

# 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

Atlantic Capital Life Assurance Company offers Plans A, F, G, High Deductible G, K, and N

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase 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 <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2024] <sup>2</sup>					\$[7,060] <sup>2</sup>		\$[3,530] <sup>2</sup>			

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

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

<sup>3</sup>Plan N pays 100% of the Part B coinsurance, except for a 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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	97.70	117.50	98.29	35.63	60.31	75.00
66	97.70	117.50	98.29	35.63	60.31	75.00
67	97.70	117.50	98.29	35.63	60.31	75.00
68	97.70	117.50	98.29	35.63	60.31	75.00
69	99.66	119.85	100.26	36.34	61.51	76.50
70	102.65	123.45	103.27	37.43	63.36	78.80
71	106.58	128.17	107.22	38.86	65.78	81.82
72	110.42	132.80	111.09	40.26	68.16	84.77
73	114.27	137.42	114.96	41.67	70.53	87.72
74	118.12	142.05	118.83	43.07	72.91	90.67
75	121.96	146.68	122.70	44.47	75.28	93.63
76	126.06	151.61	126.83	45.97	77.81	96.78
77	131.11	157.67	131.90	47.80	80.93	100.65
78	136.32	163.94	137.14	49.71	84.14	104.65
79	140.34	168.78	141.19	51.17	86.62	107.73
80	144.61	173.91	145.49	52.73	89.26	111.01
81	148.88	179.05	149.78	54.29	91.90	114.29
82	153.33	184.40	154.26	55.91	94.64	117.71
83	157.94	189.95	158.90	57.59	97.49	121.25
84	162.56	195.50	163.54	59.27	100.34	124.79
85	167.26	201.15	168.27	60.99	103.24	128.40
86	171.96	206.81	173.00	62.70	106.14	132.01
87	176.75	212.56	177.82	64.45	109.10	135.68
88	181.62	218.42	182.72	66.22	112.10	139.42
89	186.49	224.28	187.62	68.00	115.11	143.16
90	191.28	230.04	192.43	69.74	118.07	146.84
91	195.21	234.76	196.39	71.18	120.49	149.85
92	199.14	239.49	200.34	72.61	122.92	152.87
93	202.81	243.91	204.04	73.95	125.19	155.69
94	206.58	248.43	207.82	75.32	127.51	158.58
95	210.42	253.06	211.69	76.72	129.88	161.53
96	213.92	257.27	215.22	78.00	132.04	164.22
97	217.51	261.59	218.83	79.31	134.26	166.98
98	221.10	265.91	222.44	80.62	136.48	169.73
99+	224.86	270.43	226.22	81.99	138.80	172.62

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

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

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

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

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	107.47	129.25	108.12	39.19	66.34	82.50
66	107.47	129.25	108.12	39.19	66.34	82.50
67	107.47	129.25	108.12	39.19	66.34	82.50
68	107.47	129.25	108.12	39.19	66.34	82.50
69	109.62	131.84	110.28	39.97	67.66	84.15
70	112.91	135.79	113.59	41.17	69.69	86.68
71	117.24	140.99	117.94	42.75	72.36	90.00
72	121.47	146.08	122.20	44.29	74.97	93.25
73	125.70	151.17	126.46	45.83	77.59	96.49
74	129.93	156.26	130.71	47.37	80.20	99.74
75	134.16	161.34	134.97	48.92	82.81	102.99
76	138.67	166.77	139.51	50.56	85.59	106.45
77	144.22	173.44	145.09	52.59	89.02	110.71
78	149.95	180.34	150.86	54.68	92.56	115.11
79	154.37	185.65	155.31	56.29	95.29	118.51
80	159.07	191.31	160.03	58.00	98.19	122.11
81	163.77	196.96	164.76	59.71	101.09	125.72
82	168.66	202.84	169.68	61.50	104.11	129.48
83	173.74	208.94	174.79	63.35	107.24	133.37
84	178.82	215.05	179.90	65.20	110.37	137.27
85	183.99	221.27	185.10	67.08	113.56	141.24
86	189.16	227.49	190.30	68.97	116.76	145.21
87	194.42	233.82	195.60	70.89	120.01	149.25
88	199.78	240.26	200.99	72.84	123.31	153.37
89	205.14	246.71	206.38	74.80	126.62	157.48
90	210.40	253.04	211.67	76.72	129.87	161.52
91	214.73	258.24	216.03	78.30	132.54	164.84
92	219.05	263.44	220.38	79.87	135.21	168.16
93	223.10	268.30	224.44	81.35	137.71	171.26
94	227.23	273.28	228.61	82.85	140.26	174.44
95	231.46	278.37	232.86	84.40	142.87	177.69
96	235.32	283.00	236.74	85.80	145.25	180.65
97	239.27	287.75	240.71	87.24	147.69	183.68
98	243.22	292.50	244.69	88.68	150.12	186.71
99+	247.35	297.47	248.85	90.19	152.68	189.88

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

**TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023****PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	123.11	148.05	123.85	44.89	75.99	94.50
66	123.11	148.05	123.85	44.89	75.99	94.50
67	123.11	148.05	123.85	44.89	75.99	94.50
68	123.11	148.05	123.85	44.89	75.99	94.50
69	125.57	151.01	126.33	45.78	77.51	96.39
70	129.33	155.54	130.12	47.16	79.83	99.29
71	134.29	161.50	135.10	48.96	82.89	103.09
72	139.13	167.33	139.98	50.73	85.88	106.81
73	143.98	173.15	144.85	52.50	88.87	110.53
74	148.83	178.98	149.73	54.27	91.86	114.25
75	153.67	184.81	154.60	56.03	94.85	117.97
76	158.84	191.03	159.80	57.92	98.04	121.94
77	165.19	198.67	166.19	60.23	101.97	126.81
78	171.76	206.57	172.80	62.63	106.02	131.86
79	176.83	212.66	177.90	64.48	109.15	135.74
80	182.21	219.13	183.31	66.44	112.47	139.88
81	187.59	225.61	188.73	68.40	115.79	144.01
82	193.19	232.34	194.36	70.44	119.25	148.31
83	199.01	239.34	200.21	72.56	122.84	152.77
84	204.83	246.33	206.06	74.68	126.43	157.24
85	210.75	253.45	212.02	76.84	130.08	161.78
86	216.67	260.58	217.98	79.00	133.74	166.33
87	222.70	267.83	224.05	81.20	137.46	170.96
88	228.84	275.21	230.22	83.44	141.25	175.67
89	234.98	282.59	236.40	85.68	145.04	180.39
90	241.01	289.85	242.46	87.87	148.76	185.01
91	245.96	295.80	247.45	89.68	151.82	188.82
92	250.92	301.76	252.43	91.49	154.88	192.62
93	255.54	307.33	257.09	93.18	157.74	196.18
94	260.29	313.03	261.86	94.91	160.66	199.81
95	265.13	318.86	266.73	96.67	163.65	203.53
96	269.55	324.17	271.18	98.28	166.38	206.92
97	274.07	329.60	275.72	99.93	169.17	210.39
98	278.59	335.04	280.28	101.58	171.96	213.87
99+	283.33	340.74	285.04	103.31	174.89	217.50

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – FEMALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	135.81	163.33	136.63	49.52	83.83	104.25
66	135.81	163.33	136.63	49.52	83.83	104.25
67	135.81	163.33	136.63	49.52	83.83	104.25
68	135.81	163.33	136.63	49.52	83.83	104.25
69	138.52	166.59	139.36	50.51	85.50	106.34
70	142.68	171.59	143.54	52.02	88.07	109.53
71	148.14	178.16	149.04	54.02	91.44	113.72
72	153.49	184.59	154.42	55.97	94.74	117.83
73	158.83	191.02	159.80	57.91	98.04	121.93
74	164.18	197.45	165.17	59.87	101.34	126.04
75	169.53	203.88	170.55	61.81	104.64	130.14
76	175.23	210.74	176.29	63.89	108.16	134.52
77	182.24	219.17	183.34	66.45	112.49	139.90
78	189.49	227.88	190.63	69.09	116.96	145.46
79	195.07	234.60	196.25	71.13	120.41	149.75
80	201.01	241.74	202.22	73.29	124.07	154.31
81	206.95	248.89	208.20	75.46	127.74	158.87
82	213.13	256.31	214.41	77.71	131.55	163.61
83	219.54	264.03	220.87	80.05	135.51	168.54
84	225.96	271.75	227.32	82.39	139.47	173.46
85	232.49	279.60	233.89	84.77	143.51	178.48
86	239.03	287.46	240.47	87.15	147.54	183.49
87	245.68	295.46	247.16	89.58	151.64	188.60
88	252.45	303.61	253.98	92.05	155.82	193.80
89	259.22	311.75	260.79	94.52	160.00	199.00
90	265.87	319.75	267.48	96.94	164.11	204.10
91	271.34	326.32	272.98	98.94	167.48	208.30
92	276.80	332.90	278.48	100.93	170.86	212.49
93	281.91	339.04	283.62	102.79	174.01	216.42
94	287.14	345.32	288.87	104.70	177.24	220.43
95	292.49	351.75	294.25	106.65	180.54	224.53
96	297.36	357.61	299.15	108.42	183.54	228.27
97	302.35	363.61	304.17	110.24	186.62	232.10
98	307.34	369.61	309.19	112.06	189.70	235.93
99+	312.56	375.90	314.45	113.97	192.93	239.94

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

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

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

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

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

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

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	112.30	134.87	112.79	40.74	69.11	86.02
66	112.30	134.87	112.79	40.74	69.11	86.02
67	112.30	134.87	112.79	40.74	69.11	86.02
68	112.30	134.87	112.79	40.74	69.11	86.02
69	114.55	137.57	115.04	41.55	70.49	87.74
70	117.98	141.70	118.49	42.80	72.61	90.37
71	122.50	147.12	123.03	44.44	75.39	93.83
72	126.92	152.43	127.47	46.04	78.11	97.22
73	131.34	157.74	131.91	47.65	80.83	100.61
74	135.77	163.05	136.35	49.25	83.55	103.99
75	140.19	168.36	140.79	50.85	86.27	107.38
76	144.90	174.02	145.53	52.56	89.17	110.99
77	150.70	180.98	151.35	54.67	92.74	115.43
78	156.69	188.18	157.37	56.84	96.42	120.02
79	161.31	193.73	162.00	58.52	99.27	123.56
80	166.22	199.63	166.94	60.30	102.29	127.32
81	171.13	205.52	171.87	62.08	105.31	131.08
82	176.24	211.66	177.00	63.93	108.45	134.99
83	181.55	218.03	182.33	65.86	111.72	139.06
84	186.85	224.40	187.66	67.78	114.98	143.12
85	192.25	230.89	193.08	69.74	118.31	147.26
86	197.66	237.38	198.51	71.70	121.63	151.40
87	203.16	243.99	204.03	73.70	125.02	155.61
88	208.76	250.71	209.66	75.73	128.46	159.90
89	214.36	257.44	215.28	77.76	131.91	164.19
90	219.86	264.04	220.81	79.75	135.30	168.40
91	224.38	269.47	225.34	81.39	138.08	171.87
92	228.90	274.90	229.88	83.03	140.86	175.33
93	233.12	279.97	234.12	84.56	143.46	178.56
94	237.44	285.16	238.47	86.13	146.12	181.87
95	241.86	290.47	242.91	87.74	148.84	185.26
96	245.89	295.31	246.95	89.20	151.32	188.34
97	250.02	300.26	251.09	90.69	153.85	191.51
98	254.14	305.22	255.24	92.19	156.39	194.67
99+	258.46	310.41	259.58	93.76	159.05	197.98

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	123.53	148.36	124.06	44.81	76.02	94.62
66	123.53	148.36	124.06	44.81	76.02	94.62
67	123.53	148.36	124.06	44.81	76.02	94.62
68	123.53	148.36	124.06	44.81	76.02	94.62
69	126.00	151.33	126.54	45.71	77.54	96.51
70	129.78	155.87	130.34	47.08	79.87	99.41
71	134.75	161.84	135.33	48.88	82.93	103.22
72	139.62	167.68	140.22	50.65	85.92	106.94
73	144.48	173.52	145.10	52.41	88.91	110.67
74	149.34	179.36	149.99	54.17	91.90	114.39
75	154.21	185.20	154.87	55.94	94.89	118.12
76	159.39	191.43	160.08	57.82	98.09	122.09
77	165.77	199.08	166.48	60.13	102.01	126.97
78	172.36	207.00	173.10	62.52	106.07	132.02
79	177.44	213.10	178.20	64.37	109.19	135.91
80	182.84	219.59	183.63	66.33	112.52	140.05
81	188.25	226.08	189.06	68.29	115.84	144.19
82	193.86	232.82	194.70	70.32	119.30	148.49
83	199.70	239.83	200.56	72.44	122.89	152.96
84	205.54	246.84	206.42	74.56	126.48	157.43
85	211.48	253.98	212.39	76.71	130.14	161.99
86	217.42	261.12	218.36	78.87	133.80	166.54
87	223.47	268.39	224.44	81.07	137.52	171.17
88	229.63	275.78	230.62	83.30	141.31	175.89
89	235.79	283.18	236.81	85.54	145.10	180.61
90	241.84	290.45	242.89	87.73	148.83	185.24
91	246.81	296.42	247.88	89.53	151.88	189.05
92	251.79	302.39	252.87	91.34	154.94	192.86
93	256.43	307.97	257.54	93.02	157.80	196.42
94	261.19	313.68	262.31	94.75	160.73	200.06
95	266.05	319.52	267.20	96.51	163.72	203.79
96	270.48	324.84	271.64	98.12	166.45	207.18
97	275.02	330.29	276.20	99.76	169.24	210.66
98	279.56	335.74	280.76	101.41	172.03	214.13
99+	284.31	341.45	285.54	103.14	174.96	217.77

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	141.50	169.94	142.11	51.33	87.08	108.38
66	141.50	169.94	142.11	51.33	87.08	108.38
67	141.50	169.94	142.11	51.33	87.08	108.38
68	141.50	169.94	142.11	51.33	87.08	108.38
69	144.33	173.34	144.95	52.36	88.82	110.55
70	148.66	178.54	149.30	53.93	91.48	113.87
71	154.35	185.38	155.02	55.99	94.99	118.23
72	159.92	192.06	160.61	58.01	98.41	122.50
73	165.49	198.75	166.21	60.03	101.84	126.76
74	171.06	205.44	171.80	62.06	105.27	131.03
75	176.64	212.13	177.40	64.07	108.70	135.30
76	182.58	219.27	183.36	66.23	112.35	139.85
77	189.88	228.04	190.70	68.88	116.85	145.44
78	197.43	237.11	198.28	71.62	121.50	151.23
79	203.25	244.09	204.12	73.73	125.07	155.68
80	209.44	251.53	210.34	75.98	128.88	160.42
81	215.63	258.96	216.55	78.22	132.69	165.16
82	222.06	266.69	223.02	80.55	136.65	170.09
83	228.75	274.72	229.73	82.98	140.77	175.21
84	235.43	282.75	236.45	85.40	144.88	180.33
85	242.24	290.92	243.28	87.87	149.07	185.55
86	249.05	299.10	250.12	90.34	153.26	190.76
87	255.98	307.42	257.08	92.86	157.52	196.07
88	263.04	315.90	264.17	95.42	161.87	201.48
89	270.09	324.37	271.25	97.98	166.21	206.88
90	277.02	332.70	278.21	100.49	170.47	212.19
91	282.71	339.53	283.93	102.56	173.98	216.55
92	288.41	346.37	289.65	104.62	177.48	220.91
93	293.73	352.76	295.00	106.55	180.76	224.99
94	299.18	359.30	300.47	108.53	184.11	229.16
95	304.75	365.99	306.06	110.55	187.53	233.43
96	309.82	372.09	311.16	112.39	190.66	237.31
97	315.02	378.33	316.38	114.27	193.86	241.30
98	320.22	384.58	321.60	116.16	197.06	245.28
99+	325.67	391.12	327.07	118.14	200.41	249.45

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	156.10	187.47	156.77	56.63	96.06	119.57
66	156.10	187.47	156.77	56.63	96.06	119.57
67	156.10	187.47	156.77	56.63	96.06	119.57
68	156.10	187.47	156.77	56.63	96.06	119.57
69	159.22	191.22	159.91	57.76	97.98	121.96
70	164.00	196.96	164.71	59.49	100.92	125.62
71	170.28	204.50	171.01	61.77	104.79	130.43
72	176.42	211.88	177.19	64.00	108.57	135.14
73	182.57	219.26	183.36	66.23	112.35	139.84
74	188.71	226.64	189.53	68.46	116.13	144.55
75	194.86	234.02	195.70	70.69	119.91	149.26
76	201.41	241.89	202.28	73.06	123.95	154.28
77	209.47	251.57	210.37	75.99	128.90	160.45
78	217.80	261.57	218.74	79.01	134.03	166.83
79	224.22	269.28	225.18	81.34	137.98	171.74
80	231.04	277.48	232.04	83.81	142.18	176.97
81	237.87	285.68	238.90	86.29	146.38	182.20
82	244.97	294.21	246.03	88.86	150.75	187.64
83	252.35	303.06	253.43	91.54	155.29	193.29
84	259.72	311.92	260.84	94.21	159.83	198.94
85	267.23	320.94	268.38	96.94	164.45	204.69
86	274.74	329.96	275.93	99.67	169.07	210.44
87	282.39	339.14	283.61	102.44	173.78	216.30
88	290.17	348.49	291.42	105.26	178.57	222.26
89	297.96	357.84	299.24	108.09	183.36	228.22
90	305.60	367.02	306.92	110.86	188.06	234.08
91	311.88	374.56	313.23	113.14	191.93	238.89
92	318.17	382.11	319.54	115.42	195.79	243.70
93	324.04	389.16	325.43	117.55	199.41	248.20
94	330.05	396.38	331.47	119.73	203.10	252.80
95	336.19	403.75	337.64	121.95	206.88	257.51
96	341.79	410.48	343.26	123.99	210.33	261.80
97	347.52	417.37	349.02	126.06	213.86	266.19
98	353.26	424.25	354.78	128.15	217.39	270.59
99+	359.27	431.47	360.81	130.33	221.09	275.19

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	123.27	148.32	124.01	44.73	75.96	94.56
66	123.27	148.32	124.01	44.73	75.96	94.56
67	123.27	148.32	124.01	44.73	75.96	94.56
68	123.27	148.32	124.01	44.73	75.96	94.56
69	125.74	151.29	126.49	45.62	77.48	96.45
70	129.51	155.82	130.29	46.99	79.80	99.35
71	134.47	161.79	135.28	48.79	82.86	103.15
72	139.32	167.63	140.16	50.55	85.84	106.87
73	144.18	173.47	145.04	52.31	88.84	110.59
74	149.03	179.31	149.92	54.07	91.83	114.32
75	153.88	185.15	154.80	55.83	94.82	118.04
76	159.06	191.37	160.01	57.71	98.01	122.01
77	165.42	199.03	166.41	60.02	101.92	126.89
78	172.00	206.94	173.03	62.41	105.98	131.94
79	177.07	213.04	178.13	64.25	109.10	135.83
80	182.46	219.53	183.55	66.20	112.42	139.96
81	187.85	226.02	188.97	68.16	115.75	144.10
82	193.46	232.76	194.62	70.19	119.20	148.40
83	199.28	239.77	200.47	72.31	122.79	152.87
84	205.10	246.77	206.33	74.42	126.38	157.33
85	211.03	253.91	212.30	76.57	130.03	161.88
86	216.97	261.05	218.26	78.72	133.69	166.43
87	223.00	268.31	224.34	80.91	137.41	171.06
88	229.15	275.71	230.52	83.14	141.19	175.78
89	235.30	283.10	236.71	85.37	144.98	180.49
90	241.34	290.37	242.78	87.57	148.70	185.12
91	246.30	296.34	247.77	89.36	151.76	188.93
92	251.26	302.31	252.76	91.17	154.81	192.73
93	255.89	307.89	257.43	92.85	157.67	196.29
94	260.64	313.59	262.20	94.57	160.60	199.93
95	265.49	319.43	267.08	96.33	163.59	203.65
96	269.91	324.75	271.53	97.93	166.31	207.05
97	274.44	330.20	276.08	99.58	169.10	210.52
98	278.97	335.65	280.64	101.22	171.89	213.99
99+	283.72	341.36	285.41	102.94	174.81	217.63

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	135.60	163.15	136.41	49.20	83.55	104.02
66	135.60	163.15	136.41	49.20	83.55	104.02
67	135.60	163.15	136.41	49.20	83.55	104.02
68	135.60	163.15	136.41	49.20	83.55	104.02
69	138.31	166.41	139.14	50.18	85.22	106.10
70	142.46	171.41	143.32	51.69	87.78	109.28
71	147.92	177.97	148.80	53.67	91.14	113.47
72	153.26	184.39	154.17	55.61	94.43	117.56
73	158.59	190.82	159.54	57.54	97.72	121.65
74	163.93	197.24	164.91	59.48	101.01	125.75
75	169.27	203.66	170.28	61.42	104.30	129.84
76	174.96	210.51	176.01	63.48	107.81	134.21
77	181.96	218.93	183.05	66.02	112.12	139.58
78	189.20	227.64	190.33	68.65	116.58	145.13
79	194.77	234.35	195.94	70.67	120.01	149.41
80	200.70	241.48	201.91	72.82	123.67	153.96
81	206.64	248.62	207.87	74.97	127.32	158.51
82	212.80	256.04	214.08	77.21	131.12	163.24
83	219.21	263.75	220.52	79.54	135.07	168.15
84	225.62	271.45	226.97	81.86	139.01	173.06
85	232.14	279.30	233.53	84.23	143.03	178.07
86	238.66	287.15	240.09	86.59	147.05	183.07
87	245.31	295.14	246.77	89.00	151.15	188.17
88	252.07	303.28	253.57	91.46	155.31	193.36
89	258.83	311.41	260.38	93.91	159.48	198.54
90	265.47	319.41	267.06	96.32	163.57	203.64
91	270.93	325.97	272.55	98.30	166.93	207.82
92	276.38	332.54	278.04	100.28	170.30	212.01
93	281.48	338.67	283.17	102.13	173.44	215.92
94	286.70	344.95	288.42	104.03	176.65	219.93
95	292.04	351.38	293.79	105.96	179.94	224.02
96	296.90	357.23	298.68	107.73	182.94	227.75
97	301.89	363.22	303.69	109.53	186.01	231.57
98	306.87	369.22	308.70	111.34	189.08	235.39
99+	312.09	375.50	313.96	113.24	192.30	239.40

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	155.33	186.88	156.25	56.36	95.70	119.15
66	155.33	186.88	156.25	56.36	95.70	119.15
67	155.33	186.88	156.25	56.36	95.70	119.15
68	155.33	186.88	156.25	56.36	95.70	119.15
69	158.43	190.62	159.38	57.48	97.62	121.53
70	163.18	196.34	164.16	59.21	100.55	125.17
71	169.43	203.86	170.45	61.48	104.40	129.97
72	175.55	211.21	176.60	63.69	108.16	134.66
73	181.66	218.57	182.75	65.91	111.93	139.35
74	187.78	225.93	188.90	68.13	115.70	144.04
75	193.89	233.28	195.05	70.35	119.47	148.73
76	200.41	241.13	201.61	72.72	123.49	153.73
77	208.43	250.78	209.68	75.62	128.42	159.88
78	216.72	260.75	218.01	78.63	133.53	166.24
79	223.10	268.43	224.44	80.95	137.47	171.14
80	229.90	276.61	231.27	83.41	141.65	176.35
81	236.69	284.78	238.11	85.88	145.84	181.56
82	243.76	293.28	245.22	88.44	150.19	186.98
83	251.09	302.11	252.60	91.10	154.71	192.61
84	258.43	310.94	259.98	93.77	159.23	198.24
85	265.90	319.93	267.50	96.48	163.84	203.97
86	273.38	328.92	275.01	99.19	168.44	209.70
87	280.99	338.07	282.67	101.95	173.13	215.54
88	288.73	347.39	290.46	104.76	177.90	221.48
89	296.47	356.71	298.25	107.57	182.68	227.42
90	304.08	365.87	305.90	110.33	187.36	233.26
91	310.33	373.39	312.19	112.60	191.21	238.05
92	316.58	380.91	318.48	114.87	195.07	242.85
93	322.43	387.94	324.36	116.99	198.67	247.33
94	328.41	395.13	330.37	119.16	202.35	251.91
95	334.52	402.48	336.52	121.38	206.12	256.60
96	340.09	409.19	342.13	123.40	209.55	260.88
97	345.80	416.05	347.87	125.47	213.07	265.25
98	351.51	422.92	353.61	127.54	216.58	269.63
99+	357.48	430.11	359.62	129.71	220.27	274.22

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

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

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

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

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

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

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	171.35	206.16	172.37	62.17	105.58	131.44
66	171.35	206.16	172.37	62.17	105.58	131.44
67	171.35	206.16	172.37	62.17	105.58	131.44
68	171.35	206.16	172.37	62.17	105.58	131.44
69	174.78	210.29	175.82	63.41	107.69	134.07
70	180.02	216.60	181.10	65.32	110.92	138.09
71	186.92	224.89	188.03	67.82	115.17	143.38
72	193.66	233.01	194.82	70.27	119.32	148.55
73	200.41	241.12	201.60	72.71	123.48	153.73
74	207.15	249.24	208.39	75.16	127.64	158.90
75	213.90	257.35	215.18	77.61	131.79	164.08
76	221.09	266.01	222.41	80.22	136.23	169.59
77	229.93	276.65	231.31	83.43	141.67	176.38
78	239.08	287.65	240.51	86.74	147.31	183.39
79	246.12	296.13	247.60	89.30	151.65	188.80
80	253.62	305.15	255.13	92.02	156.27	194.55
81	261.11	314.16	262.68	94.74	160.89	200.29
82	268.91	323.54	270.52	97.57	165.69	206.27
83	277.00	333.28	278.66	100.50	170.67	212.48
84	285.10	343.02	286.80	103.44	175.66	218.69
85	293.34	352.94	295.09	106.43	180.74	225.01
86	301.58	362.86	303.39	109.42	185.82	231.34
87	309.98	372.96	311.83	112.47	190.99	237.78
88	318.52	383.24	320.43	115.57	196.26	244.33
89	327.06	393.51	329.02	118.67	201.52	250.88
90	335.46	403.61	337.47	121.72	206.70	257.32
91	342.35	411.91	344.40	124.22	210.94	262.61
92	349.25	420.21	351.34	126.72	215.19	267.90
93	355.69	427.96	357.82	129.06	219.16	272.85
94	362.29	435.90	364.46	131.45	223.23	277.91
95	369.03	444.01	371.24	133.90	227.38	283.08
96	375.18	451.41	377.42	136.13	231.17	287.79
97	381.47	458.98	383.76	138.41	235.05	292.62
98	387.77	466.55	390.09	140.70	238.93	297.45
99+	394.37	474.49	396.73	143.09	242.99	302.51

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	141.69	170.29	142.34	51.20	87.09	108.49
66	141.69	170.29	142.34	51.20	87.09	108.49
67	141.69	170.29	142.34	51.20	87.09	108.49
68	141.69	170.29	142.34	51.20	87.09	108.49
69	144.53	173.70	145.19	52.22	88.83	110.66
70	148.86	178.91	149.54	53.79	91.50	113.98
71	154.56	185.76	155.27	55.85	95.00	118.35
72	160.14	192.46	160.88	57.86	98.43	122.62
73	165.72	199.17	166.48	59.88	101.86	126.89
74	171.30	205.87	172.08	61.89	105.29	131.16
75	176.88	212.57	177.69	63.91	108.72	135.43
76	182.82	219.72	183.66	66.06	112.37	139.99
77	190.14	228.51	191.01	68.70	116.87	145.59
78	197.70	237.60	198.61	71.43	121.52	151.38
79	203.53	244.60	204.46	73.54	125.10	155.84
80	209.72	252.05	210.68	75.78	128.91	160.59
81	215.92	259.50	216.91	78.02	132.71	165.33
82	222.36	267.24	223.38	80.35	136.68	170.27
83	229.06	275.29	230.11	82.76	140.79	175.39
84	235.75	283.33	236.83	85.18	144.90	180.52
85	242.57	291.53	243.68	87.65	149.09	185.74
86	249.39	299.72	250.53	90.11	153.29	190.96
87	256.33	308.06	257.50	92.62	157.55	196.27
88	263.39	316.55	264.60	95.17	161.89	201.68
89	270.46	325.04	271.70	97.72	166.24	207.09
90	277.40	333.38	278.67	100.23	170.50	212.40
91	283.10	340.24	284.40	102.29	174.01	216.77
92	288.80	347.09	290.13	104.35	177.51	221.14
93	294.13	353.50	295.48	106.28	180.79	225.22
94	299.58	360.05	300.96	108.25	184.14	229.39
95	305.16	366.75	306.56	110.26	187.57	233.66
96	310.24	372.86	311.67	112.10	190.69	237.56
97	315.45	379.12	316.90	113.98	193.89	241.54
98	320.66	385.37	322.13	115.86	197.09	245.53
99+	326.11	391.93	327.61	117.83	200.44	249.71

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	155.86	187.32	156.58	56.32	95.80	119.34
66	155.86	187.32	156.58	56.32	95.80	119.34
67	155.86	187.32	156.58	56.32	95.80	119.34
68	155.86	187.32	156.58	56.32	95.80	119.34
69	158.98	191.07	159.71	57.44	97.72	121.73
70	163.75	196.80	164.50	59.17	100.65	125.38
71	170.02	204.34	170.80	61.43	104.50	130.19
72	176.16	211.71	176.96	63.65	108.27	134.88
73	182.29	219.08	183.13	65.87	112.05	139.58
74	188.43	226.46	189.29	68.08	115.82	144.28
75	194.56	233.83	195.45	70.30	119.59	148.98
76	201.11	241.70	202.03	72.66	123.61	153.99
77	209.15	251.36	210.11	75.57	128.56	160.15
78	217.47	261.36	218.47	78.58	133.67	166.52
79	223.88	269.06	224.90	80.89	137.61	171.42
80	230.69	277.25	231.75	83.36	141.80	176.64
81	237.51	285.45	238.60	85.82	145.99	181.87
82	244.60	293.97	245.72	88.38	150.34	187.29
83	251.96	302.82	253.12	91.04	154.87	192.93
84	259.33	311.67	260.51	93.70	159.39	198.57
85	266.83	320.68	268.05	96.41	164.00	204.31
86	274.32	329.69	275.58	99.12	168.61	210.05
87	281.96	338.87	283.25	101.88	173.31	215.90
88	289.73	348.21	291.06	104.69	178.08	221.85
89	297.50	357.55	298.87	107.49	182.86	227.80
90	305.14	366.72	306.54	110.25	187.55	233.65
91	311.41	374.26	312.84	112.52	191.41	238.45
92	317.68	381.80	319.14	114.79	195.26	243.25
93	323.54	388.84	325.03	116.90	198.87	247.74
94	329.54	396.05	331.05	119.07	202.55	252.33
95	335.68	403.43	337.22	121.29	206.33	257.03
96	341.27	410.15	342.83	123.31	209.76	261.31
97	347.00	417.03	348.59	125.38	213.28	265.70
98	352.72	423.91	354.34	127.45	216.80	270.08
99+	358.72	431.12	360.37	129.61	220.49	274.68

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	178.53	214.57	179.35	64.51	109.74	136.70
66	178.53	214.57	179.35	64.51	109.74	136.70
67	178.53	214.57	179.35	64.51	109.74	136.70
68	178.53	214.57	179.35	64.51	109.74	136.70
69	182.10	218.86	182.94	65.80	111.93	139.44
70	187.57	225.43	188.43	67.77	115.29	143.62
71	194.75	234.06	195.64	70.37	119.70	149.12
72	201.78	242.50	202.70	72.91	124.02	154.50
73	208.81	250.95	209.76	75.45	128.34	159.88
74	215.84	259.40	216.82	77.99	132.66	165.27
75	222.86	267.84	223.88	80.53	136.98	170.65
76	230.36	276.85	231.41	83.23	141.59	176.39
77	239.57	287.93	240.67	86.56	147.25	183.44
78	249.10	299.38	250.24	90.01	153.11	190.74
79	256.44	308.20	257.62	92.66	157.62	196.36
80	264.25	317.58	265.46	95.48	162.42	202.34
81	272.06	326.97	273.30	98.30	167.22	208.32
82	280.18	336.73	281.46	101.24	172.21	214.53
83	288.61	346.86	289.94	104.28	177.40	220.99
84	297.05	357.00	298.41	107.33	182.58	227.45
85	305.64	367.32	307.04	110.43	187.86	234.03
86	314.23	377.65	315.67	113.54	193.14	240.61
87	322.97	388.16	324.45	116.70	198.51	247.30
88	331.88	398.86	333.39	119.91	203.99	254.12
89	340.78	409.55	342.34	123.13	209.46	260.94
90	349.52	420.06	351.13	126.29	214.83	267.63
91	356.70	428.70	358.34	128.89	219.25	273.13
92	363.89	437.33	365.56	131.48	223.67	278.63
93	370.61	445.40	372.30	133.91	227.79	283.78
94	377.48	453.66	379.21	136.39	232.02	289.04
95	384.51	462.11	386.27	138.93	236.34	294.42
96	390.91	469.80	392.70	141.24	240.27	299.32
97	397.47	477.69	399.29	143.62	244.30	304.35
98	404.03	485.57	405.88	145.98	248.34	309.37
99+	410.90	493.83	412.78	148.47	252.56	314.63

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

## TEXAS – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	196.96	236.71	197.86	71.16	121.06	150.81
66	196.96	236.71	197.86	71.16	121.06	150.81
67	196.96	236.71	197.86	71.16	121.06	150.81
68	196.96	236.71	197.86	71.16	121.06	150.81
69	200.89	241.44	201.81	72.59	123.48	153.82
70	206.92	248.68	207.87	74.77	127.18	158.44
71	214.84	258.21	215.83	77.63	132.06	164.51
72	222.60	267.53	223.62	80.43	136.82	170.44
73	230.35	276.84	231.41	83.23	141.59	176.38
74	238.11	286.16	239.19	86.03	146.35	182.32
75	245.86	295.48	246.98	88.83	151.12	188.25
76	254.13	305.42	255.29	91.82	156.20	194.59
77	264.29	317.63	265.50	95.50	162.45	202.37
78	274.80	330.26	276.06	99.29	168.91	210.42
79	282.90	340.00	284.20	102.22	173.88	216.62
80	291.51	350.35	292.85	105.33	179.18	223.21
81	300.13	360.70	301.50	108.44	184.47	229.81
82	309.09	371.47	310.50	111.68	189.98	236.67
83	318.39	382.65	319.85	115.04	195.70	243.80
84	327.70	393.83	329.20	118.40	201.42	250.92
85	337.17	405.22	338.72	121.83	207.24	258.17
86	346.65	416.61	348.24	125.25	213.07	265.43
87	356.29	428.20	357.93	128.74	219.00	272.82
88	366.12	440.01	367.79	132.29	225.03	280.34
89	375.93	451.81	377.66	135.83	231.07	287.86
90	385.58	463.40	387.35	139.32	237.00	295.24
91	393.51	472.93	395.31	142.18	241.87	301.31
92	401.43	482.46	403.27	145.05	246.74	307.38
93	408.84	491.36	410.72	147.72	251.29	313.05
94	416.42	500.47	418.33	150.46	255.95	318.86
95	424.18	509.79	426.12	153.26	260.72	324.79
96	431.24	518.28	433.22	155.82	265.06	330.20
97	438.48	526.97	440.49	158.43	269.51	335.75
98	445.71	535.67	447.76	161.05	273.96	341.28
99+	453.29	544.78	455.37	163.79	278.62	347.09

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	100.63	121.03	101.24	36.69	62.12	77.25
66	100.63	121.03	101.24	36.69	62.12	77.25
67	100.63	121.03	101.24	36.69	62.12	77.25
68	100.63	121.03	101.24	36.69	62.12	77.25
69	102.65	123.45	103.27	37.43	63.36	78.80
70	105.73	127.15	106.36	38.55	65.26	81.16
71	109.77	132.02	110.44	40.03	67.76	84.27
72	113.74	136.78	114.42	41.47	70.20	87.31
73	117.70	141.55	118.41	42.92	72.65	90.35
74	121.66	146.31	122.40	44.36	75.09	93.39
75	125.62	151.08	126.38	45.80	77.54	96.44
76	129.85	156.16	130.63	47.34	80.15	99.68
77	135.04	162.40	135.86	49.24	83.35	103.67
78	140.41	168.86	141.26	51.20	86.67	107.79
79	144.55	173.84	145.42	52.71	89.22	110.97
80	148.95	179.13	149.85	54.31	91.94	114.34
81	153.35	184.43	154.28	55.91	94.66	117.72
82	157.93	189.93	158.88	57.58	97.48	121.24
83	162.68	195.65	163.66	59.32	100.42	124.89
84	167.44	201.37	168.45	61.05	103.35	128.54
85	172.28	207.19	173.32	62.82	106.34	132.25
86	177.12	213.01	178.19	64.58	109.33	135.97
87	182.05	218.94	183.15	66.38	112.37	139.75
88	187.07	224.98	188.20	68.21	115.47	143.61
89	192.08	231.01	193.25	70.04	118.56	147.46
90	197.02	236.94	198.20	71.83	121.61	151.24
91	201.06	241.81	202.28	73.31	124.11	154.35
92	205.11	246.68	206.35	74.79	126.61	157.46
93	208.90	251.23	210.16	76.17	128.94	160.37
94	212.77	255.89	214.06	77.58	131.33	163.34
95	216.73	260.65	218.04	79.03	133.78	166.38
96	220.34	264.99	221.68	80.34	136.01	169.15
97	224.04	269.44	225.39	81.69	138.29	171.99
98	227.74	273.89	229.11	83.04	140.57	174.83
99+	231.61	278.54	233.01	84.45	142.96	177.80

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	110.70	133.13	111.37	40.36	68.33	84.98
66	110.70	133.13	111.37	40.36	68.33	84.98
67	110.70	133.13	111.37	40.36	68.33	84.98
68	110.70	133.13	111.37	40.36	68.33	84.98
69	112.91	135.79	113.59	41.17	69.69	86.68
70	116.30	139.86	117.00	42.40	71.78	89.28
71	120.75	145.22	121.48	44.03	74.53	92.70
72	125.11	150.46	125.87	45.62	77.22	96.04
73	129.47	155.70	130.25	47.21	79.91	99.39
74	133.83	160.94	134.63	48.80	82.60	102.73
75	138.18	166.18	139.02	50.38	85.29	106.08
76	142.83	171.77	143.69	52.08	88.16	109.65
77	148.54	178.65	149.44	54.16	91.69	114.03
78	154.45	185.75	155.38	56.32	95.33	118.57
79	159.00	191.22	159.96	57.98	98.14	122.06
80	163.84	197.05	164.83	59.74	101.13	125.78
81	168.69	202.87	169.71	61.51	104.12	129.50
82	173.72	208.92	174.77	63.34	107.23	133.36
83	178.95	215.21	180.03	65.25	110.46	137.37
84	184.18	221.50	185.29	67.16	113.69	141.39
85	189.51	227.91	190.65	69.10	116.97	145.48
86	194.83	234.31	196.01	71.04	120.26	149.57
87	200.26	240.83	201.47	73.02	123.61	153.73
88	205.77	247.47	207.02	75.03	127.01	157.97
89	211.29	254.11	212.57	77.04	130.42	162.20
90	216.72	260.63	218.03	79.02	133.77	166.37
91	221.17	265.99	222.51	80.64	136.52	169.79
92	225.63	271.35	226.99	82.27	139.27	173.21
93	229.79	276.35	231.18	83.79	141.84	176.40
94	234.05	281.48	235.46	85.34	144.47	179.67
95	238.41	286.72	239.85	86.93	147.16	183.02
96	242.38	291.49	243.84	88.38	149.61	186.07
97	246.44	296.38	247.93	89.86	152.12	189.19
98	250.51	301.27	252.03	91.34	154.63	192.31
99+	254.77	306.40	256.31	92.90	157.26	195.58

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	126.80	152.49	127.57	46.23	78.27	97.34
66	126.80	152.49	127.57	46.23	78.27	97.34
67	126.80	152.49	127.57	46.23	78.27	97.34
68	126.80	152.49	127.57	46.23	78.27	97.34
69	129.34	155.54	130.12	47.16	79.83	99.29
70	133.21	160.21	134.02	48.57	82.23	102.26
71	138.32	166.35	139.15	50.43	85.38	106.18
72	143.31	172.35	144.17	52.25	88.46	110.01
73	148.30	178.35	149.20	54.07	91.54	113.85
74	153.29	184.35	154.22	55.89	94.62	117.68
75	158.28	190.36	159.24	57.71	97.70	121.51
76	163.61	196.76	164.59	59.65	100.99	125.60
77	170.15	204.63	171.18	62.04	105.03	130.62
78	176.92	212.77	177.99	64.51	109.20	135.81
79	182.13	219.04	183.23	66.41	112.42	139.82
80	187.68	225.71	188.81	68.43	115.84	144.07
81	193.22	232.38	194.39	70.45	119.27	148.33
82	198.99	239.31	200.19	72.56	122.83	152.76
83	204.98	246.52	206.22	74.74	126.52	157.36
84	210.97	253.72	212.24	76.92	130.22	161.96
85	217.07	261.06	218.38	79.15	133.99	166.64
86	223.17	268.39	224.52	81.37	137.75	171.32
87	229.38	275.86	230.77	83.64	141.59	176.09
88	235.71	283.47	237.13	85.94	145.49	180.94
89	242.03	291.07	243.49	88.25	149.39	185.80
90	248.24	298.54	249.74	90.51	153.23	190.56
91	253.34	304.68	254.87	92.37	156.37	194.48
92	258.44	310.81	260.00	94.23	159.52	198.40
93	263.21	316.55	264.80	95.97	162.47	202.06
94	268.09	322.42	269.71	97.75	165.48	205.81
95	273.09	328.42	274.73	99.57	168.56	209.64
96	277.63	333.89	279.31	101.23	171.37	213.13
97	282.29	339.49	284.00	102.93	174.24	216.71
98	286.95	345.10	288.68	104.63	177.12	220.28
99+	291.83	350.97	293.59	106.41	180.13	224.03

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

**TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023****PREFERRED NON-TOBACCO – FEMALE – AREA 4**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	139.88	168.23	140.73	51.00	86.34	107.38
66	139.88	168.23	140.73	51.00	86.34	107.38
67	139.88	168.23	140.73	51.00	86.34	107.38
68	139.88	168.23	140.73	51.00	86.34	107.38
69	142.68	171.59	143.54	52.02	88.07	109.53
70	146.96	176.74	147.85	53.58	90.71	112.82
71	152.59	183.51	153.51	55.64	94.18	117.14
72	158.09	190.13	159.05	57.64	97.58	121.36
73	163.60	196.75	164.59	59.65	100.98	125.59
74	169.11	203.38	170.13	61.66	104.38	129.82
75	174.61	210.00	175.67	63.67	107.78	134.05
76	180.49	217.06	181.58	65.81	111.40	138.55
77	187.71	225.74	188.84	68.44	115.86	144.10
78	195.17	234.72	196.35	71.16	120.47	149.82
79	200.92	241.64	202.14	73.26	124.02	154.24
80	207.04	248.99	208.29	75.49	127.79	158.94
81	213.16	256.35	214.45	77.72	131.57	163.64
82	219.52	264.00	220.85	80.04	135.50	168.52
83	226.13	271.95	227.49	82.45	139.58	173.59
84	232.74	279.90	234.14	84.86	143.66	178.66
85	239.47	287.99	240.91	87.31	147.81	183.83
86	246.20	296.08	247.69	89.77	151.96	189.00
87	253.05	304.33	254.58	92.27	156.19	194.26
88	260.02	312.72	261.60	94.81	160.50	199.61
89	267.00	321.10	268.61	97.35	164.80	204.97
90	273.85	329.34	275.50	99.85	169.03	210.23
91	279.48	336.11	281.17	101.90	172.51	214.55
92	285.11	342.88	286.83	103.96	175.98	218.87
93	290.37	349.21	292.12	105.87	179.23	222.91
94	295.75	355.68	297.54	107.84	182.55	227.04
95	301.26	362.31	303.08	109.85	185.95	231.27
96	306.28	368.34	308.13	111.68	189.05	235.12
97	311.42	374.52	313.30	113.55	192.22	239.06
98	316.56	380.70	318.47	115.42	195.39	243.01
99+	321.94	387.18	323.89	117.39	198.72	247.14

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

**TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023****PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	115.67	138.92	116.17	41.96	71.18	88.60
66	115.67	138.92	116.17	41.96	71.18	88.60
67	115.67	138.92	116.17	41.96	71.18	88.60
68	115.67	138.92	116.17	41.96	71.18	88.60
69	117.99	141.70	118.49	42.80	72.61	90.37
70	121.52	145.95	122.05	44.08	74.78	93.08
71	126.18	151.54	126.72	45.77	77.65	96.65
72	130.73	157.01	131.30	47.42	80.45	100.14
73	135.29	162.47	135.87	49.08	83.25	103.63
74	139.84	167.94	140.44	50.73	86.05	107.11
75	144.39	173.41	145.01	52.38	88.86	110.60
76	149.25	179.24	149.89	54.14	91.84	114.32
77	155.22	186.41	155.89	56.31	95.52	118.89
78	161.39	193.83	162.09	58.55	99.32	123.62
79	166.15	199.54	166.86	60.27	102.24	127.26
80	171.21	205.62	171.94	62.11	105.36	131.14
81	176.27	211.69	177.03	63.94	108.47	135.01
82	181.53	218.01	182.31	65.85	111.71	139.04
83	186.99	224.57	187.80	67.83	115.07	143.23
84	192.46	231.13	193.29	69.81	118.43	147.41
85	198.02	237.82	198.87	71.83	121.86	151.68
86	203.59	244.50	204.46	73.85	125.28	155.94
87	209.25	251.31	210.15	75.91	128.77	160.28
88	215.02	258.23	215.95	78.00	132.32	164.70
89	220.79	265.16	221.74	80.09	135.87	169.12
90	226.45	271.97	227.43	82.15	139.36	173.46
91	231.11	277.55	232.10	83.84	142.22	177.02
92	235.76	283.14	236.78	85.52	145.08	180.59
93	240.11	288.37	241.15	87.10	147.76	183.92
94	244.57	293.72	245.62	88.72	150.50	187.33
95	249.12	299.19	250.19	90.37	153.30	190.82
96	253.27	304.17	254.36	91.88	155.86	194.00
97	257.52	309.27	258.63	93.41	158.47	197.25
98	261.77	314.38	262.90	94.96	161.09	200.51
99+	266.22	319.72	267.37	96.57	163.83	203.92

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	127.24	152.81	127.79	46.16	78.30	97.46
66	127.24	152.81	127.79	46.16	78.30	97.46
67	127.24	152.81	127.79	46.16	78.30	97.46
68	127.24	152.81	127.79	46.16	78.30	97.46
69	129.78	155.87	130.34	47.08	79.87	99.41
70	133.68	160.54	134.25	48.49	82.26	102.39
71	138.80	166.69	139.39	50.35	85.41	106.31
72	143.81	172.71	144.43	52.17	88.49	110.15
73	148.81	178.72	149.46	53.98	91.58	113.99
74	153.82	184.74	154.49	55.80	94.66	117.82
75	158.83	190.75	159.52	57.62	97.74	121.66
76	164.17	197.17	164.88	59.55	101.03	125.75
77	170.74	205.05	171.48	61.94	105.07	130.78
78	177.53	213.21	178.30	64.40	109.25	135.98
79	182.76	219.49	183.55	66.30	112.47	139.99
80	188.33	226.18	189.14	68.32	115.89	144.25
81	193.89	232.86	194.73	70.34	119.32	148.52
82	199.68	239.81	200.54	72.43	122.88	152.95
83	205.69	247.03	206.58	74.62	126.58	157.55
84	211.70	254.25	212.61	76.79	130.28	162.16
85	217.82	261.60	218.76	79.02	134.04	166.84
86	223.95	268.95	224.91	81.24	137.81	171.53
87	230.18	276.44	231.17	83.50	141.65	176.31
88	236.52	284.06	237.54	85.80	145.55	181.17
89	242.87	291.68	243.91	88.10	149.45	186.03
90	249.10	299.16	250.17	90.36	153.29	190.80
91	254.22	305.31	255.32	92.22	156.44	194.72
92	259.34	311.46	260.46	94.08	159.59	198.65
93	264.12	317.21	265.26	95.81	162.54	202.31
94	269.02	323.09	270.18	97.59	165.55	206.06
95	274.03	329.10	275.21	99.41	168.63	209.90
96	278.59	334.58	279.79	101.06	171.44	213.39
97	283.27	340.20	284.49	102.76	174.32	216.98
98	287.94	345.81	289.19	104.45	177.20	220.56
99+	292.84	351.70	294.10	106.23	180.21	224.31

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.75	175.04	146.37	52.87	89.69	111.64
66	145.75	175.04	146.37	52.87	89.69	111.64
67	145.75	175.04	146.37	52.87	89.69	111.64
68	145.75	175.04	146.37	52.87	89.69	111.64
69	148.66	178.54	149.30	53.93	91.48	113.87
70	153.12	183.89	153.78	55.55	94.23	117.29
71	158.98	190.94	159.67	57.67	97.84	121.78
72	164.72	197.83	165.43	59.75	101.37	126.17
73	170.46	204.72	171.19	61.83	104.90	130.57
74	176.20	211.61	176.96	63.92	108.43	134.96
75	181.93	218.50	182.72	66.00	111.96	139.36
76	188.05	225.85	188.86	68.22	115.72	144.04
77	195.57	234.88	196.42	70.95	120.35	149.81
78	203.35	244.22	204.23	73.77	125.14	155.76
79	209.35	251.42	210.25	75.94	128.83	160.35
80	215.72	259.08	216.65	78.25	132.75	165.24
81	222.10	266.73	223.05	80.57	136.67	170.12
82	228.72	274.69	229.71	82.97	140.75	175.20
83	235.61	282.96	236.62	85.47	144.99	180.47
84	242.49	291.23	243.54	87.96	149.23	185.74
85	249.51	299.65	250.58	90.51	153.54	191.11
86	256.52	308.07	257.62	93.05	157.86	196.48
87	263.66	316.65	264.79	95.64	162.25	201.95
88	270.93	325.37	272.09	98.28	166.72	207.52
89	278.19	334.10	279.39	100.92	171.19	213.09
90	285.33	342.68	286.56	103.50	175.59	218.55
91	291.20	349.72	292.45	105.63	179.20	223.05
92	297.06	356.76	298.34	107.76	182.81	227.54
93	302.54	363.35	303.85	109.75	186.18	231.74
94	308.15	370.08	309.48	111.78	189.63	236.04
95	313.89	376.97	315.24	113.86	193.16	240.43
96	319.12	383.25	320.49	115.76	196.38	244.43
97	324.47	389.68	325.87	117.70	199.67	248.54
98	329.83	396.11	331.25	119.65	202.97	252.64
99+	335.44	402.85	336.88	121.68	206.42	256.93

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### PREFERRED NON-TOBACCO – MALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	160.78	193.10	161.48	58.32	98.94	123.15
66	160.78	193.10	161.48	58.32	98.94	123.15
67	160.78	193.10	161.48	58.32	98.94	123.15
68	160.78	193.10	161.48	58.32	98.94	123.15
69	164.00	196.96	164.70	59.49	100.92	125.62
70	168.92	202.87	169.65	61.28	103.95	129.39
71	175.39	210.64	176.14	63.62	107.93	134.34
72	181.72	218.24	182.50	65.92	111.82	139.19
73	188.05	225.84	188.86	68.21	115.72	144.04
74	194.38	233.44	195.21	70.51	119.62	148.89
75	200.71	241.04	201.57	72.81	123.51	153.73
76	207.46	249.15	208.35	75.25	127.66	158.90
77	215.75	259.11	216.69	78.27	132.77	165.26
78	224.33	269.42	225.30	81.38	138.05	171.83
79	230.94	277.36	231.94	83.78	142.12	176.90
80	237.98	285.81	239.00	86.33	146.45	182.28
81	245.01	294.25	246.07	88.88	150.77	187.67
82	252.32	303.03	253.41	91.53	155.27	193.27
83	259.92	312.15	261.04	94.29	159.95	199.09
84	267.51	321.28	268.67	97.04	164.62	204.91
85	275.25	330.57	276.43	99.85	169.38	210.83
86	282.99	339.86	284.20	102.66	174.14	216.76
87	290.86	349.32	292.11	105.51	178.99	222.79
88	298.88	358.94	300.17	108.42	183.92	228.93
89	306.89	368.57	308.22	111.33	188.86	235.07
90	314.77	378.03	316.13	114.18	193.71	241.10
91	321.24	385.80	322.63	116.53	197.69	246.06
92	327.71	393.57	329.12	118.88	201.67	251.02
93	333.76	400.84	335.20	121.07	205.39	255.65
94	339.95	408.27	341.41	123.32	209.20	260.39
95	346.28	415.87	347.77	125.61	213.09	265.24
96	352.04	422.79	353.56	127.71	216.64	269.65
97	357.95	429.89	359.49	129.85	220.27	274.18
98	363.86	436.98	365.43	131.99	223.91	278.70
99+	370.04	444.41	371.64	134.24	227.72	283.44

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	126.97	152.77	127.73	46.07	78.23	97.40
66	126.97	152.77	127.73	46.07	78.23	97.40
67	126.97	152.77	127.73	46.07	78.23	97.40
68	126.97	152.77	127.73	46.07	78.23	97.40
69	129.51	155.82	130.29	46.99	79.80	99.35
70	133.40	160.50	134.20	48.40	82.19	102.33
71	138.51	166.65	139.33	50.25	85.34	106.24
72	143.50	172.66	144.36	52.07	88.42	110.08
73	148.50	178.67	149.39	53.88	91.50	113.91
74	153.50	184.69	154.42	55.70	94.58	117.75
75	158.50	190.70	159.45	57.51	97.66	121.58
76	163.83	197.11	164.81	59.44	100.95	125.67
77	170.38	205.00	171.40	61.82	104.98	130.70
78	177.16	213.15	178.22	64.28	109.16	135.89
79	182.38	219.43	183.47	66.17	112.37	139.90
80	187.93	226.11	189.06	68.19	115.80	144.16
81	193.49	232.80	194.64	70.20	119.22	148.42
82	199.26	239.75	200.45	72.30	122.78	152.85
83	205.26	246.96	206.49	74.47	126.47	157.45
84	211.26	254.18	212.52	76.65	130.17	162.05
85	217.37	261.53	218.67	78.87	133.93	166.74
86	223.47	268.88	224.81	81.08	137.70	171.42
87	229.69	276.36	231.07	83.34	141.53	176.19
88	236.03	283.98	237.44	85.64	145.43	181.05
89	242.36	291.60	243.81	87.93	149.33	185.91
90	248.58	299.08	250.06	90.19	153.16	190.68
91	253.69	305.23	255.20	92.05	156.31	194.60
92	258.80	311.38	260.34	93.90	159.46	198.52
93	263.57	317.12	265.15	95.63	162.40	202.18
94	268.46	323.00	270.07	97.41	165.41	205.93
95	273.46	329.02	275.09	99.22	168.49	209.76
96	278.01	334.49	279.67	100.87	171.30	213.26
97	282.68	340.11	284.37	102.56	174.17	216.83
98	287.34	345.72	289.06	104.26	177.05	220.41
99+	292.23	351.60	293.98	106.03	180.06	224.16

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	139.67	168.05	140.50	50.68	86.06	107.14
66	139.67	168.05	140.50	50.68	86.06	107.14
67	139.67	168.05	140.50	50.68	86.06	107.14
68	139.67	168.05	140.50	50.68	86.06	107.14
69	142.46	171.41	143.32	51.69	87.78	109.28
70	146.74	176.55	147.61	53.24	90.41	112.56
71	152.36	183.31	153.27	55.28	93.88	116.87
72	157.86	189.93	158.80	57.27	97.26	121.09
73	163.35	196.54	164.33	59.27	100.65	125.30
74	168.85	203.16	169.86	61.26	104.04	129.52
75	174.35	209.77	175.39	63.26	107.43	133.74
76	180.21	216.83	181.29	65.39	111.04	138.24
77	187.42	225.50	188.54	68.00	115.48	143.77
78	194.87	234.47	196.04	70.71	120.07	149.48
79	200.62	241.38	201.82	72.79	123.61	153.89
80	206.73	248.73	207.96	75.01	127.38	158.58
81	212.83	256.08	214.11	77.22	131.14	163.26
82	219.19	263.72	220.50	79.53	135.05	168.13
83	225.79	271.66	227.14	81.92	139.12	173.20
84	232.38	279.60	233.77	84.32	143.19	178.26
85	239.10	287.68	240.53	86.75	147.33	183.41
86	245.82	295.77	247.29	89.19	151.47	188.56
87	252.66	304.00	254.18	91.68	155.68	193.81
88	259.63	312.38	261.18	94.20	159.97	199.16
89	266.59	320.76	268.19	96.73	164.26	204.50
90	273.43	328.99	275.07	99.21	168.48	209.75
91	279.05	335.75	280.73	101.25	171.94	214.06
92	284.67	342.51	286.38	103.29	175.41	218.37
93	289.93	348.83	291.66	105.20	178.64	222.40
94	295.30	355.30	297.07	107.15	181.95	226.52
95	300.80	361.92	302.60	109.14	185.34	230.74
96	305.81	367.94	307.64	110.96	188.43	234.58
97	310.94	374.12	312.80	112.82	191.59	238.52
98	316.08	380.29	317.97	114.68	194.75	242.46
99+	321.45	386.76	323.37	116.63	198.07	246.58

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	159.99	192.49	160.94	58.05	98.58	122.72
66	159.99	192.49	160.94	58.05	98.58	122.72
67	159.99	192.49	160.94	58.05	98.58	122.72
68	159.99	192.49	160.94	58.05	98.58	122.72
69	163.18	196.34	164.16	59.21	100.55	125.18
70	168.08	202.23	169.09	60.98	103.56	128.93
71	174.52	209.97	175.56	63.32	107.53	133.87
72	180.82	217.55	181.90	65.60	111.41	138.70
73	187.11	225.13	188.23	67.89	115.29	143.53
74	193.41	232.71	194.57	70.18	119.17	148.36
75	199.71	240.28	200.90	72.46	123.05	153.19
76	206.42	248.36	207.66	74.90	127.19	158.35
77	214.68	258.30	215.97	77.89	132.28	164.68
78	223.22	268.57	224.56	80.99	137.54	171.23
79	229.80	276.49	231.17	83.38	141.59	176.27
80	236.79	284.90	238.21	85.91	145.90	181.64
81	243.79	293.32	245.25	88.46	150.21	187.01
82	251.07	302.08	252.57	91.10	154.70	192.59
83	258.63	311.17	260.17	93.84	159.35	198.39
84	266.18	320.26	267.78	96.58	164.01	204.18
85	273.88	329.53	275.52	99.37	168.75	210.09
86	281.58	338.79	283.26	102.17	173.50	215.99
87	289.42	348.22	291.15	105.01	178.33	222.00
88	297.39	357.82	299.17	107.90	183.24	228.12
89	305.37	367.41	307.20	110.80	188.16	234.24
90	313.21	376.84	315.08	113.64	192.99	240.25
91	319.64	384.59	321.56	115.98	196.95	245.19
92	326.08	392.33	328.03	118.31	200.92	250.13
93	332.10	399.57	334.09	120.50	204.63	254.75
94	338.26	406.98	340.28	122.73	208.42	259.47
95	344.56	414.56	346.62	125.02	212.30	264.30
96	350.29	421.46	352.39	127.10	215.84	268.70
97	356.17	428.54	358.30	129.23	219.46	273.21
98	362.05	435.61	364.22	131.36	223.08	277.72
99+	368.21	443.02	370.41	133.60	226.87	282.44

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	176.49	212.35	177.55	64.04	108.75	135.38
66	176.49	212.35	177.55	64.04	108.75	135.38
67	176.49	212.35	177.55	64.04	108.75	135.38
68	176.49	212.35	177.55	64.04	108.75	135.38
69	180.02	216.60	181.10	65.32	110.92	138.09
70	185.42	223.09	186.53	67.28	114.25	142.23
71	192.52	231.64	193.67	69.85	118.62	147.68
72	199.47	240.00	200.66	72.37	122.90	153.01
73	206.42	248.36	207.65	74.89	127.19	158.34
74	213.37	256.71	214.64	77.42	131.47	163.67
75	220.31	265.07	221.63	79.94	135.75	169.00
76	227.72	273.99	229.09	82.63	140.31	174.68
77	236.83	284.95	238.25	85.93	145.92	181.67
78	246.25	296.28	247.72	89.35	151.73	188.89
79	253.51	305.01	255.02	91.98	156.20	194.46
80	261.23	314.30	262.79	94.78	160.96	200.38
81	268.94	323.59	270.56	97.58	165.71	206.30
82	276.97	333.25	278.63	100.50	170.66	212.46
83	285.31	343.28	287.02	103.52	175.80	218.86
84	293.65	353.31	295.41	106.54	180.93	225.25
85	302.14	363.52	303.95	109.63	186.17	231.76
86	310.63	373.74	312.49	112.71	191.40	238.28
87	319.28	384.15	321.19	115.84	196.72	244.91
88	328.08	394.73	330.04	119.04	202.15	251.66
89	336.88	405.32	338.89	122.23	207.57	258.41
90	345.52	415.72	347.59	125.37	212.90	265.04
91	352.62	424.27	354.73	127.94	217.27	270.49
92	359.73	432.81	361.88	130.52	221.65	275.94
93	366.37	440.80	368.56	132.93	225.74	281.03
94	373.16	448.97	375.39	135.39	229.92	286.24
95	380.11	457.33	382.38	137.92	234.21	291.57
96	386.43	464.95	388.75	140.21	238.11	296.43
97	392.92	472.75	395.27	142.56	242.10	301.40
98	399.40	480.55	401.79	144.92	246.10	306.38
99+	406.20	488.73	408.63	147.38	250.28	311.59

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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



# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.95	175.40	146.61	52.73	89.71	111.75
66	145.95	175.40	146.61	52.73	89.71	111.75
67	145.95	175.40	146.61	52.73	89.71	111.75
68	145.95	175.40	146.61	52.73	89.71	111.75
69	148.86	178.91	149.55	53.79	91.50	113.98
70	153.33	184.28	154.03	55.40	94.24	117.40
71	159.20	191.33	159.93	57.52	97.85	121.90
72	164.95	198.24	165.70	59.60	101.38	126.30
73	170.69	205.14	171.47	61.67	104.92	130.70
74	176.44	212.05	177.24	63.75	108.45	135.10
75	182.18	218.95	183.02	65.83	111.98	139.50
76	188.31	226.32	189.17	68.04	115.75	144.19
77	195.84	235.37	196.74	70.76	120.37	149.96
78	203.63	244.73	204.56	73.58	125.16	155.92
79	209.63	251.94	210.59	75.74	128.85	160.52
80	216.01	259.61	217.00	78.05	132.77	165.40
81	222.40	267.28	223.42	80.36	136.70	170.29
82	229.04	275.26	230.09	82.76	140.78	175.37
83	235.93	283.55	237.01	85.25	145.01	180.65
84	242.83	291.83	243.94	87.74	149.25	185.93
85	249.85	300.27	250.99	90.28	153.57	191.31
86	256.87	308.71	258.05	92.81	157.88	196.69
87	264.02	317.30	265.23	95.40	162.28	202.16
88	271.29	326.05	272.54	98.02	166.75	207.73
89	278.57	334.79	279.85	100.65	171.22	213.30
90	285.72	343.39	287.03	103.24	175.62	218.78
91	291.59	350.44	292.93	105.36	179.23	223.28
92	297.47	357.50	298.83	107.48	182.84	227.77
93	302.96	364.10	304.34	109.47	186.21	231.98
94	308.57	370.85	309.99	111.49	189.66	236.28
95	314.32	377.76	315.76	113.57	193.20	240.68
96	319.55	384.05	321.02	115.46	196.41	244.68
97	324.91	390.49	326.40	117.40	199.71	248.79
98	330.28	396.94	331.79	119.34	203.01	252.89
99+	335.89	403.69	337.43	121.37	206.46	257.20

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	160.54	192.94	161.27	58.01	98.68	122.92
66	160.54	192.94	161.27	58.01	98.68	122.92
67	160.54	192.94	161.27	58.01	98.68	122.92
68	160.54	192.94	161.27	58.01	98.68	122.92
69	163.75	196.80	164.50	59.17	100.65	125.38
70	168.66	202.70	169.43	60.94	103.67	129.14
71	175.12	210.47	175.92	63.28	107.64	134.09
72	181.44	218.06	182.27	65.56	111.52	138.93
73	187.76	225.66	188.62	67.84	115.41	143.77
74	194.08	233.25	194.97	70.13	119.29	148.61
75	200.40	240.85	201.32	72.41	123.18	153.45
76	207.14	248.95	208.09	74.84	127.32	158.61
77	215.43	258.91	216.41	77.84	132.41	164.95
78	223.99	269.20	225.02	80.93	137.68	171.51
79	230.59	277.13	231.65	83.32	141.73	176.57
80	237.62	285.57	238.70	85.86	146.05	181.94
81	244.64	294.01	245.76	88.39	150.37	187.32
82	251.94	302.79	253.09	91.03	154.85	192.91
83	259.52	311.90	260.71	93.77	159.52	198.72
84	267.11	321.02	268.33	96.51	164.18	204.53
85	274.83	330.30	276.09	99.30	168.92	210.44
86	282.55	339.58	283.85	102.09	173.67	216.35
87	290.42	349.03	291.75	104.94	178.51	222.38
88	298.42	358.66	299.79	107.83	183.43	228.51
89	306.43	368.27	307.83	110.72	188.35	234.64
90	314.29	377.73	315.73	113.56	193.18	240.66
91	320.75	385.49	322.22	115.90	197.15	245.60
92	327.21	393.25	328.71	118.23	201.12	250.55
93	333.25	400.51	334.78	120.41	204.83	255.17
94	339.43	407.94	340.99	122.64	208.63	259.90
95	345.75	415.53	347.34	124.93	212.52	264.74
96	351.51	422.45	353.12	127.01	216.05	269.15
97	357.41	429.54	359.04	129.14	219.68	273.67
98	363.31	436.63	364.97	131.27	223.31	278.18
99+	369.48	444.06	371.18	133.50	227.10	282.92

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	183.89	221.00	184.73	66.44	113.03	140.80
66	183.89	221.00	184.73	66.44	113.03	140.80
67	183.89	221.00	184.73	66.44	113.03	140.80
68	183.89	221.00	184.73	66.44	113.03	140.80
69	187.57	225.42	188.43	67.77	115.29	143.62
70	193.19	232.19	194.08	69.81	118.75	147.93
71	200.59	241.08	201.51	72.48	123.30	153.60
72	207.83	249.78	208.78	75.10	127.74	159.14
73	215.07	258.48	216.06	77.71	132.19	164.68
74	222.31	267.18	223.33	80.33	136.64	170.23
75	229.55	275.88	230.60	82.94	141.09	175.77
76	237.27	285.16	238.36	85.73	145.84	181.68
77	246.76	296.56	247.89	89.16	151.67	188.95
78	256.57	308.36	257.75	92.71	157.70	196.46
79	264.13	317.44	265.35	95.44	162.35	202.25
80	272.18	327.11	273.43	98.34	167.29	208.41
81	280.22	336.78	281.50	101.25	172.24	214.57
82	288.58	346.83	289.91	104.27	177.38	220.97
83	297.27	357.27	298.64	107.41	182.72	227.62
84	305.96	367.71	307.36	110.55	188.06	234.28
85	314.81	378.34	316.25	113.75	193.50	241.05
86	323.65	388.98	325.14	116.94	198.93	247.82
87	332.66	399.80	334.19	120.20	204.47	254.72
88	341.83	410.82	343.40	123.51	210.11	261.74
89	351.00	421.84	352.61	126.82	215.74	268.76
90	360.01	432.67	361.66	130.08	221.28	275.66
91	367.41	441.56	369.09	132.75	225.83	281.33
92	374.81	450.45	376.53	135.43	230.38	286.99
93	381.72	458.77	383.47	137.93	234.63	292.29
94	388.80	467.27	390.58	140.48	238.98	297.71
95	396.04	475.97	397.86	143.10	243.43	303.25
96	402.64	483.90	404.48	145.48	247.48	308.30
97	409.39	492.02	411.27	147.92	251.63	313.48
98	416.15	500.14	418.06	150.36	255.79	318.65
99+	423.23	508.65	425.17	152.92	260.14	324.07

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

## TEXAS – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 4

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	202.86	243.81	203.79	73.30	124.69	155.33
66	202.86	243.81	203.79	73.30	124.69	155.33
67	202.86	243.81	203.79	73.30	124.69	155.33
68	202.86	243.81	203.79	73.30	124.69	155.33
69	206.92	248.68	207.87	74.76	127.18	158.44
70	213.13	256.14	214.10	77.01	131.00	163.19
71	221.29	265.95	222.30	79.96	136.02	169.44
72	229.28	275.55	230.33	82.84	140.92	175.56
73	237.26	285.15	238.35	85.73	145.83	181.67
74	245.25	294.74	246.37	88.61	150.74	187.79
75	253.23	304.34	254.39	91.50	155.65	193.90
76	261.75	314.58	262.95	94.58	160.89	200.43
77	272.22	327.16	273.47	98.36	167.32	208.44
78	283.05	340.17	284.34	102.27	173.97	216.73
79	291.39	350.20	292.72	105.28	179.10	223.12
80	300.26	360.86	301.64	108.49	184.55	229.91
81	309.13	371.52	310.55	111.70	190.01	236.71
82	318.36	382.61	319.82	115.03	195.68	243.77
83	327.94	394.13	329.45	118.49	201.57	251.11
84	337.53	405.65	339.07	121.96	207.46	258.45
85	347.29	417.38	348.88	125.48	213.46	265.92
86	357.05	429.11	358.68	129.01	219.46	273.39
87	366.98	441.05	368.66	132.60	225.57	281.00
88	377.10	453.21	378.83	136.25	231.78	288.75
89	387.21	465.36	388.99	139.91	238.00	296.49
90	397.15	477.31	398.97	143.50	244.11	304.10
91	405.31	487.12	407.17	146.45	249.13	310.35
92	413.48	496.93	415.37	149.40	254.15	316.60
93	421.11	506.10	423.04	152.16	258.83	322.45
94	428.92	515.48	430.88	154.98	263.63	328.42
95	436.90	525.08	438.91	157.86	268.54	334.54
96	444.18	533.83	446.21	160.49	273.01	340.11
97	451.63	542.78	453.70	163.19	277.59	345.82
98	459.09	551.74	461.19	165.88	282.18	351.52
99+	466.89	561.12	469.03	168.70	286.98	357.50

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®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
73301	Austin	1	75052	Grand Prairie	2	75106	Cedar Hill	2
73344	Austin	1	75053	Grand Prairie	2	75109	Corsicana	2
73960	Texhoma	2	75054	Grand Prairie	2	75110	Corsicana	2
75001	Addison	2	75056	The Colony	2	75114	Crandall	2
75002	Allen	2	75057	Lewisville	2	75115	Desoto	2
75006	Carrollton	2	75058	Gunter	2	75116	Duncanville	2
75007	Carrollton	2	75059	Irving	2	75117	Edgewood	2
75009	Celina	2	75060	Irving	2	75118	Elmo	2
75010	Carrollton	2	75061	Irving	2	75119	Ennis	2
75011	Carrollton	2	75062	Irving	2	75120	Ennis	2
75013	Allen	2	75063	Irving	2	75121	Copeville	2
75014	Irving	2	75064	Irving	2	75123	Desoto	2
75015	Irving	2	75065	Lake Dallas	2	75124	Eustace	2
75016	Irving	2	75067	Lewisville	2	75125	Ferris	2
75017	Irving	2	75068	Little Elm	2	75126	Forney	2
75019	Coppell	2	75069	Mckinney	2	75127	Fruitvale	3
75020	Denison	2	75070	Mckinney	2	75132	Fate	2
75021	Denison	2	75071	Mckinney	2	75134	Lancaster	2
75022	Flower Mound	2	75072	Mckinney	2	75135	Caddo Mills	2
75023	Plano	2	75074	Plano	2	75137	Duncanville	2
75024	Plano	2	75075	Plano	2	75138	Duncanville	2
75025	Plano	2	75076	Pottsboro	2	75140	Grand Saline	3
75026	Plano	2	75077	Lewisville	2	75141	Hutchins	2
75027	Flower Mound	2	75078	Prosper	2	75142	Kaufman	2
75028	Flower Mound	2	75080	Richardson	2	75143	Kemp	2
75029	Lewisville	2	75081	Richardson	2	75144	Kerens	2
75030	Rowlett	2	75082	Richardson	2	75146	Lancaster	2
75032	Rockwall	2	75083	Richardson	2	75147	Mabank	2
75033	Frisco	2	75085	Richardson	2	75148	Malakoff	2
75034	Frisco	2	75086	Plano	2	75149	Mesquite	2
75035	Frisco	2	75087	Rockwall	2	75150	Mesquite	2
75036	Frisco	2	75088	Rowlett	2	75151	Corsicana	2
75038	Irving	2	75089	Rowlett	2	75152	Palmer	2
75039	Irving	2	75090	Sherman	2	75153	Powell	2
75040	Garland	2	75091	Sherman	2	75154	Red Oak	2
75041	Garland	2	75092	Sherman	2	75155	Rice	2
75042	Garland	2	75093	Plano	2	75156	Mabank	2
75043	Garland	2	75094	Plano	2	75157	Rosser	2
75044	Garland	2	75097	Weston	2	75158	Scurry	2
75045	Garland	2	75098	Wylie	2	75159	Seagoville	2
75046	Garland	2	75099	Coppell	2	75160	Terrell	2
75047	Garland	2	75101	Bardwell	2	75161	Terrell	2
75048	Sachse	2	75102	Barry	2	75163	Trinidad	2
75049	Garland	2	75103	Canton	2	75164	Josephine	2
75050	Grand Prairie	2	75104	Cedar Hill	2	75165	Waxahachie	2
75051	Grand Prairie	2	75105	Chatfield	2	75166	Lavon	2

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
75167	Waxahachie	2	75237	Dallas	2	75359	Dallas	1
75168	Waxahachie	2	75238	Dallas	2	75360	Dallas	1
75169	Wills Point	2	75240	Dallas	2	75367	Dallas	1
75172	Wilmer	2	75241	Dallas	2	75368	Dallas	1
75173	Nevada	2	75242	Dallas	2	75370	Dallas	1
75180	Balch Springs	2	75243	Dallas	2	75371	Dallas	1
75181	Mesquite	2	75244	Dallas	2	75372	Dallas	1
75182	Sunnyvale	2	75246	Dallas	2	75373	Dallas	1
75185	Mesquite	2	75247	Dallas	2	75374	Dallas	1
75187	Mesquite	2	75248	Dallas	2	75376	Dallas	1
75189	Royse City	2	75249	Dallas	2	75378	Dallas	1
75201	Dallas	2	75250	Dallas	2	75379	Dallas	1
75202	Dallas	2	75251	Dallas	2	75380	Dallas	1
75203	Dallas	2	75252	Dallas	2	75381	Dallas	1
75204	Dallas	2	75253	Dallas	2	75382	Dallas	1
75205	Dallas	2	75254	Dallas	2	75389	Dallas	1
75206	Dallas	2	75260	Dallas	2	75390	Dallas	1
75207	Dallas	2	75261	Dallas	2	75391	Dallas	1
75208	Dallas	2	75262	Dallas	2	75392	Dallas	1
75209	Dallas	2	75263	Dallas	2	75393	Dallas	1
75210	Dallas	2	75264	Dallas	2	75394	Dallas	1
75211	Dallas	2	75265	Dallas	2	75395	Dallas	1
75212	Dallas	2	75266	Dallas	2	75397	Dallas	1
75214	Dallas	2	75267	Dallas	2	75398	Dallas	1
75215	Dallas	2	75270	Dallas	2	75401	Greenville	1
75216	Dallas	2	75275	Dallas	2	75402	Greenville	1
75217	Dallas	2	75277	Dallas	2	75403	Greenville	1
75218	Dallas	2	75283	Dallas	2	75404	Greenville	1
75219	Dallas	2	75284	Dallas	2	75407	Princeton	1
75220	Dallas	2	75285	Dallas	2	75409	Anna	1
75221	Dallas	2	75287	Dallas	2	75410	Alba	2
75222	Dallas	2	75301	Dallas	1	75411	Arthur City	1
75223	Dallas	2	75303	Dallas	1	75412	Bagwell	1
75224	Dallas	2	75312	Dallas	1	75413	Bailey	2
75225	Dallas	2	75313	Dallas	1	75414	Bells	1
75226	Dallas	2	75315	Dallas	1	75415	Ben Franklin	1
75227	Dallas	2	75320	Dallas	1	75416	Blossom	1
75228	Dallas	2	75326	Dallas	1	75417	Bogata	1
75229	Dallas	2	75336	Dallas	1	75418	Bonham	2
75230	Dallas	2	75339	Dallas	1	75420	Brashear	1
75231	Dallas	2	75342	Dallas	1	75421	Brookston	1
75232	Dallas	2	75354	Dallas	1	75422	Campbell	1
75233	Dallas	2	75355	Dallas	1	75423	Celeste	1
75234	Dallas	2	75356	Dallas	1	75424	Blue Ridge	1
75235	Dallas	2	75357	Dallas	1	75425	Chicota	1
75236	Dallas	2	75358	Dallas	1	75426	Clarksville	2



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
75428	Commerce	1	75481	Sulphur Bluff	1	75603	Longview	1
75429	Commerce	1	75482	Sulphur Springs	1	75604	Longview	1
75431	Como	1	75483	Sulphur Springs	1	75605	Longview	1
75432	Cooper	1	75485	Westminster	1	75606	Longview	1
75433	Cumby	1	75486	Sumner	1	75607	Longview	1
75434	Cunningham	1	75487	Talco	1	75608	Longview	1
75435	Deport	1	75488	Telephone	1	75615	Longview	1
75436	Detroit	1	75489	Tom Bean	1	75630	Avinger	1
75437	Dike	1	75490	Trenton	2	75631	Beckville	1
75438	Dodd City	2	75491	Whitewright	1	75633	Carthage	1
75439	Ector	2	75492	Widom	2	75636	Cason	1
75440	Emory	1	75493	Winfield	1	75637	Clayton	1
75441	Enloe	1	75494	Winnsboro	2	75638	Daingerfield	1
75442	Farmersville	1	75495	Van Alstyne	1	75639	De Berry	1
75443	Gober	2	75496	Wolfe City	1	75640	Diana	1
75444	Golden	2	75497	Yantis	1	75641	Easton	1
75446	Honey Grove	2	75501	Texarkana	1	75642	Elysian Fields	1
75447	Ivanhoe	1	75503	Texarkana	1	75643	Gary	1
75448	Klondike	1	75504	Texarkana	1	75644	Gilmer	1
75449	Ladonia	1	75505	Texarkana	1	75645	Gilmer	1
75450	Lake Creek	1	75507	Texarkana	1	75647	Gladewater	1
75451	Leesburg	2	75550	Annona	1	75650	Hallsville	1
75452	Leonard	1	75551	Atlanta	1	75651	Harleton	1
75453	Lone Oak	1	75554	Avery	1	75652	Henderson	1
75454	Melissa	1	75555	Bivins	2	75653	Henderson	1
75455	Mount Pleasant	1	75556	Bloomburg	1	75654	Henderson	1
75456	Mount Pleasant	1	75558	Cookville	1	75656	Hughes Springs	1
75457	Mount Vernon	1	75559	De Kalb	1	75657	Jefferson	1
75458	Merit	1	75560	Douglassville	1	75658	Joinerville	1
75459	Howe	1	75561	Hooks	1	75659	Jonesville	1
75460	Paris	1	75562	Kildare	2	75660	Judson	1
75461	Paris	1	75563	Linden	1	75661	Karnack	2
75462	Paris	1	75564	Lodi	2	75662	Kilgore	1
75468	Pattonville	1	75565	Mc Leod	2	75663	Kilgore	1
75469	Pecan Gap	1	75566	Marietta	1	75666	Laird Hill	1
75470	Petty	1	75567	Maud	1	75667	Laneville	1
75471	Pickton	1	75568	Naples	1	75668	Lone Star	2
75472	Point	1	75569	Nash	1	75669	Long Branch	1
75473	Powderly	1	75570	New Boston	1	75670	Marshall	1
75474	Quinlan	1	75571	Omaha	1	75671	Marshall	1
75475	Randolph	2	75572	Queen City	1	75672	Marshall	1
75476	Ravenna	2	75573	Redwater	1	75680	Minden	1
75477	Roxton	1	75574	Simms	1	75681	Mount Enterprise	1
75478	Saltillo	1	75599	Texarkana	1	75682	New London	1
75479	Savoy	2	75601	Longview	1	75683	Ore City	1
75480	Scroggins	2	75602	Longview	1	75684	Overton	1



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
75685	Panola	1	75784	Reklaw	1	75904	Lufkin	1
75686	Pittsburg	2	75785	Rusk	1	75915	Lufkin	1
75687	Price	1	75788	Sacul	1	75925	Alto	1
75688	Scottsville	1	75789	Troup	1	75926	Apple Springs	1
75689	Selman City	1	75790	Van	1	75928	Bon Wier	1
75691	Tatum	1	75791	Whitehouse	1	75929	Broadus	2
75692	Waskom	1	75792	Winona	1	75930	Bronson	2
75693	White Oak	1	75797	Big Sandy	1	75931	Brookeland	1
75694	Woodlawn	1	75798	Tyler	1	75932	Burkeville	1
75701	Tyler	1	75799	Tyler	1	75933	Call	1
75702	Tyler	1	75801	Palestine	1	75934	Camden	1
75703	Tyler	1	75802	Palestine	1	75935	Center	2
75704	Tyler	1	75803	Palestine	1	75936	Chester	1
75705	Tyler	1	75831	Buffalo	1	75937	Chireno	1
75706	Tyler	1	75832	Cayuga	1	75938	Colmesneil	1
75707	Tyler	1	75833	Centerville	2	75939	Corrigan	1
75708	Tyler	1	75834	Centralia	1	75941	Diboll	1
75709	Tyler	1	75835	Crockett	2	75942	Doucette	1
75710	Tyler	1	75838	Donie	1	75943	Douglass	1
75711	Tyler	1	75839	Elkhart	1	75944	Etoile	1
75712	Tyler	1	75840	Fairfield	1	75946	Garrison	1
75713	Tyler	1	75844	Grapeland	2	75948	Hemphill	2
75750	Arp	1	75845	Groveton	1	75949	Huntington	1
75751	Athens	1	75846	Jewett	1	75951	Jasper	1
75752	Athens	1	75847	Kennard	1	75954	Joaquin	1
75754	Ben Wheeler	1	75848	Kirvin	1	75956	Kirbyville	1
75755	Big Sandy	1	75849	Latexo	2	75958	Martinsville	1
75756	Brownsboro	1	75850	Leona	2	75959	Milam	2
75757	Bullard	1	75851	Lovelady	2	75960	Moscow	1
75758	Chandler	1	75852	Midway	2	75961	Nacogdoches	1
75759	Cuney	1	75853	Montalba	1	75962	Nacogdoches	1
75760	Cushing	1	75855	Oakwood	1	75963	Nacogdoches	1
75762	Flint	1	75856	Pennington	2	75964	Nacogdoches	1
75763	Frankston	1	75858	Ratcliff	1	75965	Nacogdoches	1
75764	Gallatin	1	75859	Streetman	1	75966	Newton	1
75765	Hawkins	1	75860	Teague	1	75968	Pineland	2
75766	Jacksonville	1	75861	Tennessee Colony	1	75969	Pollok	1
75770	Larue	1	75862	Trinity	1	75972	San Augustine	2
75771	Lindale	1	75865	Woodlake	1	75973	Shelbyville	2
75772	Maydelle	1	75880	Tennessee Colony	1	75974	Tenaha	1
75773	Mineola	2	75882	Palestine	1	75975	Timpson	1
75778	Murchison	1	75884	Tennessee Colony	1	75976	Wells	1
75779	Neches	1	75886	Tennessee Colony	1	75977	Wiergate	1
75780	New Summerfield	1	75901	Lufkin	1	75978	Woden	1
75782	Poynor	1	75902	Lufkin	1	75979	Woodville	1
75783	Quitman	2	75903	Lufkin	1	75980	Zavalla	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
75990	Woodville	1	76061	Lillian	2	76121	Fort Worth	2
76001	Arlington	2	76063	Mansfield	2	76122	Fort Worth	2
76002	Arlington	2	76064	Maypearl	2	76123	Fort Worth	2
76003	Arlington	2	76065	Midlothian	2	76124	Fort Worth	2
76004	Arlington	2	76066	Millsap	2	76126	Fort Worth	2
76005	Arlington	2	76067	Mineral Wells	2	76127	Naval Air Station Jrb	2
76006	Arlington	2	76068	Mineral Wells	2	76129	Fort Worth	2
76007	Arlington	2	76070	Nemo	2	76130	Fort Worth	2
76008	Aledo	2	76071	Newark	2	76131	Fort Worth	2
76009	Alvarado	2	76073	Paradise	2	76132	Fort Worth	2
76010	Arlington	2	76077	Rainbow	2	76133	Fort Worth	2
76011	Arlington	2	76078	Rhome	2	76134	Fort Worth	2
76012	Arlington	2	76082	Springtown	2	76135	Fort Worth	2
76013	Arlington	2	76084	Venus	2	76136	Fort Worth	2
76014	Arlington	2	76085	Weatherford	2	76137	Fort Worth	2
76015	Arlington	2	76086	Weatherford	2	76140	Fort Worth	2
76016	Arlington	2	76087	Weatherford	2	76147	Fort Worth	2
76017	Arlington	2	76088	Weatherford	2	76148	Fort Worth	2
76018	Arlington	2	76092	Southlake	2	76150	Fort Worth	2
76019	Arlington	2	76093	Rio Vista	2	76155	Fort Worth	2
76020	Azle	2	76094	Arlington	2	76161	Fort Worth	2
76021	Bedford	2	76095	Bedford	2	76162	Fort Worth	2
76022	Bedford	2	76096	Arlington	2	76163	Fort Worth	2
76023	Boyd	2	76097	Burleson	2	76164	Fort Worth	2
76028	Burleson	2	76098	Azle	2	76166	Fort Worth	2
76031	Cleburne	2	76099	Grapevine	2	76177	Fort Worth	2
76033	Cleburne	2	76101	Fort Worth	2	76179	Fort Worth	2
76034	Colleyville	2	76102	Fort Worth	2	76180	North Richland Hills	2
76035	Cresson	2	76103	Fort Worth	2	76181	Fort Worth	2
76036	Crowley	2	76104	Fort Worth	2	76182	North Richland Hills	2
76039	Eules	2	76105	Fort Worth	2	76185	Fort Worth	2
76040	Eules	2	76106	Fort Worth	2	76190	Fort Worth	2
76041	Forreston	2	76107	Fort Worth	2	76191	Fort Worth	2
76043	Glen Rose	2	76108	Fort Worth	2	76192	Fort Worth	2
76044	Godley	2	76109	Fort Worth	2	76193	Fort Worth	2
76048	Granbury	2	76110	Fort Worth	2	76195	Fort Worth	2
76049	Granbury	2	76111	Fort Worth	2	76196	Fort Worth	2
76050	Grandview	2	76112	Fort Worth	2	76197	Fort Worth	2
76051	Grapevine	2	76113	Fort Worth	2	76198	Fort Worth	2
76052	Haslet	2	76114	Fort Worth	2	76199	Fort Worth	2
76053	Hurst	2	76115	Fort Worth	2	76201	Denton	1
76054	Hurst	2	76116	Fort Worth	2	76202	Denton	1
76055	Itasca	3	76117	Haltom City	2	76203	Denton	1
76058	Joshua	2	76118	Fort Worth	2	76204	Denton	1
76059	Keene	2	76119	Fort Worth	2	76205	Denton	1
76060	Kennedale	2	76120	Fort Worth	2	76206	Denton	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
76207	Denton	1	76309	Wichita Falls	1	76449	Graford	1
76208	Denton	1	76310	Wichita Falls	1	76450	Graham	1
76209	Denton	1	76311	Sheppard AFB	1	76452	Energy	2
76210	Denton	1	76351	Archer City	2	76453	Gordon	1
76225	Alvord	1	76352	Bluegrove	2	76454	Gorman	1
76226	Argyle	1	76354	Burkburnett	1	76455	Gustine	2
76227	Aubrey	1	76357	Byers	2	76457	Hico	1
76228	Bellevue	2	76360	Electra	2	76458	Jacksboro	1
76230	Bowie	1	76363	Goree	1	76459	Jermyn	1
76233	Collinsville	1	76364	Harrold	2	76460	Loving	1
76234	Decatur	1	76365	Henrietta	2	76461	Lingleville	1
76238	Era	2	76366	Holliday	1	76462	Lipan	1
76239	Forestburg	1	76367	Iowa Park	1	76463	Mingus	1
76240	Gainesville	1	76369	Kamay	1	76464	Moran	1
76241	Gainesville	1	76370	Megargel	2	76465	Morgan Mill	1
76244	Keller	1	76371	Munday	2	76466	Olden	1
76245	Gordonville	1	76372	Newcastle	1	76467	Paluxy	1
76246	Greenwood	1	76373	Oklaunion	1	76468	Proctor	2
76247	Justin	1	76374	Olney	2	76469	Putnam	1
76248	Keller	1	76377	Petrolia	1	76470	Ranger	1
76249	Krum	1	76379	Scotland	1	76471	Rising Star	1
76250	Lindsay	1	76380	Seymour	1	76472	Santo	1
76251	Montague	1	76384	Vernon	1	76474	Sidney	2
76252	Muenster	2	76385	Vernon	1	76475	Strawn	1
76253	Myra	1	76388	Weinert	2	76476	Tolar	1
76255	Nocona	1	76389	Windthorst	1	76481	South Bend	1
76258	Pilot Point	1	76401	Stephenville	1	76483	Throckmorton	2
76259	Ponder	1	76402	Stephenville	1	76484	Palo Pinto	1
76261	Ringgold	1	76424	Breckenridge	1	76485	Peaster	1
76262	Roanoke	1	76426	Bridgeport	1	76486	Perrin	1
76263	Rosston	1	76427	Bryson	1	76487	Poolville	1
76264	Sadler	1	76429	Caddo	1	76490	Whitt	1
76265	Saint Jo	1	76430	Albany	1	76491	Woodson	2
76266	Sanger	1	76431	Chico	1	76501	Temple	1
76267	Slidell	1	76432	Blanket	1	76502	Temple	1
76268	Southmayd	1	76433	Bluff Dale	1	76503	Temple	1
76270	Sunset	1	76435	Carbon	1	76504	Temple	1
76271	Tioga	1	76436	Carlton	2	76508	Temple	1
76272	Valley View	1	76437	Cisco	1	76511	Bartlett	1
76273	Whitesboro	1	76439	Dennis	1	76513	Belton	1
76301	Wichita Falls	1	76442	Comanche	2	76518	Buckholts	1
76302	Wichita Falls	1	76443	Cross Plains	1	76519	Burlington	1
76305	Wichita Falls	1	76444	De Leon	2	76520	Cameron	1
76306	Wichita Falls	1	76445	Desdemona	1	76522	Copperas Cove	1
76307	Wichita Falls	1	76446	Dublin	1	76523	Davilla	1
76308	Wichita Falls	1	76448	Eastland	1	76524	Eddy	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
76525	Evant	2	76626	Blooming Grove	1	76685	Satin	1
76526	Flat	1	76627	Blum	1	76686	Tehuacana	1
76527	Florence	1	76628	Brandon	2	76687	Thornton	2
76528	Gatesville	2	76629	Bremond	1	76689	Valley Mills	2
76530	Granger	2	76630	Bruceville	1	76690	Walnut Springs	1
76531	Hamilton	2	76631	Bynum	2	76691	West	1
76533	Heidenheimer	1	76632	Chilton	1	76692	Whitney	2
76534	Holland	1	76633	China Spring	1	76693	Wortham	1
76537	Jarrell	1	76634	Clifton	2	76701	Waco	1
76538	Jonesboro	2	76635	Coolidge	1	76702	Waco	1
76539	Kempner	2	76636	Covington	1	76703	Waco	1
76540	Killeen	1	76637	Cranfills Gap	2	76704	Waco	1
76541	Killeen	1	76638	Crawford	1	76705	Waco	1
76542	Killeen	1	76639	Dawson	1	76706	Waco	1
76543	Killeen	1	76640	Elm Mott	1	76707	Waco	1
76544	Fort Hood	1	76641	Frost	1	76708	Waco	1
76547	Killeen	1	76642	Groesbeck	2	76710	Waco	1
76548	Harker Heights	1	76643	Hewitt	1	76711	Waco	1
76549	Killeen	1	76644	Laguna Park	2	76712	Woodway	1
76550	Lampasas	2	76645	Hillsboro	2	76714	Waco	1
76554	Little River Academy	1	76648	Hubbard	1	76715	Waco	1
76556	Milano	2	76649	Iredell	1	76716	Waco	1
76557	Moody	1	76650	Irene	2	76797	Waco	1
76558	Mound	2	76651	Italy	1	76798	Waco	1
76559	Nolanville	1	76652	Kopperl	1	76799	Waco	1
76561	Oglesby	1	76653	Kosse	1	76801	Brownwood	1
76564	Pendleton	1	76654	Leroy	1	76802	Early	1
76565	Pottsville	2	76655	Lorena	1	76803	Early	1
76566	Purmela	2	76656	Lott	1	76804	Brownwood	1
76567	Rockdale	2	76657	Mc Gregor	1	76820	Art	2
76569	Rogers	1	76660	Malone	2	76821	Ballinger	2
76570	Rosebud	1	76661	Marlin	1	76823	Bangs	1
76571	Salado	1	76664	Mart	1	76824	Bend	2
76573	Schwertner	1	76665	Meridian	2	76825	Brady	2
76574	Taylor	2	76666	Mertens	2	76827	Brookesmith	1
76577	Thorndale	2	76667	Mexia	1	76828	Burkett	2
76578	Thrall	2	76670	Milford	1	76831	Castell	2
76579	Troy	1	76671	Morgan	1	76832	Cherokee	2
76596	Gatesville	2	76673	Mount Calm	1	76834	Coleman	2
76597	Gatesville	2	76676	Penelope	2	76836	Doole	2
76598	Gatesville	2	76678	Prairie Hill	1	76837	Eden	2
76599	Gatesville	2	76679	Purdon	1	76841	Fort Mc Kavett	2
76621	Abbott	2	76680	Reagan	1	76842	Fredonia	2
76622	Aquilla	2	76681	Richland	1	76844	Goldthwaite	1
76623	Avalon	1	76682	Riesel	1	76845	Gouldbusk	2
76624	Axtell	1	76684	Ross	1	76848	Hext	2

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
76849	Junction	2	76937	Eola	1	77034	Houston	3
76852	Lohn	2	76939	Knickerbocker	1	77035	Houston	3
76853	Lometa	2	76940	Mereta	1	77036	Houston	3
76854	London	2	76941	Mertzton	1	77037	Houston	3
76855	Lowake	2	76943	Ozona	2	77038	Houston	3
76856	Mason	2	76945	Robert Lee	1	77039	Houston	3
76857	May	1	76949	Silver	2	77040	Houston	3
76858	Melvin	2	76950	Sonora	2	77041	Houston	3
76859	Menard	2	76951	Sterling City	1	77042	Houston	3
76861	Miles	1	76953	Tennyson	1	77043	Houston	3
76862	Millersview	2	76955	Vancourt	1	77044	Houston	3
76864	Mullin	1	76957	Wall	1	77045	Houston	3
76865	Norton	2	76958	Water Valley	1	77046	Houston	3
76866	Paint Rock	2	77001	Houston	3	77047	Houston	3
76869	Pontotoc	2	77002	Houston	3	77048	Houston	3
76870	Priddy	2	77003	Houston	3	77049	Houston	3
76871	Richland Springs	2	77004	Houston	3	77050	Houston	3
76872	Rochelle	2	77005	Houston	3	77051	Houston	3
76873	Rockwood	2	77006	Houston	3	77052	Houston	3
76874	Roosevelt	2	77007	Houston	3	77053	Houston	3
76875	Rowena	2	77008	Houston	3	77054	Houston	3
76877	San Saba	2	77009	Houston	3	77055	Houston	3
76878	Santa Anna	2	77010	Houston	3	77056	Houston	3
76880	Star	2	77011	Houston	3	77057	Houston	3
76882	Talpa	2	77012	Houston	3	77058	Houston	3
76883	Telegraph	2	77013	Houston	3	77059	Houston	3
76884	Valera	2	77014	Houston	3	77060	Houston	3
76885	Valley Spring	2	77015	Houston	3	77061	Houston	3
76886	Veribest	1	77016	Houston	3	77062	Houston	3
76887	Voca	2	77017	Houston	3	77063	Houston	3
76888	Voss	2	77018	Houston	3	77064	Houston	3
76890	Zephyr	1	77019	Houston	3	77065	Houston	3
76901	San Angelo	1	77020	Houston	3	77066	Houston	3
76902	San Angelo	1	77021	Houston	3	77067	Houston	3
76903	San Angelo	1	77022	Houston	3	77068	Houston	3
76904	San Angelo	1	77023	Houston	3	77069	Houston	3
76905	San Angelo	1	77024	Houston	3	77070	Houston	3
76906	San Angelo	1	77025	Houston	3	77071	Houston	3
76908	Goodfellow AFB	1	77026	Houston	3	77072	Houston	3
76909	San Angelo	1	77027	Houston	3	77073	Houston	3
76930	Barnhart	2	77028	Houston	3	77074	Houston	3
76932	Big Lake	2	77029	Houston	3	77075	Houston	3
76933	Bronte	2	77030	Houston	3	77076	Houston	3
76934	Carlsbad	1	77031	Houston	3	77077	Houston	3
76935	Christoval	1	77032	Houston	3	77078	Houston	3
76936	Eldorado	2	77033	Houston	3	77079	Houston	3



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
77080	Houston	3	77230	Houston	3	77289	Houston	3
77081	Houston	3	77231	Houston	3	77290	Houston	3
77082	Houston	3	77233	Houston	3	77291	Houston	3
77083	Houston	3	77234	Houston	3	77292	Houston	3
77084	Houston	3	77235	Houston	3	77293	Houston	3
77085	Houston	3	77236	Houston	3	77297	Houston	3
77086	Houston	3	77237	Houston	3	77299	Houston	3
77087	Houston	3	77238	Houston	3	77301	Conroe	3
77088	Houston	3	77240	Houston	3	77302	Conroe	3
77089	Houston	3	77241	Houston	3	77303	Conroe	3
77090	Houston	3	77242	Houston	3	77304	Conroe	3
77091	Houston	3	77243	Houston	3	77305	Conroe	3
77092	Houston	3	77244	Houston	3	77306	Conroe	3
77093	Houston	3	77245	Houston	3	77315	North Houston	3
77094	Houston	3	77248	Houston	3	77316	Montgomery	3
77095	Houston	3	77249	Houston	3	77318	Willis	3
77096	Houston	3	77251	Houston	3	77320	Huntsville	3
77098	Houston	3	77252	Houston	3	77325	Kingwood	3
77099	Houston	3	77253	Houston	3	77326	Ace	3
77201	Houston	3	77254	Houston	3	77327	Cleveland	3
77202	Houston	3	77255	Houston	3	77328	Cleveland	3
77203	Houston	3	77256	Houston	3	77331	Coldspring	3
77204	Houston	3	77257	Houston	3	77332	Dallardsville	3
77205	Houston	3	77258	Houston	3	77333	Dobbin	3
77206	Houston	3	77259	Houston	3	77334	Dodge	3
77207	Houston	3	77261	Houston	3	77335	Goodrich	3
77208	Houston	3	77262	Houston	3	77336	Huffman	3
77209	Houston	3	77263	Houston	3	77337	Hufsmith	3
77210	Houston	3	77265	Houston	3	77338	Humble	3
77212	Houston	3	77266	Houston	3	77339	Kingwood	3
77213	Houston	3	77267	Houston	3	77340	Huntsville	3
77215	Houston	3	77268	Houston	3	77341	Huntsville	3
77216	Houston	3	77269	Houston	3	77342	Huntsville	3
77217	Houston	3	77270	Houston	3	77343	Huntsville	3
77218	Houston	3	77271	Houston	3	77344	Huntsville	3
77219	Houston	3	77272	Houston	3	77345	Kingwood	3
77220	Houston	3	77273	Houston	3	77346	Humble	3
77221	Houston	3	77274	Houston	3	77347	Humble	3
77222	Houston	3	77275	Houston	3	77348	Huntsville	3
77223	Houston	3	77277	Houston	3	77349	Huntsville	3
77224	Houston	3	77279	Houston	3	77350	Leggett	3
77225	Houston	3	77280	Houston	3	77351	Livingston	3
77226	Houston	3	77282	Houston	3	77353	Magnolia	3
77227	Houston	3	77284	Houston	3	77354	Magnolia	3
77228	Houston	3	77287	Houston	3	77355	Magnolia	3
77229	Houston	3	77288	Houston	3	77356	Montgomery	3

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
77357	New Caney	3	77418	Bellville	2	77471	Rosenberg	2
77358	New Waverly	3	77419	Blessing	3	77473	San Felipe	2
77359	Oakhurst	3	77420	Boling	2	77474	Sealy	2
77360	Onalaska	3	77422	Brazoria	2	77475	Sheridan	2
77362	Pinehurst	3	77423	Brookshire	2	77476	Simonton	2
77363	Plantersville	4	77426	Chappell Hill	2	77477	Stafford	2
77364	Pointblank	3	77428	Collegeport	3	77478	Sugar Land	2
77365	Porter	3	77429	Cypress	2	77479	Sugar Land	2
77367	Riverside	3	77430	Damon	2	77480	Sweeny	3
77368	Romayor	3	77431	Danciger	3	77481	Thompsons	2
77369	Rye	3	77432	Danevang	2	77482	Van Vleck	2
77371	Shepherd	3	77433	Cypress	2	77483	Wadsworth	2
77372	Splendora	3	77434	Eagle Lake	3	77484	Waller	2
77373	Spring	3	77435	East Bernard	3	77485	Wallis	2
77374	Thicket	3	77436	Egypt	2	77486	West Columbia	3
77375	Tomball	3	77437	El Campo	2	77487	Sugar Land	2
77376	Votaw	3	77440	Elmaton	2	77488	Wharton	2
77377	Tomball	3	77441	Fulshear	2	77489	Missouri City	2
77378	Willis	3	77442	Garwood	2	77491	Katy	2
77379	Spring	3	77443	Glen Flora	2	77492	Katy	2
77380	Spring	3	77444	Guy	2	77493	Katy	2
77381	Spring	3	77445	Hempstead	2	77494	Katy	2
77382	Spring	3	77446	Prairie View	2	77496	Sugar Land	2
77383	Spring	3	77447	Hockley	2	77497	Stafford	2
77384	Conroe	3	77448	Hungerford	2	77498	Sugar Land	2
77385	Conroe	3	77449	Katy	2	77501	Pasadena	3
77386	Spring	3	77450	Katy	2	77502	Pasadena	3
77387	Spring	3	77451	Kendleton	2	77503	Pasadena	3
77388	Spring	3	77452	Kenney	2	77504	Pasadena	3
77389	Spring	3	77453	Lane City	2	77505	Pasadena	3
77391	Spring	3	77454	Lissie	3	77506	Pasadena	3
77393	Spring	3	77455	Louise	2	77507	Pasadena	3
77396	Humble	3	77456	Markham	2	77508	Pasadena	3
77399	Livingston	3	77457	Matagorda	2	77510	Santa Fe	3
77401	Bellaire	2	77458	Midfield	2	77511	Alvin	3
77402	Bellaire	2	77459	Missouri City	2	77512	Alvin	3
77404	Bay City	2	77460	Nada	2	77514	Anahuac	4
77406	Richmond	2	77461	Needville	2	77515	Angleton	3
77407	Richmond	2	77463	Old Ocean	3	77516	Angleton	3
77410	Cypress	2	77464	Orchard	2	77517	Santa Fe	3
77411	Alief	2	77465	Palacios	3	77518	Bacliff	3
77412	Altair	2	77466	Pattison	2	77519	Batson	4
77413	Barker	2	77467	Pierce	2	77520	Baytown	3
77414	Bay City	2	77468	Pledger	3	77521	Baytown	3
77415	Cedar Lane	2	77469	Richmond	2	77522	Baytown	3
77417	Beasley	2	77470	Rock Island	2	77523	Baytown	3



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
77530	Channelview	3	77591	Texas City	3	77707	Beaumont	2
77531	Clute	3	77592	Texas City	3	77708	Beaumont	2
77532	Crosby	3	77597	Wallisville	3	77710	Beaumont	2
77533	Daisetta	4	77598	Webster	3	77713	Beaumont	2
77534	Danbury	3	77611	Bridge City	2	77720	Beaumont	2
77535	Dayton	4	77612	Buna	2	77725	Beaumont	2
77536	Deer Park	3	77613	China	2	77726	Beaumont	2
77538	Devers	4	77614	Deweyville	2	77801	Bryan	1
77539	Dickinson	3	77615	Evadale	2	77802	Bryan	1
77541	Freeport	3	77616	Fred	2	77803	Bryan	1
77542	Freeport	3	77617	Gilchrist	3	77805	Bryan	1
77545	Fresno	3	77619	Groves	2	77806	Bryan	1
77546	Friendswood	3	77622	Hamshire	3	77807	Bryan	1
77547	Galena Park	3	77623	High Island	3	77808	Bryan	1
77549	Friendswood	3	77624	Hillister	2	77830	Anderson	2
77550	Galveston	3	77625	Kountze	2	77831	Bedias	2
77551	Galveston	3	77626	Mauriceville	2	77833	Brenham	1
77552	Galveston	3	77627	Nederland	2	77834	Brenham	1
77553	Galveston	3	77629	Nome	2	77835	Burton	1
77554	Galveston	3	77630	Orange	2	77836	Caldwell	2
77555	Galveston	3	77631	Orange	2	77837	Calvert	1
77560	Hankamer	4	77632	Orange	2	77838	Chriesman	2
77561	Hardin	4	77639	Orangefield	2	77840	College Station	1
77562	Highlands	3	77640	Port Arthur	2	77841	College Station	1
77563	Hitchcock	3	77641	Port Arthur	2	77842	College Station	1
77564	Hull	4	77642	Port Arthur	2	77843	College Station	1
77565	Kemah	3	77643	Port Arthur	2	77844	College Station	1
77566	Lake Jackson	3	77650	Port Bolivar	2	77845	College Station	1
77568	La Marque	3	77651	Port Neches	2	77850	Concord	2
77571	La Porte	3	77655	Sabine Pass	2	77852	Deanville	2
77572	La Porte	3	77656	Silsbee	2	77853	Dime Box	2
77573	League City	3	77657	Lumberton	2	77855	Flynn	2
77574	League City	3	77659	Sour Lake	2	77856	Franklin	1
77575	Liberty	4	77660	Spurger	2	77857	Gause	2
77577	Liverpool	3	77661	Stowell	3	77859	Hearne	1
77578	Manvel	3	77662	Vidor	2	77861	Iola	1
77580	Mont Belvieu	3	77663	Village Mills	2	77862	Kurten	1
77581	Pearland	3	77664	Warren	2	77863	Lyons	1
77582	Raywood	4	77665	Winnie	3	77864	Madisonville	2
77583	Rosharon	3	77670	Vidor	2	77865	Marquez	2
77584	Pearland	3	77701	Beaumont	2	77866	Millican	1
77585	Saratoga	3	77702	Beaumont	2	77867	Mumford	1
77586	Seabrook	3	77703	Beaumont	2	77868	Navasota	2
77587	South Houston	3	77704	Beaumont	2	77870	New Baden	1
77588	Pearland	3	77705	Beaumont	2	77871	Normangee	2
77590	Texas City	3	77706	Beaumont	2	77872	North Zulch	2

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
77873	Richards	1	78001	Artesia Wells	2	78063	Pipe Creek	1
77875	Roans Prairie	1	78002	Atascosa	1	78064	Pleasanton	1
77876	Shiro	1	78003	Bandera	1	78065	Poteet	1
77878	Snook	1	78004	Bergheim	1	78066	Rio Medina	1
77879	Somerville	1	78005	Bigfoot	1	78067	San Ygnacio	1
77880	Washington	1	78006	Boerne	1	78069	Somerset	1
77881	Wellborn	1	78007	Calliham	1	78070	Spring Branch	1
77882	Wheelock	1	78008	Campbellton	1	78071	Three Rivers	1
77901	Victoria	1	78009	Castroville	1	78072	Tilden	1
77902	Victoria	1	78010	Center Point	1	78073	Von Ormy	1
77903	Victoria	1	78011	Charlotte	1	78074	Waring	1
77904	Victoria	1	78012	Christine	1	78075	Whitsett	1
77905	Victoria	1	78013	Comfort	1	78076	Zapata	1
77950	Austwell	2	78014	Cotulla	2	78101	Adkins	1
77951	Bloomington	1	78015	Boerne	1	78102	Beeville	1
77954	Cuero	1	78016	Devine	2	78104	Beeville	1
77957	Edna	2	78017	Dilley	2	78107	Berclair	1
77960	Fannin	1	78019	Encinal	1	78108	Cibolo	1
77961	Francitas	2	78021	Fowlerton	1	78109	Converse	1
77962	Ganado	2	78022	George West	1	78111	Ecletto	2
77963	Goliad	1	78023	Helotes	1	78112	Elmendorf	1
77964	Hallettsville	2	78024	Hunt	1	78113	Falls City	1
77967	Hochheim	2	78025	Ingram	1	78114	Floresville	1
77968	Inez	1	78026	Jourdanton	1	78115	Geronimo	1
77969	La Salle	2	78027	Kendalia	1	78116	Gillett	2
77970	La Ward	2	78028	Kerrville	1	78117	Hobson	2
77971	Lolita	2	78029	Kerrville	1	78118	Karnes City	2
77973	Mcfaddin	1	78039	La Coste	1	78119	Kenedy	2
77974	Meyersville	1	78040	Laredo	1	78121	La Vernia	1
77975	Moulton	2	78041	Laredo	1	78122	Leesville	1
77976	Nursery	1	78042	Laredo	1	78123	Mc Queeney	1
77977	Placedo	1	78043	Laredo	1	78124	Marion	1
77978	Point Comfort	2	78044	Laredo	1	78125	Mineral	1
77979	Port Lavaca	2	78045	Laredo	1	78130	New Braunfels	1
77982	Port O Connor	2	78046	Laredo	1	78131	New Braunfels	1
77983	Seadrift	2	78050	Leming	1	78132	New Braunfels	1
77984	Shiner	2	78052	Lytle	1	78133	Canyon Lake	1
77986	Sublime	2	78054	Macdona	1	78135	New Braunfels	1
77987	Sweet Home	2	78055	Medina	1	78140	Nixon	1
77988	Telferner	1	78056	Mico	1	78141	Nordheim	2
77989	Thomaston	1	78057	Moore	2	78142	Normanna	1
77990	Tivoli	2	78058	Mountain Home	1	78143	Pandora	1
77991	Vanderbilt	2	78059	Natalia	1	78144	Panna Maria	2
77993	Weesatche	1	78060	Oakville	1	78145	Pawnee	2
77994	Westhoff	1	78061	Pearsall	2	78146	Pettus	1
77995	Yoakum	2	78062	Peggy	1	78147	Poth	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
78148	Universal City	1	78234	Jbsa Ft Sam Houston	2	78294	San Antonio	2
78150	Jbsa Randolph	1	78235	San Antonio	2	78295	San Antonio	2
78151	Runge	2	78236	Jbsa Lackland	2	78296	San Antonio	2
78152	Saint Hedwig	1	78237	San Antonio	2	78297	San Antonio	2
78154	Schertz	1	78238	San Antonio	2	78298	San Antonio	2
78155	Seguin	1	78239	San Antonio	2	78299	San Antonio	2
78156	Seguin	1	78240	San Antonio	2	78330	Agua Dulce	1
78159	Smiley	1	78241	San Antonio	2	78332	Alice	1
78160	Stockdale	1	78242	San Antonio	2	78333	Alice	1
78161	Sutherland Springs	1	78243	San Antonio	2	78335	Aransas Pass	1
78162	Tuleta	1	78244	San Antonio	2	78336	Aransas Pass	1
78163	Bulverde	1	78245	San Antonio	2	78338	Armstrong	1
78164	Yorktown	1	78246	San Antonio	2	78339	Banquete	1
78201	San Antonio	2	78247	San Antonio	2	78340	Bayside	1
78202	San Antonio	2	78248	San Antonio	2	78341	Benavides	1
78203	San Antonio	2	78249	San Antonio	2	78342	Ben Bolt	1
78204	San Antonio	2	78250	San Antonio	2	78343	Bishop	1
78205	San Antonio	2	78251	San Antonio	2	78344	Bruni	1
78206	San Antonio	2	78252	San Antonio	2	78347	Chapman Ranch	1
78207	San Antonio	2	78253	San Antonio	2	78349	Concepcion	1
78208	San Antonio	2	78254	San Antonio	2	78350	Dinero	1
78209	San Antonio	2	78255	San Antonio	2	78351	Driscoll	1
78210	San Antonio	2	78256	San Antonio	2	78352	Edroy	1
78211	San Antonio	2	78257	San Antonio	2	78353	Encino	1
78212	San Antonio	2	78258	San Antonio	2	78355	Falfurrias	1
78213	San Antonio	2	78259	San Antonio	2	78357	Freer	1
78214	San Antonio	2	78260	San Antonio	2	78358	Fulton	1
78215	San Antonio	2	78261	San Antonio	2	78359	Gregory	1
78216	San Antonio	2	78263	San Antonio	2	78360	Guerra	1
78217	San Antonio	2	78264	San Antonio	2	78361	Hebbronville	1
78218	San Antonio	2	78265	San Antonio	2	78362	Ingleside	1
78219	San Antonio	2	78266	San Antonio	2	78363	Kingsville	1
78220	San Antonio	2	78268	San Antonio	2	78364	Kingsville	1
78221	San Antonio	2	78269	San Antonio	2	78368	Mathis	1
78222	San Antonio	2	78270	San Antonio	2	78369	Mirando City	1
78223	San Antonio	2	78278	San Antonio	2	78370	Odem	1
78224	San Antonio	2	78279	San Antonio	2	78371	Oilton	1
78225	San Antonio	2	78280	San Antonio	2	78372	Orange Grove	1
78226	San Antonio	2	78283	San Antonio	2	78373	Port Aransas	1
78227	San Antonio	2	78284	San Antonio	2	78374	Portland	1
78228	San Antonio	2	78285	San Antonio	2	78375	Premont	1
78229	San Antonio	2	78288	San Antonio	2	78376	Realitos	1
78230	San Antonio	2	78289	San Antonio	2	78377	Refugio	2
78231	San Antonio	2	78291	San Antonio	2	78379	Riviera	1
78232	San Antonio	2	78292	San Antonio	2	78380	Robstown	1
78233	San Antonio	2	78293	San Antonio	2	78381	Rockport	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
78382	Rockport	1	78521	Brownsville	1	78584	Roma	1
78383	Sandia	1	78522	Brownsville	1	78585	Salineno	1
78384	San Diego	1	78523	Brownsville	1	78586	San Benito	1
78385	Sarita	1	78526	Brownsville	1	78588	San Isidro	1
78387	Sinton	1	78535	Combes	1	78589	San Juan	1
78389	Skidmore	1	78536	Delmita	1	78590	San Perlita	1
78390	Taft	1	78537	Donna	1	78591	Santa Elena	1
78391	Tynan	1	78538	Edcouch	1	78592	Santa Maria	1
78393	Woodsboro	2	78539	Edinburg	1	78593	Santa Rosa	1
78401	Corpus Christi	2	78540	Edinburg	1	78594	Sebastian	1
78402	Corpus Christi	2	78541	Edinburg	1	78595	Sullivan City	1
78403	Corpus Christi	2	78542	Edinburg	1	78596	Weslaco	1
78404	Corpus Christi	2	78543	Elsa	1	78597	South Padre Island	1
78405	Corpus Christi	2	78545	Falcon Heights	1	78598	Port Mansfield	1
78406	Corpus Christi	2	78547	Garciasville	1	78599	Weslaco	1
78407	Corpus Christi	2	78548	Grulla	1	78602	Bastrop	1
78408	Corpus Christi	2	78549	Hargill	1	78604	Belmont	1
78409	Corpus Christi	2	78550	Harlingen	1	78605	Bertram	1
78410	Corpus Christi	2	78551	Harlingen	1	78606	Blanco	1
78411	Corpus Christi	2	78552	Harlingen	1	78607	Bluffton	2
78412	Corpus Christi	2	78553	Harlingen	1	78608	Briggs	1
78413	Corpus Christi	2	78557	Hidalgo	1	78609	Buchanan Dam	2
78414	Corpus Christi	2	78558	La Blanca	1	78610	Buda	1
78415	Corpus Christi	2	78559	La Feria	1	78611	Burnet	2
78416	Corpus Christi	2	78560	La Joya	1	78612	Cedar Creek	1
78417	Corpus Christi	2	78561	Lasara	1	78613	Cedar Park	1
78418	Corpus Christi	2	78562	La Villa	1	78614	Cost	1
78419	Corpus Christi	2	78563	Linn	1	78615	Coupland	2
78426	Corpus Christi	2	78564	Lopeno	1	78616	Dale	1
78427	Corpus Christi	2	78565	Los Ebanos	1	78617	Del Valle	1
78460	Corpus Christi	2	78566	Los Fresnos	1	78618	Doss	1
78463	Corpus Christi	2	78567	Los Indios	1	78619	Driftwood	1
78465	Corpus Christi	2	78568	Lozano	1	78620	Dripping Springs	1
78466	Corpus Christi	2	78569	Lyford	1	78621	Elgin	1
78467	Corpus Christi	2	78570	Mercedes	1	78622	Fentress	1
78468	Corpus Christi	2	78572	Mission	1	78623	Fischer	1
78469	Corpus Christi	2	78573	Mission	1	78624	Fredericksburg	1
78472	Corpus Christi	2	78574	Mission	1	78626	Georgetown	1
78480	Corpus Christi	2	78575	Olmito	1	78627	Georgetown	1
78501	McAllen	1	78576	Penitas	1	78628	Georgetown	1
78502	McAllen	1	78577	Pharr	1	78629	Gonzales	1
78503	McAllen	1	78578	Port Isabel	1	78630	Cedar Park	1
78504	McAllen	1	78579	Progreso	1	78631	Harper	1
78505	McAllen	1	78580	Raymondville	1	78632	Harwood	1
78516	Alamo	1	78582	Rio Grande City	1	78633	Georgetown	1
78520	Brownsville	1	78583	Rio Hondo	1	78634	Hutto	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
78635	Hye	1	78703	Austin	1	78753	Austin	1
78636	Johnson City	1	78704	Austin	1	78754	Austin	1
78638	Kingsbury	1	78705	Austin	1	78755	Austin	1
78639	Kingsland	1	78708	Austin	1	78756	Austin	1
78640	Kyle	1	78709	Austin	1	78757	Austin	1
78641	Leander	1	78710	Austin	1	78758	Austin	1
78642	Liberty Hill	1	78711	Austin	1	78759	Austin	1
78643	Llano	2	78712	Austin	1	78760	Austin	1
78644	Lockhart	1	78713	Austin	1	78761	Austin	1
78645	Leander	1	78714	Austin	1	78762	Austin	1
78646	Leander	1	78715	Austin	1	78763	Austin	1
78648	Luling	2	78716	Austin	1	78764	Austin	1
78650	Mc Dade	1	78717	Austin	1	78765	Austin	1
78651	Mc Neil	1	78718	Austin	1	78766	Austin	1
78652	Manchaca	1	78719	Austin	1	78767	Austin	1
78653	Manor	1	78720	Austin	1	78768	Austin	1
78654	Marble Falls	1	78721	Austin	1	78769	Austin	1
78655	Martindale	1	78722	Austin	1	78772	Austin	1
78656	Maxwell	1	78723	Austin	1	78773	Austin	1
78657	Horseshoe Bay	1	78724	Austin	1	78774	Austin	1
78658	Ottine	1	78725	Austin	1	78778	Austin	1
78659	Paige	1	78726	Austin	1	78779	Austin	1
78660	Pflugerville	1	78727	Austin	1	78783	Austin	1
78661	Prairie Lea	2	78728	Austin	1	78799	Austin	1
78662	Red Rock	1	78729	Austin	1	78801	Uvalde	2
78663	Round Mountain	1	78730	Austin	1	78802	Uvalde	2
78664	Round Rock	1	78731	Austin	1	78827	Asherton	2
78665	Round Rock	1	78732	Austin	1	78828	Barksdale	2
78666	San Marcos	1	78733	Austin	1	78829	Batesville	2
78667	San Marcos	1	78734	Austin	1	78830	Big Wells	2
78669	Spicewood	1	78735	Austin	1	78832	Brackettville	1
78670	Staples	1	78736	Austin	1	78833	Camp Wood	2
78671	Stonewall	1	78737	Austin	1	78834	Carrizo Springs	2
78672	Tow	2	78738	Austin	1	78836	Catarina	2
78673	Walburg	1	78739	Austin	1	78837	Comstock	1
78674	Weir	1	78741	Austin	1	78838	Concan	2
78675	Willow City	1	78742	Austin	1	78839	Crystal City	2
78676	Wimberley	1	78744	Austin	1	78840	Del Rio	1
78677	Wrightsboro	1	78745	Austin	1	78841	Del Rio	1
78680	Round Rock	1	78746	Austin	1	78842	Del Rio	1
78681	Round Rock	1	78747	Austin	1	78843	Laughlin AFB	1
78682	Round Rock	1	78748	Austin	1	78847	Del Rio	1
78683	Round Rock	1	78749	Austin	1	78850	D Hanis	2
78691	Pflugerville	1	78750	Austin	1	78851	Dryden	2
78701	Austin	1	78751	Austin	1	78852	Eagle Pass	1
78702	Austin	1	78752	Austin	1	78853	Eagle Pass	1



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
78860	El Indio	1	79007	Borger	2	79068	Panhandle	2
78861	Hondo	2	79008	Borger	2	79070	Perryton	2
78870	Knippa	2	79009	Bovina	2	79072	Plainview	1
78871	Langtry	1	79010	Boys Ranch	1	79073	Plainview	1
78872	La Pryor	2	79011	Briscoe	2	79077	Samnorwood	2
78873	Leakey	1	79012	Bushland	1	79078	Sanford	2
78877	Quemado	1	79013	Cactus	2	79079	Shamrock	2
78879	Rio Frio	2	79014	Canadian	1	79080	Skellytown	1
78880	Rocksprings	2	79015	Canyon	1	79081	Spearman	2
78881	Sabinal	2	79016	Canyon	1	79082	Springlake	1
78883	Tarpley	2	79018	Channing	2	79083	Stinnett	2
78884	Utopia	2	79019	Claude	1	79084	Stratford	2
78885	Vanderpool	1	79021	Cotton Center	1	79085	Summerfield	1
78886	Yancey	2	79022	Dalhart	2	79086	Sunray	2
78931	Bleiberville	1	79024	Darrouzett	2	79087	Texline	2
78932	Carmine	1	79025	Dawn	1	79088	Tulia	2
78933	Cat Spring	1	79027	Dimmitt	2	79091	Umbarger	1
78934	Columbus	1	79029	Dumas	2	79092	Vega	1
78935	Alleyton	1	79031	Earth	1	79093	Waka	2
78938	Ellinger	1	79032	Edmonson	1	79094	Wayside	2
78940	Fayetteville	1	79033	Farnsworth	2	79095	Wellington	2
78941	Flatonia	1	79034	Follett	2	79096	Wheeler	2
78942	Giddings	1	79035	Friona	2	79097	White Deer	1
78943	Glidden	1	79036	Fritch	2	79098	Wildorado	1
78944	Industry	1	79039	Groom	1	79101	Amarillo	1
78945	La Grange	1	79040	Gruver	2	79102	Amarillo	1
78946	Ledbetter	1	79041	Hale Center	1	79103	Amarillo	1
78947	Lexington	1	79042	Happy	2	79104	Amarillo	1
78948	Lincoln	1	79043	Hart	2	79105	Amarillo	1
78949	Muldoon	1	79044	Hartley	2	79106	Amarillo	1
78950	New Ulm	1	79045	Hereford	1	79107	Amarillo	1
78951	Oakland	2	79046	Higgins	2	79108	Amarillo	1
78952	Plum	1	79051	Kerrick	2	79109	Amarillo	1
78953	Rosanky	1	79052	Kress	1	79110	Amarillo	1
78954	Round Top	1	79053	Lazbuddie	2	79111	Amarillo	1
78956	Schulenburg	1	79054	Lefors	1	79114	Amarillo	1
78957	Smithville	1	79056	Lipscomb	1	79116	Amarillo	1
78959	Waelder	1	79057	McLean	2	79117	Amarillo	1
78960	Warda	1	79058	Masterson	2	79118	Amarillo	1
78961	Warrenton	1	79059	Miami	1	79119	Amarillo	1
78962	Weimar	1	79061	Mobeetie	2	79120	Amarillo	1
78963	West Point	1	79062	Morse	2	79121	Amarillo	1
79001	Adrian	1	79063	Nazareth	2	79124	Amarillo	1
79002	Alanreed	1	79064	Olton	1	79159	Amarillo	1
79003	Allison	2	79065	Pampa	1	79166	Amarillo	1
79005	Booker	2	79066	Pampa	1	79168	Amarillo	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
79172	Amarillo	1	79326	Fieldton	2	79409	Lubbock	2
79174	Amarillo	1	79329	Idalou	2	79410	Lubbock	2
79178	Amarillo	1	79330	Justiceburg	3	79411	Lubbock	2
79185	Amarillo	1	79331	Lamesa	2	79412	Lubbock	2
79189	Amarillo	1	79336	Levelland	2	79413	Lubbock	2
79201	Childress	1	79338	Levelland	2	79414	Lubbock	2
79220	Afton	2	79339	Littlefield	2	79415	Lubbock	2
79221	Aiken	2	79342	Loop	2	79416	Lubbock	2
79223	Cee Vee	1	79343	Lorenzo	2	79423	Lubbock	2
79225	Chillicothe	1	79344	Maple	3	79424	Lubbock	2
79226	Clarendon	1	79345	Meadow	2	79430	Lubbock	2
79227	Crowell	1	79346	Morton	3	79452	Lubbock	2
79229	Dickens	2	79347	Muleshoe	3	79453	Lubbock	2
79230	Dodson	2	79350	New Deal	2	79457	Lubbock	2
79231	Dougherty	2	79351	Odonnell	2	79464	Lubbock	2
79233	Estelline	1	79353	Pep	2	79490	Lubbock	2
79234	Flomot	2	79355	Plains	3	79491	Lubbock	2
79235	Floydada	2	79356	Post	3	79493	Lubbock	2
79236	Guthrie	2	79357	Ralls	3	79499	Lubbock	2
79237	Hedley	2	79358	Ropesville	2	79501	Anson	1
79239	Lakeview	1	79359	Seagraves	3	79502	Aspermont	2
79240	Lelia Lake	2	79360	Seminole	3	79503	Avoca	1
79241	Lockney	2	79363	Shallowater	2	79504	Baird	1
79243	Mcadoo	2	79364	Slaton	2	79505	Benjamin	2
79244	Matador	2	79366	Ransom Canyon	2	79506	Blackwell	2
79245	Memphis	2	79367	Smyer	2	79508	Buffalo Gap	1
79247	Odell	1	79369	Spade	2	79510	Clyde	1
79248	Paducah	1	79370	Spur	3	79511	Coahoma	1
79250	Petersburg	1	79371	Sudan	2	79512	Colorado City	2
79251	Quail	2	79372	Sundown	2	79516	Dunn	2
79252	Quanah	2	79373	Tahoka	3	79517	Fluvanna	2
79255	Quitaque	2	79376	Tokio	2	79518	Girard	2
79256	Roaring Springs	2	79377	Welch	2	79519	Goldsboro	2
79257	Silverton	2	79378	Wellman	2	79520	Hamlin	1
79258	South Plains	2	79379	Whiteface	2	79521	Haskell	2
79259	Tell	1	79380	Whitharral	2	79525	Hawley	1
79261	Turkey	1	79381	Wilson	3	79526	Hermleigh	2
79311	Abernathy	2	79382	Wolfforth	2	79527	Ira	2
79312	Amherst	2	79383	New Home	2	79528	Jayton	2
79313	Anton	2	79401	Lubbock	2	79529	Knox City	2
79314	Bledsoe	3	79402	Lubbock	2	79530	Lawn	2
79316	Brownfield	2	79403	Lubbock	2	79532	Loraine	2
79322	Crosbyton	3	79404	Lubbock	2	79533	Lueders	1
79323	Denver City	3	79406	Lubbock	2	79534	Mc Caulley	1
79324	Enochs	3	79407	Lubbock	2	79535	Maryneal	1
79325	Farwell	2	79408	Lubbock	2	79536	Merkel	1



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
79537	Nolan	1	79718	Balmorhea	2	79789	Wink	2
79538	Novice	2	79719	Barstow	2	79821	Anthony	1
79539	O Brien	2	79720	Big Spring	1	79830	Alpine	2
79540	Old Glory	2	79721	Big Spring	1	79831	Alpine	2
79541	Ovalo	2	79730	Coyanosa	2	79832	Alpine	2
79543	Roby	2	79731	Crane	2	79834	Big Bend National Park	2
79544	Rochester	2	79733	Forsan	1	79835	Canutillo	1
79545	Roscoe	1	79734	Fort Davis	2	79836	Clint	1
79546	Rotan	2	79735	Fort Stockton	2	79837	Dell City	1
79547	Rule	2	79738	Gail	1	79838	Fabens	1
79548	Rule	2	79739	Garden City	1	79839	Fort Hancock	1
79549	Snyder	2	79740	Girvin	2	79842	Marathon	2
79550	Snyder	2	79741	Goldsmith	1	79843	Marfa	2
79553	Stamford	1	79742	Grandfalls	2	79845	Presidio	2
79556	Sweetwater	1	79743	Imperial	2	79846	Redford	2
79560	Sylvester	1	79744	Iraan	2	79847	Salt Flat	1
79561	Trent	1	79745	Kermit	2	79848	Sanderson	2
79562	Tuscola	1	79748	Knott	1	79849	San Elizario	1
79563	Tye	1	79749	Lenorah	2	79851	Sierra Blanca	2
79565	Westbrook	2	79752	Mc Camey	2	79852	Terlingua	2
79566	Wingate	2	79754	Mentone	2	79853	Tornillo	1
79567	Winters	2	79755	Midkiff	2	79854	Valentine	2
79601	Abilene	1	79756	Monahans	2	79855	Van Horn	2
79602	Abilene	1	79758	Gardendale	1	79901	El Paso	1
79603	Abilene	1	79759	Notrees	1	79902	El Paso	1
79604	Abilene	1	79760	Odessa	1	79903	El Paso	1
79605	Abilene	1	79761	Odessa	1	79904	El Paso	1
79606	Abilene	1	79762	Odessa	1	79905	El Paso	1
79607	Dyess AFB	1	79763	Odessa	1	79906	El Paso	1
79608	Abilene	1	79764	Odessa	1	79907	El Paso	1
79697	Abilene	1	79765	Odessa	1	79908	El Paso	1
79698	Abilene	1	79766	Odessa	1	79910	El Paso	1
79699	Abilene	1	79768	Odessa	1	79911	El Paso	1
79701	Midland	1	79769	Odessa	1	79912	El Paso	1
79702	Midland	1	79770	Orla	2	79913	El Paso	1
79703	Midland	1	79772	Pecos	2	79914	El Paso	1
79704	Midland	1	79776	Penwell	1	79915	El Paso	1
79705	Midland	1	79777	Pyote	2	79916	Fort Bliss	1
79706	Midland	1	79778	Rankin	2	79917	El Paso	1
79707	Midland	1	79780	Saragosa	2	79918	Fort Bliss	1
79708	Midland	1	79781	Sheffield	2	79920	El Paso	1
79710	Midland	1	79782	Stanton	2	79922	El Paso	1
79711	Midland	1	79783	Tarzan	2	79923	El Paso	1
79712	Midland	1	79785	Toyah	2	79924	El Paso	1
79713	Ackerly	1	79786	Toyahvale	2	79925	El Paso	1
79714	Andrews	1	79788	Wickett	2	79926	El Paso	1

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**TEXAS – ZIP CODE AREA CHART – Effective 11-01-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
79927	El Paso	1	88517	El Paso	1	88568	El Paso	1
79928	El Paso	1	88518	El Paso	1	88569	El Paso	1
79929	El Paso	1	88519	El Paso	1	88570	El Paso	1
79930	El Paso	1	88520	El Paso	1	88571	El Paso	1
79931	El Paso	1	88521	El Paso	1	88572	El Paso	1
79932	El Paso	1	88523	El Paso	1	88573	El Paso	1
79934	El Paso	1	88524	El Paso	1	88574	El Paso	1
79935	El Paso	1	88525	El Paso	1	88575	El Paso	1
79936	El Paso	1	88526	El Paso	1	88576	El Paso	1
79937	El Paso	1	88527	El Paso	1	88577	El Paso	1
79938	El Paso	1	88528	El Paso	1	88578	El Paso	1
79940	El Paso	1	88529	El Paso	1	88579	El Paso	1
79941	El Paso	1	88530	El Paso	1	88580	El Paso	1
79942	El Paso	1	88531	El Paso	1	88581	El Paso	1
79943	El Paso	1	88532	El Paso	1	88582	El Paso	1
79944	El Paso	1	88533	El Paso	1	88583	El Paso	1
79945	El Paso	1	88534	El Paso	1	88584	El Paso	1
79946	El Paso	1	88535	El Paso	1	88585	El Paso	1
79947	El Paso	1	88536	El Paso	1	88586	El Paso	1
79948	El Paso	1	88538	El Paso	1	88587	El Paso	1
79949	El Paso	1	88539	El Paso	1	88588	El Paso	1
79950	El Paso	1	88540	El Paso	1	88589	El Paso	1
79951	El Paso	1	88541	El Paso	1	88590	El Paso	1
79952	El Paso	1	88542	El Paso	1	88595	El Paso	1
79953	El Paso	1	88543	El Paso	1			
79954	El Paso	1	88544	El Paso	1			
79955	El Paso	1	88545	El Paso	1			
79958	El Paso	1	88546	El Paso	1			
79960	El Paso	1	88547	El Paso	1			
79961	El Paso	1	88548	El Paso	1			
79968	El Paso	1	88549	El Paso	1			
79976	El Paso	1	88550	El Paso	1			
79978	El Paso	1	88553	El Paso	1			
79980	El Paso	1	88554	El Paso	1			
79990	El Paso	1	88555	El Paso	1			
79995	El Paso	1	88556	El Paso	1			
79996	El Paso	1	88557	El Paso	1			
79997	El Paso	1	88558	El Paso	1			
79998	El Paso	1	88559	El Paso	1			
79999	El Paso	1	88560	El Paso	1			
88510	El Paso	1	88561	El Paso	1			
88511	El Paso	1	88562	El Paso	1			
88512	El Paso	1	88563	El Paso	1			
88513	El Paso	1	88565	El Paso	1			
88514	El Paso	1	88566	El Paso	1			
88515	El Paso	1	88567	El Paso	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.

### **LIMITATIONS AND EXCLUSIONS**

Unless specifically stated otherwise, your Policy does not cover: 1) expenses incurred while the policy is not in force; 2) expenses incurred during a Part A Medicare Benefit Period that begins prior to the effective date of the policy; 3) any expenses incurred which are paid by Medicare or for which payment by us would duplicate any payments made by Medicare; 4) the portion of any expense that is payable under any other insurance plan, policy or certificate, or any employee benefit plan, which pays benefits on an expense incurred basis; 5) any non-Medicare Eligible Expenses; 6) expenses that are payable under any other Medicare Supplement Insurance policy or certificate; or 7) services for which a charge is not normally made in the absence of insurance. The Policy does not require a waiting period with respect to treatment of pre-existing conditions. Cancellation of insurance will be without prejudice to any claim originating before the effective date of cancellation.

### **REFUND OF PREMIUM**

We will refund that part of any premium which covers a period paid for this policy beyond the date of the insured's death. Unearned premiums shall be payable in a lump sum no later than thirty (30) days after proof of death has been furnished to us. We will also refund the unearned portion of any premium paid beyond the date of cancellation of your policy.

### **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
<b>HOSPITALIZATION*</b> 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$0 \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$[1,632] (Part A deductible) \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 \$0 \$0	\$0 Up to \$[204] a day All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN A

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

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

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

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[240] of Medicare approved amounts*	\$0	\$0	\$[240] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

## PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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



## PLAN F

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

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

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

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[240] of Medicare approved amounts*	\$0	\$[240] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

### OTHER BENEFITS NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum 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
<b>HOSPITALIZATION*</b> 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN G

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

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

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

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$0
---	--------------------	-------------------	---

### OTHER BENEFITS NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year 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 [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. 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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> 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 \$[1,632] All but \$[408] a day  All but \$[816] a day  \$0  \$0	\$[1,632] (Part A deductible) \$[408] a day  \$[816] a day  100% of Medicare-eligible expenses \$0	\$0 \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## HIGH DEDUCTIBLE PLAN G

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

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

\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. 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 \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[240] (Unless Part B deductible has been met) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$0
---	--------------------	-------------------	---

## HIGH DEDUCTIBLE PLAN G

### OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year 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 \$[7,060] 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
<b>HOSPITALIZATION**</b> 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 \$[1,632]  All but \$[408] a day  All but \$[816] a day  \$0  \$0	\$[816] (50% of Part A deductible) \$[408] a day  \$[816] a day  100% of Medicare-eligible expenses \$0	\$[816] (50% of Part A deductible)♦ \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day  101st day and after	All approved amounts All but \$[204] a day  \$0	\$0 Up to \$[100] a day (50% of Part A deductible) \$0	\$0 Up to \$[100] a day (50% of Part A deductible)♦ All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	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 \$[240] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[240] 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%	\$[240] (Part B deductible)****◆ All costs above Medicare Approved Amounts Generally 10%◆
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[7,060])*
<b>BLOOD</b> First 3 pints Next \$[240] of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$[240] (Part B deductible)****◆ Generally 10%◆
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[240] of Medicare approved amounts**** Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 10%	\$0  \$[240] (Part B deductible)◆ 10%◆
--	------------------------	-----------------------	---

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,060] 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
<b>HOSPITALIZATION*</b> 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 \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN N

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

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

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

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 80%	\$0 20%	\$[240] (Part B deductible) \$0

# PLAN N

## OTHER BENEFITS NOT COVERED BY MEDICARE

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