

**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE**  
**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE**  
**BENEFIT PLANS AVAILABLE: A, B, F, G, N**

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. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F. **NOTICE TO BUYER: The policy may not cover all of the costs associated with Medicare care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.**

**Basic Benefits:** Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end. Medical Expenses: Part B coinsurance (generally 20% of Medicare-Approved expenses) or, co-payments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of coinsurance or copayments. Blood: First three pints of blood each year. Hospice: Part A coinsurance.

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2024 <sup>2</sup>					\$7,060 <sup>2</sup>	\$3,530 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of **\$2,800** before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plans F and G do not cover the separate Foreign travel emergency deductible. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 1 - Florida Rate Effective 7/1/2023  
ZIP codes: All Except 320-349  
Monthly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	581.35	667.65	823.34	739.45	511.30
65	155.02	178.10	219.50	197.17	136.28
66	156.02	179.18	220.91	198.50	137.86
67	158.44	182.01	224.41	201.59	140.61
68	161.52	185.51	228.83	205.50	144.36
69	165.27	189.76	234.16	210.17	148.11
70	169.10	194.09	239.49	215.00	151.86
71	172.76	198.34	244.65	219.75	155.27
72	176.60	202.75	250.07	224.58	158.69
73	180.26	206.92	255.15	229.16	161.85
74	184.26	211.58	260.98	234.32	165.52
75	188.34	216.33	266.64	239.57	169.10
76	192.67	221.24	272.89	245.07	172.85
77	197.67	226.91	279.97	251.48	177.35
78	202.84	232.91	287.14	257.98	182.18
79	208.08	238.82	294.55	264.56	186.93
80	213.83	245.40	302.63	271.81	192.09
81	219.50	252.23	310.88	279.47	197.42
82	225.33	258.73	319.04	286.72	202.59
83	231.57	265.89	327.87	294.72	208.08
84	237.65	272.72	336.53	302.30	213.50
85	245.49	281.89	347.61	312.29	220.66
86	251.90	289.13	356.52	320.37	226.33
87	258.31	296.55	365.77	328.62	232.07
88	264.81	304.05	375.02	336.87	237.99
89	271.47	311.79	384.60	345.28	244.07
90	278.31	319.54	394.01	353.94	250.07
91	285.05	327.37	403.76	362.60	256.23
92	291.97	335.20	413.42	371.43	262.40
93	298.80	343.03	423.16	380.10	268.56
94	305.54	350.78	432.58	388.59	274.56
95	312.04	358.19	441.82	396.92	280.39
96	318.04	365.19	450.32	404.50	285.89
97	323.45	371.27	457.82	411.34	290.55
98	327.54	376.02	463.81	416.58	294.30
99	329.95	378.85	467.31	419.75	296.55
100+	329.95	378.85	467.31	419.75	296.55

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	523.21	600.84	741.04	665.48	460.15
65	139.44	160.19	197.59	177.43	122.62
66	140.53	161.27	198.92	178.68	124.12
67	142.61	163.77	201.92	181.43	126.53
68	145.36	166.93	205.92	184.93	129.86
69	148.77	170.77	210.67	189.17	133.28
70	152.19	174.68	215.50	193.51	136.61
71	155.52	178.60	220.08	197.75	139.78
72	158.94	182.51	224.99	202.09	142.86
73	162.19	186.34	229.66	206.25	145.69
74	165.77	190.51	234.91	210.92	148.94
75	169.43	194.59	240.07	215.58	152.19
76	173.43	199.09	245.57	220.66	155.60
77	177.93	204.33	252.07	226.33	159.69
78	182.59	209.58	258.48	232.16	163.93
79	187.18	214.91	265.06	238.07	168.18
80	192.34	220.83	272.39	244.65	172.85
81	197.59	226.91	279.89	251.48	177.68
82	202.84	232.82	287.22	257.98	182.34
83	208.50	239.32	295.05	265.14	187.26
84	213.91	245.49	302.88	272.06	192.26
85	220.91	253.73	312.96	281.05	198.59
86	226.66	260.23	320.87	288.30	203.67
87	232.49	266.89	329.20	295.72	208.83
88	238.32	273.72	337.53	303.21	214.16
89	244.32	280.55	346.03	310.79	219.58
90	250.48	287.55	354.61	318.54	225.08
91	256.56	294.55	363.27	326.37	230.57
92	262.81	301.71	372.10	334.20	236.16
93	268.81	308.71	380.76	342.11	241.65
94	274.89	315.79	389.34	349.78	247.07
95	280.80	322.37	397.67	357.19	252.32
96	286.22	328.62	405.25	364.02	257.23
97	290.97	334.03	412.00	370.19	261.48
98	294.72	338.45	417.42	374.93	264.98
99	296.96	340.86	420.50	377.77	266.89
100+	296.96	340.86	420.50	377.77	266.89

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 1 - Florida Rate Effective 7/1/2023  
ZIP codes: All Except 320-349  
Monthly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	668.57	767.69	946.87	850.49	588.10
65	178.26	204.67	252.40	226.83	156.77
66	179.51	206.08	254.15	228.24	158.60
67	182.26	209.25	258.06	231.82	161.69
68	185.76	213.33	263.14	236.24	165.93
69	190.09	218.16	269.14	241.74	170.35
70	194.42	223.08	275.31	247.23	174.60
71	198.67	228.24	281.39	252.65	178.68
72	203.00	233.07	287.55	258.31	182.51
73	207.25	237.99	293.38	263.56	186.18
74	211.83	243.32	300.21	269.56	190.34
75	216.58	248.65	306.71	275.56	194.42
76	221.58	254.56	313.79	281.97	198.84
77	227.33	260.98	321.95	289.05	204.09
78	233.16	267.89	330.28	296.71	209.50
79	239.24	274.64	338.61	304.21	214.91
80	245.82	282.30	348.11	312.62	220.83
81	252.57	290.05	357.52	321.29	226.99
82	259.15	297.55	367.02	329.62	232.99
83	266.39	305.71	377.02	338.78	239.40
84	273.22	313.71	386.93	347.61	245.65
85	282.30	324.29	399.84	359.19	253.82
86	289.72	332.53	410.00	368.35	260.40
87	296.96	341.03	420.50	377.85	266.89
88	304.63	349.69	431.24	387.35	273.64
89	312.29	358.52	442.16	397.09	280.55
90	319.96	367.35	453.15	407.00	287.55
91	327.87	376.35	464.23	417.00	294.72
92	335.78	385.51	475.48	427.08	301.80
93	343.61	394.43	486.56	437.08	308.79
94	351.36	403.51	497.55	446.82	315.79
95	358.77	412.00	508.05	456.40	322.45
96	365.77	419.92	517.79	465.23	328.70
97	371.85	427.00	526.54	473.06	334.12
98	376.68	432.33	533.37	479.22	338.53
99	379.43	435.66	537.29	482.72	341.03
100+	379.43	435.66	537.29	482.72	341.03

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	601.68	690.97	852.16	765.36	529.20
65	160.44	184.18	227.24	204.09	141.03
66	161.52	185.51	228.74	205.42	142.69
67	163.93	188.34	232.24	208.67	145.53
68	167.18	192.01	236.82	212.58	149.27
69	171.10	196.34	242.32	217.58	153.36
70	175.01	200.84	247.82	222.58	157.10
71	178.85	205.33	253.23	227.41	160.77
72	182.76	209.83	258.73	232.41	164.27
73	186.51	214.16	264.14	237.24	167.60
74	190.76	219.00	270.23	242.57	171.35
75	194.92	223.83	276.06	247.98	175.01
76	199.42	229.08	282.39	253.65	178.93
77	204.67	234.91	289.80	260.23	183.59
78	209.92	241.07	297.21	267.06	188.59
79	215.25	247.15	304.79	273.89	193.42
80	221.24	253.98	313.29	281.39	198.75
81	227.24	260.98	321.79	289.22	204.33
82	233.24	267.81	330.37	296.71	209.67
83	239.74	275.14	339.36	304.96	215.41
84	245.90	282.30	348.28	312.87	220.99
85	254.07	291.80	359.86	323.20	228.41
86	260.65	299.30	369.02	331.53	234.32
87	267.31	306.88	378.43	340.03	240.24
88	274.14	314.62	388.01	348.61	246.32
89	280.89	322.62	397.92	357.44	252.48
90	287.97	330.53	407.75	366.27	258.81
91	295.05	338.78	417.83	375.27	265.14
92	302.21	346.86	427.83	384.35	271.64
93	309.29	355.02	437.82	393.34	277.89
94	316.21	363.19	447.74	402.17	284.22
95	322.87	370.77	457.32	410.67	290.22
96	329.20	377.93	466.06	418.75	295.80
97	334.70	384.18	473.89	425.66	300.71
98	338.95	389.18	480.06	431.24	304.71
99	341.53	392.09	483.64	434.41	306.96
100+	341.53	392.09	483.64	434.41	306.96

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Monthly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	645.91	741.79	914.80	821.59	568.11
65	172.26	197.84	243.90	219.08	151.44
66	173.35	199.09	245.49	220.58	153.19
67	176.01	202.25	249.32	223.99	156.27
68	179.43	206.08	254.23	228.33	160.35
69	183.59	210.83	260.15	233.49	164.52
70	187.84	215.66	266.06	238.90	168.68
71	191.92	220.41	271.81	244.15	172.51
72	196.17	225.24	277.81	249.48	176.35
73	200.25	229.91	283.47	254.65	179.84
74	204.75	235.07	289.97	260.40	183.93
75	209.25	240.32	296.30	266.23	187.84
76	214.08	245.82	303.21	272.31	192.09
77	219.66	252.15	311.04	279.39	197.09
78	225.33	258.81	319.04	286.64	202.42
79	231.16	265.31	327.29	293.97	207.67
80	237.57	272.64	336.28	302.05	213.41
81	243.90	280.22	345.45	310.54	219.33
82	250.32	287.47	354.52	318.54	225.08
83	257.31	295.47	364.27	327.45	231.24
84	264.06	303.05	373.93	335.87	237.24
85	272.72	313.21	386.26	346.94	245.15
86	279.89	321.29	396.17	355.94	251.48
87	287.05	329.53	406.42	365.10	257.90
88	294.22	337.86	416.67	374.27	264.39
89	301.63	346.44	427.33	383.68	271.14
90	309.21	355.02	437.74	393.26	277.81
91	316.71	363.77	448.57	402.92	284.72
92	324.37	372.43	459.32	412.67	291.55
93	331.95	381.18	470.15	422.33	298.38
94	339.45	389.76	480.64	431.74	305.04
95	346.69	398.01	490.89	440.99	311.54
96	353.36	405.75	500.38	449.49	317.62
97	359.36	412.50	508.71	457.07	322.87
98	363.94	417.75	515.38	462.90	327.04
99	366.60	420.91	519.21	466.40	329.53
100+	366.60	420.91	519.21	466.40	329.53

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	581.35	667.57	823.34	739.45	511.30
65	154.94	178.01	219.58	197.17	136.28
66	156.10	179.18	220.99	198.50	137.86
67	158.44	181.93	224.33	201.59	140.61
68	161.52	185.51	228.83	205.50	144.28
69	165.27	189.76	234.07	210.17	148.11
70	169.10	194.09	239.40	215.00	151.77
71	172.76	198.42	244.57	219.75	155.27
72	176.60	202.75	249.98	224.58	158.69
73	180.18	207.00	255.15	229.16	161.85
74	184.18	211.67	260.98	234.32	165.52
75	188.26	216.25	266.73	239.49	169.10
76	192.67	221.24	272.81	245.15	172.85
77	197.67	226.99	280.05	251.48	177.43
78	202.84	232.91	287.22	257.98	182.18
79	208.00	238.82	294.55	264.56	186.84
80	213.75	245.40	302.63	271.81	192.01
81	219.58	252.15	310.96	279.39	197.42
82	225.33	258.73	319.12	286.64	202.59
83	231.66	265.89	327.87	294.63	208.08
84	237.65	272.72	336.53	302.30	213.58
85	245.49	281.89	347.69	312.29	220.66
86	251.82	289.13	356.52	320.37	226.33
87	258.31	296.55	365.77	328.54	232.07
88	264.81	304.13	375.02	336.87	237.99
89	271.47	311.71	384.51	345.28	243.99
90	278.31	319.46	394.01	353.94	250.07
91	285.05	327.29	403.67	362.60	256.23
92	291.97	335.20	413.42	371.35	262.40
93	298.71	343.03	423.08	380.10	268.48
94	305.46	350.86	432.58	388.59	274.56
95	311.96	358.19	441.82	396.84	280.39
96	318.04	365.10	450.32	404.50	285.80
97	323.29	371.18	457.82	411.34	290.55
98	327.45	376.02	463.81	416.58	294.38
99	329.95	378.77	467.23	419.75	296.55
100+	329.95	378.77	467.23	419.75	296.55

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Monthly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	742.87	852.99	1,052.08	944.96	653.41
65	198.09	227.41	280.47	251.98	174.18
66	199.42	228.99	282.39	253.57	176.18
67	202.50	232.49	286.72	257.56	179.68
68	206.42	236.99	292.38	262.48	184.34
69	211.25	242.40	299.05	268.56	189.26
70	216.00	247.90	305.88	274.72	194.01
71	220.75	253.57	312.62	280.72	198.50
72	225.58	258.98	319.54	286.97	202.75
73	230.24	264.39	325.95	292.80	206.83
74	235.41	270.39	333.53	299.46	211.50
75	240.65	276.31	340.78	306.13	216.00
76	246.23	282.80	348.69	313.29	220.91
77	252.57	289.97	357.69	321.20	226.74
78	259.06	297.63	367.02	329.70	232.74
79	265.81	305.13	376.27	338.03	238.82
80	273.14	313.62	386.76	347.36	245.32
81	280.64	322.29	397.26	357.02	252.23
82	287.97	330.62	407.84	366.27	258.90
83	295.96	339.70	418.92	376.43	265.98
84	303.55	348.53	429.91	386.26	272.97
85	313.71	360.27	444.24	399.09	282.05
86	321.87	369.44	455.57	409.25	289.30
87	329.95	378.93	467.23	419.83	296.55
88	338.45	388.51	479.14	430.41	304.05
89	346.94	398.34	491.30	441.24	311.71
90	355.52	408.17	503.47	452.24	319.54
91	364.27	418.17	515.79	463.31	327.45
92	373.10	428.33	528.29	474.56	335.28
93	381.76	438.24	540.62	485.64	343.11
94	390.43	448.32	552.86	496.47	350.86
95	398.67	457.73	564.52	507.13	358.27
96	406.42	466.56	575.35	516.88	365.19
97	413.17	474.39	585.02	525.62	371.27
98	418.50	480.39	592.60	532.45	376.10
99	421.58	484.06	597.01	536.37	378.93
100+	421.58	484.06	597.01	536.37	378.93

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	668.57	767.78	946.87	850.41	588.01
65	178.26	204.67	252.48	226.74	156.69
66	179.43	206.08	254.15	228.24	158.52
67	182.18	209.25	258.06	231.82	161.69
68	185.76	213.33	263.14	236.24	165.85
69	190.09	218.16	269.23	241.74	170.35
70	194.42	223.16	275.31	247.32	174.60
71	198.67	228.16	281.39	252.65	178.60
72	203.09	233.16	287.47	258.23	182.51
73	207.25	237.99	293.47	263.56	186.18
74	211.92	243.32	300.21	269.48	190.34
75	216.58	248.73	306.71	275.56	194.42
76	221.58	254.48	313.79	281.80	198.84
77	227.41	260.98	321.95	289.13	204.00
78	233.24	267.81	330.20	296.71	209.50
79	239.15	274.64	338.70	304.29	214.91
80	245.82	282.22	348.11	312.62	220.83
81	252.48	289.97	357.52	321.37	226.99
82	259.15	297.55	367.10	329.70	232.99
83	266.39	305.71	377.10	338.86	239.32
84	273.22	313.71	387.01	347.61	245.57
85	282.30	324.20	399.84	359.11	253.82
86	289.63	332.53	410.00	368.35	260.31
87	296.96	340.95	420.50	377.77	266.89
88	304.63	349.61	431.16	387.35	273.64
89	312.13	358.44	442.16	397.17	280.55
90	319.96	367.27	453.07	406.92	287.55
91	327.79	376.43	464.23	417.00	294.63
92	335.78	385.43	475.39	427.08	301.80
93	343.61	394.51	486.47	437.08	308.79
94	351.36	403.51	497.47	446.82	315.79
95	358.77	411.92	508.13	456.32	322.45
96	365.77	419.92	517.88	465.23	328.70
97	371.85	426.83	526.54	472.98	334.12
98	376.60	432.41	533.37	479.14	338.53
99	379.43	435.66	537.37	482.64	341.03
100+	379.43	435.66	537.37	482.64	341.03

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
**Area 3 - Florida Rate Effective 7/1/2023**  
**ZIP codes: 322, 335-337, 346, 349**  
**Monthly Female rates**

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	691.14	793.68	978.86	879.06	607.84
65	184.34	211.67	260.98	234.41	162.02
66	185.51	213.00	262.64	235.99	163.93
67	188.34	216.41	266.81	239.65	167.18
68	192.01	220.50	272.06	244.32	171.60
69	196.42	225.58	278.39	249.82	176.01
70	201.00	230.74	284.72	255.65	180.51
71	205.33	235.82	290.80	261.23	184.59
72	209.92	240.99	297.21	266.98	188.67
73	214.25	245.98	303.30	272.47	192.42
74	219.08	251.57	310.29	278.64	196.84
75	223.91	257.15	317.04	284.89	201.00
76	229.08	263.06	324.45	291.38	205.50
77	235.07	269.81	332.78	298.96	210.92
78	241.07	276.89	341.36	306.71	216.58
79	247.32	283.89	350.19	314.54	222.24
80	254.23	291.72	359.86	323.20	228.33
81	260.98	299.80	369.60	332.28	234.66
82	267.81	307.63	379.35	340.86	240.82
83	275.31	316.12	389.76	350.36	247.40
84	282.55	324.29	400.09	359.36	253.82
85	291.80	335.12	413.33	371.27	262.31
86	299.46	343.78	423.91	380.85	269.06
87	307.13	352.61	434.91	390.68	275.97
88	314.79	361.52	445.82	400.51	282.89
89	322.70	370.69	457.23	410.50	290.13
90	330.87	379.85	468.40	420.75	297.21
91	338.86	389.26	479.97	431.16	304.63
92	347.11	398.51	491.47	441.57	311.96
93	355.19	407.84	503.05	451.90	319.29
94	363.19	417.08	514.29	461.98	326.37
95	370.93	425.83	525.29	471.89	333.37
96	378.10	434.16	535.37	480.97	339.86
97	384.51	441.41	544.28	489.05	345.45
98	389.43	446.99	551.45	495.30	349.94
99	392.26	450.40	555.53	499.05	352.61
100+	392.26	450.40	555.53	499.05	352.61

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	622.08	714.30	880.98	791.18	547.11
65	165.77	190.51	234.99	211.00	145.86
66	167.02	191.76	236.49	212.42	147.52
67	169.52	194.67	240.07	215.66	150.44
68	172.85	198.50	244.82	219.91	154.35
69	176.85	203.00	250.48	224.91	158.44
70	180.93	207.67	256.15	230.07	162.44
71	184.84	212.33	261.73	235.16	166.10
72	188.92	216.91	267.48	240.32	169.77
73	192.76	221.49	272.97	245.24	173.18
74	197.09	226.49	279.22	250.73	177.10
75	201.42	231.41	285.39	256.23	180.93
76	206.17	236.74	291.88	262.31	184.93
77	211.50	242.90	299.63	269.06	189.84
78	217.00	249.23	307.29	276.06	194.92
79	222.58	255.56	315.21	283.05	199.92
80	228.74	262.56	323.79	290.80	205.42
81	234.99	269.81	332.70	298.96	211.25
82	241.07	276.81	341.45	306.71	216.75
83	247.90	284.47	350.86	315.29	222.66
84	254.31	291.80	360.11	323.45	228.49
85	262.64	301.63	372.02	334.12	236.07
86	269.48	309.38	381.51	342.78	242.15
87	276.39	317.29	391.34	351.53	248.32
88	283.39	325.45	401.26	360.44	254.65
89	290.47	333.53	411.42	369.44	261.06
90	297.80	341.78	421.58	378.68	267.56
91	305.04	350.19	431.91	388.01	274.14
92	312.38	358.69	442.32	397.34	280.80
93	319.62	367.02	452.74	406.67	287.30
94	326.87	375.43	462.90	415.83	293.80
95	333.78	383.26	472.73	424.58	300.05
96	340.28	390.68	481.81	432.83	305.79
97	345.94	397.17	489.89	440.16	310.88
98	350.36	402.34	496.30	445.74	314.96
99	353.03	405.25	499.97	449.15	317.29
100+	353.03	405.25	499.97	449.15	317.29

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**  
**Area 3 - Florida Rate Effective 7/1/2023**  
**ZIP codes: 322, 335-337, 346, 349**  
**Monthly Male rates**

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	794.85	912.72	1,125.72	1,011.10	699.14
65	211.92	243.32	300.13	269.64	186.34
66	213.41	244.99	302.13	271.31	188.51
67	216.66	248.73	306.79	275.56	192.26
68	220.83	253.57	312.87	280.89	197.25
69	226.08	259.40	319.96	287.39	202.50
70	231.16	265.23	327.29	293.97	207.58
71	236.24	271.31	334.53	300.38	212.42
72	241.40	277.14	341.95	307.04	216.91
73	246.32	282.89	348.78	313.29	221.33
74	251.90	289.30	356.86	320.46	226.33
75	257.48	295.63	364.60	327.54	231.16
76	263.48	302.63	373.10	335.20	236.41
77	270.23	310.29	382.76	343.70	242.65
78	277.22	318.46	392.68	352.78	249.07
79	284.39	326.45	402.59	361.69	255.56
80	292.30	335.62	413.83	371.68	262.48
81	300.30	344.86	425.08	382.01	269.89
82	308.13	353.78	436.41	391.93	277.06
83	316.71	363.44	448.24	402.76	284.64
84	324.79	372.93	459.98	413.33	292.05
85	335.70	385.51	475.31	427.00	301.80
86	344.36	395.26	487.47	437.91	309.54
87	353.03	405.42	499.97	449.24	317.29
88	362.11	415.67	512.71	460.57	325.37
89	371.27	426.25	525.71	472.14	333.53
90	380.43	436.74	538.70	483.89	341.95
91	389.76	447.40	551.86	495.72	350.36
92	399.26	458.32	565.27	507.80	358.77
93	408.50	468.90	578.44	519.63	367.10
94	417.75	479.72	591.60	531.20	375.43
95	426.58	489.80	604.01	542.62	383.35
96	434.91	499.22	615.59	553.03	390.76
97	442.07	507.63	626.00	562.44	397.26
98	447.82	514.04	634.08	569.69	402.42
99	451.07	517.96	638.83	573.94	405.42
100+	451.07	517.96	638.83	573.94	405.42

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	715.38	821.50	1,013.18	909.97	629.16
65	190.76	219.00	270.14	242.65	167.68
66	192.01	220.50	271.97	244.24	169.60
67	194.92	223.91	276.14	248.07	173.01
68	198.75	228.24	281.55	252.82	177.43
69	203.42	233.41	288.05	258.65	182.26
70	208.00	238.82	294.55	264.64	186.84
71	212.58	244.15	301.05	270.31	191.09
72	217.33	249.48	307.63	276.31	195.26
73	221.74	254.65	314.04	281.97	199.17
74	226.74	260.31	321.20	288.30	203.67
75	231.74	266.14	328.20	294.88	208.00
76	237.07	272.31	335.78	301.55	212.75
77	243.32	279.22	344.53	309.38	218.25
78	249.57	286.55	353.28	317.46	224.16
79	255.90	293.88	362.44	325.62	229.99
80	263.06	301.96	372.52	334.53	236.32
81	270.14	310.29	382.51	343.86	242.90
82	277.31	318.37	392.76	352.78	249.32
83	285.05	327.12	403.51	362.60	256.06
84	292.38	335.70	414.08	371.93	262.73
85	302.05	346.86	427.83	384.26	271.56
86	309.88	355.77	438.74	394.18	278.56
87	317.79	364.85	449.90	404.17	285.55
88	325.95	374.10	461.32	414.50	292.80
89	333.95	383.51	473.14	425.00	300.21
90	342.36	393.01	484.81	435.41	307.71
91	350.69	402.76	496.72	446.15	315.29
92	359.27	412.42	508.63	456.98	322.95
93	367.69	422.16	520.54	467.65	330.37
94	375.93	431.74	532.29	478.06	337.86
95	383.85	440.74	543.70	488.22	345.03
96	391.34	449.32	554.11	497.80	351.69
97	397.84	456.73	563.36	506.05	357.52
98	402.92	462.65	570.69	512.71	362.19
99	406.00	466.15	575.02	516.46	364.94
100+	406.00	466.15	575.02	516.46	364.94

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 4 - Florida Rate Effective 7/1/2023  
ZIP codes: 330-334, 340  
Monthly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,033.42	1,186.86	1,463.66	1,314.56	908.97
65	275.64	316.54	390.26	350.53	242.32
66	277.39	318.54	392.76	352.94	245.07
67	281.64	323.62	398.92	358.36	250.07
68	287.05	329.70	406.75	365.35	256.56
69	293.72	337.37	416.25	373.60	263.23
70	300.55	345.03	425.66	382.26	269.89
71	307.04	352.69	434.91	390.68	276.06
72	313.87	360.36	444.49	399.17	282.14
73	320.37	367.85	453.57	407.42	287.72
74	327.62	376.10	463.98	416.67	294.30
75	334.78	384.51	474.06	426.00	300.55
76	342.53	393.34	485.14	435.66	307.38
77	351.44	403.42	497.63	446.99	315.37
78	360.52	414.08	510.46	458.65	323.87
79	369.85	424.50	523.62	470.31	332.28
80	380.10	436.24	538.03	483.31	341.45
81	390.26	448.32	552.70	496.88	350.94
82	400.51	459.98	567.27	509.63	360.11
83	411.67	472.73	582.85	523.96	370.02
84	422.50	484.89	598.26	537.37	379.60
85	436.33	501.13	618.00	555.11	392.26
86	447.82	514.04	633.91	569.52	402.34
87	459.32	527.29	650.24	584.18	412.67
88	470.73	540.62	666.65	598.84	423.00
89	482.64	554.28	683.73	613.92	433.83
90	494.72	568.02	700.39	629.25	444.49
91	506.71	582.02	717.71	644.66	455.57
92	518.96	595.93	734.87	660.24	466.48
93	531.12	609.92	752.20	675.73	477.39
94	543.12	623.58	769.03	690.81	488.05
95	554.69	636.83	785.44	705.55	498.47
96	565.36	649.24	800.60	719.21	508.21
97	574.94	659.99	813.92	731.29	516.63
98	582.27	668.40	824.59	740.62	523.29
99	586.60	673.48	830.75	746.20	527.29
100+	586.60	673.48	830.75	746.20	527.29

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	930.13	1,068.07	1,317.31	1,183.11	818.09
65	247.90	284.80	351.36	315.46	218.08
66	249.73	286.72	353.61	317.62	220.58
67	253.48	291.05	358.94	322.54	224.99
68	258.40	296.80	366.10	328.79	230.82
69	264.39	303.63	374.52	336.28	236.99
70	270.56	310.54	383.01	344.03	242.82
71	276.39	317.46	391.34	351.61	248.40
72	282.55	324.37	400.01	359.36	253.90
73	288.30	331.20	408.25	366.69	258.98
74	294.72	338.70	417.58	374.93	264.81
75	301.21	346.03	426.75	383.18	270.56
76	308.29	354.03	436.49	392.26	276.56
77	316.29	363.19	448.07	402.34	283.89
78	324.54	372.68	459.57	412.75	291.47
79	332.78	382.10	471.31	423.33	298.96
80	342.03	392.68	484.22	434.91	307.21
81	351.36	403.42	497.55	446.99	315.87
82	360.52	414.00	510.63	458.65	324.12
83	370.69	425.41	524.62	471.39	332.95
84	380.26	436.33	538.45	483.64	341.70
85	392.76	450.99	556.28	499.63	353.03
86	402.92	462.65	570.44	512.63	362.11
87	413.33	474.48	585.27	525.62	371.35
88	423.66	486.64	600.01	538.95	380.76
89	434.33	498.72	615.25	552.45	390.34
90	445.32	511.13	630.41	566.27	400.09
91	456.07	523.62	645.91	580.18	410.00
92	467.15	536.29	661.49	594.18	419.83
93	477.98	548.86	676.90	608.17	429.58
94	488.72	561.36	692.14	621.75	439.32
95	499.13	573.10	706.88	634.91	448.65
96	508.88	584.18	720.55	647.24	457.32
97	517.29	593.93	732.54	658.15	464.90
98	523.96	601.59	742.12	666.57	470.98
99	527.96	606.01	747.53	671.56	474.48
100+	527.96	606.01	747.53	671.56	474.48

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**

Area 4 - Florida Rate Effective 7/1/2023

ZIP codes: 330-334, 340

Monthly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,188.61	1,364.79	1,683.33	1,511.90	1,045.42
65	316.96	363.85	448.74	403.17	278.72
66	319.04	366.35	451.82	405.67	281.89
67	324.04	372.02	458.73	412.09	287.47
68	330.28	379.18	467.81	420.00	294.97
69	338.03	387.84	478.48	429.66	302.80
70	345.61	396.67	489.39	439.57	310.38
71	353.19	405.67	500.22	449.15	317.62
72	360.94	414.33	511.30	459.15	324.37
73	368.35	423.00	521.54	468.48	330.95
74	376.68	432.66	533.62	479.14	338.36
75	385.01	442.07	545.28	489.80	345.61
76	394.01	452.49	557.94	501.30	353.44
77	404.09	463.98	572.27	513.96	362.77
78	414.50	476.23	587.27	527.54	372.35
79	425.33	488.22	602.01	540.87	382.10
80	436.99	501.80	618.84	555.78	392.51
81	448.99	515.63	635.58	571.27	403.59
82	460.73	528.96	652.57	586.02	414.25
83	473.56	543.53	670.23	602.26	425.58
84	485.64	557.61	687.89	618.00	436.74
85	501.97	576.44	710.80	638.58	451.32
86	514.96	591.10	728.88	654.82	462.90
87	527.96	606.26	747.53	671.73	474.48
88	541.53	621.58	766.61	688.64	486.47
89	555.11	637.33	786.10	705.97	498.72
90	568.86	653.07	805.51	723.54	511.30
91	582.85	669.07	825.25	741.29	523.96
92	596.93	685.31	845.25	759.28	536.45
93	610.84	701.22	864.99	777.02	548.95
94	624.67	717.30	884.56	794.35	561.36
95	637.91	732.37	903.22	811.43	573.27
96	650.24	746.53	920.55	827.00	584.27
97	661.07	759.03	936.04	841.00	594.01
98	669.57	768.61	948.12	851.91	601.76
99	674.56	774.52	955.20	858.16	606.26
100+	674.56	774.52	955.20	858.16	606.26

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,069.74	1,228.43	1,514.98	1,360.62	940.79
65	285.22	327.45	404.01	362.77	250.73
66	287.05	329.70	406.67	365.19	253.65
67	291.47	334.78	412.92	370.93	258.73
68	297.21	341.36	421.00	378.02	265.39
69	304.13	349.03	430.74	386.76	272.56
70	311.04	357.02	440.49	395.68	279.39
71	317.87	365.02	450.24	404.25	285.72
72	324.95	373.02	459.98	413.17	292.05
73	331.62	380.76	469.56	421.66	297.88
74	339.03	389.34	480.31	431.16	304.54
75	346.53	398.01	490.72	440.91	311.04
76	354.52	407.17	502.05	450.90	318.12
77	363.85	417.58	515.13	462.65	326.37
78	373.18	428.50	528.29	474.73	335.20
79	382.68	439.41	541.95	486.89	343.86
80	393.34	451.57	556.94	500.22	353.36
81	404.01	463.98	572.02	514.21	363.19
82	414.67	476.06	587.35	527.54	372.77
83	426.25	489.14	603.34	542.20	382.93
84	437.16	501.97	619.25	556.19	392.93
85	451.65	518.71	639.74	574.60	406.09
86	463.40	532.04	655.99	589.35	416.50
87	475.14	545.53	672.81	604.42	427.00
88	487.39	559.36	689.89	619.75	437.82
89	499.38	573.52	707.47	635.50	448.90
90	511.96	587.60	724.88	651.07	460.07
91	524.46	602.26	742.79	667.23	471.39
92	537.29	616.67	760.61	683.31	482.89
93	549.78	631.25	778.36	699.30	494.05
94	562.19	645.58	795.93	714.88	505.30
95	574.02	659.07	813.01	730.12	515.96
96	585.27	671.90	828.59	744.37	525.96
97	594.93	682.89	842.50	756.78	534.62
98	602.59	691.89	853.41	766.61	541.62
99	607.09	697.05	859.82	772.19	545.62
100+	607.09	697.05	859.82	772.19	545.62

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 1 - Florida Rate Effective 7/1/2023  
ZIP codes: All Except 320-349  
Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,849.44	2,123.98	2,619.26	2,352.41	1,626.57
65	493.17	566.57	698.28	627.26	433.54
66	496.35	570.02	702.78	631.50	438.58
67	504.03	579.03	713.91	641.30	447.32
68	513.84	590.16	727.96	653.76	459.25
69	525.76	603.67	744.92	668.60	471.17
70	537.95	617.45	761.88	683.97	483.10
71	549.61	630.97	778.31	699.07	493.96
72	561.80	645.01	795.53	714.44	504.83
73	573.46	658.26	811.70	729.02	514.90
74	586.18	673.10	830.25	745.45	526.56
75	599.17	688.21	848.27	762.14	537.95
76	612.95	703.84	868.14	779.63	549.88
77	628.85	721.86	890.67	800.04	564.19
78	645.28	740.94	913.46	820.71	579.56
79	661.97	759.76	937.04	841.64	594.66
80	680.26	780.69	962.75	864.70	611.09
81	698.28	802.42	988.98	889.08	628.05
82	716.83	823.09	1,014.95	912.13	644.48
83	736.70	845.88	1,043.04	937.57	661.97
84	756.05	867.61	1,070.60	961.69	679.20
85	780.96	896.76	1,105.85	993.49	701.99
86	801.36	919.82	1,134.20	1,019.19	720.01
87	821.77	943.40	1,163.62	1,045.43	738.29
88	842.44	967.25	1,193.03	1,071.66	757.11
89	863.64	991.90	1,223.51	1,098.43	776.45
90	885.37	1,016.54	1,253.45	1,125.99	795.53
91	906.83	1,041.45	1,284.46	1,153.55	815.14
92	928.83	1,066.36	1,315.20	1,181.64	834.75
93	950.56	1,091.27	1,346.20	1,209.20	854.36
94	972.02	1,115.92	1,376.15	1,236.23	873.44
95	992.69	1,139.50	1,405.56	1,262.73	891.99
96	1,011.77	1,161.76	1,432.59	1,286.84	909.48
97	1,029.00	1,181.11	1,456.44	1,308.57	924.32
98	1,041.98	1,196.21	1,475.52	1,325.27	936.25
99	1,049.67	1,205.22	1,486.65	1,335.34	943.40
100+	1,049.67	1,205.22	1,486.65	1,335.34	943.40

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,664.47	1,911.45	2,357.44	2,117.09	1,463.86
65	443.61	509.60	628.58	564.45	390.08
66	447.06	513.04	632.82	568.43	394.85
67	453.68	520.99	642.36	577.17	402.54
68	462.43	531.06	655.08	588.30	413.14
69	473.29	543.25	670.19	601.82	424.00
70	484.16	555.71	685.56	615.60	434.60
71	494.76	568.16	700.13	629.11	444.67
72	505.62	580.62	715.77	642.89	454.48
73	515.96	592.81	730.61	656.14	463.49
74	527.35	606.06	747.30	670.98	473.82
75	539.01	619.04	763.73	685.82	484.16
76	551.73	633.35	781.22	701.99	495.02
77	566.04	650.05	801.89	720.01	508.01
78	580.88	666.74	822.30	738.56	521.52
79	595.46	683.70	843.23	757.37	535.04
80	611.89	702.52	866.55	778.31	549.88
81	628.58	721.86	890.40	800.04	565.25
82	645.28	740.68	913.72	820.71	580.09
83	663.30	761.35	938.63	843.50	595.72
84	680.52	780.96	963.54	865.49	611.62
85	702.78	807.19	995.61	894.11	631.76
86	721.07	827.86	1,020.78	917.17	647.93
87	739.62	849.06	1,047.28	940.75	664.36
88	758.17	870.79	1,073.78	964.60	681.32
89	777.25	892.52	1,100.81	988.72	698.54
90	796.86	914.78	1,128.11	1,013.36	716.03
91	816.20	937.04	1,155.67	1,038.27	733.52
92	836.08	959.83	1,183.76	1,063.18	751.28
93	855.16	982.09	1,211.32	1,088.36	768.77
94	874.50	1,004.62	1,238.61	1,112.74	785.99
95	893.32	1,025.55	1,265.11	1,136.32	802.69
96	910.54	1,045.43	1,289.23	1,158.05	818.32
97	925.65	1,062.65	1,310.69	1,177.66	831.84
98	937.57	1,076.70	1,327.92	1,192.77	842.97
99	944.73	1,084.38	1,337.72	1,201.78	849.06
100+	944.73	1,084.38	1,337.72	1,201.78	849.06

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**

Area 1 - Florida Rate Effective 7/1/2023

ZIP codes: All Except 320-349

Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,126.89	2,442.24	3,012.26	2,705.65	1,870.90
65	567.10	651.11	802.95	721.60	498.73
66	571.08	655.61	808.52	726.10	504.56
67	579.82	665.68	820.97	737.50	514.37
68	590.95	678.67	837.14	751.54	527.88
69	604.73	694.04	856.22	769.03	541.93
70	618.51	709.67	875.83	786.52	555.44
71	632.03	726.10	895.17	803.75	568.43
72	645.81	741.47	914.78	821.77	580.62
73	659.32	757.11	933.33	838.46	592.28
74	673.90	774.07	955.06	857.54	605.53
75	689.00	791.03	975.73	876.62	618.51
76	704.90	809.84	998.26	897.03	632.56
77	723.19	830.25	1,024.23	919.55	649.25
78	741.74	852.24	1,050.73	943.93	666.48
79	761.08	873.71	1,077.23	967.78	683.70
80	782.02	898.09	1,107.44	994.55	702.52
81	803.48	922.73	1,137.38	1,022.11	722.13
82	824.42	946.58	1,167.59	1,048.61	741.21
83	847.47	972.55	1,199.39	1,077.76	761.61
84	869.20	997.99	1,230.93	1,105.85	781.49
85	898.09	1,031.65	1,272.00	1,142.68	807.46
86	921.67	1,057.88	1,304.33	1,171.83	828.39
87	944.73	1,084.91	1,337.72	1,202.04	849.06
88	969.11	1,112.47	1,371.91	1,232.25	870.53
89	993.49	1,140.56	1,406.62	1,263.26	892.52
90	1,017.87	1,168.65	1,441.60	1,294.79	914.78
91	1,043.04	1,197.27	1,476.85	1,326.59	937.57
92	1,068.22	1,226.42	1,512.62	1,358.66	960.10
93	1,093.13	1,254.78	1,547.87	1,390.46	982.36
94	1,117.77	1,283.66	1,582.85	1,421.46	1,004.62
95	1,141.36	1,310.69	1,616.24	1,451.94	1,025.82
96	1,163.62	1,335.87	1,647.24	1,480.03	1,045.69
97	1,182.96	1,358.39	1,675.07	1,504.94	1,062.92
98	1,198.33	1,375.35	1,696.80	1,524.55	1,076.96
99	1,207.08	1,385.95	1,709.25	1,535.68	1,084.91
100+	1,207.08	1,385.95	1,709.25	1,535.68	1,084.91

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,914.10	2,198.18	2,710.95	2,434.82	1,683.55
65	510.39	585.92	722.92	649.25	448.65
66	513.84	590.16	727.69	653.49	453.95
67	521.52	599.17	738.82	663.83	462.96
68	531.86	610.83	753.40	676.28	474.88
69	544.31	624.61	770.89	692.18	487.87
70	556.77	638.92	788.38	708.08	499.79
71	568.96	653.23	805.60	723.45	511.45
72	581.41	667.54	823.09	739.35	522.58
73	593.34	681.32	840.32	754.72	533.18
74	606.85	696.69	859.66	771.68	545.11
75	620.10	712.06	878.21	788.91	556.77
76	634.41	728.75	898.35	806.93	569.22
77	651.11	747.30	921.94	827.86	584.06
78	667.80	766.91	945.52	849.59	599.96
79	684.76	786.26	969.64	871.32	615.33
80	703.84	807.99	996.67	895.17	632.29
81	722.92	830.25	1,023.70	920.08	650.05
82	742.00	851.98	1,050.99	943.93	667.01
83	762.67	875.30	1,079.61	970.17	685.29
84	782.28	898.09	1,107.97	995.34	703.05
85	808.25	928.30	1,144.80	1,028.20	726.63
86	829.19	952.15	1,173.95	1,054.70	745.45
87	850.39	976.26	1,203.90	1,081.73	764.26
88	872.12	1,000.91	1,234.37	1,109.03	783.61
89	893.58	1,026.35	1,265.91	1,137.12	803.22
90	916.11	1,051.52	1,297.18	1,165.21	823.36
91	938.63	1,077.76	1,329.24	1,193.83	843.50
92	961.42	1,103.46	1,361.04	1,222.71	864.17
93	983.95	1,129.43	1,392.84	1,251.33	884.04
94	1,005.94	1,155.40	1,424.38	1,279.42	904.18
95	1,027.14	1,179.52	1,454.85	1,306.45	923.26
96	1,047.28	1,202.31	1,482.68	1,332.16	941.02
97	1,064.77	1,222.18	1,507.59	1,354.15	956.65
98	1,078.29	1,238.08	1,527.20	1,371.91	969.37
99	1,086.50	1,247.36	1,538.59	1,381.98	976.53
100+	1,086.50	1,247.36	1,538.59	1,381.98	976.53

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,054.81	2,359.83	2,910.23	2,613.70	1,807.30
65	548.02	629.38	775.92	696.95	481.77
66	551.47	633.35	780.96	701.72	487.34
67	559.95	643.42	793.15	712.59	497.14
68	570.81	655.61	808.78	726.37	510.13
69	584.06	670.72	827.60	742.80	523.38
70	597.58	686.09	846.41	760.02	536.63
71	610.56	701.19	864.70	776.72	548.82
72	624.08	716.56	883.78	793.68	561.01
73	637.06	731.40	901.80	810.11	572.14
74	651.37	747.83	922.47	828.39	585.12
75	665.68	764.53	942.61	846.94	597.58
76	681.05	782.02	964.60	866.29	611.09
77	698.81	802.16	989.51	888.81	626.99
78	716.83	823.36	1,014.95	911.87	643.95
79	735.38	844.03	1,041.19	935.19	660.65
80	755.78	867.35	1,069.81	960.89	678.93
81	775.92	891.46	1,098.96	987.92	697.75
82	796.33	914.52	1,127.84	1,013.36	716.03
83	818.59	939.96	1,158.85	1,041.72	735.64
84	840.05	964.07	1,189.59	1,068.48	754.72
85	867.61	996.40	1,228.81	1,103.73	779.90
86	890.40	1,022.11	1,260.34	1,132.35	800.04
87	913.19	1,048.34	1,292.94	1,161.50	820.44
88	935.98	1,074.84	1,325.53	1,190.65	841.11
89	959.57	1,102.14	1,359.45	1,220.59	862.58
90	983.68	1,129.43	1,392.58	1,251.07	883.78
91	1,007.53	1,157.26	1,427.03	1,281.81	905.77
92	1,031.91	1,184.82	1,461.21	1,312.81	927.50
93	1,056.03	1,212.64	1,495.66	1,343.55	949.23
94	1,079.88	1,239.94	1,529.05	1,373.50	970.43
95	1,102.93	1,266.17	1,561.65	1,402.91	991.10
96	1,124.13	1,290.82	1,591.86	1,429.94	1,010.45
97	1,143.21	1,312.28	1,618.36	1,454.06	1,027.14
98	1,157.79	1,328.98	1,639.56	1,472.61	1,040.39
99	1,166.27	1,339.05	1,651.75	1,483.74	1,048.34
100+	1,166.27	1,339.05	1,651.75	1,483.74	1,048.34

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,849.44	2,123.71	2,619.26	2,352.41	1,626.57
65	492.90	566.31	698.54	627.26	433.54
66	496.61	570.02	703.05	631.50	438.58
67	504.03	578.76	713.65	641.30	447.32
68	513.84	590.16	727.96	653.76	458.98
69	525.76	603.67	744.65	668.60	471.17
70	537.95	617.45	761.61	683.97	482.83
71	549.61	631.23	778.04	699.07	493.96
72	561.80	645.01	795.27	714.44	504.83
73	573.20	658.53	811.70	729.02	514.90
74	585.92	673.37	830.25	745.45	526.56
75	598.90	687.94	848.53	761.88	537.95
76	612.95	703.84	867.88	779.90	549.88
77	628.85	722.13	890.93	800.04	564.45
78	645.28	740.94	913.72	820.71	579.56
79	661.71	759.76	937.04	841.64	594.40
80	679.99	780.69	962.75	864.70	610.83
81	698.54	802.16	989.25	888.81	628.05
82	716.83	823.09	1,015.22	911.87	644.48
83	736.97	845.88	1,043.04	937.31	661.97
84	756.05	867.61	1,070.60	961.69	679.46
85	780.96	896.76	1,106.11	993.49	701.99
86	801.10	919.82	1,134.20	1,019.19	720.01
87	821.77	943.40	1,163.62	1,045.16	738.29
88	842.44	967.52	1,193.03	1,071.66	757.11
89	863.64	991.63	1,223.24	1,098.43	776.19
90	885.37	1,016.28	1,253.45	1,125.99	795.53
91	906.83	1,041.19	1,284.19	1,153.55	815.14
92	928.83	1,066.36	1,315.20	1,181.37	834.75
93	950.29	1,091.27	1,345.94	1,209.20	854.10
94	971.76	1,116.18	1,376.15	1,236.23	873.44
95	992.43	1,139.50	1,405.56	1,262.46	891.99
96	1,011.77	1,161.50	1,432.59	1,286.84	909.22
97	1,028.47	1,180.84	1,456.44	1,308.57	924.32
98	1,041.72	1,196.21	1,475.52	1,325.27	936.51
99	1,049.67	1,204.96	1,486.39	1,335.34	943.40
100+	1,049.67	1,204.96	1,486.39	1,335.34	943.40

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,363.27	2,713.60	3,346.95	3,006.16	2,078.66
65	630.17	723.45	892.26	801.63	554.12
66	634.41	728.49	898.35	806.66	560.48
67	644.22	739.62	912.13	819.38	571.61
68	656.67	753.93	930.15	835.02	586.45
69	672.04	771.15	951.35	854.36	602.08
70	687.15	788.64	973.08	873.97	617.19
71	702.25	806.66	994.55	893.05	631.50
72	717.62	823.89	1,016.54	912.93	645.01
73	732.46	841.11	1,036.95	931.48	658.00
74	748.89	860.19	1,061.06	952.68	672.84
75	765.59	879.01	1,084.12	973.88	687.15
76	783.34	899.68	1,109.29	996.67	702.78
77	803.48	922.47	1,137.91	1,021.84	721.33
78	824.15	946.85	1,167.59	1,048.87	740.41
79	845.62	970.70	1,197.01	1,075.37	759.76
80	868.94	997.73	1,230.40	1,105.05	780.43
81	892.79	1,025.29	1,263.79	1,135.79	802.42
82	916.11	1,051.79	1,297.44	1,165.21	823.62
83	941.55	1,080.67	1,332.69	1,197.54	846.15
84	965.66	1,108.76	1,367.67	1,228.81	868.41
85	997.99	1,146.13	1,413.25	1,269.62	897.29
86	1,023.96	1,175.28	1,449.29	1,301.95	920.35
87	1,049.67	1,205.49	1,486.39	1,335.60	943.40
88	1,076.70	1,235.96	1,524.28	1,369.26	967.25
89	1,103.73	1,267.23	1,562.97	1,403.71	991.63
90	1,131.02	1,298.50	1,601.66	1,438.69	1,016.54
91	1,158.85	1,330.30	1,640.88	1,473.93	1,041.72
92	1,186.94	1,362.63	1,680.63	1,509.71	1,066.63
93	1,214.50	1,394.17	1,719.85	1,544.95	1,091.54
94	1,242.06	1,426.23	1,758.81	1,579.40	1,116.18
95	1,268.29	1,456.18	1,795.91	1,613.32	1,139.77
96	1,292.94	1,484.27	1,830.36	1,644.33	1,161.76
97	1,314.40	1,509.18	1,861.10	1,672.15	1,181.11
98	1,331.36	1,528.26	1,885.21	1,693.88	1,196.48
99	1,341.17	1,539.92	1,899.26	1,706.34	1,205.49
100+	1,341.17	1,539.92	1,899.26	1,706.34	1,205.49

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,126.89	2,442.51	3,012.26	2,705.39	1,870.64
65	567.10	651.11	803.22	721.33	498.47
66	570.81	655.61	808.52	726.10	504.30
67	579.56	665.68	820.97	737.50	514.37
68	590.95	678.67	837.14	751.54	527.62
69	604.73	694.04	856.48	769.03	541.93
70	618.51	709.94	875.83	786.79	555.44
71	632.03	725.84	895.17	803.75	568.16
72	646.07	741.74	914.52	821.50	580.62
73	659.32	757.11	933.60	838.46	592.28
74	674.16	774.07	955.06	857.28	605.53
75	689.00	791.29	975.73	876.62	618.51
76	704.90	809.58	998.26	896.50	632.56
77	723.45	830.25	1,024.23	919.82	648.99
78	742.00	851.98	1,050.46	943.93	666.48
79	760.82	873.71	1,077.49	968.05	683.70
80	782.02	897.82	1,107.44	994.55	702.52
81	803.22	922.47	1,137.38	1,022.37	722.13
82	824.42	946.58	1,167.86	1,048.87	741.21
83	847.47	972.55	1,199.66	1,078.02	761.35
84	869.20	997.99	1,231.19	1,105.85	781.22
85	898.09	1,031.38	1,272.00	1,142.42	807.46
86	921.41	1,057.88	1,304.33	1,171.83	828.13
87	944.73	1,084.65	1,337.72	1,201.78	849.06
88	969.11	1,112.21	1,371.64	1,232.25	870.53
89	992.96	1,140.30	1,406.62	1,263.52	892.52
90	1,017.87	1,168.39	1,441.34	1,294.53	914.78
91	1,042.78	1,197.54	1,476.85	1,326.59	937.31
92	1,068.22	1,226.16	1,512.36	1,358.66	960.10
93	1,093.13	1,255.04	1,547.60	1,390.46	982.36
94	1,117.77	1,283.66	1,582.58	1,421.46	1,004.62
95	1,141.36	1,310.43	1,616.50	1,451.67	1,025.82
96	1,163.62	1,335.87	1,647.51	1,480.03	1,045.69
97	1,182.96	1,357.86	1,675.07	1,504.67	1,062.92
98	1,198.07	1,375.62	1,696.80	1,524.28	1,076.96
99	1,207.08	1,385.95	1,709.52	1,535.41	1,084.91
100+	1,207.08	1,385.95	1,709.52	1,535.41	1,084.91

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 3 - Florida Rate Effective 7/1/2023  
ZIP codes: 322, 335-337, 346, 349  
Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,198.71	2,524.92	3,114.02	2,796.55	1,933.71
65	586.45	673.37	830.25	745.71	515.43
66	590.16	677.61	835.55	750.75	521.52
67	599.17	688.47	848.80	762.41	531.86
68	610.83	701.46	865.49	777.25	545.90
69	624.87	717.62	885.63	794.74	559.95
70	639.45	734.05	905.77	813.29	574.26
71	653.23	750.22	925.12	831.04	587.24
72	667.80	766.65	945.52	849.33	600.23
73	681.58	782.55	964.87	866.82	612.15
74	696.95	800.30	987.13	886.43	626.20
75	712.32	818.06	1,008.59	906.30	639.45
76	728.75	836.87	1,032.18	926.97	653.76
77	747.83	858.34	1,058.68	951.09	670.98
78	766.91	880.86	1,085.97	975.73	689.00
79	786.79	903.12	1,114.06	1,000.64	707.02
80	808.78	928.03	1,144.80	1,028.20	726.37
81	830.25	953.74	1,175.81	1,057.09	746.51
82	851.98	978.65	1,206.81	1,084.38	766.12
83	875.83	1,005.68	1,239.94	1,114.59	787.05
84	898.88	1,031.65	1,272.80	1,143.21	807.46
85	928.30	1,066.10	1,314.93	1,181.11	834.49
86	952.68	1,093.66	1,348.59	1,211.58	855.95
87	977.06	1,121.75	1,383.57	1,242.85	877.95
88	1,001.44	1,150.10	1,418.28	1,274.12	899.94
89	1,026.61	1,179.25	1,454.59	1,305.92	923.00
90	1,052.58	1,208.40	1,490.10	1,338.52	945.52
91	1,078.02	1,238.35	1,526.93	1,371.64	969.11
92	1,104.26	1,267.76	1,563.50	1,404.77	992.43
93	1,129.96	1,297.44	1,600.34	1,437.63	1,015.75
94	1,155.40	1,326.86	1,636.11	1,469.69	1,038.27
95	1,180.05	1,354.68	1,671.09	1,501.23	1,060.53
96	1,202.84	1,381.18	1,703.16	1,530.11	1,081.20
97	1,223.24	1,404.24	1,731.51	1,555.82	1,098.96
98	1,238.88	1,421.99	1,754.30	1,575.69	1,113.27
99	1,247.89	1,432.86	1,767.29	1,587.62	1,121.75
100+	1,247.89	1,432.86	1,767.29	1,587.62	1,121.75

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,979.02	2,272.38	2,802.64	2,516.97	1,740.52
65	527.35	606.06	747.57	671.25	464.02
66	531.33	610.03	752.34	675.75	469.32
67	539.28	619.31	763.73	686.09	478.59
68	549.88	631.50	778.84	699.60	491.05
69	562.60	645.81	796.86	715.50	504.03
70	575.58	660.65	814.88	731.93	516.75
71	588.04	675.49	832.63	748.10	528.41
72	601.02	690.06	850.92	764.53	540.07
73	613.21	704.64	868.41	780.16	550.94
74	626.99	720.54	888.28	797.65	563.39
75	640.77	736.17	907.89	815.14	575.58
76	655.88	753.13	928.56	834.49	588.30
77	672.84	772.74	953.21	855.95	603.94
78	690.33	792.88	977.59	878.21	620.10
79	708.08	813.02	1,002.76	900.47	636.00
80	727.69	835.28	1,030.06	925.12	653.49
81	747.57	858.34	1,058.41	951.09	672.04
82	766.91	880.60	1,086.24	975.73	689.53
83	788.64	904.98	1,116.18	1,003.03	708.35
84	809.05	928.30	1,145.60	1,029.00	726.90
85	835.55	959.57	1,183.49	1,062.92	751.01
86	857.28	984.21	1,213.70	1,090.48	770.36
87	879.27	1,009.39	1,244.97	1,118.30	789.97
88	901.53	1,035.36	1,276.51	1,146.66	810.11
89	924.06	1,061.06	1,308.84	1,175.28	830.51
90	947.38	1,087.30	1,341.17	1,204.69	851.18
91	970.43	1,114.06	1,374.03	1,234.37	872.12
92	993.75	1,141.09	1,407.15	1,264.05	893.32
93	1,016.81	1,167.59	1,440.28	1,293.73	913.99
94	1,039.86	1,194.36	1,472.61	1,322.88	934.66
95	1,061.86	1,219.27	1,503.88	1,350.71	954.53
96	1,082.53	1,242.85	1,532.76	1,376.94	972.82
97	1,100.55	1,263.52	1,558.47	1,400.26	988.98
98	1,114.59	1,279.95	1,578.87	1,418.02	1,001.97
99	1,123.07	1,289.23	1,590.53	1,428.88	1,009.39
100+	1,123.07	1,289.23	1,590.53	1,428.88	1,009.39

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 3 - Florida Rate Effective 7/1/2023  
ZIP codes: 322, 335-337, 346, 349  
Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,528.63	2,903.61	3,581.21	3,216.57	2,224.15
65	674.16	774.07	954.80	857.81	592.81
66	678.93	779.37	961.16	863.11	599.70
67	689.27	791.29	976.00	876.62	611.62
68	702.52	806.66	995.34	893.58	627.52
69	719.21	825.21	1,017.87	914.25	644.22
70	735.38	843.76	1,041.19	935.19	660.38
71	751.54	863.11	1,064.24	955.59	675.75
72	767.97	881.66	1,087.83	976.79	690.06
73	783.61	899.94	1,109.56	996.67	704.11
74	801.36	920.35	1,135.26	1,019.46	720.01
75	819.12	940.49	1,159.91	1,041.98	735.38
76	838.20	962.75	1,186.94	1,066.36	752.07
77	859.66	987.13	1,217.68	1,093.39	771.95
78	881.92	1,013.10	1,249.21	1,122.28	792.35
79	904.71	1,038.54	1,280.75	1,150.63	813.02
80	929.89	1,067.69	1,316.52	1,182.43	835.02
81	955.33	1,097.10	1,352.30	1,215.29	858.60
82	980.24	1,125.46	1,388.34	1,246.83	881.39
83	1,007.53	1,156.20	1,425.97	1,281.28	905.51
84	1,033.24	1,186.41	1,463.33	1,314.93	929.09
85	1,067.95	1,226.42	1,512.09	1,358.39	960.10
86	1,095.51	1,257.43	1,550.78	1,393.11	984.74
87	1,123.07	1,289.76	1,590.53	1,429.15	1,009.39
88	1,151.96	1,322.35	1,631.08	1,465.19	1,035.09
89	1,181.11	1,356.01	1,672.42	1,502.02	1,061.06
90	1,210.26	1,389.40	1,713.76	1,539.39	1,087.83
91	1,239.94	1,423.32	1,755.63	1,577.02	1,114.59
92	1,270.15	1,458.03	1,798.29	1,615.44	1,141.36
93	1,299.56	1,491.69	1,840.16	1,653.07	1,167.86
94	1,328.98	1,526.14	1,882.03	1,689.91	1,194.36
95	1,357.07	1,558.20	1,921.52	1,726.21	1,219.53
96	1,383.57	1,588.15	1,958.35	1,759.34	1,243.12
97	1,406.36	1,614.91	1,991.48	1,789.28	1,263.79
98	1,424.64	1,635.32	2,017.18	1,812.34	1,280.22
99	1,434.98	1,647.77	2,032.29	1,825.85	1,289.76
100+	1,434.98	1,647.77	2,032.29	1,825.85	1,289.76

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,275.82	2,613.43	3,223.20	2,894.86	2,001.55
65	606.85	696.69	859.40	771.95	533.45
66	610.83	701.46	865.23	776.98	539.54
67	620.10	712.32	878.48	789.17	550.41
68	632.29	726.10	895.70	804.28	564.45
69	647.13	742.53	916.37	822.83	579.82
70	661.71	759.76	937.04	841.91	594.40
71	676.28	776.72	957.71	859.93	607.91
72	691.39	793.68	978.65	879.01	621.16
73	705.43	810.11	999.05	897.03	633.62
74	721.33	828.13	1,021.84	917.17	647.93
75	737.23	846.68	1,044.10	938.10	661.71
76	754.19	866.29	1,068.22	959.30	676.81
77	774.07	888.28	1,096.04	984.21	694.30
78	793.94	911.60	1,123.87	1,009.92	713.12
79	814.08	934.92	1,153.02	1,035.89	731.67
80	836.87	960.63	1,185.08	1,064.24	751.81
81	859.40	987.13	1,216.88	1,093.92	772.74
82	882.19	1,012.83	1,249.48	1,122.28	793.15
83	906.83	1,040.66	1,283.66	1,153.55	814.61
84	930.15	1,067.95	1,317.32	1,183.23	835.81
85	960.89	1,103.46	1,361.04	1,222.45	863.90
86	985.80	1,131.82	1,395.76	1,253.98	886.16
87	1,010.98	1,160.70	1,431.27	1,285.78	908.42
88	1,036.95	1,190.12	1,467.57	1,318.64	931.48
89	1,062.39	1,220.06	1,505.20	1,352.03	955.06
90	1,089.15	1,250.27	1,542.30	1,385.16	978.91
91	1,115.65	1,281.28	1,580.20	1,419.34	1,003.03
92	1,142.95	1,312.02	1,618.09	1,453.79	1,027.41
93	1,169.71	1,343.02	1,655.99	1,487.71	1,050.99
94	1,195.95	1,373.50	1,693.35	1,520.84	1,074.84
95	1,221.12	1,402.12	1,729.66	1,553.17	1,097.63
96	1,244.97	1,429.41	1,762.78	1,583.64	1,118.83
97	1,265.64	1,453.00	1,792.20	1,609.88	1,137.38
98	1,281.81	1,471.81	1,815.52	1,631.08	1,152.22
99	1,291.61	1,482.94	1,829.30	1,643.00	1,160.97
100+	1,291.61	1,482.94	1,829.30	1,643.00	1,160.97

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 4 - Florida Rate Effective 7/1/2023  
ZIP codes: 330-334, 340  
Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,287.59	3,775.72	4,656.32	4,181.97	2,891.68
65	876.89	1,007.00	1,241.53	1,115.12	770.89
66	882.45	1,013.36	1,249.48	1,122.81	779.63
67	895.97	1,029.53	1,269.09	1,140.03	795.53
68	913.19	1,048.87	1,294.00	1,162.29	816.20
69	934.39	1,073.25	1,324.21	1,188.53	837.40
70	956.12	1,097.63	1,354.15	1,216.09	858.60
71	976.79	1,122.01	1,383.57	1,242.85	878.21
72	998.52	1,146.39	1,414.04	1,269.88	897.56
73	1,019.19	1,170.24	1,442.93	1,296.12	915.31
74	1,042.25	1,196.48	1,476.05	1,325.53	936.25
75	1,065.04	1,223.24	1,508.12	1,355.21	956.12
76	1,089.68	1,251.33	1,543.36	1,385.95	977.85
77	1,118.04	1,283.40	1,583.11	1,421.99	1,003.29
78	1,146.92	1,317.32	1,623.92	1,459.09	1,030.32
79	1,176.60	1,350.44	1,665.79	1,496.19	1,057.09
80	1,209.20	1,387.81	1,711.64	1,537.53	1,086.24
81	1,241.53	1,426.23	1,758.28	1,580.73	1,116.45
82	1,274.12	1,463.33	1,804.65	1,621.27	1,145.60
83	1,309.63	1,503.88	1,854.21	1,666.85	1,177.13
84	1,344.08	1,542.57	1,903.23	1,709.52	1,207.61
85	1,388.07	1,594.24	1,966.04	1,765.96	1,247.89
86	1,424.64	1,635.32	2,016.65	1,811.81	1,279.95
87	1,461.21	1,677.45	2,068.59	1,858.45	1,312.81
88	1,497.52	1,719.85	2,120.80	1,905.09	1,345.67
89	1,535.41	1,763.31	2,175.12	1,953.05	1,380.12
90	1,573.84	1,807.04	2,228.12	2,001.81	1,414.04
91	1,612.00	1,851.56	2,283.24	2,050.84	1,449.29
92	1,650.95	1,895.81	2,337.83	2,100.39	1,484.00
93	1,689.64	1,940.33	2,392.95	2,149.68	1,518.72
94	1,727.80	1,983.79	2,446.48	2,197.65	1,552.64
95	1,764.64	2,025.93	2,498.69	2,244.55	1,585.76
96	1,798.56	2,065.41	2,546.92	2,288.01	1,616.77
97	1,829.03	2,099.60	2,589.32	2,326.44	1,643.53
98	1,852.35	2,126.36	2,623.24	2,356.12	1,664.73
99	1,866.13	2,142.53	2,642.85	2,373.87	1,677.45
100+	1,866.13	2,142.53	2,642.85	2,373.87	1,677.45

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,958.99	3,397.83	4,190.71	3,763.80	2,602.57
65	788.64	906.04	1,117.77	1,003.56	693.77
66	794.47	912.13	1,124.93	1,010.45	701.72
67	806.40	925.91	1,141.89	1,026.08	715.77
68	822.03	944.20	1,164.68	1,045.96	734.32
69	841.11	965.93	1,191.44	1,069.81	753.93
70	860.72	987.92	1,218.47	1,094.45	772.48
71	879.27	1,009.92	1,244.97	1,118.57	790.23
72	898.88	1,031.91	1,272.53	1,143.21	807.72
73	917.17	1,053.64	1,298.77	1,166.53	823.89
74	937.57	1,077.49	1,328.45	1,192.77	842.44
75	958.24	1,100.81	1,357.60	1,219.00	860.72
76	980.77	1,126.25	1,388.60	1,247.89	879.80
77	1,006.21	1,155.40	1,425.44	1,279.95	903.12
78	1,032.44	1,185.61	1,462.01	1,313.08	927.24
79	1,058.68	1,215.56	1,499.37	1,346.73	951.09
80	1,088.09	1,249.21	1,540.45	1,383.57	977.32
81	1,117.77	1,283.40	1,582.85	1,421.99	1,004.88
82	1,146.92	1,317.05	1,624.45	1,459.09	1,031.12
83	1,179.25	1,353.36	1,668.97	1,499.64	1,059.21
84	1,209.73	1,388.07	1,712.96	1,538.59	1,087.03
85	1,249.48	1,434.71	1,769.67	1,589.47	1,123.07
86	1,281.81	1,471.81	1,814.72	1,630.81	1,151.96
87	1,314.93	1,509.44	1,861.89	1,672.15	1,181.37
88	1,347.79	1,548.13	1,908.80	1,714.55	1,211.32
89	1,381.71	1,586.56	1,957.29	1,757.48	1,241.79
90	1,416.69	1,626.04	2,005.52	1,801.47	1,272.80
91	1,450.88	1,665.79	2,054.81	1,845.73	1,304.33
92	1,486.12	1,706.07	2,104.37	1,890.25	1,335.60
93	1,520.57	1,746.09	2,153.39	1,934.77	1,366.61
94	1,554.76	1,785.84	2,201.89	1,977.96	1,397.61
95	1,587.88	1,823.20	2,248.79	2,019.83	1,427.29
96	1,618.89	1,858.45	2,292.25	2,059.05	1,454.85
97	1,645.65	1,889.45	2,330.41	2,093.77	1,478.97
98	1,666.85	1,913.83	2,360.89	2,120.53	1,498.31
99	1,679.57	1,927.88	2,378.11	2,136.43	1,509.44
100+	1,679.57	1,927.88	2,378.11	2,136.43	1,509.44

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**

Area 4 - Florida Rate Effective 7/1/2023

ZIP codes: 330-334, 340

Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,781.29	4,341.76	5,355.12	4,809.75	3,325.75
65	1,008.33	1,157.52	1,427.56	1,282.60	886.69
66	1,014.95	1,165.47	1,437.36	1,290.55	896.76
67	1,030.85	1,183.49	1,459.36	1,310.96	914.52
68	1,050.73	1,206.28	1,488.24	1,336.13	938.37
69	1,075.37	1,233.84	1,522.16	1,366.87	963.28
70	1,099.49	1,261.93	1,556.88	1,398.41	987.39
71	1,123.60	1,290.55	1,591.33	1,428.88	1,010.45
72	1,148.25	1,318.11	1,626.57	1,460.68	1,031.91
73	1,171.83	1,345.67	1,659.17	1,490.36	1,052.85
74	1,198.33	1,376.41	1,697.59	1,524.28	1,076.43
75	1,224.83	1,406.36	1,734.69	1,558.20	1,099.49
76	1,253.45	1,439.48	1,774.97	1,594.77	1,124.40
77	1,285.52	1,476.05	1,820.55	1,635.05	1,154.08
78	1,318.64	1,515.01	1,868.25	1,678.25	1,184.55
79	1,353.09	1,553.17	1,915.16	1,720.65	1,215.56
80	1,390.19	1,596.36	1,968.69	1,768.08	1,248.68
81	1,428.35	1,640.35	2,021.95	1,817.37	1,283.93
82	1,465.72	1,682.75	2,076.01	1,864.28	1,317.85
83	1,506.53	1,729.13	2,132.19	1,915.95	1,353.89
84	1,544.95	1,773.91	2,188.37	1,966.04	1,389.40
85	1,596.89	1,833.80	2,261.25	2,031.49	1,435.77
86	1,638.23	1,880.44	2,318.75	2,083.17	1,472.61
87	1,679.57	1,928.67	2,378.11	2,136.96	1,509.44
88	1,722.77	1,977.43	2,438.80	2,190.76	1,547.60
89	1,765.96	2,027.52	2,500.81	2,245.88	1,586.56
90	1,809.69	2,077.60	2,562.55	2,301.79	1,626.57
91	1,854.21	2,128.48	2,625.36	2,358.24	1,666.85
92	1,898.99	2,180.16	2,688.96	2,415.48	1,706.60
93	1,943.25	2,230.77	2,751.76	2,471.92	1,746.35
94	1,987.24	2,281.92	2,814.04	2,527.04	1,785.84
95	2,029.37	2,329.88	2,873.40	2,581.37	1,823.73
96	2,068.59	2,374.93	2,928.52	2,630.92	1,858.71
97	2,103.04	2,414.68	2,977.81	2,675.44	1,889.72
98	2,130.07	2,445.16	3,016.23	2,710.16	1,914.36
99	2,145.97	2,463.97	3,038.76	2,730.03	1,928.67
100+	2,145.97	2,463.97	3,038.76	2,730.03	1,928.67

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,403.13	3,907.96	4,819.56	4,328.51	2,992.91
65	907.36	1,041.72	1,285.25	1,154.08	797.65
66	913.19	1,048.87	1,293.73	1,161.76	806.93
67	927.24	1,065.04	1,313.61	1,180.05	823.09
68	945.52	1,085.97	1,339.31	1,202.57	844.29
69	967.52	1,110.35	1,370.32	1,230.40	867.08
70	989.51	1,135.79	1,401.32	1,258.75	888.81
71	1,011.24	1,161.23	1,432.33	1,286.05	908.95
72	1,033.77	1,186.67	1,463.33	1,314.40	929.09
73	1,054.97	1,211.32	1,493.81	1,341.43	947.64
74	1,078.55	1,238.61	1,527.99	1,371.64	968.84
75	1,102.40	1,266.17	1,561.12	1,402.65	989.51
76	1,127.84	1,295.32	1,597.16	1,434.45	1,012.04
77	1,157.52	1,328.45	1,638.76	1,471.81	1,038.27
78	1,187.20	1,363.16	1,680.63	1,510.24	1,066.36
79	1,217.41	1,397.88	1,724.09	1,548.93	1,093.92
80	1,251.33	1,436.57	1,771.79	1,591.33	1,124.13
81	1,285.25	1,476.05	1,819.76	1,635.85	1,155.40
82	1,319.17	1,514.48	1,868.52	1,678.25	1,185.88
83	1,356.01	1,556.08	1,919.40	1,724.89	1,218.21
84	1,390.72	1,596.89	1,970.01	1,769.41	1,250.01
85	1,436.83	1,650.16	2,035.20	1,827.97	1,291.88
86	1,474.20	1,692.56	2,086.88	1,874.88	1,325.00
87	1,511.56	1,735.49	2,140.41	1,922.84	1,358.39
88	1,550.52	1,779.48	2,194.73	1,971.60	1,392.84
89	1,588.68	1,824.53	2,250.65	2,021.69	1,428.09
90	1,628.69	1,869.31	2,306.03	2,071.24	1,463.60
91	1,668.44	1,915.95	2,363.01	2,122.65	1,499.64
92	1,709.25	1,961.80	2,419.72	2,173.80	1,536.21
93	1,749.00	2,008.17	2,476.16	2,224.68	1,571.72
94	1,788.49	2,053.75	2,532.08	2,274.23	1,607.49
95	1,826.12	2,096.68	2,586.40	2,322.73	1,641.41
96	1,861.89	2,137.49	2,635.96	2,368.04	1,673.21
97	1,892.63	2,172.47	2,680.21	2,407.53	1,700.77
98	1,917.01	2,201.09	2,714.93	2,438.80	1,723.03
99	1,931.32	2,217.52	2,735.33	2,456.55	1,735.75
100+	1,931.32	2,217.52	2,735.33	2,456.55	1,735.75

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 1 - Florida Rate Effective 7/1/2023  
ZIP codes: All Except 320-349  
Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,629.08	4,167.80	5,139.68	4,616.04	3,191.76
65	967.72	1,111.76	1,370.20	1,230.84	850.72
66	973.96	1,118.52	1,379.04	1,239.16	860.60
67	989.04	1,136.20	1,400.88	1,258.40	877.76
68	1,008.28	1,158.04	1,428.44	1,282.84	901.16
69	1,031.68	1,184.56	1,461.72	1,311.96	924.56
70	1,055.60	1,211.60	1,495.00	1,342.12	947.96
71	1,078.48	1,238.12	1,527.24	1,371.76	969.28
72	1,102.40	1,265.68	1,561.04	1,401.92	990.60
73	1,125.28	1,291.68	1,592.76	1,430.52	1,010.36
74	1,150.24	1,320.80	1,629.16	1,462.76	1,033.24
75	1,175.72	1,350.44	1,664.52	1,495.52	1,055.60
76	1,202.76	1,381.12	1,703.52	1,529.84	1,079.00
77	1,233.96	1,416.48	1,747.72	1,569.88	1,107.08
78	1,266.20	1,453.92	1,792.44	1,610.44	1,137.24
79	1,298.96	1,490.84	1,838.72	1,651.52	1,166.88
80	1,334.84	1,531.92	1,889.16	1,696.76	1,199.12
81	1,370.20	1,574.56	1,940.64	1,744.60	1,232.40
82	1,406.60	1,615.12	1,991.60	1,789.84	1,264.64
83	1,445.60	1,659.84	2,046.72	1,839.76	1,298.96
84	1,483.56	1,702.48	2,100.80	1,887.08	1,332.76
85	1,532.44	1,759.68	2,169.96	1,949.48	1,377.48
86	1,572.48	1,804.92	2,225.60	1,999.92	1,412.84
87	1,612.52	1,851.20	2,283.32	2,051.40	1,448.72
88	1,653.08	1,898.00	2,341.04	2,102.88	1,485.64
89	1,694.68	1,946.36	2,400.84	2,155.40	1,523.60
90	1,737.32	1,994.72	2,459.60	2,209.48	1,561.04
91	1,779.44	2,043.60	2,520.44	2,263.56	1,599.52
92	1,822.60	2,092.48	2,580.76	2,318.68	1,638.00
93	1,865.24	2,141.36	2,641.60	2,372.76	1,676.48
94	1,907.36	2,189.72	2,700.36	2,425.80	1,713.92
95	1,947.92	2,236.00	2,758.08	2,477.80	1,750.32
96	1,985.36	2,279.68	2,811.12	2,525.12	1,784.64
97	2,019.16	2,317.64	2,857.92	2,567.76	1,813.76
98	2,044.64	2,347.28	2,895.36	2,600.52	1,837.16
99	2,059.72	2,364.96	2,917.20	2,620.28	1,851.20
100+	2,059.72	2,364.96	2,917.20	2,620.28	1,851.20

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,266.12	3,750.76	4,625.92	4,154.28	2,872.48
65	870.48	999.96	1,233.44	1,107.60	765.44
66	877.24	1,006.72	1,241.76	1,115.40	774.80
67	890.24	1,022.32	1,260.48	1,132.56	789.88
68	907.40	1,042.08	1,285.44	1,154.40	810.68
69	928.72	1,066.00	1,315.08	1,180.92	832.00
70	950.04	1,090.44	1,345.24	1,207.96	852.80
71	970.84	1,114.88	1,373.84	1,234.48	872.56
72	992.16	1,139.32	1,404.52	1,261.52	891.80
73	1,012.44	1,163.24	1,433.64	1,287.52	909.48
74	1,034.80	1,189.24	1,466.40	1,316.64	929.76
75	1,057.68	1,214.72	1,498.64	1,345.76	950.04
76	1,082.64	1,242.80	1,532.96	1,377.48	971.36
77	1,110.72	1,275.56	1,573.52	1,412.84	996.84
78	1,139.84	1,308.32	1,613.56	1,449.24	1,023.36
79	1,168.44	1,341.60	1,654.64	1,486.16	1,049.88
80	1,200.68	1,378.52	1,700.40	1,527.24	1,079.00
81	1,233.44	1,416.48	1,747.20	1,569.88	1,109.16
82	1,266.20	1,453.40	1,792.96	1,610.44	1,138.28
83	1,301.56	1,493.96	1,841.84	1,655.16	1,168.96
84	1,335.36	1,532.44	1,890.72	1,698.32	1,200.16
85	1,379.04	1,583.92	1,953.64	1,754.48	1,239.68
86	1,414.92	1,624.48	2,003.04	1,799.72	1,271.40
87	1,451.32	1,666.08	2,055.04	1,846.00	1,303.64
88	1,487.72	1,708.72	2,107.04	1,892.80	1,336.92
89	1,525.16	1,751.36	2,160.08	1,940.12	1,370.72
90	1,563.64	1,795.04	2,213.64	1,988.48	1,405.04
91	1,601.60	1,838.72	2,267.72	2,037.36	1,439.36
92	1,640.60	1,883.44	2,322.84	2,086.24	1,474.20
93	1,678.04	1,927.12	2,376.92	2,135.64	1,508.52
94	1,716.00	1,971.32	2,430.48	2,183.48	1,542.32
95	1,752.92	2,012.40	2,482.48	2,229.76	1,575.08
96	1,786.72	2,051.40	2,529.80	2,272.40	1,605.76
97	1,816.36	2,085.20	2,571.92	2,310.88	1,632.28
98	1,839.76	2,112.76	2,605.72	2,340.52	1,654.12
99	1,853.80	2,127.84	2,624.96	2,358.20	1,666.08
100+	1,853.80	2,127.84	2,624.96	2,358.20	1,666.08

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**

Area 1 - Florida Rate Effective 7/1/2023

ZIP codes: All Except 320-349

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,173.52	4,792.32	5,910.84	5,309.20	3,671.20
65	1,112.80	1,277.64	1,575.60	1,415.96	978.64
66	1,120.60	1,286.48	1,586.52	1,424.80	990.08
67	1,137.76	1,306.24	1,610.96	1,447.16	1,009.32
68	1,159.60	1,331.72	1,642.68	1,474.72	1,035.84
69	1,186.64	1,361.88	1,680.12	1,509.04	1,063.40
70	1,213.68	1,392.56	1,718.60	1,543.36	1,089.92
71	1,240.20	1,424.80	1,756.56	1,577.16	1,115.40
72	1,267.24	1,454.96	1,795.04	1,612.52	1,139.32
73	1,293.76	1,485.64	1,831.44	1,645.28	1,162.20
74	1,322.36	1,518.92	1,874.08	1,682.72	1,188.20
75	1,352.00	1,552.20	1,914.64	1,720.16	1,213.68
76	1,383.20	1,589.12	1,958.84	1,760.20	1,241.24
77	1,419.08	1,629.16	2,009.80	1,804.40	1,274.00
78	1,455.48	1,672.32	2,061.80	1,852.24	1,307.80
79	1,493.44	1,714.44	2,113.80	1,899.04	1,341.60
80	1,534.52	1,762.28	2,173.08	1,951.56	1,378.52
81	1,576.64	1,810.64	2,231.84	2,005.64	1,417.00
82	1,617.72	1,857.44	2,291.12	2,057.64	1,454.44
83	1,662.96	1,908.40	2,353.52	2,114.84	1,494.48
84	1,705.60	1,958.32	2,415.40	2,169.96	1,533.48
85	1,762.28	2,024.36	2,496.00	2,242.24	1,584.44
86	1,808.56	2,075.84	2,559.44	2,299.44	1,625.52
87	1,853.80	2,128.88	2,624.96	2,358.72	1,666.08
88	1,901.64	2,182.96	2,692.04	2,418.00	1,708.20
89	1,949.48	2,238.08	2,760.16	2,478.84	1,751.36
90	1,997.32	2,293.20	2,828.80	2,540.72	1,795.04
91	2,046.72	2,349.36	2,897.96	2,603.12	1,839.76
92	2,096.12	2,406.56	2,968.16	2,666.04	1,883.96
93	2,145.00	2,462.20	3,037.32	2,728.44	1,927.64
94	2,193.36	2,518.88	3,105.96	2,789.28	1,971.32
95	2,239.64	2,571.92	3,171.48	2,849.08	2,012.92
96	2,283.32	2,621.32	3,232.32	2,904.20	2,051.92
97	2,321.28	2,665.52	3,286.92	2,953.08	2,085.72
98	2,351.44	2,698.80	3,329.56	2,991.56	2,113.28
99	2,368.60	2,719.60	3,354.00	3,013.40	2,128.88
100+	2,368.60	2,719.60	3,354.00	3,013.40	2,128.88

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,755.96	4,313.40	5,319.60	4,777.76	3,303.56
65	1,001.52	1,149.72	1,418.56	1,274.00	880.36
66	1,008.28	1,158.04	1,427.92	1,282.32	890.76
67	1,023.36	1,175.72	1,449.76	1,302.60	908.44
68	1,043.64	1,198.60	1,478.36	1,327.04	931.84
69	1,068.08	1,225.64	1,512.68	1,358.24	957.32
70	1,092.52	1,253.72	1,547.00	1,389.44	980.72
71	1,116.44	1,281.80	1,580.80	1,419.60	1,003.60
72	1,140.88	1,309.88	1,615.12	1,450.80	1,025.44
73	1,164.28	1,336.92	1,648.92	1,480.96	1,046.24
74	1,190.80	1,367.08	1,686.88	1,514.24	1,069.64
75	1,216.80	1,397.24	1,723.28	1,548.04	1,092.52
76	1,244.88	1,430.00	1,762.80	1,583.40	1,116.96
77	1,277.64	1,466.40	1,809.08	1,624.48	1,146.08
78	1,310.40	1,504.88	1,855.36	1,667.12	1,177.28
79	1,343.68	1,542.84	1,902.68	1,709.76	1,207.44
80	1,381.12	1,585.48	1,955.72	1,756.56	1,240.72
81	1,418.56	1,629.16	2,008.76	1,805.44	1,275.56
82	1,456.00	1,671.80	2,062.32	1,852.24	1,308.84
83	1,496.56	1,717.56	2,118.48	1,903.72	1,344.72
84	1,535.04	1,762.28	2,174.12	1,953.12	1,379.56
85	1,586.00	1,821.56	2,246.40	2,017.60	1,425.84
86	1,627.08	1,868.36	2,303.60	2,069.60	1,462.76
87	1,668.68	1,915.68	2,362.36	2,122.64	1,499.68
88	1,711.32	1,964.04	2,422.16	2,176.20	1,537.64
89	1,753.44	2,013.96	2,484.04	2,231.32	1,576.12
90	1,797.64	2,063.36	2,545.40	2,286.44	1,615.64
91	1,841.84	2,114.84	2,608.32	2,342.60	1,655.16
92	1,886.56	2,165.28	2,670.72	2,399.28	1,695.72
93	1,930.76	2,216.24	2,733.12	2,455.44	1,734.72
94	1,973.92	2,267.20	2,795.00	2,510.56	1,774.24
95	2,015.52	2,314.52	2,854.80	2,563.60	1,811.68
96	2,055.04	2,359.24	2,909.40	2,614.04	1,846.52
97	2,089.36	2,398.24	2,958.28	2,657.20	1,877.20
98	2,115.88	2,429.44	2,996.76	2,692.04	1,902.16
99	2,132.00	2,447.64	3,019.12	2,711.80	1,916.20
100+	2,132.00	2,447.64	3,019.12	2,711.80	1,916.20

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,032.08	4,630.60	5,710.64	5,128.76	3,546.40
65	1,075.36	1,235.00	1,522.56	1,367.60	945.36
66	1,082.12	1,242.80	1,532.44	1,376.96	956.28
67	1,098.76	1,262.56	1,556.36	1,398.28	975.52
68	1,120.08	1,286.48	1,587.04	1,425.32	1,001.00
69	1,146.08	1,316.12	1,623.96	1,457.56	1,027.00
70	1,172.60	1,346.28	1,660.88	1,491.36	1,053.00
71	1,198.08	1,375.92	1,696.76	1,524.12	1,076.92
72	1,224.60	1,406.08	1,734.20	1,557.40	1,100.84
73	1,250.08	1,435.20	1,769.56	1,589.64	1,122.68
74	1,278.16	1,467.44	1,810.12	1,625.52	1,148.16
75	1,306.24	1,500.20	1,849.64	1,661.92	1,172.60
76	1,336.40	1,534.52	1,892.80	1,699.88	1,199.12
77	1,371.24	1,574.04	1,941.68	1,744.08	1,230.32
78	1,406.60	1,615.64	1,991.60	1,789.32	1,263.60
79	1,443.00	1,656.20	2,043.08	1,835.08	1,296.36
80	1,483.04	1,701.96	2,099.24	1,885.52	1,332.24
81	1,522.56	1,749.28	2,156.44	1,938.56	1,369.16
82	1,562.60	1,794.52	2,213.12	1,988.48	1,405.04
83	1,606.28	1,844.44	2,273.96	2,044.12	1,443.52
84	1,648.40	1,891.76	2,334.28	2,096.64	1,480.96
85	1,702.48	1,955.20	2,411.24	2,165.80	1,530.36
86	1,747.20	2,005.64	2,473.12	2,221.96	1,569.88
87	1,791.92	2,057.12	2,537.08	2,279.16	1,609.92
88	1,836.64	2,109.12	2,601.04	2,336.36	1,650.48
89	1,882.92	2,162.68	2,667.60	2,395.12	1,692.60
90	1,930.24	2,216.24	2,732.60	2,454.92	1,734.20
91	1,977.04	2,270.84	2,800.20	2,515.24	1,777.36
92	2,024.88	2,324.92	2,867.28	2,576.08	1,820.00
93	2,072.20	2,379.52	2,934.88	2,636.40	1,862.64
94	2,119.00	2,433.08	3,000.40	2,695.16	1,904.24
95	2,164.24	2,484.56	3,064.36	2,752.88	1,944.80
96	2,205.84	2,532.92	3,123.64	2,805.92	1,982.76
97	2,243.28	2,575.04	3,175.64	2,853.24	2,015.52
98	2,271.88	2,607.80	3,217.24	2,889.64	2,041.52
99	2,288.52	2,627.56	3,241.16	2,911.48	2,057.12
100+	2,288.52	2,627.56	3,241.16	2,911.48	2,057.12

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,629.08	4,167.28	5,139.68	4,616.04	3,191.76
65	967.20	1,111.24	1,370.72	1,230.84	850.72
66	974.48	1,118.52	1,379.56	1,239.16	860.60
67	989.04	1,135.68	1,400.36	1,258.40	877.76
68	1,008.28	1,158.04	1,428.44	1,282.84	900.64
69	1,031.68	1,184.56	1,461.20	1,311.96	924.56
70	1,055.60	1,211.60	1,494.48	1,342.12	947.44
71	1,078.48	1,238.64	1,526.72	1,371.76	969.28
72	1,102.40	1,265.68	1,560.52	1,401.92	990.60
73	1,124.76	1,292.20	1,592.76	1,430.52	1,010.36
74	1,149.72	1,321.32	1,629.16	1,462.76	1,033.24
75	1,175.20	1,349.92	1,665.04	1,495.00	1,055.60
76	1,202.76	1,381.12	1,703.00	1,530.36	1,079.00
77	1,233.96	1,417.00	1,748.24	1,569.88	1,107.60
78	1,266.20	1,453.92	1,792.96	1,610.44	1,137.24
79	1,298.44	1,490.84	1,838.72	1,651.52	1,166.36
80	1,334.32	1,531.92	1,889.16	1,696.76	1,198.60
81	1,370.72	1,574.04	1,941.16	1,744.08	1,232.40
82	1,406.60	1,615.12	1,992.12	1,789.32	1,264.64
83	1,446.12	1,659.84	2,046.72	1,839.24	1,298.96
84	1,483.56	1,702.48	2,100.80	1,887.08	1,333.28
85	1,532.44	1,759.68	2,170.48	1,949.48	1,377.48
86	1,571.96	1,804.92	2,225.60	1,999.92	1,412.84
87	1,612.52	1,851.20	2,283.32	2,050.88	1,448.72
88	1,653.08	1,898.52	2,341.04	2,102.88	1,485.64
89	1,694.68	1,945.84	2,400.32	2,155.40	1,523.08
90	1,737.32	1,994.20	2,459.60	2,209.48	1,561.04
91	1,779.44	2,043.08	2,519.92	2,263.56	1,599.52
92	1,822.60	2,092.48	2,580.76	2,318.16	1,638.00
93	1,864.72	2,141.36	2,641.08	2,372.76	1,675.96
94	1,906.84	2,190.24	2,700.36	2,425.80	1,713.92
95	1,947.40	2,236.00	2,758.08	2,477.28	1,750.32
96	1,985.36	2,279.16	2,811.12	2,525.12	1,784.12
97	2,018.12	2,317.12	2,857.92	2,567.76	1,813.76
98	2,044.12	2,347.28	2,895.36	2,600.52	1,837.68
99	2,059.72	2,364.44	2,916.68	2,620.28	1,851.20
100+	2,059.72	2,364.44	2,916.68	2,620.28	1,851.20

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**

Area 2 - Florida Rates Effective 7/1/2023

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,637.36	5,324.80	6,567.60	5,898.88	4,078.88
65	1,236.56	1,419.60	1,750.84	1,573.00	1,087.32
66	1,244.88	1,429.48	1,762.80	1,582.88	1,099.80
67	1,264.12	1,451.32	1,789.84	1,607.84	1,121.64
68	1,288.56	1,479.40	1,825.20	1,638.52	1,150.76
69	1,318.72	1,513.20	1,866.80	1,676.48	1,181.44
70	1,348.36	1,547.52	1,909.44	1,714.96	1,211.08
71	1,378.00	1,582.88	1,951.56	1,752.40	1,239.16
72	1,408.16	1,616.68	1,994.72	1,791.40	1,265.68
73	1,437.28	1,650.48	2,034.76	1,827.80	1,291.16
74	1,469.52	1,687.92	2,082.08	1,869.40	1,320.28
75	1,502.28	1,724.84	2,127.32	1,911.00	1,348.36
76	1,537.12	1,765.40	2,176.72	1,955.72	1,379.04
77	1,576.64	1,810.12	2,232.88	2,005.12	1,415.44
78	1,617.20	1,857.96	2,291.12	2,058.16	1,452.88
79	1,659.32	1,904.76	2,348.84	2,110.16	1,490.84
80	1,705.08	1,957.80	2,414.36	2,168.40	1,531.40
81	1,751.88	2,011.88	2,479.88	2,228.72	1,574.56
82	1,797.64	2,063.88	2,545.92	2,286.44	1,616.16
83	1,847.56	2,120.56	2,615.08	2,349.88	1,660.36
84	1,894.88	2,175.68	2,683.72	2,411.24	1,704.04
85	1,958.32	2,249.00	2,773.16	2,491.32	1,760.72
86	2,009.28	2,306.20	2,843.88	2,554.76	1,805.96
87	2,059.72	2,365.48	2,916.68	2,620.80	1,851.20
88	2,112.76	2,425.28	2,991.04	2,686.84	1,898.00
89	2,165.80	2,486.64	3,066.96	2,754.44	1,945.84
90	2,219.36	2,548.00	3,142.88	2,823.08	1,994.72
91	2,273.96	2,610.40	3,219.84	2,892.24	2,044.12
92	2,329.08	2,673.84	3,297.84	2,962.44	2,093.00
93	2,383.16	2,735.72	3,374.80	3,031.60	2,141.88
94	2,437.24	2,798.64	3,451.24	3,099.20	2,190.24
95	2,488.72	2,857.40	3,524.04	3,165.76	2,236.52
96	2,537.08	2,912.52	3,591.64	3,226.60	2,279.68
97	2,579.20	2,961.40	3,651.96	3,281.20	2,317.64
98	2,612.48	2,998.84	3,699.28	3,323.84	2,347.80
99	2,631.72	3,021.72	3,726.84	3,348.28	2,365.48
100+	2,631.72	3,021.72	3,726.84	3,348.28	2,365.48

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,173.52	4,792.84	5,910.84	5,308.68	3,670.68
65	1,112.80	1,277.64	1,576.12	1,415.44	978.12
66	1,120.08	1,286.48	1,586.52	1,424.80	989.56
67	1,137.24	1,306.24	1,610.96	1,447.16	1,009.32
68	1,159.60	1,331.72	1,642.68	1,474.72	1,035.32
69	1,186.64	1,361.88	1,680.64	1,509.04	1,063.40
70	1,213.68	1,393.08	1,718.60	1,543.88	1,089.92
71	1,240.20	1,424.28	1,756.56	1,577.16	1,114.88
72	1,267.76	1,455.48	1,794.52	1,612.00	1,139.32
73	1,293.76	1,485.64	1,831.96	1,645.28	1,162.20
74	1,322.88	1,518.92	1,874.08	1,682.20	1,188.20
75	1,352.00	1,552.72	1,914.64	1,720.16	1,213.68
76	1,383.20	1,588.60	1,958.84	1,759.16	1,241.24
77	1,419.60	1,629.16	2,009.80	1,804.92	1,273.48
78	1,456.00	1,671.80	2,061.28	1,852.24	1,307.80
79	1,492.92	1,714.44	2,114.32	1,899.56	1,341.60
80	1,534.52	1,761.76	2,173.08	1,951.56	1,378.52
81	1,576.12	1,810.12	2,231.84	2,006.16	1,417.00
82	1,617.72	1,857.44	2,291.64	2,058.16	1,454.44
83	1,662.96	1,908.40	2,354.04	2,115.36	1,493.96
84	1,705.60	1,958.32	2,415.92	2,169.96	1,532.96
85	1,762.28	2,023.84	2,496.00	2,241.72	1,584.44
86	1,808.04	2,075.84	2,559.44	2,299.44	1,625.00
87	1,853.80	2,128.36	2,624.96	2,358.20	1,666.08
88	1,901.64	2,182.44	2,691.52	2,418.00	1,708.20
89	1,948.44	2,237.56	2,760.16	2,479.36	1,751.36
90	1,997.32	2,292.68	2,828.28	2,540.20	1,795.04
91	2,046.20	2,349.88	2,897.96	2,603.12	1,839.24
92	2,096.12	2,406.04	2,967.64	2,666.04	1,883.96
93	2,145.00	2,462.72	3,036.80	2,728.44	1,927.64
94	2,193.36	2,518.88	3,105.44	2,789.28	1,971.32
95	2,239.64	2,571.40	3,172.00	2,848.56	2,012.92
96	2,283.32	2,621.32	3,232.84	2,904.20	2,051.92
97	2,321.28	2,664.48	3,286.92	2,952.56	2,085.72
98	2,350.92	2,699.32	3,329.56	2,991.04	2,113.28
99	2,368.60	2,719.60	3,354.52	3,012.88	2,128.88
100+	2,368.60	2,719.60	3,354.52	3,012.88	2,128.88

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 3 - Florida Rate Effective 7/1/2023  
ZIP codes: 322, 335-337, 346, 349  
Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,314.44	4,954.56	6,110.52	5,487.56	3,794.44
65	1,150.76	1,321.32	1,629.16	1,463.28	1,011.40
66	1,158.04	1,329.64	1,639.56	1,473.16	1,023.36
67	1,175.72	1,350.96	1,665.56	1,496.04	1,043.64
68	1,198.60	1,376.44	1,698.32	1,525.16	1,071.20
69	1,226.16	1,408.16	1,737.84	1,559.48	1,098.76
70	1,254.76	1,440.40	1,777.36	1,595.88	1,126.84
71	1,281.80	1,472.12	1,815.32	1,630.72	1,152.32
72	1,310.40	1,504.36	1,855.36	1,666.60	1,177.80
73	1,337.44	1,535.56	1,893.32	1,700.92	1,201.20
74	1,367.60	1,570.40	1,937.00	1,739.40	1,228.76
75	1,397.76	1,605.24	1,979.12	1,778.40	1,254.76
76	1,430.00	1,642.16	2,025.40	1,818.96	1,282.84
77	1,467.44	1,684.28	2,077.40	1,866.28	1,316.64
78	1,504.88	1,728.48	2,130.96	1,914.64	1,352.00
79	1,543.88	1,772.16	2,186.08	1,963.52	1,387.36
80	1,587.04	1,821.04	2,246.40	2,017.60	1,425.32
81	1,629.16	1,871.48	2,307.24	2,074.28	1,464.84
82	1,671.80	1,920.36	2,368.08	2,127.84	1,503.32
83	1,718.60	1,973.40	2,433.08	2,187.12	1,544.40
84	1,763.84	2,024.36	2,497.56	2,243.28	1,584.44
85	1,821.56	2,091.96	2,580.24	2,317.64	1,637.48
86	1,869.40	2,146.04	2,646.28	2,377.44	1,679.60
87	1,917.24	2,201.16	2,714.92	2,438.80	1,722.76
88	1,965.08	2,256.80	2,783.04	2,500.16	1,765.92
89	2,014.48	2,314.00	2,854.28	2,562.56	1,811.16
90	2,065.44	2,371.20	2,923.96	2,626.52	1,855.36
91	2,115.36	2,429.96	2,996.24	2,691.52	1,901.64
92	2,166.84	2,487.68	3,068.00	2,756.52	1,947.40
93	2,217.28	2,545.92	3,140.28	2,821.00	1,993.16
94	2,267.20	2,603.64	3,210.48	2,883.92	2,037.36
95	2,315.56	2,658.24	3,279.12	2,945.80	2,081.04
96	2,360.28	2,710.24	3,342.04	3,002.48	2,121.60
97	2,400.32	2,755.48	3,397.68	3,052.92	2,156.44
98	2,431.00	2,790.32	3,442.40	3,091.92	2,184.52
99	2,448.68	2,811.64	3,467.88	3,115.32	2,201.16
100+	2,448.68	2,811.64	3,467.88	3,115.32	2,201.16

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,883.36	4,459.00	5,499.52	4,938.96	3,415.36
65	1,034.80	1,189.24	1,466.92	1,317.16	910.52
66	1,042.60	1,197.04	1,476.28	1,326.00	920.92
67	1,058.20	1,215.24	1,498.64	1,346.28	939.12
68	1,079.00	1,239.16	1,528.28	1,372.80	963.56
69	1,103.96	1,267.24	1,563.64	1,404.00	989.04
70	1,129.44	1,296.36	1,599.00	1,436.24	1,014.00
71	1,153.88	1,325.48	1,633.84	1,467.96	1,036.88
72	1,179.36	1,354.08	1,669.72	1,500.20	1,059.76
73	1,203.28	1,382.68	1,704.04	1,530.88	1,081.08
74	1,230.32	1,413.88	1,743.04	1,565.20	1,105.52
75	1,257.36	1,444.56	1,781.52	1,599.52	1,129.44
76	1,287.00	1,477.84	1,822.08	1,637.48	1,154.40
77	1,320.28	1,516.32	1,870.44	1,679.60	1,185.08
78	1,354.60	1,555.84	1,918.28	1,723.28	1,216.80
79	1,389.44	1,595.36	1,967.68	1,766.96	1,248.00
80	1,427.92	1,639.04	2,021.24	1,815.32	1,282.32
81	1,466.92	1,684.28	2,076.88	1,866.28	1,318.72
82	1,504.88	1,727.96	2,131.48	1,914.64	1,353.04
83	1,547.52	1,775.80	2,190.24	1,968.20	1,389.96
84	1,587.56	1,821.56	2,247.96	2,019.16	1,426.36
85	1,639.56	1,882.92	2,322.32	2,085.72	1,473.68
86	1,682.20	1,931.28	2,381.60	2,139.80	1,511.64
87	1,725.36	1,980.68	2,442.96	2,194.40	1,550.12
88	1,769.04	2,031.64	2,504.84	2,250.04	1,589.64
89	1,813.24	2,082.08	2,568.28	2,306.20	1,629.68
90	1,859.00	2,133.56	2,631.72	2,363.92	1,670.24
91	1,904.24	2,186.08	2,696.20	2,422.16	1,711.32
92	1,950.00	2,239.12	2,761.20	2,480.40	1,752.92
93	1,995.24	2,291.12	2,826.20	2,538.64	1,793.48
94	2,040.48	2,343.64	2,889.64	2,595.84	1,834.04
95	2,083.64	2,392.52	2,951.00	2,650.44	1,873.04
96	2,124.20	2,438.80	3,007.68	2,701.92	1,908.92
97	2,159.56	2,479.36	3,058.12	2,747.68	1,940.64
98	2,187.12	2,511.60	3,098.16	2,782.52	1,966.12
99	2,203.76	2,529.80	3,121.04	2,803.84	1,980.68
100+	2,203.76	2,529.80	3,121.04	2,803.84	1,980.68

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 3 - Florida Rate Effective 7/1/2023  
ZIP codes: 322, 335-337, 346, 349  
Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,961.84	5,697.64	7,027.28	6,311.76	4,364.36
65	1,322.88	1,518.92	1,873.56	1,683.24	1,163.24
66	1,332.24	1,529.32	1,886.04	1,693.64	1,176.76
67	1,352.52	1,552.72	1,915.16	1,720.16	1,200.16
68	1,378.52	1,582.88	1,953.12	1,753.44	1,231.36
69	1,411.28	1,619.28	1,997.32	1,794.00	1,264.12
70	1,443.00	1,655.68	2,043.08	1,835.08	1,295.84
71	1,474.72	1,693.64	2,088.32	1,875.12	1,326.00
72	1,506.96	1,730.04	2,134.60	1,916.72	1,354.08
73	1,537.64	1,765.92	2,177.24	1,955.72	1,381.64
74	1,572.48	1,805.96	2,227.68	2,000.44	1,412.84
75	1,607.32	1,845.48	2,276.04	2,044.64	1,443.00
76	1,644.76	1,889.16	2,329.08	2,092.48	1,475.76
77	1,686.88	1,937.00	2,389.40	2,145.52	1,514.76
78	1,730.56	1,987.96	2,451.28	2,202.20	1,554.80
79	1,775.28	2,037.88	2,513.16	2,257.84	1,595.36
80	1,824.68	2,095.08	2,583.36	2,320.24	1,638.52
81	1,874.60	2,152.80	2,653.56	2,384.72	1,684.80
82	1,923.48	2,208.44	2,724.28	2,446.60	1,729.52
83	1,977.04	2,268.76	2,798.12	2,514.20	1,776.84
84	2,027.48	2,328.04	2,871.44	2,580.24	1,823.12
85	2,095.60	2,406.56	2,967.12	2,665.52	1,883.96
86	2,149.68	2,467.40	3,043.04	2,733.64	1,932.32
87	2,203.76	2,530.84	3,121.04	2,804.36	1,980.68
88	2,260.44	2,594.80	3,200.60	2,875.08	2,031.12
89	2,317.64	2,660.84	3,281.72	2,947.36	2,082.08
90	2,374.84	2,726.36	3,362.84	3,020.68	2,134.60
91	2,433.08	2,792.92	3,445.00	3,094.52	2,187.12
92	2,492.36	2,861.04	3,528.72	3,169.92	2,239.64
93	2,550.08	2,927.08	3,610.88	3,243.76	2,291.64
94	2,607.80	2,994.68	3,693.04	3,316.04	2,343.64
95	2,662.92	3,057.60	3,770.52	3,387.28	2,393.04
96	2,714.92	3,116.36	3,842.80	3,452.28	2,439.32
97	2,759.64	3,168.88	3,907.80	3,511.04	2,479.88
98	2,795.52	3,208.92	3,958.24	3,556.28	2,512.12
99	2,815.80	3,233.36	3,987.88	3,582.80	2,530.84
100+	2,815.80	3,233.36	3,987.88	3,582.80	2,530.84

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,465.76	5,128.24	6,324.76	5,680.48	3,927.56
65	1,190.80	1,367.08	1,686.36	1,514.76	1,046.76
66	1,198.60	1,376.44	1,697.80	1,524.64	1,058.72
67	1,216.80	1,397.76	1,723.80	1,548.56	1,080.04
68	1,240.72	1,424.80	1,757.60	1,578.20	1,107.60
69	1,269.84	1,457.04	1,798.16	1,614.60	1,137.76
70	1,298.44	1,490.84	1,838.72	1,652.04	1,166.36
71	1,327.04	1,524.12	1,879.28	1,687.40	1,192.88
72	1,356.68	1,557.40	1,920.36	1,724.84	1,218.88
73	1,384.24	1,589.64	1,960.40	1,760.20	1,243.32
74	1,415.44	1,625.00	2,005.12	1,799.72	1,271.40
75	1,446.64	1,661.40	2,048.80	1,840.80	1,298.44
76	1,479.92	1,699.88	2,096.12	1,882.40	1,328.08
77	1,518.92	1,743.04	2,150.72	1,931.28	1,362.40
78	1,557.92	1,788.80	2,205.32	1,981.72	1,399.32
79	1,597.44	1,834.56	2,262.52	2,032.68	1,435.72
80	1,642.16	1,885.00	2,325.44	2,088.32	1,475.24
81	1,686.36	1,937.00	2,387.84	2,146.56	1,516.32
82	1,731.08	1,987.44	2,451.80	2,202.20	1,556.36
83	1,779.44	2,042.04	2,518.88	2,263.56	1,598.48
84	1,825.20	2,095.60	2,584.92	2,321.80	1,640.08
85	1,885.52	2,165.28	2,670.72	2,398.76	1,695.20
86	1,934.40	2,220.92	2,738.84	2,460.64	1,738.88
87	1,983.80	2,277.60	2,808.52	2,523.04	1,782.56
88	2,034.76	2,335.32	2,879.76	2,587.52	1,827.80
89	2,084.68	2,394.08	2,953.60	2,653.04	1,874.08
90	2,137.20	2,453.36	3,026.40	2,718.04	1,920.88
91	2,189.20	2,514.20	3,100.76	2,785.12	1,968.20
92	2,242.76	2,574.52	3,175.12	2,852.72	2,016.04
93	2,295.28	2,635.36	3,249.48	2,919.28	2,062.32
94	2,346.76	2,695.16	3,322.80	2,984.28	2,109.12
95	2,396.16	2,751.32	3,394.04	3,047.72	2,153.84
96	2,442.96	2,804.88	3,459.04	3,107.52	2,195.44
97	2,483.52	2,851.16	3,516.76	3,159.00	2,231.84
98	2,515.24	2,888.08	3,562.52	3,200.60	2,260.96
99	2,534.48	2,909.92	3,589.56	3,224.00	2,278.12
100+	2,534.48	2,909.92	3,589.56	3,224.00	2,278.12

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 4 - Florida Rate Effective 7/1/2023  
ZIP codes: 330-334, 340  
Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,451.12	7,408.96	9,136.92	8,206.12	5,674.24
65	1,720.68	1,976.00	2,436.20	2,188.16	1,512.68
66	1,731.60	1,988.48	2,451.80	2,203.24	1,529.84
67	1,758.12	2,020.20	2,490.28	2,237.04	1,561.04
68	1,791.92	2,058.16	2,539.16	2,280.72	1,601.60
69	1,833.52	2,106.00	2,598.44	2,332.20	1,643.20
70	1,876.16	2,153.84	2,657.20	2,386.28	1,684.80
71	1,916.72	2,201.68	2,714.92	2,438.80	1,723.28
72	1,959.36	2,249.52	2,774.72	2,491.84	1,761.24
73	1,999.92	2,296.32	2,831.40	2,543.32	1,796.08
74	2,045.16	2,347.80	2,896.40	2,601.04	1,837.16
75	2,089.88	2,400.32	2,959.32	2,659.28	1,876.16
76	2,138.24	2,455.44	3,028.48	2,719.60	1,918.80
77	2,193.88	2,518.36	3,106.48	2,790.32	1,968.72
78	2,250.56	2,584.92	3,186.56	2,863.12	2,021.76
79	2,308.80	2,649.92	3,268.72	2,935.92	2,074.28
80	2,372.76	2,723.24	3,358.68	3,017.04	2,131.48
81	2,436.20	2,798.64	3,450.20	3,101.80	2,190.76
82	2,500.16	2,871.44	3,541.20	3,181.36	2,247.96
83	2,569.84	2,951.00	3,638.44	3,270.80	2,309.84
84	2,637.44	3,026.92	3,734.64	3,354.52	2,369.64
85	2,723.76	3,128.32	3,857.88	3,465.28	2,448.68
86	2,795.52	3,208.92	3,957.20	3,555.24	2,511.60
87	2,867.28	3,291.60	4,059.12	3,646.76	2,576.08
88	2,938.52	3,374.80	4,161.56	3,738.28	2,640.56
89	3,012.88	3,460.08	4,268.16	3,832.40	2,708.16
90	3,088.28	3,545.88	4,372.16	3,928.08	2,774.72
91	3,163.16	3,633.24	4,480.32	4,024.28	2,843.88
92	3,239.60	3,720.08	4,587.44	4,121.52	2,912.00
93	3,315.52	3,807.44	4,695.60	4,218.24	2,980.12
94	3,390.40	3,892.72	4,800.64	4,312.36	3,046.68
95	3,462.68	3,975.40	4,903.08	4,404.40	3,111.68
96	3,529.24	4,052.88	4,997.72	4,489.68	3,172.52
97	3,589.04	4,119.96	5,080.92	4,565.08	3,225.04
98	3,634.80	4,172.48	5,147.48	4,623.32	3,266.64
99	3,661.84	4,204.20	5,185.96	4,658.16	3,291.60
100+	3,661.84	4,204.20	5,185.96	4,658.16	3,291.60

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,806.32	6,667.44	8,223.28	7,385.56	5,106.92
65	1,547.52	1,777.88	2,193.36	1,969.24	1,361.36
66	1,558.96	1,789.84	2,207.40	1,982.76	1,376.96
67	1,582.36	1,816.88	2,240.68	2,013.44	1,404.52
68	1,613.04	1,852.76	2,285.40	2,052.44	1,440.92
69	1,650.48	1,895.40	2,337.92	2,099.24	1,479.40
70	1,688.96	1,938.56	2,390.96	2,147.60	1,515.80
71	1,725.36	1,981.72	2,442.96	2,194.92	1,550.64
72	1,763.84	2,024.88	2,497.04	2,243.28	1,584.96
73	1,799.72	2,067.52	2,548.52	2,289.04	1,616.68
74	1,839.76	2,114.32	2,606.76	2,340.52	1,653.08
75	1,880.32	2,160.08	2,663.96	2,392.00	1,688.96
76	1,924.52	2,210.00	2,724.80	2,448.68	1,726.40
77	1,974.44	2,267.20	2,797.08	2,511.60	1,772.16
78	2,025.92	2,326.48	2,868.84	2,576.60	1,819.48
79	2,077.40	2,385.24	2,942.16	2,642.64	1,866.28
80	2,135.12	2,451.28	3,022.76	2,714.92	1,917.76
81	2,193.36	2,518.36	3,105.96	2,790.32	1,971.84
82	2,250.56	2,584.40	3,187.60	2,863.12	2,023.32
83	2,314.00	2,655.64	3,274.96	2,942.68	2,078.44
84	2,373.80	2,723.76	3,361.28	3,019.12	2,133.04
85	2,451.80	2,815.28	3,472.56	3,118.96	2,203.76
86	2,515.24	2,888.08	3,560.96	3,200.08	2,260.44
87	2,580.24	2,961.92	3,653.52	3,281.20	2,318.16
88	2,644.72	3,037.84	3,745.56	3,364.40	2,376.92
89	2,711.28	3,113.24	3,840.72	3,448.64	2,436.72
90	2,779.92	3,190.72	3,935.36	3,534.96	2,497.56
91	2,847.00	3,268.72	4,032.08	3,621.80	2,559.44
92	2,916.16	3,347.76	4,129.32	3,709.16	2,620.80
93	2,983.76	3,426.28	4,225.52	3,796.52	2,681.64
94	3,050.84	3,504.28	4,320.68	3,881.28	2,742.48
95	3,115.84	3,577.60	4,412.72	3,963.44	2,800.72
96	3,176.68	3,646.76	4,498.00	4,040.40	2,854.80
97	3,229.20	3,707.60	4,572.88	4,108.52	2,902.12
98	3,270.80	3,755.44	4,632.68	4,161.04	2,940.08
99	3,295.76	3,783.00	4,666.48	4,192.24	2,961.92
100+	3,295.76	3,783.00	4,666.48	4,192.24	2,961.92

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**

Area 4 - Florida Rate Effective 7/1/2023

ZIP codes: 330-334, 340

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	7,419.88	8,519.68	10,508.16	9,438.00	6,526.00
65	1,978.60	2,271.36	2,801.24	2,516.80	1,739.92
66	1,991.60	2,286.96	2,820.48	2,532.40	1,759.68
67	2,022.80	2,322.32	2,863.64	2,572.44	1,794.52
68	2,061.80	2,367.04	2,920.32	2,621.84	1,841.32
69	2,110.16	2,421.12	2,986.88	2,682.16	1,890.20
70	2,157.48	2,476.24	3,055.00	2,744.04	1,937.52
71	2,204.80	2,532.40	3,122.60	2,803.84	1,982.76
72	2,253.16	2,586.48	3,191.76	2,866.24	2,024.88
73	2,299.44	2,640.56	3,255.72	2,924.48	2,065.96
74	2,351.44	2,700.88	3,331.12	2,991.04	2,112.24
75	2,403.44	2,759.64	3,403.92	3,057.60	2,157.48
76	2,459.60	2,824.64	3,482.96	3,129.36	2,206.36
77	2,522.52	2,896.40	3,572.40	3,208.40	2,264.60
78	2,587.52	2,972.84	3,666.00	3,293.16	2,324.40
79	2,655.12	3,047.72	3,758.04	3,376.36	2,385.24
80	2,727.92	3,132.48	3,863.08	3,469.44	2,450.24
81	2,802.80	3,218.80	3,967.60	3,566.16	2,519.40
82	2,876.12	3,302.00	4,073.68	3,658.20	2,585.96
83	2,956.20	3,393.00	4,183.92	3,759.60	2,656.68
84	3,031.60	3,480.88	4,294.16	3,857.88	2,726.36
85	3,133.52	3,598.40	4,437.16	3,986.32	2,817.36
86	3,214.64	3,689.92	4,550.00	4,087.72	2,889.64
87	3,295.76	3,784.56	4,666.48	4,193.28	2,961.92
88	3,380.52	3,880.24	4,785.56	4,298.84	3,036.80
89	3,465.28	3,978.52	4,907.24	4,407.00	3,113.24
90	3,551.08	4,076.80	5,028.40	4,516.72	3,191.76
91	3,638.44	4,176.64	5,151.64	4,627.48	3,270.80
92	3,726.32	4,278.04	5,276.44	4,739.80	3,348.80
93	3,813.16	4,377.36	5,399.68	4,850.56	3,426.80
94	3,899.48	4,477.72	5,521.88	4,958.72	3,504.28
95	3,982.16	4,571.84	5,638.36	5,065.32	3,578.64
96	4,059.12	4,660.24	5,746.52	5,162.56	3,647.28
97	4,126.72	4,738.24	5,843.24	5,249.92	3,708.12
98	4,179.76	4,798.04	5,918.64	5,318.04	3,756.48
99	4,210.96	4,834.96	5,962.84	5,357.04	3,784.56
100+	4,210.96	4,834.96	5,962.84	5,357.04	3,784.56

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,677.84	7,668.44	9,457.24	8,493.68	5,872.88
65	1,780.48	2,044.12	2,522.00	2,264.60	1,565.20
66	1,791.92	2,058.16	2,538.64	2,279.68	1,583.40
67	1,819.48	2,089.88	2,577.64	2,315.56	1,615.12
68	1,855.36	2,130.96	2,628.08	2,359.76	1,656.72
69	1,898.52	2,178.80	2,688.92	2,414.36	1,701.44
70	1,941.68	2,228.72	2,749.76	2,470.00	1,744.08
71	1,984.32	2,278.64	2,810.60	2,523.56	1,783.60
72	2,028.52	2,328.56	2,871.44	2,579.20	1,823.12
73	2,070.12	2,376.92	2,931.24	2,632.24	1,859.52
74	2,116.40	2,430.48	2,998.32	2,691.52	1,901.12
75	2,163.20	2,484.56	3,063.32	2,752.36	1,941.68
76	2,213.12	2,541.76	3,134.04	2,814.76	1,985.88
77	2,271.36	2,606.76	3,215.68	2,888.08	2,037.36
78	2,329.60	2,674.88	3,297.84	2,963.48	2,092.48
79	2,388.88	2,743.00	3,383.12	3,039.40	2,146.56
80	2,455.44	2,818.92	3,476.72	3,122.60	2,205.84
81	2,522.00	2,896.40	3,570.84	3,209.96	2,267.20
82	2,588.56	2,971.80	3,666.52	3,293.16	2,327.00
83	2,660.84	3,053.44	3,766.36	3,384.68	2,390.44
84	2,728.96	3,133.52	3,865.68	3,472.04	2,452.84
85	2,819.44	3,238.04	3,993.60	3,586.96	2,535.00
86	2,892.76	3,321.24	4,095.00	3,679.00	2,600.00
87	2,966.08	3,405.48	4,200.04	3,773.12	2,665.52
88	3,042.52	3,491.80	4,306.64	3,868.80	2,733.12
89	3,117.40	3,580.20	4,416.36	3,967.08	2,802.28
90	3,195.92	3,668.08	4,525.04	4,064.32	2,871.96
91	3,273.92	3,759.60	4,636.84	4,165.20	2,942.68
92	3,354.00	3,849.56	4,748.12	4,265.56	3,014.44
93	3,432.00	3,940.56	4,858.88	4,365.40	3,084.12
94	3,509.48	4,030.00	4,968.60	4,462.64	3,154.32
95	3,583.32	4,114.24	5,075.20	4,557.80	3,220.88
96	3,653.52	4,194.32	5,172.44	4,646.72	3,283.28
97	3,713.84	4,262.96	5,259.28	4,724.20	3,337.36
98	3,761.68	4,319.12	5,327.40	4,785.56	3,381.04
99	3,789.76	4,351.36	5,367.44	4,820.40	3,406.00
100+	3,789.76	4,351.36	5,367.44	4,820.40	3,406.00

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 1 - Florida Rate Effective 7/1/2023  
ZIP codes: All Except 320-349  
Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,979	8,015	9,884	8,877	6,138
65	1,861	2,138	2,635	2,367	1,636
66	1,873	2,151	2,652	2,383	1,655
67	1,902	2,185	2,694	2,420	1,688
68	1,939	2,227	2,747	2,467	1,733
69	1,984	2,278	2,811	2,523	1,778
70	2,030	2,330	2,875	2,581	1,823
71	2,074	2,381	2,937	2,638	1,864
72	2,120	2,434	3,002	2,696	1,905
73	2,164	2,484	3,063	2,751	1,943
74	2,212	2,540	3,133	2,813	1,987
75	2,261	2,597	3,201	2,876	2,030
76	2,313	2,656	3,276	2,942	2,075
77	2,373	2,724	3,361	3,019	2,129
78	2,435	2,796	3,447	3,097	2,187
79	2,498	2,867	3,536	3,176	2,244
80	2,567	2,946	3,633	3,263	2,306
81	2,635	3,028	3,732	3,355	2,370
82	2,705	3,106	3,830	3,442	2,432
83	2,780	3,192	3,936	3,538	2,498
84	2,853	3,274	4,040	3,629	2,563
85	2,947	3,384	4,173	3,749	2,649
86	3,024	3,471	4,280	3,846	2,717
87	3,101	3,560	4,391	3,945	2,786
88	3,179	3,650	4,502	4,044	2,857
89	3,259	3,743	4,617	4,145	2,930
90	3,341	3,836	4,730	4,249	3,002
91	3,422	3,930	4,847	4,353	3,076
92	3,505	4,024	4,963	4,459	3,150
93	3,587	4,118	5,080	4,563	3,224
94	3,668	4,211	5,193	4,665	3,296
95	3,746	4,300	5,304	4,765	3,366
96	3,818	4,384	5,406	4,856	3,432
97	3,883	4,457	5,496	4,938	3,488
98	3,932	4,514	5,568	5,001	3,533
99	3,961	4,548	5,610	5,039	3,560
100+	3,961	4,548	5,610	5,039	3,560

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,281	7,213	8,896	7,989	5,524
65	1,674	1,923	2,372	2,130	1,472
66	1,687	1,936	2,388	2,145	1,490
67	1,712	1,966	2,424	2,178	1,519
68	1,745	2,004	2,472	2,220	1,559
69	1,786	2,050	2,529	2,271	1,600
70	1,827	2,097	2,587	2,323	1,640
71	1,867	2,144	2,642	2,374	1,678
72	1,908	2,191	2,701	2,426	1,715
73	1,947	2,237	2,757	2,476	1,749
74	1,990	2,287	2,820	2,532	1,788
75	2,034	2,336	2,882	2,588	1,827
76	2,082	2,390	2,948	2,649	1,868
77	2,136	2,453	3,026	2,717	1,917
78	2,192	2,516	3,103	2,787	1,968
79	2,247	2,580	3,182	2,858	2,019
80	2,309	2,651	3,270	2,937	2,075
81	2,372	2,724	3,360	3,019	2,133
82	2,435	2,795	3,448	3,097	2,189
83	2,503	2,873	3,542	3,183	2,248
84	2,568	2,947	3,636	3,266	2,308
85	2,652	3,046	3,757	3,374	2,384
86	2,721	3,124	3,852	3,461	2,445
87	2,791	3,204	3,952	3,550	2,507
88	2,861	3,286	4,052	3,640	2,571
89	2,933	3,368	4,154	3,731	2,636
90	3,007	3,452	4,257	3,824	2,702
91	3,080	3,536	4,361	3,918	2,768
92	3,155	3,622	4,467	4,012	2,835
93	3,227	3,706	4,571	4,107	2,901
94	3,300	3,791	4,674	4,199	2,966
95	3,371	3,870	4,774	4,288	3,029
96	3,436	3,945	4,865	4,370	3,088
97	3,493	4,010	4,946	4,444	3,139
98	3,538	4,063	5,011	4,501	3,181
99	3,565	4,092	5,048	4,535	3,204
100+	3,565	4,092	5,048	4,535	3,204

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**

Area 1 - Florida Rate Effective 7/1/2023

ZIP codes: All Except 320-349

Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,026	9,216	11,367	10,210	7,060
65	2,140	2,457	3,030	2,723	1,882
66	2,155	2,474	3,051	2,740	1,904
67	2,188	2,512	3,098	2,783	1,941
68	2,230	2,561	3,159	2,836	1,992
69	2,282	2,619	3,231	2,902	2,045
70	2,334	2,678	3,305	2,968	2,096
71	2,385	2,740	3,378	3,033	2,145
72	2,437	2,798	3,452	3,101	2,191
73	2,488	2,857	3,522	3,164	2,235
74	2,543	2,921	3,604	3,236	2,285
75	2,600	2,985	3,682	3,308	2,334
76	2,660	3,056	3,767	3,385	2,387
77	2,729	3,133	3,865	3,470	2,450
78	2,799	3,216	3,965	3,562	2,515
79	2,872	3,297	4,065	3,652	2,580
80	2,951	3,389	4,179	3,753	2,651
81	3,032	3,482	4,292	3,857	2,725
82	3,111	3,572	4,406	3,957	2,797
83	3,198	3,670	4,526	4,067	2,874
84	3,280	3,766	4,645	4,173	2,949
85	3,389	3,893	4,800	4,312	3,047
86	3,478	3,992	4,922	4,422	3,126
87	3,565	4,094	5,048	4,536	3,204
88	3,657	4,198	5,177	4,650	3,285
89	3,749	4,304	5,308	4,767	3,368
90	3,841	4,410	5,440	4,886	3,452
91	3,936	4,518	5,573	5,006	3,538
92	4,031	4,628	5,708	5,127	3,623
93	4,125	4,735	5,841	5,247	3,707
94	4,218	4,844	5,973	5,364	3,791
95	4,307	4,946	6,099	5,479	3,871
96	4,391	5,041	6,216	5,585	3,946
97	4,464	5,126	6,321	5,679	4,011
98	4,522	5,190	6,403	5,753	4,064
99	4,555	5,230	6,450	5,795	4,094
100+	4,555	5,230	6,450	5,795	4,094

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	7,223	8,295	10,230	9,188	6,353
65	1,926	2,211	2,728	2,450	1,693
66	1,939	2,227	2,746	2,466	1,713
67	1,968	2,261	2,788	2,505	1,747
68	2,007	2,305	2,843	2,552	1,792
69	2,054	2,357	2,909	2,612	1,841
70	2,101	2,411	2,975	2,672	1,886
71	2,147	2,465	3,040	2,730	1,930
72	2,194	2,519	3,106	2,790	1,972
73	2,239	2,571	3,171	2,848	2,012
74	2,290	2,629	3,244	2,912	2,057
75	2,340	2,687	3,314	2,977	2,101
76	2,394	2,750	3,390	3,045	2,148
77	2,457	2,820	3,479	3,124	2,204
78	2,520	2,894	3,568	3,206	2,264
79	2,584	2,967	3,659	3,288	2,322
80	2,656	3,049	3,761	3,378	2,386
81	2,728	3,133	3,863	3,472	2,453
82	2,800	3,215	3,966	3,562	2,517
83	2,878	3,303	4,074	3,661	2,586
84	2,952	3,389	4,181	3,756	2,653
85	3,050	3,503	4,320	3,880	2,742
86	3,129	3,593	4,430	3,980	2,813
87	3,209	3,684	4,543	4,082	2,884
88	3,291	3,777	4,658	4,185	2,957
89	3,372	3,873	4,777	4,291	3,031
90	3,457	3,968	4,895	4,397	3,107
91	3,542	4,067	5,016	4,505	3,183
92	3,628	4,164	5,136	4,614	3,261
93	3,713	4,262	5,256	4,722	3,336
94	3,796	4,360	5,375	4,828	3,412
95	3,876	4,451	5,490	4,930	3,484
96	3,952	4,537	5,595	5,027	3,551
97	4,018	4,612	5,689	5,110	3,610
98	4,069	4,672	5,763	5,177	3,658
99	4,100	4,707	5,806	5,215	3,685
100+	4,100	4,707	5,806	5,215	3,685

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	7,754	8,905	10,982	9,863	6,820
65	2,068	2,375	2,928	2,630	1,818
66	2,081	2,390	2,947	2,648	1,839
67	2,113	2,428	2,993	2,689	1,876
68	2,154	2,474	3,052	2,741	1,925
69	2,204	2,531	3,123	2,803	1,975
70	2,255	2,589	3,194	2,868	2,025
71	2,304	2,646	3,263	2,931	2,071
72	2,355	2,704	3,335	2,995	2,117
73	2,404	2,760	3,403	3,057	2,159
74	2,458	2,822	3,481	3,126	2,208
75	2,512	2,885	3,557	3,196	2,255
76	2,570	2,951	3,640	3,269	2,306
77	2,637	3,027	3,734	3,354	2,366
78	2,705	3,107	3,830	3,441	2,430
79	2,775	3,185	3,929	3,529	2,493
80	2,852	3,273	4,037	3,626	2,562
81	2,928	3,364	4,147	3,728	2,633
82	3,005	3,451	4,256	3,824	2,702
83	3,089	3,547	4,373	3,931	2,776
84	3,170	3,638	4,489	4,032	2,848
85	3,274	3,760	4,637	4,165	2,943
86	3,360	3,857	4,756	4,273	3,019
87	3,446	3,956	4,879	4,383	3,096
88	3,532	4,056	5,002	4,493	3,174
89	3,621	4,159	5,130	4,606	3,255
90	3,712	4,262	5,255	4,721	3,335
91	3,802	4,367	5,385	4,837	3,418
92	3,894	4,471	5,514	4,954	3,500
93	3,985	4,576	5,644	5,070	3,582
94	4,075	4,679	5,770	5,183	3,662
95	4,162	4,778	5,893	5,294	3,740
96	4,242	4,871	6,007	5,396	3,813
97	4,314	4,952	6,107	5,487	3,876
98	4,369	5,015	6,187	5,557	3,926
99	4,401	5,053	6,233	5,599	3,956
100+	4,401	5,053	6,233	5,599	3,956

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,979	8,014	9,884	8,877	6,138
65	1,860	2,137	2,636	2,367	1,636
66	1,874	2,151	2,653	2,383	1,655
67	1,902	2,184	2,693	2,420	1,688
68	1,939	2,227	2,747	2,467	1,732
69	1,984	2,278	2,810	2,523	1,778
70	2,030	2,330	2,874	2,581	1,822
71	2,074	2,382	2,936	2,638	1,864
72	2,120	2,434	3,001	2,696	1,905
73	2,163	2,485	3,063	2,751	1,943
74	2,211	2,541	3,133	2,813	1,987
75	2,260	2,596	3,202	2,875	2,030
76	2,313	2,656	3,275	2,943	2,075
77	2,373	2,725	3,362	3,019	2,130
78	2,435	2,796	3,448	3,097	2,187
79	2,497	2,867	3,536	3,176	2,243
80	2,566	2,946	3,633	3,263	2,305
81	2,636	3,027	3,733	3,354	2,370
82	2,705	3,106	3,831	3,441	2,432
83	2,781	3,192	3,936	3,537	2,498
84	2,853	3,274	4,040	3,629	2,564
85	2,947	3,384	4,174	3,749	2,649
86	3,023	3,471	4,280	3,846	2,717
87	3,101	3,560	4,391	3,944	2,786
88	3,179	3,651	4,502	4,044	2,857
89	3,259	3,742	4,616	4,145	2,929
90	3,341	3,835	4,730	4,249	3,002
91	3,422	3,929	4,846	4,353	3,076
92	3,505	4,024	4,963	4,458	3,150
93	3,586	4,118	5,079	4,563	3,223
94	3,667	4,212	5,193	4,665	3,296
95	3,745	4,300	5,304	4,764	3,366
96	3,818	4,383	5,406	4,856	3,431
97	3,881	4,456	5,496	4,938	3,488
98	3,931	4,514	5,568	5,001	3,534
99	3,961	4,547	5,609	5,039	3,560
100+	3,961	4,547	5,609	5,039	3,560

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 2 - Florida Rates Effective 7/1/2023  
ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347  
Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,918	10,240	12,630	11,344	7,844
65	2,378	2,730	3,367	3,025	2,091
66	2,394	2,749	3,390	3,044	2,115
67	2,431	2,791	3,442	3,092	2,157
68	2,478	2,845	3,510	3,151	2,213
69	2,536	2,910	3,590	3,224	2,272
70	2,593	2,976	3,672	3,298	2,329
71	2,650	3,044	3,753	3,370	2,383
72	2,708	3,109	3,836	3,445	2,434
73	2,764	3,174	3,913	3,515	2,483
74	2,826	3,246	4,004	3,595	2,539
75	2,889	3,317	4,091	3,675	2,593
76	2,956	3,395	4,186	3,761	2,652
77	3,032	3,481	4,294	3,856	2,722
78	3,110	3,573	4,406	3,958	2,794
79	3,191	3,663	4,517	4,058	2,867
80	3,279	3,765	4,643	4,170	2,945
81	3,369	3,869	4,769	4,286	3,028
82	3,457	3,969	4,896	4,397	3,108
83	3,553	4,078	5,029	4,519	3,193
84	3,644	4,184	5,161	4,637	3,277
85	3,766	4,325	5,333	4,791	3,386
86	3,864	4,435	5,469	4,913	3,473
87	3,961	4,549	5,609	5,040	3,560
88	4,063	4,664	5,752	5,167	3,650
89	4,165	4,782	5,898	5,297	3,742
90	4,268	4,900	6,044	5,429	3,836
91	4,373	5,020	6,192	5,562	3,931
92	4,479	5,142	6,342	5,697	4,025
93	4,583	5,261	6,490	5,830	4,119
94	4,687	5,382	6,637	5,960	4,212
95	4,786	5,495	6,777	6,088	4,301
96	4,879	5,601	6,907	6,205	4,384
97	4,960	5,695	7,023	6,310	4,457
98	5,024	5,767	7,114	6,392	4,515
99	5,061	5,811	7,167	6,439	4,549
100+	5,061	5,811	7,167	6,439	4,549

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,026	9,217	11,367	10,209	7,059
65	2,140	2,457	3,031	2,722	1,881
66	2,154	2,474	3,051	2,740	1,903
67	2,187	2,512	3,098	2,783	1,941
68	2,230	2,561	3,159	2,836	1,991
69	2,282	2,619	3,232	2,902	2,045
70	2,334	2,679	3,305	2,969	2,096
71	2,385	2,739	3,378	3,033	2,144
72	2,438	2,799	3,451	3,100	2,191
73	2,488	2,857	3,523	3,164	2,235
74	2,544	2,921	3,604	3,235	2,285
75	2,600	2,986	3,682	3,308	2,334
76	2,660	3,055	3,767	3,383	2,387
77	2,730	3,133	3,865	3,471	2,449
78	2,800	3,215	3,964	3,562	2,515
79	2,871	3,297	4,066	3,653	2,580
80	2,951	3,388	4,179	3,753	2,651
81	3,031	3,481	4,292	3,858	2,725
82	3,111	3,572	4,407	3,958	2,797
83	3,198	3,670	4,527	4,068	2,873
84	3,280	3,766	4,646	4,173	2,948
85	3,389	3,892	4,800	4,311	3,047
86	3,477	3,992	4,922	4,422	3,125
87	3,565	4,093	5,048	4,535	3,204
88	3,657	4,197	5,176	4,650	3,285
89	3,747	4,303	5,308	4,768	3,368
90	3,841	4,409	5,439	4,885	3,452
91	3,935	4,519	5,573	5,006	3,537
92	4,031	4,627	5,707	5,127	3,623
93	4,125	4,736	5,840	5,247	3,707
94	4,218	4,844	5,972	5,364	3,791
95	4,307	4,945	6,100	5,478	3,871
96	4,391	5,041	6,217	5,585	3,946
97	4,464	5,124	6,321	5,678	4,011
98	4,521	5,191	6,403	5,752	4,064
99	4,555	5,230	6,451	5,794	4,094
100+	4,555	5,230	6,451	5,794	4,094

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 3 - Florida Rate Effective 7/1/2023  
ZIP codes: 322, 335-337, 346, 349  
Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,297	9,528	11,751	10,553	7,297
65	2,213	2,541	3,133	2,814	1,945
66	2,227	2,557	3,153	2,833	1,968
67	2,261	2,598	3,203	2,877	2,007
68	2,305	2,647	3,266	2,933	2,060
69	2,358	2,708	3,342	2,999	2,113
70	2,413	2,770	3,418	3,069	2,167
71	2,465	2,831	3,491	3,136	2,216
72	2,520	2,893	3,568	3,205	2,265
73	2,572	2,953	3,641	3,271	2,310
74	2,630	3,020	3,725	3,345	2,363
75	2,688	3,087	3,806	3,420	2,413
76	2,750	3,158	3,895	3,498	2,467
77	2,822	3,239	3,995	3,589	2,532
78	2,894	3,324	4,098	3,682	2,600
79	2,969	3,408	4,204	3,776	2,668
80	3,052	3,502	4,320	3,880	2,741
81	3,133	3,599	4,437	3,989	2,817
82	3,215	3,693	4,554	4,092	2,891
83	3,305	3,795	4,679	4,206	2,970
84	3,392	3,893	4,803	4,314	3,047
85	3,503	4,023	4,962	4,457	3,149
86	3,595	4,127	5,089	4,572	3,230
87	3,687	4,233	5,221	4,690	3,313
88	3,779	4,340	5,352	4,808	3,396
89	3,874	4,450	5,489	4,928	3,483
90	3,972	4,560	5,623	5,051	3,568
91	4,068	4,673	5,762	5,176	3,657
92	4,167	4,784	5,900	5,301	3,745
93	4,264	4,896	6,039	5,425	3,833
94	4,360	5,007	6,174	5,546	3,918
95	4,453	5,112	6,306	5,665	4,002
96	4,539	5,212	6,427	5,774	4,080
97	4,616	5,299	6,534	5,871	4,147
98	4,675	5,366	6,620	5,946	4,201
99	4,709	5,407	6,669	5,991	4,233
100+	4,709	5,407	6,669	5,991	4,233

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	7,468	8,575	10,576	9,498	6,568
65	1,990	2,287	2,821	2,533	1,751
66	2,005	2,302	2,839	2,550	1,771
67	2,035	2,337	2,882	2,589	1,806
68	2,075	2,383	2,939	2,640	1,853
69	2,123	2,437	3,007	2,700	1,902
70	2,172	2,493	3,075	2,762	1,950
71	2,219	2,549	3,142	2,823	1,994
72	2,268	2,604	3,211	2,885	2,038
73	2,314	2,659	3,277	2,944	2,079
74	2,366	2,719	3,352	3,010	2,126
75	2,418	2,778	3,426	3,076	2,172
76	2,475	2,842	3,504	3,149	2,220
77	2,539	2,916	3,597	3,230	2,279
78	2,605	2,992	3,689	3,314	2,340
79	2,672	3,068	3,784	3,398	2,400
80	2,746	3,152	3,887	3,491	2,466
81	2,821	3,239	3,994	3,589	2,536
82	2,894	3,323	4,099	3,682	2,602
83	2,976	3,415	4,212	3,785	2,673
84	3,053	3,503	4,323	3,883	2,743
85	3,153	3,621	4,466	4,011	2,834
86	3,235	3,714	4,580	4,115	2,907
87	3,318	3,809	4,698	4,220	2,981
88	3,402	3,907	4,817	4,327	3,057
89	3,487	4,004	4,939	4,435	3,134
90	3,575	4,103	5,061	4,546	3,212
91	3,662	4,204	5,185	4,658	3,291
92	3,750	4,306	5,310	4,770	3,371
93	3,837	4,406	5,435	4,882	3,449
94	3,924	4,507	5,557	4,992	3,527
95	4,007	4,601	5,675	5,097	3,602
96	4,085	4,690	5,784	5,196	3,671
97	4,153	4,768	5,881	5,284	3,732
98	4,206	4,830	5,958	5,351	3,781
99	4,238	4,865	6,002	5,392	3,809
100+	4,238	4,865	6,002	5,392	3,809

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 3 - Florida Rate Effective 7/1/2023  
ZIP codes: 322, 335-337, 346, 349  
Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	9,542	10,957	13,514	12,138	8,393
65	2,544	2,921	3,603	3,237	2,237
66	2,562	2,941	3,627	3,257	2,263
67	2,601	2,986	3,683	3,308	2,308
68	2,651	3,044	3,756	3,372	2,368
69	2,714	3,114	3,841	3,450	2,431
70	2,775	3,184	3,929	3,529	2,492
71	2,836	3,257	4,016	3,606	2,550
72	2,898	3,327	4,105	3,686	2,604
73	2,957	3,396	4,187	3,761	2,657
74	3,024	3,473	4,284	3,847	2,717
75	3,091	3,549	4,377	3,932	2,775
76	3,163	3,633	4,479	4,024	2,838
77	3,244	3,725	4,595	4,126	2,913
78	3,328	3,823	4,714	4,235	2,990
79	3,414	3,919	4,833	4,342	3,068
80	3,509	4,029	4,968	4,462	3,151
81	3,605	4,140	5,103	4,586	3,240
82	3,699	4,247	5,239	4,705	3,326
83	3,802	4,363	5,381	4,835	3,417
84	3,899	4,477	5,522	4,962	3,506
85	4,030	4,628	5,706	5,126	3,623
86	4,134	4,745	5,852	5,257	3,716
87	4,238	4,867	6,002	5,393	3,809
88	4,347	4,990	6,155	5,529	3,906
89	4,457	5,117	6,311	5,668	4,004
90	4,567	5,243	6,467	5,809	4,105
91	4,679	5,371	6,625	5,951	4,206
92	4,793	5,502	6,786	6,096	4,307
93	4,904	5,629	6,944	6,238	4,407
94	5,015	5,759	7,102	6,377	4,507
95	5,121	5,880	7,251	6,514	4,602
96	5,221	5,993	7,390	6,639	4,691
97	5,307	6,094	7,515	6,752	4,769
98	5,376	6,171	7,612	6,839	4,831
99	5,415	6,218	7,669	6,890	4,867
100+	5,415	6,218	7,669	6,890	4,867

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,588	9,862	12,163	10,924	7,553
65	2,290	2,629	3,243	2,913	2,013
66	2,305	2,647	3,265	2,932	2,036
67	2,340	2,688	3,315	2,978	2,077
68	2,386	2,740	3,380	3,035	2,130
69	2,442	2,802	3,458	3,105	2,188
70	2,497	2,867	3,536	3,177	2,243
71	2,552	2,931	3,614	3,245	2,294
72	2,609	2,995	3,693	3,317	2,344
73	2,662	3,057	3,770	3,385	2,391
74	2,722	3,125	3,856	3,461	2,445
75	2,782	3,195	3,940	3,540	2,497
76	2,846	3,269	4,031	3,620	2,554
77	2,921	3,352	4,136	3,714	2,620
78	2,996	3,440	4,241	3,811	2,691
79	3,072	3,528	4,351	3,909	2,761
80	3,158	3,625	4,472	4,016	2,837
81	3,243	3,725	4,592	4,128	2,916
82	3,329	3,822	4,715	4,235	2,993
83	3,422	3,927	4,844	4,353	3,074
84	3,510	4,030	4,971	4,465	3,154
85	3,626	4,164	5,136	4,613	3,260
86	3,720	4,271	5,267	4,732	3,344
87	3,815	4,380	5,401	4,852	3,428
88	3,913	4,491	5,538	4,976	3,515
89	4,009	4,604	5,680	5,102	3,604
90	4,110	4,718	5,820	5,227	3,694
91	4,210	4,835	5,963	5,356	3,785
92	4,313	4,951	6,106	5,486	3,877
93	4,414	5,068	6,249	5,614	3,966
94	4,513	5,183	6,390	5,739	4,056
95	4,608	5,291	6,527	5,861	4,142
96	4,698	5,394	6,652	5,976	4,222
97	4,776	5,483	6,763	6,075	4,292
98	4,837	5,554	6,851	6,155	4,348
99	4,874	5,596	6,903	6,200	4,381
100+	4,874	5,596	6,903	6,200	4,381

The above rates do not include the \$20 application fee.

**Continental Life Insurance Company of Brentwood, Tennessee**  
Area 4 - Florida Rate Effective 7/1/2023  
ZIP codes: 330-334, 340  
Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	12,406	14,248	17,571	15,781	10,912
65	3,309	3,800	4,685	4,208	2,909
66	3,330	3,824	4,715	4,237	2,942
67	3,381	3,885	4,789	4,302	3,002
68	3,446	3,958	4,883	4,386	3,080
69	3,526	4,050	4,997	4,485	3,160
70	3,608	4,142	5,110	4,589	3,240
71	3,686	4,234	5,221	4,690	3,314
72	3,768	4,326	5,336	4,792	3,387
73	3,846	4,416	5,445	4,891	3,454
74	3,933	4,515	5,570	5,002	3,533
75	4,019	4,616	5,691	5,114	3,608
76	4,112	4,722	5,824	5,230	3,690
77	4,219	4,843	5,974	5,366	3,786
78	4,328	4,971	6,128	5,506	3,888
79	4,440	5,096	6,286	5,646	3,989
80	4,563	5,237	6,459	5,802	4,099
81	4,685	5,382	6,635	5,965	4,213
82	4,808	5,522	6,810	6,118	4,323
83	4,942	5,675	6,997	6,290	4,442
84	5,072	5,821	7,182	6,451	4,557
85	5,238	6,016	7,419	6,664	4,709
86	5,376	6,171	7,610	6,837	4,830
87	5,514	6,330	7,806	7,013	4,954
88	5,651	6,490	8,003	7,189	5,078
89	5,794	6,654	8,208	7,370	5,208
90	5,939	6,819	8,408	7,554	5,336
91	6,083	6,987	8,616	7,739	5,469
92	6,230	7,154	8,822	7,926	5,600
93	6,376	7,322	9,030	8,112	5,731
94	6,520	7,486	9,232	8,293	5,859
95	6,659	7,645	9,429	8,470	5,984
96	6,787	7,794	9,611	8,634	6,101
97	6,902	7,923	9,771	8,779	6,202
98	6,990	8,024	9,899	8,891	6,282
99	7,042	8,085	9,973	8,958	6,330
100+	7,042	8,085	9,973	8,958	6,330

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	11,166	12,822	15,814	14,203	9,821
65	2,976	3,419	4,218	3,787	2,618
66	2,998	3,442	4,245	3,813	2,648
67	3,043	3,494	4,309	3,872	2,701
68	3,102	3,563	4,395	3,947	2,771
69	3,174	3,645	4,496	4,037	2,845
70	3,248	3,728	4,598	4,130	2,915
71	3,318	3,811	4,698	4,221	2,982
72	3,392	3,894	4,802	4,314	3,048
73	3,461	3,976	4,901	4,402	3,109
74	3,538	4,066	5,013	4,501	3,179
75	3,616	4,154	5,123	4,600	3,248
76	3,701	4,250	5,240	4,709	3,320
77	3,797	4,360	5,379	4,830	3,408
78	3,896	4,474	5,517	4,955	3,499
79	3,995	4,587	5,658	5,082	3,589
80	4,106	4,714	5,813	5,221	3,688
81	4,218	4,843	5,973	5,366	3,792
82	4,328	4,970	6,130	5,506	3,891
83	4,450	5,107	6,298	5,659	3,997
84	4,565	5,238	6,464	5,806	4,102
85	4,715	5,414	6,678	5,998	4,238
86	4,837	5,554	6,848	6,154	4,347
87	4,962	5,696	7,026	6,310	4,458
88	5,086	5,842	7,203	6,470	4,571
89	5,214	5,987	7,386	6,632	4,686
90	5,346	6,136	7,568	6,798	4,803
91	5,475	6,286	7,754	6,965	4,922
92	5,608	6,438	7,941	7,133	5,040
93	5,738	6,589	8,126	7,301	5,157
94	5,867	6,739	8,309	7,464	5,274
95	5,992	6,880	8,486	7,622	5,386
96	6,109	7,013	8,650	7,770	5,490
97	6,210	7,130	8,794	7,901	5,581
98	6,290	7,222	8,909	8,002	5,654
99	6,338	7,275	8,974	8,062	5,696
100+	6,338	7,275	8,974	8,062	5,696

The above rates do not include the \$20 application fee.



**Continental Life Insurance Company of Brentwood, Tennessee**

Area 4 - Florida Rate Effective 7/1/2023

ZIP codes: 330-334, 340

Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	14,269	16,384	20,208	18,150	12,550
65	3,805	4,368	5,387	4,840	3,346
66	3,830	4,398	5,424	4,870	3,384
67	3,890	4,466	5,507	4,947	3,451
68	3,965	4,552	5,616	5,042	3,541
69	4,058	4,656	5,744	5,158	3,635
70	4,149	4,762	5,875	5,277	3,726
71	4,240	4,870	6,005	5,392	3,813
72	4,333	4,974	6,138	5,512	3,894
73	4,422	5,078	6,261	5,624	3,973
74	4,522	5,194	6,406	5,752	4,062
75	4,622	5,307	6,546	5,880	4,149
76	4,730	5,432	6,698	6,018	4,243
77	4,851	5,570	6,870	6,170	4,355
78	4,976	5,717	7,050	6,333	4,470
79	5,106	5,861	7,227	6,493	4,587
80	5,246	6,024	7,429	6,672	4,712
81	5,390	6,190	7,630	6,858	4,845
82	5,531	6,350	7,834	7,035	4,973
83	5,685	6,525	8,046	7,230	5,109
84	5,830	6,694	8,258	7,419	5,243
85	6,026	6,920	8,533	7,666	5,418
86	6,182	7,096	8,750	7,861	5,557
87	6,338	7,278	8,974	8,064	5,696
88	6,501	7,462	9,203	8,267	5,840
89	6,664	7,651	9,437	8,475	5,987
90	6,829	7,840	9,670	8,686	6,138
91	6,997	8,032	9,907	8,899	6,290
92	7,166	8,227	10,147	9,115	6,440
93	7,333	8,418	10,384	9,328	6,590
94	7,499	8,611	10,619	9,536	6,739
95	7,658	8,792	10,843	9,741	6,882
96	7,806	8,962	11,051	9,928	7,014
97	7,936	9,112	11,237	10,096	7,131
98	8,038	9,227	11,382	10,227	7,224
99	8,098	9,298	11,467	10,302	7,278
100+	8,098	9,298	11,467	10,302	7,278

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	12,842	14,747	18,187	16,334	11,294
65	3,424	3,931	4,850	4,355	3,010
66	3,446	3,958	4,882	4,384	3,045
67	3,499	4,019	4,957	4,453	3,106
68	3,568	4,098	5,054	4,538	3,186
69	3,651	4,190	5,171	4,643	3,272
70	3,734	4,286	5,288	4,750	3,354
71	3,816	4,382	5,405	4,853	3,430
72	3,901	4,478	5,522	4,960	3,506
73	3,981	4,571	5,637	5,062	3,576
74	4,070	4,674	5,766	5,176	3,656
75	4,160	4,778	5,891	5,293	3,734
76	4,256	4,888	6,027	5,413	3,819
77	4,368	5,013	6,184	5,554	3,918
78	4,480	5,144	6,342	5,699	4,024
79	4,594	5,275	6,506	5,845	4,128
80	4,722	5,421	6,686	6,005	4,242
81	4,850	5,570	6,867	6,173	4,360
82	4,978	5,715	7,051	6,333	4,475
83	5,117	5,872	7,243	6,509	4,597
84	5,248	6,026	7,434	6,677	4,717
85	5,422	6,227	7,680	6,898	4,875
86	5,563	6,387	7,875	7,075	5,000
87	5,704	6,549	8,077	7,256	5,126
88	5,851	6,715	8,282	7,440	5,256
89	5,995	6,885	8,493	7,629	5,389
90	6,146	7,054	8,702	7,816	5,523
91	6,296	7,230	8,917	8,010	5,659
92	6,450	7,403	9,131	8,203	5,797
93	6,600	7,578	9,344	8,395	5,931
94	6,749	7,750	9,555	8,582	6,066
95	6,891	7,912	9,760	8,765	6,194
96	7,026	8,066	9,947	8,936	6,314
97	7,142	8,198	10,114	9,085	6,418
98	7,234	8,306	10,245	9,203	6,502
99	7,288	8,368	10,322	9,270	6,550
100+	7,288	8,368	10,322	9,270	6,550

The above rates do not include the \$20 application fee.

## **PREMIUM INFORMATION**

Continental Life Insurance Company of Brentwood, Tennessee can only raise your premium if we raise the premium for all policies like yours in this state.

Premiums payable other than annually will be determined according to the following factors:

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly EFT: 0.0833.

## **DISCLOSURES**

Use this outline to compare benefits and premium among policies.

### **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 Continental Life Insurance Company of Brentwood, Tennessee, P.O. Box 14770, Lexington, KY 40512-4770. 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 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**

Neither Continental Life Insurance Company of Brentwood, Tennessee 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 & You* for more details. Use this outline to compare benefits and premiums among policies.

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

When you fill out the application for the new policy, and it is not "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements, leave out, or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" timeframes please go to the following link on the Medicare.gov website: <https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>

**THE FOLLOWING CHARTS DESCRIBE PLANS A, B, F, G, and N OFFERED BY CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE.**

## PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,632	\$0	\$1,632 (Part A Deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

## PLAN A

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

\*Once you have been billed \$240 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0

## PLAN B

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

## PLAN B

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

\*Once you have been billed \$240 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0



## PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

## PLAN F

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

\*Once you have been billed \$240 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-Approved amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved amounts	80%	20%	\$0

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

**PLAN F**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

## PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

## PLAN G

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

\*Once you have been billed \$240 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE –</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0

**PLAN G**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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



## PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,632	\$1,632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

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

## PLAN N

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

\*Once you have been billed \$240 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES –</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	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.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES –</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PLAN N**  
**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$240 of Medicare-Approved amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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