

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

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

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

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

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B †	D †	G <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%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in [2025] <sup>2</sup>					\$[7,220] <sup>2</sup>		\$[3,610] <sup>2</sup>			

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

<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

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	124.95	119.76	98.86	35.60	61.36	77.79
66	124.95	119.76	98.86	35.60	61.36	77.79
67	124.95	119.76	98.86	35.60	61.36	77.79
68	124.95	119.76	98.86	35.60	61.36	77.79
69	127.44	122.15	100.83	36.31	62.58	79.34
70	131.27	125.82	103.86	37.40	64.46	81.73
71	136.29	130.64	107.84	38.84	66.93	84.85
72	141.21	135.35	111.73	40.24	69.35	87.91
73	146.13	140.07	115.62	41.64	71.76	90.98
74	151.05	144.78	119.51	43.04	74.18	94.04
75	155.97	149.49	123.40	44.44	76.59	97.10
76	161.21	154.52	127.55	45.94	79.17	100.37
77	167.66	160.70	132.65	47.77	82.34	104.38
78	174.33	167.09	137.93	49.67	85.61	108.53
79	179.47	172.02	141.99	51.14	88.13	111.73
80	184.93	177.25	146.32	52.70	90.82	115.13
81	190.40	182.49	150.64	54.25	93.50	118.54
82	196.08	187.94	155.14	55.87	96.29	122.08
83	201.98	193.60	159.81	57.55	99.19	125.75
84	207.89	199.26	164.48	59.24	102.09	129.42
85	213.90	205.02	169.23	60.95	105.04	133.17
86	219.91	210.78	173.99	62.66	107.99	136.91
87	226.03	216.64	178.83	64.40	111.00	140.72
88	232.26	222.62	183.76	66.18	114.05	144.60
89	238.49	228.59	188.69	67.96	117.12	148.48
90	244.61	234.45	193.53	69.70	120.12	152.29
91	249.64	239.27	197.51	71.13	122.59	155.42
92	254.66	244.09	201.49	72.56	125.06	158.55
93	259.36	248.60	205.21	73.90	127.37	161.47
94	264.17	253.21	209.01	75.27	129.73	164.47
95	269.09	257.92	212.90	76.68	132.14	167.53
96	273.57	262.21	216.45	77.95	134.34	170.32
97	278.16	266.62	220.08	79.26	136.60	173.18
98	282.76	271.01	223.71	80.57	138.85	176.04
99+	287.56	275.62	227.52	81.94	141.21	179.03

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 \$6.00 is required with the initial premium.

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	137.44	131.73	108.74	39.16	67.49	85.57
66	137.44	131.73	108.74	39.16	67.49	85.57
67	137.44	131.73	108.74	39.16	67.49	85.57
68	137.44	131.73	108.74	39.16	67.49	85.57
69	140.19	134.37	110.91	39.95	68.84	87.28
70	144.40	138.40	114.24	41.14	70.91	89.90
71	149.92	143.70	118.62	42.72	73.62	93.34
72	155.34	148.89	122.90	44.26	76.28	96.71
73	160.74	154.07	127.18	45.80	78.94	100.08
74	166.16	159.25	131.46	47.34	81.60	103.44
75	171.57	164.44	135.74	48.89	84.25	106.81
76	177.34	169.97	140.31	50.53	87.09	110.40
77	184.43	176.77	145.92	52.55	90.57	114.82
78	191.76	183.80	151.72	54.64	94.17	119.39
79	197.42	189.22	156.19	56.25	96.95	122.91
80	203.42	194.98	160.95	57.97	99.90	126.65
81	209.44	200.74	165.71	59.68	102.85	130.39
82	215.69	206.73	170.65	61.46	105.92	134.28
83	222.18	212.96	175.79	63.31	109.11	138.32
84	228.67	219.18	180.93	65.16	112.29	142.37
85	235.29	225.52	186.16	67.04	115.54	146.48
86	241.90	231.85	191.39	68.93	118.79	150.60
87	248.63	238.31	196.72	70.85	122.10	154.79
88	255.48	244.88	202.14	72.80	125.46	159.06
89	262.34	251.44	207.56	74.75	128.83	163.33
90	269.07	257.90	212.89	76.67	132.13	167.51
91	274.60	263.20	217.26	78.25	134.85	170.96
92	280.13	268.50	221.64	79.82	137.56	174.40
93	285.30	273.46	225.73	81.29	140.10	177.62
94	290.59	278.53	229.91	82.80	142.70	180.92
95	296.00	283.71	234.20	84.34	145.36	184.28
96	300.93	288.44	238.09	85.75	147.78	187.35
97	305.98	293.28	242.09	87.19	150.26	190.49
98	311.03	298.11	246.09	88.63	152.74	193.64
99+	316.32	303.19	250.27	90.13	155.34	196.93

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

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

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

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

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A one-time Policy Fee of \$6.00 is required with the initial premium.

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	149.93	143.71	118.63	42.72	73.63	93.34
66	149.93	143.71	118.63	42.72	73.63	93.34
67	149.93	143.71	118.63	42.72	73.63	93.34
68	149.93	143.71	118.63	42.72	73.63	93.34
69	152.93	146.58	121.00	43.58	75.10	95.21
70	157.52	150.98	124.63	44.88	77.36	98.07
71	163.55	156.76	129.40	46.60	80.32	101.83
72	169.46	162.42	134.07	48.28	83.22	105.50
73	175.36	168.08	138.74	49.97	86.11	109.17
74	181.26	173.73	143.41	51.65	89.01	112.85
75	187.16	179.39	148.08	53.33	91.91	116.52
76	193.46	185.43	153.06	55.12	95.00	120.44
77	201.20	192.84	159.18	57.33	98.80	125.26
78	209.20	200.51	165.51	59.61	102.73	130.24
79	215.36	206.42	170.39	61.37	105.76	134.08
80	221.92	212.71	175.58	63.23	108.98	138.16
81	228.48	218.99	180.77	65.10	112.20	142.24
82	235.30	225.53	186.17	67.05	115.55	146.49
83	242.38	232.32	191.77	69.06	119.03	150.90
84	249.46	239.11	197.37	71.08	122.50	155.31
85	256.68	246.02	203.08	73.14	126.05	159.80
86	263.89	252.93	208.79	75.20	129.59	164.29
87	271.23	259.97	214.60	77.29	133.20	168.86
88	278.71	267.14	220.51	79.42	136.87	173.52
89	286.19	274.30	226.43	81.55	140.54	178.17
90	293.53	281.34	232.24	83.64	144.15	182.74
91	299.56	287.13	237.01	85.36	147.11	186.50
92	305.60	292.91	241.79	87.08	150.07	190.26
93	311.24	298.32	246.25	88.68	152.84	193.77
94	317.01	303.85	250.81	90.33	155.67	197.36
95	322.91	309.50	255.49	92.01	158.57	201.04
96	328.29	314.66	259.74	93.54	161.21	204.39
97	333.80	319.94	264.10	95.11	163.92	207.81
98	339.31	325.22	268.46	96.68	166.62	211.24
99+	345.08	330.75	273.02	98.33	169.46	214.84

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

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

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

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

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	143.37	137.47	113.41	40.72	70.32	89.21
66	143.37	137.47	113.41	40.72	70.32	89.21
67	143.37	137.47	113.41	40.72	70.32	89.21
68	143.37	137.47	113.41	40.72	70.32	89.21
69	146.24	140.22	115.68	41.53	71.72	91.00
70	150.62	144.42	119.15	42.78	73.88	93.73
71	156.39	149.95	123.72	44.41	76.71	97.32
72	162.04	155.37	128.18	46.02	79.48	100.83
73	167.68	160.78	132.64	47.62	82.24	104.34
74	173.33	166.19	137.11	49.22	85.01	107.86
75	178.97	171.60	141.57	50.83	87.78	111.36
76	184.99	177.37	146.33	52.54	90.73	115.11
77	192.39	184.47	152.19	54.64	94.36	119.72
78	200.04	191.80	158.24	56.81	98.11	124.48
79	205.94	197.45	162.90	58.48	101.00	128.15
80	212.20	203.47	167.86	60.26	104.08	132.05
81	218.48	209.48	172.82	62.05	107.15	135.95
82	225.00	215.73	177.98	63.90	110.35	140.01
83	231.77	222.23	183.34	65.82	113.68	144.22
84	238.54	228.72	188.70	67.74	117.00	148.44
85	245.44	235.33	194.15	69.70	120.38	152.73
86	252.34	241.95	199.61	71.66	123.76	157.02
87	259.36	248.68	205.17	73.66	127.21	161.39
88	266.51	255.54	210.82	75.69	130.72	165.84
89	273.66	262.39	216.48	77.72	134.22	170.29
90	280.68	269.12	222.03	79.71	137.67	174.66
91	286.45	274.66	226.60	81.35	140.50	178.25
92	292.22	280.19	231.16	82.99	143.33	181.84
93	297.62	285.36	235.43	84.52	145.97	185.19
94	303.13	290.65	239.79	86.09	148.68	188.63
95	308.78	296.06	244.26	87.69	151.44	192.14
96	313.92	300.99	248.32	89.15	153.97	195.34
97	319.19	306.04	252.49	90.64	156.55	198.62
98	324.45	311.09	256.66	92.14	159.13	201.90
99+	329.97	316.38	261.02	93.71	161.84	205.33

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 \$6.00 is required with the initial premium.

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	157.71	151.21	124.76	44.79	77.35	98.14
66	157.71	151.21	124.76	44.79	77.35	98.14
67	157.71	151.21	124.76	44.79	77.35	98.14
68	157.71	151.21	124.76	44.79	77.35	98.14
69	160.86	154.24	127.25	45.68	78.90	100.10
70	165.69	158.86	131.07	47.06	81.27	103.10
71	172.03	164.95	136.09	48.86	84.38	107.05
72	178.24	170.90	141.00	50.62	87.42	110.91
73	184.45	176.86	145.91	52.38	90.47	114.78
74	190.66	182.81	150.82	54.15	93.51	118.64
75	196.87	188.76	155.73	55.91	96.56	122.50
76	203.49	195.11	160.97	57.79	99.81	126.62
77	211.63	202.91	167.41	60.10	103.80	131.69
78	220.04	210.98	174.06	62.49	107.92	136.93
79	226.53	217.20	179.19	64.33	111.10	140.96
80	233.43	223.81	184.65	66.29	114.49	145.25
81	240.32	230.43	190.11	68.25	117.87	149.54
82	247.50	237.31	195.78	70.29	121.39	154.01
83	254.95	244.45	201.67	72.40	125.04	158.64
84	262.40	251.59	207.57	74.52	128.70	163.28
85	269.99	258.87	213.57	76.67	132.42	168.00
86	277.57	266.14	219.57	78.83	136.14	172.72
87	285.30	273.55	225.68	81.02	139.93	177.53
88	293.16	281.09	231.90	83.26	143.79	182.43
89	301.03	288.63	238.12	85.49	147.64	187.32
90	308.75	296.04	244.24	87.68	151.43	192.12
91	315.10	302.12	249.26	89.48	154.55	196.07
92	321.44	308.21	254.27	91.29	157.66	200.02
93	327.38	313.89	258.97	92.97	160.57	203.71
94	333.45	319.71	263.77	94.70	163.55	207.49
95	339.65	325.67	268.68	96.46	166.59	211.35
96	345.31	331.09	273.16	98.06	169.36	214.87
97	351.11	336.65	277.74	99.71	172.21	218.48
98	356.90	342.20	282.32	101.36	175.05	222.09
99+	362.97	348.02	287.12	103.08	178.03	225.86

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 \$6.00 is required with the initial premium.



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4370 Peachtree Road, NE, Atlanta, GA 30319

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	172.05	164.96	136.10	48.86	84.38	107.06
66	172.05	164.96	136.10	48.86	84.38	107.06
67	172.05	164.96	136.10	48.86	84.38	107.06
68	172.05	164.96	136.10	48.86	84.38	107.06
69	175.49	168.26	138.82	49.84	86.07	109.20
70	180.75	173.31	142.98	51.33	88.65	112.47
71	187.67	179.94	148.46	53.30	92.05	116.78
72	194.45	186.44	153.82	55.22	95.37	121.00
73	201.22	192.93	159.17	57.14	98.69	125.21
74	207.99	199.42	164.53	59.07	102.02	129.43
75	214.76	205.92	169.89	60.99	105.33	133.64
76	221.99	212.85	175.60	63.04	108.88	138.13
77	230.87	221.36	182.63	65.56	113.23	143.66
78	240.05	230.16	189.89	68.17	117.73	149.37
79	247.12	236.94	195.48	70.18	121.21	153.77
80	254.65	244.16	201.44	72.32	124.90	158.46
81	262.17	251.37	207.39	74.45	128.59	163.14
82	270.00	258.88	213.58	76.68	132.43	168.01
83	278.12	266.67	220.01	78.98	136.41	173.07
84	286.25	274.46	226.44	81.29	140.40	178.12
85	294.53	282.40	232.98	83.64	144.46	183.27
86	302.81	290.34	239.53	85.99	148.52	188.42
87	311.24	298.42	246.20	88.39	152.65	193.67
88	319.81	306.64	252.99	90.82	156.86	199.01
89	328.39	314.87	259.77	93.26	161.07	204.35
90	336.82	322.95	266.44	95.65	165.20	209.59
91	343.74	329.59	271.91	97.62	168.60	213.90
92	350.67	336.22	277.39	99.59	171.99	218.21
93	357.14	342.43	282.51	101.42	175.16	222.23
94	363.76	348.78	287.75	103.30	178.41	226.35
95	370.53	355.27	293.11	105.23	181.73	230.57
96	376.70	361.19	297.99	106.98	184.76	234.41
97	383.02	367.25	302.99	108.77	187.86	238.34
98	389.34	373.31	307.99	110.57	190.96	242.28
99+	395.97	379.66	313.23	112.45	194.21	246.39

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

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

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

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

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## MISSISSIPPI – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

### STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	157.60	151.13	124.73	44.68	77.25	98.04
66	157.60	151.13	124.73	44.68	77.25	98.04
67	157.60	151.13	124.73	44.68	77.25	98.04
68	157.60	151.13	124.73	44.68	77.25	98.04
69	160.75	154.16	127.22	45.58	78.80	100.01
70	165.57	158.78	131.04	46.94	81.16	103.01
71	171.91	164.86	136.06	48.74	84.27	106.95
72	178.12	170.81	140.97	50.50	87.31	110.81
73	184.32	176.76	145.88	52.26	90.35	114.67
74	190.53	182.71	150.79	54.02	93.39	118.53
75	196.73	188.66	155.70	55.78	96.43	122.39
76	203.35	195.00	160.93	57.65	99.68	126.50
77	211.48	202.81	167.37	59.96	103.66	131.57
78	219.89	210.87	174.03	62.34	107.78	136.80
79	226.37	217.08	179.16	64.18	110.96	140.83
80	233.26	223.69	184.61	66.14	114.34	145.12
81	240.16	230.30	190.06	68.09	117.72	149.40
82	247.33	237.18	195.74	70.12	121.23	153.86
83	254.77	244.32	201.63	72.23	124.88	158.50
84	262.22	251.46	207.52	74.34	128.53	163.13
85	269.80	258.73	213.52	76.49	132.25	167.84
86	277.38	266.00	219.53	78.64	135.96	172.56
87	285.10	273.40	225.63	80.83	139.75	177.36
88	292.96	280.94	231.85	83.06	143.60	182.25
89	300.82	288.48	238.07	85.29	147.45	187.14
90	308.54	295.88	244.18	87.48	151.24	191.94
91	314.88	301.96	249.20	89.27	154.34	195.89
92	321.22	308.04	254.22	91.07	157.45	199.84
93	327.15	313.72	258.91	92.75	160.36	203.52
94	333.22	319.54	263.71	94.47	163.33	207.30
95	339.42	325.49	268.62	96.23	166.37	211.16
96	345.07	330.91	273.10	97.83	169.14	214.67
97	350.86	336.47	277.68	99.48	171.98	218.27
98	356.65	342.02	282.26	101.12	174.82	221.88
99+	362.72	347.83	287.06	102.84	177.79	225.65

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 \$6.00 is required with the initial premium.



# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

### STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	173.36	166.25	137.20	49.15	84.98	107.85
66	173.36	166.25	137.20	49.15	84.98	107.85
67	173.36	166.25	137.20	49.15	84.98	107.85
68	173.36	166.25	137.20	49.15	84.98	107.85
69	176.83	169.57	139.94	50.13	86.68	110.01
70	182.13	174.66	144.14	51.64	89.28	113.31
71	189.11	181.34	149.66	53.62	92.69	117.65
72	195.93	187.89	155.06	55.55	96.04	121.89
73	202.76	194.44	160.46	57.48	99.38	126.14
74	209.58	200.98	165.87	59.42	102.73	130.38
75	216.40	207.52	171.27	61.36	106.07	134.63
76	223.68	214.51	177.03	63.42	109.64	139.15
77	232.63	223.09	184.11	65.96	114.03	144.72
78	241.88	231.96	191.43	68.58	118.56	150.48
79	249.01	238.79	197.07	70.60	122.06	154.91
80	256.59	246.06	203.07	72.75	125.77	159.63
81	264.17	253.33	209.07	74.90	129.49	164.35
82	272.06	260.89	215.31	77.13	133.35	169.25
83	280.25	268.75	221.79	79.46	137.37	174.35
84	288.44	276.60	228.28	81.78	141.38	179.44
85	296.78	284.60	234.88	84.14	145.47	184.63
86	305.12	292.60	241.48	86.51	149.56	189.82
87	313.61	300.74	248.20	88.91	153.72	195.10
88	322.26	309.03	255.04	91.36	157.96	200.48
89	330.90	317.32	261.88	93.82	162.20	205.86
90	339.39	325.46	268.60	96.22	166.36	211.14
91	346.37	332.16	274.12	98.20	169.78	215.48
92	353.34	338.85	279.64	100.18	173.20	219.82
93	359.86	345.10	284.80	102.03	176.39	223.87
94	366.54	351.50	290.08	103.92	179.67	228.03
95	373.36	358.04	295.48	105.85	183.01	232.27
96	379.58	364.01	300.41	107.62	186.06	236.14
97	385.95	370.11	305.45	109.42	189.18	240.10
98	392.32	376.22	310.49	111.23	192.30	244.06
99+	398.99	382.62	315.77	113.12	195.57	248.22

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

### STANDARD – FEMALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	189.12	181.36	149.67	53.62	92.70	117.65
66	189.12	181.36	149.67	53.62	92.70	117.65
67	189.12	181.36	149.67	53.62	92.70	117.65
68	189.12	181.36	149.67	53.62	92.70	117.65
69	192.90	184.99	152.67	54.69	94.56	120.01
70	198.69	190.53	157.25	56.33	97.39	123.61
71	206.30	197.83	163.27	58.49	101.12	128.34
72	213.74	204.97	169.16	60.60	104.77	132.97
73	221.19	212.11	175.05	62.71	108.42	137.60
74	228.63	219.25	180.94	64.82	112.07	142.23
75	236.08	226.39	186.84	66.93	115.72	146.87
76	244.02	234.01	193.12	69.18	119.61	151.80
77	253.78	243.37	200.85	71.95	124.40	157.88
78	263.87	253.04	208.83	74.81	129.34	164.16
79	271.64	260.50	214.99	77.02	133.15	168.99
80	279.92	268.43	221.53	79.36	137.21	174.14
81	288.19	276.36	228.08	81.71	141.26	179.29
82	296.79	284.61	234.89	84.15	145.48	184.64
83	305.73	293.18	241.96	86.68	149.86	190.20
84	314.66	301.75	249.03	89.21	154.24	195.75
85	323.76	310.48	256.23	91.79	158.70	201.41
86	332.86	319.20	263.43	94.37	163.16	207.07
87	342.12	328.08	270.76	97.00	167.70	212.84
88	351.55	337.13	278.22	99.67	172.32	218.70
89	360.98	346.17	285.69	102.34	176.94	224.57
90	370.25	355.05	293.02	104.97	181.48	230.33
91	377.86	362.35	299.04	107.13	185.21	235.07
92	385.46	369.65	305.06	109.29	188.94	239.80
93	392.58	376.47	310.70	111.30	192.43	244.23
94	399.86	383.45	316.46	113.37	196.00	248.76
95	407.30	390.59	322.35	115.48	199.65	253.39
96	414.09	397.10	327.72	117.40	202.97	257.61
97	421.03	403.76	333.22	119.37	206.38	261.93
98	427.98	410.42	338.71	121.34	209.78	266.25
99+	435.26	417.40	344.48	123.40	213.35	270.78

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	180.90	173.53	143.15	51.15	88.58	112.49
66	180.90	173.53	143.15	51.15	88.58	112.49
67	180.90	173.53	143.15	51.15	88.58	112.49
68	180.90	173.53	143.15	51.15	88.58	112.49
69	184.52	177.00	146.01	52.17	90.36	114.74
70	190.05	182.31	150.39	53.74	93.07	118.19
71	197.33	189.29	156.15	55.80	96.63	122.71
72	204.45	196.12	161.78	57.81	100.12	127.14
73	211.57	202.95	167.42	59.82	103.60	131.57
74	218.69	209.78	173.05	61.84	107.09	136.00
75	225.82	216.62	178.69	63.85	110.58	140.43
76	233.41	223.90	184.70	66.00	114.30	145.15
77	242.75	232.86	192.09	68.64	118.87	150.96
78	252.40	242.11	199.73	71.37	123.60	156.96
79	259.84	249.25	205.61	73.47	127.24	161.58
80	267.75	256.84	211.87	75.71	131.11	166.50
81	275.66	264.43	218.13	77.94	134.99	171.42
82	283.89	272.32	224.65	80.27	139.02	176.54
83	292.44	280.52	231.41	82.69	143.20	181.86
84	300.98	288.72	238.17	85.10	147.39	187.17
85	309.69	297.07	245.06	87.56	151.65	192.58
86	318.39	305.41	251.94	90.02	155.91	197.99
87	327.25	313.91	258.96	92.53	160.25	203.51
88	336.27	322.57	266.09	95.08	164.67	209.11
89	345.29	331.22	273.23	97.63	169.08	214.72
90	354.15	339.72	280.24	100.14	173.42	220.23
91	361.43	346.70	286.00	102.19	176.99	224.76
92	368.71	353.69	291.76	104.25	180.55	229.29
93	375.52	360.21	297.15	106.18	183.88	233.52
94	382.48	366.89	302.66	108.14	187.30	237.85
95	389.60	373.72	308.29	110.16	190.78	242.28
96	396.09	379.95	313.42	111.99	193.96	246.31
97	402.74	386.32	318.68	113.87	197.21	250.44
98	409.38	392.70	323.94	115.75	200.47	254.58
99+	416.35	399.38	329.45	117.72	203.88	258.91

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

### STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	198.99	190.88	157.46	56.26	97.44	123.74
66	198.99	190.88	157.46	56.26	97.44	123.74
67	198.99	190.88	157.46	56.26	97.44	123.74
68	198.99	190.88	157.46	56.26	97.44	123.74
69	202.97	194.70	160.61	57.39	99.39	126.22
70	209.06	200.54	165.43	59.11	102.37	130.00
71	217.07	208.22	171.76	61.38	106.29	134.98
72	224.90	215.73	177.96	63.59	110.13	139.86
73	232.73	223.25	184.16	65.80	113.96	144.73
74	240.56	230.76	190.36	68.02	117.80	149.60
75	248.40	238.28	196.56	70.23	121.64	154.47
76	256.75	246.29	203.17	72.60	125.73	159.67
77	267.02	256.14	211.30	75.50	130.76	166.05
78	277.64	266.32	219.70	78.50	135.96	172.65
79	285.82	274.17	226.17	80.82	139.96	177.74
80	294.53	282.52	233.06	83.28	144.23	183.15
81	303.23	290.87	239.95	85.74	148.49	188.57
82	312.28	299.55	247.11	88.30	152.92	194.19
83	321.68	308.57	254.55	90.96	157.52	200.04
84	331.08	317.59	261.99	93.61	162.13	205.89
85	340.66	326.77	269.56	96.32	166.81	211.84
86	350.23	335.95	277.14	99.03	171.50	217.79
87	359.98	345.31	284.85	101.78	176.28	223.86
88	369.90	354.82	292.70	104.59	181.13	230.02
89	379.82	364.34	300.55	107.39	185.99	236.20
90	389.57	373.69	308.27	110.15	190.77	242.26
91	397.58	381.37	314.60	112.41	194.69	247.24
92	405.58	389.06	320.94	114.68	198.61	252.22
93	413.07	396.23	326.86	116.80	202.27	256.87
94	420.73	403.58	332.92	118.96	206.02	261.63
95	428.56	411.09	339.12	121.18	209.86	266.50
96	435.70	417.94	344.77	123.19	213.35	270.94
97	443.01	424.95	350.55	125.26	216.94	275.49
98	450.32	431.97	356.34	127.33	220.51	280.03
99+	457.98	439.32	362.40	129.49	224.26	284.80

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY BANK DRAFT RATES – EFFECTIVE 08-01-2024

### STANDARD – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	217.08	208.23	171.78	61.38	106.30	134.99
66	217.08	208.23	171.78	61.38	106.30	134.99
67	217.08	208.23	171.78	61.38	106.30	134.99
68	217.08	208.23	171.78	61.38	106.30	134.99
69	221.42	212.40	175.21	62.61	108.43	137.69
70	228.06	218.77	180.47	64.48	111.68	141.82
71	236.80	227.15	187.38	66.95	115.96	147.25
72	245.34	235.34	194.14	69.37	120.14	152.57
73	253.89	243.54	200.90	71.79	124.33	157.88
74	262.43	251.74	207.66	74.20	128.51	163.20
75	270.98	259.94	214.43	76.62	132.69	168.51
76	280.10	268.68	221.64	79.20	137.16	174.18
77	291.30	279.43	230.50	82.36	142.64	181.15
78	302.88	290.54	239.67	85.64	148.32	188.35
79	311.81	299.10	246.73	88.16	152.69	193.90
80	321.30	308.21	254.25	90.85	157.34	199.80
81	330.80	317.31	261.76	93.53	161.99	205.71
82	340.67	326.79	269.57	96.32	166.82	211.85
83	350.93	336.62	277.69	99.22	171.84	218.23
84	361.18	346.46	285.80	102.12	176.86	224.60
85	371.63	356.48	294.07	105.08	181.98	231.10
86	382.07	366.50	302.33	108.03	187.09	237.59
87	392.70	376.70	310.75	111.04	192.30	244.21
88	403.53	387.08	319.31	114.10	197.60	250.94
89	414.35	397.46	327.88	117.16	202.90	257.67
90	424.98	407.66	336.29	120.16	208.11	264.28
91	433.72	416.04	343.20	122.63	212.39	269.71
92	442.46	424.42	350.12	125.10	216.66	275.14
93	450.62	432.25	356.58	127.41	220.66	280.22
94	458.98	440.27	363.19	129.77	224.75	285.42
95	467.52	448.47	369.95	132.19	228.94	290.73
96	475.31	455.94	376.11	134.39	232.75	295.57
97	483.28	463.59	382.42	136.65	236.66	300.53
98	491.26	471.24	388.73	138.90	240.56	305.49
99+	499.61	479.25	395.34	141.26	244.65	310.69

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

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

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

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

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

A one-time Policy Fee of \$6.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	128.69	123.35	101.82	36.67	63.20	80.12
66	128.69	123.35	101.82	36.67	63.20	80.12
67	128.69	123.35	101.82	36.67	63.20	80.12
68	128.69	123.35	101.82	36.67	63.20	80.12
69	131.27	125.82	103.86	37.40	64.46	81.72
70	135.21	129.59	106.97	38.53	66.40	84.18
71	140.38	134.55	111.07	40.00	68.94	87.40
72	145.45	139.41	115.08	41.44	71.43	90.55
73	150.51	144.27	119.09	42.89	73.91	93.71
74	155.58	149.12	123.10	44.33	76.40	96.86
75	160.65	153.98	127.10	45.78	78.89	100.02
76	166.05	159.16	131.38	47.31	81.54	103.38
77	172.69	165.52	136.63	49.21	84.81	107.51
78	179.56	172.11	142.07	51.16	88.18	111.79
79	184.85	177.18	146.25	52.67	90.78	115.08
80	190.48	182.57	150.71	54.28	93.54	118.59
81	196.11	187.97	155.16	55.88	96.30	122.09
82	201.96	193.58	159.79	57.55	99.18	125.74
83	208.04	199.41	164.60	59.28	102.16	129.52
84	214.12	205.23	169.41	61.01	105.15	133.31
85	220.31	211.17	174.31	62.78	108.19	137.16
86	226.51	217.10	179.21	64.54	111.23	141.02
87	232.81	223.14	184.20	66.34	114.33	144.94
88	239.23	229.29	189.27	68.17	117.48	148.94
89	245.64	235.44	194.35	70.00	120.63	152.93
90	251.95	241.49	199.34	71.79	123.72	156.85
91	257.13	246.45	203.44	73.27	126.27	160.08
92	262.31	251.41	207.53	74.74	128.81	163.30
93	267.15	256.06	211.36	76.12	131.19	166.32
94	272.10	260.80	215.28	77.53	133.62	169.40
95	277.17	265.66	219.29	78.98	136.11	172.56
96	281.78	270.08	222.94	80.29	138.38	175.43
97	286.51	274.61	226.68	81.64	140.70	178.37
98	291.24	279.14	230.43	82.99	143.02	181.32
99+	296.19	283.89	234.34	84.40	145.45	184.40

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 \$6.00 is required with the initial premium.



# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	141.56	135.69	112.00	40.34	69.52	88.13
66	141.56	135.69	112.00	40.34	69.52	88.13
67	141.56	135.69	112.00	40.34	69.52	88.13
68	141.56	135.69	112.00	40.34	69.52	88.13
69	144.39	138.40	114.24	41.14	70.91	89.90
70	148.73	142.55	117.67	42.38	73.04	92.59
71	154.42	148.01	122.18	44.00	75.83	96.14
72	160.00	153.35	126.59	45.59	78.57	99.61
73	165.57	158.69	131.00	47.18	81.31	103.08
74	171.14	164.03	135.41	48.77	84.04	106.55
75	176.71	169.37	139.81	50.35	86.78	110.02
76	182.66	175.07	144.52	52.05	89.70	113.72
77	189.96	182.07	150.30	54.13	93.29	118.27
78	197.52	189.32	156.27	56.28	96.99	122.97
79	203.34	194.90	160.88	57.94	99.85	126.59
80	209.53	200.83	165.78	59.70	102.89	130.45
81	215.72	206.76	170.68	61.47	105.93	134.30
82	222.16	212.93	175.77	63.30	109.10	138.31
83	228.85	219.35	181.06	65.21	112.38	142.47
84	235.53	225.76	186.35	67.11	115.66	146.64
85	242.35	232.28	191.74	69.05	119.01	150.88
86	249.16	238.81	197.13	71.00	122.35	155.12
87	256.09	245.46	202.62	72.97	125.76	159.43
88	263.15	252.22	208.20	74.98	129.22	163.83
89	270.21	258.99	213.79	76.99	132.69	168.23
90	277.14	265.63	219.27	78.97	136.10	172.54
91	282.84	271.09	223.78	80.59	138.89	176.09
92	288.54	276.55	228.29	82.21	141.69	179.63
93	293.86	281.66	232.50	83.73	144.31	182.95
94	299.31	286.88	236.81	85.29	146.98	186.34
95	304.88	292.22	241.22	86.87	149.72	189.81
96	309.96	297.09	245.24	88.32	152.21	192.97
97	315.16	302.08	249.35	89.80	154.77	196.21
98	320.36	307.06	253.47	91.28	157.32	199.45
99+	325.81	312.28	257.78	92.84	160.00	202.84

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	154.43	148.02	122.19	44.00	75.84	96.14
66	154.43	148.02	122.19	44.00	75.84	96.14
67	154.43	148.02	122.19	44.00	75.84	96.14
68	154.43	148.02	122.19	44.00	75.84	96.14
69	157.52	150.98	124.63	44.88	77.35	98.07
70	162.25	155.51	128.37	46.23	79.68	101.01
71	168.46	161.47	133.29	48.00	82.73	104.88
72	174.54	167.29	138.10	49.73	85.71	108.66
73	180.62	173.12	142.90	51.47	88.70	112.45
74	186.70	178.95	147.72	53.20	91.68	116.23
75	192.78	184.77	152.52	54.93	94.67	120.02
76	199.26	190.99	157.66	56.78	97.85	124.05
77	207.23	198.62	163.96	59.05	101.77	129.02
78	215.47	206.53	170.48	61.40	105.81	134.15
79	221.82	212.61	175.50	63.21	108.93	138.10
80	228.57	219.09	180.85	65.13	112.25	142.31
81	235.33	225.56	186.19	67.06	115.57	146.51
82	242.36	232.29	191.75	69.06	119.02	150.89
83	249.65	239.29	197.52	71.14	122.60	155.43
84	256.95	246.28	203.30	73.22	126.18	159.97
85	264.38	253.40	209.17	75.33	129.83	164.59
86	271.81	260.52	215.05	77.45	133.48	169.22
87	279.37	267.77	221.04	79.60	137.19	173.93
88	287.07	275.15	227.13	81.80	140.97	178.72
89	294.77	282.53	233.22	83.99	144.75	183.52
90	302.34	289.78	239.21	86.15	148.47	188.23
91	308.55	295.74	244.12	87.92	151.52	192.10
92	314.77	301.70	249.04	89.69	154.57	195.97
93	320.57	307.27	253.64	91.35	157.43	199.58
94	326.52	312.96	258.34	93.04	160.34	203.28
95	332.60	318.79	263.15	94.77	163.33	207.07
96	338.14	324.10	267.53	96.35	166.05	210.52
97	343.81	329.54	272.02	97.97	168.84	214.05
98	349.49	334.97	276.51	99.58	171.62	217.58
99+	355.43	340.67	281.21	101.28	174.54	221.28

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 \$6.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	147.67	141.59	116.82	41.94	72.43	91.89
66	147.67	141.59	116.82	41.94	72.43	91.89
67	147.67	141.59	116.82	41.94	72.43	91.89
68	147.67	141.59	116.82	41.94	72.43	91.89
69	150.63	144.42	119.15	42.78	73.88	93.73
70	155.14	148.75	122.73	44.06	76.09	96.54
71	161.09	154.45	127.43	45.75	79.01	100.24
72	166.90	160.03	132.03	47.40	81.86	103.86
73	172.71	165.60	136.62	49.05	84.71	107.47
74	178.53	171.17	141.22	50.70	87.56	111.09
75	184.34	176.75	145.82	52.35	90.41	114.71
76	190.54	182.69	150.72	54.11	93.45	118.56
77	198.16	190.00	156.75	56.28	97.19	123.31
78	206.04	197.56	162.99	58.51	101.06	128.21
79	212.11	203.38	167.79	60.24	104.03	131.99
80	218.57	209.57	172.90	62.07	107.20	136.01
81	225.03	215.76	178.01	63.91	110.37	140.03
82	231.75	222.20	183.32	65.81	113.67	144.21
83	238.72	228.89	188.84	67.79	117.09	148.55
84	245.70	235.58	194.36	69.78	120.51	152.89
85	252.80	242.39	199.98	71.79	123.99	157.31
86	259.91	249.21	205.60	73.81	127.48	161.73
87	267.14	256.14	211.32	75.87	131.03	166.23
88	274.51	263.20	217.15	77.96	134.64	170.82
89	281.87	270.26	222.97	80.05	138.25	175.40
90	289.10	277.20	228.69	82.10	141.80	179.90
91	295.05	282.90	233.39	83.79	144.71	183.60
92	300.99	288.59	238.09	85.48	147.63	187.29
93	306.54	293.92	242.49	87.05	150.35	190.75
94	312.23	299.37	246.98	88.67	153.14	194.29
95	318.04	304.94	251.58	90.32	155.99	197.91
96	323.34	310.02	255.77	91.82	158.59	201.20
97	328.76	315.23	260.07	93.36	161.25	204.58
98	334.19	320.42	264.36	94.91	163.91	207.95
99+	339.87	325.87	268.85	96.52	166.70	211.49

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	162.44	155.75	128.50	46.13	79.67	101.08
66	162.44	155.75	128.50	46.13	79.67	101.08
67	162.44	155.75	128.50	46.13	79.67	101.08
68	162.44	155.75	128.50	46.13	79.67	101.08
69	165.69	158.87	131.07	47.05	81.26	103.10
70	170.66	163.63	135.00	48.47	83.70	106.19
71	177.20	169.90	140.17	50.32	86.91	110.26
72	183.59	176.03	145.23	52.14	90.05	114.24
73	189.99	182.16	150.29	53.95	93.18	118.22
74	196.38	188.29	155.34	55.77	96.32	122.20
75	202.77	194.42	160.40	57.59	99.45	126.18
76	209.59	200.96	165.80	59.52	102.80	130.42
77	217.98	209.00	172.43	61.90	106.91	135.64
78	226.65	217.31	179.29	64.36	111.16	141.03
79	233.32	223.72	184.57	66.26	114.44	145.19
80	240.43	230.53	190.19	68.28	117.92	149.61
81	247.53	237.34	195.81	70.30	121.41	154.03
82	254.92	244.42	201.66	72.40	125.03	158.63
83	262.60	251.78	207.72	74.57	128.79	163.40
84	270.27	259.14	213.80	76.76	132.56	168.18
85	278.08	266.63	219.98	78.97	136.39	173.04
86	285.90	274.13	226.16	81.19	140.22	177.90
87	293.86	281.76	232.45	83.45	144.13	182.85
88	301.96	289.52	238.86	85.75	148.10	187.90
89	310.06	297.29	245.27	88.05	152.07	192.94
90	318.01	304.92	251.56	90.31	155.98	197.89
91	324.55	311.19	256.73	92.17	159.18	201.96
92	331.09	317.45	261.90	94.03	162.39	206.02
93	337.20	323.31	266.74	95.76	165.38	209.83
94	343.45	329.30	271.68	97.54	168.45	213.71
95	349.84	335.44	276.74	99.35	171.59	217.70
96	355.67	341.02	281.35	101.01	174.45	221.32
97	361.64	346.75	286.07	102.70	177.37	225.03
98	367.61	352.47	290.79	104.40	180.30	228.75
99+	373.86	358.46	295.74	106.17	183.37	232.64

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

A one-time Policy Fee of \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	177.21	169.91	140.18	50.33	86.91	110.27
66	177.21	169.91	140.18	50.33	86.91	110.27
67	177.21	169.91	140.18	50.33	86.91	110.27
68	177.21	169.91	140.18	50.33	86.91	110.27
69	180.75	173.31	142.98	51.33	88.65	112.48
70	186.17	178.51	147.27	52.87	91.31	115.85
71	193.30	185.34	152.91	54.90	94.81	120.29
72	200.28	192.04	158.43	56.88	98.23	124.63
73	207.26	198.72	163.95	58.86	101.65	128.97
74	214.23	205.41	169.47	60.84	105.08	133.31
75	221.21	212.10	174.99	62.82	108.50	137.65
76	228.65	219.23	180.87	64.93	112.15	142.28
77	237.79	228.00	188.11	67.53	116.63	147.97
78	247.25	237.07	195.59	70.22	121.27	153.85
79	254.54	244.05	201.35	72.28	124.84	158.39
80	262.29	251.48	207.48	74.49	128.64	163.21
81	270.04	258.92	213.61	76.69	132.44	168.03
82	278.10	266.65	219.99	78.98	136.40	173.05
83	286.47	274.67	226.61	81.35	140.50	178.26
84	294.84	282.70	233.23	83.73	144.61	183.47
85	303.37	290.87	239.97	86.15	148.79	188.77
86	311.89	299.05	246.72	88.57	152.97	194.08
87	320.57	307.37	253.59	91.04	157.23	199.48
88	329.41	315.84	260.58	93.55	161.56	204.98
89	338.24	324.31	267.56	96.06	165.90	210.48
90	346.92	332.64	274.43	98.52	170.16	215.88
91	354.06	339.47	280.07	100.55	173.65	220.32
92	361.19	346.31	285.71	102.57	177.15	224.75
93	367.85	352.70	290.99	104.47	180.42	228.90
94	374.67	359.24	296.38	106.40	183.77	233.14
95	381.65	365.93	301.90	108.38	187.19	237.49
96	388.00	372.02	306.93	110.19	190.30	241.44
97	394.52	378.27	312.08	112.04	193.50	245.49
98	401.03	384.51	317.23	113.89	196.69	249.54
99+	407.85	391.05	322.62	115.83	200.04	253.79

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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A one-time Policy Fee of \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

### STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	162.33	155.67	128.47	46.02	79.57	100.99
66	162.33	155.67	128.47	46.02	79.57	100.99
67	162.33	155.67	128.47	46.02	79.57	100.99
68	162.33	155.67	128.47	46.02	79.57	100.99
69	165.57	158.78	131.04	46.94	81.16	103.01
70	170.54	163.54	134.97	48.35	83.59	106.10
71	177.07	169.81	140.14	50.20	86.80	110.16
72	183.46	175.93	145.20	52.02	89.93	114.14
73	189.85	182.06	150.25	53.83	93.06	118.11
74	196.24	188.19	155.31	55.64	96.19	122.08
75	202.63	194.32	160.37	57.45	99.33	126.06
76	209.45	200.86	165.76	59.38	102.67	130.30
77	217.83	208.89	172.39	61.76	106.77	135.51
78	226.49	217.20	179.25	64.21	111.02	140.90
79	233.16	223.60	184.53	66.11	114.29	145.05
80	240.26	230.40	190.15	68.12	117.77	149.47
81	247.36	237.21	195.77	70.13	121.25	153.89
82	254.75	244.29	201.61	72.23	124.87	158.48
83	262.41	251.65	207.68	74.40	128.63	163.25
84	270.08	259.00	213.75	76.57	132.39	168.02
85	277.89	266.49	219.93	78.79	136.21	172.88
86	285.70	273.98	226.11	81.00	140.04	177.74
87	293.65	281.61	232.40	83.26	143.94	182.68
88	301.75	289.37	238.81	85.55	147.91	187.72
89	309.84	297.13	245.22	87.85	151.88	192.76
90	317.79	304.75	251.51	90.10	155.77	197.70
91	324.33	311.02	256.68	91.95	158.98	201.77
92	330.86	317.28	261.85	93.80	162.18	205.83
93	336.96	323.14	266.68	95.54	165.17	209.63
94	343.21	329.13	271.62	97.31	168.23	213.52
95	349.60	335.26	276.68	99.12	171.36	217.49
96	355.42	340.84	281.29	100.77	174.22	221.11
97	361.39	346.56	286.01	102.46	177.14	224.82
98	367.35	352.28	290.73	104.15	180.07	228.53
99+	373.60	358.27	295.68	105.92	183.13	232.42

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 \$6.00 is required with the initial premium.



# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

### STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	178.56	171.23	141.32	50.63	87.53	111.08
66	178.56	171.23	141.32	50.63	87.53	111.08
67	178.56	171.23	141.32	50.63	87.53	111.08
68	178.56	171.23	141.32	50.63	87.53	111.08
69	182.13	174.66	144.14	51.64	89.28	113.31
70	187.60	179.90	148.47	53.19	91.95	116.71
71	194.78	186.78	154.15	55.22	95.48	121.17
72	201.81	193.53	159.72	57.22	98.92	125.55
73	208.84	200.27	165.28	59.21	102.37	129.92
74	215.87	207.01	170.84	61.20	105.81	134.29
75	222.90	213.75	176.41	63.20	109.26	138.67
76	230.39	220.94	182.34	65.32	112.93	143.33
77	239.61	229.78	189.63	67.94	117.45	149.06
78	249.14	238.92	197.17	70.64	122.12	154.99
79	256.48	245.96	202.98	72.72	125.72	159.56
80	264.29	253.44	209.16	74.93	129.55	164.42
81	272.10	260.93	215.34	77.15	133.38	169.28
82	280.22	268.72	221.77	79.45	137.36	174.33
83	288.66	276.81	228.45	81.84	141.49	179.58
84	297.09	284.90	235.12	84.23	145.63	184.83
85	305.68	293.14	241.92	86.67	149.84	190.17
86	314.27	301.38	248.72	89.10	154.05	195.51
87	323.02	309.77	255.64	91.58	158.34	200.95
88	331.92	318.30	262.69	94.10	162.70	206.49
89	340.83	326.84	269.74	96.63	167.06	212.03
90	349.57	335.23	276.66	99.11	171.35	217.47
91	356.76	342.12	282.35	101.15	174.87	221.94
92	363.94	349.01	288.03	103.18	178.40	226.41
93	370.66	355.45	293.35	105.09	181.69	230.59
94	377.53	362.04	298.79	107.04	185.06	234.87
95	384.56	368.78	304.35	109.03	188.50	239.24
96	390.97	374.93	309.42	110.85	191.64	243.22
97	397.53	381.22	314.61	112.71	194.86	247.31
98	404.09	387.51	319.80	114.57	198.07	251.39
99+	410.96	394.10	325.24	116.51	201.44	255.66

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 \$6.00 is required with the initial premium.

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

4370 Peachtree Road, NE, Atlanta, GA 30319

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	194.79	186.80	154.16	55.23	95.48	121.18
66	194.79	186.80	154.16	55.23	95.48	121.18
67	194.79	186.80	154.16	55.23	95.48	121.18
68	194.79	186.80	154.16	55.23	95.48	121.18
69	198.69	190.54	157.25	56.33	97.39	123.61
70	204.65	196.25	161.96	58.02	100.31	127.32
71	212.49	203.77	168.17	60.25	104.15	132.19
72	220.15	211.12	174.23	62.42	107.91	136.96
73	227.82	218.48	180.30	64.59	111.67	141.73
74	235.49	225.83	186.37	66.77	115.43	146.50
75	243.16	233.18	192.44	68.94	119.19	151.27
76	251.34	241.03	198.92	71.26	123.20	156.36
77	261.39	250.67	206.87	74.11	128.13	162.62
78	271.78	260.63	215.10	77.06	133.22	169.08
79	279.79	268.31	221.44	79.33	137.15	174.06
80	288.32	276.49	228.18	81.74	141.32	179.36
81	296.84	284.66	234.92	84.16	145.50	184.66
82	305.70	293.15	241.93	86.67	149.84	190.18
83	314.90	301.98	249.22	89.28	154.35	195.90
84	324.10	310.80	256.50	91.89	158.87	201.63
85	333.47	319.79	263.92	94.55	163.46	207.46
86	342.84	328.78	271.33	97.20	168.05	213.29
87	352.38	337.93	278.88	99.91	172.73	219.22
88	362.10	347.24	286.57	102.66	177.49	225.27
89	371.81	356.56	294.26	105.41	182.25	231.31
90	381.35	365.70	301.81	108.12	186.93	237.24
91	389.19	373.22	308.01	110.34	190.77	242.12
92	397.03	380.74	314.22	112.56	194.61	247.00
93	404.36	387.76	320.02	114.64	198.20	251.55
94	411.85	394.96	325.95	116.77	201.88	256.22
95	419.52	402.31	332.02	118.94	205.64	260.99
96	426.51	409.01	337.55	120.92	209.06	265.33
97	433.66	415.87	343.21	122.95	212.57	269.79
98	440.82	422.74	348.88	124.98	216.08	274.24
99+	448.32	429.92	354.81	127.11	219.75	278.90

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 \$6.00 is required with the initial premium.

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	186.33	178.73	147.44	52.68	91.24	115.87
66	186.33	178.73	147.44	52.68	91.24	115.87
67	186.33	178.73	147.44	52.68	91.24	115.87
68	186.33	178.73	147.44	52.68	91.24	115.87
69	190.05	182.31	150.39	53.74	93.07	118.19
70	195.76	187.78	154.90	55.35	95.86	121.73
71	203.25	194.97	160.83	57.47	99.53	126.39
72	210.59	202.00	166.64	59.54	103.12	130.96
73	217.92	209.04	172.44	61.62	106.71	135.52
74	225.26	216.07	178.24	63.69	110.30	140.08
75	232.59	223.11	184.05	65.76	113.90	144.64
76	240.42	230.62	190.24	67.98	117.73	149.50
77	250.03	239.84	197.85	70.69	122.44	155.48
78	259.97	249.38	205.72	73.51	127.30	161.67
79	267.64	256.73	211.78	75.67	131.06	166.43
80	275.79	264.55	218.23	77.98	135.05	171.50
81	283.93	272.36	224.68	80.28	139.04	176.57
82	292.41	280.49	231.38	82.68	143.19	181.84
83	301.21	288.93	238.35	85.17	147.50	187.31
84	310.01	297.38	245.32	87.65	151.81	192.78
85	318.98	305.98	252.41	90.19	156.20	198.36
86	327.94	314.58	259.50	92.72	160.59	203.93
87	337.07	323.33	266.73	95.31	165.06	209.61
88	346.36	332.25	274.07	97.93	169.61	215.39
89	355.65	341.16	281.43	100.56	174.16	221.17
90	364.78	349.91	288.65	103.14	178.63	226.84
91	372.28	357.10	294.58	105.26	182.30	231.50
92	379.78	364.30	300.52	107.38	185.97	236.17
93	386.78	371.02	306.06	109.36	189.40	240.52
94	393.96	377.90	311.74	111.39	192.91	244.98
95	401.29	384.93	317.54	113.46	196.51	249.55
96	407.97	391.34	322.83	115.35	199.78	253.70
97	414.82	397.91	328.24	117.29	203.13	257.96
98	421.66	404.48	333.66	119.23	206.48	262.21
99+	428.84	411.36	339.34	121.25	209.99	266.67

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

### STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	204.96	196.61	162.19	57.95	100.36	127.45
66	204.96	196.61	162.19	57.95	100.36	127.45
67	204.96	196.61	162.19	57.95	100.36	127.45
68	204.96	196.61	162.19	57.95	100.36	127.45
69	209.06	200.54	165.43	59.11	102.37	130.00
70	215.33	206.55	170.39	60.88	105.44	133.90
71	223.58	214.47	176.92	63.22	109.48	139.03
72	231.65	222.20	183.30	65.50	113.43	144.05
73	239.71	229.94	189.69	67.78	117.38	149.07
74	247.78	237.68	196.07	70.06	121.34	154.09
75	255.85	245.43	202.46	72.34	125.29	159.10
76	264.46	253.68	209.27	74.77	129.50	164.46
77	275.03	263.83	217.63	77.76	134.68	171.03
78	285.97	274.31	226.29	80.86	140.04	177.83
79	294.40	282.40	232.96	83.24	144.16	183.07
80	303.36	291.00	240.05	85.78	148.55	188.65
81	312.33	299.60	247.15	88.31	152.94	194.22
82	321.65	308.54	254.52	90.95	157.51	200.02
83	331.33	317.83	262.18	93.68	162.25	206.04
84	341.02	327.12	269.85	96.42	166.99	212.06
85	350.88	336.58	277.65	99.21	171.82	218.19
86	360.74	346.03	285.45	102.00	176.65	224.33
87	370.78	355.66	293.40	104.84	181.56	230.57
88	381.00	365.47	301.48	107.73	186.57	236.93
89	391.22	375.27	309.57	110.62	191.57	243.28
90	401.26	384.90	317.52	113.45	196.49	249.52
91	409.51	392.81	324.04	115.79	200.53	254.65
92	417.75	400.73	330.57	118.12	204.57	259.78
93	425.46	408.12	336.67	120.30	208.34	264.57
94	433.35	415.69	342.91	122.53	212.21	269.48
95	441.42	423.43	349.29	124.81	216.16	274.50
96	448.77	430.48	355.11	126.89	219.75	279.07
97	456.30	437.70	361.07	129.02	223.44	283.75
98	463.83	444.92	367.03	131.15	227.13	288.43
99+	471.72	452.50	373.27	133.38	230.99	293.34

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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4370 Peachtree Road, NE, Atlanta, GA 30319

## MISSISSIPPI – MONTHLY CREDIT CARD RATES – EFFECTIVE 08-01-2024

### STANDARD – MALE – AREA 3

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	223.59	214.48	176.93	63.22	109.49	139.04
66	223.59	214.48	176.93	63.22	109.49	139.04
67	223.59	214.48	176.93	63.22	109.49	139.04
68	223.59	214.48	176.93	63.22	109.49	139.04
69	228.06	218.77	180.47	64.48	111.68	141.82
70	234.91	225.33	185.88	66.42	115.03	146.08
71	243.90	233.96	193.00	68.96	119.43	151.67
72	252.70	242.40	199.96	71.45	123.75	157.15
73	261.51	250.85	206.93	73.94	128.05	162.62
74	270.31	259.29	213.89	76.43	132.37	168.09
75	279.11	267.74	220.86	78.92	136.67	173.57
76	288.50	276.74	228.29	81.57	141.27	179.41
77	300.04	287.81	237.42	84.83	146.92	186.58
78	311.97	299.25	246.86	88.21	152.77	194.00
79	321.16	308.07	254.14	90.81	157.27	199.72
80	330.94	317.46	261.88	93.57	162.06	205.80
81	340.72	326.83	269.61	96.34	166.85	211.88
82	350.89	336.59	277.66	99.21	171.83	218.20
83	361.46	346.72	286.02	102.20	177.00	224.77
84	372.02	356.85	294.38	105.19	182.17	231.34
85	382.77	367.18	302.89	108.23	187.44	238.03
86	393.53	377.49	311.40	111.27	192.71	244.72
87	404.48	388.00	320.07	114.37	198.07	251.53
88	415.63	398.69	328.89	117.52	203.53	258.46
89	426.78	409.39	337.71	120.67	208.99	265.40
90	437.73	419.89	346.38	123.77	214.35	272.21
91	446.73	428.52	353.50	126.31	218.76	277.80
92	455.73	437.16	360.62	128.86	223.16	283.40
93	464.14	445.22	367.27	131.24	227.28	288.63
94	472.75	453.48	374.08	133.67	231.50	293.98
95	481.55	461.92	381.05	136.16	235.81	299.45
96	489.57	469.61	387.39	138.42	239.73	304.44
97	497.78	477.49	393.89	140.74	243.76	309.55
98	506.00	485.37	400.40	143.07	247.78	314.66
99+	514.60	493.63	407.20	145.50	251.99	320.01

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**MISSISSIPPI – ZIP CODE AREA CHART – Effective 10-23-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
38601	Abbeville	1	38664	Robinsonville	1	38759	Merigold	1
38602	Arkabutla	1	38665	Sarah	1	38760	Metcalfe	1
38603	Ashland	2	38666	Sardis	1	38761	Moorhead	1
38606	Batesville	1	38668	Senatobia	1	38762	Mound Bayou	1
38609	Marks	2	38669	Sherard	1	38764	Pace	1
38610	Blue Mountain	2	38670	Sledge	2	38765	Panther Burn	1
38611	Byhalia	1	38671	Southaven	1	38767	Rena Lara	1
38614	Clarksdale	1	38672	Southaven	1	38768	Rome	1
38617	Coahoma	1	38673	Taylor	1	38769	Rosedale	1
38618	Coldwater	1	38674	Tiptersville	2	38771	Ruleville	2
38619	Como	1	38675	Memphis Stc	1	38772	Scott	1
38620	Courtland	1	38676	Tunica	1	38773	Shaw	1
38621	Crenshaw	1	38677	University	1	38774	Shelby	1
38622	Crowder	1	38679	Victoria	1	38776	Stoneville	1
38623	Darling	2	38680	Walls	1	38778	Sunflower	1
38625	Dumas	2	38683	Walnut	1	38780	Wayside	1
38626	Dundee	1	38685	Waterford	1	38781	Winstonville	1
38627	Etta	1	38686	Walls	1	38782	Winterville	1
38628	Sledge	2	38701	Greenville	1	38801	Tupelo	1
38629	Falkner	2	38702	Greenville	1	38802	Tupelo	1
38630	Farrell	1	38703	Greenville	1	38803	Tupelo	1
38631	Friars Point	1	38704	Greenville	1	38804	Tupelo	1
38632	Hernando	1	38720	Alligator	1	38820	Algoma	2
38633	Hickory Flat	1	38721	Anguilla	2	38821	Amory	1
38634	Holly Springs	1	38722	Arcola	1	38824	Baldwyn	1
38635	Holly Springs	1	38723	Avon	1	38825	Becker	1
38637	Horn Lake	1	38725	Benoit	1	38826	Belden	1
38638	Independence	1	38726	Beulah	1	38827	Belmont	2
38639	Jonestown	1	38730	Boyle	1	38828	Blue Springs	1
38641	Lake Cormorant	1	38731	Chatham	1	38829	Booneville	1
38642	Lamar	1	38732	Cleveland	1	38833	Burnsville	1
38643	Lambert	2	38733	Cleveland	1	38834	Corinth	1
38644	Lula	1	38736	Doddsville	2	38835	Corinth	1
38645	Lyon	1	38737	Drew	1	38838	Dennis	2
38646	Marks	2	38738	Parchman	1	38839	Derma	2
38647	Michigan City	1	38739	Dublin	1	38841	Ecru	1
38649	Mount Pleasant	1	38740	Duncan	1	38843	Fulton	1
38650	Myrtle	1	38744	Glen Allan	1	38844	Gattman	1
38651	Nesbit	1	38745	Grace	2	38846	Glen	1
38652	New Albany	1	38746	Gunnison	1	38847	Golden	2
38654	Olive Branch	1	38748	Hollandale	1	38848	Greenwood Springs	1
38655	Oxford	1	38749	Indianola	1	38849	Guntown	1
38658	Pope	1	38751	Indianola	1	38850	Houlka	1
38659	Potts Camp	1	38753	Inverness	1	38851	Houston	1
38661	Red Banks	1	38754	Isola	1	38852	Iuka	1
38663	Ripley	2	38756	Leland	1	38855	Mantachie	1



**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
**MISSISSIPPI – ZIP CODE AREA CHART – Effective 10-23-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
38856	Marietta	1	38946	Morgan City	1	39074	Forest	2
38857	Mooreville	1	38947	North Carrollton	2	39077	Gallman	2
38858	Nettleton	1	38948	Oakland	1	39078	Georgetown	2
38859	New Site	1	38949	Paris	1	39079	Goodman	2
38860	Okolona	1	38950	Philipp	1	39080	Harperville	2
38862	Plantersville	1	38951	Pittsboro	2	39081	Fayette	1
38863	Pontotoc	2	38952	Schlater	1	39082	Harrisville	1
38864	Randolph	2	38953	Scobey	1	39083	Hazlehurst	2
38865	Rienzi	1	38954	Sidon	1	39086	Hermanville	2
38866	Salttillo	1	38955	Slate Spring	2	39087	Hillsboro	2
38868	Shannon	1	38957	Sumner	2	39088	Holly Bluff	2
38869	Sherman	1	38958	Swan Lake	2	39090	Kosciusko	2
38870	Smithville	1	38959	Swiftown	1	39092	Lake	2
38871	Thaxton	1	38960	Tie Plant	1	39094	Lena	2
38873	Tishomingo	1	38961	Tillatoba	1	39095	Lexington	2
38874	Toccopola	1	38962	Tippo	2	39096	Lorman	1
38875	Trebloc	1	38963	Tutwiler	1	39097	Louise	2
38876	Tremont	1	38964	Vance	2	39098	Ludlow	1
38877	Van Vleet	1	38965	Water Valley	1	39107	Mc Adams	2
38878	Vardaman	1	38966	Webb	2	39108	Mc Cool	1
38879	Verona	1	38967	Winona	2	39109	Madden	1
38880	Wheeler	1	39038	Belzoni	1	39110	Madison	1
38901	Grenada	1	39039	Benton	2	39111	Magee	1
38902	Grenada	1	39040	Bentonia	2	39113	Mayersville	1
38913	Banner	1	39041	Bolton	1	39114	Mendenhall	1
38914	Big Creek	2	39042	Brandon	1	39115	Midnight	2
38915	Bruce	2	39043	Brandon	1	39116	Mize	1
38916	Calhoun City	2	39044	Braxton	2	39117	Morton	2
38917	Carrollton	1	39045	Camden	1	39119	Mount Olive	1
38920	Cascilla	2	39046	Canton	1	39120	Natchez	1
38921	Charleston	2	39047	Brandon	1	39121	Natchez	1
38922	Coffeeville	1	39051	Carthage	2	39122	Natchez	1
38923	Coila	1	39054	Cary	2	39130	Madison	1
38924	Cruger	1	39056	Clinton	1	39140	Newhebron	2
38925	Duck Hill	2	39057	Conehatta	2	39144	Pattison	1
38926	Elliott	1	39058	Clinton	1	39145	Pelahatchie	1
38927	Enid	1	39059	Crystal Springs	2	39146	Pickens	1
38928	Glendora	2	39060	Clinton	1	39148	Piney Woods	1
38929	Gore Springs	1	39061	Delta City	1	39149	Pinola	1
38930	Greenwood	1	39062	D LO	2	39150	Port Gibson	2
38935	Greenwood	1	39063	Durant	2	39151	Puckett	2
38940	Holcomb	1	39066	Edwards	1	39152	Pulaski	2
38941	Itta Bena	1	39067	Ethel	2	39153	Raleigh	1
38943	Mc Carley	1	39069	Fayette	1	39154	Raymond	1
38944	Minter City	1	39071	Flora	1	39156	Redwood	1
38945	Greenwood	1	39073	Florence	1	39157	Ridgeland	1

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**MISSISSIPPI – ZIP CODE AREA CHART – Effective 10-23-2023**

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
39158	Ridgeland	1	39225	Jackson	1	39355	Quitman	2
39159	Rolling Fork	2	39232	Flowood	1	39356	Rose Hill	1
39160	Sallis	2	39236	Jackson	1	39358	Scooba	2
39161	Sandhill	1	39250	Jackson	1	39359	Sebastopol	1
39162	Satartia	1	39269	Jackson	1	39360	Shubuta	2
39163	Sharon	1	39271	Jackson	1	39361	Shuqualak	2
39165	Sibley	1	39272	Byram	1	39362	State Line	2
39166	Silver City	2	39282	Jackson	1	39363	Stonewall	2
39167	Star	1	39283	Jackson	1	39364	Toomsuba	1
39168	Taylorsville	1	39284	Jackson	1	39365	Union	1
39169	Tchula	2	39286	Jackson	1	39366	Vossburg	1
39170	Terry	1	39288	Pearl	1	39367	Waynesboro	1
39171	Thomastown	2	39289	Jackson	1	39401	Hattiesburg	2
39173	Tinsley	2	39296	Jackson	1	39402	Hattiesburg	2
39174	Tougaloo	1	39298	Jackson	1	39403	Hattiesburg	2
39175	Utica	1	39301	Meridian	1	39404	Hattiesburg	2
39176	Vaiden	2	39302	Meridian	1	39406	Hattiesburg	2
39177	Valley Park	1	39303	Meridian	1	39407	Hattiesburg	2
39179	Vaughan	1	39304	Meridian	1	39421	Bassfield	3
39180	Vicksburg	1	39305	Meridian	1	39422	Bay Springs	2
39181	Vicksburg	1	39307	Meridian	1	39423	Beaumont	3
39182	Vicksburg	1	39309	Meridian	1	39425	Brooklyn	2
39183	Vicksburg	1	39320	Bailey	1	39426	Carriere	2
39189	Walnut Grove	2	39322	Buckatunna	1	39427	Carson	3
39190	Washington	1	39323	Chunky	1	39428	Collins	3
39191	Wesson	1	39324	Clara	1	39429	Columbia	2
39192	West	2	39325	Collinsville	2	39436	Eastabuchie	2
39193	Whitfield	1	39326	Daleville	1	39437	Ellisville	2
39194	Yazoo City	2	39327	Decatur	2	39439	Heidelberg	2
39201	Jackson	1	39328	De Kalb	2	39440	Laurel	2
39202	Jackson	1	39330	Enterprise	2	39441	Laurel	2
39203	Jackson	1	39332	Hickory	1	39442	Laurel	2
39204	Jackson	1	39335	Lauderdale	1	39443	Laurel	2
39205	Jackson	1	39336	Lawrence	2	39451	Leakesville	3
39206	Jackson	1	39337	Little Rock	2	39452	Lucedale	2
39207	Jackson	1	39338	Louin	1	39455	Lumberton	2
39208	Pearl	1	39339	Louisville	1	39456	Mc Lain	2
39209	Jackson	1	39341	Macon	2	39457	Mc Neill	2
39210	Jackson	1	39342	Marion	1	39459	Moselle	2
39211	Jackson	1	39345	Newton	2	39460	Moss	2
39212	Jackson	1	39346	Noxapater	1	39461	Neely	3
39213	Jackson	1	39347	Pachuta	2	39462	New Augusta	2
39215	Jackson	1	39348	Paulding	1	39463	Nicholson	2
39216	Jackson	1	39350	Philadelphia	1	39464	Ovett	3
39217	Jackson	1	39352	Porterville	1	39465	Petal	2
39218	Richland	1	39354	Preston	2	39466	Picayune	2

**ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®**  
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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
39470	Poplarville	3	39573	Perkinston	2	39739	Brooksville	2
39474	Prentiss	3	39574	Saucier	2	39740	Caledonia	1
39475	Purvis	2	39576	Waveland	2	39741	Cedarbluff	1
39476	Richton	3	39577	Wiggins	2	39743	Crawford	1
39477	Sandersville	2	39581	Pascagoula	2	39744	Eupora	1
39478	Sandy Hook	2	39595	Pascagoula	2	39745	French Camp	2
39479	Seminary	3	39601	Brookhaven	1	39746	Hamilton	1
39480	Soso	2	39602	Brookhaven	1	39747	Kilmichael	2
39481	Stringer	2	39603	Brookhaven	1	39750	Maben	1
39482	Sumrall	2	39629	Bogue Chitto	1	39751	Mantee	1
39483	Foxworth	2	39630	Bude	2	39752	Mathiston	1
39501	Gulfport	2	39631	Centreville	2	39753	Mayhew	1
39502	Gulfport	2	39632	Chatawa	1	39754	Montpelier	1
39503	Gulfport	2	39633	Crosby	2	39755	Pheba	1
39505	Gulfport	2	39635	Fernwood	1	39756	Prairie	1
39506	Gulfport	2	39638	Gloster	2	39759	Starkville	1
39507	Gulfport	2	39641	Jayess	2	39760	Starkville	1
39520	Bay Saint Louis	2	39643	Kokomo	1	39762	Mississippi State	1
39521	Bay Saint Louis	2	39645	Liberty	1	39766	Steens	1
39522	Stennis Space Center	2	39647	Mc Call Creek	2	39767	Stewart	1
39525	Diamondhead	2	39648	Mccomb	1	39769	Sturgis	2
39529	Stennis Space Center	2	39649	Mccomb	1	39771	Walthall	1
39530	Biloxi	2	39652	Magnolia	1	39772	Weir	2
39531	Biloxi	2	39653	Meadville	2	39773	West Point	1
39532	Biloxi	2	39654	Monticello	2	39776	Woodland	1
39533	Biloxi	2	39656	Oak Vale	2			
39534	Biloxi	2	39657	Osyka	1			
39535	Biloxi	2	39661	Roxie	1			
39540	Diberville	2	39662	Ruth	1			
39552	Escatawpa	2	39663	Silver Creek	2			
39553	Gautier	2	39664	Smithdale	1			
39555	Hurley	2	39665	Sontag	2			
39556	Kiln	2	39666	Summit	1			
39558	Lakeshore	2	39667	Tylertown	2			
39560	Long Beach	2	39668	Union Church	1			
39561	Mc Henry	2	39669	Woodville	2			
39562	Moss Point	2	39701	Columbus	1			
39563	Moss Point	2	39702	Columbus	1			
39564	Ocean Springs	2	39703	Columbus	1			
39565	Vanceleave	2	39704	Columbus	1			
39566	Ocean Springs	2	39705	Columbus	1			
39567	Pascagoula	2	39710	Columbus	1			
39568	Pascagoula	2	39730	Aberdeen	2			
39569	Pascagoula	2	39735	Ackerman	2			
39571	Pass Christian	2	39736	Artesia	1			
39572	Pearlington	2	39737	Bellefontaine	1			

## **ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™**

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

### **PREMIUM INFORMATION**

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

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

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

### **READ YOUR POLICY VERY CAREFULLY**

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

### **RIGHT TO RETURN POLICY**

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

### **POLICY REPLACEMENT**

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

### **NOTICE**

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

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

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

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

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

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

## PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$0 \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$[1,676] (Part A deductible) \$0 \$0 \$0** All costs
<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 \$[209.50] a day \$0	\$0 \$0 \$0	\$0 Up to \$[209.50] 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 \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[257] of Medicare Approved Amounts*	\$0	\$0	\$[257] (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 \$[257] of Medicare Approved Amounts*	\$0	\$0	\$[257] (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 \$[257] of Medicare approved amounts*	\$0	\$0	\$[257] (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0



## PLAN F

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

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

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

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

## PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[257] of Medicare Approved Amounts*	\$0	\$[257] (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 \$[257] of Medicare Approved Amounts*	\$0	\$[257] (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 \$[257] of Medicare approved amounts*	\$0	\$[257] (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

### OTHER BENEFITS NOT COVERED BY MEDICARE

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

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

## PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$[257] (Unless Part B deductible has been met) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
<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 \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[257] (Unless Part B deductible has been met) \$0
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### OTHER BENEFITS NOT COVERED BY MEDICARE

<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
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## HIGH DEDUCTIBLE PLAN G

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

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

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
<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 \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
<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 \$[209.50] a day \$0	\$0 Up to \$[209.50] 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 \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
<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 \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[257] (Unless Part B deductible has been met) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
<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 \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[257] (Unless Part B deductible has been met) \$0
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## HIGH DEDUCTIBLE PLAN G

### OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,870] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,870] DEDUCTIBLE,** YOU PAY
<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 \$[7,220] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[1,676]  All but \$[419] a day  All but \$[838] a day  \$0  \$0	\$[838] (50% of Part A deductible) \$[419] a day  \$[838] a day  100% of Medicare-eligible expenses \$0	\$[838] (50% of Part A deductible)♦ \$0  \$0  \$0***  All costs
<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 \$[209.50] a day  \$0	\$0 Up to \$[104.75] a day (50% of Part A deductible) \$0	\$0 Up to \$[104.75] a day (50% of Part A deductible)♦ All costs
<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 \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<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 \$[257] of Medicare Approved Amounts**** Preventive Benefits for Medicare covered services Remainder of Medicare Approved Amounts	\$0  Generally 80% or more of Medicare Approved Amounts Generally 80%	\$0  Remainder of Medicare Approved Amounts Generally 10%	\$[257] (Part B deductible)****◆ All costs above Medicare Approved Amounts Generally 10%◆
<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 \$[7,220])*
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts**** Remainder of Medicare Approved Amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$[257] (Part B deductible)****◆ Generally 10%◆
<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 \$[257] of Medicare approved amounts**** Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 10%	\$0  \$[257] (Part B deductible)◆ 10%◆
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\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,220] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

## PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[1,676] All but \$[419] a day All but \$[838] a day \$0 \$0	\$[1,676] (Part A deductible) \$[419] a day \$[838] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<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 \$[209.50] a day \$0	\$0 Up to \$[209.50] 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 \$[257] of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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 \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[257] (Part B deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[257] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[257] (Part B deductible) \$0
<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 \$[257] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 80%	\$0 20%	\$[257] (Part B deductible) \$0

PLAN N

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<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