	Gadsden	1
35619	Danville	1	35756	Madison	1	35903	Gadsden	1
35620	Elkmont	1	35757	Madison	1	35904	Gadsden	1
35621	Eva	1	35758	Madison	1	35905	Gadsden	1
35622	Falkville	1	35759	Meridianville	1	35906	Rainbow City	1
35630	Florence	1	35760	New Hope	1	35907	Gadsden	1
35631	Florence	1	35761	New Market	1	35950	Albertville	1
35632	Florence	1	35762	Normal	1	35951	Albertville	1
35633	Florence	1	35763	Owens Cross Roads	1	35952	Altoona	1
35634	Florence	1	35764	Paint Rock	1	35953	Ashville	1
35640	Hartselle	1	35765	Pisgah	1	35954	Attalla	1
35643	Hillsboro	1	35766	Princeton	1	35956	Boaz	1
35645	Killen	1	35767	Ryland	1	35957	Boaz	1
35646	Leighton	1	35768	Scottsboro	1	35958	Bryant	1
35647	Lester	1	35769	Scottsboro	1	35959	Cedar Bluff	1
35648	Lexington	1	35771	Section	1	35960	Centre	1
35649	Mooreville	1	35772	Stevenson	1	35961	Collinsville	1
35650	Moulton	1	35773	Toney	1	35962	Crossville	1
35651	Mount Hope	1	35774	Trenton	1	35963	Dawson	1
35652	Rogersville	1	35775	Valhermoso Springs	1	35964	Douglas	1
35653	Russellville	1	35776	Woodville	1	35966	Flat Rock	1
35654	Russellville	1	35801	Huntsville	1	35967	Fort Payne	1
35660	Sheffield	1	35802	Huntsville	1	35968	Fort Payne	1
35661	Muscle Shoals	1	35803	Huntsville	1	35971	Fyffe	1
35662	Muscle Shoals	1	35804	Huntsville	1	35972	Gallant	1
35670	Somerville	1	35805	Huntsville	1	35973	Gaylesville	1
35671	Tanner	1	35806	Huntsville	1	35974	Geraldine	1
35672	Town Creek	1	35807	Huntsville	1	35975	Groveoak	1
35673	Trinity	1	35808	Huntsville	1	35976	Guntersville	1
35674	Tuscumbia	1	35809	Huntsville	1	35978	Henagar	1
35677	Waterloo	1	35810	Huntsville	1	35979	Higdon	1
35699	Decatur	1	35811	Huntsville	1	35980	Horton	1
35739	Ardmore	1	35812	Huntsville	1	35981	Ider	1
35740	Bridgeport	1	35813	Huntsville	1	35983	Leesburg	1
35741	Brownsboro	1	35814	Huntsville	1	35984	Mentone	1
35742	Capshaw	1	35815	Huntsville	1	35986	Rainsville	1
35744	Dutton	1	35816	Huntsville	1	35987	Steele	1
35745	Estillfork	1	35824	Huntsville	1	35988	Sylvania	1
35746	Fackler	1	35893	Huntsville	1	35989	Valley Head	1
35747	Grant	1	35894	Huntsville	1	35990	Walnut Grove	1
35748	Gurley	1	35895	Huntsville	1	36003	Autaugaville	1
35749	Harvest	1	35896	Huntsville	1	36005	Banks	1
35750	Hazel Green	1	35897	Huntsville	1	36006	Billingsley	1
35751	Hollytree	1	35898	Huntsville	1	36008	Booth	1
35752	Hollywood	1	35899	Huntsville	1	36009	Brantley	1
35754	Laceys Spring	1	35901	Gadsden	1	36010	Brundidge	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ALABAMA – ZIP CODE AREA CHART – Effective 05-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
36013	Cecil	1	36072	Eufaula	1	36191	Montgomery	1
36015	Chapman	1	36075	Shorter	1	36201	Anniston	1
36016	Clayton	1	36078	Tallassee	1	36202	Anniston	1
36017	Clio	1	36079	Troy	1	36203	Oxford	1
36020	Coosada	1	36080	Titus	1	36204	Anniston	1
36022	Deatsville	1	36081	Troy	1	36205	Anniston	1
36023	East Tallassee	1	36082	Troy	1	36206	Anniston	1
36024	Eclectic	1	36083	Tuskegee	1	36207	Anniston	1
36025	Elmore	1	36087	Tuskegee Institute	1	36250	Alexandria	1
36026	Equality	1	36088	Tuskegee Institute	1	36251	Ashland	1
36027	Eufaula	1	36089	Union Springs	1	36253	Bynum	1
36028	Dozier	1	36091	Verbena	1	36254	Choccolocco	1
36029	Fitzpatrick	1	36092	Wetumpka	1	36255	Cragford	1
36030	Forest Home	1	36093	Wetumpka	1	36256	Daviston	1
36031	Fort Davis	1	36101	Montgomery	1	36257	De Armanville	1
36032	Fort Deposit	1	36102	Montgomery	1	36258	Delta	1
36033	Georgiana	1	36103	Montgomery	1	36260	Eastaboga	1
36034	Glenwood	1	36104	Montgomery	1	36261	Edwardsville	1
36035	Goshen	1	36105	Montgomery	1	36262	Fruithurst	1
36036	Grady	1	36106	Montgomery	1	36263	Graham	1
36037	Greenville	1	36107	Montgomery	1	36264	Heflin	1
36038	Gantt	1	36108	Montgomery	1	36265	Jacksonville	1
36039	Hardaway	1	36109	Montgomery	1	36266	Lineville	1
36040	Hayneville	1	36110	Montgomery	1	36267	Millerville	1
36041	Highland Home	1	36111	Montgomery	1	36268	Munford	1
36042	Honoraville	1	36112	Montgomery	1	36269	Muscadine	2
36043	Hope Hull	1	36113	Montgomery	1	36271	Ohatchee	1
36045	Kent	1	36114	Montgomery	1	36272	Piedmont	1
36046	Lapine	1	36115	Montgomery	1	36273	Ranburne	1
36047	Letohatchee	1	36116	Montgomery	1	36274	Roanoke	2
36048	Louisville	1	36117	Montgomery	1	36275	Spring Garden	1
36049	Luverne	1	36118	Montgomery	1	36276	Wadley	2
36051	Marbury	1	36119	Montgomery	1	36277	Weaver	1
36052	Mathews	1	36120	Montgomery	1	36278	Wedowee	2
36053	Midway	1	36121	Montgomery	1	36279	Wellington	1
36054	Millbrook	1	36123	Montgomery	1	36280	Woodland	2
36057	Mount Meigs	1	36124	Montgomery	1	36301	Dothan	1
36061	Perote	1	36125	Montgomery	1	36302	Dothan	1
36062	Petrey	1	36130	Montgomery	1	36303	Dothan	1
36064	Pike Road	1	36131	Montgomery	1	36304	Dothan	1
36065	Pine Level	1	36132	Montgomery	1	36305	Dothan	1
36066	Prattville	1	36135	Montgomery	1	36310	Abbeville	1
36067	Prattville	1	36140	Montgomery	1	36311	Ariton	1
36068	Prattville	1	36141	Montgomery	1	36312	Ashford	1
36069	Ramer	1	36142	Montgomery	1	36313	Bellwood	1
36071	Rutledge	1	36177	Montgomery	1	36314	Black	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ALABAMA – ZIP CODE AREA CHART – Effective 05-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
36316	Chancellor	1	36451	Grove Hill	1	36539	Fruitdale	2
36317	Clopton	1	36453	Kinston	1	36540	Gainestown	1
36318	Coffee Springs	1	36454	Lenox	1	36541	Grand Bay	1
36319	Columbia	2	36455	Lockhart	1	36542	Gulf Shores	1
36320	Cottonwood	1	36456	Mc Kenzie	1	36543	Huxford	1
36321	Cowarts	1	36457	Megargel	1	36544	Irvington	1
36322	Daleville	1	36458	Mexia	1	36545	Jackson	1
36323	Elba	1	36460	Monroeville	1	36547	Gulf Shores	1
36330	Enterprise	1	36461	Monroeville	1	36548	Leroy	1
36331	Enterprise	1	36467	Opp	1	36549	Lillian	1
36340	Geneva	1	36470	Perdue Hill	1	36550	Little River	1
36343	Gordon	1	36471	Peterman	1	36551	Loxley	1
36344	Hartford	1	36473	Range	1	36553	Mc Intosh	1
36345	Headland	1	36474	Red Level	1	36555	Magnolia Springs	1
36346	Jack	1	36475	Repton	1	36556	Malcolm	1
36349	Malvern	1	36476	River Falls	1	36558	Millry	2
36350	Midland City	1	36477	Samson	1	36559	Montrose	1
36351	New Brockton	1	36480	Uriah	1	36560	Mount Vernon	1
36352	Newton	1	36481	Vredenburgh	1	36561	Orange Beach	1
36353	Newville	1	36482	Whatley	1	36562	Perdido	1
36360	Ozark	1	36483	Wing	1	36564	Point Clear	1
36361	Ozark	1	36502	Atmore	1	36567	Robertsdale	1
36362	Fort Rucker	1	36503	Atmore	1	36568	Saint Elmo	1
36370	Pansey	1	36504	Atmore	1	36569	Saint Stephens	1
36371	Pinckard	1	36505	Axis	1	36571	Saraland	1
36373	Shorterville	2	36507	Bay Minette	1	36572	Satsuma	1
36374	Skipperville	1	36509	Bayou La Batre	1	36574	Seminole	1
36375	Slocumb	1	36511	Bon Secour	1	36575	Semmes	1
36376	Webb	1	36512	Bucks	1	36576	Silverhill	1
36401	Evergreen	1	36513	Calvert	1	36577	Spanish Fort	1
36420	Andalusia	1	36518	Chatom	2	36578	Stapleton	1
36421	Andalusia	1	36521	Churchula	1	36579	Stockton	1
36425	Beatrice	1	36522	Citronelle	2	36580	Summerdale	1
36426	Brewton	1	36523	Coden	1	36581	Sunflower	1
36427	Brewton	1	36524	Coffeeville	1	36582	Theodore	1
36429	Brooklyn	1	36525	Creola	1	36583	Tibbie	2
36432	Castleberry	1	36526	Daphne	1	36584	Vinegar Bend	2
36435	Coy	1	36527	Daphne	1	36585	Wagarville	1
36436	Dickinson	1	36528	Dauphin Island	1	36587	Wilmer	1
36439	Excel	1	36529	Deer Park	2	36590	Theodore	1
36441	Flomaton	1	36530	Elberta	1	36601	Mobile	1
36442	Floral	1	36532	Fairhope	1	36602	Mobile	1
36444	Franklin	1	36533	Fairhope	1	36603	Mobile	1
36445	Frisco City	1	36535	Foley	1	36604	Mobile	1
36446	Fulton	1	36536	Foley	1	36605	Mobile	1
36449	Uriah	1	36538	Frankville	1	36606	Mobile	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ALABAMA – ZIP CODE AREA CHART – Effective 05-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
36607	Mobile	1	36748	Linden	1	36860	Hurtsboro	1
36608	Mobile	1	36749	Jones	1	36861	Jacksons Gap	1
36609	Mobile	1	36750	Maplesville	1	36862	Lafayette	1
36610	Mobile	1	36751	Lower Peach Tree	1	36863	Lanett	1
36611	Mobile	1	36752	Lowndesboro	1	36865	Loachapoka	1
36612	Mobile	1	36753	Mc Williams	1	36866	Notasulga	1
36613	Eight Mile	1	36754	Magnolia	1	36867	Phenix City	1
36615	Mobile	1	36756	Marion	1	36868	Phenix City	1
36616	Mobile	1	36758	Plantersville	1	36869	Phenix City	1
36617	Mobile	1	36759	Marion Junction	1	36870	Phenix City	1
36618	Mobile	1	36761	Minter	1	36871	Pittsview	1
36619	Mobile	1	36763	Myrtlewood	1	36872	Valley	1
36628	Mobile	1	36764	Nanafalia	2	36874	Salem	1
36633	Mobile	1	36765	Newbern	1	36875	Seale	1
36640	Mobile	1	36766	Oak Hill	1	36877	Smiths Station	1
36641	Mobile	1	36767	Orrville	1	36879	Waverly	1
36644	Mobile	1	36768	Pine Apple	1	36901	Bellamy	1
36652	Mobile	1	36769	Pine Hill	1	36904	Butler	2
36660	Mobile	1	36773	Safford	1	36907	Cuba	1
36663	Mobile	1	36775	Sardis	1	36908	Gilbertown	2
36670	Mobile	1	36776	Sawyer ville	1	36910	Jachin	2
36671	Mobile	1	36782	Sweet Water	1	36912	Lisman	2
36675	Mobile	1	36783	Thomaston	1	36913	Melvin	2
36685	Mobile	1	36784	Thomasville	1	36915	Needham	2
36688	Mobile	1	36785	Tyler	1	36916	Pennington	2
36689	Mobile	1	36786	Uniontown	1	36919	Silas	1
36691	Mobile	1	36790	Stanton	1	36921	Toxey	2
36693	Mobile	1	36792	Randolph	1	36922	Ward	1
36695	Mobile	1	36793	Lawley	1	36925	York	1
36701	Selma	1	36801	Opelika	1			
36702	Selma	1	36802	Opelika	1			
36703	Selma	1	36803	Opelika	1			
36720	Alberta	1	36804	Opelika	1			
36722	Arlington	1	36830	Auburn	1			
36723	Boykin	1	36831	Auburn	1			
36726	Camden	1	36832	Auburn	1			
36727	Campbell	1	36849	Auburn University	1			
36728	Catherine	1	36850	Camp Hill	1			
36732	Demopolis	1	36851	Cottonton	1			
36736	Dixons Mills	1	36852	Cusseta	1			
36738	Faunsdale	1	36853	Dadeville	1			
36740	Forkland	1	36854	Valley	1			
36741	Furman	1	36855	Five Points	1			
36742	Gallion	1	36856	Fort Mitchell	1			
36744	Greensboro	1	36858	Hatchechubbee	1			
36745	Jefferson	1	36859	Holy Trinity	1			

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
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*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
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
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	\$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
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	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 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