

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

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

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

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2024] ²					\$[7,060] ²		\$[3,530] ²			

¹Plans 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.

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	122.59	127.00	108.17	37.18	62.81	84.26
66	122.59	127.00	108.17	37.18	62.81	84.26
67	122.59	127.00	108.17	37.18	62.81	84.26
68	122.59	127.00	108.17	37.18	62.81	84.26
69	125.13	129.63	110.41	37.92	64.07	86.00
70	126.99	131.55	112.05	39.05	65.97	87.28
71	130.30	134.99	114.98	40.56	68.52	89.56
72	133.70	138.51	117.97	42.01	70.98	91.89
73	137.19	142.12	121.05	43.46	73.43	94.29
74	140.77	145.83	124.21	44.95	75.94	96.75
75	144.44	149.63	127.45	46.40	78.39	99.27
76	149.30	154.68	131.74	47.97	81.05	102.62
77	155.20	160.78	136.94	49.87	84.25	106.67
78	161.37	167.18	142.39	51.85	87.61	110.91
79	166.14	172.12	146.60	53.40	90.21	114.19
80	171.20	177.35	151.06	55.03	92.97	117.66
81	176.25	182.59	155.52	56.66	95.72	121.14
82	181.58	188.11	160.22	58.35	98.58	124.80
83	187.01	193.73	165.01	60.10	101.53	128.53
84	192.53	199.45	169.88	61.85	104.49	132.32
85	198.05	205.17	174.75	63.62	107.49	136.12
86	203.66	210.98	179.70	65.43	110.55	139.97
87	209.27	216.79	184.65	67.24	113.60	143.83
88	215.07	222.80	189.77	69.11	116.76	147.82
89	220.78	228.71	194.81	70.95	119.87	151.74
90	226.48	234.63	199.84	72.79	122.97	155.66
91	231.16	239.47	203.97	74.27	125.48	158.88
92	235.84	244.32	208.09	75.75	127.98	162.09
93	240.14	248.77	211.89	77.17	130.38	165.05
94	244.63	253.43	215.85	78.60	132.79	168.14
95	249.12	258.08	219.82	80.05	135.24	171.22
96	253.33	262.44	223.53	81.39	137.50	174.12
97	257.54	266.80	227.25	82.75	139.80	177.01
98	261.85	271.26	231.04	84.11	142.11	179.96
99+	266.24	275.82	234.92	85.56	144.56	182.99

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

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

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

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

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

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

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ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	134.85	139.70	118.99	40.90	69.09	92.68
66	134.85	139.70	118.99	40.90	69.09	92.68
67	134.85	139.70	118.99	40.90	69.09	92.68
68	134.85	139.70	118.99	40.90	69.09	92.68
69	137.64	142.59	121.45	41.71	70.47	94.60
70	139.69	144.71	123.26	42.95	72.57	96.01
71	143.33	148.49	126.47	44.61	75.38	98.51
72	147.07	152.36	129.77	46.21	78.08	101.08
73	150.91	156.33	133.16	47.81	80.77	103.72
74	154.84	160.41	136.63	49.44	83.53	106.43
75	158.88	164.60	140.20	51.04	86.23	109.20
76	164.23	170.14	144.92	52.77	89.15	112.88
77	170.72	176.86	150.64	54.85	92.68	117.34
78	177.51	183.89	156.63	57.04	96.37	122.00
79	182.76	189.33	161.26	58.74	99.23	125.61
80	188.31	195.08	166.16	60.53	102.26	129.43
81	193.87	200.84	171.07	62.32	105.29	133.25
82	199.74	206.92	176.24	64.18	108.43	137.28
83	205.71	213.10	181.51	66.11	111.68	141.38
84	211.78	219.39	186.86	68.03	114.94	145.55
85	217.85	225.68	192.22	69.99	118.24	149.73
86	224.03	232.08	197.67	71.98	121.60	153.97
87	230.20	238.47	203.12	73.97	124.97	158.21
88	236.58	245.08	208.75	76.02	128.44	162.60
89	242.85	251.59	214.29	78.04	131.85	166.91
90	249.13	258.09	219.83	80.07	135.27	171.23
91	254.28	263.42	224.36	81.70	138.02	174.76
92	259.42	268.75	228.90	83.33	140.78	178.30
93	264.15	273.65	233.08	84.89	143.42	181.55
94	269.09	278.77	237.44	86.46	146.07	184.95
95	274.04	283.89	241.80	88.05	148.77	188.35
96	278.67	288.69	245.89	89.52	151.25	191.53
97	283.30	293.48	249.97	91.02	153.78	194.71
98	288.03	298.38	254.15	92.52	156.32	197.96
99+	292.87	303.40	258.41	94.12	159.02	201.29

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

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

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

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

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

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

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ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023**PREFERRED NON-TOBACCO – FEMALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	147.11	152.40	129.80	44.61	75.38	101.11
66	147.11	152.40	129.80	44.61	75.38	101.11
67	147.11	152.40	129.80	44.61	75.38	101.11
68	147.11	152.40	129.80	44.61	75.38	101.11
69	150.15	155.55	132.49	45.50	76.88	103.20
70	152.39	157.87	134.46	46.86	79.16	104.73
71	156.36	161.99	137.97	48.67	82.23	107.47
72	160.44	166.21	141.57	50.41	85.17	110.27
73	164.63	170.55	145.26	52.16	88.12	113.15
74	168.92	175.00	149.05	53.94	91.12	116.10
75	173.33	179.56	152.94	55.68	94.07	119.13
76	179.16	185.61	158.09	57.57	97.26	123.14
77	186.24	192.93	164.33	59.84	101.10	128.00
78	193.65	200.61	170.87	62.23	105.13	133.09
79	199.37	206.54	175.92	64.08	108.25	137.03
80	205.44	212.82	181.27	66.03	111.56	141.19
81	211.50	219.10	186.62	67.99	114.87	145.36
82	217.90	225.73	192.27	70.02	118.29	149.76
83	224.41	232.47	198.01	72.12	121.84	154.24
84	231.03	239.34	203.85	74.22	125.38	158.79
85	237.66	246.20	209.70	76.35	128.99	163.34
86	244.39	253.18	215.64	78.52	132.66	167.97
87	251.12	260.15	221.58	80.69	136.33	172.60
88	258.08	267.36	227.72	82.93	140.11	177.38
89	264.93	274.46	233.77	85.14	143.84	182.09
90	271.78	281.55	239.81	87.34	147.56	186.80
91	277.39	287.37	244.76	89.12	150.57	190.65
92	283.01	293.18	249.71	90.90	153.58	194.51
93	288.17	298.53	254.27	92.61	156.46	198.06
94	293.56	304.11	259.02	94.32	159.35	201.76
95	298.95	309.70	263.78	96.06	162.29	205.47
96	304.00	314.93	268.24	97.66	165.00	208.94
97	309.05	320.16	272.69	99.30	167.76	212.41
98	314.21	325.51	277.25	100.93	170.53	215.96
99+	319.49	330.98	281.91	102.68	173.47	219.59

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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ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	140.65	145.76	124.10	43.94	74.49	96.63
66	140.65	145.76	124.10	43.94	74.49	96.63
67	140.65	145.76	124.10	43.94	74.49	96.63
68	140.65	145.76	124.10	43.94	74.49	96.63
69	143.57	148.78	126.68	44.82	75.97	98.63
70	145.70	150.99	128.56	46.15	78.23	100.09
71	149.50	154.93	131.91	47.94	81.26	102.70
72	153.40	158.97	135.35	49.65	84.17	105.38
73	157.40	163.12	138.88	51.37	87.08	108.13
74	161.51	167.37	142.51	53.12	90.05	110.95
75	165.72	171.74	146.23	54.84	92.96	113.85
76	171.30	177.52	151.15	56.70	96.11	117.68
77	178.06	184.53	157.11	58.94	99.91	122.33
78	185.15	191.87	163.37	61.29	103.89	127.19
79	190.62	197.54	168.19	63.11	106.98	130.95
80	196.42	203.55	173.31	65.04	110.24	134.93
81	202.22	209.56	178.43	66.97	113.51	138.92
82	208.33	215.90	183.82	68.96	116.90	143.12
83	214.55	222.35	189.31	71.03	120.40	147.40
84	220.89	228.91	194.90	73.10	123.91	151.75
85	227.22	235.47	200.49	75.20	127.47	156.10
86	233.66	242.15	206.17	77.34	131.09	160.52
87	240.10	248.82	211.85	79.48	134.72	164.94
88	246.75	255.72	217.72	81.68	138.46	169.52
89	253.30	262.50	223.50	83.86	142.14	174.01
90	259.85	269.29	229.28	86.03	145.82	178.51
91	265.22	274.85	234.01	87.78	148.79	182.20
92	270.58	280.41	238.75	89.53	151.76	185.89
93	275.52	285.53	243.11	91.22	154.62	189.27
94	280.67	290.87	247.65	92.90	157.47	192.82
95	285.83	296.21	252.20	94.61	160.38	196.36
96	290.66	301.21	256.46	96.19	163.05	199.67
97	295.48	306.21	260.72	97.80	165.78	202.99
98	300.42	311.33	265.08	99.41	168.51	206.38
99+	305.47	316.56	269.53	101.13	171.42	209.85

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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ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	154.72	160.34	136.51	48.34	81.93	106.29
66	154.72	160.34	136.51	48.34	81.93	106.29
67	154.72	160.34	136.51	48.34	81.93	106.29
68	154.72	160.34	136.51	48.34	81.93	106.29
69	157.92	163.66	139.34	49.30	83.57	108.49
70	160.27	166.09	141.41	50.77	86.05	110.10
71	164.45	170.42	145.10	52.73	89.38	112.97
72	168.74	174.87	148.89	54.62	92.59	115.92
73	173.14	179.43	152.77	56.51	95.79	118.94
74	177.66	184.11	156.76	58.44	99.05	122.05
75	182.29	188.92	160.85	60.33	102.26	125.23
76	188.43	195.28	166.27	62.37	105.72	129.45
77	195.87	202.98	172.82	64.84	109.90	134.56
78	203.66	211.06	179.70	67.42	114.28	139.91
79	209.68	217.30	185.01	69.42	117.67	144.05
80	216.06	223.90	190.64	71.54	121.27	148.43
81	222.44	230.52	196.27	73.66	124.86	152.81
82	229.16	237.49	202.21	75.86	128.59	157.43
83	236.01	244.58	208.25	78.13	132.44	162.14
84	242.98	251.80	214.39	80.41	136.30	166.92
85	249.94	259.02	220.54	82.72	140.22	171.71
86	257.03	266.36	226.79	85.07	144.20	176.57
87	264.11	273.70	233.04	87.42	148.19	181.44
88	271.43	281.29	239.50	89.85	152.30	186.47
89	278.63	288.75	245.85	92.24	156.36	191.42
90	285.83	296.22	252.21	94.63	160.41	196.36
91	291.74	302.33	257.42	96.56	163.67	200.42
92	297.64	308.45	262.63	98.49	166.94	204.47
93	303.07	314.08	267.42	100.34	170.08	208.20
94	308.74	319.95	272.42	102.19	173.21	212.10
95	314.41	325.83	277.42	104.08	176.41	215.99
96	319.72	331.33	282.11	105.81	179.36	219.64
97	325.03	336.84	286.79	107.58	182.36	223.29
98	330.46	342.47	291.58	109.36	185.37	227.02
99+	336.01	348.22	296.48	111.25	188.57	230.83

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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ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023**PREFERRED NON-TOBACCO – MALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	168.78	174.91	148.92	52.73	89.38	115.95
66	168.78	174.91	148.92	52.73	89.38	115.95
67	168.78	174.91	148.92	52.73	89.38	115.95
68	168.78	174.91	148.92	52.73	89.38	115.95
69	172.28	178.53	152.01	53.78	91.17	118.35
70	174.84	181.19	154.27	55.38	93.87	120.11
71	179.40	185.91	158.29	57.52	97.51	123.25
72	184.08	190.77	162.42	59.58	101.00	126.46
73	188.88	195.74	166.66	61.65	104.49	129.76
74	193.81	200.85	171.01	63.75	108.06	133.14
75	198.87	206.09	175.47	65.81	111.55	136.62
76	205.56	213.03	181.38	68.04	115.33	141.22
77	213.68	221.44	188.54	70.73	119.89	146.79
78	222.18	230.25	196.04	73.55	124.67	152.63
79	228.74	237.05	201.83	75.73	128.37	157.14
80	235.70	244.26	207.97	78.05	132.29	161.92
81	242.66	251.47	214.11	80.36	136.21	166.70
82	250.00	259.08	220.59	82.76	140.28	171.74
83	257.47	266.82	227.18	85.24	144.48	176.88
84	265.06	274.69	233.88	87.72	148.69	182.10
85	272.66	282.57	240.59	90.24	152.96	187.32
86	280.39	290.58	247.41	92.81	157.31	192.63
87	288.12	298.58	254.22	95.37	161.66	197.93
88	296.10	306.86	261.27	98.02	166.15	203.42
89	303.96	315.00	268.20	100.63	170.57	208.82
90	311.82	323.15	275.14	103.24	174.99	214.21
91	318.26	329.82	280.82	105.34	178.55	218.64
92	324.70	336.49	286.50	107.44	182.12	223.06
93	330.62	342.63	291.73	109.46	185.54	227.13
94	336.81	349.04	297.18	111.48	188.96	231.38
95	342.99	355.45	302.64	113.54	192.45	235.63
96	348.79	361.46	307.75	115.43	195.66	239.61
97	354.58	367.46	312.87	117.36	198.94	243.59
98	360.50	373.60	318.09	119.30	202.22	247.66
99+	366.56	379.87	323.44	121.36	205.71	251.82

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ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023**STANDARD – FEMALE – AREA 1**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	152.81	158.39	134.83	47.63	80.84	104.95
66	152.81	158.39	134.83	47.63	80.84	104.95
67	152.81	158.39	134.83	47.63	80.84	104.95
68	152.81	158.39	134.83	47.63	80.84	104.95
69	155.98	161.67	137.62	48.58	82.45	107.12
70	158.30	164.07	139.67	50.02	84.90	108.71
71	162.43	168.35	143.31	51.96	88.19	111.55
72	166.66	172.75	147.05	53.82	91.35	114.46
73	171.01	177.25	150.89	55.68	94.51	117.45
74	175.47	181.88	154.82	57.58	97.73	120.51
75	180.05	186.62	158.86	59.44	100.89	123.65
76	186.11	192.90	164.21	61.45	104.31	127.82
77	193.46	200.52	170.69	63.88	108.43	132.86
78	201.16	208.49	177.49	66.43	112.75	138.15
79	207.10	214.66	182.73	68.40	116.10	142.23
80	213.40	221.18	188.29	70.49	119.65	146.56
81	219.70	227.72	193.84	72.58	123.20	150.88
82	226.34	234.60	199.71	74.74	126.87	155.45
83	233.11	241.61	205.68	76.98	130.67	160.09
84	239.99	248.74	211.75	79.23	134.48	164.82
85	246.87	255.88	217.82	81.50	138.35	169.54
86	253.86	263.13	223.99	83.82	142.28	174.35
87	260.86	270.38	230.16	86.14	146.21	179.15
88	268.09	277.87	236.54	88.53	150.27	184.12
89	275.20	285.25	242.82	90.89	154.27	189.00
90	282.32	292.62	249.09	93.24	158.27	193.89
91	288.15	298.66	254.24	95.14	161.49	197.89
92	293.98	304.70	259.38	97.04	164.71	201.90
93	299.34	310.26	264.11	98.86	167.81	205.58
94	304.94	316.07	269.05	100.68	170.90	209.42
95	310.54	321.87	273.99	102.54	174.06	213.27
96	315.79	327.31	278.63	104.25	176.96	216.87
97	321.03	332.74	283.25	106.00	179.93	220.48
98	326.39	338.31	287.99	107.75	182.89	224.16
99+	331.88	343.99	292.82	109.61	186.05	227.93

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)

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

STANDARD – FEMALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	168.09	174.23	148.31	52.39	88.92	115.45
66	168.09	174.23	148.31	52.39	88.92	115.45
67	168.09	174.23	148.31	52.39	88.92	115.45
68	168.09	174.23	148.31	52.39	88.92	115.45
69	171.58	177.84	151.38	53.43	90.70	117.83
70	174.12	180.48	153.64	55.02	93.39	119.59
71	178.67	185.19	157.64	57.15	97.01	122.71
72	183.33	190.02	161.76	59.20	100.49	125.91
73	188.11	194.98	165.98	61.25	103.96	129.19
74	193.02	200.06	170.31	63.33	107.51	132.56
75	198.06	205.28	174.75	65.38	110.98	136.02
76	204.73	212.19	180.63	67.59	114.74	140.60
77	212.80	220.57	187.76	70.27	119.28	146.15
78	221.27	229.34	195.23	73.07	124.03	151.97
79	227.81	236.12	201.00	75.24	127.71	156.46
80	234.74	243.30	207.12	77.54	131.62	161.21
81	241.67	250.49	213.23	79.84	135.52	165.97
82	248.98	258.07	219.68	82.22	139.56	170.99
83	256.42	265.78	226.24	84.68	143.74	176.10
84	263.99	273.62	232.92	87.15	147.93	181.30
85	271.55	281.46	239.60	89.65	152.18	186.50
86	279.25	289.44	246.39	92.20	156.51	191.78
87	286.94	297.42	253.18	94.75	160.83	197.07
88	294.90	305.66	260.19	97.38	165.30	202.53
89	302.72	313.77	267.10	99.97	169.70	207.90
90	310.55	321.88	274.00	102.56	174.09	213.28
91	316.96	328.53	279.66	104.65	177.64	217.68
92	323.38	335.17	285.32	106.74	181.18	222.09
93	329.27	341.29	290.53	108.75	184.59	226.14
94	335.43	347.67	295.96	110.75	187.99	230.37
95	341.59	354.06	301.39	112.80	191.47	234.60
96	347.37	360.04	306.49	114.68	194.66	238.56
97	353.13	366.02	311.58	116.60	197.92	242.52
98	359.03	372.14	316.79	118.52	201.18	246.58
99+	365.07	378.39	322.10	120.57	204.66	250.72

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023**STANDARD – FEMALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	183.37	190.07	161.80	57.15	97.01	125.94
66	183.37	190.07	161.80	57.15	97.01	125.94
67	183.37	190.07	161.80	57.15	97.01	125.94
68	183.37	190.07	161.80	57.15	97.01	125.94
69	187.17	194.00	165.15	58.29	98.94	128.55
70	189.95	196.89	167.60	60.02	101.88	130.46
71	194.91	202.02	171.97	62.35	105.83	133.86
72	200.00	207.30	176.46	64.58	109.62	137.35
73	205.21	212.70	181.06	66.81	113.41	140.93
74	210.57	218.25	185.79	69.09	117.28	144.61
75	216.06	223.94	190.63	71.33	121.07	148.38
76	223.34	231.48	197.05	73.74	125.17	153.38
77	232.15	240.62	204.83	76.66	130.12	159.44
78	241.39	250.19	212.98	79.71	135.30	165.78
79	248.52	257.59	219.28	82.08	139.33	170.68
80	256.08	265.42	225.95	84.59	143.58	175.87
81	263.64	273.26	232.61	87.09	147.83	181.06
82	271.61	281.53	239.65	89.69	152.25	186.54
83	279.73	289.94	246.81	92.38	156.81	192.11
84	287.98	298.49	254.09	95.07	161.37	197.78
85	296.24	307.05	261.38	97.81	166.02	203.45
86	304.64	315.75	268.79	100.59	170.73	209.22
87	313.03	324.45	276.19	103.37	175.45	214.98
88	321.71	333.44	283.85	106.24	180.33	220.94
89	330.24	342.30	291.38	109.06	185.12	226.80
90	338.78	351.14	298.91	111.89	189.92	232.67
91	345.78	358.39	305.09	114.17	193.79	237.47
92	352.77	365.64	311.26	116.44	197.66	242.28
93	359.21	372.32	316.94	118.63	201.37	246.70
94	365.93	379.28	322.86	120.82	205.08	251.31
95	372.65	386.24	328.79	123.05	208.87	255.92
96	378.94	392.77	334.35	125.10	212.35	260.25
97	385.24	399.29	339.91	127.20	215.91	264.57
98	391.67	405.97	345.58	129.30	219.47	268.99
99+	398.25	412.78	351.39	131.53	223.26	273.51

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

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

STANDARD – MALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	175.39	181.84	154.75	54.47	92.64	120.41
66	175.39	181.84	154.75	54.47	92.64	120.41
67	175.39	181.84	154.75	54.47	92.64	120.41
68	175.39	181.84	154.75	54.47	92.64	120.41
69	179.03	185.61	157.95	55.55	94.49	122.90
70	181.69	188.36	160.30	57.20	97.30	124.73
71	186.43	193.28	164.49	59.42	101.07	127.98
72	191.29	198.32	168.77	61.55	104.69	131.32
73	196.28	203.50	173.18	63.67	108.31	134.75
74	201.40	208.80	177.69	65.85	112.00	138.26
75	206.66	214.25	182.33	67.97	115.62	141.87
76	213.61	221.47	188.47	70.28	119.54	146.65
77	222.05	230.21	195.91	73.06	124.27	152.43
78	230.88	239.37	203.70	75.97	129.21	158.50
79	237.70	246.44	209.72	78.22	133.06	163.18
80	244.93	253.94	216.10	80.61	137.12	168.15
81	252.16	261.43	222.48	83.00	141.18	173.11
82	259.79	269.34	229.21	85.48	145.40	178.35
83	267.55	277.39	236.06	88.04	149.75	183.68
84	275.45	285.58	243.03	90.60	154.11	189.10
85	283.35	293.76	250.00	93.21	158.55	194.52
86	291.38	302.09	257.08	95.86	163.05	200.03
87	299.41	310.41	264.16	98.51	167.56	205.54
88	307.70	319.01	271.48	101.25	172.21	211.24
89	315.87	327.48	278.69	103.94	176.79	216.85
90	324.03	335.95	285.89	106.63	181.37	222.45
91	330.73	342.88	291.79	108.80	185.07	227.04
92	337.42	349.82	297.70	110.97	188.76	231.64
93	343.57	356.20	303.13	113.06	192.31	235.86
94	350.00	362.87	308.80	115.14	195.85	240.28
95	356.43	369.53	314.47	117.27	199.48	244.69
96	362.45	375.77	319.78	119.23	202.80	248.82
97	368.47	382.01	325.10	121.23	206.20	252.95
98	374.63	388.40	330.53	123.22	209.60	257.18
99+	380.92	394.92	336.08	125.35	213.22	261.50

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

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

STANDARD – MALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	192.93	200.03	170.22	59.91	101.91	132.45
66	192.93	200.03	170.22	59.91	101.91	132.45
67	192.93	200.03	170.22	59.91	101.91	132.45
68	192.93	200.03	170.22	59.91	101.91	132.45
69	196.93	204.17	173.75	61.11	103.94	135.19
70	199.86	207.20	176.33	62.92	107.03	137.20
71	205.07	212.61	180.93	65.36	111.17	140.78
72	210.42	218.15	185.65	67.70	115.16	144.45
73	215.91	223.85	190.49	70.04	119.14	148.22
74	221.54	229.68	195.46	72.43	123.20	152.09
75	227.32	235.68	200.56	74.77	127.18	156.06
76	234.98	243.61	207.32	77.30	131.49	161.31
77	244.25	253.23	215.50	80.36	136.69	167.68
78	253.97	263.30	224.07	83.56	142.14	174.35
79	261.47	271.08	230.70	86.05	146.36	179.50
80	269.42	279.33	237.71	88.68	150.83	184.96
81	277.38	287.58	244.73	91.30	155.30	190.42
82	285.77	296.28	252.13	94.03	159.93	196.18
83	294.31	305.13	259.67	96.84	164.73	202.04
84	302.99	314.13	267.33	99.66	169.52	208.01
85	311.68	323.14	275.00	102.53	174.40	213.97
86	320.52	332.30	282.79	105.45	179.36	220.03
87	329.35	341.45	290.58	108.36	184.32	226.10
88	338.47	350.92	298.63	111.37	189.43	232.36
89	347.46	360.23	306.56	114.33	194.47	238.53
90	356.44	369.54	314.48	117.29	199.51	244.69
91	363.80	377.17	320.97	119.68	203.57	249.75
92	371.16	384.80	327.47	122.07	207.64	254.80
93	377.93	391.82	333.44	124.37	211.54	259.45
94	385.00	399.15	339.68	126.66	215.44	264.30
95	392.07	406.48	345.92	129.00	219.42	269.16
96	398.69	413.35	351.76	131.15	223.08	273.70
97	405.32	420.22	357.60	133.35	226.82	278.25
98	412.09	427.24	363.58	135.54	230.56	282.90
99+	419.01	434.41	369.69	137.89	234.54	287.65

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 \$25.00 is required with the initial premium.

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY BANK DRAFT RATES – EFFECTIVE 07-27-2023

STANDARD – MALE – AREA 3

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	210.47	218.21	185.70	65.36	111.17	144.49
66	210.47	218.21	185.70	65.36	111.17	144.49
67	210.47	218.21	185.70	65.36	111.17	144.49
68	210.47	218.21	185.70	65.36	111.17	144.49
69	214.83	222.73	189.54	66.66	113.39	147.48
70	218.02	226.04	192.36	68.64	116.76	149.67
71	223.71	231.93	197.38	71.30	121.28	153.58
72	229.55	237.99	202.53	73.86	125.62	157.59
73	235.54	244.20	207.81	76.41	129.97	161.70
74	241.68	250.56	213.23	79.02	134.40	165.92
75	247.99	257.10	218.80	81.57	138.75	170.24
76	256.34	265.76	226.17	84.33	143.44	175.97
77	266.45	276.25	235.09	87.67	149.12	182.92
78	277.05	287.24	244.44	91.16	155.06	190.20
79	285.24	295.73	251.67	93.87	159.67	195.82
80	293.92	304.72	259.32	96.74	164.54	201.78
81	302.59	313.72	266.98	99.60	169.42	207.73
82	311.75	323.21	275.05	102.58	174.47	214.02
83	321.06	332.87	283.27	105.65	179.70	220.41
84	330.54	342.69	291.63	108.72	184.94	226.92
85	340.02	352.52	299.99	111.85	190.25	233.42
86	349.66	362.51	308.50	115.03	195.66	240.04
87	359.29	372.50	317.00	118.21	201.07	246.65
88	369.24	382.82	325.78	121.49	206.66	253.49
89	379.04	392.98	334.43	124.73	212.15	260.22
90	388.84	403.13	343.07	127.96	217.65	266.94
91	396.87	411.46	350.15	130.56	222.08	272.45
92	404.90	419.79	357.24	133.17	226.52	277.96
93	412.28	427.44	363.76	135.67	230.77	283.04
94	420.00	435.44	370.56	138.17	235.03	288.33
95	427.71	443.44	377.37	140.73	239.37	293.62
96	434.94	450.93	383.74	143.07	243.36	298.59
97	442.16	458.42	390.11	145.47	247.44	303.54
98	449.55	466.08	396.64	147.87	251.52	308.62
99+	457.10	473.91	403.30	150.42	255.86	313.80

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 \$25.00 is required with the initial premium.

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	126.27	130.81	111.41	38.29	64.70	86.79
66	126.27	130.81	111.41	38.29	64.70	86.79
67	126.27	130.81	111.41	38.29	64.70	86.79
68	126.27	130.81	111.41	38.29	64.70	86.79
69	128.88	133.52	113.72	39.06	65.99	88.58
70	130.80	135.50	115.41	40.22	67.95	89.90
71	134.21	139.04	118.42	41.78	70.58	92.24
72	137.71	142.66	121.51	43.27	73.11	94.65
73	141.31	146.39	124.68	44.77	75.63	97.12
74	144.99	150.21	127.94	46.30	78.21	99.65
75	148.77	154.12	131.27	47.79	80.74	102.25
76	153.78	159.32	135.70	49.41	83.48	105.70
77	159.85	165.60	141.05	51.36	86.78	109.87
78	166.21	172.19	146.66	53.41	90.24	114.24
79	171.13	177.28	151.00	55.00	92.92	117.62
80	176.33	182.67	155.59	56.68	95.76	121.19
81	181.54	188.06	160.18	58.36	98.59	124.77
82	187.03	193.75	165.03	60.10	101.53	128.55
83	192.62	199.54	169.96	61.90	104.58	132.39
84	198.30	205.43	174.97	63.70	107.62	136.29
85	203.99	211.32	179.99	65.53	110.72	140.20
86	209.77	217.31	185.09	67.40	113.87	144.17
87	215.55	223.30	190.19	69.26	117.01	148.15
88	221.52	229.49	195.46	71.18	120.26	152.25
89	227.40	235.58	200.65	73.08	123.46	156.29
90	233.28	241.67	205.84	74.97	126.66	160.33
91	238.09	246.66	210.09	76.50	129.24	163.64
92	242.91	251.65	214.34	78.02	131.82	166.95
93	247.34	256.24	218.25	79.49	134.30	170.00
94	251.97	261.03	222.33	80.96	136.77	173.18
95	256.60	265.82	226.41	82.45	139.30	176.36
96	260.94	270.32	230.24	83.83	141.62	179.34
97	265.27	274.81	234.06	85.23	144.00	182.32
98	269.70	279.40	237.97	86.64	146.37	185.36
99+	274.23	284.09	241.97	88.13	148.90	188.48

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023**PREFERRED NON-TOBACCO – FEMALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	138.89	143.89	122.56	42.12	71.17	95.46
66	138.89	143.89	122.56	42.12	71.17	95.46
67	138.89	143.89	122.56	42.12	71.17	95.46
68	138.89	143.89	122.56	42.12	71.17	95.46
69	141.77	146.87	125.10	42.96	72.59	97.44
70	143.88	149.05	126.96	44.24	74.74	98.89
71	147.63	152.94	130.27	45.95	77.64	101.47
72	151.48	156.93	133.67	47.60	80.42	104.12
73	155.44	161.02	137.15	49.24	83.20	106.83
74	159.49	165.23	140.73	50.93	86.04	109.62
75	163.65	169.54	144.40	52.57	88.82	112.48
76	169.16	175.25	149.27	54.35	91.83	116.27
77	175.84	182.16	155.16	56.50	95.46	120.86
78	182.83	189.41	161.33	58.75	99.26	125.66
79	188.24	195.01	166.10	60.50	102.21	129.38
80	193.96	200.94	171.15	62.35	105.33	133.31
81	199.69	206.87	176.20	64.19	108.45	137.25
82	205.73	213.13	181.53	66.11	111.69	141.40
83	211.88	219.49	186.96	68.09	115.04	145.63
84	218.13	225.97	192.47	70.07	118.38	149.92
85	224.39	232.45	197.99	72.09	121.79	154.22
86	230.75	239.04	203.60	74.14	125.25	158.59
87	237.10	245.63	209.21	76.19	128.71	162.96
88	243.67	252.43	215.01	78.30	132.29	167.48
89	250.14	259.13	220.72	80.38	135.81	171.92
90	256.61	265.83	226.42	82.47	139.33	176.37
91	261.90	271.32	231.10	84.15	142.16	180.01
92	267.21	276.81	235.77	85.83	145.00	183.65
93	272.08	281.86	240.07	87.44	147.73	187.00
94	277.17	287.13	244.56	89.05	150.45	190.50
95	282.26	292.40	249.05	90.70	153.23	194.00
96	287.03	297.35	253.26	92.21	155.78	197.27
97	291.79	302.29	257.47	93.75	158.40	200.55
98	296.67	307.34	261.77	95.30	161.01	203.90
99+	301.65	312.50	266.17	96.94	163.79	207.33

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – FEMALE – AREA 3

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	151.52	156.97	133.70	45.95	77.64	104.14
66	151.52	156.97	133.70	45.95	77.64	104.14
67	151.52	156.97	133.70	45.95	77.64	104.14
68	151.52	156.97	133.70	45.95	77.64	104.14
69	154.66	160.22	136.47	46.87	79.19	106.30
70	156.96	162.60	138.50	48.26	81.54	107.88
71	161.05	166.84	142.11	50.13	84.69	110.69
72	165.26	171.20	145.82	51.93	87.73	113.58
73	169.57	175.66	149.62	53.72	90.76	116.55
74	173.99	180.25	153.52	55.56	93.86	119.59
75	178.53	184.95	157.53	57.35	96.89	122.70
76	184.54	191.18	162.83	59.29	100.17	126.84
77	191.82	198.72	169.26	61.64	104.13	131.84
78	199.46	206.63	176.00	64.09	108.28	137.09
79	205.35	212.74	181.20	66.00	111.50	141.14
80	211.60	219.20	186.71	68.01	114.91	145.43
81	217.85	225.68	192.22	70.03	118.31	149.73
82	224.43	232.50	198.03	72.12	121.84	154.26
83	231.14	239.45	203.95	74.28	125.49	158.87
84	237.96	246.52	209.97	76.44	129.15	163.55
85	244.79	253.59	215.99	78.64	132.86	168.24
86	251.72	260.77	222.11	80.88	136.64	173.01
87	258.66	267.96	228.23	83.11	140.42	177.77
88	265.83	275.38	234.55	85.42	144.31	182.70
89	272.88	282.69	240.78	87.69	148.15	187.55
90	279.93	290.00	247.01	89.96	151.99	192.40
91	285.71	295.99	252.10	91.80	155.09	196.37
92	291.50	301.98	257.21	93.63	158.18	200.34
93	296.81	307.48	261.90	95.39	161.15	204.00
94	302.36	313.24	266.80	97.15	164.13	207.82
95	307.92	318.99	271.69	98.94	167.16	211.63
96	313.12	324.38	276.29	100.59	169.95	215.21
97	318.32	329.77	280.88	102.28	172.80	218.78
98	323.64	335.28	285.57	103.96	175.64	222.44
99+	329.08	340.91	290.36	105.76	178.68	226.18

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – MALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	144.87	150.13	127.83	45.26	76.72	99.52
66	144.87	150.13	127.83	45.26	76.72	99.52
67	144.87	150.13	127.83	45.26	76.72	99.52
68	144.87	150.13	127.83	45.26	76.72	99.52
69	147.87	153.24	130.48	46.16	78.25	101.58
70	150.07	155.52	132.42	47.54	80.57	103.09
71	153.99	159.58	135.87	49.38	83.70	105.79
72	158.00	163.74	139.41	51.14	86.69	108.54
73	162.12	168.01	143.05	52.91	89.69	111.37
74	166.35	172.40	146.78	54.72	92.75	114.28
75	170.69	176.89	150.61	56.49	95.75	117.26
76	176.44	182.85	155.68	58.40	98.99	121.21
77	183.40	190.07	161.83	60.71	102.91	126.00
78	190.70	197.63	168.27	63.13	107.01	131.01
79	196.34	203.47	173.24	65.01	110.19	134.88
80	202.31	209.66	178.51	66.99	113.55	138.98
81	208.28	215.85	183.78	68.98	116.92	143.08
82	214.58	222.38	189.34	71.03	120.40	147.41
83	220.99	229.02	194.99	73.16	124.01	151.82
84	227.51	235.78	200.75	75.29	127.62	156.30
85	234.04	242.54	206.51	77.46	131.29	160.78
86	240.67	249.41	212.36	79.66	135.03	165.34
87	247.30	256.29	218.21	81.86	138.76	169.89
88	254.16	263.39	224.26	84.13	142.61	174.60
89	260.90	270.38	230.21	86.37	146.41	179.23
90	267.64	277.37	236.16	88.61	150.20	183.87
91	273.17	283.09	241.04	90.41	153.26	187.66
92	278.70	288.82	245.91	92.22	156.32	191.46
93	283.78	294.09	250.40	93.95	159.25	194.95
94	289.09	299.59	255.08	95.69	162.19	198.60
95	294.40	305.09	259.77	97.45	165.19	202.25
96	299.38	310.25	264.16	99.08	167.94	205.66
97	304.35	315.40	268.54	100.74	170.75	209.08
98	309.43	320.67	273.03	102.40	173.57	212.57
99+	314.63	326.06	277.62	104.17	176.57	216.15

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	159.36	165.15	140.61	49.79	84.39	109.48
66	159.36	165.15	140.61	49.79	84.39	109.48
67	159.36	165.15	140.61	49.79	84.39	109.48
68	159.36	165.15	140.61	49.79	84.39	109.48
69	162.66	168.57	143.52	50.78	86.08	111.74
70	165.08	171.07	145.66	52.29	88.63	113.40
71	169.38	175.53	149.45	54.31	92.07	116.36
72	173.80	180.11	153.36	56.26	95.36	119.40
73	178.34	184.81	157.36	58.20	98.66	122.51
74	182.99	189.64	161.46	60.19	102.02	125.71
75	187.76	194.58	165.67	62.13	105.32	128.99
76	194.08	201.13	171.25	64.24	108.89	133.33
77	201.75	209.07	178.01	66.78	113.20	138.59
78	209.77	217.39	185.09	69.44	117.71	144.11
79	215.97	223.81	190.56	71.51	121.20	148.37
80	222.54	230.62	196.36	73.69	124.91	152.88
81	229.11	237.43	202.16	75.87	128.61	157.39
82	236.04	244.61	208.27	78.14	132.44	162.15
83	243.09	251.92	214.49	80.48	136.41	167.00
84	250.27	259.36	220.82	82.82	140.39	171.93
85	257.44	266.79	227.16	85.20	144.42	176.86
86	264.74	274.35	233.59	87.62	148.53	181.87
87	272.03	281.91	240.03	90.05	152.63	186.88
88	279.57	289.73	246.68	92.55	156.87	192.06
89	286.99	297.42	253.23	95.01	161.05	197.16
90	294.41	305.11	259.78	97.47	165.22	202.25
91	300.49	311.40	265.14	99.46	168.58	206.43
92	306.57	317.71	270.50	101.44	171.95	210.61
93	312.16	323.50	275.44	103.35	175.18	214.45
94	318.00	329.55	280.59	105.25	178.41	218.46
95	323.84	335.60	285.74	107.20	181.71	222.47
96	329.31	341.27	290.57	108.98	184.74	226.23
97	334.78	346.94	295.40	110.81	187.83	229.99
98	340.38	352.74	300.33	112.64	190.93	233.83
99+	346.10	358.66	305.38	114.58	194.22	237.76

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

PREFERRED NON-TOBACCO – MALE – AREA 3

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	173.85	180.16	153.39	54.31	92.06	119.43
66	173.85	180.16	153.39	54.31	92.06	119.43
67	173.85	180.16	153.39	54.31	92.06	119.43
68	173.85	180.16	153.39	54.31	92.06	119.43
69	177.45	183.89	156.57	55.40	93.90	121.90
70	180.08	186.62	158.90	57.04	96.69	123.71
71	184.78	191.49	163.04	59.25	100.44	126.94
72	189.60	196.49	167.30	61.37	104.03	130.25
73	194.55	201.62	171.66	63.50	107.63	133.65
74	199.63	206.87	176.14	65.66	111.30	137.14
75	204.83	212.27	180.74	67.78	114.90	140.71
76	211.73	219.42	186.82	70.08	118.79	145.45
77	220.09	228.08	194.19	72.85	123.49	151.19
78	228.84	237.16	201.92	75.75	128.41	157.21
79	235.60	244.16	207.89	78.01	132.22	161.85
80	242.77	251.59	214.21	80.39	136.26	166.78
81	249.94	259.02	220.53	82.77	140.30	171.70
82	257.50	266.85	227.21	85.24	144.48	176.90
83	265.19	274.82	233.99	87.79	148.82	182.18
84	273.02	282.93	240.90	90.35	153.15	187.56
85	280.84	291.05	247.81	92.95	157.55	192.94
86	288.80	299.30	254.83	95.59	162.03	198.40
87	296.76	307.54	261.85	98.23	166.51	203.87
88	304.99	316.07	269.11	100.96	171.13	209.52
89	313.08	324.45	276.25	103.65	175.69	215.08
90	321.17	332.84	283.39	106.33	180.24	220.64
91	327.81	339.71	289.24	108.50	183.91	225.20
92	334.44	346.59	295.10	110.66	187.58	229.75
93	340.54	352.91	300.48	112.74	191.10	233.94
94	346.91	359.51	306.10	114.82	194.63	238.32
95	353.28	366.11	311.72	116.94	198.23	242.70
96	359.25	372.30	316.99	118.89	201.53	246.80
97	365.22	378.48	322.25	120.88	204.91	250.90
98	371.32	384.81	327.63	122.88	208.28	255.09
99+	377.56	391.27	333.14	125.00	211.88	259.37

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

STANDARD – FEMALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	157.40	163.14	138.88	49.06	83.27	108.10
66	157.40	163.14	138.88	49.06	83.27	108.10
67	157.40	163.14	138.88	49.06	83.27	108.10
68	157.40	163.14	138.88	49.06	83.27	108.10
69	160.66	166.52	141.75	50.03	84.93	110.34
70	163.04	168.99	143.86	51.52	87.45	111.98
71	167.30	173.40	147.61	53.51	90.84	114.90
72	171.66	177.93	151.46	55.43	94.09	117.89
73	176.14	182.57	155.41	57.35	97.34	120.97
74	180.74	187.33	159.47	59.30	100.66	124.12
75	185.45	192.22	163.63	61.22	103.92	127.36
76	191.70	198.69	169.14	63.29	107.44	131.65
77	199.26	206.53	175.81	65.80	111.69	136.85
78	207.19	214.75	182.81	68.42	116.13	142.29
79	213.31	221.10	188.21	70.45	119.59	146.50
80	219.80	227.82	193.94	72.60	123.24	150.95
81	226.29	234.55	199.66	74.76	126.89	155.41
82	233.13	241.64	205.70	76.99	130.68	160.11
83	240.10	248.86	211.85	79.29	134.59	164.90
84	247.19	256.21	218.10	81.60	138.51	169.76
85	254.27	263.55	224.35	83.95	142.50	174.63
86	261.48	271.02	230.71	86.34	146.55	179.58
87	268.68	278.49	237.07	88.72	150.60	184.53
88	276.13	286.21	243.64	91.19	154.78	189.64
89	283.46	293.80	250.10	93.61	158.90	194.67
90	290.79	301.40	256.57	96.04	163.02	199.71
91	296.79	307.62	261.87	97.99	166.33	203.83
92	302.80	313.85	267.16	99.95	169.66	207.95
93	308.32	319.57	272.04	101.83	172.84	211.75
94	314.09	325.55	277.13	103.70	176.03	215.71
95	319.85	331.52	282.21	105.62	179.28	219.67
96	325.26	337.13	286.98	107.38	182.27	223.38
97	330.66	342.73	291.75	109.18	185.32	227.09
98	336.19	348.46	296.63	110.98	188.38	230.88
99+	341.83	354.31	301.61	112.90	191.63	234.76

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

STANDARD – FEMALE – AREA 2

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	173.14	179.46	152.76	53.96	91.59	118.91
66	173.14	179.46	152.76	53.96	91.59	118.91
67	173.14	179.46	152.76	53.96	91.59	118.91
68	173.14	179.46	152.76	53.96	91.59	118.91
69	176.72	183.17	155.93	55.04	93.42	121.37
70	179.35	185.89	158.25	56.67	96.20	123.17
71	184.03	190.74	162.37	58.87	99.92	126.39
72	188.83	195.72	166.61	60.97	103.50	129.68
73	193.76	200.83	170.95	63.08	107.08	133.07
74	198.81	206.06	175.42	65.23	110.73	136.54
75	204.00	211.44	179.99	67.34	114.31	140.10
76	210.87	218.56	186.05	69.62	118.18	144.82
77	219.19	227.19	193.39	72.38	122.86	150.53
78	227.91	236.22	201.09	75.26	127.75	156.52
79	234.65	243.21	207.03	77.50	131.55	161.15
80	241.78	250.60	213.33	79.86	135.56	166.05
81	248.92	258.00	219.63	82.23	139.58	170.95
82	256.45	265.81	226.27	84.69	143.75	176.12
83	264.11	273.75	233.03	87.22	148.05	181.39
84	271.91	281.83	239.91	89.76	152.36	186.74
85	279.70	289.91	246.79	92.34	156.75	192.09
86	287.63	298.13	253.78	94.97	161.20	197.54
87	295.55	306.34	260.77	97.59	165.66	202.98
88	303.74	314.83	268.00	100.31	170.26	208.60
89	311.80	323.18	275.11	102.97	174.79	214.14
90	319.87	331.54	282.22	105.64	179.32	219.68
91	326.47	338.38	288.05	107.79	182.97	224.21
92	333.08	345.23	293.88	109.94	186.62	228.75
93	339.15	351.53	299.24	112.01	190.13	232.92
94	345.50	358.10	304.84	114.07	193.63	237.28
95	351.84	364.68	310.44	116.18	197.21	241.63
96	357.79	370.84	315.68	118.12	200.50	245.72
97	363.73	377.00	320.93	120.10	203.86	249.80
98	369.81	383.30	326.29	122.08	207.22	253.97
99+	376.02	389.74	331.77	124.19	210.80	258.24

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023**STANDARD – FEMALE – AREA 3**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	188.88	195.77	166.65	58.87	99.92	129.72
66	188.88	195.77	166.65	58.87	99.92	129.72
67	188.88	195.77	166.65	58.87	99.92	129.72
68	188.88	195.77	166.65	58.87	99.92	129.72
69	192.79	199.82	170.10	60.04	101.91	132.40
70	195.65	202.79	172.63	61.82	104.94	134.37
71	200.76	208.08	177.13	64.22	109.00	137.88
72	206.00	213.51	181.76	66.52	112.91	141.47
73	211.37	219.08	186.50	68.82	116.81	145.16
74	216.89	224.80	191.36	71.16	120.80	148.95
75	222.54	230.66	196.35	73.47	124.70	152.84
76	230.04	238.43	202.96	75.95	128.93	157.98
77	239.12	247.84	210.98	78.96	134.02	164.22
78	248.63	257.70	219.37	82.10	139.36	170.75
79	255.98	265.32	225.85	84.54	143.51	175.80
80	263.76	273.38	232.72	87.12	147.89	181.15
81	271.55	281.46	239.59	89.71	152.27	186.49
82	279.76	289.97	246.84	92.38	156.81	192.13
83	288.12	298.64	254.22	95.15	161.51	197.88
84	296.62	307.45	261.72	97.92	166.21	203.71
85	305.13	316.26	269.22	100.74	171.00	209.56
86	313.78	325.23	276.85	103.60	175.86	215.50
87	322.42	334.19	284.48	106.47	180.72	221.43
88	331.36	343.45	292.36	109.42	185.74	227.57
89	340.15	352.56	300.12	112.33	190.68	233.61
90	348.94	361.68	307.88	115.24	195.62	239.65
91	356.15	369.14	314.24	117.59	199.60	244.59
92	363.36	376.61	320.60	119.94	203.59	249.54
93	369.99	383.49	326.44	122.19	207.41	254.10
94	376.90	390.66	332.55	124.44	211.24	258.85
95	383.83	397.83	338.66	126.75	215.14	263.60
96	390.31	404.55	344.38	128.86	218.72	268.06
97	396.79	411.27	350.10	131.02	222.39	272.51
98	403.42	418.15	355.95	133.18	226.06	277.06
99+	410.20	425.17	361.93	135.48	229.96	281.72

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

STANDARD – MALE – AREA 1

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	180.66	187.30	159.39	56.10	95.42	124.02
66	180.66	187.30	159.39	56.10	95.42	124.02
67	180.66	187.30	159.39	56.10	95.42	124.02
68	180.66	187.30	159.39	56.10	95.42	124.02
69	184.40	191.18	162.69	57.22	97.33	126.59
70	187.14	194.02	165.11	58.92	100.22	128.47
71	192.02	199.08	169.42	61.20	104.10	131.82
72	197.03	204.27	173.84	63.39	107.83	135.26
73	202.17	209.60	178.37	65.59	111.56	138.79
74	207.44	215.07	183.03	67.82	115.36	142.41
75	212.85	220.68	187.80	70.01	119.09	146.13
76	220.02	228.11	194.13	72.38	123.12	151.05
77	228.71	237.12	201.79	75.25	127.99	157.01
78	237.81	246.55	209.81	78.25	133.09	163.25
79	244.83	253.83	216.02	80.57	137.05	168.08
80	252.28	261.55	222.58	83.03	141.23	173.19
81	259.73	269.28	229.16	85.49	145.42	178.30
82	267.58	277.42	236.09	88.04	149.76	183.70
83	275.58	285.71	243.14	90.68	154.25	189.19
84	283.71	294.14	250.32	93.32	158.74	194.77
85	291.85	302.58	257.50	96.01	163.30	200.35
86	300.12	311.15	264.79	98.74	167.94	206.03
87	308.39	319.73	272.09	101.46	172.59	211.71
88	316.93	328.58	279.63	104.28	177.38	217.58
89	325.35	337.31	287.05	107.06	182.10	223.35
90	333.76	346.02	294.47	109.83	186.82	229.12
91	340.65	353.17	300.55	112.07	190.62	233.86
92	347.54	360.32	306.63	114.30	194.43	238.59
93	353.88	366.89	312.22	116.45	198.08	242.94
94	360.50	373.75	318.06	118.60	201.73	247.48
95	367.12	380.62	323.91	120.79	205.46	252.03
96	373.32	387.05	329.38	122.80	208.88	256.29
97	379.52	393.47	334.85	124.86	212.38	260.54
98	385.87	400.05	340.45	126.92	215.88	264.90
99+	392.35	406.77	346.16	129.11	219.61	269.35

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023**STANDARD – MALE – AREA 2**

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	198.72	206.03	175.33	61.71	104.97	136.42
66	198.72	206.03	175.33	61.71	104.97	136.42
67	198.72	206.03	175.33	61.71	104.97	136.42
68	198.72	206.03	175.33	61.71	104.97	136.42
69	202.84	210.29	178.96	62.94	107.06	139.25
70	205.85	213.42	181.62	64.81	110.24	141.32
71	211.22	218.98	186.36	67.32	114.51	145.00
72	216.73	224.70	191.22	69.73	118.61	148.79
73	222.39	230.56	196.21	72.14	122.71	152.67
74	228.19	236.58	201.33	74.60	126.90	156.65
75	234.14	242.75	206.58	77.01	131.00	160.74
76	242.03	250.92	213.54	79.62	135.43	166.15
77	251.58	260.83	221.96	82.77	140.79	172.71
78	261.59	271.20	230.80	86.07	146.40	179.58
79	269.32	279.22	237.62	88.63	150.75	184.89
80	277.51	287.71	244.84	91.34	155.36	190.51
81	285.70	296.20	252.07	94.04	159.96	196.13
82	294.34	305.17	259.70	96.85	164.73	202.07
83	303.14	314.28	267.46	99.75	169.67	208.10
84	312.08	323.56	275.35	102.65	174.61	214.25
85	321.03	332.84	283.25	105.61	179.63	220.39
86	330.13	342.27	291.27	108.61	184.74	226.64
87	339.23	351.70	299.30	111.61	189.84	232.88
88	348.63	361.44	307.59	114.71	195.12	239.33
89	357.88	371.04	315.75	117.76	200.31	245.69
90	367.13	380.63	323.92	120.81	205.50	252.04
91	374.71	388.49	330.60	123.27	209.68	257.24
92	382.30	396.35	337.30	125.73	213.87	262.44
93	389.27	403.58	343.45	128.10	217.89	267.23
94	396.55	411.13	349.87	130.46	221.90	272.23
95	403.83	418.68	356.30	132.87	226.01	277.23
96	410.66	425.75	362.32	135.08	229.77	281.92
97	417.48	432.82	368.33	137.35	233.62	286.60
98	424.45	440.06	374.49	139.61	237.47	291.39
99+	431.58	447.45	380.78	142.02	241.57	296.28

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

ARIZONA – MONTHLY CREDIT CARD RATES – EFFECTIVE 07-27-2023

STANDARD – MALE – AREA 3

Age At Issue	ISSUE AGE RATES					
	A	F	G	High Deductible G	K	N
65	216.79	224.76	191.27	67.32	114.51	148.82
66	216.79	224.76	191.27	67.32	114.51	148.82
67	216.79	224.76	191.27	67.32	114.51	148.82
68	216.79	224.76	191.27	67.32	114.51	148.82
69	221.28	229.41	195.23	68.66	116.79	151.91
70	224.57	232.82	198.13	70.70	120.26	154.16
71	230.42	238.89	203.30	73.44	124.92	158.19
72	236.43	245.13	208.60	76.07	129.39	162.31
73	242.60	251.52	214.05	78.70	133.87	166.55
74	248.93	258.08	219.63	81.39	138.43	170.89
75	255.43	264.81	225.36	84.02	142.91	175.35
76	264.03	273.73	232.95	86.86	147.75	181.25
77	274.45	284.54	242.14	90.30	153.59	188.41
78	285.37	295.86	251.78	93.89	159.71	195.90
79	293.80	304.60	259.22	96.69	164.46	201.70
80	302.73	313.86	267.10	99.64	169.48	207.83
81	311.67	323.13	274.99	102.59	174.50	213.96
82	321.10	332.91	283.31	105.65	179.71	220.44
83	330.69	342.85	291.77	108.82	185.09	227.02
84	340.45	352.97	300.38	111.99	190.48	233.72
85	350.22	363.09	308.99	115.21	195.96	240.43
86	360.15	373.38	317.75	118.48	201.53	247.24
87	370.07	383.67	326.51	121.76	207.10	254.05
88	380.32	394.30	335.55	125.14	212.86	261.09
89	390.41	404.77	344.46	128.47	218.52	268.02
90	400.51	415.23	353.36	131.80	224.18	274.95
91	408.78	423.80	360.66	134.48	228.74	280.63
92	417.05	432.38	367.96	137.16	233.31	286.30
93	424.65	440.27	374.67	139.74	237.69	291.53
94	432.60	448.50	381.68	142.32	242.08	296.98
95	440.54	456.74	388.69	144.95	246.55	302.43
96	447.99	464.46	395.25	147.36	250.66	307.55
97	455.43	472.17	401.82	149.83	254.86	312.65
98	463.04	480.06	408.54	152.30	259.06	317.88
99+	470.82	488.12	415.40	154.93	263.54	323.22

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ARIZONA – ZIP CODE AREA CHART – Effective 07-27-2023

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ARIZONA – ZIP CODE AREA CHART – Effective 07-27-2023

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ARIZONA – ZIP CODE AREA CHART – Effective 07-27-2023

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
ARIZONA – ZIP CODE AREA CHART – Effective 07-27-2023

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

PREMIUM INFORMATION

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

Premiums for Plans A, F, G, High Deductible G, K and N are Issue Age Premiums; they do not increase solely when your age increases. They can, however, increase periodically as stated above.

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

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

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

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 \$0 \$0	\$0 Up to \$[204] a day All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN A

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

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

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[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
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment			
First \$[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

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

PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN 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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[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
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OTHER BENEFITS NOT COVERED BY MEDICARE

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

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

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

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,800] 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
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

HIGH DEDUCTIBLE PLAN G

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

*Once you have been billed \$[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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[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
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

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

PLAN K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[7,060] 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
HOSPITALIZATION** Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] 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
SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[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
BLOOD First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

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

PLAN K

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

*Once you have been billed \$[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*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[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%◆
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[7,060])*
BLOOD 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%◆
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[240] of Medicare approved amounts**** Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 10%	\$0 \$[240] (Part B deductible)◆ 10%◆
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*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
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

PLAN N

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

*Once you have been billed \$[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
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[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.
PART B EXCESS CHARGES (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD 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
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$0
First \$[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
FOREIGN TRAVEL– NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum