

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, N.E., Atlanta, GA 30319

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 01-01-2020

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available in your state. Only applicants **first** eligible for Medicare before 2020 may purchase Plan C, Plan F, or High Deductible F.

†Atlantic Capital Life Assurance Company does not currently offer the plans marked below.

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B †	D †	G ¹	K	L †	M †	N	C †	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in [2025] ²					\$[7,220] ²		\$[3,610] ²			

¹Plans F and G also have a high deductible option which require first paying a plan deductible of \$[2,870] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	112.36	126.09	104.84	37.81	65.40	79.29
66	112.36	126.09	104.84	37.81	65.40	79.29
67	112.36	126.09	104.84	37.81	65.40	79.29
68	112.36	126.09	104.84	37.81	65.40	79.29
69	114.61	128.61	106.94	38.57	66.71	80.88
70	118.05	132.47	110.15	39.72	68.71	83.31
71	122.57	137.54	114.37	41.25	71.34	86.50
72	126.99	142.50	118.50	42.73	73.91	89.62
73	131.42	147.47	122.62	44.22	76.49	92.74
74	135.84	152.43	126.75	45.71	79.07	95.86
75	140.27	157.39	130.88	47.20	81.64	98.98
76	144.98	162.69	135.28	48.79	84.39	102.31
77	150.78	169.19	140.69	50.74	87.76	106.40
78	156.78	175.92	146.28	52.76	91.25	110.64
79	161.40	181.11	150.60	54.31	93.94	113.90
80	166.31	186.62	155.18	55.96	96.80	117.36
81	171.23	192.14	159.77	57.62	99.66	120.83
82	176.34	197.87	164.54	59.34	102.64	124.44
83	181.65	203.83	169.49	61.12	105.73	128.18
84	186.95	209.78	174.44	62.91	108.81	131.93
85	192.36	215.85	179.49	64.73	111.96	135.75
86	197.77	221.92	184.53	66.55	115.11	139.56
87	203.27	228.09	189.67	68.40	118.31	143.45
88	208.87	234.38	194.89	70.28	121.57	147.40
89	214.48	240.67	200.12	72.17	124.83	151.35
90	219.98	246.84	205.26	74.02	128.04	155.24
91	224.50	251.92	209.48	75.54	130.67	158.43
92	229.03	256.99	213.70	77.06	133.30	161.62
93	233.25	261.73	217.64	78.49	135.76	164.60
94	237.58	266.59	221.68	79.94	138.28	167.65
95	242.00	271.55	225.80	81.43	140.85	170.77
96	246.03	276.07	229.56	82.79	143.20	173.62
97	250.16	280.70	233.41	84.18	145.60	176.53
98	254.29	285.34	237.27	85.57	148.00	179.45
99+	258.61	290.19	241.30	87.02	150.52	182.50

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	126.97	142.48	118.47	42.73	73.90	89.60
66	126.97	142.48	118.47	42.73	73.90	89.60
67	126.97	142.48	118.47	42.73	73.90	89.60
68	126.97	142.48	118.47	42.73	73.90	89.60
69	129.51	145.33	120.85	43.58	75.38	91.39
70	133.40	149.69	124.47	44.89	77.64	94.14
71	138.51	155.42	129.24	46.61	80.62	97.74
72	143.50	161.03	133.90	48.29	83.52	101.27
73	148.50	166.64	138.57	49.97	86.43	104.80
74	153.50	172.24	143.23	51.65	89.34	108.32
75	158.50	177.85	147.89	53.33	92.25	111.85
76	163.83	183.84	152.87	55.13	95.36	115.61
77	170.38	191.19	158.98	57.33	99.17	120.24
78	177.16	198.79	165.30	59.61	103.11	125.02
79	182.38	204.65	170.17	61.37	106.15	128.70
80	187.93	210.88	175.35	63.24	109.38	132.62
81	193.49	217.11	180.54	65.11	112.62	136.54
82	199.26	223.59	185.93	67.05	115.98	140.62
83	205.26	230.32	191.52	69.07	119.47	144.85
84	211.26	237.06	197.12	71.09	122.96	149.08
85	217.37	243.91	202.82	73.14	126.52	153.39
86	223.48	250.76	208.52	75.20	130.07	157.71
87	229.69	257.74	214.32	77.29	133.69	162.09
88	236.03	264.85	220.23	79.42	137.38	166.56
89	242.36	271.95	226.14	81.55	141.06	171.03
90	248.58	278.93	231.94	83.65	144.68	175.42
91	253.69	284.66	236.71	85.36	147.66	179.02
92	258.80	290.40	241.48	87.08	150.63	182.63
93	263.57	295.76	245.93	88.69	153.41	186.00
94	268.46	301.24	250.49	90.34	156.25	189.45
95	273.46	306.85	255.16	92.02	159.16	192.97
96	278.01	311.96	259.41	93.55	161.81	196.19
97	282.68	317.20	263.76	95.12	164.53	199.48
98	287.34	322.43	268.11	96.69	167.24	202.77
99+	292.23	327.91	272.67	98.33	170.09	206.22

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	140.46	157.61	131.06	47.26	81.75	99.12
66	140.46	157.61	131.06	47.26	81.75	99.12
67	140.46	157.61	131.06	47.26	81.75	99.12
68	140.46	157.61	131.06	47.26	81.75	99.12
69	143.27	160.76	133.68	48.21	83.38	101.10
70	147.56	165.58	137.69	49.65	85.89	104.13
71	153.22	171.92	142.96	51.56	89.18	108.12
72	158.74	178.13	148.12	53.42	92.39	112.02
73	164.28	184.33	153.28	55.28	95.61	115.93
74	169.80	190.54	158.44	57.14	98.83	119.83
75	175.33	196.74	163.60	59.00	102.05	123.73
76	181.23	203.36	169.10	60.98	105.48	127.89
77	188.48	211.49	175.86	63.42	109.70	133.01
78	195.97	219.90	182.86	65.95	114.06	138.30
79	201.75	226.38	188.25	67.89	117.43	142.37
80	207.89	233.27	193.98	69.95	121.00	146.71
81	214.04	240.17	199.71	72.02	124.58	151.04
82	220.42	247.34	205.67	74.17	128.29	155.55
83	227.06	254.78	211.86	76.40	132.16	160.23
84	233.69	262.23	218.05	78.64	136.02	164.91
85	240.45	269.81	224.36	80.91	139.95	169.68
86	247.21	277.39	230.66	83.19	143.88	174.45
87	254.09	285.11	237.08	85.50	147.89	179.31
88	261.09	292.97	243.62	87.86	151.96	184.25
89	268.10	300.83	250.15	90.21	156.04	189.19
90	274.98	308.55	256.57	92.53	160.05	194.05
91	280.63	314.89	261.85	94.43	163.34	198.03
92	286.28	321.24	267.12	96.33	166.63	202.02
93	291.56	327.17	272.05	98.11	169.70	205.75
94	296.97	333.23	277.10	99.93	172.85	209.57
95	302.50	339.44	282.25	101.79	176.06	213.47
96	307.54	345.09	286.95	103.49	179.00	217.02
97	312.70	350.88	291.77	105.22	182.00	220.67
98	317.86	356.67	296.58	106.96	185.00	224.31
99+	323.26	362.73	301.63	108.78	188.15	228.12

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024 PREFERRED NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	128.23	143.95	119.67	43.05	74.58	90.47
66	128.23	143.95	119.67	43.05	74.58	90.47
67	128.23	143.95	119.67	43.05	74.58	90.47
68	128.23	143.95	119.67	43.05	74.58	90.47
69	130.80	146.83	122.06	43.91	76.07	92.28
70	134.72	151.23	125.72	45.23	78.35	95.05
71	139.88	157.03	130.54	46.96	81.35	98.69
72	144.93	162.69	135.25	48.65	84.29	102.25
73	149.98	168.36	139.96	50.35	87.23	105.82
74	155.03	174.03	144.67	52.04	90.16	109.38
75	160.07	179.69	149.38	53.74	93.10	112.94
76	165.46	185.74	154.41	55.55	96.23	116.74
77	172.08	193.17	160.58	57.77	100.08	121.41
78	178.92	200.85	166.97	60.06	104.06	126.24
79	184.19	206.77	171.89	61.83	107.12	129.96
80	189.80	213.06	177.12	63.71	110.39	133.91
81	195.41	219.36	182.36	65.60	113.65	137.87
82	201.24	225.91	187.80	67.56	117.04	141.99
83	207.30	232.71	193.45	69.59	120.56	146.26
84	213.36	239.51	199.10	71.62	124.09	150.53
85	219.53	246.43	204.86	73.70	127.67	154.89
86	225.70	253.36	210.62	75.77	131.26	159.24
87	231.98	260.41	216.48	77.88	134.92	163.67
88	238.37	267.59	222.45	80.02	138.63	168.18
89	244.77	274.77	228.42	82.17	142.35	172.69
90	251.05	281.82	234.28	84.28	146.01	177.13
91	256.21	287.61	239.09	86.01	149.01	180.77
92	261.37	293.40	243.91	87.74	152.01	184.41
93	266.19	298.82	248.41	89.36	154.81	187.81
94	271.13	304.36	253.01	91.02	157.68	191.29
95	276.17	310.03	257.72	92.71	160.62	194.86
96	280.77	315.19	262.02	94.26	163.30	198.10
97	285.49	320.48	266.41	95.84	166.04	201.42
98	290.20	325.77	270.81	97.42	168.77	204.75
99+	295.13	331.30	275.42	99.08	171.64	208.23

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	144.90	162.66	135.22	48.64	84.27	102.24
66	144.90	162.66	135.22	48.64	84.27	102.24
67	144.90	162.66	135.22	48.64	84.27	102.24
68	144.90	162.66	135.22	48.64	84.27	102.24
69	147.80	165.92	137.93	49.62	85.96	104.28
70	152.23	170.89	142.07	51.10	88.54	107.41
71	158.07	177.44	147.51	53.06	91.93	111.52
72	163.77	183.84	152.83	54.98	95.25	115.55
73	169.47	190.25	158.15	56.89	98.57	119.57
74	175.18	196.65	163.48	58.81	101.88	123.60
75	180.88	203.05	168.80	60.72	105.20	127.62
76	186.97	209.88	174.48	62.77	108.74	131.91
77	194.45	218.28	181.46	65.28	113.09	137.19
78	202.18	226.96	188.67	67.87	117.59	142.65
79	208.14	233.65	194.23	69.87	121.05	146.85
80	214.47	240.76	200.15	72.00	124.74	151.32
81	220.81	247.88	206.06	74.13	128.42	155.79
82	227.40	255.28	212.21	76.34	132.25	160.44
83	234.25	262.96	218.60	78.64	136.24	165.27
84	241.09	270.64	224.99	80.94	140.22	170.10
85	248.06	278.47	231.49	83.28	144.27	175.02
86	255.04	286.30	238.00	85.62	148.33	179.94
87	262.13	294.26	244.62	88.00	152.46	184.95
88	269.36	302.37	251.37	90.42	156.66	190.05
89	276.59	310.49	258.11	92.85	160.86	195.14
90	283.68	318.45	264.73	95.23	164.99	200.15
91	289.51	325.00	270.18	97.19	168.38	204.27
92	295.35	331.54	275.62	99.15	171.77	208.38
93	300.79	337.66	280.70	100.98	174.94	212.23
94	306.37	343.92	285.91	102.85	178.18	216.16
95	312.08	350.33	291.23	104.76	181.50	220.19
96	317.28	356.16	296.08	106.51	184.52	223.85
97	322.60	362.14	301.05	108.30	187.62	227.61
98	327.92	368.12	306.02	110.08	190.71	231.36
99+	333.50	374.37	311.22	111.96	193.96	235.30

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	160.29	179.94	149.58	53.81	93.22	113.09
66	160.29	179.94	149.58	53.81	93.22	113.09
67	160.29	179.94	149.58	53.81	93.22	113.09
68	160.29	179.94	149.58	53.81	93.22	113.09
69	163.50	183.54	152.58	54.89	95.09	115.36
70	168.40	189.04	157.15	56.53	97.94	118.82
71	174.85	196.28	163.17	58.70	101.69	123.37
72	181.16	203.37	169.06	60.82	105.36	127.82
73	187.47	210.45	174.95	62.93	109.03	132.27
74	193.78	217.53	180.84	65.05	112.70	136.72
75	200.09	224.62	186.73	67.17	116.37	141.17
76	206.82	232.17	193.01	69.43	120.29	145.92
77	215.09	241.46	200.73	72.21	125.10	151.76
78	223.65	251.06	208.71	75.08	130.07	157.79
79	230.24	258.46	214.86	77.29	133.91	162.45
80	237.25	266.33	221.40	79.64	137.98	167.39
81	244.26	274.20	227.94	82.00	142.06	172.34
82	251.55	282.38	234.75	84.45	146.30	177.48
83	259.12	290.89	241.81	86.99	150.71	182.83
84	266.70	299.38	248.88	89.53	155.11	188.17
85	274.41	308.04	256.08	92.12	159.59	193.61
86	282.12	316.70	263.28	94.71	164.08	199.05
87	289.97	325.51	270.60	97.35	168.65	204.59
88	297.96	334.48	278.06	100.03	173.29	210.23
89	305.96	343.46	285.52	102.71	177.94	215.87
90	313.81	352.27	292.85	105.35	182.51	221.41
91	320.26	359.51	298.87	107.51	186.26	225.96
92	326.71	366.75	304.89	109.68	190.01	230.51
93	332.74	373.52	310.51	111.70	193.52	234.76
94	338.91	380.45	316.27	113.77	197.11	239.12
95	345.22	387.53	322.16	115.89	200.78	243.57
96	350.97	393.99	327.52	117.82	204.12	247.62
97	356.86	400.60	333.02	119.80	207.54	251.78
98	362.74	407.21	338.51	121.77	210.97	255.93
99+	368.92	414.13	344.27	123.85	214.56	260.29

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	141.74	159.13	132.25	47.53	82.41	99.95
66	141.74	159.13	132.25	47.53	82.41	99.95
67	141.74	159.13	132.25	47.53	82.41	99.95
68	141.74	159.13	132.25	47.53	82.41	99.95
69	144.57	162.31	134.90	48.48	84.06	101.95
70	148.91	167.18	138.95	49.93	86.58	105.01
71	154.61	173.58	144.27	51.84	89.90	109.03
72	160.19	179.85	149.47	53.72	93.14	112.96
73	165.77	186.11	154.68	55.59	96.39	116.90
74	171.35	192.38	159.89	57.46	99.63	120.83
75	176.93	198.64	165.09	59.33	102.88	124.77
76	182.88	205.32	170.64	61.33	106.34	128.96
77	190.19	213.53	177.47	63.78	110.59	134.12
78	197.76	222.03	184.53	66.32	114.99	139.46
79	203.59	228.57	189.96	68.27	118.38	143.57
80	209.78	235.53	195.75	70.35	121.98	147.94
81	215.98	242.49	201.53	72.43	125.59	152.31
82	222.43	249.73	207.55	74.59	129.33	156.86
83	229.13	257.24	213.80	76.83	133.23	161.58
84	235.82	264.76	220.05	79.08	137.12	166.30
85	242.64	272.42	226.41	81.36	141.09	171.11
86	249.46	280.07	232.77	83.65	145.05	175.92
87	256.41	287.87	239.25	85.98	149.09	180.81
88	263.47	295.80	245.84	88.35	153.20	185.80
89	270.54	303.74	252.44	90.72	157.31	190.78
90	277.48	311.53	258.92	93.05	161.34	195.68
91	283.19	317.94	264.24	94.96	164.66	199.70
92	288.89	324.34	269.56	96.87	167.97	203.72
93	294.22	330.33	274.53	98.66	171.08	207.48
94	299.68	336.45	279.62	100.49	174.25	211.33
95	305.26	342.71	284.83	102.36	177.49	215.26
96	310.34	348.42	289.58	104.07	180.45	218.85
97	315.55	354.27	294.43	105.81	183.48	222.52
98	320.75	360.12	299.29	107.56	186.50	226.19
99+	326.21	366.24	304.38	109.39	189.68	230.04

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	160.16	179.82	149.45	53.71	93.13	112.94
66	160.16	179.82	149.45	53.71	93.13	112.94
67	160.16	179.82	149.45	53.71	93.13	112.94
68	160.16	179.82	149.45	53.71	93.13	112.94
69	163.36	183.41	152.44	54.78	94.99	115.20
70	168.26	188.91	157.01	56.43	97.84	118.66
71	174.71	196.15	163.02	58.58	101.59	123.20
72	181.02	203.23	168.90	60.70	105.25	127.65
73	187.32	210.31	174.79	62.81	108.92	132.09
74	193.63	217.38	180.67	64.93	112.58	136.54
75	199.93	224.46	186.55	67.04	116.25	140.99
76	206.65	232.01	192.83	69.30	120.16	145.73
77	214.92	241.29	200.54	72.07	124.97	151.56
78	223.47	250.89	208.51	74.94	129.94	157.59
79	230.05	258.28	214.66	77.14	133.76	162.23
80	237.06	266.15	221.20	79.49	137.84	167.17
81	244.06	274.01	227.73	81.84	141.91	172.11
82	251.35	282.19	234.53	84.28	146.15	177.25
83	258.91	290.69	241.59	86.82	150.55	182.58
84	266.48	299.18	248.65	89.36	154.95	187.92
85	274.18	307.83	255.84	91.94	159.43	193.35
86	281.89	316.48	263.03	94.52	163.91	198.79
87	289.74	325.29	270.35	97.16	168.47	204.32
88	297.72	334.26	277.80	99.83	173.11	209.95
89	305.71	343.22	285.26	102.51	177.76	215.58
90	313.55	352.03	292.57	105.14	182.32	221.12
91	320.00	359.27	298.59	107.30	186.07	225.66
92	326.44	366.51	304.60	109.47	189.81	230.20
93	332.47	373.27	310.22	111.48	193.32	234.45
94	338.63	380.19	315.98	113.55	196.90	238.80
95	344.94	387.27	321.86	115.67	200.57	243.25
96	350.68	393.72	327.22	117.59	203.91	247.30
97	356.57	400.32	332.71	119.57	207.33	251.45
98	362.45	406.93	338.20	121.54	210.75	255.60
99+	368.61	413.85	343.95	123.61	214.34	259.94

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	177.17	198.91	165.32	59.41	103.02	124.94
66	177.17	198.91	165.32	59.41	103.02	124.94
67	177.17	198.91	165.32	59.41	103.02	124.94
68	177.17	198.91	165.32	59.41	103.02	124.94
69	180.71	202.89	168.62	60.60	105.08	127.44
70	186.13	208.98	173.68	62.42	108.23	131.26
71	193.26	216.98	180.33	64.81	112.37	136.29
72	200.24	224.81	186.84	67.15	116.43	141.21
73	207.21	232.64	193.35	69.48	120.48	146.12
74	214.19	240.47	199.86	71.82	124.54	151.04
75	221.16	248.30	206.37	74.16	128.60	155.96
76	228.60	256.65	213.30	76.66	132.92	161.21
77	237.74	266.92	221.84	79.72	138.24	167.65
78	247.20	277.53	230.66	82.90	143.74	174.32
79	254.48	285.71	237.46	85.33	147.97	179.46
80	262.23	294.41	244.69	87.93	152.48	184.92
81	269.98	303.11	251.92	90.53	156.98	190.39
82	278.04	312.16	259.44	93.23	161.67	196.07
83	286.41	321.56	267.25	96.04	166.53	201.97
84	294.78	330.95	275.06	98.85	171.40	207.87
85	303.30	340.52	283.01	101.71	176.36	213.89
86	311.83	350.09	290.96	104.56	181.31	219.90
87	320.51	359.84	299.06	107.47	186.36	226.02
88	329.34	369.76	307.30	110.44	191.50	232.25
89	338.17	379.67	315.55	113.40	196.63	238.48
90	346.85	389.42	323.64	116.31	201.68	244.60
91	353.98	397.42	330.30	118.70	205.82	249.62
92	361.11	405.43	336.95	121.09	209.97	254.65
93	367.78	412.91	343.17	123.32	213.85	259.35
94	374.59	420.56	349.53	125.61	217.81	264.16
95	381.57	428.39	356.04	127.95	221.87	269.08
96	387.92	435.53	361.97	130.08	225.56	273.56
97	394.43	442.84	368.04	132.26	229.34	278.15
98	400.94	450.14	374.12	134.45	233.13	282.74
99+	407.76	457.80	380.48	136.74	237.10	287.55

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	161.80	181.71	150.99	54.15	94.02	114.08
66	161.80	181.71	150.99	54.15	94.02	114.08
67	161.80	181.71	150.99	54.15	94.02	114.08
68	161.80	181.71	150.99	54.15	94.02	114.08
69	165.03	185.35	154.01	55.23	95.90	116.36
70	169.98	190.91	158.63	56.89	98.78	119.85
71	176.49	198.22	164.70	59.07	102.56	124.44
72	182.86	205.37	170.65	61.20	106.26	128.93
73	189.23	212.52	176.59	63.33	109.96	133.42
74	195.60	219.68	182.53	65.46	113.66	137.91
75	201.97	226.83	188.48	67.60	117.36	142.41
76	208.76	234.46	194.82	69.87	121.31	147.19
77	217.11	243.84	202.61	72.66	126.16	153.08
78	225.75	253.54	210.67	75.55	131.18	159.17
79	232.40	261.01	216.88	77.78	135.05	163.86
80	239.48	268.95	223.48	80.15	139.16	168.85
81	246.55	276.90	230.08	82.52	143.27	173.84
82	253.91	285.17	236.95	84.98	147.55	179.03
83	261.56	293.75	244.08	87.54	151.99	184.42
84	269.20	302.33	251.21	90.10	156.43	189.81
85	276.98	311.08	258.48	92.70	160.95	195.29
86	284.77	319.82	265.74	95.31	165.48	200.78
87	292.69	328.72	273.14	97.96	170.08	206.37
88	300.76	337.78	280.67	100.66	174.77	212.06
89	308.83	346.84	288.20	103.36	179.46	217.75
90	316.75	355.74	295.59	106.01	184.07	223.34
91	323.26	363.06	301.67	108.19	187.85	227.93
92	329.78	370.37	307.75	110.37	191.63	232.52
93	335.86	377.20	313.42	112.41	195.17	236.81
94	342.09	384.20	319.24	114.49	198.79	241.20
95	348.46	391.35	325.18	116.62	202.49	245.69
96	354.26	397.87	330.60	118.57	205.86	249.78
97	360.21	404.54	336.14	120.56	209.31	253.97
98	366.15	411.22	341.69	122.54	212.77	258.16
99+	372.38	418.21	347.50	124.63	216.39	262.56

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	182.83	205.33	170.62	61.19	106.24	128.91
66	182.83	205.33	170.62	61.19	106.24	128.91
67	182.83	205.33	170.62	61.19	106.24	128.91
68	182.83	205.33	170.62	61.19	106.24	128.91
69	186.49	209.44	174.03	62.41	108.37	131.49
70	192.08	215.72	179.25	64.28	111.62	135.43
71	199.44	223.99	186.11	66.75	115.89	140.62
72	206.64	232.07	192.83	69.16	120.07	145.69
73	213.83	240.15	199.55	71.57	124.26	150.77
74	221.03	248.24	206.26	73.98	128.44	155.84
75	228.23	256.32	212.98	76.38	132.62	160.92
76	235.90	264.94	220.14	78.95	137.08	166.33
77	245.34	275.54	228.95	82.11	142.57	172.98
78	255.09	286.50	238.05	85.38	148.23	179.86
79	262.61	294.94	245.07	87.89	152.60	185.16
80	270.61	303.92	252.53	90.57	157.25	190.80
81	278.60	312.90	259.99	93.24	161.90	196.44
82	286.92	322.24	267.76	96.03	166.73	202.30
83	295.56	331.94	275.82	98.92	171.75	208.39
84	304.20	341.64	283.87	101.81	176.77	214.48
85	312.99	351.52	292.08	104.75	181.88	220.68
86	321.79	361.40	300.29	107.70	186.99	226.89
87	330.74	371.46	308.65	110.69	192.19	233.20
88	339.86	381.69	317.16	113.75	197.49	239.63
89	348.98	391.93	325.66	116.80	202.79	246.06
90	357.93	401.99	334.02	119.80	207.99	252.37
91	365.29	410.25	340.89	122.26	212.27	257.56
92	372.65	418.52	347.75	124.72	216.54	262.74
93	379.52	426.24	354.17	127.02	220.54	267.59
94	386.56	434.14	360.74	129.38	224.63	272.55
95	393.76	442.23	367.45	131.79	228.81	277.63
96	400.31	449.59	373.57	133.98	232.62	282.25
97	407.03	457.13	379.84	136.23	236.53	286.99
98	413.75	464.68	386.11	138.47	240.43	291.73
99+	420.79	472.58	392.68	140.83	244.52	296.69

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	202.25	227.14	188.73	67.69	117.52	142.60
66	202.25	227.14	188.73	67.69	117.52	142.60
67	202.25	227.14	188.73	67.69	117.52	142.60
68	202.25	227.14	188.73	67.69	117.52	142.60
69	206.29	231.68	192.51	69.04	119.88	145.45
70	212.48	238.63	198.29	71.11	123.47	149.81
71	220.62	247.77	205.88	73.84	128.20	155.55
72	228.58	256.72	213.31	76.50	132.83	161.16
73	236.54	265.66	220.74	79.17	137.45	166.78
74	244.50	274.60	228.17	81.83	142.08	172.39
75	252.46	283.54	235.60	84.50	146.70	178.01
76	260.95	293.07	243.52	87.34	151.64	183.99
77	271.39	304.80	253.26	90.83	157.71	191.35
78	282.18	316.92	263.33	94.44	163.98	198.96
79	290.50	326.26	271.09	97.23	168.81	204.82
80	299.35	336.19	279.35	100.19	173.95	211.06
81	308.19	346.13	287.60	103.15	179.09	217.30
82	317.39	356.46	296.19	106.23	184.43	223.79
83	326.95	367.19	305.11	109.42	189.99	230.52
84	336.50	377.92	314.02	112.62	195.54	237.26
85	346.23	388.85	323.10	115.88	201.19	244.12
86	355.96	399.78	332.18	119.13	206.85	250.98
87	365.87	410.90	341.43	122.45	212.60	257.97
88	375.95	422.23	350.84	125.82	218.46	265.08
89	386.03	433.55	360.25	129.20	224.33	272.19
90	395.94	444.68	369.49	132.52	230.08	279.17
91	404.08	453.82	377.09	135.24	234.81	284.91
92	412.22	462.96	384.68	137.96	239.54	290.65
93	419.83	471.50	391.78	140.51	243.96	296.01
94	427.61	480.25	399.05	143.12	248.48	301.50
95	435.57	489.19	406.48	145.78	253.11	307.11
96	442.83	497.34	413.25	148.21	257.32	312.23
97	450.26	505.68	420.18	150.69	261.64	317.46
98	457.69	514.03	427.11	153.18	265.96	322.71
99+	465.47	522.77	434.38	155.79	270.49	328.20

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	115.73	129.87	107.99	38.94	67.36	81.67
66	115.73	129.87	107.99	38.94	67.36	81.67
67	115.73	129.87	107.99	38.94	67.36	81.67
68	115.73	129.87	107.99	38.94	67.36	81.67
69	118.05	132.46	110.15	39.72	68.71	83.31
70	121.59	136.44	113.45	40.91	70.77	85.81
71	126.25	141.66	117.80	42.48	73.48	89.09
72	130.80	146.78	122.05	44.02	76.13	92.31
73	135.36	151.89	126.30	45.55	78.79	95.52
74	139.92	157.00	130.55	47.08	81.44	98.74
75	144.47	162.11	134.80	48.61	84.09	101.95
76	149.33	167.57	139.34	50.25	86.92	105.38
77	155.31	174.27	144.91	52.26	90.39	109.60
78	161.48	181.20	150.67	54.34	93.99	113.96
79	166.24	186.54	155.11	55.94	96.76	117.31
80	171.30	192.22	159.84	57.64	99.70	120.89
81	176.37	197.90	164.56	59.35	102.65	124.46
82	181.63	203.81	169.47	61.12	105.71	128.17
83	187.10	209.94	174.57	62.96	108.90	132.03
84	192.56	216.08	179.68	64.80	112.08	135.89
85	198.13	222.33	184.87	66.67	115.32	139.82
86	203.70	228.57	190.07	68.54	118.56	143.75
87	209.37	234.93	195.36	70.45	121.86	147.75
88	215.14	241.41	200.74	72.39	125.22	151.82
89	220.91	247.89	206.13	74.34	128.58	155.89
90	226.58	254.25	211.42	76.24	131.88	159.90
91	231.24	259.47	215.76	77.81	134.59	163.18
92	235.90	264.70	220.11	79.38	137.30	166.47
93	240.25	269.59	224.17	80.84	139.83	169.54
94	244.70	274.58	228.33	82.34	142.43	172.68
95	249.26	279.70	232.58	83.87	145.08	175.90
96	253.41	284.35	236.45	85.27	147.49	178.83
97	257.66	289.13	240.42	86.70	149.97	181.83
98	261.91	293.90	244.38	88.13	152.44	184.83
99+	266.37	298.89	248.54	89.63	155.04	187.97

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	130.78	146.75	122.03	44.01	76.12	92.29
66	130.78	146.75	122.03	44.01	76.12	92.29
67	130.78	146.75	122.03	44.01	76.12	92.29
68	130.78	146.75	122.03	44.01	76.12	92.29
69	133.40	149.68	124.47	44.89	77.64	94.14
70	137.40	154.18	128.20	46.23	79.97	96.96
71	142.66	160.08	133.11	48.00	83.03	100.67
72	147.81	165.86	137.92	49.74	86.03	104.31
73	152.96	171.64	142.72	51.47	89.03	107.94
74	158.11	177.41	147.52	53.20	92.02	111.57
75	163.26	183.19	152.33	54.93	95.02	115.21
76	168.75	189.35	157.45	56.78	98.22	119.08
77	175.50	196.92	163.75	59.05	102.15	123.84
78	182.47	204.76	170.26	61.40	106.21	128.77
79	187.85	210.79	175.28	63.21	109.34	132.56
80	193.57	217.21	180.62	65.14	112.67	136.60
81	199.29	223.63	185.96	67.06	115.99	140.64
82	205.24	230.30	191.50	69.06	119.46	144.84
83	211.42	237.23	197.27	71.14	123.05	149.19
84	217.60	244.17	203.03	73.22	126.65	153.56
85	223.89	251.23	208.91	75.34	130.31	157.99
86	230.18	258.29	214.78	77.46	133.97	162.44
87	236.59	265.48	220.75	79.61	137.70	166.96
88	243.11	272.79	226.84	81.80	141.50	171.56
89	249.63	280.11	232.92	84.00	145.29	176.16
90	256.04	287.30	238.90	86.16	149.02	180.68
91	261.30	293.20	243.81	87.92	152.09	184.39
92	266.56	299.11	248.72	89.70	155.15	188.11
93	271.48	304.63	253.31	91.35	158.01	191.58
94	276.51	310.28	258.01	93.05	160.94	195.13
95	281.66	316.06	262.81	94.78	163.94	198.76
96	286.35	321.32	267.19	96.36	166.67	202.08
97	291.16	326.71	271.67	97.97	169.46	205.47
98	295.96	332.10	276.15	99.59	172.26	208.86
99+	301.00	337.75	280.85	101.28	175.19	212.41

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	144.67	162.34	134.99	48.68	84.20	102.09
66	144.67	162.34	134.99	48.68	84.20	102.09
67	144.67	162.34	134.99	48.68	84.20	102.09
68	144.67	162.34	134.99	48.68	84.20	102.09
69	147.56	165.58	137.69	49.66	85.89	104.13
70	151.99	170.55	141.82	51.14	88.47	107.26
71	157.81	177.08	147.25	53.10	91.85	111.37
72	163.51	183.47	152.56	55.02	95.16	115.38
73	169.20	189.86	157.88	56.93	98.48	119.40
74	174.90	196.25	163.19	58.85	101.80	123.42
75	180.59	202.64	168.50	60.77	105.11	127.44
76	186.67	209.46	174.17	62.81	108.65	131.73
77	194.13	217.84	181.14	65.33	112.99	137.00
78	201.85	226.50	188.34	67.92	117.48	142.44
79	207.80	233.17	193.89	69.92	120.95	146.64
80	214.13	240.27	199.80	72.05	124.63	151.11
81	220.46	247.37	205.70	74.18	128.31	155.57
82	227.04	254.76	211.84	76.40	132.14	160.22
83	233.87	262.43	218.22	78.70	136.12	165.04
84	240.70	270.10	224.59	81.00	140.10	169.86
85	247.67	277.91	231.09	83.34	144.15	174.77
86	254.62	285.72	237.59	85.68	148.20	179.69
87	261.71	293.67	244.20	88.07	152.33	184.69
88	268.93	301.76	250.93	90.49	156.52	189.78
89	276.14	309.86	257.66	92.92	160.72	194.87
90	283.23	317.81	264.27	95.30	164.85	199.87
91	289.05	324.34	269.70	97.26	168.24	203.97
92	294.87	330.88	275.14	99.22	171.62	208.09
93	300.31	336.98	280.21	101.05	174.79	211.92
94	305.88	343.23	285.41	102.93	178.03	215.86
95	311.57	349.62	290.72	104.84	181.35	219.87
96	316.76	355.44	295.56	106.59	184.37	223.54
97	322.08	361.41	300.52	108.38	187.46	227.29
98	327.39	367.37	305.48	110.17	190.55	231.04
99+	332.96	373.62	310.68	112.04	193.80	234.97

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	132.08	148.27	123.26	44.34	76.82	93.19
66	132.08	148.27	123.26	44.34	76.82	93.19
67	132.08	148.27	123.26	44.34	76.82	93.19
68	132.08	148.27	123.26	44.34	76.82	93.19
69	134.72	151.23	125.72	45.23	78.35	95.05
70	138.76	155.77	129.49	46.58	80.70	97.91
71	144.08	161.74	134.45	48.37	83.79	101.65
72	149.28	167.57	139.31	50.11	86.82	105.32
73	154.48	173.41	144.16	51.86	89.84	108.99
74	159.68	179.25	149.01	53.60	92.87	112.66
75	164.88	185.08	153.86	55.35	95.89	116.33
76	170.42	191.31	159.04	57.21	99.12	120.24
77	177.24	198.96	165.40	59.50	103.08	125.05
78	184.29	206.87	171.98	61.87	107.18	130.02
79	189.72	212.97	177.04	63.69	110.34	133.86
80	195.49	219.46	182.44	65.63	113.70	137.93
81	201.27	225.94	187.83	67.57	117.06	142.01
82	207.28	232.69	193.43	69.58	120.55	146.25
83	213.52	239.69	199.26	71.68	124.18	150.65
84	219.76	246.69	205.08	73.77	127.81	155.05
85	226.11	253.83	211.01	75.91	131.50	159.53
86	232.47	260.96	216.94	78.04	135.20	164.02
87	238.94	268.22	222.98	80.21	138.96	168.58
88	245.52	275.62	229.12	82.42	142.79	173.23
89	252.11	283.01	235.27	84.63	146.62	177.87
90	258.58	290.27	241.31	86.81	150.39	182.44
91	263.89	296.24	246.27	88.59	153.48	186.19
92	269.21	302.20	251.23	90.37	156.57	189.94
93	274.18	307.78	255.86	92.04	159.46	193.45
94	279.26	313.49	260.61	93.75	162.42	197.03
95	284.46	319.33	265.46	95.49	165.44	200.70
96	289.20	324.64	269.88	97.08	168.20	204.04
97	294.05	330.09	274.41	98.71	171.02	207.47
98	298.90	335.54	278.93	100.34	173.84	210.89
99+	303.99	341.24	283.68	102.05	176.79	214.48

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	149.25	167.54	139.28	50.10	86.80	105.30
66	149.25	167.54	139.28	50.10	86.80	105.30
67	149.25	167.54	139.28	50.10	86.80	105.30
68	149.25	167.54	139.28	50.10	86.80	105.30
69	152.24	170.89	142.07	51.11	88.54	107.41
70	156.80	176.02	146.33	52.64	91.20	110.63
71	162.81	182.76	151.93	54.66	94.69	114.87
72	168.69	189.36	157.42	56.63	98.11	119.01
73	174.56	195.95	162.90	58.60	101.52	123.16
74	180.44	202.55	168.38	60.57	104.94	127.31
75	186.31	209.14	173.86	62.54	108.36	131.45
76	192.58	216.18	179.71	64.65	112.00	135.87
77	200.28	224.83	186.90	67.23	116.48	141.31
78	208.24	233.77	194.33	69.91	121.11	146.93
79	214.38	240.66	200.06	71.97	124.68	151.26
80	220.91	247.98	206.15	74.16	128.48	155.86
81	227.44	255.31	212.24	76.35	132.28	160.47
82	234.23	262.93	218.58	78.63	136.22	165.26
83	241.27	270.85	225.16	81.00	140.33	170.23
84	248.33	278.76	231.74	83.36	144.42	175.21
85	255.51	286.82	238.44	85.77	148.60	180.27
86	262.69	294.89	245.14	88.18	152.78	185.34
87	270.00	303.09	251.96	90.64	157.03	190.50
88	277.44	311.45	258.91	93.14	161.36	195.75
89	284.88	319.80	265.85	95.64	165.69	201.00
90	292.19	328.01	272.68	98.09	169.94	206.16
91	298.20	334.75	278.28	100.11	173.43	210.39
92	304.21	341.49	283.89	102.12	176.92	214.63
93	309.82	347.79	289.12	104.01	180.19	218.59
94	315.56	354.24	294.48	105.93	183.53	222.65
95	321.44	360.84	299.97	107.91	186.95	226.79
96	326.79	366.85	304.96	109.70	190.06	230.57
97	332.28	373.00	310.08	111.55	193.25	234.44
98	337.76	379.16	315.20	113.39	196.44	238.30
99+	343.50	385.61	320.56	115.32	199.78	242.36

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	165.10	185.34	154.07	55.42	96.02	116.49
66	165.10	185.34	154.07	55.42	96.02	116.49
67	165.10	185.34	154.07	55.42	96.02	116.49
68	165.10	185.34	154.07	55.42	96.02	116.49
69	168.40	189.04	157.15	56.53	97.94	118.82
70	173.45	194.71	161.87	58.23	100.88	122.38
71	180.10	202.17	168.07	60.46	104.74	127.07
72	186.60	209.47	174.13	62.64	108.52	131.65
73	193.10	216.76	180.20	64.82	112.31	136.24
74	199.60	224.06	186.26	67.01	116.08	140.83
75	206.09	231.35	192.33	69.19	119.86	145.41
76	213.03	239.14	198.80	71.51	123.90	150.30
77	221.55	248.70	206.75	74.38	128.85	156.31
78	230.36	258.59	214.97	77.33	133.97	162.53
79	237.15	266.21	221.30	79.61	137.92	167.32
80	244.37	274.32	228.04	82.03	142.12	172.41
81	251.59	282.42	234.78	84.46	146.32	177.51
82	259.10	290.86	241.79	86.98	150.69	182.81
83	266.90	299.61	249.07	89.60	155.23	188.31
84	274.70	308.36	256.35	92.22	159.76	193.81
85	282.64	317.28	263.76	94.88	164.38	199.42
86	290.58	326.20	271.17	97.55	169.00	205.02
87	298.67	335.28	278.72	100.27	173.71	210.73
88	306.90	344.52	286.40	103.03	178.49	216.54
89	315.14	353.76	294.09	105.79	183.28	222.34
90	323.22	362.84	301.63	108.51	187.98	228.05
91	329.87	370.30	307.83	110.74	191.85	232.74
92	336.51	377.75	314.03	112.97	195.71	237.43
93	342.72	384.73	319.83	115.05	199.32	241.81
94	349.08	391.86	325.76	117.18	203.02	246.29
95	355.57	399.16	331.82	119.37	206.80	250.88
96	361.50	405.81	337.35	121.35	210.24	255.05
97	367.56	412.61	343.01	123.39	213.77	259.33
98	373.63	419.42	348.67	125.43	217.30	263.61
99+	379.98	426.55	354.60	127.56	220.99	268.10

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.99	163.90	136.22	48.95	84.89	102.95
66	145.99	163.90	136.22	48.95	84.89	102.95
67	145.99	163.90	136.22	48.95	84.89	102.95
68	145.99	163.90	136.22	48.95	84.89	102.95
69	148.91	167.18	138.95	49.93	86.58	105.01
70	153.37	172.20	143.11	51.43	89.18	108.16
71	159.25	178.79	148.59	53.40	92.60	112.30
72	165.00	185.24	153.96	55.33	95.94	116.35
73	170.74	191.70	159.32	57.26	99.28	120.40
74	176.49	198.15	164.68	59.18	102.62	124.46
75	182.24	204.60	170.04	61.11	105.96	128.51
76	188.37	211.48	175.76	63.16	109.53	132.83
77	195.90	219.94	182.79	65.69	113.91	138.15
78	203.69	228.69	190.06	68.31	118.44	143.64
79	209.69	235.43	195.66	70.32	121.93	147.87
80	216.08	242.60	201.62	72.46	125.64	152.38
81	222.46	249.76	207.58	74.60	129.35	156.88
82	229.11	257.22	213.78	76.83	133.21	161.56
83	236.00	264.96	220.21	79.14	137.22	166.43
84	242.90	272.71	226.65	81.45	141.23	171.29
85	249.92	280.59	233.20	83.81	145.32	176.24
86	256.94	288.48	239.75	86.16	149.40	181.19
87	264.10	296.51	246.43	88.56	153.56	186.24
88	271.38	304.68	253.22	91.00	157.79	191.37
89	278.65	312.85	260.01	93.44	162.03	196.50
90	285.81	320.88	266.68	95.84	166.18	201.55
91	291.68	327.47	272.17	97.81	169.60	205.69
92	297.56	334.07	277.65	99.78	173.01	209.83
93	303.05	340.24	282.77	101.62	176.21	213.71
94	308.67	346.55	288.01	103.50	179.48	217.67
95	314.41	353.00	293.38	105.43	182.82	221.72
96	319.65	358.87	298.26	107.19	185.86	225.41
97	325.01	364.90	303.27	108.99	188.98	229.19
98	330.38	370.92	308.27	110.78	192.10	232.98
99+	335.99	377.23	313.51	112.67	195.37	236.94

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	164.97	185.21	153.93	55.32	95.92	116.33
66	164.97	185.21	153.93	55.32	95.92	116.33
67	164.97	185.21	153.93	55.32	95.92	116.33
68	164.97	185.21	153.93	55.32	95.92	116.33
69	168.27	188.91	157.01	56.42	97.84	118.66
70	173.31	194.58	161.72	58.12	100.77	122.22
71	179.95	202.04	167.91	60.34	104.63	126.90
72	186.45	209.32	173.97	62.52	108.41	131.48
73	192.94	216.62	180.03	64.70	112.18	136.06
74	199.43	223.91	186.09	66.88	115.96	140.64
75	205.93	231.20	192.15	69.05	119.74	145.22
76	212.85	238.98	198.61	71.38	123.77	150.10
77	221.37	248.53	206.56	74.23	128.72	156.11
78	230.17	258.42	214.77	77.19	133.83	162.31
79	236.95	266.03	221.10	79.46	137.78	167.10
80	244.17	274.13	227.83	81.88	141.97	172.19
81	251.38	282.23	234.57	84.30	146.17	177.27
82	258.89	290.66	241.57	86.81	150.53	182.56
83	266.68	299.41	248.84	89.43	155.06	188.06
84	274.47	308.16	256.11	92.04	159.59	193.56
85	282.41	317.07	263.52	94.70	164.21	199.15
86	290.35	325.98	270.92	97.36	168.82	204.75
87	298.43	335.05	278.46	100.07	173.53	210.45
88	306.66	344.29	286.14	102.83	178.31	216.25
89	314.88	353.52	293.81	105.59	183.09	222.05
90	322.96	362.59	301.35	108.30	187.79	227.75
91	329.60	370.05	307.55	110.52	191.65	232.43
92	336.24	377.50	313.74	112.75	195.51	237.11
93	342.44	384.47	319.53	114.83	199.12	241.49
94	348.79	391.60	325.46	116.96	202.81	245.97
95	355.29	398.89	331.51	119.14	206.58	250.54
96	361.20	405.53	337.04	121.12	210.03	254.71
97	367.26	412.33	342.69	123.15	213.55	258.99
98	373.32	419.14	348.35	125.19	217.07	263.26
99+	379.67	426.27	354.27	127.32	220.77	267.74

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	182.49	204.88	170.28	61.19	106.11	128.68
66	182.49	204.88	170.28	61.19	106.11	128.68
67	182.49	204.88	170.28	61.19	106.11	128.68
68	182.49	204.88	170.28	61.19	106.11	128.68
69	186.13	208.98	173.68	62.42	108.23	131.26
70	191.72	215.25	178.89	64.29	111.48	135.20
71	199.06	223.49	185.74	66.75	115.75	140.38
72	206.25	231.55	192.45	69.16	119.92	145.44
73	213.43	239.62	199.15	71.57	124.10	150.51
74	220.61	247.68	205.85	73.98	128.28	155.57
75	227.80	255.75	212.56	76.39	132.45	160.64
76	235.46	264.35	219.70	78.96	136.91	166.04
77	244.88	274.93	228.49	82.11	142.38	172.68
78	254.62	285.86	237.58	85.38	148.05	179.55
79	262.12	294.28	244.58	87.90	152.41	184.84
80	270.10	303.25	252.03	90.57	157.05	190.47
81	278.08	312.21	259.48	93.25	161.69	196.10
82	286.38	321.53	267.22	96.03	166.52	201.95
83	295.00	331.20	275.26	98.92	171.53	208.03
84	303.62	340.88	283.31	101.81	176.54	214.11
85	312.40	350.74	291.50	104.76	181.65	220.30
86	321.18	360.59	299.69	107.70	186.75	226.49
87	330.12	370.63	308.04	110.70	191.95	232.80
88	339.22	380.85	316.52	113.75	197.24	239.21
89	348.32	391.06	325.02	116.80	202.53	245.63
90	357.26	401.10	333.35	119.80	207.73	251.94
91	364.60	409.34	340.21	122.26	212.00	257.11
92	371.94	417.59	347.06	124.72	216.27	262.29
93	378.81	425.30	353.46	127.02	220.26	267.13
94	385.83	433.18	360.02	129.38	224.35	272.09
95	393.02	441.25	366.72	131.79	228.52	277.15
96	399.56	448.59	372.83	133.98	232.33	281.76
97	406.27	456.12	379.08	136.23	236.23	286.49
98	412.97	463.65	385.34	138.48	240.12	291.22
99+	419.99	471.54	391.89	140.84	244.21	296.17

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	166.65	187.16	155.52	55.78	96.84	117.50
66	166.65	187.16	155.52	55.78	96.84	117.50
67	166.65	187.16	155.52	55.78	96.84	117.50
68	166.65	187.16	155.52	55.78	96.84	117.50
69	169.98	190.91	158.63	56.89	98.78	119.85
70	175.08	196.63	163.39	58.60	101.74	123.45
71	181.79	204.17	169.64	60.84	105.64	128.18
72	188.35	211.53	175.77	63.04	109.45	132.80
73	194.91	218.90	181.89	65.23	113.26	137.43
74	201.47	226.27	188.01	67.43	117.07	142.05
75	208.03	233.64	194.13	69.62	120.88	146.68
76	215.03	241.49	200.66	71.97	124.95	151.61
77	223.63	251.15	208.69	74.84	129.95	157.67
78	232.52	261.14	216.99	77.82	135.12	163.94
79	239.37	268.84	223.38	80.11	139.10	168.78
80	246.66	277.02	230.18	82.55	143.33	173.91
81	253.95	285.21	236.99	84.99	147.57	179.06
82	261.53	293.72	244.06	87.53	151.97	184.40
83	269.40	302.56	251.41	90.17	156.55	189.95
84	277.28	311.40	258.75	92.80	161.12	195.50
85	285.29	320.41	266.23	95.48	165.78	201.15
86	293.31	329.42	273.72	98.17	170.44	206.81
87	301.47	338.58	281.34	100.90	175.19	212.56
88	309.78	347.92	289.09	103.68	180.01	218.42
89	318.09	357.25	296.84	106.46	184.84	224.28
90	326.26	366.42	304.46	109.19	189.59	230.04
91	332.96	373.95	310.72	111.44	193.48	234.77
92	339.67	381.48	316.98	113.68	197.38	239.49
93	345.94	388.52	322.83	115.78	201.02	243.91
94	352.35	395.72	328.81	117.93	204.75	248.43
95	358.91	403.09	334.94	120.12	208.56	253.06
96	364.89	409.80	340.51	122.12	212.04	257.28
97	371.01	416.68	346.23	124.17	215.59	261.59
98	377.13	423.56	351.94	126.22	219.15	265.91
99+	383.55	430.76	357.93	128.37	222.88	270.43

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	188.31	211.49	175.74	63.03	109.43	132.78
66	188.31	211.49	175.74	63.03	109.43	132.78
67	188.31	211.49	175.74	63.03	109.43	132.78
68	188.31	211.49	175.74	63.03	109.43	132.78
69	192.08	215.72	179.25	64.29	111.62	135.43
70	197.84	222.20	184.63	66.21	114.96	139.50
71	205.42	230.71	191.70	68.75	119.37	144.84
72	212.83	239.03	198.61	71.23	123.68	150.06
73	220.25	247.36	205.53	73.72	127.98	155.29
74	227.66	255.68	212.45	76.19	132.29	160.52
75	235.07	264.01	219.37	78.68	136.60	165.75
76	242.98	272.89	226.75	81.32	141.20	171.32
77	252.70	283.80	235.82	84.57	146.84	178.17
78	262.75	295.09	245.19	87.94	152.68	185.26
79	270.49	303.79	252.42	90.53	157.18	190.72
80	278.73	313.04	260.11	93.29	161.97	196.52
81	286.96	322.29	267.79	96.04	166.75	202.33
82	295.53	331.91	275.79	98.91	171.73	208.37
83	304.43	341.90	284.09	101.89	176.90	214.64
84	313.32	351.89	292.39	104.86	182.07	220.92
85	322.38	362.06	300.84	107.90	187.34	227.30
86	331.44	372.24	309.30	110.93	192.60	233.69
87	340.67	382.60	317.91	114.01	197.96	240.20
88	350.06	393.14	326.67	117.16	203.42	246.82
89	359.44	403.69	335.43	120.30	208.87	253.44
90	368.67	414.05	344.04	123.39	214.23	259.94
91	376.25	422.56	351.11	125.93	218.64	265.29
92	383.83	431.07	358.19	128.46	223.04	270.63
93	390.91	439.03	364.80	130.83	227.16	275.62
94	398.16	447.17	371.56	133.26	231.37	280.73
95	405.57	455.49	378.48	135.74	235.68	285.96
96	412.32	463.08	384.78	138.00	239.60	290.72
97	419.24	470.85	391.24	140.31	243.62	295.60
98	426.16	478.62	397.69	142.63	247.64	300.48
99+	433.41	486.76	404.46	145.06	251.86	305.59

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ILLINOIS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2024**STANDARD TOBACCO – MALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	208.31	233.95	194.40	69.72	121.05	146.88
66	208.31	233.95	194.40	69.72	121.05	146.88
67	208.31	233.95	194.40	69.72	121.05	146.88
68	208.31	233.95	194.40	69.72	121.05	146.88
69	212.48	238.63	198.28	71.11	123.47	149.81
70	218.85	245.79	204.24	73.25	127.17	154.31
71	227.24	255.21	212.06	76.05	132.05	160.22
72	235.44	264.42	219.71	78.80	136.81	166.00
73	243.64	273.63	227.36	81.54	141.58	171.78
74	251.83	282.84	235.01	84.29	146.34	177.56
75	260.04	292.04	242.67	87.03	151.11	183.35
76	268.78	301.87	250.83	89.96	156.19	189.51
77	279.53	313.94	260.86	93.56	162.44	197.09
78	290.65	326.43	271.23	97.28	168.90	204.93
79	299.21	336.05	279.23	100.14	173.87	210.97
80	308.33	346.28	287.73	103.19	179.17	217.39
81	317.44	356.51	296.23	106.24	184.46	223.82
82	326.91	367.15	305.08	109.41	189.97	230.50
83	336.75	378.21	314.26	112.71	195.69	237.44
84	346.59	389.26	323.44	116.00	201.41	244.38
85	356.62	400.51	332.79	119.35	207.23	251.44
86	366.64	411.77	342.15	122.71	213.05	258.51
87	376.84	423.23	351.67	126.12	218.98	265.70
88	387.23	434.89	361.36	129.60	225.02	273.03
89	397.62	446.56	371.06	133.08	231.06	280.35
90	407.82	458.02	380.58	136.49	236.98	287.55
91	416.20	467.44	388.40	139.30	241.86	293.46
92	424.59	476.85	396.22	142.10	246.73	299.37
93	432.42	485.65	403.53	144.73	251.28	304.89
94	440.44	494.65	411.02	147.41	255.94	310.54
95	448.64	503.87	418.67	150.15	260.70	316.33
96	456.11	512.26	425.64	152.65	265.04	321.60
97	463.77	520.85	432.78	155.22	269.49	326.99
98	471.42	529.45	439.93	157.78	273.94	332.39
99+	479.44	538.45	447.41	160.46	278.60	338.04

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
60001	Alden	2	60060	Mundelein	2	60111	Clare	2
60002	Antioch	2	60061	Vernon Hills	2	60112	Cortland	2
60004	Arlington Heights	2	60062	Northbrook	2	60113	Creston	2
60005	Arlington Heights	2	60064	North Chicago	2	60115	Dekalb	2
60006	Arlington Heights	2	60065	Northbrook	2	60116	Carol Stream	2
60007	Elk Grove Village	2	60067	Palatine	2	60117	Bloomington	2
60008	Rolling Meadows	2	60068	Park Ridge	2	60118	Dundee	2
60009	Elk Grove Village	2	60069	Lincolnshire	2	60119	Elburn	2
60010	Barrington	2	60070	Prospect Heights	2	60120	Elgin	2
60011	Barrington	2	60071	Richmond	2	60121	Elgin	2
60012	Crystal Lake	2	60072	Ringwood	2	60122	Carol Stream	2
60013	Cary	2	60073	Round Lake	2	60123	Elgin	2
60014	Crystal Lake	2	60074	Palatine	2	60124	Elgin	2
60015	Deerfield	2	60075	Russell	2	60126	Elmhurst	2
60016	Des Plaines	2	60076	Skokie	2	60128	Carol Stream	2
60017	Des Plaines	2	60077	Skokie	2	60129	Esmond	2
60018	Des Plaines	2	60078	Palatine	2	60130	Forest Park	2
60019	Des Plaines	2	60079	Waukegan	2	60131	Franklin Park	2
60020	Fox Lake	2	60081	Spring Grove	2	60132	Carol Stream	2
60021	Fox River Grove	2	60082	Techny	2	60133	Hanover Park	2
60022	Glencoe	2	60083	Wadsworth	2	60134	Geneva	2
60025	Glenview	2	60084	Wauconda	2	60135	Genoa	2
60026	Glenview	2	60085	Waukegan	2	60136	Gilberts	2
60029	Golf	2	60086	North Chicago	2	60137	Glen Ellyn	2
60030	Grayslake	2	60087	Waukegan	2	60138	Glen Ellyn	2
60031	Gurnee	2	60088	Great Lakes	2	60139	Glendale Heights	2
60033	Harvard	3	60089	Buffalo Grove	2	60140	Hampshire	2
60034	Hebron	2	60090	Wheeling	2	60141	Hines	2
60035	Highland Park	2	60091	Wilmette	2	60142	Huntley	2
60037	Fort Sheridan	2	60093	Winnetka	2	60143	Itasca	2
60038	Palatine	2	60094	Palatine	2	60144	Kaneville	2
60039	Crystal Lake	2	60095	Palatine	2	60145	Kingston	2
60040	Highwood	2	60096	Winthrop Harbor	2	60146	Kirkland	2
60041	Ingleside	2	60097	Wonder Lake	2	60147	Lafox	2
60042	Island Lake	2	60098	Woodstock	2	60148	Lombard	2
60043	Kenilworth	2	60099	Zion	2	60150	Malta	2
60044	Lake Bluff	2	60101	Addison	2	60151	Maple Park	2
60045	Lake Forest	2	60102	Algonquin	2	60152	Marengo	2
60046	Lake Villa	2	60103	Bartlett	2	60153	Maywood	2
60047	Lake Zurich	2	60104	Bellwood	2	60154	Westchester	2
60048	Libertyville	2	60105	Bensenville	2	60155	Broadview	2
60050	Mchenry	2	60106	Bensenville	2	60156	Lake In The Hills	2
60051	Mchenry	2	60107	Streamwood	2	60157	Medinah	2
60053	Morton Grove	2	60108	Bloomington	2	60159	Schaumburg	2
60055	Palatine	2	60109	Burlington	2	60160	Melrose Park	2
60056	Mount Prospect	2	60110	Carpentersville	2	60161	Melrose Park	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
60162	Hillside	2	60402	Berwyn	2	60452	Oak Forest	2
60163	Berkeley	2	60403	Crest Hill	2	60453	Oak Lawn	2
60164	Melrose Park	2	60404	Shorewood	2	60454	Oak Lawn	2
60165	Stone Park	2	60406	Blue Island	2	60455	Bridgeview	2
60168	Schaumburg	2	60407	Braceville	2	60456	Hometown	2
60169	Hoffman Estates	2	60408	Braidwood	2	60457	Hickory Hills	2
60171	River Grove	2	60409	Calumet City	2	60458	Justice	2
60172	Roselle	2	60410	Channahon	2	60459	Burbank	2
60173	Schaumburg	2	60411	Chicago Heights	2	60460	Odell	2
60174	Saint Charles	2	60412	Chicago Heights	2	60461	Olympia Fields	2
60175	Saint Charles	2	60415	Chicago Ridge	2	60462	Orland Park	2
60176	Schiller Park	2	60416	Coal City	2	60463	Palos Heights	2
60177	South Elgin	2	60417	Crete	2	60464	Palos Park	2
60178	Sycamore	2	60418	Crestwood	2	60465	Palos Hills	2
60179	Hoffman Estates	2	60419	Dolton	2	60466	Park Forest	2
60180	Union	2	60420	Dwight	2	60467	Orland Park	2
60181	Villa Park	2	60421	Elwood	2	60468	Peotone	2
60183	Wasco	2	60422	Flossmoor	2	60469	Posen	2
60184	Wayne	2	60423	Frankfort	2	60470	Ransom	2
60185	West Chicago	2	60424	Gardner	2	60471	Richton Park	2
60186	West Chicago	2	60425	Glenwood	2	60472	Robbins	2
60187	Wheaton	2	60426	Harvey	2	60473	South Holland	2
60188	Carol Stream	2	60428	Markham	2	60474	South Wilmington	2
60189	Wheaton	2	60429	Hazel Crest	2	60475	Steger	2
60190	Winfield	2	60430	Homewood	2	60476	Thornton	2
60191	Wood Dale	2	60431	Joliet	2	60477	Tinley Park	2
60192	Hoffman Estates	2	60432	Joliet	2	60478	Country Club Hills	2
60193	Schaumburg	2	60433	Joliet	2	60479	Verona	2
60194	Schaumburg	2	60434	Joliet	2	60480	Willow Springs	2
60195	Schaumburg	2	60435	Joliet	2	60481	Wilmington	2
60196	Schaumburg	2	60436	Joliet	2	60482	Worth	2
60197	Carol Stream	2	60437	Kinsman	2	60484	University Park	2
60199	Carol Stream	2	60438	Lansing	2	60487	Tinley Park	2
60201	Evanston	2	60439	Lemont	2	60490	Bolingbrook	2
60202	Evanston	2	60440	Bolingbrook	2	60491	Homer Glen	2
60203	Evanston	2	60441	Lockport	2	60499	Bedford Park	2
60204	Evanston	2	60442	Manhattan	2	60501	Summit Argo	2
60208	Evanston	2	60443	Matteson	2	60502	Aurora	2
60209	Evanston	2	60444	Mazon	2	60503	Aurora	2
60301	Oak Park	2	60445	Midlothian	2	60504	Aurora	2
60302	Oak Park	2	60446	Romeoville	2	60505	Aurora	2
60303	Oak Park	2	60447	Minooka	2	60506	Aurora	2
60304	Oak Park	2	60448	Mokena	2	60507	Aurora	2
60305	River Forest	2	60449	Monee	2	60510	Batavia	2
60399	Wood Dale	2	60450	Morris	2	60511	Big Rock	2
60401	Beecher	2	60451	New Lenox	2	60512	Bristol	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
60513	Brookfield	2	60566	Naperville	2	60640	Chicago	2
60514	Clarendon Hills	2	60567	Naperville	2	60641	Chicago	2
60515	Downers Grove	2	60568	Aurora	2	60642	Chicago	2
60516	Downers Grove	2	60569	Aurora	2	60643	Chicago	2
60517	Woodridge	2	60572	Aurora	2	60644	Chicago	2
60518	Earlville	3	60585	Plainfield	2	60645	Chicago	2
60519	Eola	2	60586	Plainfield	2	60646	Chicago	2
60520	Hinckley	2	60598	Aurora	2	60647	Chicago	2
60521	Hinsdale	2	60599	Fox Valley	2	60649	Chicago	2
60522	Hinsdale	2	60601	Chicago	2	60651	Chicago	2
60523	Oak Brook	2	60602	Chicago	2	60652	Chicago	2
60525	La Grange	2	60603	Chicago	2	60653	Chicago	2
60526	La Grange Park	2	60604	Chicago	2	60654	Chicago	2
60527	Willowbrook	2	60605	Chicago	2	60655	Chicago	2
60530	Lee	2	60606	Chicago	2	60656	Chicago	2
60531	Leland	3	60607	Chicago	2	60657	Chicago	2
60532	Lisle	2	60608	Chicago	2	60659	Chicago	2
60534	Lyons	2	60609	Chicago	2	60660	Chicago	2
60536	Millbrook	3	60610	Chicago	2	60661	Chicago	2
60537	Millington	3	60611	Chicago	2	60664	Chicago	2
60538	Montgomery	2	60612	Chicago	2	60666	Chicago	2
60539	Mooseheart	2	60613	Chicago	2	60668	Chicago	2
60540	Naperville	2	60614	Chicago	2	60669	Chicago	2
60541	Newark	2	60615	Chicago	2	60670	Chicago	2
60542	North Aurora	2	60616	Chicago	2	60673	Chicago	2
60543	Oswego	2	60617	Chicago	2	60674	Chicago	2
60544	Plainfield	2	60618	Chicago	2	60675	Chicago	2
60545	Plano	3	60619	Chicago	2	60677	Chicago	2
60546	Riverside	2	60620	Chicago	2	60678	Chicago	2
60548	Sandwich	3	60621	Chicago	2	60680	Chicago	2
60549	Serena	2	60622	Chicago	2	60681	Chicago	2
60550	Shabbona	2	60623	Chicago	2	60682	Chicago	2
60551	Sheridan	3	60624	Chicago	2	60684	Chicago	2
60552	Somonauk	3	60625	Chicago	2	60685	Chicago	2
60553	Steward	3	60626	Chicago	2	60686	Chicago	2
60554	Sugar Grove	2	60628	Chicago	2	60687	Chicago	2
60555	Warrenville	2	60629	Chicago	2	60688	Chicago	2
60556	Waterman	2	60630	Chicago	2	60689	Chicago	2
60557	Wedron	2	60631	Chicago	2	60690	Chicago	2
60558	Western Springs	2	60632	Chicago	2	60691	Chicago	2
60559	Westmont	2	60633	Chicago	2	60693	Chicago	2
60560	Yorkville	2	60634	Chicago	2	60694	Chicago	2
60561	Darien	2	60636	Chicago	2	60695	Chicago	2
60563	Naperville	2	60637	Chicago	2	60696	Chicago	2
60564	Naperville	2	60638	Chicago	2	60697	Chicago	2
60565	Naperville	2	60639	Chicago	2	60699	Chicago	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
60701	Chicago	2	60952	Melvin	2	61041	Hanover	2
60706	Harwood Heights	2	60953	Milford	1	61042	Harmon	1
60707	Elmwood Park	2	60954	Momence	1	61043	Holcomb	1
60712	Lincolnwood	2	60955	Onarga	1	61044	Kent	1
60714	Niles	2	60956	Papineau	1	61046	Lanark	1
60803	Alsip	2	60957	Paxton	2	61047	Leaf River	1
60804	Cicero	2	60958	Pembroke Township	1	61048	Lena	1
60805	Evergreen Park	2	60959	Piper City	1	61049	Lindenwood	2
60827	Riverdale	2	60960	Rankin	2	61050	Mc Connell	1
60901	Kankakee	1	60961	Reddick	1	61051	Milledgeville	1
60910	Aroma Park	1	60962	Roberts	2	61052	Monroe Center	1
60911	Ashkum	1	60963	Rossville	2	61053	Mount Carroll	1
60912	Beaverville	1	60964	Saint Anne	1	61054	Mount Morris	1
60913	Bonfield	1	60966	Sheldon	1	61057	Nachusa	1
60914	Bourbonnais	1	60967	Stockland	1	61059	Nora	1
60915	Bradley	1	60968	Thawville	1	61060	Orangeville	1
60917	Buckingham	1	60969	Union Hill	1	61061	Oregon	1
60918	Buckley	1	60970	Watseka	1	61062	Pearl City	1
60919	Cabery	1	60973	Wellington	2	61063	Pecatonica	1
60920	Campus	1	60974	Woodland	1	61064	Polo	1
60921	Chatsworth	1	61001	Apple River	2	61065	Poplar Grove	1
60922	Chebanse	1	61006	Ashton	2	61067	Ridott	1
60924	Cissna Park	1	61007	Baileyville	1	61068	Rochelle	2
60926	Claytonville	1	61008	Belvidere	1	61070	Rock City	1
60927	Clifton	1	61010	Byron	1	61071	Rock Falls	1
60928	Crescent City	1	61011	Caledonia	1	61072	Rockton	1
60929	Cullom	1	61012	Capron	2	61073	Roscoe	1
60930	Danforth	1	61013	Cedarville	1	61074	Savanna	1
60931	Donovan	1	61014	Chadwick	1	61075	Scales Mound	2
60932	East Lynn	2	61015	Chana	2	61077	Seward	1
60933	Elliott	2	61016	Cherry Valley	1	61078	Shannon	1
60934	Emington	1	61018	Dakota	1	61079	Shirland	1
60935	Essex	1	61019	Davis	1	61080	South Beloit	1
60936	Gibson City	2	61020	Davis Junction	1	61081	Sterling	1
60938	Gilman	1	61021	Dixon	1	61084	Stillman Valley	1
60939	Goodwine	2	61024	Durand	1	61085	Stockton	1
60940	Grant Park	1	61025	East Dubuque	1	61087	Warren	1
60941	Herscher	1	61027	Eleroy	1	61088	Winnebago	1
60942	Hoopeston	2	61028	Elizabeth	2	61089	Winslow	1
60944	Hopkins Park	1	61030	Forreston	1	61091	Woosung	1
60945	Iroquois	1	61031	Franklin Grove	1	61101	Rockford	1
60946	Kempton	1	61032	Freeport	1	61102	Rockford	1
60948	Loda	2	61036	Galena	2	61103	Rockford	1
60949	Ludlow	2	61037	Galt	1	61104	Rockford	1
60950	Manteno	1	61038	Garden Prairie	1	61105	Rockford	1
60951	Martinton	1	61039	German Valley	1	61106	Rockford	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
61107	Rockford	1	61272	New Boston	1	61342	Mendota	2
61108	Rockford	1	61273	Orion	1	61344	Mineral	2
61109	Rockford	1	61274	Oscoda	1	61345	Neponset	2
61110	Rockford	1	61275	Port Byron	1	61346	New Bedford	1
61111	Loves Park	1	61276	Preemption	1	61348	Oglesby	1
61112	Rockford	1	61277	Prophetstown	1	61349	Ohio	2
61114	Rockford	1	61278	Rapids City	1	61350	Ottawa	1
61115	Machesney Park	1	61279	Reynolds	1	61353	Paw Paw	2
61125	Rockford	1	61281	Sherrard	1	61354	Peru	1
61126	Rockford	1	61282	Silvis	1	61356	Princeton	2
61130	Loves Park	1	61283	Tampico	1	61358	Rutland	1
61131	Loves Park	1	61284	Taylor Ridge	1	61359	Seatonville	1
61132	Loves Park	1	61285	Thomson	1	61360	Seneca	1
61201	Rock Island	1	61299	Rock Island	1	61361	Sheffield	2
61204	Rock Island	1	61301	La Salle	1	61362	Spring Valley	1
61230	Albany	1	61310	Amboy	1	61363	Standard	1
61231	Aledo	2	61311	Ancona	1	61364	Streator	1
61232	Andalusia	1	61312	Arlington	1	61367	Sublette	2
61233	Andover	1	61313	Blackstone	1	61368	Tiskilwa	2
61234	Annawan	2	61314	Buda	2	61369	Toluca	1
61235	Atkinson	2	61315	Bureau	1	61370	Tonica	1
61236	Barstow	1	61316	Cedar Point	1	61371	Triumph	2
61237	Buffalo Prairie	1	61317	Cherry	1	61372	Troy Grove	1
61238	Cambridge	2	61318	Compton	2	61373	Utica	1
61239	Carbon Cliff	1	61319	Cornell	1	61374	Van Orin	1
61240	Coal Valley	1	61320	Dalzell	1	61375	Varna	1
61241	Colona	1	61321	Dana	1	61376	Walnut	1
61242	Cordova	1	61322	Depue	1	61377	Wenona	1
61243	Deer Grove	1	61323	Dover	2	61378	West Brooklyn	1
61244	East Moline	1	61324	Eldena	1	61379	Wyanet	2
61250	Erie	1	61325	Grand Ridge	1	61401	Galesburg	1
61251	Fenton	1	61326	Granville	1	61402	Galesburg	1
61252	Fulton	1	61327	Hennepin	1	61410	Abingdon	1
61254	Geneseo	2	61328	Kasbeer	2	61411	Adair	1
61256	Hampton	1	61329	Ladd	1	61412	Alexis	1
61257	Hillsdale	1	61330	La Moille	2	61413	Alpha	1
61258	Hooppole	2	61331	Lee Center	1	61414	Altona	1
61259	Illinois City	1	61332	Leonore	1	61415	Avon	1
61260	Joy	2	61333	Long Point	1	61416	Bardolph	1
61261	Lyndon	2	61334	Lostant	1	61417	Berwick	1
61262	Lynn Center	1	61335	Mc Nabb	1	61418	Biggsville	2
61263	Matherville	2	61336	Magnolia	1	61419	Bishop Hill	2
61264	Milan	1	61337	Malden	2	61420	Blandinsville	1
61265	Moline	1	61338	Manlius	2	61421	Bradford	2
61266	Moline	1	61340	Mark	1	61422	Bushnell	1
61270	Morrison	2	61341	Marseilles	1	61423	Cameron	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
61424	Camp Grove	1	61479	Speer	1	61559	Princeville	1
61425	Carman	1	61480	Stronghurst	1	61560	Putnam	1
61426	Castleton	2	61482	Table Grove	1	61561	Roanoke	2
61427	Cuba	1	61483	Toulon	2	61562	Rome	1
61428	Dahinda	1	61484	Vermont	1	61563	Saint David	1
61430	East Galesburg	1	61485	Victoria	1	61564	South Pekin	1
61431	Ellisville	1	61486	Viola	2	61565	Sparland	1
61432	Fairview	1	61488	Wataga	1	61567	Topeka	2
61433	Fiatt	1	61489	Williamsfield	1	61568	Tremont	1
61434	Galva	2	61490	Woodhull	1	61569	Trivoli	1
61435	Gerlaw	1	61491	Wyoming	2	61570	Washburn	2
61436	Gilson	1	61501	Astoria	2	61571	Washington	1
61437	Gladstone	1	61516	Benson	2	61572	Yates City	1
61438	Good Hope	1	61517	Brimfield	1	61601	Peoria	1
61439	Henderson	1	61519	Bryant	1	61602	Peoria	1
61440	Industry	1	61520	Canton	1	61603	Peoria	1
61441	Ipava	2	61523	Chillicothe	1	61604	Peoria	1
61442	Keithsburg	2	61524	Dunfermline	1	61605	Peoria	1
61443	Kewanee	2	61525	Dunlap	1	61606	Peoria	1
61447	Kirkwood	2	61526	Edelstein	1	61607	Peoria	1
61448	Knoxville	1	61528	Edwards	1	61610	Creve Coeur	1
61449	La Fayette	2	61529	Elmwood	1	61611	East Peoria	1
61450	La Harpe	1	61530	Eureka	2	61612	Peoria	1
61451	Laura	1	61531	Farmington	1	61613	Peoria	1
61452	Littleton	2	61532	Forest City	1	61614	Peoria	1
61453	Little York	2	61533	Glasford	1	61615	Peoria	1
61454	Lomax	1	61534	Green Valley	1	61616	Peoria Heights	1
61455	Macomb	1	61535	Groveland	1	61625	Peoria	1
61458	Maquon	1	61536	Hanna City	1	61629	Peoria	1
61459	Marietta	1	61537	Henry	1	61630	Peoria	1
61460	Media	1	61539	Kingston Mines	1	61633	Peoria	1
61462	Monmouth	2	61540	Lacon	1	61634	Peoria	1
61465	New Windsor	1	61541	La Rose	2	61635	East Peoria	1
61466	North Henderson	1	61542	Lewistown	2	61636	Peoria	1
61467	Oneida	1	61543	Liverpool	1	61637	Peoria	1
61468	Ophiem	1	61544	London Mills	1	61638	Peoria	1
61469	Oquawka	1	61545	Lowpoint	1	61639	Peoria	1
61470	Prairie City	1	61546	Manito	1	61641	Peoria	1
61471	Raritan	1	61547	Mapleton	1	61643	Peoria	1
61472	Rio	1	61548	Metamora	1	61650	Peoria	1
61473	Roseville	2	61550	Morton	1	61651	Peoria	1
61474	Saint Augustine	1	61552	Mossville	1	61652	Peoria	1
61475	Sciota	1	61553	Norris	1	61653	Peoria	1
61476	Seaton	2	61554	Pekin	1	61654	Peoria	1
61477	Smithfield	1	61555	Pekin	1	61655	Peoria	1
61478	Smithshire	2	61558	Pekin	1	61656	Peoria	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
61701	Bloomington	1	61764	Pontiac	1	61848	Henning	1
61702	Bloomington	1	61769	Saunemin	1	61849	Homer	1
61704	Bloomington	1	61770	Saybrook	2	61850	Indianola	1
61705	Bloomington	1	61771	Secor	2	61851	Ivesdale	2
61709	Bloomington	1	61772	Shirley	1	61852	Longview	1
61710	Bloomington	1	61773	Sibley	2	61853	Mahomet	1
61720	Anchor	2	61774	Stanford	1	61854	Mansfield	1
61721	Armington	2	61775	Strawn	2	61855	Milmine	2
61722	Arrowsmith	1	61776	Towanda	1	61856	Monticello	2
61723	Atlanta	2	61777	Wapella	2	61857	Muncie	1
61724	Bellflower	2	61778	Waynesville	2	61858	Oakwood	1
61725	Carlock	1	61790	Normal	1	61859	Ogden	1
61726	Chenoa	1	61791	Bloomington	1	61862	Penfield	1
61727	Clinton	2	61799	Bloomington	1	61863	Pesotum	1
61728	Colfax	1	61801	Urbana	1	61864	Philo	1
61729	Congerville	2	61802	Urbana	1	61865	Potomac	1
61730	Cooksville	1	61803	Urbana	1	61866	Rantoul	1
61731	Cropsey	2	61810	Allerton	1	61870	Ridge Farm	1
61732	Danvers	1	61811	Alvin	1	61871	Royal	1
61733	Deer Creek	2	61812	Armstrong	1	61872	Sadorus	1
61734	Delavan	2	61813	Bement	2	61873	Saint Joseph	1
61735	Dewitt	2	61814	Bismarck	1	61874	Savoy	1
61736	Downs	1	61815	Bondville	1	61875	Seymour	1
61737	Ellsworth	1	61816	Broadlands	1	61876	Sidell	1
61738	El Paso	1	61817	Catlin	1	61877	Sidney	1
61739	Fairbury	1	61818	Cerro Gordo	1	61878	Thomasboro	1
61740	Flanagan	1	61820	Champaign	1	61880	Tolono	1
61741	Forrest	1	61821	Champaign	1	61882	Weldon	2
61742	Goodfield	2	61822	Champaign	1	61883	Westville	1
61743	Graymont	1	61824	Champaign	1	61884	White Heath	2
61744	Gridley	1	61825	Champaign	1	61910	Arcola	1
61745	Heyworth	1	61826	Champaign	1	61911	Arthur	1
61747	Hopedale	2	61830	Cisco	2	61912	Ashmore	1
61748	Hudson	1	61831	Collison	1	61913	Atwood	2
61749	Kenney	2	61832	Danville	1	61914	Bethany	1
61750	Lane	2	61833	Tilton	1	61917	Brocton	2
61751	Lawndale	2	61834	Danville	1	61919	Camargo	1
61752	Le Roy	1	61839	De Land	2	61920	Charleston	1
61753	Lexington	1	61840	Dewey	1	61924	Chrisman	2
61754	Mc Lean	1	61841	Fairmount	1	61925	Dalton City	1
61755	Mackinaw	2	61842	Farmer City	2	61928	Gays	1
61756	Maroa	1	61843	Fisher	1	61929	Hammond	1
61758	Merna	1	61844	Fithian	1	61930	Hindsboro	1
61759	Minier	2	61845	Foosland	2	61931	Humboldt	1
61760	Minonk	1	61846	Georgetown	1	61932	Hume	2
61761	Normal	1	61847	Gifford	1	61933	Kansas	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
61936	La Place	1	62045	Hamburg	1	62201	East Saint Louis	1
61937	Lovington	1	62046	Hamel	1	62202	East Saint Louis	1
61938	Mattoon	1	62047	Hardin	1	62203	East Saint Louis	1
61940	Metcalf	2	62048	Hartford	1	62204	East Saint Louis	1
61941	Murdock	1	62049	Hillsboro	2	62205	East Saint Louis	1
61942	Newman	1	62050	Hillview	2	62206	East Saint Louis	1
61943	Oakland	1	62051	Irving	2	62207	East Saint Louis	1
61944	Paris	2	62052	Jerseyville	1	62208	Fairview Heights	1
61949	Redmon	2	62053	Kampsville	2	62214	Addieville	2
61951	Sullivan	1	62054	Kane	1	62215	Albers	1
61953	Tuscola	1	62056	Litchfield	2	62216	Aviston	1
61955	Vermilion	2	62058	Livingston	2	62217	Baldwin	2
61956	Villa Grove	1	62059	Lovejoy	1	62218	Bartelso	1
61957	Windsor	1	62060	Madison	1	62219	Beckemeyer	1
62001	Alhambra	2	62061	Marine	2	62220	Belleville	1
62002	Alton	1	62062	Maryville	1	62221	Belleville	1
62006	Batchtown	1	62063	Medora	1	62222	Belleville	1
62009	Benld	2	62065	Michael	2	62223	Belleville	1
62010	Bethalto	1	62067	Moro	1	62225	Scott Air Force Base	1
62011	Bingham	2	62069	Mount Olive	2	62226	Belleville	1
62012	Brighton	1	62070	Mozier	2	62230	Breese	1
62013	Brussels	1	62071	National Stock Yards	1	62231	Carlyle	1
62014	Bunker Hill	1	62074	New Douglas	2	62232	Caseyville	1
62015	Butler	2	62075	Nokomis	2	62233	Chester	2
62016	Carrollton	2	62076	Ohlman	2	62234	Collinsville	1
62017	Coffeen	2	62077	Panama	1	62236	Columbia	1
62018	Cottage Hills	1	62078	Patterson	2	62237	Coulterville	2
62019	Donnellson	1	62079	Piasa	1	62238	Cutler	2
62021	Dorsey	1	62080	Ramsey	2	62239	Dupo	1
62022	Dow	1	62081	Rockbridge	1	62240	East Carondelet	1
62023	Eagarville	2	62082	Roodhouse	2	62241	Ellis Grove	2
62024	East Alton	1	62083	Rosamond	2	62242	Evansville	2
62025	Edwardsville	1	62084	Roxana	1	62243	Freeburg	1
62026	Edwardsville	1	62085	Sawyer	2	62244	Fults	1
62027	Eldred	2	62086	Sorento	1	62245	Germantown	1
62028	Elsah	1	62087	South Roxana	1	62246	Greenville	1
62030	Fidelity	1	62088	Staunton	2	62247	Hagarstown	2
62031	Fieldon	1	62089	Taylor Springs	2	62248	Hecker	2
62032	Fillmore	1	62090	Venice	1	62249	Highland	2
62033	Gillespie	2	62091	Walshville	2	62250	Hoffman	1
62034	Glen Carbon	1	62092	White Hall	2	62252	Huey	1
62035	Godfrey	1	62093	Wilsonville	2	62253	Keyesport	1
62036	Golden Eagle	1	62094	Witt	2	62254	Lebanon	1
62037	Grafton	1	62095	Wood River	1	62255	Lenzburg	2
62040	Granite City	1	62097	Worden	2	62256	Maeystown	2
62044	Greenfield	2	62098	Wrights	2	62257	Marissa	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
62258	Mascoutah	1	62325	Coatsburg	1	62417	Bridgeport	2
62259	Menard	2	62326	Colchester	1	62418	Brownstown	2
62260	Millstadt	1	62329	Colusa	1	62419	Calhoun	1
62261	Modoc	2	62330	Dallas City	1	62420	Casey	1
62262	Mulberry Grove	1	62334	Elvaston	1	62421	Claremont	1
62263	Nashville	2	62336	Ferris	2	62422	Cowden	1
62264	New Athens	2	62338	Fowler	1	62423	Dennison	1
62265	New Baden	1	62339	Golden	1	62424	Dieterich	1
62266	New Memphis	1	62340	Griggsville	2	62425	Dundas	1
62268	Oakdale	2	62341	Hamilton	1	62426	Edgewood	1
62269	O Fallon	1	62343	Hull	1	62427	Flat Rock	2
62271	Okawville	1	62344	Huntsville	2	62428	Greenup	1
62272	Percy	2	62345	Kinderhook	1	62431	Herrick	2
62273	Pierron	2	62346	La Prairie	2	62432	Hidalgo	1
62274	Pinckneyville	2	62347	Liberty	1	62433	Hutsonville	2
62275	Pocahontas	1	62348	Lima	1	62434	Ingraham	1
62277	Prairie Du Rocher	2	62349	Loraine	1	62435	Janesville	1
62278	Red Bud	2	62351	Mendon	1	62436	Jewett	1
62279	Renault	2	62352	Milton	2	62438	Lakewood	1
62280	Rockwood	2	62353	Mount Sterling	2	62439	Lawrenceville	1
62281	Saint Jacob	1	62354	Nauvoo	1	62440	Lerna	1
62282	Saint Libory	1	62355	Nebo	2	62441	Marshall	1
62284	Smithboro	1	62356	New Canton	1	62442	Martinsville	1
62285	Smithton	1	62357	New Salem	2	62443	Mason	1
62286	Sparta	2	62358	Niota	1	62444	Mode	1
62288	Steeleville	2	62359	Paloma	1	62445	Montrose	1
62289	Summerfield	1	62360	Payson	1	62446	Mount Erie	1
62292	Tilden	2	62361	Pearl	2	62447	Neoga	1
62293	Trenton	1	62362	Perry	2	62448	Newton	1
62294	Troy	1	62363	Pittsfield	2	62449	Oblong	2
62295	Valmeyer	1	62365	Plainville	1	62450	Olney	1
62297	Walsh	2	62366	Pleasant Hill	2	62451	Palestine	2
62298	Waterloo	1	62367	Plymouth	2	62452	Parkersburg	1
62301	Quincy	1	62370	Rockport	2	62454	Robinson	2
62305	Quincy	1	62373	Sutter	1	62458	Saint Elmo	1
62306	Quincy	1	62374	Tennessee	1	62459	Sainte Marie	1
62311	Augusta	2	62375	Timewell	2	62460	Saint Francisville	1
62312	Barry	2	62376	Ursa	1	62461	Shumway	1
62313	Basco	1	62378	Versailles	2	62462	Sigel	1
62314	Baylis	2	62379	Warsaw	1	62463	Stewardson	1
62316	Bowen	2	62380	West Point	1	62464	Stoy	2
62319	Camden	2	62401	Effingham	1	62465	Strasburg	1
62320	Camp Point	1	62410	Allendale	2	62466	Sumner	1
62321	Carthage	2	62411	Altamont	1	62467	Teutopolis	1
62323	Chambersburg	2	62413	Annapolis	2	62468	Toledo	1
62324	Clayton	1	62414	Beecher City	1	62469	Trilla	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
62471	Vandalia	2	62551	Niantic	1	62651	Jacksonville	1
62473	Watson	1	62553	Ocone	2	62655	Kilbourne	2
62474	Westfield	1	62554	Oreana	1	62656	Lincoln	2
62475	West Liberty	1	62555	Owaneco	2	62659	Lincolns New Salem	1
62476	West Salem	1	62556	Palmer	2	62660	Literberry	1
62477	West Union	1	62557	Pana	2	62661	Loami	1
62478	West York	2	62558	Pawnee	1	62662	Lowder	1
62479	Wheeler	1	62560	Raymond	2	62663	Manchester	1
62480	Willow Hill	1	62561	Riverton	1	62664	Mason City	2
62481	Yale	2	62563	Rochester	1	62665	Meredosia	1
62501	Argenta	1	62565	Shelbyville	1	62666	Middletown	2
62510	Assumption	1	62567	Stonington	2	62667	Modesto	2
62512	Beason	2	62568	Taylorville	2	62668	Murrayville	1
62513	Blue Mound	1	62570	Tovey	2	62670	New Berlin	1
62514	Boody	1	62571	Tower Hill	1	62671	New Holland	2
62515	Buffalo	1	62572	Waggoner	2	62672	Nilwood	2
62517	Bulpitt	2	62573	Warrensburg	1	62673	Oakford	2
62518	Chestnut	2	62601	Alexander	1	62674	Palmyra	2
62519	Cornland	1	62610	Alsey	1	62675	Petersburg	1
62520	Dawson	1	62611	Arenzville	1	62677	Pleasant Plains	1
62521	Decatur	1	62612	Ashland	1	62681	Rushville	2
62522	Decatur	1	62613	Athens	1	62682	San Jose	1
62523	Decatur	1	62615	Auburn	1	62683	Scottville	1
62524	Decatur	1	62617	Bath	2	62684	Sherman	1
62525	Decatur	1	62618	Beardstown	2	62685	Shipman	2
62526	Decatur	1	62621	Bluffs	1	62688	Tallula	1
62530	Divernon	1	62622	Bluff Springs	1	62689	Thayer	1
62531	Edinburg	2	62624	Browning	2	62690	Viriden	2
62532	Elwin	1	62625	Cantrall	1	62691	Virginia	1
62533	Farmersville	2	62626	Carlinsville	2	62692	Waverly	1
62534	Findlay	1	62627	Chandlerville	1	62693	Williamsville	1
62535	Forsyth	1	62628	Chapin	1	62694	Winchester	1
62536	Glenarm	1	62629	Chatham	1	62695	Woodson	1
62537	Harristown	1	62630	Chesterfield	2	62701	Springfield	1
62538	Harvel	2	62631	Concord	1	62702	Springfield	1
62539	Illioopolis	1	62633	Easton	2	62703	Springfield	1
62540	Kincaid	2	62634	Elkhart	2	62704	Springfield	1
62541	Lake Fork	2	62635	Emden	2	62705	Springfield	1
62543	Latham	1	62638	Franklin	1	62706	Springfield	1
62544	Macon	1	62639	Frederick	2	62707	Springfield	1
62545	Mechanicsburg	1	62640	Girard	2	62708	Springfield	1
62546	Morrisonville	2	62642	Greenville	1	62711	Springfield	1
62547	Mount Auburn	1	62643	Hartsburg	2	62712	Springfield	1
62548	Mount Pulaski	2	62644	Havana	2	62715	Springfield	1
62549	Mt Zion	1	62649	Hettick	2	62716	Springfield	1
62550	Moweaqua	1	62650	Jacksonville	1	62719	Springfield	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
62722	Springfield	1	62830	Dix	1	62880	Saint Peter	2
62723	Springfield	1	62831	Du Bois	2	62881	Salem	2
62726	Springfield	1	62832	Du Quoin	2	62882	Sandoval	1
62736	Springfield	1	62833	Ellery	2	62883	Scheller	1
62739	Springfield	1	62834	Emma	2	62884	Sesser	2
62756	Springfield	1	62835	Enfield	2	62885	Shobonier	2
62757	Springfield	1	62836	Ewing	2	62886	Sims	2
62761	Springfield	1	62837	Fairfield	2	62887	Springerton	2
62762	Springfield	1	62838	Farina	1	62888	Tamaroa	2
62763	Springfield	1	62839	Flora	2	62889	Texico	1
62764	Springfield	1	62840	Frankfort Heights	2	62890	Thompsonville	1
62765	Springfield	1	62841	Freeman Spur	1	62891	Valier	2
62766	Springfield	1	62842	Geff	2	62892	Vernon	2
62767	Springfield	1	62843	Golden Gate	2	62893	Walnut Hill	1
62769	Springfield	1	62844	Grayville	2	62894	Waltonville	1
62776	Springfield	1	62846	Ina	1	62895	Wayne City	2
62777	Springfield	1	62848	Irvington	1	62896	West Frankfort	1
62781	Springfield	1	62849	Iuka	2	62897	Whittington	2
62786	Springfield	1	62850	Johnsonville	2	62898	Woodlawn	1
62791	Springfield	1	62851	Keenes	1	62899	Xenia	2
62794	Springfield	1	62852	Keensburg	2	62901	Carbondale	1
62796	Springfield	1	62853	Kell	1	62902	Carbondale	1
62801	Centralia	1	62854	Kinmundy	2	62903	Carbondale	1
62803	Hoyleton	1	62855	Lancaster	2	62905	Alto Pass	1
62806	Albion	2	62856	Logan	2	62906	Anna	2
62807	Alma	2	62858	Louisville	2	62907	Ava	2
62808	Ashley	2	62859	Mc Leansboro	2	62908	Belknap	2
62809	Barnhill	2	62860	Macedonia	2	62909	Boles	1
62810	Belle Rive	1	62861	Maunie	1	62910	Brookport	1
62811	Bellmont	2	62862	Mill Shoals	2	62912	Buncombe	2
62812	Benton	2	62863	Mount Carmel	2	62914	Cairo	1
62814	Bluford	1	62864	Mount Vernon	1	62915	Cambria	1
62815	Bone Gap	2	62865	Mulkeytown	2	62916	Campbell Hill	2
62816	Bonnie	1	62866	Nason	1	62917	Carrier Mills	1
62817	Broughton	2	62867	New Haven	2	62918	Cartersville	1
62818	Browns	2	62868	Noble	1	62919	Cave In Rock	1
62819	Buckner	2	62869	Norris City	2	62920	Cobden	2
62820	Burnt Prairie	2	62870	Odin	1	62921	Colp	1
62821	Carmi	2	62871	Omaha	2	62922	Creal Springs	1
62822	Christopher	2	62872	Opdyke	1	62923	Cypress	2
62823	Cisne	2	62874	Orient	1	62924	De Soto	1
62824	Clay City	2	62875	Patoka	1	62926	Dongola	2
62825	Coello	2	62876	Radom	1	62927	Dowell	2
62827	Crossville	2	62877	Richview	1	62928	Eddyville	1
62828	Dahlgren	2	62878	Rinard	2	62930	Eldorado	1
62829	Dale	2	62879	Sailor Springs	2	62931	Elizabethtown	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ILLINOIS – ZIP CODE AREA CHART – Effective 11-01-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
62932	Elkville	2	62987	Stonefort	1			
62933	Energy	1	62988	Tamms	1			
62934	Equality	1	62990	Thebes	1			
62935	Galatia	1	62992	Ullin	2			
62938	Golconda	2	62993	Unity	1			
62939	Goreville	1	62994	Vergennes	2			
62940	Gorham	2	62995	Vienna	1			
62941	Grand Chain	2	62996	Villa Ridge	1			
62942	Grand Tower	1	62997	Willisville	2			
62943	Grantsburg	2	62998	Wolf Lake	1			
62946	Harrisburg	1	62999	Zeigler	1			
62947	Herod	1						
62948	Herrin	1						
62949	Hurst	1						
62950	Jacob	2						
62951	Johnston City	1						
62952	Jonesboro	2						
62953	Joppa	2						
62954	Junction	1						
62955	Karbers Ridge	2						
62956	Karnak	2						
62957	Mc Clure	1						
62958	Makanda	1						
62959	Marion	1						
62960	Metropolis	2						
62961	Millcreek	2						
62962	Miller City	1						
62963	Mound City	1						
62964	Mounds	1						
62965	Muddy	1						
62966	Murphysboro	1						
62967	New Burnside	1						
62969	Olive Branch	1						
62970	Olmsted	1						
62971	Oraville	2						
62972	Ozark	1						
62973	Perks	2						
62974	Pittsburg	1						
62975	Pomona	1						
62976	Pulaski	1						
62977	Raleigh	1						
62979	Ridgway	2						
62982	Rosiclare	2						
62983	Royalton	1						
62984	Shawneetown	2						
62985	Simpson	1						

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, N.E.; Atlanta, GA 30319

PREMIUM INFORMATION

We, Atlantic Capital Life Assurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

Premiums are Attained Age Premiums; which means that they will increase each year as your age increases. The increase will be effective on the first premium due date on or after each Anniversary Date of your Policy. Premium rates are based on where you live, and therefore may change if you your place of residence changes. Rates can also increase periodically as stated above.

Household Premium Discount: You will be eligible for the Household Premium Discount if you are married and residing with Your spouse or residing with at least one other (1) person, but not more than three other (3) persons, who are all aged 50 or older for at least the last 12 consecutive months. The discounted premium will be 7% lower than the rates illustrated. Your Household Premium Discount will be removed if, other than in the event of the other person(s) death, You no longer reside with Your spouse, or You are no longer residing with at least one other (1) person who is aged 50 or older; or You are living with more than three other (3) persons regardless of their age.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to 4370 Peachtree Road, N.E.; Atlanta, GA 30319. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither Atlantic Capital Life Assurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult Medicare and You for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$0 \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$[1,676] (Part A deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 \$0 \$0	\$0 Up to \$[209.50] a day All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN A

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

*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$[257] of Medicare Approved Amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$[257] of Medicare Approved Amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[257] of Medicare approved amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,676]	\$[1,676] (Part A deductible)	\$0
61st through 90th day	All but \$[419] a day	\$[419] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but \$[838] a day	\$[838] a day	\$0
- Once lifetime reserve days are used			
- Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$[209.50] a day	Up to \$[209.50] a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN F

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

*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$[257] of Medicare Approved Amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$[257] of Medicare Approved Amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[257] of Medicare approved amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,676]	\$[1,676] (Part A deductible)	\$0
61st through 90th day	All but \$[419] a day	\$[419] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but \$[838] a day	\$[838] a day	\$0
- Once lifetime reserve days are used			
- Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$[209.50] a day	Up to \$[209.50] a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN G

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

*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$[257] (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$[257] (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	 100% \$0 80%	 \$0 20%	 \$[257] (Unless Part B deductible has been met) \$0
---	----------------------------	--------------------	--

OTHER BENEFITS NOT COVERED BY MEDICARE

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

HIGH DEDUCTIBLE PLAN G

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

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

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,870] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,870]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 Up to \$[209.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

HIGH DEDUCTIBLE PLAN G

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

*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,870] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,870]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[257] (Unless Part B deductible has been met) \$0
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
---	--------------------	-------------------	---

HIGH DEDUCTIBLE PLAN G

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
FOREIGN TRAVEL– NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	 \$0 \$0	 \$0 80% to a lifetime maximum of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum

PLAN K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[7,220] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION** Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[838] (50% of Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$[838] (50% of Part A deductible)♦ \$0 \$0 \$0*** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 Up to \$[104.75] a day (50% of Part A deductible) \$0	\$0 Up to \$[104.75] a day (50% of Part A deductible)♦ All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

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

PLAN K

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

*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare Approved Amounts	\$0 Generally 80% or more of Medicare Approved Amounts Generally 80%	\$0 Remainder of Medicare Approved Amounts Generally 10%	\$[257] (Part B deductible)****◆ All costs above Medicare Approved Amounts Generally 10%◆
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[7,220])*
BLOOD First 3 pints Next \$[257] of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$[257] (Part B deductible)****◆ Generally 10%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$[257] of Medicare approved amounts**** Remainder of Medicare approved amounts	\$0 80%	\$0 10%	\$[257] (Part B deductible)◆ 10%◆

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,220] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[209.50] a day \$0	\$0 Up to \$[209.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN N

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

*Once you have been billed \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[257] (Part B deductible) Up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Part B deductible) \$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 80%	\$0 20%	\$[257] (Part B deductible) \$0

PLAN N

OTHER BENEFITS NOT COVERED BY MEDICARE

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