

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

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	130.32	135.59	117.24	41.42	68.11	85.78
66	130.32	135.59	117.24	41.42	68.11	85.78
67	130.32	135.59	117.24	41.42	68.11	85.78
68	130.32	135.59	117.24	41.42	68.11	85.78
69	133.03	138.39	119.65	42.27	69.52	87.58
70	135.03	140.47	121.44	42.90	70.56	88.89
71	138.53	144.12	124.61	44.01	72.40	91.20
72	142.14	147.90	127.86	45.16	74.29	93.57
73	145.87	151.73	131.18	46.34	76.23	96.01
74	149.67	155.72	134.62	47.55	78.20	98.52
75	153.55	159.75	138.13	48.79	80.25	101.09
76	158.75	165.14	142.75	50.44	82.95	104.50
77	165.00	171.64	148.40	52.42	86.22	108.62
78	171.55	178.48	154.32	54.50	89.66	112.93
79	176.63	183.74	158.87	56.12	92.29	116.28
80	182.02	189.35	163.68	57.83	95.12	119.82
81	187.36	194.95	168.53	59.54	97.92	123.33
82	193.05	200.86	173.65	61.35	100.90	127.08
83	198.81	206.84	178.80	63.17	103.91	130.86
84	204.69	212.96	184.11	65.03	106.97	134.74
85	210.56	219.03	189.38	66.89	110.04	138.58
86	216.51	225.27	194.73	68.79	113.15	142.53
87	222.50	231.47	200.11	70.69	116.27	146.44
88	228.63	237.88	205.65	72.65	119.49	150.52
89	234.73	244.21	211.11	74.58	122.66	154.50
90	240.80	250.50	216.57	76.50	125.83	158.51
91	245.77	255.68	221.04	78.08	128.44	161.76
92	250.73	260.86	225.51	79.66	131.02	165.03
93	255.29	265.61	229.63	81.13	133.42	168.04
94	260.07	270.58	233.91	82.63	135.92	171.19
95	264.85	275.55	238.22	84.15	138.40	174.33
96	269.33	280.22	242.23	85.58	140.75	177.31
97	273.82	284.85	246.24	86.99	143.09	180.25
98	278.37	289.61	250.37	88.46	145.49	183.26
99+	283.04	294.49	254.57	89.94	147.91	186.34

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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4370 Peachtree Road, NE, Atlanta, GA 30319

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024 PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	143.35	149.15	128.96	45.56	74.92	94.36
66	143.35	149.15	128.96	45.56	74.92	94.36
67	143.35	149.15	128.96	45.56	74.92	94.36
68	143.35	149.15	128.96	45.56	74.92	94.36
69	146.33	152.23	131.61	46.49	76.47	96.34
70	148.53	154.52	133.59	47.20	77.62	97.78
71	152.38	158.54	137.07	48.42	79.64	100.32
72	156.36	162.69	140.64	49.68	81.72	102.93
73	160.46	166.90	144.30	50.98	83.86	105.61
74	164.64	171.29	148.08	52.30	86.02	108.37
75	168.91	175.73	151.94	53.67	88.28	111.20
76	174.62	181.66	157.03	55.49	91.24	114.95
77	181.50	188.80	163.24	57.66	94.84	119.48
78	188.70	196.32	169.75	59.95	98.63	124.23
79	194.29	202.12	174.75	61.74	101.52	127.90
80	200.22	208.28	180.05	63.61	104.63	131.80
81	206.10	214.45	185.38	65.50	107.71	135.67
82	212.36	220.94	191.01	67.48	110.99	139.79
83	218.69	227.53	196.68	69.49	114.30	143.94
84	225.16	234.25	202.52	71.54	117.67	148.21
85	231.62	240.93	208.32	73.58	121.04	152.44
86	238.16	247.80	214.20	75.67	124.47	156.78
87	244.75	254.62	220.12	77.76	127.89	161.09
88	251.50	261.67	226.21	79.91	131.44	165.57
89	258.21	268.63	232.22	82.04	134.93	169.95
90	264.87	275.55	238.23	84.15	138.41	174.36
91	270.34	281.25	243.14	85.89	141.28	177.93
92	275.81	286.94	248.06	87.63	144.13	181.54
93	280.82	292.18	252.59	89.24	146.76	184.85
94	286.08	297.64	257.30	90.89	149.52	188.31
95	291.34	303.10	262.05	92.57	152.24	191.76
96	296.27	308.24	266.46	94.14	154.82	195.04
97	301.20	313.33	270.87	95.69	157.40	198.28
98	306.21	318.57	275.40	97.31	160.04	201.59
99+	311.35	323.94	280.02	98.94	162.70	204.97

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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GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	156.38	162.71	140.69	49.70	81.73	102.93
66	156.38	162.71	140.69	49.70	81.73	102.93
67	156.38	162.71	140.69	49.70	81.73	102.93
68	156.38	162.71	140.69	49.70	81.73	102.93
69	159.64	166.07	143.58	50.72	83.42	105.10
70	162.03	168.57	145.73	51.49	84.67	106.67
71	166.23	172.95	149.53	52.82	86.88	109.44
72	170.57	177.48	153.43	54.19	89.15	112.28
73	175.04	182.07	157.41	55.61	91.48	115.21
74	179.61	186.86	161.54	57.06	93.85	118.22
75	184.26	191.70	165.76	58.55	96.31	121.31
76	190.50	198.17	171.30	60.53	99.53	125.40
77	198.00	205.97	178.08	62.90	103.47	130.34
78	205.86	214.17	185.19	65.40	107.59	135.52
79	211.96	220.49	190.64	67.35	110.75	139.53
80	218.42	227.22	196.41	69.40	114.14	143.79
81	224.84	233.94	202.23	71.45	117.50	148.00
82	231.66	241.03	208.37	73.62	121.08	152.49
83	238.57	248.21	214.56	75.81	124.69	157.03
84	245.62	255.55	220.93	78.04	128.37	161.68
85	252.67	262.84	227.25	80.27	132.04	166.30
86	259.81	270.33	233.67	82.55	135.78	171.03
87	267.00	277.77	240.13	84.83	139.52	175.73
88	274.36	285.46	246.78	87.18	143.39	180.63
89	281.68	293.05	253.33	89.50	147.19	185.40
90	288.95	300.60	259.88	91.80	151.00	190.22
91	294.92	306.81	265.25	93.70	154.13	194.11
92	300.88	313.03	270.61	95.59	157.23	198.04
93	306.35	318.74	275.56	97.35	160.10	201.65
94	312.09	324.70	280.69	99.16	163.11	205.43
95	317.82	330.66	285.87	100.99	166.08	209.20
96	323.20	336.27	290.68	102.70	168.89	212.77
97	328.58	341.82	295.49	104.39	171.71	216.30
98	334.05	347.53	300.44	106.15	174.58	219.91
99+	339.65	353.39	305.48	107.93	177.49	223.61

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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GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	149.51	155.60	134.50	47.30	77.98	98.37
66	149.51	155.60	134.50	47.30	77.98	98.37
67	149.51	155.60	134.50	47.30	77.98	98.37
68	149.51	155.60	134.50	47.30	77.98	98.37
69	152.60	158.82	137.29	48.29	79.60	100.41
70	154.89	161.21	139.32	48.99	80.79	101.91
71	158.91	165.41	142.96	50.28	82.90	104.56
72	163.06	169.73	146.69	51.58	85.07	107.28
73	167.33	174.15	150.49	52.93	87.26	110.07
74	171.69	178.71	154.43	54.32	89.55	112.97
75	176.18	183.37	158.45	55.73	91.89	115.90
76	182.11	189.53	163.83	57.61	94.99	119.80
77	189.30	196.99	170.26	59.89	98.72	124.53
78	196.84	204.87	177.03	62.27	102.65	129.50
79	202.64	210.90	182.28	64.11	105.69	133.29
80	208.82	217.30	187.82	66.06	108.90	137.37
81	214.96	223.75	193.37	68.00	112.11	141.41
82	221.47	230.52	199.21	70.06	115.52	145.71
83	228.08	237.38	205.17	72.17	118.97	150.04
84	234.81	244.38	211.23	74.28	122.46	154.47
85	241.54	251.38	217.28	76.41	125.99	158.91
86	248.40	258.51	223.46	78.59	129.55	163.42
87	255.25	265.65	229.59	80.74	133.14	167.93
88	262.33	273.02	235.94	82.98	136.81	172.58
89	269.27	280.25	242.21	85.19	140.46	177.16
90	276.25	287.48	248.47	87.39	144.07	181.74
91	281.93	293.42	253.59	89.19	147.05	185.46
92	287.64	299.36	258.76	90.99	150.03	189.22
93	292.89	304.84	263.45	92.67	152.78	192.69
94	298.39	310.55	268.40	94.39	155.61	196.27
95	303.85	316.26	273.31	96.13	158.47	199.88
96	308.97	321.60	277.93	97.74	161.17	203.28
97	314.14	326.94	282.54	99.38	163.83	206.65
98	319.39	332.38	287.28	101.03	166.57	210.08
99+	324.72	337.95	292.10	102.73	169.38	213.62

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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GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	164.46	171.16	147.95	52.03	85.78	108.20
66	164.46	171.16	147.95	52.03	85.78	108.20
67	164.46	171.16	147.95	52.03	85.78	108.20
68	164.46	171.16	147.95	52.03	85.78	108.20
69	167.86	174.70	151.02	53.12	87.56	110.45
70	170.38	177.34	153.26	53.89	88.86	112.10
71	174.80	181.95	157.26	55.31	91.19	115.01
72	179.36	186.71	161.35	56.74	93.57	118.00
73	184.07	191.57	165.54	58.22	95.99	121.08
74	188.86	196.58	169.87	59.75	98.50	124.26
75	193.80	201.70	174.30	61.30	101.08	127.49
76	200.32	208.49	180.21	63.37	104.49	131.78
77	208.24	216.69	187.29	65.87	108.59	136.98
78	216.52	225.36	194.73	68.50	112.92	142.45
79	222.90	231.99	200.51	70.52	116.26	146.62
80	229.70	239.03	206.60	72.66	119.79	151.11
81	236.45	246.12	212.70	74.80	123.32	155.55
82	243.62	253.57	219.13	77.06	127.08	160.28
83	250.89	261.12	225.69	79.38	130.86	165.04
84	258.29	268.81	232.35	81.71	134.71	169.92
85	265.69	276.51	239.01	84.05	138.59	174.80
86	273.24	284.37	245.80	86.45	142.51	179.76
87	280.78	292.22	252.55	88.81	146.45	184.72
88	288.56	300.32	259.54	91.27	150.49	189.84
89	296.20	308.27	266.43	93.71	154.50	194.88
90	303.88	316.23	273.32	96.13	158.48	199.91
91	310.12	322.76	278.95	98.11	161.76	204.01
92	316.41	329.30	284.63	100.09	165.03	208.14
93	322.18	335.32	289.80	101.93	168.05	211.96
94	328.23	341.60	295.24	103.82	171.17	215.90
95	334.24	347.88	300.64	105.74	174.32	219.87
96	339.87	353.76	305.72	107.52	177.28	223.61
97	345.55	359.64	310.79	109.32	180.21	227.31
98	351.33	365.61	316.01	111.14	183.23	231.09
99+	357.19	371.74	321.31	113.00	186.32	234.99

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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GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	179.41	186.72	161.40	56.76	93.58	118.04
66	179.41	186.72	161.40	56.76	93.58	118.04
67	179.41	186.72	161.40	56.76	93.58	118.04
68	179.41	186.72	161.40	56.76	93.58	118.04
69	183.12	190.58	164.75	57.95	95.52	120.49
70	185.87	193.46	167.19	58.79	96.94	122.29
71	190.69	198.49	171.55	60.33	99.48	125.47
72	195.67	203.68	176.02	61.90	102.08	128.73
73	200.80	208.98	180.59	63.52	104.72	132.08
74	206.03	214.46	185.32	65.18	107.46	135.56
75	211.42	220.04	190.14	66.87	110.27	139.08
76	218.53	227.44	196.59	69.13	113.98	143.76
77	227.17	236.39	204.31	71.86	118.46	149.43
78	236.21	245.84	212.44	74.72	123.18	155.40
79	243.16	253.08	218.73	76.93	126.83	159.95
80	250.58	260.76	225.39	79.27	130.68	164.84
81	257.95	268.50	232.04	81.61	134.53	169.70
82	265.77	276.62	239.05	84.07	138.63	174.85
83	273.69	284.85	246.21	86.60	142.76	180.04
84	281.77	293.25	253.47	89.14	146.96	185.37
85	289.85	301.65	260.74	91.69	151.19	190.69
86	298.08	310.22	268.15	94.30	155.46	196.10
87	306.30	318.78	275.51	96.89	159.76	201.51
88	314.79	327.62	283.13	99.57	164.17	207.10
89	323.12	336.30	290.65	102.23	168.55	212.59
90	331.50	344.98	298.17	104.86	172.89	218.09
91	338.31	352.10	304.31	107.03	176.46	222.55
92	345.17	359.23	310.51	109.19	180.04	227.06
93	351.47	365.81	316.14	111.20	183.33	231.23
94	358.07	372.66	322.08	113.26	186.73	235.52
95	364.62	379.51	327.98	115.35	190.17	239.86
96	370.77	385.92	333.51	117.29	193.40	243.94
97	376.97	392.33	339.05	119.25	196.59	247.97
98	383.27	398.85	344.74	121.24	199.89	252.10
99+	389.67	405.54	350.52	123.28	203.26	256.35

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GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

STANDARD – FEMALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	162.43	169.07	146.12	51.26	84.63	106.84
66	162.43	169.07	146.12	51.26	84.63	106.84
67	162.43	169.07	146.12	51.26	84.63	106.84
68	162.43	169.07	146.12	51.26	84.63	106.84
69	165.81	172.62	149.13	52.33	86.38	109.03
70	168.27	175.16	151.35	53.11	87.68	110.67
71	172.64	179.72	155.32	54.48	89.96	113.55
72	177.16	184.43	159.34	55.91	92.30	116.50
73	181.81	189.24	163.50	57.36	94.71	119.54
74	186.55	194.16	167.80	58.88	97.19	122.65
75	191.39	199.22	172.14	60.39	99.72	125.89
76	197.86	205.96	177.97	62.42	103.05	130.12
77	205.66	214.07	184.99	64.90	107.14	135.23
78	213.82	222.58	192.34	67.47	111.39	140.63
79	220.16	229.17	198.02	69.48	114.69	144.78
80	226.87	236.16	204.03	71.58	118.18	149.17
81	233.57	243.10	210.08	73.70	121.67	153.60
82	240.64	250.45	216.41	75.92	125.34	158.24
83	247.80	257.94	222.89	78.19	129.09	162.95
84	255.14	265.55	229.45	80.50	132.89	167.78
85	262.44	273.20	236.06	82.81	136.73	172.58
86	269.87	280.90	242.76	85.17	140.60	177.49
87	277.30	288.65	249.41	87.51	144.47	182.36
88	285.01	296.66	256.34	89.94	148.46	187.43
89	292.58	304.51	263.14	92.32	152.39	192.39
90	300.10	312.41	269.93	94.70	156.36	197.38
91	306.30	318.85	275.52	96.66	159.56	201.45
92	312.50	325.28	281.07	98.62	162.79	205.53
93	318.20	331.26	286.20	100.42	165.77	209.28
94	324.18	337.44	291.56	102.29	168.88	213.19
95	330.11	343.62	296.92	104.18	171.99	217.11
96	335.72	349.45	301.96	105.93	174.88	220.74
97	341.28	355.23	306.95	107.68	177.79	224.42
98	346.98	361.15	312.08	109.48	180.74	228.17
99+	352.82	367.23	317.34	111.33	183.78	232.01

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**STANDARD – FEMALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	178.67	185.98	160.74	56.39	93.09	117.52
66	178.67	185.98	160.74	56.39	93.09	117.52
67	178.67	185.98	160.74	56.39	93.09	117.52
68	178.67	185.98	160.74	56.39	93.09	117.52
69	182.39	189.89	164.04	57.57	95.01	119.94
70	185.09	192.67	166.48	58.42	96.44	121.74
71	189.91	197.69	170.85	59.93	98.95	124.90
72	194.88	202.87	175.28	61.50	101.54	128.15
73	199.99	208.16	179.85	63.09	104.18	131.49
74	205.21	213.57	184.58	64.76	106.91	134.92
75	210.53	219.14	189.36	66.43	109.70	138.48
76	217.65	226.56	195.76	68.67	113.36	143.13
77	226.23	235.47	203.49	71.39	117.86	148.76
78	235.21	244.84	211.57	74.22	122.53	154.69
79	242.18	252.08	217.83	76.43	126.16	159.26
80	249.55	259.78	224.44	78.74	130.00	164.09
81	256.93	267.41	231.09	81.07	133.83	168.96
82	264.70	275.49	238.06	83.51	137.88	174.06
83	272.58	283.74	245.18	86.01	141.99	179.25
84	280.65	292.10	252.39	88.55	146.18	184.56
85	288.68	300.52	259.66	91.09	150.40	189.83
86	296.85	308.99	267.03	93.69	154.66	195.24
87	305.03	317.51	274.35	96.26	158.91	200.60
88	313.51	326.32	281.98	98.93	163.31	206.18
89	321.84	334.96	289.45	101.55	167.63	211.62
90	330.11	343.66	296.92	104.17	171.99	217.12
91	336.93	350.73	303.07	106.33	175.51	221.60
92	343.76	357.81	309.17	108.48	179.07	226.08
93	350.03	364.39	314.82	110.46	182.35	230.21
94	356.60	371.19	320.71	112.52	185.77	234.51
95	363.12	377.99	326.61	114.60	189.19	238.82
96	369.29	384.40	332.15	116.52	192.36	242.82
97	375.41	390.75	337.64	118.45	195.57	246.86
98	381.68	397.27	343.28	120.43	198.81	250.99
99+	388.10	403.96	349.08	122.46	202.16	255.21

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

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**STANDARD – FEMALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	194.92	202.89	175.35	61.51	101.56	128.20
66	194.92	202.89	175.35	61.51	101.56	128.20
67	194.92	202.89	175.35	61.51	101.56	128.20
68	194.92	202.89	175.35	61.51	101.56	128.20
69	198.97	207.15	178.95	62.80	103.65	130.84
70	201.92	210.19	181.62	63.73	105.21	132.81
71	207.17	215.66	186.39	65.38	107.95	136.26
72	212.59	221.31	191.21	67.09	110.77	139.80
73	218.17	227.09	196.20	68.83	113.66	143.44
74	223.86	232.99	201.36	70.65	116.63	147.18
75	229.66	239.07	206.57	72.47	119.67	151.07
76	237.43	247.15	213.56	74.91	123.67	156.15
77	246.79	256.88	221.99	77.88	128.57	162.28
78	256.59	267.10	230.81	80.96	133.67	168.75
79	264.19	275.00	237.63	83.37	137.63	173.73
80	272.24	283.39	244.84	85.89	141.81	179.01
81	280.28	291.72	252.10	88.44	146.00	184.32
82	288.77	300.53	259.70	91.11	150.41	189.89
83	297.36	309.53	267.46	93.83	154.90	195.54
84	306.17	318.65	275.34	96.60	159.47	201.34
85	314.92	327.84	283.27	99.38	164.07	207.09
86	323.84	337.08	291.31	102.21	168.72	212.99
87	332.76	346.38	299.29	105.01	173.36	218.83
88	342.01	355.99	307.61	107.92	178.15	224.92
89	351.09	365.41	315.76	110.78	182.87	230.86
90	360.12	374.90	323.92	113.64	187.63	236.86
91	367.56	382.62	330.63	115.99	191.47	241.74
92	375.01	390.34	337.28	118.35	195.35	246.63
93	381.85	397.51	343.44	120.51	198.93	251.13
94	389.01	404.93	349.87	122.75	202.66	255.83
95	396.13	412.35	356.30	125.02	206.39	260.53
96	402.86	419.34	362.35	127.12	209.85	264.89
97	409.54	426.27	368.34	129.22	213.35	269.30
98	416.38	433.39	374.49	131.38	216.89	273.81
99+	423.38	440.68	380.81	133.59	220.54	278.41

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

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**STANDARD – MALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	186.42	194.14	167.71	58.62	96.97	122.56
66	186.42	194.14	167.71	58.62	96.97	122.56
67	186.42	194.14	167.71	58.62	96.97	122.56
68	186.42	194.14	167.71	58.62	96.97	122.56
69	190.31	198.12	171.16	59.84	98.99	125.06
70	193.14	201.08	173.73	60.71	100.46	126.92
71	198.18	206.33	178.26	62.30	103.05	130.27
72	203.32	211.73	182.88	63.93	105.76	133.66
73	208.65	217.24	187.69	65.60	108.52	137.13
74	214.07	222.91	192.55	67.31	111.36	140.73
75	219.69	228.73	197.61	69.07	114.26	144.37
76	227.09	236.41	204.22	71.40	118.09	149.24
77	236.02	245.74	212.29	74.21	122.77	155.13
78	245.42	255.54	220.75	77.18	127.66	161.31
79	252.68	263.06	227.27	79.45	131.41	166.10
80	260.36	271.06	234.17	81.85	135.41	171.14
81	268.04	279.11	241.08	84.28	139.41	176.18
82	276.15	287.53	248.37	86.84	143.61	181.52
83	284.41	296.11	255.81	89.42	147.92	186.94
84	292.81	304.85	263.35	92.05	152.29	192.44
85	301.21	313.59	270.93	94.71	156.67	197.99
86	309.76	322.49	278.62	97.40	161.07	203.58
87	318.26	331.39	286.25	100.08	165.52	209.17
88	327.09	340.56	294.23	102.84	170.13	214.97
89	335.78	349.62	302.00	105.57	174.64	220.69
90	344.47	358.62	309.83	108.31	179.15	226.41
91	351.57	366.04	316.20	110.53	182.84	231.07
92	358.68	373.45	322.62	112.79	186.53	235.77
93	365.21	380.23	328.51	114.83	189.95	240.04
94	372.03	387.38	334.63	116.98	193.50	244.53
95	378.89	394.48	340.81	119.12	197.05	249.02
96	385.28	401.16	346.54	121.14	200.37	253.21
97	391.66	407.83	352.28	123.16	203.72	257.45
98	398.24	414.61	358.21	125.21	207.10	261.73
99+	404.91	421.60	364.20	127.30	210.59	266.13

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

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**STANDARD – MALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	205.06	213.56	184.48	64.48	106.67	134.82
66	205.06	213.56	184.48	64.48	106.67	134.82
67	205.06	213.56	184.48	64.48	106.67	134.82
68	205.06	213.56	184.48	64.48	106.67	134.82
69	209.34	217.93	188.27	65.83	108.89	137.57
70	212.46	221.19	191.11	66.78	110.50	139.62
71	218.00	226.96	196.08	68.53	113.36	143.30
72	223.65	232.90	201.16	70.33	116.33	147.02
73	229.51	238.96	206.46	72.16	119.37	150.84
74	235.48	245.20	211.81	74.04	122.49	154.80
75	241.66	251.61	217.37	75.98	125.69	158.81
76	249.79	260.05	224.65	78.54	129.90	164.17
77	259.62	270.31	233.52	81.63	135.05	170.65
78	269.97	281.09	242.83	84.89	140.42	177.44
79	277.94	289.36	250.00	87.40	144.56	182.71
80	286.39	298.16	257.59	90.04	148.95	188.25
81	294.84	307.02	265.19	92.71	153.35	193.80
82	303.77	316.28	273.21	95.52	157.98	199.67
83	312.85	325.73	281.39	98.36	162.71	205.63
84	322.09	335.34	289.68	101.26	167.52	211.68
85	331.33	344.95	298.03	104.18	172.33	217.79
86	340.73	354.74	306.48	107.14	177.18	223.94
87	350.08	364.53	314.87	110.09	182.07	230.09
88	359.80	374.61	323.65	113.12	187.14	236.47
89	369.36	384.58	332.21	116.13	192.10	242.76
90	378.92	394.48	340.82	119.14	197.07	249.05
91	386.73	402.64	347.82	121.59	201.12	254.17
92	394.55	410.80	354.88	124.06	205.18	259.34
93	401.73	418.26	361.36	126.31	208.94	264.05
94	409.23	426.12	368.10	128.67	212.85	268.99
95	416.78	433.93	374.89	131.04	216.76	273.93
96	423.80	441.27	381.20	133.26	220.41	278.54
97	430.83	448.62	387.51	135.48	224.09	283.20
98	438.06	456.07	394.04	137.73	227.81	287.90
99+	445.40	463.76	400.62	140.04	231.64	292.74

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

GEORGIA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**STANDARD – MALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	223.71	232.97	201.25	70.34	116.37	147.08
66	223.71	232.97	201.25	70.34	116.37	147.08
67	223.71	232.97	201.25	70.34	116.37	147.08
68	223.71	232.97	201.25	70.34	116.37	147.08
69	228.37	237.74	205.39	71.81	118.79	150.07
70	231.77	241.30	208.48	72.86	120.55	152.31
71	237.82	247.59	213.91	74.76	123.67	156.33
72	243.98	254.07	219.45	76.72	126.91	160.39
73	250.38	260.69	225.23	78.72	130.23	164.56
74	256.89	267.49	231.06	80.77	133.63	168.88
75	263.63	274.48	237.13	82.89	137.11	173.25
76	272.50	283.70	245.07	85.68	141.71	179.09
77	283.22	294.88	254.75	89.05	147.32	186.16
78	294.51	306.65	264.90	92.61	153.19	193.58
79	303.21	315.67	272.72	95.34	157.70	199.32
80	312.43	325.27	281.01	98.22	162.49	205.37
81	321.65	334.93	289.30	101.14	167.29	211.42
82	331.38	345.04	298.05	104.20	172.34	217.82
83	341.29	355.34	306.97	107.30	177.50	224.32
84	351.37	365.82	316.02	110.46	182.75	230.93
85	361.45	376.31	325.12	113.65	188.00	237.59
86	371.71	386.99	334.34	116.88	193.29	244.30
87	381.91	397.67	343.50	120.09	198.62	251.00
88	392.51	408.67	353.07	123.41	204.15	257.97
89	402.94	419.54	362.41	126.69	209.57	264.83
90	413.36	430.35	371.80	129.97	214.98	271.69
91	421.89	439.24	379.44	132.64	219.41	277.28
92	430.41	448.14	387.14	135.34	223.84	282.92
93	438.25	456.28	394.21	137.80	227.94	288.05
94	446.43	464.86	401.56	140.37	232.20	293.44
95	454.67	473.38	408.97	142.95	236.47	298.83
96	462.33	481.39	415.85	145.37	240.44	303.86
97	470.00	489.40	422.74	147.80	244.46	308.94
98	477.89	497.53	429.86	150.25	248.52	314.07
99+	485.89	505.92	437.04	152.77	252.70	319.36

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	134.23	139.66	120.76	42.66	70.15	88.35
66	134.23	139.66	120.76	42.66	70.15	88.35
67	134.23	139.66	120.76	42.66	70.15	88.35
68	134.23	139.66	120.76	42.66	70.15	88.35
69	137.02	142.54	123.23	43.53	71.61	90.21
70	139.08	144.69	125.08	44.19	72.68	91.56
71	142.68	148.45	128.35	45.34	74.57	93.93
72	146.41	152.34	131.69	46.52	76.52	96.38
73	150.25	156.28	135.11	47.74	78.52	98.89
74	154.16	160.39	138.65	48.98	80.55	101.47
75	158.16	164.54	142.27	50.25	82.66	104.13
76	163.51	170.10	147.03	51.96	85.43	107.64
77	169.95	176.79	152.85	53.99	88.81	111.88
78	176.70	183.83	158.95	56.14	92.35	116.32
79	181.93	189.25	163.63	57.81	95.06	119.77
80	187.48	195.03	168.59	59.57	97.97	123.42
81	192.98	200.80	173.58	61.33	100.85	127.03
82	198.84	206.88	178.86	63.19	103.93	130.89
83	204.78	213.05	184.17	65.07	107.03	134.78
84	210.83	219.35	189.63	66.98	110.18	138.78
85	216.88	225.60	195.06	68.90	113.34	142.74
86	223.00	232.03	200.57	70.86	116.55	146.80
87	229.17	238.42	206.11	72.81	119.76	150.83
88	235.49	245.02	211.82	74.83	123.08	155.04
89	241.78	251.54	217.44	76.82	126.34	159.14
90	248.02	258.01	223.07	78.80	129.61	163.27
91	253.14	263.35	227.67	80.42	132.29	166.61
92	258.26	268.68	232.27	82.05	134.96	169.99
93	262.95	273.58	236.52	83.56	137.42	173.09
94	267.87	278.70	240.92	85.11	140.00	176.32
95	272.80	283.82	245.37	86.68	142.55	179.56
96	277.41	288.63	249.50	88.15	144.97	182.63
97	282.03	293.40	253.63	89.60	147.38	185.66
98	286.72	298.29	257.88	91.11	149.85	188.76
99+	291.53	303.32	262.20	92.64	152.35	191.93

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	147.65	153.62	132.83	46.93	77.17	97.19
66	147.65	153.62	132.83	46.93	77.17	97.19
67	147.65	153.62	132.83	46.93	77.17	97.19
68	147.65	153.62	132.83	46.93	77.17	97.19
69	150.72	156.80	135.56	47.89	78.77	99.23
70	152.98	159.15	137.59	48.61	79.94	100.71
71	156.95	163.29	141.19	49.87	82.03	103.33
72	161.05	167.57	144.86	51.17	84.17	106.01
73	165.27	171.91	148.62	52.51	86.37	108.78
74	169.58	176.43	152.52	53.87	88.61	111.62
75	173.98	181.00	156.50	55.28	90.93	114.54
76	179.86	187.11	161.74	57.15	93.98	118.40
77	186.94	194.47	168.14	59.39	97.69	123.07
78	194.37	202.21	174.85	61.75	101.58	127.95
79	200.12	208.18	179.99	63.59	104.57	131.74
80	206.23	214.53	185.45	65.52	107.77	135.76
81	212.28	220.88	190.94	67.46	110.94	139.74
82	218.73	227.57	196.74	69.51	114.32	143.98
83	225.25	234.35	202.58	71.57	117.73	148.26
84	231.91	241.28	208.60	73.68	121.20	152.66
85	238.56	248.16	214.57	75.79	124.67	157.01
86	245.30	255.23	220.63	77.94	128.20	161.48
87	252.09	262.26	226.73	80.10	131.73	165.92
88	259.04	269.52	233.00	82.31	135.38	170.54
89	265.95	276.69	239.19	84.50	138.97	175.05
90	272.82	283.81	245.37	86.68	142.57	179.59
91	278.45	289.68	250.44	88.47	145.52	183.27
92	284.08	295.55	255.50	90.26	148.45	186.98
93	289.25	300.94	260.17	91.92	151.17	190.39
94	294.66	306.57	265.02	93.62	154.00	193.96
95	300.08	312.20	269.91	95.35	156.81	197.52
96	305.16	317.49	274.45	96.97	159.46	200.89
97	310.23	322.74	278.99	98.56	162.12	204.22
98	315.39	328.12	283.67	100.23	164.84	207.63
99+	320.69	333.66	288.42	101.91	167.58	211.12

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024 PREFERRED NON-TOBACCO – FEMALE – AREA 3

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	161.07	167.59	144.91	51.19	84.18	106.02
66	161.07	167.59	144.91	51.19	84.18	106.02
67	161.07	167.59	144.91	51.19	84.18	106.02
68	161.07	167.59	144.91	51.19	84.18	106.02
69	164.43	171.05	147.88	52.24	85.93	108.25
70	166.89	173.62	150.10	53.03	87.21	109.87
71	171.22	178.14	154.02	54.40	89.48	112.72
72	175.69	182.81	158.03	55.82	91.82	115.65
73	180.30	187.53	162.14	57.28	94.23	118.67
74	185.00	192.47	166.39	58.77	96.66	121.77
75	189.79	197.45	170.73	60.30	99.19	124.95
76	196.21	204.12	176.44	62.35	102.52	129.17
77	203.94	212.15	183.43	64.79	106.57	134.25
78	212.04	220.60	190.74	67.37	110.82	139.58
79	218.32	227.10	196.36	69.37	114.08	143.72
80	224.97	234.04	202.31	71.48	117.57	148.10
81	231.58	240.96	208.30	73.59	121.02	152.44
82	238.61	248.26	214.63	75.83	124.71	157.07
83	245.73	255.66	221.00	78.08	128.43	161.74
84	252.99	263.22	227.56	80.38	132.22	166.54
85	260.25	270.72	234.07	82.68	136.00	171.29
86	267.61	278.44	240.68	85.03	139.85	176.16
87	275.01	286.10	247.34	87.38	143.71	181.00
88	282.59	294.02	254.18	89.79	147.69	186.05
89	290.13	301.85	260.93	92.19	151.61	190.96
90	297.62	309.61	267.68	94.56	155.53	195.92
91	303.77	316.02	273.20	96.51	158.75	199.93
92	309.91	322.42	278.73	98.46	161.95	203.98
93	315.54	328.30	283.82	100.27	164.91	207.70
94	321.45	334.44	289.11	102.13	168.00	211.59
95	327.36	340.58	294.44	104.02	171.06	215.47
96	332.90	346.36	299.40	105.78	173.96	219.15
97	338.44	352.08	304.36	107.52	176.86	222.79
98	344.07	357.95	309.45	109.34	179.82	226.51
99+	349.84	363.99	314.65	111.17	182.82	230.31

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	154.00	160.26	138.53	48.72	80.32	101.32
66	154.00	160.26	138.53	48.72	80.32	101.32
67	154.00	160.26	138.53	48.72	80.32	101.32
68	154.00	160.26	138.53	48.72	80.32	101.32
69	157.18	163.59	141.41	49.74	81.99	103.42
70	159.53	166.05	143.50	50.46	83.21	104.97
71	163.68	170.37	147.25	51.79	85.38	107.70
72	167.95	174.83	151.09	53.13	87.62	110.49
73	172.35	179.38	155.01	54.52	89.88	113.37
74	176.84	184.07	159.06	55.95	92.24	116.36
75	181.47	188.87	163.21	57.40	94.65	119.38
76	187.57	195.22	168.74	59.34	97.84	123.40
77	194.98	202.90	175.37	61.68	101.68	128.26
78	202.74	211.01	182.34	64.14	105.73	133.38
79	208.72	217.23	187.75	66.03	108.86	137.29
80	215.08	223.82	193.46	68.04	112.17	141.49
81	221.40	230.46	199.17	70.04	115.47	145.66
82	228.12	237.43	205.18	72.16	118.99	150.08
83	234.92	244.50	211.33	74.33	122.53	154.54
84	241.85	251.71	217.57	76.51	126.14	159.11
85	248.79	258.92	223.80	78.70	129.77	163.68
86	255.85	266.27	230.16	80.94	133.44	168.32
87	262.91	273.62	236.48	83.16	137.13	172.97
88	270.20	281.21	243.02	85.47	140.91	177.76
89	277.35	288.66	249.47	87.75	144.67	182.48
90	284.54	296.10	255.93	90.01	148.39	187.19
91	290.38	302.22	261.20	91.86	151.46	191.03
92	296.27	308.34	266.52	93.72	154.53	194.90
93	301.68	313.99	271.35	95.45	157.36	198.47
94	307.35	319.87	276.46	97.22	160.28	202.16
95	312.97	325.75	281.51	99.01	163.23	205.88
96	318.24	331.25	286.26	100.67	166.00	209.38
97	323.56	336.75	291.02	102.36	168.74	212.84
98	328.97	342.35	295.90	104.06	171.57	216.38
99+	334.46	348.09	300.87	105.81	174.46	220.03

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	169.40	176.29	152.39	53.59	88.35	111.45
66	169.40	176.29	152.39	53.59	88.35	111.45
67	169.40	176.29	152.39	53.59	88.35	111.45
68	169.40	176.29	152.39	53.59	88.35	111.45
69	172.90	179.94	155.55	54.71	90.19	113.76
70	175.49	182.66	157.85	55.51	91.53	115.46
71	180.05	187.40	161.98	56.97	93.92	118.47
72	184.75	192.31	166.20	58.44	96.38	121.54
73	189.59	197.32	170.51	59.97	98.87	124.71
74	194.53	202.48	174.97	61.54	101.46	127.99
75	199.61	207.75	179.53	63.14	104.12	131.32
76	206.33	214.74	185.62	65.27	107.62	135.73
77	214.48	223.19	192.90	67.85	111.85	141.09
78	223.02	232.12	200.58	70.55	116.30	146.72
79	229.59	238.95	206.52	72.64	119.74	151.02
80	236.59	246.20	212.80	74.84	123.38	155.64
81	243.55	253.51	219.09	77.05	127.02	160.22
82	250.93	261.18	225.70	79.37	130.89	165.09
83	258.41	268.95	232.46	81.77	134.79	169.99
84	266.04	276.88	239.32	84.16	138.75	175.02
85	273.66	284.81	246.18	86.57	142.75	180.04
86	281.44	292.90	253.18	89.04	146.78	185.15
87	289.20	300.98	260.13	91.48	150.84	190.26
88	297.22	309.33	267.32	94.01	155.01	195.53
89	305.08	317.52	274.42	96.52	159.14	200.72
90	312.99	325.72	281.52	99.01	163.23	205.91
91	319.42	332.45	287.32	101.05	166.61	210.13
92	325.90	339.18	293.17	103.09	169.98	214.39
93	331.84	345.38	298.49	104.99	173.10	218.32
94	338.08	351.85	304.10	106.94	176.31	222.37
95	344.26	358.32	309.66	108.91	179.55	226.47
96	350.07	364.37	314.89	110.74	182.60	230.32
97	355.92	370.43	320.12	112.60	185.62	234.13
98	361.87	376.58	325.49	114.47	188.73	238.02
99+	367.91	382.89	330.95	116.39	191.91	242.04

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	184.80	192.32	166.24	58.46	96.38	121.58
66	184.80	192.32	166.24	58.46	96.38	121.58
67	184.80	192.32	166.24	58.46	96.38	121.58
68	184.80	192.32	166.24	58.46	96.38	121.58
69	188.62	196.30	169.69	59.69	98.39	124.10
70	191.44	199.26	172.20	60.56	99.85	125.96
71	196.41	204.44	176.70	62.14	102.46	129.23
72	201.54	209.79	181.30	63.76	105.14	132.59
73	206.83	215.25	186.01	65.42	107.86	136.04
74	212.21	220.89	190.88	67.13	110.68	139.63
75	217.76	226.64	195.85	68.88	113.58	143.25
76	225.09	234.26	202.49	71.21	117.40	148.07
77	233.98	243.49	210.44	74.02	122.02	153.91
78	243.29	253.22	218.81	76.96	126.88	160.06
79	250.46	260.67	225.30	79.24	130.63	164.75
80	258.10	268.59	232.15	81.65	134.60	169.79
81	265.69	276.55	239.00	84.05	138.57	174.79
82	273.74	284.92	246.22	86.59	142.79	180.09
83	281.91	293.40	253.60	89.20	147.04	185.45
84	290.22	302.05	261.08	91.81	151.37	190.93
85	298.54	310.70	268.56	94.44	155.73	196.41
86	307.02	319.52	276.19	97.13	160.13	201.99
87	315.49	328.35	283.78	99.79	164.56	207.56
88	324.24	337.45	291.63	102.56	169.10	213.31
89	332.82	346.39	299.37	105.30	173.60	218.97
90	341.45	355.33	307.11	108.01	178.07	224.63
91	348.46	362.67	313.44	110.24	181.75	229.23
92	355.53	370.01	319.82	112.46	185.44	233.88
93	362.01	376.78	325.63	114.54	188.83	238.16
94	368.81	383.84	331.75	116.66	192.34	242.59
95	375.56	390.90	337.81	118.81	195.87	247.05
96	381.89	397.50	343.52	120.81	199.20	251.26
97	388.28	404.10	349.22	122.83	202.49	255.41
98	394.76	410.82	355.08	124.88	205.89	259.66
99+	401.36	417.70	361.04	126.97	209.35	264.04

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**STANDARD – FEMALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	167.30	174.15	150.51	52.80	87.17	110.04
66	167.30	174.15	150.51	52.80	87.17	110.04
67	167.30	174.15	150.51	52.80	87.17	110.04
68	167.30	174.15	150.51	52.80	87.17	110.04
69	170.78	177.80	153.60	53.90	88.97	112.31
70	173.31	180.41	155.89	54.70	90.31	113.99
71	177.82	185.11	159.98	56.12	92.66	116.95
72	182.47	189.96	164.12	57.59	95.07	120.00
73	187.26	194.92	168.41	59.08	97.56	123.12
74	192.15	199.98	172.83	60.64	100.10	126.33
75	197.13	205.20	177.31	62.20	102.72	129.67
76	203.80	212.14	183.31	64.30	106.15	134.03
77	211.83	220.49	190.54	66.85	110.36	139.29
78	220.24	229.26	198.11	69.49	114.73	144.84
79	226.77	236.04	203.96	71.56	118.13	149.12
80	233.67	243.25	210.15	73.73	121.72	153.65
81	240.58	250.39	216.39	75.91	125.32	158.21
82	247.86	257.96	222.91	78.20	129.11	162.99
83	255.23	265.68	229.57	80.53	132.96	167.84
84	262.79	273.51	236.33	82.91	136.88	172.82
85	270.31	281.39	243.14	85.30	140.83	177.75
86	277.96	289.33	250.04	87.73	144.82	182.81
87	285.62	297.31	256.89	90.13	148.80	187.83
88	293.56	305.56	264.04	92.63	152.91	193.06
89	301.36	313.65	271.03	95.09	156.96	198.16
90	309.10	321.79	278.03	97.54	161.05	203.30
91	315.49	328.41	283.79	99.56	164.34	207.50
92	321.88	335.04	289.50	101.58	167.68	211.69
93	327.75	341.20	294.78	103.43	170.75	215.56
94	333.90	347.57	300.30	105.36	173.95	219.59
95	340.01	353.93	305.83	107.31	177.15	223.62
96	345.79	359.94	311.02	109.11	180.12	227.37
97	351.52	365.88	316.16	110.91	183.13	231.15
98	357.39	371.99	321.44	112.77	186.16	235.02
99+	363.40	378.25	326.87	114.67	189.30	238.97

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

STANDARD – FEMALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	184.03	191.56	165.56	58.08	95.88	121.05
66	184.03	191.56	165.56	58.08	95.88	121.05
67	184.03	191.56	165.56	58.08	95.88	121.05
68	184.03	191.56	165.56	58.08	95.88	121.05
69	187.86	195.58	168.96	59.29	97.86	123.54
70	190.65	198.45	171.48	60.17	99.34	125.39
71	195.61	203.62	175.98	61.73	101.92	128.65
72	200.72	208.96	180.53	63.34	104.58	132.00
73	205.99	214.41	185.25	64.98	107.31	135.44
74	211.36	219.98	190.12	66.71	110.11	138.96
75	216.84	225.72	195.04	68.42	112.99	142.63
76	224.18	233.35	201.64	70.73	116.76	147.43
77	233.01	242.54	209.59	73.53	121.39	153.22
78	242.26	252.18	217.92	76.44	126.21	159.33
79	249.44	259.65	224.36	78.72	129.95	164.03
80	257.04	267.57	231.17	81.10	133.90	169.01
81	264.63	275.43	238.03	83.51	137.85	174.03
82	272.64	283.76	245.20	86.02	142.02	179.28
83	280.76	292.25	252.53	88.59	146.25	184.62
84	289.07	300.86	259.96	91.21	150.57	190.10
85	297.34	309.53	267.45	93.83	154.91	195.53
86	305.76	318.26	275.04	96.50	159.30	201.10
87	314.18	327.04	282.58	99.14	163.68	206.61
88	322.91	336.11	290.44	101.90	168.21	212.36
89	331.49	345.01	298.13	104.59	172.66	217.97
90	340.01	353.97	305.83	107.29	177.15	223.63
91	347.04	361.26	312.17	109.52	180.78	228.25
92	354.07	368.54	318.45	111.74	184.44	232.86
93	360.53	375.32	324.26	113.78	187.82	237.11
94	367.29	382.32	330.33	115.89	191.34	241.55
95	374.01	389.33	336.41	118.04	194.86	245.98
96	380.37	395.93	342.12	120.02	198.13	250.10
97	386.67	402.47	347.77	122.01	201.44	254.26
98	393.13	409.19	353.58	124.04	204.78	258.52
99+	399.74	416.08	359.55	126.13	208.23	262.86

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

STANDARD – FEMALE – AREA 3

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	200.76	208.98	180.61	63.36	104.60	132.05
66	200.76	208.98	180.61	63.36	104.60	132.05
67	200.76	208.98	180.61	63.36	104.60	132.05
68	200.76	208.98	180.61	63.36	104.60	132.05
69	204.94	213.36	184.32	64.69	106.76	134.77
70	207.98	216.49	187.07	65.64	108.37	136.79
71	213.39	222.13	191.98	67.34	111.19	140.34
72	218.97	227.95	196.95	69.10	114.09	144.00
73	224.72	233.90	202.09	70.89	117.07	147.75
74	230.58	239.98	207.40	72.77	120.12	151.60
75	236.56	246.24	212.77	74.64	123.26	155.60
76	244.56	254.57	219.97	77.16	127.38	160.83
77	254.20	264.59	228.65	80.22	132.43	167.15
78	264.29	275.11	237.73	83.39	137.68	173.81
79	272.12	283.25	244.76	85.87	141.76	178.95
80	280.41	291.89	252.18	88.47	146.07	184.38
81	288.69	300.47	259.66	91.10	150.38	189.85
82	297.43	309.55	267.49	93.84	154.93	195.58
83	306.28	318.82	275.49	96.64	159.55	201.41
84	315.35	328.21	283.60	99.50	164.25	207.38
85	324.37	337.67	291.77	102.36	169.00	213.31
86	333.56	347.19	300.05	105.27	173.78	219.38
87	342.74	356.77	308.27	108.16	178.56	225.40
88	352.27	366.67	316.84	111.16	183.50	231.67
89	361.63	376.38	325.24	114.10	188.36	237.79
90	370.92	386.14	333.63	117.05	193.26	243.96
91	378.59	394.10	340.55	119.47	197.21	248.99
92	386.26	402.05	347.40	121.90	201.21	254.03
93	393.30	409.44	353.74	124.12	204.90	258.67
94	400.68	417.08	360.36	126.43	208.74	263.51
95	408.01	424.72	366.99	128.77	212.58	268.34
96	414.95	431.92	373.22	130.93	216.15	272.84
97	421.82	439.06	379.39	133.10	219.75	277.38
98	428.87	446.39	385.73	135.32	223.39	282.02
99+	436.08	453.90	392.24	137.60	227.16	286.76

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

STANDARD – MALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	192.01	199.97	172.74	60.37	99.88	126.24
66	192.01	199.97	172.74	60.37	99.88	126.24
67	192.01	199.97	172.74	60.37	99.88	126.24
68	192.01	199.97	172.74	60.37	99.88	126.24
69	196.02	204.06	176.29	61.64	101.96	128.81
70	198.94	207.11	178.95	62.53	103.47	130.73
71	204.13	212.52	183.60	64.17	106.15	134.18
72	209.42	218.08	188.36	65.85	108.93	137.67
73	214.91	223.76	193.32	67.56	111.78	141.25
74	220.50	229.59	198.33	69.33	114.70	144.95
75	226.28	235.60	203.54	71.14	117.69	148.70
76	233.90	243.51	210.35	73.54	121.63	153.72
77	243.10	253.11	218.66	76.44	126.45	159.79
78	252.79	263.20	227.38	79.49	131.49	166.15
79	260.26	270.95	234.09	81.83	135.36	171.08
80	268.17	279.19	241.20	84.31	139.47	176.27
81	276.08	287.48	248.31	86.81	143.59	181.47
82	284.44	296.16	255.82	89.44	147.92	186.96
83	292.94	305.00	263.49	92.10	152.36	192.54
84	301.59	314.00	271.25	94.81	156.86	198.21
85	310.25	323.00	279.06	97.55	161.37	203.93
86	319.05	332.17	286.98	100.32	165.91	209.69
87	327.80	341.34	294.84	103.08	170.48	215.44
88	336.90	350.77	303.05	105.93	175.23	221.42
89	345.85	360.10	311.07	108.74	179.88	227.31
90	354.80	369.38	319.13	111.56	184.53	233.20
91	362.12	377.02	325.69	113.85	188.33	238.00
92	369.44	384.66	332.30	116.17	192.13	242.84
93	376.17	391.64	338.36	118.28	195.65	247.25
94	383.19	399.01	344.67	120.49	199.31	251.87
95	390.26	406.32	351.03	122.70	202.97	256.50
96	396.84	413.19	356.94	124.78	206.38	260.81
97	403.41	420.07	362.85	126.86	209.83	265.18
98	410.19	427.05	368.96	128.97	213.31	269.58
99+	417.06	434.25	375.12	131.12	216.90	274.12

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

STANDARD – MALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	211.21	219.96	190.01	66.41	109.87	138.87
66	211.21	219.96	190.01	66.41	109.87	138.87
67	211.21	219.96	190.01	66.41	109.87	138.87
68	211.21	219.96	190.01	66.41	109.87	138.87
69	215.62	224.47	193.92	67.80	112.15	141.69
70	218.83	227.83	196.84	68.79	113.82	143.81
71	224.54	233.77	201.96	70.58	116.76	147.60
72	230.36	239.89	207.20	72.44	119.82	151.44
73	236.40	246.13	212.65	74.32	122.95	155.37
74	242.55	252.55	218.16	76.26	126.17	159.45
75	248.91	259.16	223.89	78.26	129.46	163.57
76	257.29	267.86	231.38	80.89	133.80	169.09
77	267.41	278.42	240.53	84.08	139.10	175.77
78	278.07	289.53	250.11	87.44	144.63	182.77
79	286.28	298.04	257.50	90.02	148.89	188.19
80	294.99	307.11	265.32	92.74	153.42	193.90
81	303.69	316.23	273.14	95.49	157.95	199.61
82	312.88	325.77	281.41	98.39	162.71	205.66
83	322.24	335.50	289.83	101.31	167.59	211.80
84	331.75	345.40	298.37	104.30	172.55	218.04
85	341.27	355.30	306.97	107.31	177.50	224.32
86	350.96	365.39	315.67	110.35	182.50	230.66
87	360.58	375.47	324.32	113.39	187.53	236.99
88	370.59	385.85	333.36	116.52	192.76	243.57
89	380.44	396.12	342.17	119.62	197.87	250.04
90	390.28	406.32	351.04	122.72	202.98	256.52
91	398.33	414.72	358.26	125.24	207.16	261.80
92	406.38	423.12	365.53	127.79	211.34	267.12
93	413.78	430.80	372.20	130.10	215.21	271.97
94	421.51	438.91	379.14	132.54	219.24	277.06
95	429.28	446.95	386.13	134.97	223.26	282.14
96	436.52	454.51	392.63	137.26	227.02	286.89
97	443.75	462.07	399.14	139.54	230.81	291.69
98	451.20	469.76	405.86	141.86	234.64	296.54
99+	458.77	477.68	412.63	144.24	238.59	301.53

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

GEORGIA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**STANDARD – MALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	230.42	239.96	207.28	72.45	119.86	151.49
66	230.42	239.96	207.28	72.45	119.86	151.49
67	230.42	239.96	207.28	72.45	119.86	151.49
68	230.42	239.96	207.28	72.45	119.86	151.49
69	235.22	244.87	211.55	73.97	122.35	154.57
70	238.73	248.54	214.74	75.04	124.17	156.88
71	244.96	255.02	220.32	77.00	127.38	161.02
72	251.30	261.69	226.03	79.02	130.71	165.20
73	257.89	268.51	231.98	81.08	134.13	169.49
74	264.60	275.51	237.99	83.19	137.64	173.94
75	271.54	282.71	244.24	85.37	141.23	178.44
76	280.68	292.21	252.42	88.25	145.96	184.47
77	291.72	303.73	262.39	91.72	151.74	191.74
78	303.34	315.84	272.85	95.39	157.78	199.38
79	312.31	325.14	280.90	98.20	162.43	205.30
80	321.80	335.03	289.44	101.17	167.37	211.53
81	331.30	344.98	297.97	104.17	172.31	217.76
82	341.32	355.39	306.99	107.33	177.51	224.35
83	351.53	366.00	316.18	110.52	182.83	231.05
84	361.91	376.80	325.50	113.78	188.24	237.86
85	372.30	387.60	334.88	117.06	193.64	244.72
86	382.86	398.60	344.37	120.38	199.09	251.63
87	393.36	409.60	353.80	123.70	204.58	258.53
88	404.28	420.93	363.66	127.11	210.28	265.71
89	415.02	432.13	373.28	130.49	215.85	272.77
90	425.76	443.26	382.96	133.87	221.43	279.84
91	434.55	452.42	390.83	136.62	225.99	285.60
92	443.33	461.59	398.76	139.40	230.55	291.41
93	451.40	469.97	406.03	141.93	234.78	296.70
94	459.82	478.81	413.61	144.58	239.17	302.24
95	468.31	487.58	421.24	147.24	243.56	307.79
96	476.20	495.83	428.33	149.73	247.66	312.97
97	484.10	504.08	435.42	152.23	251.80	318.21
98	492.22	512.46	442.75	154.76	255.98	323.49
99+	500.47	521.10	450.15	157.35	260.29	328.94

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
30002	Avondale Estates	2	30052	Loganville	2	30104	Aragon	3
30003	Norcross	2	30054	Oxford	2	30105	Armuchee	2
30004	Alpharetta	2	30055	Mansfield	2	30106	Austell	2
30005	Alpharetta	2	30056	Newborn	2	30107	Ball Ground	2
30006	Marietta	2	30058	Lithonia	2	30108	Bowdon	2
30007	Marietta	2	30060	Marietta	2	30109	Bowdon Junction	2
30008	Marietta	2	30061	Marietta	2	30110	Bremen	3
30009	Alpharetta	2	30062	Marietta	2	30111	Clarkdale	2
30010	Norcross	2	30063	Marietta	2	30112	Carrollton	2
30011	Auburn	2	30064	Marietta	2	30113	Buchanan	3
30012	Conyers	2	30065	Marietta	2	30114	Canton	2
30013	Conyers	2	30066	Marietta	2	30115	Canton	2
30014	Covington	2	30067	Marietta	2	30116	Carrollton	2
30015	Covington	2	30068	Marietta	2	30117	Carrollton	2
30016	Covington	2	30069	Marietta	2	30118	Carrollton	2
30017	Grayson	2	30070	Porterdale	2	30119	Carrollton	2
30018	Jersey	2	30071	Norcross	2	30120	Cartersville	2
30019	Dacula	2	30072	Pine Lake	2	30121	Cartersville	2
30021	Clarkston	2	30074	Redan	2	30122	Lithia Springs	2
30022	Alpharetta	2	30075	Roswell	2	30123	Cassville	2
30023	Alpharetta	2	30076	Roswell	2	30124	Cave Spring	2
30024	Suwanee	2	30077	Roswell	2	30125	Cedartown	3
30025	Social Circle	2	30078	Snellville	2	30126	Mableton	2
30026	North Metro	2	30079	Scottdale	2	30127	Powder Springs	2
30028	Cumming	2	30080	Smyrna	2	30129	Coosa	2
30029	North Metro	2	30081	Smyrna	2	30132	Dallas	2
30030	Decatur	2	30082	Smyrna	2	30133	Douglasville	2
30031	Decatur	2	30083	Stone Mountain	2	30134	Douglasville	2
30032	Decatur	2	30084	Tucker	2	30135	Douglasville	2
30033	Decatur	2	30085	Tucker	2	30137	Emerson	2
30034	Decatur	2	30086	Stone Mountain	2	30138	Esom Hill	3
30035	Decatur	2	30087	Stone Mountain	2	30139	Fairmount	2
30036	Decatur	2	30088	Stone Mountain	2	30140	Felton	3
30037	Decatur	2	30090	Marietta	2	30141	Hiram	2
30038	Lithonia	2	30091	Norcross	2	30142	Holly Springs	2
30039	Snellville	2	30092	Peachtree Corners	2	30143	Jasper	2
30040	Cumming	2	30093	Norcross	2	30144	Kennesaw	2
30041	Cumming	2	30094	Conyers	2	30145	Kingston	2
30042	Lawrenceville	2	30095	Duluth	2	30146	Lebanon	2
30043	Lawrenceville	2	30096	Duluth	2	30147	Lindale	2
30044	Lawrenceville	2	30097	Duluth	2	30148	Marble Hill	2
30045	Lawrenceville	2	30098	Duluth	2	30149	Mount Berry	2
30046	Lawrenceville	2	30099	Duluth	2	30150	Mount Zion	2
30047	Lilburn	2	30101	Acworth	2	30151	Nelson	2
30048	Lilburn	2	30102	Acworth	2	30152	Kennesaw	2
30049	Lawrenceville	2	30103	Adairsville	2	30153	Rockmart	3

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
30154	Douglasville	2	30234	Jenkinsburg	3	30298	Forest Park	2
30156	Kennesaw	2	30236	Jonesboro	2	30301	Atlanta	2
30157	Dallas	2	30237	Jonesboro	2	30302	Atlanta	2
30160	Kennesaw	2	30238	Jonesboro	2	30303	Atlanta	2
30161	Rome	2	30240	Lagrange	2	30304	Atlanta	2
30162	Rome	2	30241	Lagrange	2	30305	Atlanta	2
30163	Rome	2	30248	Locust Grove	2	30306	Atlanta	2
30164	Rome	2	30250	Lovejoy	2	30307	Atlanta	2
30165	Rome	2	30251	Luthersville	2	30308	Atlanta	2
30168	Austell	2	30252	Mcdonough	2	30309	Atlanta	2
30169	Canton	2	30253	Mcdonough	2	30310	Atlanta	2
30170	Roopville	2	30256	Meansville	2	30311	Atlanta	2
30171	Rydal	2	30257	Milner	2	30312	Atlanta	2
30172	Shannon	2	30258	Molena	2	30313	Atlanta	2
30173	Silver Creek	2	30259	Moreland	2	30314	Atlanta	2
30175	Talking Rock	2	30260	Morrow	2	30315	Atlanta	2
30176	Tallapoosa	3	30261	Lagrange	2	30316	Atlanta	2
30177	Tate	2	30263	Newnan	2	30317	Atlanta	2
30178	Taylorsville	2	30264	Newnan	2	30318	Atlanta	2
30179	Temple	2	30265	Newnan	2	30319	Atlanta	2
30180	Villa Rica	2	30266	Orchard Hill	2	30320	Atlanta	2
30182	Waco	2	30268	Palmetto	2	30321	Atlanta	2
30183	Waleska	2	30269	Peachtree City	2	30322	Atlanta	2
30184	White	2	30270	Peachtree City	2	30324	Atlanta	2
30185	Whitesburg	2	30271	Newnan	2	30325	Atlanta	2
30187	Winston	2	30272	Red Oak	2	30326	Atlanta	2
30188	Woodstock	2	30273	Rex	2	30327	Atlanta	2
30189	Woodstock	2	30274	Riverdale	2	30328	Atlanta	2
30204	Barnesville	2	30275	Sargent	2	30329	Atlanta	2
30205	Brooks	2	30276	Senoia	2	30331	Atlanta	2
30206	Concord	2	30277	Sharpsburg	2	30332	Atlanta	2
30212	Experiment	2	30281	Stockbridge	2	30333	Atlanta	2
30213	Fairburn	2	30284	Sunny Side	2	30334	Atlanta	2
30214	Fayetteville	2	30285	The Rock	2	30336	Atlanta	2
30215	Fayetteville	2	30286	Thomaston	2	30337	Atlanta	2
30216	Flovilla	3	30287	Morrow	2	30338	Atlanta	2
30217	Franklin	2	30288	Conley	2	30339	Atlanta	2
30218	Gay	2	30289	Turin	2	30340	Atlanta	2
30220	Grantville	2	30290	Tyrone	2	30341	Atlanta	2
30222	Greenville	3	30291	Union City	2	30342	Atlanta	2
30223	Griffin	2	30292	Williamson	2	30343	Atlanta	2
30224	Griffin	2	30293	Woodbury	3	30344	Atlanta	2
30228	Hampton	2	30294	Ellenwood	2	30345	Atlanta	2
30229	Haralson	2	30295	Zebulon	2	30346	Atlanta	2
30230	Hogansville	2	30296	Riverdale	2	30348	Atlanta	2
30233	Jackson	3	30297	Forest Park	2	30349	Atlanta	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
30350	Atlanta	2	30429	Hagan	1	30517	Braselton	1
30353	Atlanta	2	30434	Louisville	1	30518	Buford	1
30354	Atlanta	2	30436	Lyons	1	30519	Buford	1
30355	Atlanta	2	30438	Manassas	1	30520	Canon	1
30356	Atlanta	2	30439	Metter	2	30521	Carnesville	1
30357	Atlanta	2	30441	Midville	1	30522	Cherry Log	1
30358	Atlanta	2	30442	Millen	2	30523	Clarksville	1
30359	Atlanta	2	30445	Mount Vernon	1	30525	Clayton	2
30360	Atlanta	2	30446	Newington	2	30527	Clermont	1
30361	Atlanta	2	30447	Norristown	1	30528	Cleveland	1
30362	Atlanta	2	30448	Nunez	1	30529	Commerce	1
30363	Atlanta	2	30449	Oliver	1	30530	Commerce	1
30364	Atlanta	2	30450	Portal	1	30531	Cornelia	1
30366	Atlanta	2	30451	Pulaski	2	30533	Dahlonega	1
30368	Atlanta	2	30452	Register	1	30534	Dawsonville	1
30369	Atlanta	2	30453	Reidsville	2	30535	Demorest	1
30370	Atlanta	2	30454	Rockledge	1	30536	Ellijay	1
30371	Atlanta	2	30455	Rocky Ford	2	30537	Dillard	2
30374	Atlanta	2	30456	Sardis	1	30538	Eastanollee	1
30375	Atlanta	2	30457	Soperton	1	30539	East Ellijay	1
30377	Atlanta	2	30458	Statesboro	1	30540	Ellijay	1
30378	Atlanta	2	30459	Statesboro	1	30541	Epworth	1
30380	Atlanta	2	30460	Statesboro	1	30542	Flowery Branch	1
30384	Atlanta	2	30461	Statesboro	1	30543	Gillsville	1
30385	Atlanta	2	30464	Stillmore	1	30545	Helen	1
30388	Atlanta	2	30467	Sylvania	2	30546	Hiawassee	2
30392	Atlanta	2	30470	Tarrytown	1	30547	Homer	1
30394	Atlanta	2	30471	Twin City	1	30548	Hoschton	1
30396	Atlanta	2	30473	Uvalda	1	30549	Jefferson	1
30398	Atlanta	2	30474	Vidalia	1	30552	Lakemont	2
30401	Swainsboro	1	30475	Vidalia	1	30553	Lavonia	1
30410	Ailey	1	30477	Wadley	1	30554	Lula	1
30411	Alamo	1	30499	Reidsville	2	30555	Mc Caysville	1
30412	Alston	1	30501	Gainesville	1	30557	Martin	1
30413	Bartow	1	30502	Chestnut Mountain	1	30558	Maysville	1
30414	Bellville	1	30503	Gainesville	1	30559	Mineral Bluff	1
30415	Brooklet	1	30504	Gainesville	1	30560	Morganton	1
30417	Claxton	1	30506	Gainesville	1	30562	Mountain City	2
30420	Cobbtown	1	30507	Gainesville	1	30563	Mount Airy	1
30421	Collins	1	30510	Alto	1	30564	Murrayville	1
30423	Daisy	1	30511	Baldwin	1	30565	Nicholson	1
30424	Dover	1	30512	Blairsville	1	30566	Oakwood	1
30425	Garfield	1	30513	Blue Ridge	1	30567	Pendergrass	1
30426	Girard	1	30514	Blairsville	1	30568	Rabun Gap	2
30427	Glennville	1	30515	Buford	1	30571	Sautee Nacoochee	1
30428	Glenwood	1	30516	Bowersville	1	30572	Suches	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
30573	Tallulah Falls	1	30656	Monroe	1	30751	Tennnga	1
30575	Talmo	1	30660	Rayle	2	30752	Trenton	1
30576	Tiger	2	30662	Royston	1	30753	Trion	1
30577	Toccoa	1	30663	Rutledge	1	30755	Tunnel Hill	1
30580	Turnerville	1	30664	Sharon	2	30756	Varnell	1
30581	Wiley	2	30665	Siloam	2	30757	Wildwood	1
30582	Young Harris	1	30666	Statham	1	30802	Appling	1
30597	Dahlonega	1	30667	Stephens	2	30803	Avera	1
30598	Toccoa Falls	1	30668	Tignall	2	30805	Blythe	1
30599	Commerce	1	30669	Union Point	2	30806	Boneville	1
30601	Athens	1	30671	Maxeys	2	30807	Camak	1
30602	Athens	1	30673	Washington	2	30808	Dearing	1
30603	Athens	1	30677	Watkinsville	1	30809	Evans	1
30604	Athens	1	30678	White Plains	2	30810	Gibson	1
30605	Athens	1	30680	Winder	1	30811	Gough	1
30606	Athens	1	30683	Winterville	1	30812	Gracewood	1
30607	Athens	1	30701	Calhoun	1	30813	Grovetown	1
30608	Athens	1	30703	Calhoun	1	30814	Harlem	1
30609	Athens	1	30705	Chatsworth	1	30815	Hephzibah	1
30612	Athens	1	30707	Chickamauga	1	30816	Keysville	1
30619	Arnoldsville	1	30708	Cisco	1	30817	Lincolnton	1
30620	Bethlehem	1	30710	Cohutta	1	30818	Matthews	1
30621	Bishop	1	30711	Crandall	1	30819	Mesena	1
30622	Bogart	1	30719	Dalton	1	30820	Mitchell	1
30623	Bostwick	1	30720	Dalton	1	30821	Norwood	1
30624	Bowman	2	30721	Dalton	1	30822	Perkins	1
30625	Buckhead	2	30722	Dalton	1	30823	Stapleton	1
30627	Carlton	2	30724	Eton	1	30824	Thomson	1
30628	Colbert	1	30725	Flintstone	1	30828	Warrenton	1
30629	Comer	1	30726	Graysville	1	30830	Waynesboro	1
30630	Crawford	1	30728	La Fayette	1	30833	Wrens	1
30631	Crawfordville	2	30730	Lyerly	1	30901	Augusta	1
30633	Danielsville	1	30731	Menlo	1	30903	Augusta	1
30634	Dewy Rose	2	30732	Oakman	1	30904	Augusta	1
30635	Elberton	2	30733	Plainville	1	30905	Augusta	1
30638	Farmington	1	30734	Ranger	1	30906	Augusta	1
30639	Franklin Springs	1	30735	Resaca	1	30907	Augusta	1
30641	Good Hope	1	30736	Ringgold	1	30909	Augusta	1
30642	Greensboro	2	30738	Rising Fawn	1	30912	Augusta	1
30643	Hartwell	1	30739	Rock Spring	1	30914	Augusta	1
30645	High Shoals	1	30740	Rocky Face	1	30916	Augusta	1
30646	Hull	1	30741	Rossville	1	30917	Augusta	1
30647	Ila	1	30742	Fort Oglethorpe	1	30919	Augusta	1
30648	Lexington	1	30746	Sugar Valley	1	30999	Augusta	1
30650	Madison	2	30747	Summerville	1	31001	Abbeville	1
30655	Monroe	1	30750	Lookout Mountain	1	31002	Adrian	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
31003	Allentown	1	31051	Lilly	1	31119	Atlanta	1
31004	Bolingbroke	1	31052	Lizella	1	31126	Atlanta	1
31005	Bonaire	1	31054	Mc Intyre	1	31131	Atlanta	1
31006	Butler	1	31055	Mc Rae Helena	1	31136	Atlanta	1
31007	Byromville	1	31057	Marshallville	1	31139	Atlanta	1
31008	Byron	1	31058	Mauk	1	31141	Atlanta	1
31009	Cadwell	1	31059	Milledgeville	1	31144	Kennesaw	1
31010	Cordele	1	31060	Milan	1	31145	Atlanta	1
31011	Chauncey	1	31061	Milledgeville	1	31146	Atlanta	1
31012	Chester	1	31062	Milledgeville	1	31150	Atlanta	1
31013	Clinchfield	1	31063	Montezuma	1	31156	Atlanta	1
31014	Cochran	2	31064	Monticello	2	31169	Peachtree City	1
31015	Cordele	1	31065	Montrose	1	31192	Atlanta	1
31016	Culloden	1	31066	Musella	1	31193	Atlanta	1
31017	Danville	2	31067	Oconee	1	31195	Atlanta	1
31018	Davisboro	1	31068	Oglethorpe	1	31196	Atlanta	1
31019	Dexter	1	31069	Perry	1	31201	Macon	1
31020	Dry Branch	1	31070	Pinehurst	1	31202	Macon	1
31021	Dublin	1	31071	Pineview	1	31203	Macon	1
31022	Dudley	1	31072	Pitts	1	31204	Macon	1
31023	Eastman	1	31075	Rentz	1	31205	Macon	1
31024	Eatonton	2	31076	Reynolds	1	31206	Macon	1
31025	Elko	1	31077	Rhine	1	31207	Macon	1
31026	Eatonton	2	31078	Roberta	1	31208	Macon	1
31027	East Dublin	1	31079	Rochelle	1	31209	Macon	1
31028	Centerville	1	31081	Rupert	1	31210	Macon	1
31029	Forsyth	2	31082	Sandersville	1	31211	Macon	1
31030	Fort Valley	1	31083	Scotland	2	31213	Macon	1
31031	Gordon	1	31084	Seville	1	31216	Macon	1
31032	Gray	1	31085	Shady Dale	1	31217	Macon	1
31033	Haddock	1	31086	Smarr	1	31220	Macon	1
31034	Hardwick	1	31087	Sparta	1	31221	Macon	1
31035	Harrison	1	31088	Warner Robins	1	31294	Macon	1
31036	Hawkinsville	1	31089	Tennille	1	31295	Macon	1
31037	Mc Rae Helena	1	31090	Toombsboro	1	31296	Macon	1
31038	Hillsboro	2	31091	Unadilla	1	31297	Macon	1
31039	Howard	1	31092	Vienna	1	31301	Allenhurst	3
31040	Dublin	1	31093	Warner Robins	1	31302	Bloomingtondale	2
31041	Ideal	1	31094	Warthen	1	31303	Clyo	3
31042	Irwinton	1	31095	Warner Robins	1	31304	Crescent	2
31044	Jeffersonville	1	31096	Wrightsville	1	31305	Darien	2
31045	Jewell	1	31097	Yatesville	1	31307	Eden	2
31046	Juliette	2	31098	Warner Robins	1	31308	Ellabell	2
31047	Kathleen	1	31099	Warner Robins	1	31309	Fleming	3
31049	Kite	1	31106	Atlanta	1	31310	Hinesville	3
31050	Knoxville	1	31107	Atlanta	1	31312	Guyton	3

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
31313	Hinesville	3	31520	Brunswick	1	31605	Valdosta	1
31314	Fort Stewart	3	31521	Brunswick	1	31606	Valdosta	1
31315	Fort Stewart	3	31522	Saint Simons Island	1	31620	Adel	1
31316	Ludowici	2	31523	Brunswick	1	31622	Alapaha	1
31318	Meldrim	2	31524	Brunswick	1	31623	Argyle	2
31319	Meridian	2	31525	Brunswick	1	31624	Axson	1
31320	Midway	3	31527	Jekyll Island	1	31625	Barney	1
31321	Pembroke	2	31532	Denton	1	31626	Boston	1
31322	Pooler	2	31533	Douglas	1	31627	Cecil	1
31323	Riceboro	3	31534	Douglas	1	31629	Dixie	2
31324	Richmond Hill	2	31535	Douglas	1	31630	Du Pont	2
31326	Rincon	2	31537	Folkston	1	31631	Fargo	1
31327	Sapelo Island	2	31539	Hazlehurst	2	31632	Hahira	1
31328	Tybee Island	2	31542	Hoboken	1	31634	Homerville	2
31329	Springfield	3	31543	Hortense	1	31635	Lakeland	2
31331	Townsend	3	31544	Jacksonville	1	31636	Lake Park	1
31333	Walthourville	3	31545	Jesup	1	31637	Lenox	1
31401	Savannah	2	31546	Jesup	1	31638	Morven	1
31402	Savannah	2	31547	Kings Bay	1	31639	Nashville	1
31403	Savannah	2	31548	Kingsland	1	31641	Naylor	1
31404	Savannah	2	31549	Lumber City	2	31642	Pearson	1
31405	Savannah	2	31550	Manor	1	31643	Quitman	2
31406	Savannah	2	31551	Mershon	1	31645	Ray City	1
31407	Port Wentworth	2	31552	Millwood	1	31647	Sparks	1
31408	Savannah	2	31553	Nahunta	1	31648	Statenville	1
31409	Savannah	2	31554	Nicholls	1	31649	Stockton	2
31410	Savannah	2	31555	Odum	1	31650	Willacoochee	1
31411	Savannah	2	31556	Offerman	1	31698	Valdosta	1
31412	Savannah	2	31557	Patterson	1	31699	Moody AFB	1
31414	Savannah	2	31558	Saint Marys	1	31701	Albany	1
31415	Savannah	2	31560	Screven	1	31702	Albany	1
31416	Savannah	2	31561	Sea Island	1	31703	Albany	1
31418	Savannah	2	31562	Saint George	1	31704	Albany	1
31419	Savannah	2	31563	Surrency	1	31705	Albany	1
31420	Savannah	2	31564	Waresboro	1	31706	Albany	1
31421	Savannah	2	31565	Waverly	1	31707	Albany	1
31501	Waycross	1	31566	Waynesville	1	31708	Albany	1
31502	Waycross	1	31567	West Green	1	31709	Americus	1
31503	Waycross	1	31568	White Oak	1	31711	Andersonville	1
31510	Alma	2	31569	Woodbine	1	31712	Arabi	1
31512	Ambrose	1	31598	Jesup	1	31714	Ashburn	1
31513	Baxley	1	31599	Jesup	1	31716	Baconton	1
31515	Baxley	1	31601	Valdosta	1	31719	Americus	1
31516	Blackshear	1	31602	Valdosta	1	31720	Barwick	1
31518	Bristol	1	31603	Valdosta	1	31721	Albany	1
31519	Broxton	1	31604	Valdosta	1	31722	Berlin	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
GEORGIA – ZIP CODE AREA CHART – Effective 08-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
31727	Brookfield	1	31801	Box Springs	1	39818	Bainbridge	1
31730	Camilla	2	31803	Buena Vista	1	39819	Bainbridge	1
31733	Chula	1	31804	Cataula	1	39823	Blakely	2
31735	Cobb	1	31805	Cusseta	1	39824	Bluffton	2
31738	Coolidge	1	31806	Ellaville	1	39825	Brinson	1
31739	Cotton	2	31807	Ellerslie	1	39826	Bronwood	1
31743	De Soto	1	31808	Fortson	1	39827	Cairo	1
31744	Doerun	1	31810	Geneva	1	39828	Cairo	1
31747	Ellenton	1	31811	Hamilton	1	39829	Calvary	1
31749	Enigma	1	31812	Junction City	1	39832	Cedar Springs	1
31750	Fitzgerald	1	31814	Louvale	1	39834	Climax	1
31753	Funston	1	31815	Lumpkin	1	39836	Coleman	1
31756	Hartsfield	1	31816	Manchester	2	39837	Colquitt	2
31757	Thomasville	1	31820	Midland	1	39840	Cuthbert	1
31758	Thomasville	1	31821	Omaha	1	39841	Damascus	2
31760	Irwinville	1	31822	Pine Mountain	1	39842	Dawson	1
31763	Leesburg	1	31823	Pine Mountain Valley	2	39845	Donalsonville	1
31764	Leslie	1	31824	Preston	1	39846	Edison	2
31765	Meigs	1	31825	Richland	1	39851	Fort Gaines	1
31768	Moultrie	1	31826	Shiloh	2	39852	Fowlstown	1
31769	Mystic	1	31827	Talbotton	1	39854	Georgetown	1
31771	Norman Park	1	31829	Upatoi	1	39859	Iron City	1
31772	Oakfield	1	31830	Warm Springs	2	39861	Jakin	1
31773	Ochlocknee	1	31831	Waverly Hall	1	39862	Leary	1
31774	Ocilla	1	31832	Weston	1	39866	Morgan	1
31775	Omega	1	31833	West Point	1	39867	Morris	1
31776	Moultrie	1	31836	Woodland	1	39870	Newton	2
31778	Pavo	1	31901	Columbus	1	39877	Parrott	1
31779	Pelham	2	31902	Columbus	1	39885	Sasser	1
31780	Plains	1	31903	Columbus	1	39886	Shellman	1
31781	Poulan	2	31904	Columbus	1	39897	Whigham	1
31782	Putney	1	31905	Fort Benning	1	39901	Atlanta	1
31783	Rebecca	1	31906	Columbus	1			
31784	Sale City	2	31907	Columbus	1			
31787	Smithville	1	31908	Columbus	1			
31788	Moultrie	1	31909	Columbus	1			
31789	Sumner	1	31914	Columbus	1			
31790	Sycamore	1	31917	Columbus	1			
31791	Sylvester	2	31993	Columbus	1			
31792	Thomasville	1	31995	Fort Benning	1			
31793	Tifton	1	31997	Columbus	1			
31794	Tifton	1	31998	Columbus	1			
31795	TY TY	1	31999	Columbus	1			
31796	Warwick	1	39813	Arlington	2			
31798	Wray	1	39815	Attapulgis	1			
31799	Thomasville	1	39817	Bainbridge	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. Premium rates are based on where you live, and therefore may change if you your place of residence changes.

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 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