

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

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

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

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

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

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

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

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

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

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NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024 NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	111.08	130.15	111.39	40.64	68.18	83.58
66	111.08	130.15	111.39	40.64	68.18	83.58
67	111.08	130.15	111.39	40.64	68.18	83.58
68	111.08	130.15	111.39	40.64	68.18	83.58
69	113.30	132.75	113.62	41.45	69.55	85.25
70	116.70	136.74	117.03	42.69	71.63	87.81
71	121.17	141.97	121.51	44.33	74.38	91.18
72	125.55	147.09	125.90	45.93	77.06	94.47
73	129.92	152.22	130.28	47.53	79.74	97.76
74	134.29	157.34	134.67	49.13	82.43	101.05
75	138.66	162.47	139.05	50.73	85.11	104.34
76	143.33	167.93	143.73	52.44	87.98	107.85
77	149.06	174.65	149.48	54.53	91.49	112.16
78	154.99	181.59	155.42	56.70	95.13	116.62
79	159.56	186.94	160.00	58.37	97.94	120.06
80	164.41	192.64	164.88	60.15	100.92	123.71
81	169.27	198.33	169.75	61.93	103.90	127.37
82	174.33	204.25	174.81	63.78	107.00	131.17
83	179.57	210.40	180.08	65.70	110.22	135.12
84	184.82	216.55	185.34	67.62	113.44	139.07
85	190.16	222.81	190.70	69.57	116.72	143.09
86	195.51	229.07	196.06	71.53	120.00	147.11
87	200.95	235.44	201.51	73.52	123.35	151.20
88	206.49	241.93	207.07	75.54	126.74	155.37
89	212.03	248.42	212.62	77.57	130.14	159.54
90	217.47	254.80	218.08	79.56	133.48	163.63
91	221.94	260.04	222.56	81.20	136.23	167.00
92	226.41	265.27	227.04	82.83	138.97	170.36
93	230.59	270.17	231.23	84.36	141.54	173.50
94	234.86	275.18	235.52	85.92	144.16	176.72
95	239.24	280.30	239.91	87.52	146.84	180.01
96	243.22	284.97	243.90	88.98	149.29	183.01
97	247.30	289.75	248.00	90.47	151.80	186.08
98	251.38	294.53	252.09	91.97	154.30	189.15
99+	255.66	299.54	256.38	93.53	156.93	192.37

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

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

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

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

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

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

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NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024 NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	122.19	143.17	122.53	44.70	75.00	91.94
66	122.19	143.17	122.53	44.70	75.00	91.94
67	122.19	143.17	122.53	44.70	75.00	91.94
68	122.19	143.17	122.53	44.70	75.00	91.94
69	124.64	146.03	124.98	45.60	76.50	93.78
70	128.37	150.41	128.73	46.96	78.80	96.59
71	133.29	156.17	133.66	48.76	81.81	100.29
72	138.10	161.80	138.49	50.52	84.77	103.91
73	142.91	167.44	143.31	52.28	87.72	107.53
74	147.72	173.08	148.13	54.04	90.67	111.15
75	152.53	178.71	152.96	55.80	93.62	114.77
76	157.66	184.72	158.10	57.68	96.77	118.63
77	163.97	192.11	164.43	59.99	100.64	123.38
78	170.49	199.75	170.97	62.37	104.65	128.28
79	175.51	205.64	176.00	64.21	107.73	132.06
80	180.86	211.90	181.36	66.16	111.01	136.08
81	186.20	218.16	186.72	68.12	114.29	140.10
82	191.76	224.67	192.30	70.15	117.70	144.29
83	197.53	231.44	198.08	72.27	121.25	148.63
84	203.30	238.20	203.87	74.38	124.79	152.97
85	209.18	245.09	209.77	76.53	128.40	157.40
86	215.06	251.97	215.66	78.68	132.00	161.82
87	221.05	258.99	221.67	80.87	135.68	166.32
88	227.14	266.13	227.78	83.10	139.42	170.91
89	233.23	273.27	233.89	85.33	143.16	175.49
90	239.22	280.28	239.89	87.52	146.83	180.00
91	244.13	286.04	244.82	89.32	149.85	183.70
92	249.05	291.80	249.75	91.12	152.87	187.40
93	253.65	297.19	254.36	92.80	155.69	190.85
94	258.35	302.70	259.07	94.52	158.58	194.39
95	263.16	308.33	263.90	96.28	161.53	198.01
96	267.54	313.47	268.29	97.88	164.22	201.31
97	272.03	318.73	272.80	99.52	166.97	204.69
98	276.52	323.99	277.30	101.17	169.73	208.07
99+	281.22	329.50	282.01	102.89	172.62	211.60

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

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

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

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

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NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024

NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	126.75	148.58	127.14	46.26	77.74	95.36
66	126.75	148.58	127.14	46.26	77.74	95.36
67	126.75	148.58	127.14	46.26	77.74	95.36
68	126.75	148.58	127.14	46.26	77.74	95.36
69	129.28	151.55	129.68	47.19	79.30	97.27
70	133.16	156.10	133.57	48.61	81.68	100.19
71	138.26	162.08	138.69	50.47	84.81	104.03
72	143.25	167.93	143.69	52.29	87.87	107.78
73	148.24	173.78	148.69	54.11	90.93	111.53
74	153.23	179.62	153.70	55.93	93.99	115.29
75	158.22	185.47	158.71	57.75	97.05	119.04
76	163.54	191.71	164.04	59.70	100.31	123.05
77	170.08	199.38	170.60	62.08	104.32	127.97
78	176.85	207.31	177.39	64.55	108.47	133.06
79	182.06	213.42	182.62	66.45	111.67	136.98
80	187.60	219.92	188.18	68.48	115.07	141.15
81	193.15	226.42	193.74	70.50	118.47	145.32
82	198.91	233.17	199.52	72.61	122.01	149.65
83	204.90	240.19	205.53	74.79	125.68	154.16
84	210.89	247.21	211.53	76.98	129.35	158.66
85	216.99	254.36	217.65	79.20	133.09	163.25
86	223.09	261.51	223.77	81.43	136.83	167.84
87	229.29	268.79	229.99	83.69	140.64	172.51
88	235.61	276.20	236.33	86.00	144.52	177.27
89	241.93	283.60	242.67	88.31	148.39	182.02
90	248.14	290.88	248.90	90.57	152.20	186.69
91	253.24	296.86	254.02	92.44	155.33	190.53
92	258.34	302.84	259.13	94.30	158.46	194.37
93	263.11	308.43	263.92	96.04	161.38	197.96
94	267.99	314.15	268.81	97.82	164.38	201.63
95	272.98	320.00	273.81	99.64	167.43	205.38
96	277.52	325.33	278.37	101.30	170.22	208.80
97	282.18	330.79	283.04	103.00	173.08	212.30
98	286.84	336.24	287.72	104.70	175.94	215.81
99+	291.72	341.96	292.61	106.48	178.93	219.48

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.

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NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024 NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	139.43	163.44	139.85	50.89	85.52	104.90
66	139.43	163.44	139.85	50.89	85.52	104.90
67	139.43	163.44	139.85	50.89	85.52	104.90
68	139.43	163.44	139.85	50.89	85.52	104.90
69	142.21	166.71	142.65	51.91	87.23	107.00
70	146.48	171.71	146.93	53.47	89.85	110.20
71	152.09	178.29	152.55	55.51	93.29	114.43
72	157.58	184.72	158.06	57.52	96.65	118.56
73	163.07	191.15	163.56	59.52	100.02	122.69
74	168.55	197.59	169.07	61.52	103.39	126.81
75	174.04	204.02	174.58	63.53	106.75	130.94
76	179.90	210.88	180.45	65.66	110.34	135.35
77	187.09	219.32	187.66	68.29	114.76	140.76
78	194.53	228.04	195.13	71.01	119.32	146.36
79	200.27	234.76	200.88	73.10	122.84	150.67
80	206.36	241.91	206.99	75.33	126.58	155.26
81	212.46	249.06	213.11	77.55	130.32	159.85
82	218.81	256.49	219.47	79.87	134.21	164.62
83	225.39	264.21	226.08	82.27	138.25	169.58
84	231.98	271.93	232.69	84.67	142.29	174.53
85	238.68	279.80	239.41	87.12	146.40	179.58
86	245.39	287.66	246.14	89.57	150.52	184.63
87	252.22	295.67	252.99	92.06	154.70	189.76
88	259.18	303.82	259.97	94.60	158.97	194.99
89	266.13	311.97	266.94	97.14	163.23	200.23
90	272.96	319.97	273.79	99.63	167.42	205.36
91	278.57	326.55	279.42	101.68	170.86	209.58
92	284.18	333.12	285.05	103.73	174.30	213.81
93	289.42	339.27	290.31	105.64	177.52	217.75
94	294.79	345.56	295.69	107.60	180.81	221.79
95	300.28	352.00	301.19	109.60	184.18	225.92
96	305.28	357.86	306.21	111.43	187.25	229.68
97	310.40	363.86	311.35	113.30	190.39	233.53
98	315.52	369.87	316.49	115.17	193.53	237.39
99+	320.89	376.16	321.87	117.13	196.82	241.43

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

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NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024

TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	140.14	164.31	140.56	51.10	85.94	105.39
66	140.14	164.31	140.56	51.10	85.94	105.39
67	140.14	164.31	140.56	51.10	85.94	105.39
68	140.14	164.31	140.56	51.10	85.94	105.39
69	142.95	167.60	143.37	52.12	87.66	107.49
70	147.23	172.62	147.67	53.69	90.29	110.72
71	152.87	179.24	153.33	55.74	93.75	114.96
72	158.39	185.70	158.86	57.75	97.13	119.11
73	163.91	192.17	164.40	59.77	100.52	123.26
74	169.42	198.64	169.93	61.78	103.90	127.40
75	174.94	205.11	175.46	63.79	107.28	131.55
76	180.82	212.01	181.37	65.94	110.89	135.98
77	188.06	220.49	188.62	68.57	115.33	141.42
78	195.54	229.26	196.12	71.30	119.91	147.04
79	201.30	236.01	201.90	73.40	123.45	151.37
80	207.43	243.20	208.05	75.64	127.20	155.98
81	213.56	250.38	214.20	77.87	130.96	160.59
82	219.93	257.86	220.59	80.19	134.87	165.39
83	226.55	265.62	227.23	82.61	138.93	170.36
84	233.17	273.38	233.87	85.02	142.99	175.34
85	239.91	281.29	240.63	87.48	147.13	180.41
86	246.66	289.19	247.39	89.94	151.26	185.48
87	253.52	297.24	254.28	92.44	155.47	190.65
88	260.51	305.44	261.29	94.99	159.76	195.90
89	267.50	313.63	268.30	97.54	164.04	201.16
90	274.36	321.68	275.18	100.04	168.25	206.32
91	280.00	328.29	280.84	102.10	171.71	210.56
92	285.64	334.90	286.50	104.16	175.17	214.80
93	290.91	341.08	291.78	106.08	178.40	218.76
94	296.31	347.41	297.19	108.04	181.71	222.82
95	301.82	353.87	302.73	110.06	185.10	226.97
96	306.85	359.77	307.77	111.89	188.18	230.75
97	312.00	365.80	312.93	113.77	191.33	234.62
98	317.15	371.84	318.10	115.64	194.49	238.49
99+	322.54	378.16	323.51	117.61	197.80	242.55

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

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NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024

TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	154.16	180.74	154.62	56.21	94.54	115.93
66	154.16	180.74	154.62	56.21	94.54	115.93
67	154.16	180.74	154.62	56.21	94.54	115.93
68	154.16	180.74	154.62	56.21	94.54	115.93
69	157.24	184.36	157.71	57.34	96.43	118.24
70	161.96	189.89	162.44	59.06	99.32	121.79
71	168.16	197.16	168.66	61.32	103.13	126.46
72	174.23	204.27	174.75	63.53	106.85	131.02
73	180.30	211.39	180.84	65.74	110.57	135.58
74	186.37	218.51	186.92	67.96	114.29	140.15
75	192.43	225.62	193.01	70.17	118.01	144.71
76	198.91	233.21	199.50	72.53	121.98	149.58
77	206.86	242.54	207.48	75.43	126.86	155.56
78	215.09	252.18	215.73	78.43	131.90	161.75
79	221.43	259.61	222.09	80.74	135.79	166.51
80	228.17	267.52	228.85	83.20	139.93	171.58
81	234.91	275.42	235.62	85.66	144.06	176.65
82	241.92	283.64	242.65	88.21	148.36	181.93
83	249.21	292.18	249.95	90.87	152.83	187.40
84	256.49	300.72	257.26	93.53	157.29	192.88
85	263.91	309.42	264.69	96.23	161.84	198.46
86	271.32	318.11	272.13	98.93	166.39	204.03
87	278.88	326.97	279.71	101.69	171.02	209.71
88	286.56	335.98	287.42	104.49	175.74	215.49
89	294.25	344.99	295.13	107.29	180.45	221.27
90	301.80	353.84	302.70	110.05	185.08	226.95
91	308.00	361.12	308.92	112.31	188.88	231.62
92	314.20	368.39	315.15	114.57	192.69	236.28
93	320.00	375.19	320.96	116.69	196.24	240.64
94	325.94	382.15	326.91	118.85	199.88	245.10
95	332.01	389.26	333.00	121.06	203.60	249.67
96	337.54	395.74	338.54	123.08	206.99	253.82
97	343.20	402.38	344.23	125.14	210.47	258.08
98	348.86	409.02	349.91	127.21	213.94	262.34
99+	354.80	415.98	355.86	129.37	217.58	266.80

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TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	159.96	187.62	160.47	58.22	98.04	120.28
66	159.96	187.62	160.47	58.22	98.04	120.28
67	159.96	187.62	160.47	58.22	98.04	120.28
68	159.96	187.62	160.47	58.22	98.04	120.28
69	163.16	191.37	163.68	59.38	100.00	122.68
70	168.05	197.11	168.59	61.16	103.00	126.36
71	174.49	204.66	175.05	63.51	106.94	131.20
72	180.78	212.05	181.36	65.80	110.80	135.94
73	187.08	219.43	187.68	68.09	114.66	140.67
74	193.38	226.82	194.00	70.38	118.52	145.41
75	199.67	234.20	200.31	72.67	122.38	150.14
76	206.39	242.08	207.05	75.12	126.50	155.19
77	214.65	251.76	215.33	78.12	131.56	161.40
78	223.18	261.78	223.90	81.23	136.79	167.82
79	229.76	269.49	230.49	83.62	140.82	172.76
80	236.75	277.70	237.51	86.17	145.11	178.02
81	243.75	285.90	244.53	88.71	149.39	183.28
82	251.03	294.44	251.83	91.36	153.85	188.75
83	258.58	303.30	259.41	94.11	158.48	194.44
84	266.14	312.16	266.99	96.86	163.12	200.12
85	273.83	321.19	274.71	99.66	167.83	205.91
86	281.53	330.22	282.43	102.47	172.55	211.69
87	289.37	339.41	290.29	105.32	177.35	217.58
88	297.34	348.76	298.29	108.22	182.24	223.58
89	305.32	358.12	306.29	111.12	187.13	229.58
90	313.15	367.31	314.16	113.97	191.93	235.47
91	319.59	374.86	320.61	116.32	195.88	240.31
92	326.03	382.41	327.07	118.66	199.82	245.15
93	332.05	389.47	333.11	120.85	203.51	249.67
94	338.20	396.69	339.28	123.09	207.28	254.30
95	344.50	404.07	345.60	125.38	211.14	259.04
96	350.24	410.80	351.35	127.47	214.66	263.35
97	356.11	417.69	357.25	129.61	218.26	267.77
98	361.99	424.59	363.15	131.75	221.86	272.19
99+	368.15	431.81	369.32	133.99	225.64	276.82

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY BANK DRAFT RATES – EFFECTIVE 01-25-2024

TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	175.95	206.38	176.51	64.04	107.84	132.30
66	175.95	206.38	176.51	64.04	107.84	132.30
67	175.95	206.38	176.51	64.04	107.84	132.30
68	175.95	206.38	176.51	64.04	107.84	132.30
69	179.47	210.51	180.05	65.32	110.00	134.95
70	184.86	216.82	185.45	67.28	113.30	139.00
71	191.94	225.13	192.55	69.86	117.64	144.32
72	198.86	233.25	199.50	72.38	121.88	149.53
73	205.79	241.38	206.45	74.90	126.13	154.74
74	212.71	249.50	213.39	77.42	130.37	159.95
75	219.64	257.62	220.34	79.94	134.62	165.16
76	227.03	266.29	227.76	82.63	139.15	170.71
77	236.11	276.94	236.87	85.93	144.71	177.54
78	245.50	287.96	246.29	89.35	150.47	184.60
79	252.73	296.44	253.54	91.98	154.90	190.04
80	260.43	305.47	261.26	94.79	159.62	195.83
81	268.13	314.49	268.98	97.59	164.33	201.61
82	276.13	323.88	277.01	100.50	169.24	207.63
83	284.44	333.63	285.35	103.52	174.33	213.88
84	292.75	343.38	293.69	106.55	179.43	220.13
85	301.22	353.31	302.18	109.63	184.62	226.50
86	309.68	363.24	310.67	112.71	189.80	232.86
87	318.30	373.35	319.32	115.85	195.09	239.34
88	327.08	383.64	328.12	119.04	200.47	245.94
89	335.85	393.93	336.92	122.23	205.84	252.54
90	344.47	404.04	345.57	125.37	211.12	259.02
91	351.55	412.34	352.68	127.95	215.46	264.34
92	358.63	420.65	359.78	130.53	219.80	269.67
93	365.25	428.41	366.42	132.94	223.86	274.64
94	372.02	436.36	373.21	135.40	228.01	279.73
95	378.95	444.48	380.16	137.92	232.26	284.94
96	385.26	451.88	386.49	140.22	236.12	289.69
97	391.72	459.46	392.98	142.57	240.08	294.55
98	398.19	467.05	399.46	144.92	244.05	299.41
99+	404.96	474.99	406.26	147.39	248.20	304.50

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024 NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	114.41	134.05	114.74	41.86	70.23	86.09
66	114.41	134.05	114.74	41.86	70.23	86.09
67	114.41	134.05	114.74	41.86	70.23	86.09
68	114.41	134.05	114.74	41.86	70.23	86.09
69	116.70	136.73	117.03	42.70	71.63	87.81
70	120.20	140.84	120.54	43.98	73.78	90.45
71	124.81	146.23	125.16	45.66	76.61	93.91
72	129.31	151.51	129.68	47.31	79.37	97.30
73	133.82	156.79	134.19	48.96	82.14	100.69
74	138.32	162.06	138.71	50.60	84.90	104.08
75	142.82	167.34	143.22	52.25	87.67	107.47
76	147.63	172.97	148.04	54.01	90.62	111.08
77	153.53	179.89	153.96	56.17	94.24	115.52
78	159.64	187.04	160.09	58.40	97.99	120.12
79	164.34	192.55	164.80	60.12	100.87	123.66
80	169.35	198.42	169.82	61.95	103.95	127.42
81	174.35	204.28	174.84	63.79	107.02	131.19
82	179.56	210.38	180.06	65.69	110.21	135.10
83	184.96	216.71	185.48	67.67	113.53	139.17
84	190.36	223.04	190.90	69.64	116.85	143.24
85	195.87	229.49	196.42	71.66	120.23	147.38
86	201.37	235.94	201.94	73.67	123.60	151.52
87	206.98	242.51	207.56	75.72	127.05	155.74
88	212.68	249.19	213.28	77.81	130.55	160.03
89	218.39	255.88	219.00	79.90	134.05	164.33
90	223.99	262.44	224.62	81.95	137.49	168.54
91	228.60	267.84	229.24	83.63	140.31	172.01
92	233.20	273.23	233.86	85.32	143.14	175.47
93	237.50	278.27	238.17	86.89	145.78	178.71
94	241.91	283.43	242.59	88.50	148.49	182.02
95	246.41	288.71	247.10	90.15	151.25	185.41
96	250.52	293.52	251.22	91.65	153.77	188.50
97	254.72	298.44	255.44	93.19	156.35	191.66
98	258.92	303.37	259.65	94.73	158.93	194.83
99+	263.33	308.53	264.07	96.34	161.63	198.14

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024 NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	125.86	147.46	126.21	46.04	77.25	94.70
66	125.86	147.46	126.21	46.04	77.25	94.70
67	125.86	147.46	126.21	46.04	77.25	94.70
68	125.86	147.46	126.21	46.04	77.25	94.70
69	128.37	150.41	128.73	46.97	78.80	96.59
70	132.22	154.92	132.60	48.37	81.16	99.49
71	137.29	160.85	137.67	50.23	84.27	103.30
72	142.24	166.66	142.64	52.04	87.31	107.03
73	147.20	172.46	147.61	53.85	90.35	110.76
74	152.15	178.27	152.58	55.67	93.39	114.49
75	157.11	184.07	157.55	57.48	96.43	118.21
76	162.39	190.27	162.85	59.41	99.68	122.19
77	168.89	197.88	169.36	61.79	103.66	127.08
78	175.60	205.74	176.09	64.24	107.79	132.13
79	180.78	211.81	181.28	66.14	110.96	136.02
80	186.28	218.26	186.80	68.15	114.34	140.17
81	191.79	224.71	192.32	70.17	117.72	144.31
82	197.51	231.41	198.07	72.26	121.23	148.61
83	203.46	238.38	204.03	74.43	124.88	153.09
84	209.40	245.35	209.99	76.61	128.53	157.56
85	215.46	252.44	216.06	78.82	132.25	162.12
86	221.51	259.53	222.13	81.04	135.97	166.67
87	227.68	266.76	228.32	83.29	139.75	171.31
88	233.95	274.11	234.61	85.59	143.60	176.03
89	240.23	281.46	240.90	87.89	147.45	180.76
90	246.39	288.69	247.08	90.14	151.24	185.40
91	251.46	294.62	252.16	92.00	154.35	189.21
92	256.52	300.56	257.24	93.85	157.46	193.02
93	261.26	306.10	261.99	95.58	160.36	196.58
94	266.10	311.78	266.85	97.35	163.33	200.23
95	271.06	317.58	271.82	99.17	166.38	203.95
96	275.57	322.87	276.34	100.82	169.15	207.35
97	280.19	328.29	280.98	102.51	171.98	210.83
98	284.82	333.71	285.62	104.20	174.82	214.31
99+	289.66	339.38	290.47	105.97	177.80	217.95

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

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024

NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	130.55	153.04	130.95	47.65	80.08	98.22
66	130.55	153.04	130.95	47.65	80.08	98.22
67	130.55	153.04	130.95	47.65	80.08	98.22
68	130.55	153.04	130.95	47.65	80.08	98.22
69	133.16	156.10	133.57	48.61	81.68	100.19
70	137.16	160.78	137.58	50.06	84.13	103.19
71	142.41	166.94	142.85	51.98	87.35	107.15
72	147.55	172.96	148.00	53.86	90.50	111.01
73	152.69	178.99	153.16	55.73	93.65	114.88
74	157.83	185.01	158.31	57.61	96.81	118.74
75	162.97	191.04	163.47	59.49	99.96	122.61
76	168.45	197.46	168.96	61.49	103.32	126.74
77	175.19	205.36	175.72	63.95	107.45	131.81
78	182.15	213.53	182.71	66.49	111.73	137.05
79	187.52	219.82	188.09	68.45	115.02	141.08
80	193.23	226.51	193.82	70.53	118.52	145.38
81	198.94	233.21	199.55	72.62	122.02	149.68
82	204.88	240.17	205.51	74.78	125.67	154.14
83	211.05	247.40	211.69	77.03	129.45	158.78
84	217.22	254.63	217.88	79.29	133.23	163.42
85	223.50	261.99	224.18	81.58	137.08	168.15
86	229.78	269.35	230.48	83.87	140.94	172.88
87	236.17	276.85	236.89	86.21	144.86	177.69
88	242.68	284.48	243.42	88.58	148.85	182.59
89	249.19	292.11	249.95	90.96	152.85	187.48
90	255.59	299.61	256.37	93.29	156.77	192.29
91	260.84	305.77	261.64	95.21	159.99	196.25
92	266.09	311.93	266.91	97.13	163.21	200.20
93	271.00	317.68	271.83	98.92	166.22	203.90
94	276.03	323.57	276.87	100.75	169.31	207.68
95	281.17	329.60	282.03	102.63	172.46	211.54
96	285.85	335.09	286.72	104.34	175.33	215.06
97	290.65	340.71	291.54	106.09	178.27	218.67
98	295.44	346.33	296.35	107.84	181.21	222.28
99+	300.47	352.22	301.39	109.67	184.30	226.06

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024 NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	143.61	168.34	144.05	52.42	88.08	108.04
66	143.61	168.34	144.05	52.42	88.08	108.04
67	143.61	168.34	144.05	52.42	88.08	108.04
68	143.61	168.34	144.05	52.42	88.08	108.04
69	146.48	171.71	146.93	53.47	89.85	110.21
70	150.87	176.86	151.34	55.07	92.54	113.51
71	156.65	183.64	157.13	57.18	96.08	117.86
72	162.31	190.26	162.80	59.24	99.55	122.11
73	167.96	196.89	168.47	61.31	103.02	126.37
74	173.61	203.51	174.14	63.37	106.49	130.62
75	179.26	210.14	179.81	65.43	109.96	134.87
76	185.29	217.21	185.86	67.63	113.65	139.41
77	192.71	225.90	193.29	70.34	118.20	144.99
78	200.37	234.88	200.98	73.14	122.90	150.75
79	206.27	241.80	206.90	75.29	126.52	155.19
80	212.55	249.17	213.20	77.59	130.37	159.92
81	218.84	256.53	219.51	79.88	134.23	164.65
82	225.37	264.19	226.06	82.26	138.23	169.56
83	232.15	272.14	232.86	84.74	142.39	174.66
84	238.94	280.09	239.67	87.21	146.56	179.77
85	245.85	288.19	246.60	89.74	150.79	184.97
86	252.76	296.29	253.53	92.26	155.03	190.16
87	259.79	304.54	260.58	94.83	159.34	195.46
88	266.95	312.93	267.77	97.44	163.74	200.84
89	274.11	321.32	274.95	100.05	168.13	206.23
90	281.15	329.57	282.00	102.62	172.44	211.52
91	286.92	336.35	287.80	104.73	175.99	215.87
92	292.70	343.12	293.60	106.84	179.53	220.22
93	298.11	349.45	299.02	108.81	182.85	224.28
94	303.63	355.93	304.56	110.83	186.24	228.44
95	309.29	362.56	310.23	112.89	189.70	232.70
96	314.44	368.60	315.40	114.77	192.86	236.57
97	319.71	374.78	320.69	116.70	196.10	240.54
98	324.99	380.97	325.98	118.62	199.34	244.51
99+	330.52	387.45	331.53	120.64	202.73	248.67

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024

TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	144.35	169.24	144.78	52.63	88.52	108.55
66	144.35	169.24	144.78	52.63	88.52	108.55
67	144.35	169.24	144.78	52.63	88.52	108.55
68	144.35	169.24	144.78	52.63	88.52	108.55
69	147.23	172.62	147.67	53.69	90.29	110.72
70	151.65	177.80	152.10	55.30	93.00	114.04
71	157.46	184.61	157.93	57.42	96.56	118.41
72	163.14	191.28	163.63	59.49	100.05	122.68
73	168.82	197.94	169.33	61.56	103.53	126.95
74	174.51	204.60	175.03	63.63	107.02	131.23
75	180.19	211.26	180.73	65.70	110.50	135.50
76	186.25	218.37	186.81	67.91	114.22	140.06
77	193.70	227.10	194.28	70.63	118.79	145.66
78	201.40	236.13	202.00	73.44	123.51	151.45
79	207.34	243.09	207.96	75.60	127.15	155.92
80	213.65	250.49	214.29	77.90	131.02	160.66
81	219.96	257.90	220.62	80.21	134.89	165.41
82	226.53	265.59	227.21	82.60	138.92	170.35
83	233.35	273.59	234.05	85.09	143.10	175.48
84	240.17	281.58	240.89	87.57	147.28	180.60
85	247.11	289.73	247.85	90.11	151.54	185.83
86	254.06	297.87	254.82	92.64	155.80	191.05
87	261.13	306.16	261.91	95.22	160.14	196.37
88	268.32	314.60	269.13	97.84	164.55	201.78
89	275.52	323.04	276.35	100.47	168.97	207.19
90	282.59	331.33	283.44	103.04	173.30	212.51
91	288.40	338.14	289.27	105.16	176.86	216.88
92	294.21	344.95	295.09	107.28	180.43	221.24
93	299.64	351.31	300.54	109.26	183.76	225.33
94	305.20	357.83	306.11	111.28	187.16	229.51
95	310.88	364.49	311.81	113.36	190.65	233.78
96	316.06	370.56	317.00	115.24	193.82	237.67
97	321.36	376.78	322.32	117.18	197.08	241.66
98	326.66	382.99	327.64	119.11	200.33	245.65
99+	332.22	389.51	333.21	121.14	203.73	249.83

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024

TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	158.78	186.16	159.26	57.90	97.37	119.40
66	158.78	186.16	159.26	57.90	97.37	119.40
67	158.78	186.16	159.26	57.90	97.37	119.40
68	158.78	186.16	159.26	57.90	97.37	119.40
69	161.96	189.89	162.44	59.06	99.32	121.79
70	166.82	195.58	167.32	60.83	102.30	125.44
71	173.21	203.08	173.72	63.16	106.22	130.25
72	179.46	210.40	179.99	65.44	110.05	134.95
73	185.71	217.73	186.26	67.71	113.88	139.65
74	191.96	225.06	192.53	69.99	117.72	144.35
75	198.21	232.39	198.80	72.27	121.55	149.05
76	204.87	240.21	205.49	74.71	125.64	154.06
77	213.07	249.81	213.71	77.69	130.67	160.23
78	221.54	259.75	222.20	80.78	135.86	166.60
79	228.07	267.40	228.75	83.16	139.87	171.51
80	235.01	275.54	235.72	85.70	144.12	176.73
81	241.96	283.69	242.68	88.23	148.38	181.95
82	249.18	292.15	249.93	90.86	152.81	187.38
83	256.68	300.95	257.45	93.60	157.41	193.02
84	264.18	309.74	264.97	96.33	162.01	198.66
85	271.82	318.70	272.64	99.12	166.70	204.41
86	279.46	327.66	280.30	101.90	171.38	210.15
87	287.24	336.78	288.10	104.74	176.15	216.00
88	295.16	346.06	296.04	107.62	181.01	221.96
89	303.08	355.34	303.98	110.51	185.86	227.91
90	310.85	364.46	311.78	113.35	190.63	233.76
91	317.24	371.95	318.19	115.68	194.55	238.56
92	323.63	379.44	324.60	118.01	198.47	243.37
93	329.60	386.45	330.59	120.19	202.13	247.86
94	335.72	393.61	336.72	122.41	205.88	252.46
95	341.97	400.94	342.99	124.69	209.71	257.16
96	347.66	407.62	348.70	126.77	213.20	261.44
97	353.49	414.46	354.55	128.90	216.78	265.83
98	359.33	421.29	360.40	131.02	220.36	270.21
99+	365.44	428.46	366.53	133.25	224.11	274.81

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024

TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	164.76	193.25	165.28	59.96	100.98	123.89
66	164.76	193.25	165.28	59.96	100.98	123.89
67	164.76	193.25	165.28	59.96	100.98	123.89
68	164.76	193.25	165.28	59.96	100.98	123.89
69	168.05	197.11	168.59	61.16	103.00	126.36
70	173.09	203.03	173.65	63.00	106.09	130.15
71	179.72	210.80	180.30	65.41	110.15	135.14
72	186.21	218.41	186.80	67.77	114.13	140.02
73	192.69	226.02	193.31	70.13	118.10	144.89
74	199.18	233.62	199.82	72.49	122.08	149.77
75	205.66	241.23	206.32	74.85	126.05	154.65
76	212.58	249.34	213.26	77.37	130.29	159.85
77	221.09	259.32	221.79	80.47	135.50	166.24
78	229.88	269.63	230.61	83.67	140.89	172.85
79	236.65	277.58	237.41	86.13	145.04	177.95
80	243.86	286.03	244.64	88.75	149.46	183.36
81	251.06	294.48	251.87	91.38	153.88	188.78
82	258.56	303.27	259.39	94.10	158.47	194.42
83	266.34	312.40	267.19	96.94	163.24	200.27
84	274.13	321.53	275.00	99.77	168.01	206.12
85	282.05	330.83	282.95	102.65	172.87	212.08
86	289.98	340.12	290.90	105.54	177.73	218.04
87	298.05	349.59	299.00	108.48	182.67	224.11
88	306.26	359.23	307.24	111.47	187.71	230.29
89	314.48	368.86	315.48	114.46	192.74	236.47
90	322.55	378.33	323.58	117.39	197.69	242.53
91	329.18	386.10	330.23	119.81	201.75	247.52
92	335.81	393.88	336.88	122.22	205.82	252.51
93	342.01	401.15	343.10	124.48	209.61	257.16
94	348.35	408.59	349.46	126.78	213.50	261.93
95	354.83	416.19	355.97	129.14	217.48	266.81
96	360.74	423.13	361.90	131.29	221.10	271.25
97	366.80	430.23	367.97	133.50	224.81	275.80
98	372.85	437.33	374.04	135.70	228.52	280.36
99+	379.19	444.76	380.40	138.01	232.40	285.13

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

NORTH DAKOTA – MONTHLY CREDIT CARD RATES – EFFECTIVE 01-25-2024

TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	181.23	212.57	181.81	65.96	111.08	136.27
66	181.23	212.57	181.81	65.96	111.08	136.27
67	181.23	212.57	181.81	65.96	111.08	136.27
68	181.23	212.57	181.81	65.96	111.08	136.27
69	184.86	216.83	185.45	67.28	113.30	139.00
70	190.40	223.33	191.01	69.30	116.70	143.17
71	197.69	231.88	198.33	71.95	121.17	148.65
72	204.83	240.25	205.48	74.55	125.54	154.02
73	211.96	248.62	212.64	77.15	129.91	159.38
74	219.10	256.99	219.80	79.74	134.28	164.75
75	226.23	265.35	226.95	82.34	138.66	170.11
76	233.84	274.28	234.59	85.11	143.32	175.83
77	243.20	285.25	243.97	88.51	149.05	182.87
78	252.87	296.59	253.67	92.03	154.98	190.14
79	260.32	305.33	261.15	94.74	159.55	195.74
80	268.24	314.63	269.10	97.63	164.41	201.70
81	276.17	323.93	277.05	100.51	169.26	207.66
82	284.41	333.60	285.32	103.51	174.32	213.86
83	292.98	343.64	293.91	106.63	179.56	220.30
84	301.54	353.68	302.50	109.75	184.81	226.73
85	310.26	363.91	311.25	112.92	190.16	233.29
86	318.98	374.14	319.99	116.09	195.50	239.85
87	327.85	384.55	328.90	119.32	200.94	246.52
88	336.89	395.15	337.97	122.61	206.48	253.32
89	345.93	405.75	347.03	125.90	212.02	260.11
90	354.80	416.16	355.94	129.13	217.46	266.79
91	362.10	424.72	363.26	131.79	221.93	272.27
92	369.39	433.27	370.57	134.44	226.40	277.76
93	376.21	441.26	377.41	136.92	230.58	282.88
94	383.18	449.45	384.41	139.46	234.85	288.13
95	390.32	457.81	391.57	142.06	239.22	293.49
96	396.82	465.44	398.08	144.42	243.21	298.38
97	403.48	473.25	404.77	146.85	247.29	303.39
98	410.14	481.06	411.44	149.27	251.37	308.39
99+	417.11	489.24	418.44	151.81	255.64	313.64

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®
NORTH DAKOTA – ZIP CODE AREA CHART – Effective 06-24-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
58001	Abercrombie	2	58064	Page	2	58227	Edinburg	2
58002	Absaraka	1	58065	Pillsbury	2	58228	Emerado	1
58004	Amenia	1	58067	Rutland	2	58229	Fairdale	2
58005	Argusville	1	58068	Sheldon	2	58230	Finley	2
58006	Arthur	1	58069	Stirum	2	58231	Fordville	2
58007	Ayr	2	58071	Tower City	2	58233	Forest River	2
58008	Barney	2	58072	Valley City	2	58235	Gilby	1
58009	Blanchard	2	58074	Wahpeton	2	58236	Glasston	2
58011	Buffalo	2	58075	Wahpeton	2	58237	Grafton	2
58012	Casseltown	1	58076	Wahpeton	2	58238	Hamilton	2
58013	Cayuga	2	58077	Walcott	1	58239	Hannah	2
58015	Christine	1	58078	West Fargo	1	58240	Hatton	2
58016	Clifford	2	58079	Wheatland	1	58241	Hensel	2
58017	Cogswell	2	58081	Wyndmere	2	58243	Hoople	2
58018	Colfax	1	58102	Fargo	1	58244	Inkster	2
58021	Davenport	1	58103	Fargo	1	58249	Langdon	2
58027	Enderlin	2	58104	Fargo	1	58250	Lankin	2
58029	Erie	2	58105	Fargo	1	58251	Larimore	2
58030	Fairmount	2	58106	Fargo	1	58254	Mcville	2
58031	Fingal	2	58107	Fargo	1	58255	Maida	2
58032	Forman	2	58108	Fargo	1	58256	Manvel	1
58033	Fort Ransom	2	58109	Fargo	1	58257	Mayville	2
58035	Galesburg	2	58121	Fargo	1	58258	Mekinock	1
58036	Gardner	1	58122	Fargo	1	58259	Michigan	2
58038	Grandin	2	58124	Fargo	1	58260	Milton	2
58040	Gwinner	2	58125	Fargo	1	58261	Minto	2
58041	Hankinson	2	58126	Fargo	1	58262	Mountain	2
58042	Harwood	1	58201	Grand Forks	1	58265	Neché	2
58043	Havana	2	58202	Grand Forks	1	58266	Niagara	2
58045	Hillsboro	2	58203	Grand Forks	1	58267	Northwood	2
58046	Hope	2	58204	Grand Forks AFB	1	58269	Osnabrock	2
58047	Horace	1	58205	Grand Forks AFB	1	58270	Park River	2
58048	Hunter	2	58206	Grand Forks	1	58271	Pembina	2
58049	Kathryn	2	58207	Grand Forks	1	58272	Petersburg	2
58051	Kindred	1	58208	Grand Forks	1	58273	Pisek	2
58052	Leonard	1	58210	Adams	2	58274	Portland	2
58053	Lidgerwood	2	58212	Aneta	2	58275	Reynolds	1
58054	Lisbon	2	58214	Arvilla	2	58276	Saint Thomas	2
58056	Luverne	2	58216	Bathgate	2	58277	Sharon	2
58057	McLeod	2	58218	Buxton	2	58278	Thompson	1
58058	Mantador	2	58219	Caledonia	2	58281	Wales	2
58059	Mapleton	1	58220	Cavalier	2	58282	Walhalla	2
58060	Milnor	2	58222	Crystal	2	58301	Devils Lake	2
58061	Mooreton	2	58223	Cummings	2	58310	Agate	1
58062	Nome	2	58224	Dahlen	2	58311	Alsen	2
58063	Oriska	2	58225	Drayton	2	58313	Balta	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH DAKOTA – ZIP CODE AREA CHART – Effective 06-24-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
58316	Belcourt	1	58401	Jamestown	2	58478	Robinson	2
58317	Bisbee	2	58402	Jamestown	2	58479	Rogers	2
58318	Bottineau	2	58405	Jamestown	2	58480	Sanborn	2
58321	Brocket	2	58413	Ashley	2	58481	Spiritwood	2
58323	Calvin	2	58415	Berlin	2	58482	Steele	1
58324	Cando	2	58416	Binford	2	58483	Streeter	2
58325	Churchs Ferry	2	58418	Bowdon	2	58484	Sutton	2
58327	Crary	2	58420	Buchanan	2	58486	Sykeston	2
58329	Dunseith	1	58421	Carrington	2	58487	Tappen	2
58330	Edmore	2	58422	Cathay	2	58488	Tuttle	2
58331	Egeland	2	58423	Chaseley	2	58490	Verona	2
58332	Esmond	2	58424	Cleveland	2	58492	Wimbledon	2
58335	Fort Totten	2	58425	Cooperstown	2	58494	Wing	1
58338	Hampden	2	58426	Courtenay	2	58495	Wishek	2
58339	Hansboro	2	58428	Dawson	1	58496	Woodworth	2
58341	Harvey	2	58429	Dazey	2	58497	Ypsilanti	2
58343	Knox	2	58430	Denhoff	2	58501	Bismarck	1
58344	Lakota	2	58431	Dickey	2	58502	Bismarck	1
58345	Lawton	2	58433	Edgeley	2	58503	Bismarck	1
58346	Leeds	2	58436	Ellendale	2	58504	Bismarck	1
58348	Maddock	2	58438	Fessenden	2	58505	Bismarck	1
58351	Minnewaukan	2	58439	Forbes	2	58506	Bismarck	1
58352	Munich	2	58440	Fredonia	2	58507	Bismarck	1
58353	Mylo	1	58441	Fullerton	2	58520	Almont	2
58355	Nekoma	2	58442	Gackle	2	58521	Baldwin	1
58356	New Rockford	2	58443	Glenfield	2	58523	Beulah	2
58357	Oberon	2	58444	Goodrich	2	58524	Braddock	2
58361	Pekin	2	58445	Grace City	2	58528	Cannon Ball	1
58362	Penn	2	58448	Hannaford	2	58529	Carson	2
58363	Perth	2	58451	Hurdsfield	2	58530	Center	1
58365	Rocklake	2	58452	Jessie	2	58531	Coleharbor	2
58366	Rolette	1	58454	Jud	2	58532	Driscoll	1
58367	Rolla	1	58455	Kensal	2	58533	Elgin	2
58368	Rugby	2	58456	Kulm	2	58535	Flasher	1
58369	Saint John	1	58458	Lamoure	2	58538	Fort Yates	1
58370	Saint Michael	2	58460	Lehr	2	58540	Garrison	2
58372	Sarles	2	58461	Litchville	2	58541	Golden Valley	2
58374	Sheyenne	2	58463	Mcclusky	2	58542	Hague	2
58377	Starkweather	2	58464	Mchenry	2	58544	Hazleton	2
58379	Tokio	2	58466	Marion	2	58545	Hazen	2
58380	Tolna	2	58467	Medina	2	58549	Kintyre	2
58381	Warwick	2	58472	Montpelier	2	58552	Linton	2
58382	Webster	2	58474	Oakes	2	58554	Mandan	1
58384	Willow City	2	58475	Pettibone	2	58558	Menoken	1
58385	Wolford	1	58476	Pingree	2	58559	Mercer	2
58386	York	2	58477	Regan	1	58560	Moffit	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
NORTH DAKOTA – ZIP CODE AREA CHART – Effective 06-24-2024

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
58561	Napoleon	2	58653	Scranton	2	58769	Palermo	2
58562	New Leipzig	2	58654	Sentinel Butte	2	58770	Parshall	2
58563	New Salem	1	58655	South Heart	2	58771	Plaza	1
58564	Raleigh	2	58656	Taylor	2	58772	Portal	2
58565	Riverdale	2	58701	Minot	1	58773	Powers Lake	2
58566	Saint Anthony	1	58702	Minot	1	58775	Roseglen	2
58568	Selfridge	1	58703	Minot	1	58776	Ross	2
58569	Shields	1	58704	Minot AFB	1	58778	Ruso	2
58570	Solen	1	58705	Minot AFB	1	58779	Ryder	1
58571	Stanton	2	58707	Minot	1	58781	Sawyer	1
58572	Sterling	1	58710	Anamoose	2	58782	Sherwood	2
58573	Strasburg	2	58711	Antler	2	58783	Souris	2
58575	Turtle Lake	2	58712	Balfour	2	58784	Stanley	2
58576	Underwood	2	58713	Bantry	2	58785	Surrey	1
58577	Washburn	2	58716	Benedict	2	58787	Tolley	2
58579	Wilton	1	58718	Berthold	1	58788	Towner	2
58580	Zap	2	58721	Bowbells	2	58789	Upham	2
58581	Zeeland	2	58722	Burlington	1	58790	Velva	1
58601	Dickinson	2	58723	Butte	2	58792	Voltaire	1
58602	Dickinson	2	58725	Carpio	1	58793	Westhope	2
58620	Amidon	2	58727	Columbus	2	58794	White Earth	2
58621	Beach	2	58730	Crosby	2	58795	Wildrose	2
58622	Belfield	2	58731	Deering	1	58801	Williston	2
58623	Bowman	2	58733	Des Lacs	1	58802	Williston	2
58625	Dodge	2	58734	Donnybrook	2	58803	Williston	2
58626	Dunn Center	2	58735	Douglas	2	58830	Alamo	2
58627	Fairfield	2	58736	Drake	2	58831	Alexander	2
58630	Gladstone	2	58737	Flaxton	2	58833	Ambrose	2
58631	Glen Ullin	2	58740	Glenburn	1	58835	Arnegard	2
58632	Golva	2	58741	Granville	1	58838	Cartwright	2
58634	Grassy Butte	2	58744	Karlsruhe	2	58843	Epping	2
58636	Halliday	2	58746	Kenmare	2	58844	Fortuna	2
58638	Hebron	2	58748	Kramer	2	58845	Grenora	2
58639	Hettinger	2	58750	Lansford	1	58847	Keene	2
58640	Killdeer	2	58752	Lignite	2	58849	Ray	2
58641	Lefor	2	58755	Mcgregor	2	58852	Tioga	2
58642	Manning	2	58756	Makoti	2	58853	Trenton	2
58643	Marmarth	2	58757	Mandaree	2	58854	Watford City	2
58644	Marshall	2	58758	Martin	2	58856	Zahl	2
58645	Medora	2	58759	Max	2			
58646	Mott	2	58760	Maxbass	1			
58647	New England	2	58761	Mohall	2			
58649	Reeder	2	58762	Newburg	2			
58650	Regent	2	58763	New Town	2			
58651	Rhame	2	58765	Noonan	2			
58652	Richardton	2	58768	Norwich	1			

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

PREMIUM INFORMATION

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

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

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

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

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

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A

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

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

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

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

PLAN A

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

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

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

PARTS A & B

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

PLAN F

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

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

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

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

PLAN F

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

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

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

PARTS A & B

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

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN G

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

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

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

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

PLAN G

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

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

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

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
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OTHER BENEFITS NOT COVERED BY MEDICARE

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

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

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

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

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

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

HIGH DEDUCTIBLE PLAN G

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

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

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

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

PARTS A & B

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

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN K

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

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

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

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

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

PLAN K

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

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

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

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[257] of Medicare approved amounts**** Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$[257] (Part B deductible)◆ 10%◆
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*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,220] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

PLAN N

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

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

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

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

PLAN N

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

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

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

PARTS A & B

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

PLAN N

OTHER BENEFITS NOT COVERED BY MEDICARE

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