

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)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2024] ²					\$[7,060] ²		\$[3,530] ²			

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$[2,800] 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

NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	116.96	116.53	97.08	35.37	59.79	74.87
66	116.96	116.53	97.08	35.37	59.79	74.87
67	116.96	116.53	97.08	35.37	59.79	74.87
68	116.96	116.53	97.08	35.37	59.79	74.87
69	119.30	118.86	99.02	36.08	60.99	76.37
70	122.87	122.43	101.99	37.16	62.82	78.66
71	127.58	127.11	105.90	38.59	65.22	81.67
72	132.18	131.70	109.72	39.98	67.58	84.62
73	136.79	136.29	113.54	41.37	69.93	87.56
74	141.39	140.88	117.36	42.76	72.28	90.51
75	145.99	145.46	121.18	44.15	74.64	93.46
76	150.91	150.36	125.26	45.64	77.15	96.60
77	156.94	156.37	130.27	47.47	80.23	100.47
78	163.18	162.59	135.45	49.36	83.42	104.46
79	167.99	167.38	139.44	50.81	85.88	107.54
80	173.11	172.48	143.69	52.36	88.50	110.81
81	178.22	177.57	147.94	53.90	91.11	114.09
82	183.54	182.87	152.35	55.51	93.83	117.49
83	189.07	188.38	156.94	57.18	96.66	121.03
84	194.59	193.88	161.52	58.86	99.48	124.57
85	200.22	199.49	166.19	60.56	102.36	128.17
86	205.85	205.10	170.86	62.26	105.23	131.77
87	211.58	210.80	175.62	63.99	108.16	135.44
88	217.41	216.61	180.46	65.75	111.15	139.17
89	223.24	222.42	185.30	67.52	114.13	142.91
90	228.97	228.13	190.05	69.25	117.06	146.57
91	233.68	232.82	193.96	70.67	119.46	149.58
92	238.38	237.51	197.87	72.10	121.87	152.60
93	242.78	241.90	201.52	73.43	124.12	155.41
94	247.28	246.38	205.26	74.79	126.42	158.29
95	251.89	250.97	209.08	76.18	128.77	161.24
96	256.08	255.15	212.56	77.45	130.92	163.93
97	260.38	259.43	216.12	78.75	133.11	166.68
98	264.68	263.71	219.69	80.05	135.31	169.43
99+	269.18	268.19	223.43	81.41	137.61	172.31

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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NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023 PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	134.50	134.01	111.64	40.68	68.76	86.10
66	134.50	134.01	111.64	40.68	68.76	86.10
67	134.50	134.01	111.64	40.68	68.76	86.10
68	134.50	134.01	111.64	40.68	68.76	86.10
69	137.19	136.69	113.87	41.49	70.14	87.82
70	141.31	140.79	117.29	42.74	72.24	90.45
71	146.72	146.18	121.78	44.37	75.01	93.92
72	152.01	151.46	126.18	45.98	77.71	97.31
73	157.31	156.73	130.57	47.58	80.42	100.70
74	162.60	162.01	134.97	49.18	83.13	104.09
75	167.89	167.28	139.36	50.78	85.84	107.48
76	173.54	172.91	144.05	52.49	88.72	111.09
77	180.49	179.82	149.81	54.59	92.27	115.54
78	187.66	186.98	155.77	56.76	95.94	120.13
79	193.19	192.49	160.36	58.43	98.77	123.67
80	199.08	198.35	165.24	60.21	101.78	127.43
81	204.96	204.21	170.13	61.99	104.78	131.20
82	211.07	210.30	175.20	63.84	107.91	135.12
83	217.43	216.63	180.48	65.76	111.16	139.18
84	223.78	222.96	185.75	67.68	114.41	143.25
85	230.25	229.41	191.12	69.64	117.71	147.39
86	236.72	235.86	196.49	71.60	121.02	151.54
87	243.31	242.42	201.96	73.59	124.39	155.75
88	250.02	249.11	207.53	75.62	127.82	160.05
89	256.73	255.79	213.09	77.65	131.25	164.34
90	263.31	262.35	218.56	79.64	134.62	168.56
91	268.73	267.75	223.06	81.28	137.38	172.02
92	274.14	273.14	227.55	82.91	140.15	175.49
93	279.20	278.18	231.75	84.44	142.74	178.73
94	284.38	283.34	236.05	86.01	145.38	182.04
95	289.67	288.61	240.44	87.61	148.09	185.43
96	294.49	293.42	244.44	89.07	150.55	188.52
97	299.44	298.34	248.54	90.56	153.08	191.68
98	304.38	303.26	252.65	92.06	155.61	194.84
99+	309.55	308.42	256.94	93.62	158.25	198.16

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

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

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

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NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	134.22	133.77	111.40	40.43	68.50	85.87
66	134.22	133.77	111.40	40.43	68.50	85.87
67	134.22	133.77	111.40	40.43	68.50	85.87
68	134.22	133.77	111.40	40.43	68.50	85.87
69	136.90	136.45	113.63	41.24	69.87	87.59
70	141.01	140.54	117.04	42.48	71.97	90.22
71	146.41	145.92	121.52	44.10	74.72	93.67
72	151.70	151.19	125.91	45.70	77.42	97.06
73	156.98	156.45	130.29	47.29	80.11	100.44
74	162.26	161.72	134.68	48.88	82.81	103.82
75	167.55	166.99	139.06	50.47	85.51	107.20
76	173.18	172.60	143.74	52.17	88.38	110.80
77	180.11	179.51	149.49	54.26	91.92	115.23
78	187.27	186.65	155.43	56.41	95.57	119.82
79	192.79	192.15	160.01	58.08	98.39	123.35
80	198.66	198.00	164.89	59.84	101.39	127.10
81	204.53	203.85	169.76	61.61	104.38	130.86
82	210.64	209.93	174.83	63.45	107.50	134.77
83	216.98	216.25	180.09	65.36	110.74	138.82
84	223.32	222.57	185.35	67.27	113.97	142.88
85	229.77	229.01	190.71	69.22	117.27	147.01
86	236.23	235.44	196.07	71.16	120.56	151.14
87	242.81	241.99	201.53	73.14	123.92	155.35
88	249.50	248.67	207.08	75.16	127.33	159.63
89	256.19	255.34	212.64	77.18	130.75	163.91
90	262.77	261.89	218.10	79.16	134.10	168.12
91	268.17	267.27	222.58	80.78	136.86	171.57
92	273.57	272.65	227.06	82.41	139.62	175.03
93	278.62	277.69	231.25	83.93	142.19	178.26
94	283.78	282.84	235.54	85.49	144.83	181.57
95	289.07	288.10	239.92	87.08	147.53	184.95
96	293.88	292.90	243.92	88.53	149.98	188.03
97	298.81	297.81	248.01	90.01	152.50	191.18
98	303.74	302.73	252.11	91.50	155.02	194.34
99+	308.91	307.88	256.39	93.05	157.65	197.64

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

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NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	154.35	153.84	128.11	46.50	78.77	98.76
66	154.35	153.84	128.11	46.50	78.77	98.76
67	154.35	153.84	128.11	46.50	78.77	98.76
68	154.35	153.84	128.11	46.50	78.77	98.76
69	157.44	156.91	130.67	47.42	80.35	100.73
70	162.16	161.62	134.59	48.85	82.76	103.75
71	168.37	167.81	139.75	50.72	85.93	107.73
72	174.45	173.87	144.79	52.55	89.03	111.61
73	180.53	179.92	149.83	54.38	92.13	115.50
74	186.60	185.98	154.88	56.21	95.23	119.39
75	192.68	192.03	159.92	58.04	98.33	123.28
76	199.16	198.49	165.30	59.99	101.64	127.42
77	207.13	206.43	171.91	62.40	105.71	132.52
78	215.36	214.64	178.75	64.87	109.91	137.79
79	221.71	220.97	184.02	66.79	113.15	141.85
80	228.46	227.70	189.62	68.82	116.60	146.17
81	235.21	234.42	195.22	70.86	120.04	150.49
82	242.23	241.42	201.05	72.97	123.63	154.98
83	249.52	248.69	207.10	75.17	127.35	159.65
84	256.81	255.95	213.15	77.36	131.07	164.31
85	264.24	263.36	219.32	79.60	134.86	169.06
86	271.67	270.76	225.48	81.84	138.65	173.82
87	279.23	278.29	231.76	84.11	142.51	178.65
88	286.93	285.97	238.15	86.43	146.43	183.58
89	294.62	293.64	244.53	88.75	150.36	188.50
90	302.18	301.17	250.81	91.03	154.22	193.34
91	308.39	307.36	255.96	92.90	157.39	197.31
92	314.60	313.55	261.12	94.77	160.56	201.29
93	320.41	319.34	265.94	96.52	163.52	205.00
94	326.35	325.26	270.87	98.31	166.55	208.80
95	332.43	331.32	275.91	100.14	169.65	212.69
96	337.96	336.83	280.51	101.81	172.48	216.23
97	343.63	342.49	285.22	103.52	175.38	219.86
98	349.31	348.14	289.92	105.22	178.27	223.49
99+	355.24	354.06	294.85	107.01	181.30	227.29

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NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023

STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.84	145.38	121.04	43.84	74.36	93.28
66	145.84	145.38	121.04	43.84	74.36	93.28
67	145.84	145.38	121.04	43.84	74.36	93.28
68	145.84	145.38	121.04	43.84	74.36	93.28
69	148.76	148.28	123.46	44.71	75.85	95.15
70	153.22	152.73	127.17	46.05	78.12	98.00
71	159.09	158.58	132.04	47.82	81.12	101.76
72	164.83	164.30	136.80	49.54	84.04	105.43
73	170.57	170.03	141.57	51.27	86.97	109.10
74	176.31	175.75	146.33	53.00	89.90	112.77
75	182.05	181.47	151.10	54.72	92.82	116.44
76	188.17	187.58	156.18	56.56	95.95	120.36
77	195.70	195.08	162.43	58.82	99.79	125.17
78	203.48	202.84	168.88	61.16	103.75	130.15
79	209.48	208.81	173.86	62.97	106.81	133.99
80	215.86	215.17	179.16	64.88	110.06	138.07
81	222.24	221.53	184.45	66.80	113.31	142.15
82	228.87	228.14	189.95	68.79	116.70	146.39
83	235.76	235.01	195.67	70.87	120.21	150.80
84	242.65	241.88	201.39	72.94	123.72	155.20
85	249.67	248.87	207.22	75.05	127.30	159.69
86	256.68	255.87	213.04	77.16	130.88	164.18
87	263.83	262.99	218.97	79.30	134.52	168.75
88	271.10	270.24	225.00	81.49	138.23	173.40
89	278.37	277.49	231.04	83.67	141.94	178.05
90	285.52	284.61	236.97	85.82	145.58	182.62
91	291.38	290.46	241.84	87.58	148.57	186.38
92	297.25	296.31	246.71	89.35	151.56	190.13
93	302.74	301.78	251.26	91.00	154.36	193.64
94	308.35	307.37	255.92	92.68	157.22	197.23
95	314.09	313.09	260.69	94.41	160.15	200.90
96	319.32	318.31	265.03	95.98	162.81	204.25
97	324.68	323.65	269.48	97.60	165.55	207.67
98	330.04	328.99	273.92	99.20	168.28	211.10
99+	335.65	334.59	278.58	100.89	171.14	214.69

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

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NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023

STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	167.71	167.18	139.20	50.41	85.51	107.27
66	167.71	167.18	139.20	50.41	85.51	107.27
67	167.71	167.18	139.20	50.41	85.51	107.27
68	167.71	167.18	139.20	50.41	85.51	107.27
69	171.07	170.53	141.98	51.42	87.22	109.42
70	176.20	175.64	146.24	52.96	89.84	112.70
71	182.95	182.37	151.84	54.99	93.28	117.02
72	189.55	188.95	157.32	56.98	96.65	121.24
73	196.15	195.53	162.80	58.96	100.02	125.47
74	202.76	202.11	168.28	60.95	103.38	129.69
75	209.36	208.70	173.76	62.93	106.75	133.91
76	216.40	215.71	179.61	65.05	110.34	138.42
77	225.06	224.34	186.79	67.65	114.75	143.95
78	234.00	233.26	194.22	70.34	119.31	149.68
79	240.90	240.14	199.94	72.41	122.83	154.09
80	248.24	247.45	206.03	74.62	126.57	158.78
81	255.57	254.76	212.12	76.82	130.31	163.47
82	263.20	262.36	218.45	79.11	134.20	168.35
83	271.12	270.26	225.02	81.50	138.24	173.42
84	279.05	278.16	231.60	83.88	142.28	178.49
85	287.12	286.20	238.30	86.30	146.39	183.65
86	295.18	294.25	245.00	88.73	150.51	188.81
87	303.40	302.44	251.81	91.20	154.70	194.06
88	311.76	310.77	258.75	93.71	158.96	199.41
89	320.13	319.11	265.70	96.22	163.23	204.76
90	328.34	327.30	272.51	98.70	167.42	210.02
91	335.09	334.03	278.11	100.72	170.86	214.33
92	341.84	340.75	283.72	102.75	174.30	218.65
93	348.15	347.04	288.95	104.65	177.51	222.69
94	354.60	353.48	294.31	106.59	180.80	226.81
95	361.21	360.06	299.79	108.57	184.17	231.04
96	367.22	366.05	304.78	110.38	187.24	234.88
97	373.38	372.20	309.90	112.23	190.38	238.83
98	379.54	378.34	315.01	114.08	193.52	242.77
99+	386.00	384.77	320.37	116.03	196.81	246.90

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STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	167.42	166.93	138.95	50.16	85.25	107.04
66	167.42	166.93	138.95	50.16	85.25	107.04
67	167.42	166.93	138.95	50.16	85.25	107.04
68	167.42	166.93	138.95	50.16	85.25	107.04
69	170.77	170.27	141.72	51.16	86.95	109.18
70	175.89	175.38	145.98	52.70	89.56	112.46
71	182.63	182.09	151.57	54.72	92.99	116.76
72	189.22	188.66	157.04	56.69	96.35	120.98
73	195.81	195.23	162.51	58.67	99.70	125.19
74	202.40	201.81	167.98	60.64	103.06	129.41
75	208.99	208.38	173.45	62.61	106.41	133.62
76	216.02	215.39	179.28	64.72	109.99	138.11
77	224.66	224.00	186.45	67.31	114.39	143.64
78	233.59	232.91	193.87	69.99	118.94	149.35
79	240.48	239.77	199.58	72.05	122.44	153.75
80	247.80	247.07	205.66	74.24	126.17	158.43
81	255.12	254.37	211.73	76.44	129.90	163.11
82	262.74	261.97	218.05	78.72	133.78	167.98
83	270.65	269.85	224.62	81.09	137.80	173.04
84	278.55	277.74	231.18	83.46	141.83	178.09
85	286.61	285.77	237.86	85.87	145.93	183.24
86	294.66	293.80	244.55	88.29	150.03	188.39
87	302.87	301.98	251.36	90.74	154.21	193.64
88	311.21	310.30	258.28	93.24	158.46	198.98
89	319.56	318.62	265.21	95.74	162.71	204.31
90	327.76	326.80	272.02	98.20	166.89	209.56
91	334.50	333.52	277.61	100.22	170.32	213.86
92	341.23	340.24	283.20	102.24	173.75	218.17
93	347.53	346.52	288.43	104.12	176.95	222.20
94	353.98	352.94	293.77	106.05	180.24	226.32
95	360.57	359.51	299.24	108.03	183.59	230.53
96	366.57	365.50	304.23	109.83	186.65	234.37
97	372.72	371.63	309.33	111.67	189.78	238.30
98	378.87	377.76	314.44	113.51	192.91	242.24
99+	385.32	384.19	319.78	115.44	196.19	246.36

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

NORTH CAROLINA – MONTHLY BANK DRAFT RATES – EFFECTIVE 10-03-2023

STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	192.53	191.97	159.79	57.68	98.03	123.10
66	192.53	191.97	159.79	57.68	98.03	123.10
67	192.53	191.97	159.79	57.68	98.03	123.10
68	192.53	191.97	159.79	57.68	98.03	123.10
69	196.38	195.81	162.98	58.84	99.99	125.56
70	202.28	201.68	167.87	60.60	102.99	129.32
71	210.02	209.41	174.30	62.92	106.94	134.28
72	217.60	216.96	180.59	65.20	110.80	139.12
73	225.18	224.52	186.88	67.47	114.65	143.97
74	232.76	232.08	193.17	69.74	118.51	148.82
75	240.34	239.63	199.46	72.01	122.37	153.66
76	248.42	247.69	206.17	74.43	126.49	158.83
77	258.36	257.60	214.42	77.41	131.55	165.18
78	268.63	267.84	222.95	80.48	136.78	171.75
79	276.55	275.74	229.51	82.86	140.81	176.81
80	284.97	284.13	236.50	85.38	145.10	182.20
81	293.39	292.53	243.49	87.90	149.39	187.58
82	302.15	301.26	250.76	90.53	153.84	193.18
83	311.24	310.33	258.31	93.25	158.48	198.99
84	320.34	319.40	265.86	95.98	163.11	204.81
85	329.60	328.64	273.54	98.75	167.82	210.73
86	338.86	337.87	281.23	101.53	172.54	216.65
87	348.30	347.27	289.06	104.35	177.34	222.68
88	357.89	356.85	297.03	107.23	182.23	228.82
89	367.49	366.42	304.99	110.11	187.12	234.96
90	376.93	375.82	312.82	112.93	191.92	240.99
91	384.67	383.55	319.25	115.25	195.87	245.94
92	392.42	391.27	325.68	117.57	199.81	250.90
93	399.66	398.49	331.69	119.74	203.50	255.53
94	407.07	405.88	337.84	121.96	207.27	260.27
95	414.65	413.44	344.13	124.24	211.13	265.11
96	421.56	420.32	349.86	126.30	214.65	269.53
97	428.63	427.38	355.73	128.42	218.25	274.05
98	435.71	434.43	361.60	130.54	221.85	278.57
99+	443.11	441.82	367.75	132.76	225.62	283.31

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	120.46	120.03	99.99	36.44	61.58	77.11
66	120.46	120.03	99.99	36.44	61.58	77.11
67	120.46	120.03	99.99	36.44	61.58	77.11
68	120.46	120.03	99.99	36.44	61.58	77.11
69	122.87	122.43	101.99	37.16	62.82	78.66
70	126.56	126.10	105.05	38.28	64.70	81.02
71	131.41	130.93	109.07	39.74	67.18	84.12
72	136.15	135.65	113.01	41.18	69.60	87.16
73	140.89	140.38	116.95	42.61	72.03	90.19
74	145.63	145.10	120.88	44.05	74.45	93.23
75	150.38	149.83	124.82	45.48	76.88	96.26
76	155.44	154.87	129.02	47.01	79.46	99.50
77	161.65	161.06	134.18	48.89	82.64	103.48
78	168.08	167.46	139.51	50.84	85.93	107.59
79	173.03	172.40	143.62	52.33	88.46	110.76
80	178.30	177.65	148.00	53.93	91.15	114.14
81	183.57	182.90	152.37	55.52	93.85	117.51
82	189.05	188.36	156.92	57.18	96.65	121.02
83	194.74	194.03	161.64	58.90	99.56	124.66
84	200.43	199.70	166.37	60.62	102.47	128.30
85	206.23	205.47	171.18	62.37	105.43	132.01
86	212.02	211.25	175.99	64.13	108.39	135.72
87	217.92	217.13	180.89	65.91	111.41	139.50
88	223.93	223.11	185.87	67.73	114.48	143.35
89	229.94	229.10	190.86	69.54	117.55	147.19
90	235.84	234.98	195.76	71.33	120.57	150.97
91	240.69	239.81	199.78	72.79	123.05	154.07
92	245.53	244.64	203.80	74.26	125.53	157.18
93	250.06	249.15	207.57	75.63	127.84	160.08
94	254.70	253.77	211.41	77.03	130.21	163.04
95	259.45	258.50	215.35	78.47	132.64	166.08
96	263.76	262.80	218.94	79.77	134.84	168.85
97	268.19	267.21	222.61	81.11	137.11	171.68
98	272.62	271.62	226.28	82.45	139.37	174.51
99+	277.25	276.24	230.13	83.85	141.74	177.48

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	138.53	138.03	114.99	41.90	70.82	88.68
66	138.53	138.03	114.99	41.90	70.82	88.68
67	138.53	138.03	114.99	41.90	70.82	88.68
68	138.53	138.03	114.99	41.90	70.82	88.68
69	141.31	140.79	117.29	42.74	72.24	90.46
70	145.54	145.01	120.81	44.02	74.41	93.17
71	151.12	150.57	125.44	45.71	77.26	96.74
72	156.57	156.00	129.96	47.36	80.04	100.23
73	162.03	161.44	134.49	49.00	82.83	103.72
74	167.48	166.87	139.02	50.65	85.62	107.21
75	172.93	172.30	143.54	52.30	88.41	110.70
76	178.75	178.10	148.37	54.06	91.38	114.43
77	185.90	185.22	154.31	56.23	95.04	119.00
78	193.29	192.58	160.44	58.46	98.82	123.73
79	198.99	198.26	165.17	60.18	101.73	127.38
80	205.05	204.30	170.20	62.01	104.83	131.26
81	211.11	210.33	175.23	63.85	107.93	135.14
82	217.41	216.61	180.46	65.75	111.15	139.17
83	223.95	223.13	185.89	67.73	114.49	143.36
84	230.49	229.65	191.32	69.71	117.84	147.55
85	237.16	236.30	196.85	71.73	121.25	151.82
86	243.83	242.94	202.39	73.75	124.65	156.08
87	250.61	249.70	208.02	75.80	128.12	160.42
88	257.52	256.58	213.75	77.89	131.65	164.85
89	264.43	263.46	219.49	79.98	135.18	169.27
90	271.21	270.22	225.12	82.03	138.65	173.62
91	276.79	275.78	229.75	83.71	141.50	177.18
92	282.36	281.33	234.37	85.40	144.35	180.75
93	287.57	286.53	238.70	86.98	147.02	184.09
94	292.91	291.84	243.13	88.59	149.74	187.50
95	298.36	297.27	247.65	90.24	152.53	190.99
96	303.33	302.22	251.78	91.74	155.07	194.17
97	308.42	307.29	256.00	93.28	157.67	197.43
98	313.51	312.36	260.23	94.82	160.28	200.69
99+	318.84	317.68	264.65	96.43	163.00	204.10

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	138.25	137.79	114.74	41.64	70.55	88.45
66	138.25	137.79	114.74	41.64	70.55	88.45
67	138.25	137.79	114.74	41.64	70.55	88.45
68	138.25	137.79	114.74	41.64	70.55	88.45
69	141.01	140.54	117.04	42.48	71.97	90.22
70	145.24	144.76	120.55	43.75	74.12	92.93
71	150.81	150.30	125.17	45.43	76.96	96.48
72	156.25	155.72	129.68	47.07	79.74	99.97
73	161.69	161.15	134.20	48.71	82.52	103.45
74	167.13	166.57	138.72	50.35	85.30	106.93
75	172.57	172.00	143.23	51.98	88.07	110.41
76	178.38	177.78	148.05	53.73	91.04	114.13
77	185.51	184.89	153.97	55.88	94.68	118.69
78	192.89	192.25	160.10	58.11	98.44	123.41
79	198.57	197.91	164.82	59.82	101.34	127.05
80	204.62	203.94	169.84	61.64	104.43	130.92
81	210.67	209.96	174.85	63.46	107.52	134.78
82	216.96	216.23	180.07	65.35	110.72	138.81
83	223.49	222.74	185.49	67.32	114.06	142.99
84	230.02	229.25	190.91	69.29	117.39	147.17
85	236.67	235.88	196.43	71.29	120.78	151.42
86	243.32	242.50	201.95	73.30	124.18	155.68
87	250.09	249.25	207.58	75.34	127.64	160.01
88	256.99	256.13	213.30	77.41	131.15	164.42
89	263.88	263.00	219.02	79.49	134.67	168.83
90	270.65	269.75	224.64	81.53	138.13	173.16
91	276.21	275.29	229.26	83.21	140.97	176.72
92	281.78	280.83	233.87	84.88	143.81	180.28
93	286.98	286.02	238.19	86.45	146.46	183.61
94	292.30	291.32	242.61	88.05	149.18	187.01
95	297.74	296.74	247.12	89.69	151.95	190.50
96	302.70	301.69	251.24	91.18	154.48	193.67
97	307.78	306.75	255.45	92.71	157.08	196.92
98	312.86	311.81	259.67	94.24	159.67	200.17
99+	318.18	317.11	264.09	95.85	162.38	203.57

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	158.98	158.45	131.96	47.89	81.14	101.72
66	158.98	158.45	131.96	47.89	81.14	101.72
67	158.98	158.45	131.96	47.89	81.14	101.72
68	158.98	158.45	131.96	47.89	81.14	101.72
69	162.16	161.62	134.59	48.85	82.76	103.75
70	167.03	166.47	138.63	50.31	85.24	106.87
71	173.43	172.85	143.94	52.24	88.51	110.96
72	179.68	179.08	149.14	54.13	91.70	114.96
73	185.94	185.32	154.33	56.01	94.89	118.97
74	192.20	191.56	159.53	57.90	98.09	122.97
75	198.46	197.80	164.72	59.78	101.28	126.98
76	205.13	204.45	170.26	61.79	104.69	131.24
77	213.34	212.62	177.07	64.27	108.88	136.50
78	221.82	221.08	184.11	66.82	113.21	141.92
79	228.36	227.60	189.54	68.79	116.55	146.10
80	235.31	234.53	195.31	70.89	120.09	150.56
81	242.27	241.46	201.08	72.98	123.64	155.00
82	249.50	248.67	207.08	75.16	127.33	159.63
83	257.01	256.15	213.32	77.42	131.17	164.44
84	264.52	263.63	219.55	79.68	135.00	169.24
85	272.17	271.26	225.90	81.99	138.90	174.13
86	279.82	278.88	232.25	84.29	142.81	179.03
87	287.60	286.64	238.71	86.64	146.78	184.01
88	295.53	294.54	245.29	89.03	150.83	189.08
89	303.46	302.45	251.87	91.41	154.87	194.16
90	311.25	310.21	258.34	93.76	158.85	199.14
91	317.64	316.58	263.64	95.69	162.11	203.23
92	324.04	322.96	268.95	97.62	165.38	207.32
93	330.02	328.92	273.92	99.42	168.43	211.15
94	336.14	335.02	279.00	101.26	171.55	215.06
95	342.40	341.26	284.19	103.14	174.74	219.07
96	348.10	346.94	288.92	104.86	177.66	222.72
97	353.94	352.76	293.77	106.62	180.64	226.46
98	359.78	358.58	298.62	108.38	183.62	230.19
99+	365.90	364.68	303.70	110.22	186.74	234.11

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	150.21	149.74	124.67	45.15	76.59	96.08
66	150.21	149.74	124.67	45.15	76.59	96.08
67	150.21	149.74	124.67	45.15	76.59	96.08
68	150.21	149.74	124.67	45.15	76.59	96.08
69	153.22	152.73	127.17	46.05	78.12	98.00
70	157.82	157.31	130.98	47.43	80.47	100.94
71	163.86	163.34	136.00	49.25	83.55	104.81
72	169.77	169.23	140.91	51.03	86.56	108.59
73	175.69	175.13	145.81	52.81	89.58	112.37
74	181.60	181.02	150.72	54.59	92.60	116.16
75	187.51	186.92	155.63	56.36	95.61	119.94
76	193.82	193.21	160.86	58.26	98.83	123.97
77	201.57	200.93	167.30	60.59	102.78	128.93
78	209.59	208.92	173.95	63.00	106.86	134.06
79	215.76	215.08	179.08	64.85	110.01	138.01
80	222.33	221.63	184.53	66.83	113.36	142.21
81	228.90	228.18	189.98	68.80	116.71	146.41
82	235.74	234.99	195.65	70.86	120.20	150.78
83	242.83	242.06	201.54	72.99	123.82	155.32
84	249.93	249.14	207.43	75.12	127.43	159.86
85	257.16	256.34	213.43	77.30	131.12	164.48
86	264.38	263.54	219.43	79.47	134.80	169.10
87	271.74	270.88	225.54	81.68	138.56	173.81
88	279.23	278.34	231.75	83.93	142.38	178.60
89	286.72	285.81	237.97	86.18	146.19	183.40
90	294.08	293.15	244.08	88.40	149.95	188.10
91	300.12	299.17	249.09	90.21	153.03	191.97
92	306.17	305.20	254.11	92.03	156.11	195.83
93	311.82	310.83	258.80	93.73	158.99	199.45
94	317.60	316.59	263.60	95.47	161.94	203.15
95	323.52	322.49	268.51	97.24	164.95	206.93
96	328.90	327.86	272.98	98.86	167.70	210.37
97	334.42	333.36	277.56	100.52	170.51	213.90
98	339.94	338.86	282.14	102.18	173.33	217.43
99+	345.72	344.62	286.94	103.92	176.28	221.13

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	172.75	172.20	143.37	51.93	88.08	110.49
66	172.75	172.20	143.37	51.93	88.08	110.49
67	172.75	172.20	143.37	51.93	88.08	110.49
68	172.75	172.20	143.37	51.93	88.08	110.49
69	176.20	175.64	146.24	52.96	89.84	112.70
70	181.49	180.91	150.63	54.55	92.54	116.08
71	188.44	187.84	156.40	56.64	96.08	120.53
72	195.24	194.62	162.04	58.68	99.55	124.88
73	202.04	201.40	167.69	60.73	103.02	129.23
74	208.84	208.18	173.33	62.77	106.48	133.58
75	215.64	214.96	178.97	64.82	109.95	137.93
76	222.89	222.19	184.99	67.00	113.65	142.57
77	231.81	231.07	192.39	69.68	118.20	148.27
78	241.03	240.26	200.04	72.45	122.89	154.17
79	248.13	247.34	205.94	74.58	126.52	158.71
80	255.68	254.87	212.21	76.85	130.37	163.54
81	263.24	262.40	218.48	79.13	134.22	168.37
82	271.10	270.24	225.00	81.49	138.23	173.40
83	279.26	278.37	231.78	83.94	142.39	178.62
84	287.42	286.51	238.55	86.39	146.55	183.84
85	295.73	294.79	245.45	88.89	150.79	189.16
86	304.04	303.08	252.35	91.39	155.02	194.47
87	312.50	311.51	259.37	93.93	159.34	199.89
88	321.12	320.10	266.52	96.52	163.73	205.40
89	329.73	328.69	273.67	99.11	168.12	210.90
90	338.19	337.12	280.69	101.66	172.44	216.32
91	345.14	344.05	286.46	103.74	175.98	220.76
92	352.09	350.98	292.23	105.84	179.53	225.21
93	358.59	357.45	297.62	107.79	182.84	229.37
94	365.24	364.08	303.14	109.79	186.23	233.62
95	372.04	370.86	308.78	111.83	189.70	237.97
96	378.24	377.04	313.93	113.69	192.85	241.93
97	384.58	383.36	319.19	115.60	196.09	245.99
98	390.93	389.69	324.46	117.51	199.33	250.05
99+	397.58	396.32	329.98	119.51	202.72	254.30

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	172.44	171.94	143.11	51.67	87.80	110.25
66	172.44	171.94	143.11	51.67	87.80	110.25
67	172.44	171.94	143.11	51.67	87.80	110.25
68	172.44	171.94	143.11	51.67	87.80	110.25
69	175.89	175.38	145.98	52.70	89.56	112.46
70	181.17	180.64	150.36	54.28	92.24	115.83
71	188.11	187.56	156.11	56.36	95.78	120.27
72	194.89	194.32	161.75	58.39	99.24	124.61
73	201.68	201.09	167.38	60.43	102.69	128.95
74	208.47	207.86	173.02	62.46	106.15	133.29
75	215.26	214.63	178.65	64.49	109.60	137.63
76	222.50	221.85	184.66	66.66	113.29	142.26
77	231.40	230.72	192.04	69.33	117.82	147.95
78	240.60	239.90	199.68	72.09	122.51	153.83
79	247.69	246.97	205.57	74.21	126.12	158.36
80	255.23	254.49	211.83	76.47	129.96	163.18
81	262.78	262.01	218.08	78.73	133.80	168.01
82	270.62	269.83	224.59	81.08	137.79	173.02
83	278.77	277.95	231.35	83.52	141.94	178.23
84	286.91	286.07	238.11	85.96	146.09	183.44
85	295.21	294.34	245.00	88.45	150.31	188.74
86	303.50	302.62	251.89	90.93	154.53	194.05
87	311.95	311.04	258.90	93.46	158.84	199.45
88	320.55	319.61	266.03	96.04	163.21	204.95
89	329.15	328.18	273.17	98.62	167.59	210.44
90	337.60	336.61	280.18	101.15	171.89	215.84
91	344.53	343.53	285.94	103.23	175.43	220.28
92	351.47	350.45	291.70	105.30	178.96	224.72
93	357.96	356.91	297.08	107.25	182.26	228.86
94	364.60	363.53	302.59	109.24	185.64	233.11
95	371.39	370.30	308.22	111.27	189.10	237.45
96	377.57	376.46	313.35	113.12	192.25	241.40
97	383.91	382.78	318.61	115.02	195.47	245.45
98	390.24	389.10	323.87	116.92	198.70	249.50
99+	396.88	395.71	329.38	118.91	202.08	253.75

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

NORTH CAROLINA – MONTHLY CREDIT CARD RATES – EFFECTIVE 10-03-2023

STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	198.31	197.73	164.58	59.41	100.97	126.79
66	198.31	197.73	164.58	59.41	100.97	126.79
67	198.31	197.73	164.58	59.41	100.97	126.79
68	198.31	197.73	164.58	59.41	100.97	126.79
69	202.27	201.68	167.87	60.60	102.99	129.32
70	208.34	207.73	172.91	62.42	106.08	133.20
71	216.32	215.69	179.53	64.81	110.15	138.31
72	224.13	223.47	186.01	67.15	114.12	143.30
73	231.94	231.26	192.49	69.49	118.09	148.29
74	239.74	239.04	198.97	71.83	122.07	153.28
75	247.55	246.82	205.45	74.17	126.04	158.27
76	255.87	255.12	212.36	76.66	130.28	163.59
77	266.11	265.33	220.85	79.73	135.49	170.14
78	276.69	275.88	229.63	82.90	140.88	176.90
79	284.84	284.01	236.40	85.34	145.03	182.12
80	293.52	292.66	243.60	87.94	149.45	187.66
81	302.19	301.31	250.80	90.54	153.87	193.21
82	311.21	310.30	258.28	93.24	158.46	198.97
83	320.58	319.64	266.06	96.05	163.23	204.96
84	329.95	328.98	273.83	98.86	168.00	210.95
85	339.49	338.49	281.75	101.72	172.86	217.05
86	349.03	348.01	289.67	104.57	177.71	223.15
87	358.74	357.69	297.73	107.48	182.66	229.36
88	368.63	367.55	305.94	110.45	187.70	235.69
89	378.52	377.41	314.14	113.41	192.73	242.01
90	388.24	387.10	322.21	116.32	197.68	248.22
91	396.21	395.05	328.83	118.71	201.74	253.32
92	404.19	403.01	335.45	121.10	205.81	258.42
93	411.65	410.45	341.64	123.34	209.60	263.19
94	419.29	418.06	347.98	125.62	213.49	268.07
95	427.09	425.84	354.45	127.96	217.46	273.06
96	434.20	432.93	360.36	130.09	221.09	277.61
97	441.49	440.20	366.40	132.28	224.80	282.27
98	448.78	447.46	372.45	134.46	228.50	286.93
99+	456.41	455.07	378.79	136.74	232.39	291.81

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH CAROLINA – ZIP CODE AREA CHART – Effective 10-03-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
27006	Advance	1	27107	Winston Salem	1	27249	Gibsonville	1
27007	Ararat	1	27108	Winston Salem	1	27252	Goldston	1
27009	Belews Creek	1	27109	Winston Salem	1	27253	Graham	1
27010	Bethania	1	27110	Winston Salem	1	27256	Gulf	1
27011	Boonville	1	27111	Winston Salem	1	27258	Haw River	1
27012	Clemmons	1	27113	Winston Salem	1	27259	Highfalls	1
27013	Cleveland	1	27114	Winston Salem	1	27260	High Point	1
27014	Cooleemee	1	27115	Winston Salem	1	27261	High Point	1
27016	Danbury	2	27116	Winston Salem	1	27262	High Point	1
27017	Dobson	1	27117	Winston Salem	1	27263	High Point	1
27018	East Bend	1	27120	Winston Salem	1	27264	High Point	1
27019	Germanton	1	27127	Winston Salem	1	27265	High Point	1
27020	Hamptonville	1	27130	Winston Salem	1	27268	High Point	1
27021	King	1	27150	Winston Salem	1	27278	Hillsborough	1
27022	Lawsonville	2	27152	Winston Salem	1	27281	Jackson Springs	1
27023	Lewisville	1	27155	Winston Salem	1	27282	Jamestown	1
27024	Lowgap	1	27157	Winston Salem	1	27283	Julian	1
27025	Madison	1	27198	Winston Salem	1	27284	Kernersville	1
27027	Mayodan	1	27199	Winston Salem	1	27285	Kernersville	1
27028	Mocksville	1	27201	Alamance	1	27288	Eden	1
27030	Mount Airy	1	27202	Altamahaw	1	27289	Eden	1
27031	Mount Airy	1	27203	Asheboro	1	27291	Leasburg	1
27040	Pfafftown	1	27204	Asheboro	1	27292	Lexington	1
27041	Pilot Mountain	1	27205	Asheboro	1	27293	Lexington	1
27042	Pine Hall	2	27207	Bear Creek	2	27294	Lexington	1
27043	Pinnacle	1	27208	Bennett	2	27295	Lexington	1
27045	Rural Hall	1	27209	Biscoe	2	27298	Liberty	1
27046	Sandy Ridge	2	27212	Blanch	1	27299	Linwood	1
27047	Siloam	1	27213	Bonlee	2	27301	Mc Leansville	1
27048	Stoneville	1	27214	Browns Summit	1	27302	Mebane	1
27049	Toast	1	27215	Burlington	1	27305	Milton	1
27050	Tobaccoville	1	27216	Burlington	1	27306	Mount Gilead	1
27051	Walkertown	1	27217	Burlington	1	27310	Oak Ridge	1
27052	Walnut Cove	2	27228	Bynum	1	27311	Pelham	1
27053	Westfield	2	27229	Candor	2	27312	Pittsboro	1
27054	Woodleaf	1	27230	Cedar Falls	1	27313	Pleasant Garden	1
27055	Yadkinville	1	27231	Cedar Grove	1	27314	Prospect Hill	1
27094	Rural Hall	1	27233	Climax	1	27315	Providence	1
27098	Rural Hall	1	27235	Colfax	1	27316	Ramseur	1
27099	Rural Hall	1	27237	Cumnock	1	27317	Randleman	1
27101	Winston Salem	1	27239	Denton	1	27320	Reidsville	1
27102	Winston Salem	1	27242	Eagle Springs	1	27323	Reidsville	1
27103	Winston Salem	1	27243	Efland	1	27325	Robbins	1
27104	Winston Salem	1	27244	Elon	1	27326	Ruffin	1
27105	Winston Salem	1	27247	Ether	2	27330	Sanford	1
27106	Winston Salem	1	27248	Franklinville	1	27331	Sanford	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH CAROLINA – ZIP CODE AREA CHART – Effective 10-03-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
27332	Sanford	1	27438	Greensboro	1	27543	Kipling	1
27340	Saxapahaw	1	27455	Greensboro	1	27544	Kittrell	1
27341	Seagrove	1	27495	Greensboro	1	27545	Knightdale	1
27342	Sedalia	1	27497	Greensboro	1	27546	Lillington	1
27343	Semora	1	27498	Greensboro	1	27549	Louisburg	1
27344	Siler City	2	27499	Greensboro	1	27551	Macon	1
27349	Snow Camp	1	27501	Angier	1	27552	Mamers	1
27350	Sophia	1	27502	Apex	1	27553	Manson	1
27351	Southmont	1	27503	Bahama	1	27555	Micro	1
27355	Staley	1	27504	Benson	1	27556	Middleburg	1
27356	Star	2	27505	Broadway	1	27557	Middlesex	1
27357	Stokesdale	1	27506	Buies Creek	1	27559	Moncure	1
27358	Summerfield	1	27507	Bullock	1	27560	Morrisville	1
27359	Swepsonville	1	27508	Bunn	1	27562	New Hill	1
27360	Thomasville	1	27509	Butner	1	27563	Norlina	1
27361	Thomasville	1	27510	Carrboro	1	27565	Oxford	1
27370	Trinity	1	27511	Cary	1	27568	Pine Level	1
27371	Troy	2	27512	Cary	1	27569	Princeton	1
27373	Wallburg	1	27513	Cary	1	27570	Ridgeway	1
27374	Welcome	1	27514	Chapel Hill	1	27571	Rolesville	1
27375	Wentworth	1	27515	Chapel Hill	1	27572	Rougemont	1
27376	West End	1	27516	Chapel Hill	1	27573	Roxboro	1
27377	Whitsett	1	27517	Chapel Hill	1	27574	Roxboro	1
27379	Yanceyville	1	27518	Cary	1	27576	Selma	1
27401	Greensboro	1	27519	Cary	1	27577	Smithfield	1
27402	Greensboro	1	27520	Clayton	1	27581	Stem	1
27403	Greensboro	1	27521	Coats	1	27582	Stovall	1
27404	Greensboro	1	27522	Creedmoor	1	27583	Timberlake	1
27405	Greensboro	1	27523	Apex	1	27584	Townsville	1
27406	Greensboro	1	27524	Four Oaks	1	27586	Vaughan	1
27407	Greensboro	1	27525	Franklinton	1	27587	Wake Forest	1
27408	Greensboro	1	27526	Fuquay Varina	1	27588	Wake Forest	1
27409	Greensboro	1	27527	Clayton	1	27589	Warrenton	1
27410	Greensboro	1	27528	Clayton	1	27591	Wendell	1
27411	Greensboro	1	27529	Garner	1	27592	Willow Spring	1
27412	Greensboro	1	27530	Goldsboro	1	27593	Wilsons Mills	1
27413	Greensboro	1	27531	Goldsboro	1	27594	Wise	1
27415	Greensboro	1	27532	Goldsboro	1	27596	Youngsville	1
27416	Greensboro	1	27533	Goldsboro	1	27597	Zebulon	1
27417	Greensboro	1	27534	Goldsboro	1	27599	Chapel Hill	1
27419	Greensboro	1	27536	Henderson	1	27601	Raleigh	1
27420	Greensboro	1	27537	Henderson	1	27602	Raleigh	1
27425	Greensboro	1	27539	Apex	1	27603	Raleigh	1
27427	Greensboro	1	27540	Holly Springs	1	27604	Raleigh	1
27429	Greensboro	1	27541	Hurdle Mills	1	27605	Raleigh	1
27435	Greensboro	1	27542	Kenly	1	27606	Raleigh	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH CAROLINA – ZIP CODE AREA CHART – Effective 10-03-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
27607	Raleigh	1	27709	Durham	1	27840	Hamilton	1
27608	Raleigh	1	27710	Durham	1	27841	Hassell	1
27609	Raleigh	1	27711	Durham	1	27842	Henrico	1
27610	Raleigh	1	27712	Durham	1	27843	Hobgood	1
27611	Raleigh	1	27713	Durham	1	27844	Hollister	1
27612	Raleigh	1	27715	Durham	1	27845	Jackson	1
27613	Raleigh	1	27717	Durham	1	27846	Jamesville	1
27614	Raleigh	1	27722	Durham	1	27847	Kelford	1
27615	Raleigh	1	27801	Rocky Mount	1	27849	Lewiston Woodville	1
27616	Raleigh	1	27802	Rocky Mount	1	27850	Littleton	1
27617	Raleigh	1	27803	Rocky Mount	1	27851	Lucama	1
27619	Raleigh	1	27804	Rocky Mount	1	27852	Macclesfield	1
27620	Raleigh	1	27805	Aulander	1	27853	Margarettsville	1
27621	Raleigh	1	27806	Aurora	1	27855	Murfreesboro	1
27622	Raleigh	1	27807	Bailey	1	27856	Nashville	1
27623	Raleigh	1	27808	Bath	1	27857	Oak City	1
27624	Raleigh	1	27809	Battleboro	1	27858	Greenville	1
27625	Raleigh	1	27810	Belhaven	1	27860	Pantego	2
27626	Raleigh	1	27811	Bellarthur	1	27861	Parmele	1
27627	Raleigh	1	27812	Bethel	1	27862	Pendleton	1
27628	Raleigh	1	27813	Black Creek	1	27863	Pikeville	1
27629	Raleigh	1	27814	Blounts Creek	1	27864	Pinetops	1
27634	Raleigh	1	27815	Rocky Mount	1	27865	Pinetown	1
27635	Raleigh	1	27816	Castalia	1	27866	Pleasant Hill	1
27636	Raleigh	1	27817	Chocowinity	1	27867	Potecasi	1
27640	Raleigh	1	27818	Como	1	27868	Red Oak	1
27650	Raleigh	1	27819	Conetoe	1	27869	Rich Square	1
27656	Raleigh	1	27820	Conway	1	27870	Roanoke Rapids	1
27658	Raleigh	1	27821	Edward	1	27871	Robersonville	1
27661	Raleigh	1	27822	Elm City	1	27872	Roxobel	1
27668	Raleigh	1	27823	Enfield	1	27873	Saratoga	1
27675	Raleigh	1	27824	Engelhard	2	27874	Scotland Neck	1
27676	Raleigh	1	27825	Everetts	1	27875	Scranton	2
27690	Raleigh	1	27826	Fairfield	2	27876	Seaboard	1
27695	Raleigh	1	27827	Falkland	1	27877	Severn	1
27697	Raleigh	1	27828	Farmville	1	27878	Sharpsburg	1
27698	Raleigh	1	27829	Fountain	1	27879	Simpson	1
27699	Raleigh	1	27830	Fremont	1	27880	Sims	1
27701	Durham	1	27831	Garysburg	1	27881	Speed	1
27702	Durham	1	27832	Gaston	1	27882	Spring Hope	1
27703	Durham	1	27833	Greenville	1	27883	Stantonsburg	1
27704	Durham	1	27834	Greenville	1	27884	Stokes	1
27705	Durham	1	27835	Greenville	1	27885	Swanquarter	2
27706	Durham	1	27836	Greenville	1	27886	Tarboro	1
27707	Durham	1	27837	Grimesland	1	27887	Tillery	1
27708	Durham	1	27839	Halifax	1	27888	Walstonburg	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH CAROLINA – ZIP CODE AREA CHART – Effective 10-03-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
27889	Washington	1	27957	Merry Hill	2	28035	Davidson	1
27890	Weldon	1	27958	Moyock	1	28036	Davidson	1
27891	Whitakers	1	27959	Nags Head	2	28037	Denver	1
27892	Williamston	1	27960	Ocracoke	1	28038	Earl	1
27893	Wilson	1	27962	Plymouth	2	28039	East Spencer	1
27894	Wilson	1	27964	Point Harbor	2	28040	Ellenboro	1
27895	Wilson	1	27965	Poplar Branch	1	28041	Faith	1
27896	Wilson	1	27966	Powells Point	2	28042	Fallston	1
27897	Woodland	1	27967	Powellsville	1	28043	Forest City	1
27906	Elizabeth City	1	27968	Rodanthe	2	28052	Gastonia	1
27907	Elizabeth City	1	27969	Roduco	1	28053	Gastonia	1
27909	Elizabeth City	1	27970	Roper	2	28054	Gastonia	1
27910	Ahoskie	1	27972	Salvo	2	28055	Gastonia	1
27915	Avon	2	27973	Shawboro	1	28056	Gastonia	1
27916	Aydlett	1	27974	Shiloh	1	28070	Huntersville	1
27917	Barco	1	27976	South Mills	1	28071	Gold Hill	1
27919	Belvidere	1	27978	Stumpy Point	2	28072	Granite Quarry	1
27920	Buxton	2	27979	Sunbury	1	28073	Grover	1
27921	Camden	1	27980	Tyner	2	28074	Harris	1
27922	Cofield	1	27981	Wanchese	2	28075	Harrisburg	1
27923	Coinjock	1	27982	Waves	2	28076	Henrietta	1
27924	Colerain	1	27983	Windsor	2	28077	High Shoals	1
27925	Columbia	1	27985	Winfall	1	28078	Huntersville	1
27926	Corapeake	1	27986	Winton	1	28079	Indian Trail	1
27927	Corolla	1	28001	Albemarle	1	28080	Iron Station	1
27928	Creswell	2	28002	Albemarle	1	28081	Kannapolis	1
27929	Currituck	1	28006	Alexis	1	28082	Kannapolis	1
27930	Hertford	1	28007	Ansonville	1	28083	Kannapolis	1
27932	Edenton	2	28009	Badin	1	28086	Kings Mountain	1
27935	Eure	1	28010	Barium Springs	1	28088	Landis	1
27936	Frisco	2	28012	Belmont	1	28089	Lattimore	1
27937	Gates	1	28016	Bessemer City	1	28090	Lawndale	1
27938	Gatesville	1	28017	Boiling Springs	1	28091	Lilesville	1
27939	Grandy	1	28018	Bostic	1	28092	Lincolnton	1
27941	Harbinger	2	28019	Caroleen	1	28093	Lincolnton	1
27942	Harrellsville	1	28020	Casar	1	28097	Locust	1
27943	Hatteras	2	28021	Cherryville	1	28098	Lowell	1
27944	Hertford	1	28023	China Grove	1	28101	Mc Adenville	1
27946	Hobbsville	1	28024	Cliffside	1	28102	Mc Farlan	1
27947	Jarvisburg	1	28025	Concord	1	28103	Marshville	1
27948	Kill Devil Hills	2	28026	Concord	1	28104	Matthews	1
27949	Kitty Hawk	2	28027	Concord	1	28105	Matthews	1
27950	Knotts Island	1	28031	Cornelius	1	28106	Matthews	1
27953	Manns Harbor	2	28032	Cramerton	1	28107	Midland	1
27954	Manteo	2	28033	Crouse	1	28108	Mineral Springs	1
27956	Maple	1	28034	Dallas	1	28109	Misenheimer	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH CAROLINA – ZIP CODE AREA CHART – Effective 10-03-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
28110	Monroe	1	28206	Charlotte	1	28265	Charlotte	1
28111	Monroe	1	28207	Charlotte	1	28266	Charlotte	1
28112	Monroe	1	28208	Charlotte	1	28269	Charlotte	1
28114	Mooreboro	1	28209	Charlotte	1	28270	Charlotte	1
28115	Mooreville	1	28210	Charlotte	1	28271	Charlotte	1
28117	Mooreville	1	28211	Charlotte	1	28272	Charlotte	1
28119	Morven	1	28212	Charlotte	1	28273	Charlotte	1
28120	Mount Holly	1	28213	Charlotte	1	28274	Charlotte	1
28123	Mount Mourne	1	28214	Charlotte	1	28275	Charlotte	1
28124	Mount Pleasant	1	28215	Charlotte	1	28277	Charlotte	1
28125	Mount Ulla	1	28216	Charlotte	1	28278	Charlotte	1
28126	Newell	1	28217	Charlotte	1	28280	Charlotte	1
28127	New London	1	28218	Charlotte	1	28281	Charlotte	1
28128	Norwood	1	28219	Charlotte	1	28282	Charlotte	1
28129	Oakboro	1	28220	Charlotte	1	28284	Charlotte	1
28130	Paw Creek	1	28221	Charlotte	1	28285	Charlotte	1
28133	Peachland	1	28222	Charlotte	1	28287	Charlotte	1
28134	Pineville	1	28223	Charlotte	1	28288	Charlotte	1
28135	Polkton	1	28224	Charlotte	1	28289	Charlotte	1
28136	Polkville	1	28226	Charlotte	1	28290	Charlotte	1
28137	Richfield	1	28227	Charlotte	1	28296	Charlotte	1
28138	Rockwell	1	28228	Charlotte	1	28297	Charlotte	1
28139	Rutherfordton	1	28229	Charlotte	1	28299	Charlotte	1
28144	Salisbury	1	28230	Charlotte	1	28301	Fayetteville	1
28145	Salisbury	1	28231	Charlotte	1	28302	Fayetteville	1
28146	Salisbury	1	28232	Charlotte	1	28303	Fayetteville	1
28147	Salisbury	1	28233	Charlotte	1	28304	Fayetteville	1
28150	Shelby	1	28234	Charlotte	1	28305	Fayetteville	1
28151	Shelby	1	28235	Charlotte	1	28306	Fayetteville	1
28152	Shelby	1	28236	Charlotte	1	28307	Fort Bragg	1
28159	Spencer	1	28237	Charlotte	1	28308	Pope Army Airfield	1
28160	Spindale	1	28241	Charlotte	1	28309	Fayetteville	1
28163	Stanfield	1	28242	Charlotte	1	28310	Fort Bragg	1
28164	Stanley	1	28243	Charlotte	1	28311	Fayetteville	1
28166	Troutman	1	28244	Charlotte	1	28312	Fayetteville	1
28167	Union Mills	1	28246	Charlotte	1	28314	Fayetteville	1
28168	Vale	1	28247	Charlotte	1	28315	Aberdeen	1
28169	Waco	1	28250	Charlotte	1	28318	Autryville	1
28170	Wadesboro	1	28253	Charlotte	1	28319	Barnesville	1
28173	Waxhaw	1	28254	Charlotte	1	28320	Bladenboro	1
28174	Wingate	1	28255	Charlotte	1	28323	Bunnlevel	1
28201	Charlotte	1	28256	Charlotte	1	28325	Calypso	1
28202	Charlotte	1	28258	Charlotte	1	28326	Cameron	1
28203	Charlotte	1	28260	Charlotte	1	28327	Carthage	1
28204	Charlotte	1	28262	Charlotte	1	28328	Clinton	1
28205	Charlotte	1	28263	Charlotte	1	28329	Clinton	1

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NORTH CAROLINA – ZIP CODE AREA CHART – Effective 10-03-2023

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
28330	Cordova	1	28380	Rockingham	1	28441	Garland	1
28331	Cumberland	1	28382	Roseboro	1	28442	Hallsboro	1
28332	Dublin	2	28383	Rowland	1	28443	Hampstead	1
28333	Dudley	1	28384	Saint Pauls	1	28444	Harrells	1
28334	Dunn	1	28385	Salemburg	1	28445	Holly Ridge	1
28335	Dunn	1	28386	Shannon	1	28447	Ivanhoe	2
28337	Elizabethtown	2	28387	Southern Pines	1	28448	Kelly	1
28338	Ellerbe	1	28388	Southern Pines	1	28449	Kure Beach	2
28339	Erwin	1	28390	Spring Lake	1	28450	Lake Waccamaw	1
28340	Fairmont	1	28391	Stedman	1	28451	Leland	1
28341	Faison	1	28392	Tar Heel	1	28452	Longwood	1
28342	Falcon	1	28393	Turkey	1	28453	Magnolia	1
28343	Gibson	1	28394	Vass	1	28454	Maple Hill	1
28344	Godwin	1	28395	Wade	1	28455	Nakina	1
28345	Hamlet	1	28396	Wagram	1	28456	Riegelwood	1
28347	Hoffman	1	28398	Warsaw	1	28457	Rocky Point	1
28348	Hope Mills	1	28399	White Oak	2	28458	Rose Hill	1
28349	Kenansville	1	28401	Wilmington	1	28459	Shallotte	1
28350	Lakeview	1	28402	Wilmington	1	28460	Sneads Ferry	1
28351	Laurel Hill	1	28403	Wilmington	1	28461	Southport	2
28352	Laurinburg	1	28404	Wilmington	1	28462	Supply	1
28353	Laurinburg	1	28405	Wilmington	1	28463	Tabor City	1
28355	Lemon Springs	1	28406	Wilmington	1	28464	Teachey	1
28356	Linden	1	28407	Wilmington	1	28465	Oak Island	2
28357	Lumber Bridge	1	28408	Wilmington	1	28466	Wallace	1
28358	Lumberton	1	28409	Wilmington	1	28467	Calabash	1
28359	Lumberton	1	28410	Wilmington	1	28468	Sunset Beach	1
28360	Lumberton	1	28411	Wilmington	1	28469	Ocean Isle Beach	1
28362	Marietta	1	28412	Wilmington	1	28470	Shallotte	1
28363	Marston	1	28420	Ash	1	28472	Whiteville	1
28364	Maxton	1	28421	Atkinson	2	28478	Willard	2
28365	Mount Olive	1	28422	Bolivia	1	28479	Winnabow	1
28366	Newton Grove	1	28423	Bolton	1	28480	Wrightsville Beach	1
28367	Norman	1	28424	Brunswick	1	28501	Kinston	1
28368	Olivia	1	28425	Burgaw	2	28502	Kinston	1
28369	Orrum	1	28428	Carolina Beach	1	28503	Kinston	1
28370	Pinehurst	1	28429	Castle Hayne	1	28504	Kinston	1
28371	Parkton	1	28430	Cerro Gordo	1	28508	Albertson	1
28372	Pembroke	1	28431	Chadbourn	1	28509	Alliance	1
28373	Pinebluff	1	28432	Clarendon	1	28510	Arapahoe	1
28374	Pinehurst	1	28433	Clarkton	1	28511	Atlantic	1
28375	Proctorville	1	28434	Council	1	28512	Atlantic Beach	1
28376	Raeford	1	28435	Currie	1	28513	Ayden	1
28377	Red Springs	1	28436	Delco	1	28515	Bayboro	1
28378	Rex	1	28438	Evergreen	1	28516	Beaufort	1
28379	Rockingham	1	28439	Fair Bluff	1	28518	Beulaville	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
28441	Garland	1	28519	Bridgeton	1	28579	Smyrna	1
28442	Hallsboro	1	28520	Cedar Island	1	28580	Snow Hill	1
28443	Hampstead	1	28521	Chinquapin	1	28581	Stacy	1
28444	Harrells	1	28522	Comfort	1	28582	Stella	1
28445	Holly Ridge	1	28523	Cove City	1	28583	Stonewall	1
28447	Ivanhoe	2	28524	Davis	1	28584	Swansboro	1
28448	Kelly	1	28525	Deep Run	1	28585	Trenton	1
28449	Kure Beach	2	28526	Dover	1	28586	Vanceboro	1
28450	Lake Waccamaw	1	28527	Ernul	1	28587	Vandemere	1
28451	Leland	1	28528	Gloucester	1	28589	Williston	1
28452	Longwood	1	28529	Grantsboro	1	28590	Winterville	1
28453	Magnolia	1	28530	Gritton	1	28594	Emerald Isle	1
28454	Maple Hill	1	28531	Harkers Island	1	28601	Hickory	1
28455	Nakina	1	28532	Havelock	1	28602	Hickory	1
28456	Riegelwood	1	28533	Cherry Point	1	28603	Hickory	1
28457	Rocky Point	1	28537	Hobucken	1	28604	Banner Elk	1
28458	Rose Hill	1	28538	Hookerton	1	28605	Blowing Rock	1
28459	Shallotte	1	28539	Hubert	1	28606	Boomer	1
28460	Sneads Ferry	1	28540	Jacksonville	1	28607	Boone	1
28461	Southport	2	28541	Jacksonville	1	28608	Boone	1
28462	Supply	1	28542	Camp Lejeune	1	28609	Catawba	1
28463	Tabor City	1	28543	Tarawa Terrace	1	28610	Claremont	1
28464	Teachey	1	28544	Midway Park	1	28611	Collettsville	1
28465	Oak Island	2	28545	Mccutcheon Field	1	28612	Connelly Springs	1
28466	Wallace	1	28546	Jacksonville	1	28613	Conover	1
28467	Calabash	1	28547	Camp Lejeune	1	28615	Creston	2
28468	Sunset Beach	1	28551	La Grange	1	28616	Crossnore	2
28469	Ocean Isle Beach	1	28552	Lowland	1	28617	Crumpler	2
28470	Shallotte	1	28553	Marshallberg	1	28618	Deep Gap	1
28472	Whiteville	1	28554	Maury	1	28619	Drexel	1
28478	Willard	2	28555	Maysville	1	28621	Elkin	1
28479	Winnabow	1	28556	Merritt	1	28622	Elk Park	2
28480	Wrightsville Beach	1	28557	Morehead City	1	28623	Ennice	1
28501	Kinston	1	28560	New Bern	1	28624	Ferguson	1
28502	Kinston	1	28561	New Bern	1	28625	Statesville	1
28503	Kinston	1	28562	New Bern	1	28626	Fleetwood	1
28504	Kinston	1	28563	New Bern	1	28627	Glade Valley	2
28508	Albertson	1	28564	New Bern	1	28628	Glen Alpine	1
28509	Alliance	1	28570	Newport	1	28629	Glendale Springs	2
28510	Arapahoe	1	28571	Oriental	1	28630	Granite Falls	1
28511	Atlantic	1	28572	Pink Hill	1	28631	Grassy Creek	2
28512	Atlantic Beach	1	28573	Pollocksville	1	28633	Lenoir	1
28513	Ayden	1	28574	Richlands	1	28634	Harmony	1
28515	Bayboro	1	28575	Salter Path	1	28635	Hays	1
28516	Beaufort	1	28577	Sealevel	1	28636	Hiddenite	1
28518	Beulaville	1	28578	Seven Springs	1	28637	Hildebran	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
28638	Hudson	1	28688	Turnersburg	1	28739	Hendersonville	1
28640	Jefferson	2	28689	Union Grove	1	28740	Green Mountain	1
28641	Jonas Ridge	2	28690	Valdese	1	28741	Highlands	2
28642	Jonesville	1	28691	Valle Crucis	1	28742	Horse Shoe	1
28643	Lansing	2	28692	Vilas	1	28743	Hot Springs	1
28644	Laurel Springs	2	28693	Warrensville	2	28744	Franklin	2
28645	Lenoir	1	28694	West Jefferson	2	28745	Lake Junaluska	1
28646	Linville	2	28697	Wilkesboro	1	28746	Lake Lure	1
28647	Linville Falls	2	28698	Zionville	1	28747	Lake Toxaway	2
28649	Mc Grady	1	28699	Scotts	1	28748	Leicester	1
28650	Maiden	1	28701	Alexander	1	28749	Little Switzerland	2
28651	Millers Creek	1	28702	Almond	2	28750	Lynn	2
28652	Minneapolis	2	28704	Arden	1	28751	Maggie Valley	1
28653	Montezuma	2	28705	Bakersville	2	28752	Marion	1
28654	Moravian Falls	1	28707	Balsam	1	28753	Marshall	1
28655	Morganton	1	28708	Balsam Grove	2	28754	Mars Hill	1
28656	North Wilkesboro	1	28709	Barnardsville	1	28755	Micaville	2
28657	Newland	2	28710	Bat Cave	1	28756	Mill Spring	1
28658	Newton	1	28711	Black Mountain	1	28757	Montreat	1
28659	North Wilkesboro	1	28712	Brevard	2	28758	Mountain Home	1
28660	Olin	1	28713	Bryson City	1	28759	Mills River	1
28661	Patterson	1	28714	Burnsville	2	28760	Naples	1
28662	Pineola	2	28715	Candler	1	28761	Nebo	1
28663	Piney Creek	2	28716	Canton	1	28762	Old Fort	1
28664	Plumtree	2	28717	Cashiers	2	28763	Otto	2
28665	Purlear	1	28718	Cedar Mountain	2	28765	Penland	2
28666	Icard	1	28719	Cherokee	1	28766	Penrose	1
28667	Rhodhiss	1	28720	Chimney Rock	1	28768	Pisgah Forest	2
28668	Roaring Gap	1	28721	Clyde	1	28770	Ridgecrest	1
28669	Roaring River	1	28722	Columbus	2	28771	Robbinsville	2
28670	Ronda	1	28723	Cullowhee	1	28772	Rosman	2
28671	Rutherford College	1	28724	Dana	1	28773	Saluda	1
28672	Scottville	2	28725	Dillsboro	1	28774	Sapphire	2
28673	Sherrills Ford	1	28726	East Flat Rock	1	28775	Scaly Mountain	2
28675	Sparta	2	28727	Edneyville	1	28776	Skyland	1
28676	State Road	1	28728	Enka	1	28777	Spruce Pine	2
28677	Statesville	1	28729	Etowah	1	28778	Swannanoa	1
28678	Stony Point	1	28730	Fairview	1	28779	Sylva	1
28679	Sugar Grove	1	28731	Flat Rock	1	28781	Topton	2
28680	Morganton	1	28732	Fletcher	1	28782	Tryon	2
28681	Taylorsville	1	28733	Fontana Dam	2	28783	Tuckasegee	1
28682	Terrell	1	28734	Franklin	2	28784	Tuxedo	1
28683	Thurmond	1	28735	Gerton	1	28785	Waynesville	1
28684	Todd	1	28736	Glenville	1	28786	Waynesville	1
28685	Traphill	1	28737	Glenwood	1	28787	Weaverville	1
28687	Statesville	1	28738	Hazelwood	1	28788	Webster	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
28789	Whittier	1	28804	Asheville	1	28901	Andrews	2
28790	Zirconia	1	28805	Asheville	1	28902	Brasstown	1
28791	Hendersonville	1	28806	Asheville	1	28903	Culberson	1
28792	Hendersonville	1	28810	Asheville	1	28904	Hayesville	2
28793	Hendersonville	1	28813	Asheville	1	28905	Marble	2
28801	Asheville	1	28814	Asheville	1	28906	Murphy	2
28802	Asheville	1	28815	Asheville	1	28909	Warne	1
28803	Asheville	1	28816	Asheville	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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$0 \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$[1,632] (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 \$[204] a day \$0	\$0 \$0 \$0	\$0 Up to \$[204] 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 \$[240] 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 \$[240] of Medicare Approved Amounts*	\$0	\$0	\$[240] (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 \$[240] of Medicare Approved Amounts*	\$0	\$0	\$[240] (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 \$[240] of Medicare approved amounts*	\$0	\$0	\$[240] (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 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] 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 \$[204] a day \$0	\$0 Up to \$[204] 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 F

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

*Once you have been billed \$[240] 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 \$[240] of Medicare Approved Amounts*	\$0	\$[240] (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 \$[240] of Medicare Approved Amounts*	\$0	\$[240] (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 \$[240] of Medicare approved amounts*	\$0	\$[240] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] 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 \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN G

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

*Once you have been billed \$[240] 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 \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[240] (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[240] (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 \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[240] (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 [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. 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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] 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 \$[204] a day \$0	\$0 Up to \$[204] 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 \$[240] 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 [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. 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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] 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 \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[240] (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[240] (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 \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[240] (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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] 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 \$[7,060] 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[816] (50% of Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$[816] (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 \$[204] a day \$0	\$0 Up to \$[100] a day (50% of Part A deductible) \$0	\$0 Up to \$[100] 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 \$[240] 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 \$[240] 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%	\$[240] (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 \$[7,060])*
BLOOD First 3 pints Next \$[240] of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$[240] (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 \$[240] of Medicare approved amounts**** Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$[240] (Part B deductible)◆ 10%◆
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*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,060] 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] 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 \$[204] a day \$0	\$0 Up to \$[204] 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 \$[240] 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 \$[240] 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.	\$[240] (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 \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[240] (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 \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 80%	\$0 20%	\$[240] (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