

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

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

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

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% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | ✓ | ✓ |
| Medicare 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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 128.59 | 133.22 | 113.47 | 37.18 | 62.81 | 86.70 |
| 66 | 128.59 | 133.22 | 113.47 | 37.18 | 62.81 | 86.70 |
| 67 | 128.59 | 133.22 | 113.47 | 37.18 | 62.81 | 86.70 |
| 68 | 128.59 | 133.22 | 113.47 | 37.18 | 62.81 | 86.70 |
| 69 | 131.26 | 135.98 | 115.82 | 37.92 | 64.07 | 88.50 |
| 70 | 133.21 | 138.00 | 117.54 | 39.05 | 65.97 | 89.81 |
| 71 | 136.69 | 141.60 | 120.61 | 40.56 | 68.52 | 92.15 |
| 72 | 140.25 | 145.30 | 123.76 | 42.01 | 70.98 | 94.56 |
| 73 | 143.91 | 149.09 | 126.98 | 43.46 | 73.43 | 97.03 |
| 74 | 147.66 | 152.98 | 130.30 | 44.95 | 75.94 | 99.56 |
| 75 | 151.52 | 156.97 | 133.69 | 46.40 | 78.39 | 102.15 |
| 76 | 156.62 | 162.25 | 138.20 | 47.97 | 81.05 | 105.59 |
| 77 | 162.80 | 168.66 | 143.65 | 49.87 | 84.25 | 109.76 |
| 78 | 169.28 | 175.37 | 149.37 | 51.85 | 87.61 | 114.13 |
| 79 | 174.28 | 180.55 | 153.78 | 53.40 | 90.21 | 117.50 |
| 80 | 179.58 | 186.04 | 158.46 | 55.03 | 92.97 | 121.07 |
| 81 | 184.89 | 191.53 | 163.14 | 56.66 | 95.72 | 124.65 |
| 82 | 190.48 | 197.33 | 168.07 | 58.35 | 98.58 | 128.42 |
| 83 | 196.17 | 203.22 | 173.09 | 60.10 | 101.53 | 132.26 |
| 84 | 201.96 | 209.22 | 178.20 | 61.85 | 104.49 | 136.16 |
| 85 | 207.75 | 215.22 | 183.31 | 63.62 | 107.49 | 140.06 |
| 86 | 213.64 | 221.32 | 188.51 | 65.43 | 110.55 | 144.03 |
| 87 | 219.52 | 227.42 | 193.70 | 67.24 | 113.60 | 148.00 |
| 88 | 225.61 | 233.72 | 199.07 | 69.11 | 116.76 | 152.10 |
| 89 | 231.59 | 239.92 | 204.35 | 70.95 | 119.87 | 156.14 |
| 90 | 237.58 | 246.12 | 209.63 | 72.79 | 122.97 | 160.18 |
| 91 | 242.49 | 251.21 | 213.96 | 74.27 | 125.48 | 163.48 |
| 92 | 247.39 | 256.29 | 218.29 | 75.75 | 127.98 | 166.79 |
| 93 | 251.91 | 260.96 | 222.27 | 77.17 | 130.38 | 169.83 |
| 94 | 256.62 | 265.84 | 226.43 | 78.60 | 132.79 | 173.01 |
| 95 | 261.33 | 270.73 | 230.59 | 80.05 | 135.24 | 176.19 |
| 96 | 265.75 | 275.30 | 234.49 | 81.39 | 137.50 | 179.16 |
| 97 | 270.16 | 279.87 | 238.38 | 82.75 | 139.80 | 182.14 |
| 98 | 274.68 | 284.55 | 242.36 | 84.11 | 142.11 | 185.18 |
| 99+ | 279.29 | 289.33 | 246.43 | 85.56 | 144.56 | 188.30 |

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.

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 141.45 | 146.54 | 124.82 | 40.90 | 69.09 | 95.37 |
| 66 | 141.45 | 146.54 | 124.82 | 40.90 | 69.09 | 95.37 |
| 67 | 141.45 | 146.54 | 124.82 | 40.90 | 69.09 | 95.37 |
| 68 | 141.45 | 146.54 | 124.82 | 40.90 | 69.09 | 95.37 |
| 69 | 144.39 | 149.58 | 127.40 | 41.71 | 70.47 | 97.35 |
| 70 | 146.53 | 151.80 | 129.30 | 42.95 | 72.57 | 98.79 |
| 71 | 150.36 | 155.76 | 132.67 | 44.61 | 75.38 | 101.37 |
| 72 | 154.28 | 159.83 | 136.13 | 46.21 | 78.08 | 104.02 |
| 73 | 158.30 | 163.99 | 139.68 | 47.81 | 80.77 | 106.73 |
| 74 | 162.43 | 168.27 | 143.33 | 49.44 | 83.53 | 109.51 |
| 75 | 166.67 | 172.66 | 147.06 | 51.04 | 86.23 | 112.37 |
| 76 | 172.28 | 178.48 | 152.02 | 52.77 | 89.15 | 116.15 |
| 77 | 179.08 | 185.52 | 158.02 | 54.85 | 92.68 | 120.74 |
| 78 | 186.21 | 192.90 | 164.31 | 57.04 | 96.37 | 125.54 |
| 79 | 191.71 | 198.61 | 169.16 | 58.74 | 99.23 | 129.25 |
| 80 | 197.54 | 204.64 | 174.30 | 60.53 | 102.26 | 133.18 |
| 81 | 203.37 | 210.69 | 179.45 | 62.32 | 105.29 | 137.11 |
| 82 | 209.53 | 217.06 | 184.88 | 64.18 | 108.43 | 141.26 |
| 83 | 215.79 | 223.54 | 190.40 | 66.11 | 111.68 | 145.48 |
| 84 | 222.16 | 230.14 | 196.02 | 68.03 | 114.94 | 149.77 |
| 85 | 228.53 | 236.74 | 201.64 | 69.99 | 118.24 | 154.07 |
| 86 | 235.00 | 243.45 | 207.36 | 71.98 | 121.60 | 158.44 |
| 87 | 241.48 | 250.16 | 213.07 | 73.97 | 124.97 | 162.80 |
| 88 | 248.17 | 257.09 | 218.97 | 76.02 | 128.44 | 167.31 |
| 89 | 254.75 | 263.91 | 224.79 | 78.04 | 131.85 | 171.75 |
| 90 | 261.34 | 270.74 | 230.60 | 80.07 | 135.27 | 176.19 |
| 91 | 266.74 | 276.33 | 235.36 | 81.70 | 138.02 | 179.83 |
| 92 | 272.13 | 281.92 | 240.12 | 83.33 | 140.78 | 183.47 |
| 93 | 277.10 | 287.06 | 244.50 | 84.89 | 143.42 | 186.82 |
| 94 | 282.28 | 292.43 | 249.07 | 86.46 | 146.07 | 190.31 |
| 95 | 287.46 | 297.80 | 253.65 | 88.05 | 148.77 | 193.81 |
| 96 | 292.32 | 302.83 | 257.93 | 89.52 | 151.25 | 197.08 |
| 97 | 297.18 | 307.86 | 262.22 | 91.02 | 153.78 | 200.35 |
| 98 | 302.14 | 313.00 | 266.60 | 92.52 | 156.32 | 203.70 |
| 99+ | 307.22 | 318.26 | 271.08 | 94.12 | 159.02 | 207.13 |

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

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

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

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

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

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

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4370 Peachtree Road, NE, Atlanta, GA 30319

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 154.31 | 159.87 | 136.16 | 44.61 | 75.38 | 104.04 |
| 66 | 154.31 | 159.87 | 136.16 | 44.61 | 75.38 | 104.04 |
| 67 | 154.31 | 159.87 | 136.16 | 44.61 | 75.38 | 104.04 |
| 68 | 154.31 | 159.87 | 136.16 | 44.61 | 75.38 | 104.04 |
| 69 | 157.51 | 163.18 | 138.99 | 45.50 | 76.88 | 106.20 |
| 70 | 159.85 | 165.60 | 141.05 | 46.86 | 79.16 | 107.77 |
| 71 | 164.03 | 169.92 | 144.73 | 48.67 | 82.23 | 110.59 |
| 72 | 168.30 | 174.35 | 148.51 | 50.41 | 85.17 | 113.47 |
| 73 | 172.69 | 178.90 | 152.38 | 52.16 | 88.12 | 116.43 |
| 74 | 177.20 | 183.57 | 156.36 | 53.94 | 91.12 | 119.47 |
| 75 | 181.82 | 188.36 | 160.43 | 55.68 | 94.07 | 122.58 |
| 76 | 187.94 | 194.71 | 165.84 | 57.57 | 97.26 | 126.71 |
| 77 | 195.36 | 202.39 | 172.38 | 59.84 | 101.10 | 131.72 |
| 78 | 203.13 | 210.44 | 179.24 | 62.23 | 105.13 | 136.95 |
| 79 | 209.14 | 216.66 | 184.54 | 64.08 | 108.25 | 141.00 |
| 80 | 215.50 | 223.25 | 190.15 | 66.03 | 111.56 | 145.29 |
| 81 | 221.86 | 229.84 | 195.76 | 67.99 | 114.87 | 149.58 |
| 82 | 228.57 | 236.79 | 201.69 | 70.02 | 118.29 | 154.11 |
| 83 | 235.40 | 243.87 | 207.71 | 72.12 | 121.84 | 158.71 |
| 84 | 242.35 | 251.06 | 213.84 | 74.22 | 125.38 | 163.39 |
| 85 | 249.30 | 258.26 | 219.97 | 76.35 | 128.99 | 168.08 |
| 86 | 256.37 | 265.58 | 226.21 | 78.52 | 132.66 | 172.84 |
| 87 | 263.43 | 272.90 | 232.44 | 80.69 | 136.33 | 177.60 |
| 88 | 270.73 | 280.46 | 238.88 | 82.93 | 140.11 | 182.53 |
| 89 | 277.91 | 287.91 | 245.22 | 85.14 | 143.84 | 187.37 |
| 90 | 285.10 | 295.35 | 251.56 | 87.34 | 147.56 | 192.21 |
| 91 | 290.98 | 301.45 | 256.75 | 89.12 | 150.57 | 196.18 |
| 92 | 296.87 | 307.55 | 261.95 | 90.90 | 153.58 | 200.15 |
| 93 | 302.29 | 313.16 | 266.73 | 92.61 | 156.46 | 203.80 |
| 94 | 307.94 | 319.01 | 271.72 | 94.32 | 159.35 | 207.61 |
| 95 | 313.60 | 324.87 | 276.71 | 96.06 | 162.29 | 211.43 |
| 96 | 318.90 | 330.36 | 281.38 | 97.66 | 165.00 | 215.00 |
| 97 | 324.19 | 335.85 | 286.06 | 99.30 | 167.76 | 218.57 |
| 98 | 329.61 | 341.46 | 290.84 | 100.93 | 170.53 | 222.22 |
| 99+ | 335.15 | 347.20 | 295.72 | 102.68 | 173.47 | 225.96 |

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

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

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

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

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

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 147.55 | 152.90 | 130.19 | 43.94 | 74.49 | 99.43 |
| 66 | 147.55 | 152.90 | 130.19 | 43.94 | 74.49 | 99.43 |
| 67 | 147.55 | 152.90 | 130.19 | 43.94 | 74.49 | 99.43 |
| 68 | 147.55 | 152.90 | 130.19 | 43.94 | 74.49 | 99.43 |
| 69 | 150.60 | 156.07 | 132.88 | 44.82 | 75.97 | 101.49 |
| 70 | 152.84 | 158.39 | 134.86 | 46.15 | 78.23 | 102.99 |
| 71 | 156.83 | 162.52 | 138.37 | 47.94 | 81.26 | 105.68 |
| 72 | 160.92 | 166.76 | 141.99 | 49.65 | 84.17 | 108.44 |
| 73 | 165.12 | 171.11 | 145.69 | 51.37 | 87.08 | 111.27 |
| 74 | 169.42 | 175.58 | 149.49 | 53.12 | 90.05 | 114.17 |
| 75 | 173.84 | 180.16 | 153.39 | 54.84 | 92.96 | 117.15 |
| 76 | 179.70 | 186.22 | 158.56 | 56.70 | 96.11 | 121.09 |
| 77 | 186.79 | 193.57 | 164.81 | 58.94 | 99.91 | 125.87 |
| 78 | 194.22 | 201.28 | 171.37 | 61.29 | 103.89 | 130.88 |
| 79 | 199.96 | 207.22 | 176.44 | 63.11 | 106.98 | 134.75 |
| 80 | 206.04 | 213.52 | 181.80 | 65.04 | 110.24 | 138.85 |
| 81 | 212.12 | 219.83 | 187.17 | 66.97 | 113.51 | 142.94 |
| 82 | 218.54 | 226.48 | 192.83 | 68.96 | 116.90 | 147.27 |
| 83 | 225.07 | 233.24 | 198.59 | 71.03 | 120.40 | 151.67 |
| 84 | 231.71 | 240.13 | 204.45 | 73.10 | 123.91 | 156.15 |
| 85 | 238.35 | 247.01 | 210.31 | 75.20 | 127.47 | 160.62 |
| 86 | 245.11 | 254.01 | 216.27 | 77.34 | 131.09 | 165.18 |
| 87 | 251.86 | 261.01 | 222.23 | 79.48 | 134.72 | 169.73 |
| 88 | 258.84 | 268.25 | 228.39 | 81.68 | 138.46 | 174.43 |
| 89 | 265.71 | 275.37 | 234.45 | 83.86 | 142.14 | 179.06 |
| 90 | 272.58 | 282.48 | 240.52 | 86.03 | 145.82 | 183.69 |
| 91 | 278.21 | 288.32 | 245.48 | 87.78 | 148.79 | 187.48 |
| 92 | 283.84 | 294.15 | 250.45 | 89.53 | 151.76 | 191.28 |
| 93 | 289.02 | 299.52 | 255.02 | 91.22 | 154.62 | 194.76 |
| 94 | 294.42 | 305.12 | 259.79 | 92.90 | 157.47 | 198.41 |
| 95 | 299.83 | 310.72 | 264.56 | 94.61 | 160.38 | 202.05 |
| 96 | 304.90 | 315.97 | 269.03 | 96.19 | 163.05 | 205.46 |
| 97 | 309.96 | 321.22 | 273.50 | 97.80 | 165.78 | 208.88 |
| 98 | 315.14 | 326.59 | 278.06 | 99.41 | 168.51 | 212.37 |
| 99+ | 320.44 | 332.07 | 282.74 | 101.13 | 171.42 | 215.94 |

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.

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 162.30 | 168.19 | 143.20 | 48.34 | 81.93 | 109.37 |
| 66 | 162.30 | 168.19 | 143.20 | 48.34 | 81.93 | 109.37 |
| 67 | 162.30 | 168.19 | 143.20 | 48.34 | 81.93 | 109.37 |
| 68 | 162.30 | 168.19 | 143.20 | 48.34 | 81.93 | 109.37 |
| 69 | 165.66 | 171.68 | 146.17 | 49.30 | 83.57 | 111.64 |
| 70 | 168.12 | 174.23 | 148.34 | 50.77 | 86.05 | 113.29 |
| 71 | 172.51 | 178.77 | 152.21 | 52.73 | 89.38 | 116.25 |
| 72 | 177.01 | 183.44 | 156.18 | 54.62 | 92.59 | 119.28 |
| 73 | 181.63 | 188.22 | 160.26 | 56.51 | 95.79 | 122.39 |
| 74 | 186.37 | 193.13 | 164.44 | 58.44 | 99.05 | 125.59 |
| 75 | 191.22 | 198.17 | 168.73 | 60.33 | 102.26 | 128.86 |
| 76 | 197.66 | 204.85 | 174.41 | 62.37 | 105.72 | 133.20 |
| 77 | 205.47 | 212.93 | 181.29 | 64.84 | 109.90 | 138.46 |
| 78 | 213.64 | 221.40 | 188.51 | 67.42 | 114.28 | 143.97 |
| 79 | 219.95 | 227.94 | 194.08 | 69.42 | 117.67 | 148.22 |
| 80 | 226.65 | 234.88 | 199.98 | 71.54 | 121.27 | 152.73 |
| 81 | 233.34 | 241.81 | 205.89 | 73.66 | 124.86 | 157.24 |
| 82 | 240.39 | 249.13 | 212.11 | 75.86 | 128.59 | 162.00 |
| 83 | 247.58 | 256.57 | 218.45 | 78.13 | 132.44 | 166.84 |
| 84 | 254.88 | 264.14 | 224.90 | 80.41 | 136.30 | 171.76 |
| 85 | 262.19 | 271.71 | 231.35 | 82.72 | 140.22 | 176.69 |
| 86 | 269.62 | 279.42 | 237.90 | 85.07 | 144.20 | 181.69 |
| 87 | 277.05 | 287.11 | 244.46 | 87.42 | 148.19 | 186.70 |
| 88 | 284.73 | 295.07 | 251.23 | 89.85 | 152.30 | 191.87 |
| 89 | 292.28 | 302.90 | 257.90 | 92.24 | 156.36 | 196.97 |
| 90 | 299.84 | 310.73 | 264.57 | 94.63 | 160.41 | 202.06 |
| 91 | 306.03 | 317.15 | 270.03 | 96.56 | 163.67 | 206.23 |
| 92 | 312.22 | 323.57 | 275.49 | 98.49 | 166.94 | 210.40 |
| 93 | 317.92 | 329.47 | 280.52 | 100.34 | 170.08 | 214.24 |
| 94 | 323.87 | 335.63 | 285.76 | 102.19 | 173.21 | 218.25 |
| 95 | 329.82 | 341.79 | 291.01 | 104.08 | 176.41 | 222.26 |
| 96 | 335.39 | 347.57 | 295.93 | 105.81 | 179.36 | 226.01 |
| 97 | 340.96 | 353.34 | 300.85 | 107.58 | 182.36 | 229.76 |
| 98 | 346.65 | 359.25 | 305.87 | 109.36 | 185.37 | 233.60 |
| 99+ | 352.48 | 365.28 | 311.01 | 111.25 | 188.57 | 237.53 |

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

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

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

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

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

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 177.05 | 183.48 | 156.22 | 52.73 | 89.38 | 119.31 |
| 66 | 177.05 | 183.48 | 156.22 | 52.73 | 89.38 | 119.31 |
| 67 | 177.05 | 183.48 | 156.22 | 52.73 | 89.38 | 119.31 |
| 68 | 177.05 | 183.48 | 156.22 | 52.73 | 89.38 | 119.31 |
| 69 | 180.72 | 187.28 | 159.46 | 53.78 | 91.17 | 121.78 |
| 70 | 183.41 | 190.07 | 161.83 | 55.38 | 93.87 | 123.59 |
| 71 | 188.19 | 195.02 | 166.05 | 57.52 | 97.51 | 126.82 |
| 72 | 193.10 | 200.11 | 170.38 | 59.58 | 101.00 | 130.13 |
| 73 | 198.14 | 205.33 | 174.83 | 61.65 | 104.49 | 133.52 |
| 74 | 203.31 | 210.69 | 179.39 | 63.75 | 108.06 | 137.00 |
| 75 | 208.61 | 216.19 | 184.07 | 65.81 | 111.55 | 140.58 |
| 76 | 215.63 | 223.47 | 190.27 | 68.04 | 115.33 | 145.31 |
| 77 | 224.15 | 232.29 | 197.77 | 70.73 | 119.89 | 151.05 |
| 78 | 233.06 | 241.53 | 205.64 | 73.55 | 124.67 | 157.06 |
| 79 | 239.95 | 248.67 | 211.72 | 75.73 | 128.37 | 161.70 |
| 80 | 247.25 | 256.23 | 218.16 | 78.05 | 132.29 | 166.62 |
| 81 | 254.55 | 263.79 | 224.60 | 80.36 | 136.21 | 171.53 |
| 82 | 262.25 | 271.77 | 231.40 | 82.76 | 140.28 | 176.72 |
| 83 | 270.08 | 279.89 | 238.31 | 85.24 | 144.48 | 182.01 |
| 84 | 278.05 | 288.15 | 245.34 | 87.72 | 148.69 | 187.38 |
| 85 | 286.02 | 296.42 | 252.38 | 90.24 | 152.96 | 192.75 |
| 86 | 294.13 | 304.82 | 259.53 | 92.81 | 157.31 | 198.21 |
| 87 | 302.23 | 313.21 | 266.68 | 95.37 | 161.66 | 203.67 |
| 88 | 310.61 | 321.90 | 274.07 | 98.02 | 166.15 | 209.32 |
| 89 | 318.86 | 330.44 | 281.35 | 100.63 | 170.57 | 214.87 |
| 90 | 327.10 | 338.98 | 288.62 | 103.24 | 174.99 | 220.43 |
| 91 | 333.85 | 345.98 | 294.58 | 105.34 | 178.55 | 224.98 |
| 92 | 340.61 | 352.98 | 300.54 | 107.44 | 182.12 | 229.53 |
| 93 | 346.82 | 359.42 | 306.02 | 109.46 | 185.54 | 233.72 |
| 94 | 353.31 | 366.14 | 311.74 | 111.48 | 188.96 | 238.09 |
| 95 | 359.80 | 372.86 | 317.47 | 113.54 | 192.45 | 242.46 |
| 96 | 365.88 | 379.17 | 322.83 | 115.43 | 195.66 | 246.56 |
| 97 | 371.95 | 385.46 | 328.20 | 117.36 | 198.94 | 250.65 |
| 98 | 378.17 | 391.91 | 333.68 | 119.30 | 202.22 | 254.84 |
| 99+ | 384.52 | 398.49 | 339.28 | 121.36 | 205.71 | 259.12 |

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

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024**STANDARD – FEMALE – AREA 1**

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 160.30 | 166.15 | 141.44 | 47.63 | 80.84 | 107.99 |
| 66 | 160.30 | 166.15 | 141.44 | 47.63 | 80.84 | 107.99 |
| 67 | 160.30 | 166.15 | 141.44 | 47.63 | 80.84 | 107.99 |
| 68 | 160.30 | 166.15 | 141.44 | 47.63 | 80.84 | 107.99 |
| 69 | 163.62 | 169.59 | 144.37 | 48.58 | 82.45 | 110.23 |
| 70 | 166.05 | 172.11 | 146.51 | 50.02 | 84.90 | 111.87 |
| 71 | 170.39 | 176.60 | 150.33 | 51.96 | 88.19 | 114.78 |
| 72 | 174.83 | 181.21 | 154.26 | 53.82 | 91.35 | 117.78 |
| 73 | 179.39 | 185.94 | 158.28 | 55.68 | 94.51 | 120.85 |
| 74 | 184.07 | 190.79 | 162.41 | 57.58 | 97.73 | 124.00 |
| 75 | 188.87 | 195.76 | 166.65 | 59.44 | 100.89 | 127.24 |
| 76 | 195.23 | 202.36 | 172.26 | 61.45 | 104.31 | 131.52 |
| 77 | 202.94 | 210.34 | 179.06 | 63.88 | 108.43 | 136.72 |
| 78 | 211.01 | 218.71 | 186.18 | 66.43 | 112.75 | 142.16 |
| 79 | 217.25 | 225.18 | 191.68 | 68.40 | 116.10 | 146.36 |
| 80 | 223.85 | 232.02 | 197.51 | 70.49 | 119.65 | 150.81 |
| 81 | 230.46 | 238.87 | 203.34 | 72.58 | 123.20 | 155.26 |
| 82 | 237.44 | 246.10 | 209.49 | 74.74 | 126.87 | 159.96 |
| 83 | 244.53 | 253.45 | 215.75 | 76.98 | 130.67 | 164.74 |
| 84 | 251.75 | 260.93 | 222.12 | 79.23 | 134.48 | 169.60 |
| 85 | 258.96 | 268.41 | 228.49 | 81.50 | 138.35 | 174.46 |
| 86 | 266.30 | 276.02 | 234.97 | 83.82 | 142.28 | 179.41 |
| 87 | 273.64 | 283.63 | 241.44 | 86.14 | 146.21 | 184.35 |
| 88 | 281.22 | 291.49 | 248.13 | 88.53 | 150.27 | 189.46 |
| 89 | 288.69 | 299.22 | 254.72 | 90.89 | 154.27 | 194.48 |
| 90 | 296.15 | 306.96 | 261.30 | 93.24 | 158.27 | 199.51 |
| 91 | 302.27 | 313.29 | 266.70 | 95.14 | 161.49 | 203.63 |
| 92 | 308.38 | 319.63 | 272.09 | 97.04 | 164.71 | 207.75 |
| 93 | 314.01 | 325.47 | 277.06 | 98.86 | 167.81 | 211.54 |
| 94 | 319.88 | 331.55 | 282.24 | 100.68 | 170.90 | 215.50 |
| 95 | 325.75 | 337.64 | 287.42 | 102.54 | 174.06 | 219.45 |
| 96 | 331.26 | 343.35 | 292.28 | 104.25 | 176.96 | 223.16 |
| 97 | 336.76 | 349.05 | 297.13 | 106.00 | 179.93 | 226.87 |
| 98 | 342.39 | 354.88 | 302.10 | 107.75 | 182.89 | 230.66 |
| 99+ | 348.14 | 360.84 | 307.17 | 109.61 | 186.05 | 234.54 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 176.33 | 182.77 | 155.58 | 52.39 | 88.92 | 118.79 |
| 66 | 176.33 | 182.77 | 155.58 | 52.39 | 88.92 | 118.79 |
| 67 | 176.33 | 182.77 | 155.58 | 52.39 | 88.92 | 118.79 |
| 68 | 176.33 | 182.77 | 155.58 | 52.39 | 88.92 | 118.79 |
| 69 | 179.98 | 186.55 | 158.80 | 53.43 | 90.70 | 121.25 |
| 70 | 182.66 | 189.32 | 161.16 | 55.02 | 93.39 | 123.05 |
| 71 | 187.42 | 194.26 | 165.37 | 57.15 | 97.01 | 126.26 |
| 72 | 192.31 | 199.33 | 169.68 | 59.20 | 100.49 | 129.56 |
| 73 | 197.33 | 204.53 | 174.11 | 61.25 | 103.96 | 132.94 |
| 74 | 202.48 | 209.87 | 178.65 | 63.33 | 107.51 | 136.40 |
| 75 | 207.76 | 215.34 | 183.31 | 65.38 | 110.98 | 139.96 |
| 76 | 214.76 | 222.59 | 189.48 | 67.59 | 114.74 | 144.68 |
| 77 | 223.23 | 231.38 | 196.96 | 70.27 | 119.28 | 150.39 |
| 78 | 232.11 | 240.58 | 204.80 | 73.07 | 124.03 | 156.37 |
| 79 | 238.97 | 247.69 | 210.85 | 75.24 | 127.71 | 160.99 |
| 80 | 246.24 | 255.22 | 217.26 | 77.54 | 131.62 | 165.89 |
| 81 | 253.51 | 262.76 | 223.68 | 79.84 | 135.52 | 170.79 |
| 82 | 261.18 | 270.71 | 230.44 | 82.22 | 139.56 | 175.95 |
| 83 | 268.98 | 278.80 | 237.33 | 84.68 | 143.74 | 181.21 |
| 84 | 276.92 | 287.03 | 244.33 | 87.15 | 147.93 | 186.56 |
| 85 | 284.86 | 295.25 | 251.34 | 89.65 | 152.18 | 191.91 |
| 86 | 292.93 | 303.62 | 258.46 | 92.20 | 156.51 | 197.35 |
| 87 | 301.00 | 311.99 | 265.59 | 94.75 | 160.83 | 202.78 |
| 88 | 309.35 | 320.63 | 272.94 | 97.38 | 165.30 | 208.40 |
| 89 | 317.56 | 329.15 | 280.19 | 99.97 | 169.70 | 213.93 |
| 90 | 325.77 | 337.65 | 287.43 | 102.56 | 174.09 | 219.46 |
| 91 | 332.49 | 344.62 | 293.37 | 104.65 | 177.64 | 223.99 |
| 92 | 339.22 | 351.60 | 299.30 | 106.74 | 181.18 | 228.53 |
| 93 | 345.41 | 358.01 | 304.76 | 108.75 | 184.59 | 232.70 |
| 94 | 351.87 | 364.71 | 310.46 | 110.75 | 187.99 | 237.05 |
| 95 | 358.33 | 371.40 | 316.16 | 112.80 | 191.47 | 241.40 |
| 96 | 364.39 | 377.68 | 321.51 | 114.68 | 194.66 | 245.48 |
| 97 | 370.44 | 383.95 | 326.85 | 116.60 | 197.92 | 249.56 |
| 98 | 376.63 | 390.37 | 332.31 | 118.52 | 201.18 | 253.73 |
| 99+ | 382.95 | 396.93 | 337.89 | 120.57 | 204.66 | 257.99 |

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

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

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

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

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 192.36 | 199.38 | 169.72 | 57.15 | 97.01 | 129.59 |
| 66 | 192.36 | 199.38 | 169.72 | 57.15 | 97.01 | 129.59 |
| 67 | 192.36 | 199.38 | 169.72 | 57.15 | 97.01 | 129.59 |
| 68 | 192.36 | 199.38 | 169.72 | 57.15 | 97.01 | 129.59 |
| 69 | 196.35 | 203.51 | 173.24 | 58.29 | 98.94 | 132.27 |
| 70 | 199.26 | 206.53 | 175.82 | 60.02 | 101.88 | 134.24 |
| 71 | 204.46 | 211.92 | 180.40 | 62.35 | 105.83 | 137.74 |
| 72 | 209.80 | 217.45 | 185.11 | 64.58 | 109.62 | 141.34 |
| 73 | 215.27 | 223.12 | 189.94 | 66.81 | 113.41 | 145.02 |
| 74 | 220.89 | 228.95 | 194.89 | 69.09 | 117.28 | 148.80 |
| 75 | 226.65 | 234.91 | 199.97 | 71.33 | 121.07 | 152.69 |
| 76 | 234.28 | 242.83 | 206.71 | 73.74 | 125.17 | 157.83 |
| 77 | 243.53 | 252.41 | 214.87 | 76.66 | 130.12 | 164.06 |
| 78 | 253.21 | 262.45 | 223.42 | 79.71 | 135.30 | 170.59 |
| 79 | 260.70 | 270.21 | 230.02 | 82.08 | 139.33 | 175.63 |
| 80 | 268.63 | 278.43 | 237.02 | 84.59 | 143.58 | 180.97 |
| 81 | 276.56 | 286.65 | 244.01 | 87.09 | 147.83 | 186.31 |
| 82 | 284.92 | 295.32 | 251.39 | 89.69 | 152.25 | 191.95 |
| 83 | 293.43 | 304.14 | 258.90 | 92.38 | 156.81 | 197.68 |
| 84 | 302.09 | 313.12 | 266.55 | 95.07 | 161.37 | 203.52 |
| 85 | 310.76 | 322.10 | 274.19 | 97.81 | 166.02 | 209.35 |
| 86 | 319.56 | 331.23 | 281.96 | 100.59 | 170.73 | 215.29 |
| 87 | 328.37 | 340.35 | 289.73 | 103.37 | 175.45 | 221.22 |
| 88 | 337.47 | 349.78 | 297.76 | 106.24 | 180.33 | 227.35 |
| 89 | 346.42 | 359.07 | 305.66 | 109.06 | 185.12 | 233.38 |
| 90 | 355.38 | 368.35 | 313.56 | 111.89 | 189.92 | 239.41 |
| 91 | 362.72 | 375.95 | 320.04 | 114.17 | 193.79 | 244.36 |
| 92 | 370.06 | 383.56 | 326.51 | 116.44 | 197.66 | 249.30 |
| 93 | 376.81 | 390.56 | 332.47 | 118.63 | 201.37 | 253.85 |
| 94 | 383.86 | 397.86 | 338.68 | 120.82 | 205.08 | 258.60 |
| 95 | 390.91 | 405.17 | 344.90 | 123.05 | 208.87 | 263.34 |
| 96 | 397.51 | 412.02 | 350.73 | 125.10 | 212.35 | 267.80 |
| 97 | 404.11 | 418.86 | 356.56 | 127.20 | 215.91 | 272.24 |
| 98 | 410.87 | 425.86 | 362.52 | 129.30 | 219.47 | 276.79 |
| 99+ | 417.77 | 433.01 | 368.60 | 131.53 | 223.26 | 281.44 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 183.99 | 190.75 | 162.33 | 54.47 | 92.64 | 123.90 |
| 66 | 183.99 | 190.75 | 162.33 | 54.47 | 92.64 | 123.90 |
| 67 | 183.99 | 190.75 | 162.33 | 54.47 | 92.64 | 123.90 |
| 68 | 183.99 | 190.75 | 162.33 | 54.47 | 92.64 | 123.90 |
| 69 | 187.80 | 194.70 | 165.69 | 55.55 | 94.49 | 126.47 |
| 70 | 190.59 | 197.59 | 168.15 | 57.20 | 97.30 | 128.35 |
| 71 | 195.56 | 202.75 | 172.54 | 59.42 | 101.07 | 131.69 |
| 72 | 200.66 | 208.04 | 177.04 | 61.55 | 104.69 | 135.13 |
| 73 | 205.90 | 213.47 | 181.66 | 63.67 | 108.31 | 138.65 |
| 74 | 211.27 | 219.04 | 186.40 | 65.85 | 112.00 | 142.27 |
| 75 | 216.78 | 224.75 | 191.26 | 67.97 | 115.62 | 145.98 |
| 76 | 224.08 | 232.32 | 197.71 | 70.28 | 119.54 | 150.90 |
| 77 | 232.93 | 241.49 | 205.51 | 73.06 | 124.27 | 156.86 |
| 78 | 242.19 | 251.10 | 213.68 | 75.97 | 129.21 | 163.10 |
| 79 | 249.35 | 258.52 | 220.00 | 78.22 | 133.06 | 167.92 |
| 80 | 256.93 | 266.38 | 226.69 | 80.61 | 137.12 | 173.02 |
| 81 | 264.52 | 274.24 | 233.38 | 83.00 | 141.18 | 178.13 |
| 82 | 272.52 | 282.54 | 240.44 | 85.48 | 145.40 | 183.52 |
| 83 | 280.66 | 290.98 | 247.63 | 88.04 | 149.75 | 189.00 |
| 84 | 288.95 | 299.57 | 254.93 | 90.60 | 154.11 | 194.58 |
| 85 | 297.23 | 308.16 | 262.25 | 93.21 | 158.55 | 200.16 |
| 86 | 305.66 | 316.89 | 269.68 | 95.86 | 163.05 | 205.83 |
| 87 | 314.08 | 325.62 | 277.11 | 98.51 | 167.56 | 211.50 |
| 88 | 322.78 | 334.65 | 284.79 | 101.25 | 172.21 | 217.36 |
| 89 | 331.35 | 343.53 | 292.34 | 103.94 | 176.79 | 223.14 |
| 90 | 339.91 | 352.41 | 299.90 | 106.63 | 181.37 | 228.90 |
| 91 | 346.93 | 359.68 | 306.09 | 108.80 | 185.07 | 233.63 |
| 92 | 353.95 | 366.96 | 312.29 | 110.97 | 188.76 | 238.35 |
| 93 | 360.41 | 373.66 | 317.98 | 113.06 | 192.31 | 242.70 |
| 94 | 367.15 | 380.65 | 323.93 | 115.14 | 195.85 | 247.24 |
| 95 | 373.89 | 387.64 | 329.88 | 117.27 | 199.48 | 251.78 |
| 96 | 380.21 | 394.19 | 335.45 | 119.23 | 202.80 | 256.04 |
| 97 | 386.52 | 400.73 | 341.02 | 121.23 | 206.20 | 260.29 |
| 98 | 392.98 | 407.43 | 346.73 | 123.22 | 209.60 | 264.64 |
| 99+ | 399.58 | 414.27 | 352.55 | 125.35 | 213.22 | 269.09 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 202.39 | 209.83 | 178.57 | 59.91 | 101.91 | 136.29 |
| 66 | 202.39 | 209.83 | 178.57 | 59.91 | 101.91 | 136.29 |
| 67 | 202.39 | 209.83 | 178.57 | 59.91 | 101.91 | 136.29 |
| 68 | 202.39 | 209.83 | 178.57 | 59.91 | 101.91 | 136.29 |
| 69 | 206.58 | 214.17 | 182.26 | 61.11 | 103.94 | 139.11 |
| 70 | 209.65 | 217.35 | 184.97 | 62.92 | 107.03 | 141.18 |
| 71 | 215.12 | 223.02 | 189.80 | 65.36 | 111.17 | 144.86 |
| 72 | 220.73 | 228.84 | 194.75 | 67.70 | 115.16 | 148.64 |
| 73 | 226.49 | 234.81 | 199.83 | 70.04 | 119.14 | 152.52 |
| 74 | 232.40 | 240.94 | 205.04 | 72.43 | 123.20 | 156.50 |
| 75 | 238.46 | 247.22 | 210.39 | 74.77 | 127.18 | 160.58 |
| 76 | 246.49 | 255.55 | 217.48 | 77.30 | 131.49 | 165.99 |
| 77 | 256.22 | 265.64 | 226.06 | 80.36 | 136.69 | 172.54 |
| 78 | 266.41 | 276.21 | 235.05 | 83.56 | 142.14 | 179.41 |
| 79 | 274.29 | 284.37 | 242.00 | 86.05 | 146.36 | 184.71 |
| 80 | 282.63 | 293.02 | 249.36 | 88.68 | 150.83 | 190.32 |
| 81 | 290.97 | 301.67 | 256.72 | 91.30 | 155.30 | 195.94 |
| 82 | 299.77 | 310.79 | 264.49 | 94.03 | 159.93 | 201.87 |
| 83 | 308.73 | 320.08 | 272.39 | 96.84 | 164.73 | 207.90 |
| 84 | 317.84 | 329.53 | 280.43 | 99.66 | 169.52 | 214.04 |
| 85 | 326.95 | 338.97 | 288.47 | 102.53 | 174.40 | 220.18 |
| 86 | 336.22 | 348.58 | 296.64 | 105.45 | 179.36 | 226.42 |
| 87 | 345.48 | 358.18 | 304.82 | 108.36 | 184.32 | 232.65 |
| 88 | 355.06 | 368.11 | 313.26 | 111.37 | 189.43 | 239.10 |
| 89 | 364.48 | 377.88 | 321.58 | 114.33 | 194.47 | 245.45 |
| 90 | 373.90 | 387.65 | 329.89 | 117.29 | 199.51 | 251.79 |
| 91 | 381.62 | 395.65 | 336.70 | 119.68 | 203.57 | 256.99 |
| 92 | 389.35 | 403.66 | 343.52 | 122.07 | 207.64 | 262.19 |
| 93 | 396.45 | 411.02 | 349.78 | 124.37 | 211.54 | 266.97 |
| 94 | 403.86 | 418.71 | 356.32 | 126.66 | 215.44 | 271.97 |
| 95 | 411.28 | 426.40 | 362.87 | 129.00 | 219.42 | 276.96 |
| 96 | 418.23 | 433.61 | 369.00 | 131.15 | 223.08 | 281.64 |
| 97 | 425.18 | 440.81 | 375.13 | 133.35 | 226.82 | 286.32 |
| 98 | 432.28 | 448.17 | 381.40 | 135.54 | 230.56 | 291.11 |
| 99+ | 439.54 | 455.70 | 387.80 | 137.89 | 234.54 | 295.99 |

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

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

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

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

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 220.79 | 228.90 | 194.80 | 65.36 | 111.17 | 148.68 |
| 66 | 220.79 | 228.90 | 194.80 | 65.36 | 111.17 | 148.68 |
| 67 | 220.79 | 228.90 | 194.80 | 65.36 | 111.17 | 148.68 |
| 68 | 220.79 | 228.90 | 194.80 | 65.36 | 111.17 | 148.68 |
| 69 | 225.36 | 233.64 | 198.83 | 66.66 | 113.39 | 151.76 |
| 70 | 228.71 | 237.11 | 201.79 | 68.64 | 116.76 | 154.01 |
| 71 | 234.67 | 243.30 | 207.05 | 71.30 | 121.28 | 158.03 |
| 72 | 240.79 | 249.65 | 212.45 | 73.86 | 125.62 | 162.16 |
| 73 | 247.08 | 256.16 | 218.00 | 76.41 | 129.97 | 166.39 |
| 74 | 253.52 | 262.84 | 223.68 | 79.02 | 134.40 | 170.73 |
| 75 | 260.14 | 269.70 | 229.52 | 81.57 | 138.75 | 175.18 |
| 76 | 268.90 | 278.78 | 237.25 | 84.33 | 143.44 | 181.08 |
| 77 | 279.51 | 289.79 | 246.61 | 87.67 | 149.12 | 188.23 |
| 78 | 290.63 | 301.31 | 256.42 | 91.16 | 155.06 | 195.71 |
| 79 | 299.22 | 310.22 | 264.00 | 93.87 | 159.67 | 201.50 |
| 80 | 308.32 | 319.65 | 272.03 | 96.74 | 164.54 | 207.63 |
| 81 | 317.42 | 329.09 | 280.06 | 99.60 | 169.42 | 213.75 |
| 82 | 327.02 | 339.05 | 288.53 | 102.58 | 174.47 | 220.22 |
| 83 | 336.79 | 349.18 | 297.15 | 105.65 | 179.70 | 226.80 |
| 84 | 346.73 | 359.48 | 305.92 | 108.72 | 184.94 | 233.50 |
| 85 | 356.68 | 369.79 | 314.69 | 111.85 | 190.25 | 240.19 |
| 86 | 366.79 | 380.27 | 323.61 | 115.03 | 195.66 | 247.00 |
| 87 | 376.89 | 390.75 | 332.53 | 118.21 | 201.07 | 253.80 |
| 88 | 387.33 | 401.57 | 341.74 | 121.49 | 206.66 | 260.84 |
| 89 | 397.62 | 412.23 | 350.81 | 124.73 | 212.15 | 267.76 |
| 90 | 407.89 | 422.89 | 359.88 | 127.96 | 217.65 | 274.68 |
| 91 | 416.32 | 431.62 | 367.31 | 130.56 | 222.08 | 280.35 |
| 92 | 424.74 | 440.36 | 374.75 | 133.17 | 226.52 | 286.03 |
| 93 | 432.49 | 448.39 | 381.58 | 135.67 | 230.77 | 291.25 |
| 94 | 440.58 | 456.78 | 388.72 | 138.17 | 235.03 | 296.69 |
| 95 | 448.67 | 465.16 | 395.86 | 140.73 | 239.37 | 302.14 |
| 96 | 456.25 | 473.02 | 402.54 | 143.07 | 243.36 | 307.25 |
| 97 | 463.83 | 480.88 | 409.23 | 145.47 | 247.44 | 312.35 |
| 98 | 471.58 | 488.91 | 416.07 | 147.87 | 251.52 | 317.57 |
| 99+ | 479.50 | 497.13 | 423.06 | 150.42 | 255.86 | 322.90 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 132.45 | 137.22 | 116.87 | 38.29 | 64.70 | 89.30 |
| 66 | 132.45 | 137.22 | 116.87 | 38.29 | 64.70 | 89.30 |
| 67 | 132.45 | 137.22 | 116.87 | 38.29 | 64.70 | 89.30 |
| 68 | 132.45 | 137.22 | 116.87 | 38.29 | 64.70 | 89.30 |
| 69 | 135.20 | 140.06 | 119.30 | 39.06 | 65.99 | 91.15 |
| 70 | 137.21 | 142.14 | 121.07 | 40.22 | 67.95 | 92.50 |
| 71 | 140.79 | 145.85 | 124.23 | 41.78 | 70.58 | 94.92 |
| 72 | 144.46 | 149.65 | 127.47 | 43.27 | 73.11 | 97.40 |
| 73 | 148.23 | 153.56 | 130.79 | 44.77 | 75.63 | 99.94 |
| 74 | 152.09 | 157.56 | 134.21 | 46.30 | 78.21 | 102.54 |
| 75 | 156.06 | 161.68 | 137.71 | 47.79 | 80.74 | 105.22 |
| 76 | 161.32 | 167.12 | 142.34 | 49.41 | 83.48 | 108.76 |
| 77 | 167.69 | 173.72 | 147.96 | 51.36 | 86.78 | 113.06 |
| 78 | 174.36 | 180.63 | 153.85 | 53.41 | 90.24 | 117.55 |
| 79 | 179.51 | 185.97 | 158.39 | 55.00 | 92.92 | 121.03 |
| 80 | 184.97 | 191.62 | 163.21 | 56.68 | 95.76 | 124.71 |
| 81 | 190.43 | 197.28 | 168.03 | 58.36 | 98.59 | 128.39 |
| 82 | 196.19 | 203.25 | 173.11 | 60.10 | 101.53 | 132.27 |
| 83 | 202.05 | 209.32 | 178.29 | 61.90 | 104.58 | 136.23 |
| 84 | 208.02 | 215.50 | 183.55 | 63.70 | 107.62 | 140.24 |
| 85 | 213.98 | 221.68 | 188.81 | 65.53 | 110.72 | 144.27 |
| 86 | 220.05 | 227.96 | 194.16 | 67.40 | 113.87 | 148.35 |
| 87 | 226.11 | 234.24 | 199.51 | 69.26 | 117.01 | 152.44 |
| 88 | 232.38 | 240.73 | 205.04 | 71.18 | 120.26 | 156.67 |
| 89 | 238.54 | 247.12 | 210.48 | 73.08 | 123.46 | 160.82 |
| 90 | 244.71 | 253.51 | 215.92 | 74.97 | 126.66 | 164.98 |
| 91 | 249.76 | 258.74 | 220.38 | 76.50 | 129.24 | 168.39 |
| 92 | 254.82 | 263.98 | 224.84 | 78.02 | 131.82 | 171.80 |
| 93 | 259.46 | 268.79 | 228.94 | 79.49 | 134.30 | 174.93 |
| 94 | 264.32 | 273.82 | 233.22 | 80.96 | 136.77 | 178.20 |
| 95 | 269.17 | 278.85 | 237.51 | 82.45 | 139.30 | 181.47 |
| 96 | 273.72 | 283.56 | 241.52 | 83.83 | 141.62 | 184.54 |
| 97 | 278.27 | 288.27 | 245.53 | 85.23 | 144.00 | 187.60 |
| 98 | 282.92 | 293.09 | 249.64 | 86.64 | 146.37 | 190.74 |
| 99+ | 287.67 | 298.01 | 253.83 | 88.13 | 148.90 | 193.95 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 145.70 | 150.94 | 128.56 | 42.12 | 71.17 | 98.23 |
| 66 | 145.70 | 150.94 | 128.56 | 42.12 | 71.17 | 98.23 |
| 67 | 145.70 | 150.94 | 128.56 | 42.12 | 71.17 | 98.23 |
| 68 | 145.70 | 150.94 | 128.56 | 42.12 | 71.17 | 98.23 |
| 69 | 148.72 | 154.07 | 131.23 | 42.96 | 72.59 | 100.27 |
| 70 | 150.93 | 156.35 | 133.18 | 44.24 | 74.74 | 101.75 |
| 71 | 154.87 | 160.44 | 136.65 | 45.95 | 77.64 | 104.41 |
| 72 | 158.91 | 164.62 | 140.22 | 47.60 | 80.42 | 107.14 |
| 73 | 163.05 | 168.91 | 143.87 | 49.24 | 83.20 | 109.93 |
| 74 | 167.30 | 173.32 | 147.63 | 50.93 | 86.04 | 112.80 |
| 75 | 171.67 | 177.84 | 151.48 | 52.57 | 88.82 | 115.74 |
| 76 | 177.45 | 183.83 | 156.58 | 54.35 | 91.83 | 119.64 |
| 77 | 184.46 | 191.09 | 162.76 | 56.50 | 95.46 | 124.36 |
| 78 | 191.79 | 198.69 | 169.23 | 58.75 | 99.26 | 129.31 |
| 79 | 197.46 | 204.56 | 174.23 | 60.50 | 102.21 | 133.13 |
| 80 | 203.47 | 210.78 | 179.53 | 62.35 | 105.33 | 137.18 |
| 81 | 209.48 | 217.01 | 184.83 | 64.19 | 108.45 | 141.23 |
| 82 | 215.81 | 223.57 | 190.43 | 66.11 | 111.69 | 145.50 |
| 83 | 222.26 | 230.25 | 196.12 | 68.09 | 115.04 | 149.85 |
| 84 | 228.82 | 237.05 | 201.90 | 70.07 | 118.38 | 154.27 |
| 85 | 235.38 | 243.84 | 207.69 | 72.09 | 121.79 | 158.69 |
| 86 | 242.05 | 250.75 | 213.58 | 74.14 | 125.25 | 163.19 |
| 87 | 248.72 | 257.66 | 219.46 | 76.19 | 128.71 | 167.69 |
| 88 | 255.61 | 264.80 | 225.54 | 78.30 | 132.29 | 172.33 |
| 89 | 262.40 | 271.83 | 231.53 | 80.38 | 135.81 | 176.91 |
| 90 | 269.18 | 278.86 | 237.52 | 82.47 | 139.33 | 181.48 |
| 91 | 274.74 | 284.62 | 242.42 | 84.15 | 142.16 | 185.23 |
| 92 | 280.30 | 290.38 | 247.32 | 85.83 | 145.00 | 188.98 |
| 93 | 285.41 | 295.67 | 251.84 | 87.44 | 147.73 | 192.42 |
| 94 | 290.75 | 301.20 | 256.55 | 89.05 | 150.45 | 196.02 |
| 95 | 296.09 | 306.73 | 261.26 | 90.70 | 153.23 | 199.62 |
| 96 | 301.09 | 311.92 | 265.67 | 92.21 | 155.78 | 202.99 |
| 97 | 306.09 | 317.10 | 270.09 | 93.75 | 158.40 | 206.37 |
| 98 | 311.21 | 322.40 | 274.60 | 95.30 | 161.01 | 209.81 |
| 99+ | 316.43 | 327.81 | 279.21 | 96.94 | 163.79 | 213.34 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 158.94 | 164.66 | 140.25 | 45.95 | 77.64 | 107.16 |
| 66 | 158.94 | 164.66 | 140.25 | 45.95 | 77.64 | 107.16 |
| 67 | 158.94 | 164.66 | 140.25 | 45.95 | 77.64 | 107.16 |
| 68 | 158.94 | 164.66 | 140.25 | 45.95 | 77.64 | 107.16 |
| 69 | 162.24 | 168.07 | 143.16 | 46.87 | 79.19 | 109.38 |
| 70 | 164.65 | 170.57 | 145.28 | 48.26 | 81.54 | 111.01 |
| 71 | 168.95 | 175.02 | 149.07 | 50.13 | 84.69 | 113.90 |
| 72 | 173.35 | 179.59 | 152.96 | 51.93 | 87.73 | 116.88 |
| 73 | 177.87 | 184.27 | 156.95 | 53.72 | 90.76 | 119.93 |
| 74 | 182.51 | 189.08 | 161.05 | 55.56 | 93.86 | 123.05 |
| 75 | 187.28 | 194.01 | 165.25 | 57.35 | 96.89 | 126.26 |
| 76 | 193.58 | 200.55 | 170.81 | 59.29 | 100.17 | 130.51 |
| 77 | 201.22 | 208.46 | 177.55 | 61.64 | 104.13 | 135.67 |
| 78 | 209.23 | 216.75 | 184.62 | 64.09 | 108.28 | 141.06 |
| 79 | 215.41 | 223.16 | 190.07 | 66.00 | 111.50 | 145.23 |
| 80 | 221.97 | 229.94 | 195.85 | 68.01 | 114.91 | 149.65 |
| 81 | 228.52 | 236.73 | 201.64 | 70.03 | 118.31 | 154.07 |
| 82 | 235.43 | 243.90 | 207.74 | 72.12 | 121.84 | 158.73 |
| 83 | 242.47 | 251.18 | 213.95 | 74.28 | 125.49 | 163.47 |
| 84 | 249.62 | 258.59 | 220.26 | 76.44 | 129.15 | 168.29 |
| 85 | 256.78 | 266.01 | 226.57 | 78.64 | 132.86 | 173.12 |
| 86 | 264.06 | 273.55 | 232.99 | 80.88 | 136.64 | 178.03 |
| 87 | 271.33 | 281.08 | 239.41 | 83.11 | 140.42 | 182.93 |
| 88 | 278.85 | 288.88 | 246.05 | 85.42 | 144.31 | 188.00 |
| 89 | 286.25 | 296.54 | 252.58 | 87.69 | 148.15 | 192.99 |
| 90 | 293.65 | 304.21 | 259.11 | 89.96 | 151.99 | 197.98 |
| 91 | 299.71 | 310.49 | 264.46 | 91.80 | 155.09 | 202.07 |
| 92 | 305.78 | 316.77 | 269.81 | 93.63 | 158.18 | 206.15 |
| 93 | 311.36 | 322.55 | 274.73 | 95.39 | 161.15 | 209.92 |
| 94 | 317.18 | 328.58 | 279.87 | 97.15 | 164.13 | 213.84 |
| 95 | 323.01 | 334.62 | 285.01 | 98.94 | 167.16 | 217.77 |
| 96 | 328.47 | 340.27 | 289.82 | 100.59 | 169.95 | 221.45 |
| 97 | 333.92 | 345.92 | 294.64 | 102.28 | 172.80 | 225.13 |
| 98 | 339.50 | 351.70 | 299.56 | 103.96 | 175.64 | 228.89 |
| 99+ | 345.20 | 357.61 | 304.59 | 105.76 | 178.68 | 232.73 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 151.97 | 157.49 | 134.09 | 45.26 | 76.72 | 102.41 |
| 66 | 151.97 | 157.49 | 134.09 | 45.26 | 76.72 | 102.41 |
| 67 | 151.97 | 157.49 | 134.09 | 45.26 | 76.72 | 102.41 |
| 68 | 151.97 | 157.49 | 134.09 | 45.26 | 76.72 | 102.41 |
| 69 | 155.12 | 160.75 | 136.87 | 46.16 | 78.25 | 104.53 |
| 70 | 157.42 | 163.14 | 138.90 | 47.54 | 80.57 | 106.08 |
| 71 | 161.53 | 167.40 | 142.53 | 49.38 | 83.70 | 108.85 |
| 72 | 165.75 | 171.76 | 146.24 | 51.14 | 86.69 | 111.69 |
| 73 | 170.07 | 176.25 | 150.06 | 52.91 | 89.69 | 114.60 |
| 74 | 174.51 | 180.84 | 153.98 | 54.72 | 92.75 | 117.59 |
| 75 | 179.06 | 185.56 | 157.99 | 56.49 | 95.75 | 120.66 |
| 76 | 185.09 | 191.81 | 163.31 | 58.40 | 98.99 | 124.73 |
| 77 | 192.39 | 199.38 | 169.76 | 60.71 | 102.91 | 129.65 |
| 78 | 200.05 | 207.31 | 176.51 | 63.13 | 107.01 | 134.81 |
| 79 | 205.96 | 213.44 | 181.73 | 65.01 | 110.19 | 138.79 |
| 80 | 212.22 | 219.93 | 187.25 | 66.99 | 113.55 | 143.01 |
| 81 | 218.49 | 226.42 | 192.78 | 68.98 | 116.92 | 147.23 |
| 82 | 225.10 | 233.27 | 198.62 | 71.03 | 120.40 | 151.69 |
| 83 | 231.82 | 240.24 | 204.55 | 73.16 | 124.01 | 156.22 |
| 84 | 238.66 | 247.33 | 210.59 | 75.29 | 127.62 | 160.83 |
| 85 | 245.50 | 254.42 | 216.62 | 77.46 | 131.29 | 165.44 |
| 86 | 252.46 | 261.63 | 222.76 | 79.66 | 135.03 | 170.13 |
| 87 | 259.42 | 268.84 | 228.90 | 81.86 | 138.76 | 174.82 |
| 88 | 266.61 | 276.29 | 235.24 | 84.13 | 142.61 | 179.66 |
| 89 | 273.68 | 283.63 | 241.49 | 86.37 | 146.41 | 184.43 |
| 90 | 280.76 | 290.96 | 247.73 | 88.61 | 150.20 | 189.20 |
| 91 | 286.56 | 296.96 | 252.85 | 90.41 | 153.26 | 193.11 |
| 92 | 292.36 | 302.98 | 257.96 | 92.22 | 156.32 | 197.01 |
| 93 | 297.69 | 308.50 | 262.67 | 93.95 | 159.25 | 200.61 |
| 94 | 303.26 | 314.27 | 267.58 | 95.69 | 162.19 | 204.36 |
| 95 | 308.83 | 320.04 | 272.50 | 97.45 | 165.19 | 208.11 |
| 96 | 314.05 | 325.45 | 277.10 | 99.08 | 167.94 | 211.63 |
| 97 | 319.26 | 330.86 | 281.70 | 100.74 | 170.75 | 215.14 |
| 98 | 324.59 | 336.39 | 286.41 | 102.40 | 173.57 | 218.74 |
| 99+ | 330.05 | 342.04 | 291.22 | 104.17 | 176.57 | 222.41 |

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

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 167.17 | 173.24 | 147.50 | 49.79 | 84.39 | 112.65 |
| 66 | 167.17 | 173.24 | 147.50 | 49.79 | 84.39 | 112.65 |
| 67 | 167.17 | 173.24 | 147.50 | 49.79 | 84.39 | 112.65 |
| 68 | 167.17 | 173.24 | 147.50 | 49.79 | 84.39 | 112.65 |
| 69 | 170.63 | 176.83 | 150.56 | 50.78 | 86.08 | 114.98 |
| 70 | 173.17 | 179.46 | 152.79 | 52.29 | 88.63 | 116.69 |
| 71 | 177.68 | 184.14 | 156.78 | 54.31 | 92.07 | 119.74 |
| 72 | 182.32 | 188.94 | 160.87 | 56.26 | 95.36 | 122.86 |
| 73 | 187.08 | 193.87 | 165.07 | 58.20 | 98.66 | 126.06 |
| 74 | 191.96 | 198.93 | 169.37 | 60.19 | 102.02 | 129.35 |
| 75 | 196.96 | 204.12 | 173.79 | 62.13 | 105.32 | 132.73 |
| 76 | 203.59 | 210.99 | 179.64 | 64.24 | 108.89 | 137.20 |
| 77 | 211.63 | 219.32 | 186.73 | 66.78 | 113.20 | 142.61 |
| 78 | 220.05 | 228.05 | 194.16 | 69.44 | 117.71 | 148.29 |
| 79 | 226.55 | 234.78 | 199.90 | 71.51 | 121.20 | 152.67 |
| 80 | 233.44 | 241.92 | 205.98 | 73.69 | 124.91 | 157.32 |
| 81 | 240.34 | 249.07 | 212.06 | 75.87 | 128.61 | 161.96 |
| 82 | 247.61 | 256.60 | 218.48 | 78.14 | 132.44 | 166.86 |
| 83 | 255.00 | 264.27 | 225.00 | 80.48 | 136.41 | 171.84 |
| 84 | 262.53 | 272.06 | 231.64 | 82.82 | 140.39 | 176.92 |
| 85 | 270.06 | 279.87 | 238.29 | 85.20 | 144.42 | 181.99 |
| 86 | 277.71 | 287.80 | 245.04 | 87.62 | 148.53 | 187.14 |
| 87 | 285.36 | 295.73 | 251.79 | 90.05 | 152.63 | 192.30 |
| 88 | 293.27 | 303.92 | 258.77 | 92.55 | 156.87 | 197.63 |
| 89 | 301.05 | 311.99 | 265.64 | 95.01 | 161.05 | 202.88 |
| 90 | 308.84 | 320.05 | 272.50 | 97.47 | 165.22 | 208.12 |
| 91 | 315.21 | 326.66 | 278.13 | 99.46 | 168.58 | 212.42 |
| 92 | 321.59 | 333.27 | 283.76 | 101.44 | 171.95 | 216.72 |
| 93 | 327.46 | 339.35 | 288.94 | 103.35 | 175.18 | 220.67 |
| 94 | 333.58 | 345.70 | 294.34 | 105.25 | 178.41 | 224.80 |
| 95 | 339.71 | 352.05 | 299.74 | 107.20 | 181.71 | 228.92 |
| 96 | 345.45 | 358.00 | 304.81 | 108.98 | 184.74 | 232.79 |
| 97 | 351.19 | 363.94 | 309.87 | 110.81 | 187.83 | 236.66 |
| 98 | 357.05 | 370.02 | 315.05 | 112.64 | 190.93 | 240.61 |
| 99+ | 363.05 | 376.24 | 320.34 | 114.58 | 194.22 | 244.65 |

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 182.37 | 188.99 | 160.91 | 54.31 | 92.06 | 122.89 |
| 66 | 182.37 | 188.99 | 160.91 | 54.31 | 92.06 | 122.89 |
| 67 | 182.37 | 188.99 | 160.91 | 54.31 | 92.06 | 122.89 |
| 68 | 182.37 | 188.99 | 160.91 | 54.31 | 92.06 | 122.89 |
| 69 | 186.15 | 192.90 | 164.25 | 55.40 | 93.90 | 125.44 |
| 70 | 188.91 | 195.77 | 166.68 | 57.04 | 96.69 | 127.30 |
| 71 | 193.84 | 200.87 | 171.03 | 59.25 | 100.44 | 130.62 |
| 72 | 198.89 | 206.12 | 175.49 | 61.37 | 104.03 | 134.03 |
| 73 | 204.08 | 211.49 | 180.07 | 63.50 | 107.63 | 137.53 |
| 74 | 209.41 | 217.01 | 184.77 | 65.66 | 111.30 | 141.11 |
| 75 | 214.87 | 222.67 | 189.59 | 67.78 | 114.90 | 144.79 |
| 76 | 222.10 | 230.17 | 195.98 | 70.08 | 118.79 | 149.67 |
| 77 | 230.87 | 239.26 | 203.71 | 72.85 | 123.49 | 155.58 |
| 78 | 240.06 | 248.78 | 211.81 | 75.75 | 128.41 | 161.77 |
| 79 | 247.15 | 256.13 | 218.07 | 78.01 | 132.22 | 166.55 |
| 80 | 254.67 | 263.92 | 224.70 | 80.39 | 136.26 | 171.62 |
| 81 | 262.19 | 271.71 | 231.34 | 82.77 | 140.30 | 176.68 |
| 82 | 270.12 | 279.93 | 238.34 | 85.24 | 144.48 | 182.03 |
| 83 | 278.18 | 288.29 | 245.46 | 87.79 | 148.82 | 187.47 |
| 84 | 286.39 | 296.80 | 252.70 | 90.35 | 153.15 | 193.00 |
| 85 | 294.61 | 305.31 | 259.95 | 92.95 | 157.55 | 198.53 |
| 86 | 302.96 | 313.96 | 267.32 | 95.59 | 162.03 | 204.16 |
| 87 | 311.30 | 322.61 | 274.68 | 98.23 | 166.51 | 209.78 |
| 88 | 319.93 | 331.55 | 282.29 | 100.96 | 171.13 | 215.60 |
| 89 | 328.42 | 340.35 | 289.79 | 103.65 | 175.69 | 221.32 |
| 90 | 336.91 | 349.15 | 297.28 | 106.33 | 180.24 | 227.04 |
| 91 | 343.87 | 356.36 | 303.42 | 108.50 | 183.91 | 231.73 |
| 92 | 350.83 | 363.57 | 309.56 | 110.66 | 187.58 | 236.42 |
| 93 | 357.23 | 370.20 | 315.20 | 112.74 | 191.10 | 240.73 |
| 94 | 363.91 | 377.13 | 321.10 | 114.82 | 194.63 | 245.23 |
| 95 | 370.59 | 384.05 | 327.00 | 116.94 | 198.23 | 249.73 |
| 96 | 376.85 | 390.54 | 332.52 | 118.89 | 201.53 | 253.95 |
| 97 | 383.11 | 397.03 | 338.04 | 120.88 | 204.91 | 258.17 |
| 98 | 389.51 | 403.66 | 343.69 | 122.88 | 208.28 | 262.49 |
| 99+ | 396.06 | 410.44 | 349.46 | 125.00 | 211.88 | 266.90 |

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------------|-----------------|--------|--------|----------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 165.11 | 171.14 | 145.68 | 49.06 | 83.27 | 111.23 |
| 66 | 165.11 | 171.14 | 145.68 | 49.06 | 83.27 | 111.23 |
| 67 | 165.11 | 171.14 | 145.68 | 49.06 | 83.27 | 111.23 |
| 68 | 165.11 | 171.14 | 145.68 | 49.06 | 83.27 | 111.23 |
| 69 | 168.53 | 174.68 | 148.70 | 50.03 | 84.93 | 113.54 |
| 70 | 171.03 | 177.27 | 150.91 | 51.52 | 87.45 | 115.22 |
| 71 | 175.50 | 181.90 | 154.85 | 53.51 | 90.84 | 118.23 |
| 72 | 180.08 | 186.65 | 158.89 | 55.43 | 94.09 | 121.31 |
| 73 | 184.77 | 191.51 | 163.03 | 57.35 | 97.34 | 124.48 |
| 74 | 189.59 | 196.51 | 167.28 | 59.30 | 100.66 | 127.72 |
| 75 | 194.54 | 201.64 | 171.64 | 61.22 | 103.92 | 131.06 |
| 76 | 201.09 | 208.43 | 177.43 | 63.29 | 107.44 | 135.47 |
| 77 | 209.03 | 216.65 | 184.43 | 65.80 | 111.69 | 140.82 |
| 78 | 217.34 | 225.27 | 191.77 | 68.42 | 116.13 | 146.42 |
| 79 | 223.77 | 231.93 | 197.43 | 70.45 | 119.59 | 150.75 |
| 80 | 230.57 | 238.98 | 203.44 | 72.60 | 123.24 | 155.33 |
| 81 | 237.38 | 246.04 | 209.44 | 74.76 | 126.89 | 159.92 |
| 82 | 244.56 | 253.48 | 215.78 | 76.99 | 130.68 | 164.75 |
| 83 | 251.86 | 261.06 | 222.23 | 79.29 | 134.59 | 169.68 |
| 84 | 259.30 | 268.76 | 228.79 | 81.60 | 138.51 | 174.69 |
| 85 | 266.73 | 276.47 | 235.34 | 83.95 | 142.50 | 179.69 |
| 86 | 274.29 | 284.30 | 242.01 | 86.34 | 146.55 | 184.79 |
| 87 | 281.85 | 292.14 | 248.68 | 88.72 | 150.60 | 189.88 |
| 88 | 289.66 | 300.23 | 255.57 | 91.19 | 154.78 | 195.14 |
| 89 | 297.35 | 308.20 | 262.36 | 93.61 | 158.90 | 200.32 |
| 90 | 305.04 | 316.17 | 269.14 | 96.04 | 163.02 | 205.50 |
| 91 | 311.33 | 322.69 | 274.70 | 97.99 | 166.33 | 209.74 |
| 92 | 317.64 | 329.22 | 280.26 | 99.95 | 169.66 | 213.98 |
| 93 | 323.43 | 335.23 | 285.37 | 101.83 | 172.84 | 217.89 |
| 94 | 329.48 | 341.50 | 290.70 | 103.70 | 176.03 | 221.96 |
| 95 | 335.53 | 347.77 | 296.04 | 105.62 | 179.28 | 226.04 |
| 96 | 341.20 | 353.65 | 301.05 | 107.38 | 182.27 | 229.86 |
| 97 | 346.86 | 359.52 | 306.05 | 109.18 | 185.32 | 233.68 |
| 98 | 352.66 | 365.53 | 311.16 | 110.98 | 188.38 | 237.58 |
| 99+ | 358.58 | 371.67 | 316.38 | 112.90 | 191.63 | 241.57 |

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**STANDARD – FEMALE – AREA 2**

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 181.62 | 188.25 | 160.25 | 53.96 | 91.59 | 122.36 |
| 66 | 181.62 | 188.25 | 160.25 | 53.96 | 91.59 | 122.36 |
| 67 | 181.62 | 188.25 | 160.25 | 53.96 | 91.59 | 122.36 |
| 68 | 181.62 | 188.25 | 160.25 | 53.96 | 91.59 | 122.36 |
| 69 | 185.38 | 192.15 | 163.57 | 55.04 | 93.42 | 124.89 |
| 70 | 188.14 | 195.00 | 166.00 | 56.67 | 96.20 | 126.75 |
| 71 | 193.05 | 200.09 | 170.33 | 58.87 | 99.92 | 130.05 |
| 72 | 198.08 | 205.31 | 174.77 | 60.97 | 103.50 | 133.45 |
| 73 | 203.25 | 210.67 | 179.33 | 63.08 | 107.08 | 136.92 |
| 74 | 208.55 | 216.16 | 184.01 | 65.23 | 110.73 | 140.50 |
| 75 | 213.99 | 221.80 | 188.81 | 67.34 | 114.31 | 144.16 |
| 76 | 221.20 | 229.27 | 195.17 | 69.62 | 118.18 | 149.02 |
| 77 | 229.93 | 238.32 | 202.87 | 72.38 | 122.86 | 154.90 |
| 78 | 239.08 | 247.80 | 210.94 | 75.26 | 127.75 | 161.06 |
| 79 | 246.14 | 255.13 | 217.18 | 77.50 | 131.55 | 165.82 |
| 80 | 253.63 | 262.88 | 223.78 | 79.86 | 135.56 | 170.87 |
| 81 | 261.12 | 270.64 | 230.39 | 82.23 | 139.58 | 175.91 |
| 82 | 269.01 | 278.83 | 237.36 | 84.69 | 143.75 | 181.23 |
| 83 | 277.05 | 287.16 | 244.45 | 87.22 | 148.05 | 186.65 |
| 84 | 285.23 | 295.64 | 251.66 | 89.76 | 152.36 | 192.15 |
| 85 | 293.41 | 304.11 | 258.88 | 92.34 | 156.75 | 197.66 |
| 86 | 301.72 | 312.73 | 266.22 | 94.97 | 161.20 | 203.27 |
| 87 | 310.03 | 321.35 | 273.55 | 97.59 | 165.66 | 208.86 |
| 88 | 318.63 | 330.25 | 281.13 | 100.31 | 170.26 | 214.65 |
| 89 | 327.08 | 339.02 | 288.59 | 102.97 | 174.79 | 220.35 |
| 90 | 335.54 | 347.78 | 296.05 | 105.64 | 179.32 | 226.05 |
| 91 | 342.47 | 354.96 | 302.17 | 107.79 | 182.97 | 230.71 |
| 92 | 349.40 | 362.15 | 308.28 | 109.94 | 186.62 | 235.38 |
| 93 | 355.77 | 368.75 | 313.90 | 112.01 | 190.13 | 239.68 |
| 94 | 362.42 | 375.65 | 319.78 | 114.07 | 193.63 | 244.16 |
| 95 | 369.08 | 382.55 | 325.65 | 116.18 | 197.21 | 248.64 |
| 96 | 375.32 | 389.01 | 331.15 | 118.12 | 200.50 | 252.84 |
| 97 | 381.55 | 395.47 | 336.65 | 120.10 | 203.86 | 257.04 |
| 98 | 387.93 | 402.08 | 342.28 | 122.08 | 207.22 | 261.34 |
| 99+ | 394.44 | 408.83 | 348.02 | 124.19 | 210.80 | 265.73 |

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

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**STANDARD – FEMALE – AREA 3**

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 198.13 | 205.36 | 174.82 | 58.87 | 99.92 | 133.48 |
| 66 | 198.13 | 205.36 | 174.82 | 58.87 | 99.92 | 133.48 |
| 67 | 198.13 | 205.36 | 174.82 | 58.87 | 99.92 | 133.48 |
| 68 | 198.13 | 205.36 | 174.82 | 58.87 | 99.92 | 133.48 |
| 69 | 202.24 | 209.61 | 178.44 | 60.04 | 101.91 | 136.24 |
| 70 | 205.24 | 212.73 | 181.09 | 61.82 | 104.94 | 138.27 |
| 71 | 210.60 | 218.28 | 185.81 | 64.22 | 109.00 | 141.87 |
| 72 | 216.09 | 223.98 | 190.66 | 66.52 | 112.91 | 145.58 |
| 73 | 221.73 | 229.82 | 195.63 | 68.82 | 116.81 | 149.37 |
| 74 | 227.51 | 235.81 | 200.74 | 71.16 | 120.80 | 153.27 |
| 75 | 233.45 | 241.96 | 205.97 | 73.47 | 124.70 | 157.27 |
| 76 | 241.31 | 250.11 | 212.91 | 75.95 | 128.93 | 162.56 |
| 77 | 250.83 | 259.99 | 221.31 | 78.96 | 134.02 | 168.98 |
| 78 | 260.81 | 270.33 | 230.12 | 82.10 | 139.36 | 175.71 |
| 79 | 268.52 | 278.32 | 236.92 | 84.54 | 143.51 | 180.90 |
| 80 | 276.69 | 286.78 | 244.13 | 87.12 | 147.89 | 186.40 |
| 81 | 284.85 | 295.25 | 251.33 | 89.71 | 152.27 | 191.90 |
| 82 | 293.47 | 304.18 | 258.94 | 92.38 | 156.81 | 197.71 |
| 83 | 302.24 | 313.27 | 266.67 | 95.15 | 161.51 | 203.61 |
| 84 | 311.16 | 322.51 | 274.54 | 97.92 | 166.21 | 209.62 |
| 85 | 320.08 | 331.76 | 282.41 | 100.74 | 171.00 | 215.63 |
| 86 | 329.15 | 341.16 | 290.42 | 103.60 | 175.86 | 221.74 |
| 87 | 338.22 | 350.56 | 298.42 | 106.47 | 180.72 | 227.85 |
| 88 | 347.59 | 360.28 | 306.69 | 109.42 | 185.74 | 234.17 |
| 89 | 356.82 | 369.84 | 314.83 | 112.33 | 190.68 | 240.38 |
| 90 | 366.04 | 379.40 | 322.97 | 115.24 | 195.62 | 246.60 |
| 91 | 373.60 | 387.23 | 329.64 | 117.59 | 199.60 | 251.69 |
| 92 | 381.16 | 395.07 | 336.31 | 119.94 | 203.59 | 256.78 |
| 93 | 388.11 | 402.28 | 342.44 | 122.19 | 207.41 | 261.47 |
| 94 | 395.37 | 409.80 | 348.84 | 124.44 | 211.24 | 266.36 |
| 95 | 402.63 | 417.32 | 355.25 | 126.75 | 215.14 | 271.25 |
| 96 | 409.44 | 424.38 | 361.26 | 128.86 | 218.72 | 275.83 |
| 97 | 416.24 | 431.42 | 367.26 | 131.02 | 222.39 | 280.41 |
| 98 | 423.19 | 438.64 | 373.39 | 133.18 | 226.06 | 285.10 |
| 99+ | 430.30 | 446.00 | 379.66 | 135.48 | 229.96 | 289.89 |

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**STANDARD – MALE – AREA 1**

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 189.51 | 196.47 | 167.20 | 56.10 | 95.42 | 127.62 |
| 66 | 189.51 | 196.47 | 167.20 | 56.10 | 95.42 | 127.62 |
| 67 | 189.51 | 196.47 | 167.20 | 56.10 | 95.42 | 127.62 |
| 68 | 189.51 | 196.47 | 167.20 | 56.10 | 95.42 | 127.62 |
| 69 | 193.43 | 200.54 | 170.66 | 57.22 | 97.33 | 130.26 |
| 70 | 196.31 | 203.52 | 173.20 | 58.92 | 100.22 | 132.20 |
| 71 | 201.43 | 208.83 | 177.72 | 61.20 | 104.10 | 135.64 |
| 72 | 206.68 | 214.28 | 182.35 | 63.39 | 107.83 | 139.18 |
| 73 | 212.07 | 219.87 | 187.11 | 65.59 | 111.56 | 142.81 |
| 74 | 217.61 | 225.61 | 191.99 | 67.82 | 115.36 | 146.54 |
| 75 | 223.29 | 231.49 | 197.00 | 70.01 | 119.09 | 150.36 |
| 76 | 230.80 | 239.29 | 203.64 | 72.38 | 123.12 | 155.43 |
| 77 | 239.91 | 248.74 | 211.67 | 75.25 | 127.99 | 161.56 |
| 78 | 249.46 | 258.63 | 220.09 | 78.25 | 133.09 | 167.99 |
| 79 | 256.83 | 266.27 | 226.60 | 80.57 | 137.05 | 172.95 |
| 80 | 264.64 | 274.37 | 233.49 | 83.03 | 141.23 | 178.21 |
| 81 | 272.45 | 282.47 | 240.38 | 85.49 | 145.42 | 183.47 |
| 82 | 280.70 | 291.02 | 247.66 | 88.04 | 149.76 | 189.03 |
| 83 | 289.08 | 299.71 | 255.06 | 90.68 | 154.25 | 194.67 |
| 84 | 297.61 | 308.56 | 262.58 | 93.32 | 158.74 | 200.42 |
| 85 | 306.15 | 317.40 | 270.11 | 96.01 | 163.30 | 206.17 |
| 86 | 314.83 | 326.40 | 277.77 | 98.74 | 167.94 | 212.01 |
| 87 | 323.50 | 335.39 | 285.42 | 101.46 | 172.59 | 217.85 |
| 88 | 332.46 | 344.69 | 293.33 | 104.28 | 177.38 | 223.89 |
| 89 | 341.29 | 353.83 | 301.11 | 107.06 | 182.10 | 229.83 |
| 90 | 350.11 | 362.98 | 308.90 | 109.83 | 186.82 | 235.77 |
| 91 | 357.34 | 370.47 | 315.28 | 112.07 | 190.62 | 240.64 |
| 92 | 364.57 | 377.97 | 321.66 | 114.30 | 194.43 | 245.50 |
| 93 | 371.22 | 384.87 | 327.52 | 116.45 | 198.08 | 249.99 |
| 94 | 378.16 | 392.07 | 333.65 | 118.60 | 201.73 | 254.66 |
| 95 | 385.11 | 399.27 | 339.78 | 120.79 | 205.46 | 259.34 |
| 96 | 391.62 | 406.01 | 345.52 | 122.80 | 208.88 | 263.72 |
| 97 | 398.12 | 412.75 | 351.26 | 124.86 | 212.38 | 268.10 |
| 98 | 404.77 | 419.65 | 357.13 | 126.92 | 215.88 | 272.58 |
| 99+ | 411.57 | 426.70 | 363.13 | 129.11 | 219.61 | 277.16 |

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

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024**STANDARD – MALE – AREA 2**

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 208.46 | 216.12 | 183.92 | 61.71 | 104.97 | 140.38 |
| 66 | 208.46 | 216.12 | 183.92 | 61.71 | 104.97 | 140.38 |
| 67 | 208.46 | 216.12 | 183.92 | 61.71 | 104.97 | 140.38 |
| 68 | 208.46 | 216.12 | 183.92 | 61.71 | 104.97 | 140.38 |
| 69 | 212.78 | 220.60 | 187.73 | 62.94 | 107.06 | 143.29 |
| 70 | 215.94 | 223.88 | 190.52 | 64.81 | 110.24 | 145.42 |
| 71 | 221.57 | 229.72 | 195.49 | 67.32 | 114.51 | 149.21 |
| 72 | 227.35 | 235.71 | 200.59 | 69.73 | 118.61 | 153.10 |
| 73 | 233.28 | 241.86 | 205.82 | 72.14 | 122.71 | 157.10 |
| 74 | 239.37 | 248.17 | 211.19 | 74.60 | 126.90 | 161.20 |
| 75 | 245.61 | 254.64 | 216.70 | 77.01 | 131.00 | 165.40 |
| 76 | 253.88 | 263.22 | 224.00 | 79.62 | 135.43 | 170.97 |
| 77 | 263.90 | 273.61 | 232.84 | 82.77 | 140.79 | 177.72 |
| 78 | 274.40 | 284.49 | 242.10 | 86.07 | 146.40 | 184.79 |
| 79 | 282.51 | 292.90 | 249.26 | 88.63 | 150.75 | 190.25 |
| 80 | 291.10 | 301.81 | 256.84 | 91.34 | 155.36 | 196.03 |
| 81 | 299.70 | 310.72 | 264.42 | 94.04 | 159.96 | 201.82 |
| 82 | 308.77 | 320.12 | 272.42 | 96.85 | 164.73 | 207.93 |
| 83 | 317.99 | 329.68 | 280.56 | 99.75 | 169.67 | 214.14 |
| 84 | 327.38 | 339.41 | 288.84 | 102.65 | 174.61 | 220.46 |
| 85 | 336.76 | 349.14 | 297.12 | 105.61 | 179.63 | 226.78 |
| 86 | 346.31 | 359.04 | 305.54 | 108.61 | 184.74 | 233.21 |
| 87 | 355.85 | 368.93 | 313.96 | 111.61 | 189.84 | 239.63 |
| 88 | 365.71 | 379.15 | 322.66 | 114.71 | 195.12 | 246.28 |
| 89 | 375.42 | 389.22 | 331.23 | 117.76 | 200.31 | 252.81 |
| 90 | 385.12 | 399.28 | 339.79 | 120.81 | 205.50 | 259.34 |
| 91 | 393.07 | 407.52 | 346.80 | 123.27 | 209.68 | 264.70 |
| 92 | 401.03 | 415.77 | 353.82 | 125.73 | 213.87 | 270.06 |
| 93 | 408.34 | 423.35 | 360.28 | 128.10 | 217.89 | 274.98 |
| 94 | 415.98 | 431.27 | 367.01 | 130.46 | 221.90 | 280.13 |
| 95 | 423.62 | 439.19 | 373.76 | 132.87 | 226.01 | 285.27 |
| 96 | 430.78 | 446.61 | 380.07 | 135.08 | 229.77 | 290.09 |
| 97 | 437.93 | 454.03 | 386.38 | 137.35 | 233.62 | 294.91 |
| 98 | 445.25 | 461.62 | 392.84 | 139.61 | 237.47 | 299.84 |
| 99+ | 452.73 | 469.37 | 399.44 | 142.02 | 241.57 | 304.87 |

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

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

| Age At Issue | ISSUE AGE RATES | | | | | |
|--------------|-----------------|--------|--------|-------------------|--------|--------|
| | A | F | G | High Deductible G | K | N |
| 65 | 227.41 | 235.77 | 200.64 | 67.32 | 114.51 | 153.14 |
| 66 | 227.41 | 235.77 | 200.64 | 67.32 | 114.51 | 153.14 |
| 67 | 227.41 | 235.77 | 200.64 | 67.32 | 114.51 | 153.14 |
| 68 | 227.41 | 235.77 | 200.64 | 67.32 | 114.51 | 153.14 |
| 69 | 232.12 | 240.65 | 204.80 | 68.66 | 116.79 | 156.31 |
| 70 | 235.57 | 244.23 | 207.84 | 70.70 | 120.26 | 158.64 |
| 71 | 241.71 | 250.60 | 213.27 | 73.44 | 124.92 | 162.77 |
| 72 | 248.02 | 257.14 | 218.83 | 76.07 | 129.39 | 167.02 |
| 73 | 254.49 | 263.85 | 224.54 | 78.70 | 133.87 | 171.38 |
| 74 | 261.13 | 270.73 | 230.39 | 81.39 | 138.43 | 175.85 |
| 75 | 267.94 | 277.79 | 236.40 | 84.02 | 142.91 | 180.44 |
| 76 | 276.96 | 287.15 | 244.36 | 86.86 | 147.75 | 186.51 |
| 77 | 287.90 | 298.48 | 254.01 | 90.30 | 153.59 | 193.87 |
| 78 | 299.35 | 310.35 | 264.11 | 93.89 | 159.71 | 201.59 |
| 79 | 308.20 | 319.53 | 271.92 | 96.69 | 164.46 | 207.55 |
| 80 | 317.57 | 329.24 | 280.19 | 99.64 | 169.48 | 213.86 |
| 81 | 326.94 | 338.97 | 288.46 | 102.59 | 174.50 | 220.17 |
| 82 | 336.84 | 349.22 | 297.19 | 105.65 | 179.71 | 226.83 |
| 83 | 346.90 | 359.65 | 306.07 | 108.82 | 185.09 | 233.61 |
| 84 | 357.14 | 370.27 | 315.10 | 111.99 | 190.48 | 240.50 |
| 85 | 367.38 | 380.89 | 324.14 | 115.21 | 195.96 | 247.40 |
| 86 | 377.79 | 391.68 | 333.32 | 118.48 | 201.53 | 254.41 |
| 87 | 388.20 | 402.47 | 342.50 | 121.76 | 207.10 | 261.42 |
| 88 | 398.96 | 413.62 | 352.00 | 125.14 | 212.86 | 268.66 |
| 89 | 409.55 | 424.60 | 361.34 | 128.47 | 218.52 | 275.79 |
| 90 | 420.13 | 435.58 | 370.68 | 131.80 | 224.18 | 282.92 |
| 91 | 428.81 | 444.57 | 378.33 | 134.48 | 228.74 | 288.77 |
| 92 | 437.48 | 453.57 | 385.99 | 137.16 | 233.31 | 294.61 |
| 93 | 445.46 | 461.84 | 393.03 | 139.74 | 237.69 | 299.98 |
| 94 | 453.80 | 470.48 | 400.38 | 142.32 | 242.08 | 305.59 |
| 95 | 462.13 | 479.12 | 407.73 | 144.95 | 246.55 | 311.20 |
| 96 | 469.94 | 487.21 | 414.62 | 147.36 | 250.66 | 316.46 |
| 97 | 477.74 | 495.31 | 421.51 | 149.83 | 254.86 | 321.72 |
| 98 | 485.73 | 503.58 | 428.55 | 152.30 | 259.06 | 327.10 |
| 99+ | 493.89 | 512.04 | 435.75 | 154.93 | 263.54 | 332.59 |

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

| Zip Code | City | Area | Zip Code | City | Area | Zip Code | City | Area |
|----------|---------|------|----------|------------------|------|----------|-----------------|------|
| 85001 | Phoenix | 2 | 85048 | Phoenix | 2 | 85138 | Maricopa | 2 |
| 85002 | Phoenix | 2 | 85050 | Phoenix | 2 | 85139 | Maricopa | 2 |
| 85003 | Phoenix | 2 | 85051 | Phoenix | 2 | 85140 | San Tan Valley | 2 |
| 85004 | Phoenix | 2 | 85053 | Phoenix | 2 | 85141 | Picacho | 2 |
| 85005 | Phoenix | 2 | 85054 | Phoenix | 2 | 85142 | Queen Creek | 2 |
| 85006 | Phoenix | 2 | 85060 | Phoenix | 2 | 85143 | San Tan Valley | 2 |
| 85007 | Phoenix | 2 | 85061 | Phoenix | 2 | 85145 | Red Rock | 2 |
| 85008 | Phoenix | 2 | 85062 | Phoenix | 2 | 85147 | Sacaton | 3 |
| 85009 | Phoenix | 2 | 85063 | Phoenix | 2 | 85172 | Stanfield | 2 |
| 85010 | Phoenix | 2 | 85064 | Phoenix | 2 | 85173 | Superior | 3 |
| 85011 | Phoenix | 2 | 85065 | Phoenix | 2 | 85178 | Apache Junction | 2 |
| 85012 | Phoenix | 2 | 85066 | Phoenix | 2 | 85190 | Tortilla Flat | 2 |
| 85013 | Phoenix | 2 | 85067 | Phoenix | 2 | 85191 | Valley Farms | 2 |
| 85014 | Phoenix | 2 | 85068 | Phoenix | 2 | 85192 | Winkelman | 2 |
| 85015 | Phoenix | 2 | 85069 | Phoenix | 2 | 85193 | Casa Grande | 2 |
| 85016 | Phoenix | 2 | 85070 | Phoenix | 2 | 85194 | Casa Grande | 2 |
| 85017 | Phoenix | 2 | 85071 | Phoenix | 2 | 85201 | Mesa | 2 |
| 85018 | Phoenix | 2 | 85072 | Phoenix | 2 | 85202 | Mesa | 2 |
| 85019 | Phoenix | 2 | 85073 | Phoenix | 2 | 85203 | Mesa | 2 |
| 85020 | Phoenix | 2 | 85074 | Phoenix | 2 | 85204 | Mesa | 2 |
| 85021 | Phoenix | 2 | 85075 | Phoenix | 2 | 85205 | Mesa | 2 |
| 85022 | Phoenix | 2 | 85076 | Phoenix | 2 | 85206 | Mesa | 2 |
| 85023 | Phoenix | 2 | 85078 | Phoenix | 2 | 85207 | Mesa | 2 |
| 85024 | Phoenix | 2 | 85079 | Phoenix | 2 | 85208 | Mesa | 2 |
| 85025 | Phoenix | 2 | 85080 | Phoenix | 2 | 85209 | Mesa | 2 |
| 85026 | Phoenix | 2 | 85082 | Phoenix | 2 | 85210 | Mesa | 2 |
| 85027 | Phoenix | 2 | 85083 | Phoenix | 2 | 85211 | Mesa | 2 |
| 85028 | Phoenix | 2 | 85085 | Phoenix | 2 | 85212 | Mesa | 2 |
| 85029 | Phoenix | 2 | 85086 | Phoenix | 2 | 85213 | Mesa | 2 |
| 85030 | Phoenix | 2 | 85087 | New River | 2 | 85214 | Mesa | 2 |
| 85031 | Phoenix | 2 | 85097 | Phoenix | 2 | 85215 | Mesa | 2 |
| 85032 | Phoenix | 2 | 85098 | Phoenix | 2 | 85216 | Mesa | 2 |
| 85033 | Phoenix | 2 | 85117 | Apache Junction | 2 | 85224 | Chandler | 2 |
| 85034 | Phoenix | 2 | 85118 | Gold Canyon | 2 | 85225 | Chandler | 2 |
| 85035 | Phoenix | 2 | 85119 | Apache Junction | 2 | 85226 | Chandler | 2 |
| 85036 | Phoenix | 2 | 85120 | Apache Junction | 2 | 85233 | Gilbert | 2 |
| 85037 | Phoenix | 2 | 85121 | Bapchule | 2 | 85234 | Gilbert | 2 |
| 85038 | Phoenix | 2 | 85122 | Casa Grande | 2 | 85236 | Higley | 2 |
| 85039 | Phoenix | 2 | 85123 | Arizona City | 2 | 85244 | Chandler | 2 |
| 85040 | Phoenix | 2 | 85127 | Chandler Heights | 2 | 85246 | Chandler | 2 |
| 85041 | Phoenix | 2 | 85128 | Coolidge | 2 | 85248 | Chandler | 2 |
| 85042 | Phoenix | 2 | 85130 | Casa Grande | 2 | 85249 | Chandler | 2 |
| 85043 | Phoenix | 2 | 85131 | Eloy | 2 | 85250 | Scottsdale | 2 |
| 85044 | Phoenix | 2 | 85132 | Florence | 2 | 85251 | Scottsdale | 2 |
| 85045 | Phoenix | 2 | 85135 | Hayden | 2 | 85252 | Scottsdale | 2 |
| 85046 | Phoenix | 2 | 85137 | Kearny | 3 | 85253 | Paradise Valley | 2 |

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

| Zip Code | City | Area | Zip Code | City | Area | Zip Code | City | Area |
|----------|---------------------|------|----------|-------------------|------|----------|---------------|------|
| 85254 | Scottsdale | 2 | 85321 | Ajo | 2 | 85369 | Yuma | 2 |
| 85255 | Scottsdale | 2 | 85322 | Arlington | 2 | 85371 | Poston | 3 |
| 85256 | Scottsdale | 2 | 85323 | Avondale | 2 | 85372 | Sun City | 2 |
| 85257 | Scottsdale | 2 | 85324 | Black Canyon City | 2 | 85373 | Sun City | 2 |
| 85258 | Scottsdale | 2 | 85325 | Bouse | 3 | 85374 | Surprise | 2 |
| 85259 | Scottsdale | 2 | 85326 | Buckeye | 2 | 85375 | Sun City West | 2 |
| 85260 | Scottsdale | 2 | 85327 | Cave Creek | 2 | 85376 | Sun City West | 2 |
| 85261 | Scottsdale | 2 | 85328 | Cibola | 2 | 85377 | Carefree | 2 |
| 85262 | Scottsdale | 2 | 85329 | Cashion | 2 | 85378 | Surprise | 2 |
| 85263 | Rio Verde | 2 | 85331 | Cave Creek | 2 | 85379 | Surprise | 2 |
| 85264 | Fort Mcdowell | 2 | 85332 | Congress | 3 | 85380 | Peoria | 2 |
| 85266 | Scottsdale | 2 | 85333 | Dateland | 2 | 85381 | Peoria | 2 |
| 85267 | Scottsdale | 2 | 85334 | Ehrenberg | 2 | 85382 | Peoria | 2 |
| 85268 | Fountain Hills | 2 | 85335 | El Mirage | 2 | 85383 | Peoria | 2 |
| 85269 | Fountain Hills | 2 | 85336 | San Luis | 2 | 85385 | Peoria | 2 |
| 85271 | Scottsdale | 2 | 85337 | Gila Bend | 2 | 85387 | Surprise | 2 |
| 85274 | Mesa | 2 | 85338 | Goodyear | 2 | 85388 | Surprise | 2 |
| 85275 | Mesa | 2 | 85339 | Laveen | 2 | 85390 | Wickenburg | 3 |
| 85277 | Mesa | 2 | 85340 | Litchfield Park | 2 | 85392 | Avondale | 2 |
| 85280 | Tempe | 2 | 85341 | Lukeville | 2 | 85395 | Goodyear | 2 |
| 85281 | Tempe | 2 | 85342 | Morristown | 3 | 85396 | Buckeye | 2 |
| 85282 | Tempe | 2 | 85343 | Palo Verde | 2 | 85501 | Globe | 2 |
| 85283 | Tempe | 2 | 85344 | Parker | 3 | 85502 | Globe | 2 |
| 85284 | Tempe | 2 | 85345 | Peoria | 2 | 85530 | Bylas | 1 |
| 85285 | Tempe | 2 | 85346 | Quartzsite | 2 | 85531 | Central | 1 |
| 85286 | Chandler | 2 | 85347 | Roll | 2 | 85532 | Claypool | 2 |
| 85287 | Tempe | 2 | 85348 | Salome | 3 | 85533 | Clifton | 1 |
| 85295 | Gilbert | 2 | 85349 | San Luis | 2 | 85534 | Duncan | 1 |
| 85296 | Gilbert | 2 | 85350 | Somerton | 2 | 85535 | Eden | 1 |
| 85297 | Gilbert | 2 | 85351 | Sun City | 2 | 85536 | Fort Thomas | 1 |
| 85298 | Gilbert | 2 | 85352 | Tacna | 2 | 85539 | Miami | 2 |
| 85299 | Gilbert | 2 | 85353 | Tolleson | 2 | 85540 | Morenci | 1 |
| 85301 | Glendale | 2 | 85354 | Tonopah | 2 | 85541 | Payson | 2 |
| 85302 | Glendale | 2 | 85355 | Waddell | 2 | 85542 | Peridot | 1 |
| 85303 | Glendale | 2 | 85356 | Wellton | 2 | 85543 | Pima | 1 |
| 85304 | Glendale | 2 | 85357 | Wenden | 3 | 85544 | Pine | 2 |
| 85305 | Glendale | 2 | 85358 | Wickenburg | 3 | 85545 | Roosevelt | 2 |
| 85306 | Glendale | 2 | 85359 | Quartzsite | 2 | 85546 | Safford | 1 |
| 85307 | Glendale | 2 | 85360 | Wikieup | 2 | 85547 | Payson | 2 |
| 85308 | Glendale | 2 | 85361 | Wittmann | 2 | 85548 | Safford | 1 |
| 85309 | Luke Air Force Base | 2 | 85362 | Yarnell | 2 | 85550 | San Carlos | 1 |
| 85310 | Glendale | 2 | 85363 | Youngtown | 2 | 85551 | Solomon | 1 |
| 85311 | Glendale | 2 | 85364 | Yuma | 2 | 85552 | Thatcher | 1 |
| 85312 | Glendale | 2 | 85365 | Yuma | 2 | 85553 | Tonto Basin | 2 |
| 85318 | Glendale | 2 | 85366 | Yuma | 2 | 85554 | Young | 2 |
| 85320 | Aguila | 3 | 85367 | Yuma | 2 | 85601 | Arivaca | 1 |

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

| Zip Code | City | Area | Zip Code | City | Area | Zip Code | City | Area |
|----------|---------------|------|----------|---------------|------|----------|---------------------|------|
| 85602 | Benson | 2 | 85654 | Rillito | 1 | 85743 | Tucson | 1 |
| 85603 | Bisbee | 2 | 85655 | Douglas | 2 | 85744 | Tucson | 1 |
| 85605 | Bowie | 2 | 85658 | Marana | 1 | 85745 | Tucson | 1 |
| 85606 | Cochise | 2 | 85662 | Nogales | 2 | 85746 | Tucson | 1 |
| 85607 | Douglas | 2 | 85670 | Fort Huachuca | 2 | 85747 | Tucson | 1 |
| 85608 | Douglas | 2 | 85671 | Sierra Vista | 1 | 85748 | Tucson | 1 |
| 85609 | Dragoon | 2 | 85701 | Tucson | 1 | 85749 | Tucson | 1 |
| 85610 | Elfrida | 2 | 85702 | Tucson | 1 | 85750 | Tucson | 1 |
| 85611 | Elgin | 1 | 85703 | Tucson | 1 | 85751 | Tucson | 1 |
| 85613 | Fort Huachuca | 1 | 85704 | Tucson | 1 | 85752 | Tucson | 1 |
| 85614 | Green Valley | 1 | 85705 | Tucson | 1 | 85754 | Tucson | 1 |
| 85615 | Hereford | 1 | 85706 | Tucson | 1 | 85755 | Tucson | 1 |
| 85616 | Huachuca City | 1 | 85707 | Tucson | 1 | 85756 | Tucson | 1 |
| 85617 | Mc Neal | 2 | 85708 | Tucson | 1 | 85757 | Tucson | 1 |
| 85618 | Mammoth | 1 | 85709 | Tucson | 1 | 85775 | Tucson | 1 |
| 85619 | Mount Lemmon | 1 | 85710 | Tucson | 1 | 85901 | Show Low | 1 |
| 85620 | Naco | 2 | 85711 | Tucson | 1 | 85902 | Show Low | 1 |
| 85621 | Nogales | 2 | 85712 | Tucson | 1 | 85911 | Cibecue | 1 |
| 85622 | Green Valley | 1 | 85713 | Tucson | 1 | 85912 | White Mountain Lake | 1 |
| 85623 | Oracle | 1 | 85714 | Tucson | 1 | 85920 | Alpine | 2 |
| 85624 | Patagonia | 2 | 85715 | Tucson | 1 | 85922 | Blue | 2 |
| 85625 | Pearce | 2 | 85716 | Tucson | 1 | 85923 | Clay Springs | 1 |
| 85626 | Pirtleville | 2 | 85717 | Tucson | 1 | 85924 | Concho | 1 |
| 85627 | Pomerene | 2 | 85718 | Tucson | 1 | 85925 | Eagar | 2 |
| 85628 | Nogales | 2 | 85719 | Tucson | 1 | 85926 | Fort Apache | 1 |
| 85629 | Sahuarita | 1 | 85720 | Tucson | 1 | 85927 | Greer | 2 |
| 85630 | Saint David | 2 | 85721 | Tucson | 1 | 85928 | Heber | 1 |
| 85631 | San Manuel | 1 | 85722 | Tucson | 1 | 85929 | Lakeside | 1 |
| 85632 | San Simon | 2 | 85723 | Tucson | 1 | 85930 | Mcnary | 1 |
| 85633 | Sasabe | 1 | 85724 | Tucson | 1 | 85931 | Forest Lakes | 2 |
| 85634 | Sells | 1 | 85725 | Tucson | 1 | 85932 | Nutriso | 2 |
| 85635 | Sierra Vista | 1 | 85726 | Tucson | 1 | 85933 | Overgaard | 1 |
| 85636 | Sierra Vista | 1 | 85728 | Tucson | 1 | 85934 | Pinedale | 1 |
| 85637 | Sonoita | 1 | 85730 | Tucson | 1 | 85935 | Pinetop | 1 |
| 85638 | Tombstone | 1 | 85731 | Tucson | 1 | 85936 | Saint Johns | 2 |
| 85639 | Topawa | 1 | 85732 | Tucson | 1 | 85937 | Snowflake | 1 |
| 85640 | Tumacacori | 2 | 85733 | Tucson | 1 | 85938 | Springerville | 2 |
| 85641 | Vail | 1 | 85734 | Tucson | 1 | 85939 | Taylor | 1 |
| 85643 | Willcox | 2 | 85735 | Tucson | 1 | 85940 | Vernon | 1 |
| 85644 | Willcox | 2 | 85736 | Tucson | 1 | 85941 | Whiteriver | 1 |
| 85645 | Amado | 1 | 85737 | Tucson | 1 | 85942 | Woodruff | 1 |
| 85646 | Tubac | 1 | 85738 | Catalina | 1 | 86001 | Flagstaff | 1 |
| 85648 | Rio Rico | 2 | 85739 | Tucson | 1 | 86002 | Flagstaff | 1 |
| 85650 | Sierra Vista | 1 | 85740 | Tucson | 1 | 86003 | Flagstaff | 1 |
| 85652 | Cortaro | 1 | 85741 | Tucson | 1 | 86004 | Flagstaff | 1 |
| 85653 | Marana | 1 | 85742 | Tucson | 1 | 86005 | Flagstaff | 1 |

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

| Zip Code | City | Area | Zip Code | City | Area | Zip Code | City | Area |
|----------|--------------------------|------|----------|------------------|------|----------|----------------|------|
| 86011 | Flagstaff | 1 | 86325 | Cornville | 1 | 86445 | Willow Beach | 2 |
| 86015 | Bellemont | 1 | 86326 | Cottonwood | 1 | 86446 | Mohave Valley | 2 |
| 86016 | Gray Mountain | 1 | 86327 | Dewey | 1 | 86502 | Chambers | 2 |
| 86017 | Munds Park | 1 | 86329 | Humboldt | 1 | 86503 | Chinle | 1 |
| 86018 | Parks | 1 | 86331 | Jerome | 1 | 86504 | Fort Defiance | 1 |
| 86020 | Cameron | 1 | 86332 | Kirkland | 1 | 86505 | Ganado | 2 |
| 86021 | Colorado City | 2 | 86333 | Mayer | 1 | 86506 | Houck | 1 |
| 86022 | Fredonia | 2 | 86334 | Paulden | 1 | 86507 | Lukachukai | 1 |
| 86023 | Grand Canyon | 1 | 86335 | Rimrock | 1 | 86508 | Lupton | 1 |
| 86024 | Happy Jack | 2 | 86336 | Sedona | 1 | 86510 | Pinon | 2 |
| 86025 | Holbrook | 2 | 86337 | Seligman | 1 | 86511 | Saint Michaels | 1 |
| 86028 | Petrified Forest Natl Pk | 2 | 86338 | Skull Valley | 1 | 86512 | Sanders | 1 |
| 86029 | Sun Valley | 2 | 86339 | Sedona | 1 | 86514 | Teec Nos Pos | 1 |
| 86030 | Hotevilla | 2 | 86340 | Sedona | 1 | 86515 | Window Rock | 1 |
| 86031 | Indian Wells | 2 | 86341 | Sedona | 1 | 86520 | Blue Gap | 1 |
| 86032 | Joseph City | 2 | 86342 | Lake Montezuma | 1 | 86535 | Dennehotso | 1 |
| 86033 | Kayenta | 1 | 86343 | Crown King | 1 | 86538 | Many Farms | 1 |
| 86034 | Keams Canyon | 2 | 86351 | Sedona | 1 | 86540 | Nazlini | 1 |
| 86035 | Leupp | 2 | 86401 | Kingman | 1 | 86544 | Red Valley | 2 |
| 86036 | Marble Canyon | 2 | 86402 | Kingman | 1 | 86545 | Rock Point | 1 |
| 86038 | Mormon Lake | 1 | 86403 | Lake Havasu City | 1 | 86547 | Round Rock | 1 |
| 86039 | Kykotsmovi Village | 2 | 86404 | Lake Havasu City | 1 | 86556 | Tsaile | 1 |
| 86040 | Page | 2 | 86405 | Lake Havasu City | 1 | | | |
| 86042 | Polacca | 2 | 86406 | Lake Havasu City | 1 | | | |
| 86043 | Second Mesa | 2 | 86409 | Kingman | 1 | | | |
| 86044 | Tonalea | 2 | 86411 | Hackberry | 1 | | | |
| 86045 | Tuba City | 1 | 86412 | Hualapai | 1 | | | |
| 86046 | Williams | 1 | 86413 | Golden Valley | 1 | | | |
| 86047 | Winslow | 2 | 86426 | Fort Mohave | 1 | | | |
| 86052 | North Rim | 1 | 86427 | Fort Mohave | 1 | | | |
| 86053 | Kaibeto | 1 | 86429 | Bullhead City | 1 | | | |
| 86054 | Shonto | 1 | 86430 | Bullhead City | 1 | | | |
| 86301 | Prescott | 1 | 86431 | Chloride | 1 | | | |
| 86302 | Prescott | 1 | 86432 | Littlefield | 2 | | | |
| 86303 | Prescott | 1 | 86433 | Oatman | 1 | | | |
| 86304 | Prescott | 1 | 86434 | Peach Springs | 1 | | | |
| 86305 | Prescott | 1 | 86435 | Supai | 2 | | | |
| 86312 | Prescott Valley | 1 | 86436 | Topock | 2 | | | |
| 86313 | Prescott | 1 | 86437 | Valentine | 1 | | | |
| 86314 | Prescott Valley | 1 | 86438 | Yucca | 1 | | | |
| 86315 | Prescott Valley | 1 | 86439 | Bullhead City | 1 | | | |
| 86320 | Ash Fork | 1 | 86440 | Mohave Valley | 1 | | | |
| 86321 | Bagdad | 1 | 86441 | Dolan Springs | 1 | | | |
| 86322 | Camp Verde | 1 | 86442 | Bullhead City | 1 | | | |
| 86323 | Chino Valley | 1 | 86443 | Tempe Bar Marina | 1 | | | |
| 86324 | Clarkdale | 1 | 86444 | Meadview | 2 | | | |

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

PREMIUM INFORMATION

We, Atlantic Capital Life Assurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. Premium rates are based on where you live, and therefore may change if you your place of residence changes.

Premiums for Plans A, F, G, High Deductible G, K and N are Issue Age Premiums; they do not increase solely when your age increases. They can, however, 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 months. The discounted premium will be 7% lower than the rates illustrated. Your Household Premium Discount will be removed if, other than in the event of the other person(s) death, You no longer reside with Your spouse, or You are no longer residing with at least one other (1) person who is aged 50 or older; or You are living with more than three other (3) persons regardless of age.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

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

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A

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

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

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

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

PLAN A

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

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

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

PARTS A & B

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

PLAN F

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

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

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

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

PLAN F

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

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

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

PARTS A & B

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

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN G

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

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

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

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

PLAN G

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

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

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

PARTS A & B

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

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

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|---------------------------------------------------------------|
| 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 First \$[257] of Medicare approved amounts**** Remainder of Medicare approved amounts | 100% \$0 80% | \$0 \$0 10% | \$0 \$[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 | 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 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 |