

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

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

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

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

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	116.25	116.30	95.71	35.04	60.26	74.18
66	116.25	116.30	95.71	35.04	60.26	74.18
67	116.25	116.30	95.71	35.04	60.26	74.18
68	116.25	116.30	95.71	35.04	60.26	74.18
69	118.58	118.63	97.63	35.74	61.47	75.67
70	122.14	122.19	100.56	36.81	63.31	77.94
71	126.81	126.86	104.41	38.22	65.74	80.93
72	131.39	131.44	108.18	39.60	68.11	83.84
73	135.97	136.02	111.95	40.98	70.48	86.76
74	140.54	140.60	115.71	42.36	72.85	89.68
75	145.12	145.18	119.48	43.74	75.23	92.60
76	150.00	150.06	123.50	45.21	77.76	95.72
77	156.00	156.06	128.44	47.02	80.87	99.55
78	162.20	162.27	133.55	48.89	84.08	103.51
79	166.98	167.05	137.48	50.33	86.56	106.56
80	172.07	172.14	141.67	51.86	89.20	109.80
81	177.15	177.22	145.85	53.40	91.83	113.05
82	182.44	182.51	150.21	54.99	94.57	116.42
83	187.93	188.01	154.73	56.64	97.42	119.93
84	193.42	193.50	159.25	58.30	100.27	123.43
85	199.02	199.10	163.86	59.99	103.17	127.00
86	204.61	204.69	168.46	61.67	106.07	130.57
87	210.30	210.39	173.15	63.39	109.02	134.20
88	216.10	216.19	177.92	65.13	112.02	137.90
89	221.90	221.99	182.69	66.88	115.03	141.60
90	227.59	227.69	187.38	68.60	117.98	145.24
91	232.27	232.37	191.23	70.01	120.40	148.22
92	236.95	237.05	195.09	71.42	122.83	151.21
93	241.32	241.42	198.69	72.74	125.10	154.00
94	245.80	245.90	202.37	74.08	127.42	156.85
95	250.37	250.47	206.14	75.47	129.79	159.77
96	254.54	254.65	209.57	76.72	131.95	162.43
97	258.81	258.92	213.09	78.01	134.16	165.16
98	263.08	263.19	216.60	79.30	136.38	167.88
99+	267.56	267.67	220.29	80.65	138.70	170.74

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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## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	126.72	126.77	104.33	38.19	65.69	80.86
66	126.72	126.77	104.33	38.19	65.69	80.86
67	126.72	126.77	104.33	38.19	65.69	80.86
68	126.72	126.77	104.33	38.19	65.69	80.86
69	129.25	129.30	106.42	38.96	67.00	82.48
70	133.13	133.18	109.61	40.13	69.01	84.95
71	138.23	138.28	113.81	41.66	71.65	88.21
72	143.22	143.27	117.91	43.17	74.24	91.39
73	148.20	148.26	122.02	44.67	76.83	94.57
74	153.19	153.25	126.13	46.17	79.41	97.76
75	158.18	158.25	130.23	47.68	82.00	100.94
76	163.50	163.57	134.61	49.28	84.76	104.34
77	170.04	170.11	140.00	51.25	88.15	108.51
78	176.80	176.87	145.56	53.29	91.65	112.83
79	182.01	182.09	149.85	54.86	94.35	116.15
80	187.55	187.63	154.42	56.53	97.23	119.69
81	193.10	193.17	158.98	58.20	100.10	123.22
82	198.86	198.94	163.73	59.94	103.08	126.90
83	204.85	204.93	168.66	61.74	106.19	130.72
84	210.83	210.92	173.58	63.55	109.29	134.54
85	216.93	217.02	178.60	65.38	112.45	138.43
86	223.03	223.12	183.62	67.22	115.61	142.32
87	229.23	229.32	188.73	69.09	118.83	146.28
88	235.55	235.65	193.93	71.00	122.11	150.31
89	241.87	241.97	199.14	72.90	125.38	154.35
90	248.08	248.18	204.25	74.77	128.60	158.31
91	253.17	253.28	208.44	76.31	131.24	161.56
92	258.27	258.38	212.64	77.85	133.88	164.82
93	263.04	263.15	216.57	79.28	136.36	167.86
94	267.92	268.03	220.58	80.75	138.88	170.97
95	272.91	273.02	224.69	82.26	141.47	174.15
96	277.45	277.56	228.43	83.63	143.83	177.05
97	282.11	282.22	232.26	85.03	146.24	180.02
98	286.76	286.88	236.10	86.43	148.65	182.99
99+	291.64	291.76	240.11	87.90	151.18	186.11

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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## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	133.37	133.48	109.80	40.05	69.04	85.07
66	133.37	133.48	109.80	40.05	69.04	85.07
67	133.37	133.48	109.80	40.05	69.04	85.07
68	133.37	133.48	109.80	40.05	69.04	85.07
69	136.04	136.15	112.00	40.85	70.42	86.77
70	140.12	140.23	115.36	42.07	72.53	89.38
71	145.49	145.60	119.78	43.69	75.31	92.80
72	150.74	150.86	124.10	45.26	78.03	96.15
73	155.99	156.11	128.42	46.84	80.75	99.50
74	161.24	161.37	132.75	48.41	83.47	102.85
75	166.49	166.62	137.07	49.99	86.18	106.20
76	172.09	172.22	141.68	51.67	89.08	109.77
77	178.97	179.11	147.35	53.74	92.65	114.16
78	186.09	186.24	153.21	55.88	96.33	118.70
79	191.58	191.72	157.72	57.52	99.17	122.20
80	197.41	197.56	162.52	59.28	102.19	125.92
81	203.24	203.40	167.32	61.03	105.21	129.64
82	209.31	209.47	172.32	62.85	108.35	133.51
83	215.61	215.78	177.51	64.74	111.61	137.53
84	221.91	222.08	182.69	66.63	114.87	141.55
85	228.33	228.50	187.98	68.56	118.19	145.64
86	234.74	234.93	193.26	70.49	121.51	149.73
87	241.28	241.46	198.64	72.45	124.90	153.90
88	247.93	248.12	204.11	74.45	128.34	158.14
89	254.58	254.78	209.59	76.44	131.78	162.38
90	261.11	261.31	214.97	78.40	135.16	166.55
91	266.48	266.69	219.39	80.02	137.94	169.97
92	271.85	272.06	223.81	81.63	140.72	173.40
93	276.86	277.08	227.94	83.13	143.32	176.60
94	282.00	282.22	232.16	84.67	145.97	179.87
95	287.25	287.47	236.48	86.25	148.69	183.22
96	292.03	292.26	240.42	87.69	151.17	186.27
97	296.93	297.16	244.46	89.16	153.70	189.40
98	301.83	302.06	248.49	90.63	156.24	192.52
99+	306.96	307.20	252.72	92.17	158.90	195.80

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

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## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	145.38	145.49	119.69	43.65	75.25	92.73
66	145.38	145.49	119.69	43.65	75.25	92.73
67	145.38	145.49	119.69	43.65	75.25	92.73
68	145.38	145.49	119.69	43.65	75.25	92.73
69	148.29	148.40	122.08	44.53	76.76	94.58
70	152.73	152.85	125.74	45.86	79.06	97.42
71	158.58	158.71	130.56	47.62	82.09	101.15
72	164.31	164.44	135.27	49.34	85.05	104.80
73	170.03	170.16	139.98	51.05	88.02	108.45
74	175.75	175.89	144.69	52.77	90.98	112.10
75	181.48	181.62	149.41	54.49	93.94	115.75
76	187.58	187.72	154.43	56.32	97.10	119.65
77	195.08	195.23	160.61	58.58	100.98	124.43
78	202.84	203.00	166.99	60.91	105.00	129.38
79	208.82	208.98	171.91	62.70	108.09	133.19
80	215.18	215.34	177.15	64.61	111.39	137.25
81	221.53	221.71	182.38	66.52	114.68	141.31
82	228.15	228.32	187.83	68.50	118.10	145.52
83	235.02	235.20	193.48	70.57	121.65	149.91
84	241.88	242.07	199.14	72.63	125.21	154.29
85	248.88	249.07	204.90	74.73	128.83	158.75
86	255.87	256.07	210.65	76.83	132.45	163.21
87	262.99	263.20	216.52	78.97	136.14	167.75
88	270.24	270.45	222.48	81.15	139.89	172.38
89	277.49	277.71	228.45	83.32	143.64	177.00
90	284.61	284.83	234.31	85.46	147.33	181.54
91	290.46	290.69	239.13	87.22	150.36	185.27
92	296.31	296.54	243.95	88.97	153.38	189.00
93	301.78	302.02	248.45	90.61	156.22	192.49
94	307.38	307.61	253.06	92.29	159.11	196.06
95	313.10	313.34	257.77	94.01	162.07	199.71
96	318.31	318.56	262.06	95.58	164.77	203.04
97	323.65	323.91	266.46	97.18	167.54	206.44
98	329.00	329.25	270.86	98.79	170.30	209.85
99+	334.59	334.85	275.46	100.47	173.20	213.42

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

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## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	146.67	146.81	120.73	43.97	75.90	93.49
66	146.67	146.81	120.73	43.97	75.90	93.49
67	146.67	146.81	120.73	43.97	75.90	93.49
68	146.67	146.81	120.73	43.97	75.90	93.49
69	149.61	149.75	123.15	44.85	77.41	95.35
70	154.10	154.24	126.84	46.20	79.73	98.21
71	160.00	160.15	131.70	47.97	82.79	101.98
72	165.77	165.93	136.45	49.70	85.78	105.66
73	171.55	171.71	141.20	51.43	88.76	109.34
74	177.32	177.49	145.96	53.16	91.75	113.02
75	183.09	183.26	150.71	54.89	94.74	116.70
76	189.25	189.43	155.78	56.74	97.93	120.62
77	196.82	197.01	162.01	59.01	101.84	125.45
78	204.65	204.84	168.45	61.35	105.89	130.44
79	210.68	210.88	173.42	63.16	109.01	134.28
80	217.09	217.30	178.70	65.08	112.33	138.37
81	223.51	223.72	183.98	67.01	115.65	142.46
82	230.18	230.40	189.47	69.01	119.10	146.71
83	237.11	237.33	195.17	71.08	122.69	151.12
84	244.04	244.27	200.88	73.16	126.27	155.54
85	251.10	251.33	206.68	75.28	129.93	160.04
86	258.15	258.39	212.49	77.39	133.58	164.54
87	265.34	265.59	218.41	79.55	137.29	169.12
88	272.65	272.91	224.43	81.74	141.08	173.78
89	279.97	280.23	230.45	83.93	144.86	178.44
90	287.15	287.42	236.36	86.08	148.58	183.02
91	293.05	293.33	241.22	87.85	151.64	186.78
92	298.95	299.23	246.08	89.62	154.69	190.54
93	304.47	304.76	250.62	91.28	157.54	194.06
94	310.12	310.41	255.27	92.97	160.47	197.66
95	315.89	316.19	260.02	94.70	163.45	201.34
96	321.15	321.45	264.35	96.28	166.17	204.69
97	326.54	326.85	268.78	97.89	168.96	208.13
98	331.93	332.24	273.22	99.51	171.75	211.56
99+	337.58	337.89	277.87	101.20	174.67	215.16

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

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

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## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	159.88	160.03	131.60	47.93	82.73	101.90
66	159.88	160.03	131.60	47.93	82.73	101.90
67	159.88	160.03	131.60	47.93	82.73	101.90
68	159.88	160.03	131.60	47.93	82.73	101.90
69	163.07	163.23	134.23	48.89	84.38	103.94
70	167.96	168.12	138.26	50.36	86.91	107.05
71	174.40	174.56	143.55	52.28	90.24	111.16
72	180.69	180.86	148.73	54.17	93.50	115.17
73	186.99	187.16	153.91	56.06	96.75	119.18
74	193.28	193.46	159.09	57.94	100.01	123.19
75	199.57	199.76	164.27	59.83	103.27	127.20
76	206.29	206.48	169.80	61.84	106.74	131.48
77	214.54	214.74	176.59	64.32	111.01	136.74
78	223.07	223.28	183.61	66.87	115.42	142.18
79	229.64	229.86	189.02	68.84	118.82	146.36
80	236.63	236.85	194.78	70.94	122.44	150.82
81	243.63	243.85	200.53	73.04	126.06	155.28
82	250.90	251.13	206.52	75.22	129.82	159.91
83	258.45	258.69	212.74	77.48	133.73	164.73
84	266.00	266.25	218.95	79.75	137.64	169.54
85	273.70	273.95	225.29	82.05	141.62	174.44
86	281.39	281.65	231.62	84.36	145.60	179.35
87	289.22	289.49	238.06	86.70	149.65	184.34
88	297.19	297.47	244.63	89.10	153.78	189.42
89	305.16	305.45	251.19	91.49	157.90	194.50
90	312.99	313.29	257.63	93.83	161.95	199.49
91	319.43	319.73	262.93	95.76	165.28	203.59
92	325.86	326.16	268.22	97.69	168.61	207.69
93	331.88	332.19	273.17	99.49	171.72	211.52
94	338.03	338.34	278.24	101.34	174.91	215.45
95	344.32	344.64	283.42	103.22	178.16	219.46
96	350.06	350.38	288.14	104.94	181.13	223.11
97	355.93	356.26	292.97	106.70	184.17	226.86
98	361.80	362.14	297.81	108.46	187.21	230.60
99+	367.96	368.30	302.87	110.31	190.39	234.52

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## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	168.34	168.54	138.56	50.31	87.00	107.25
66	168.34	168.54	138.56	50.31	87.00	107.25
67	168.34	168.54	138.56	50.31	87.00	107.25
68	168.34	168.54	138.56	50.31	87.00	107.25
69	171.70	171.91	141.33	51.32	88.74	109.40
70	176.86	177.07	145.57	52.86	91.40	112.68
71	183.63	183.86	151.14	54.88	94.91	116.99
72	190.26	190.49	156.60	56.86	98.33	121.22
73	196.88	197.12	162.05	58.84	101.76	125.44
74	203.51	203.76	167.50	60.82	105.18	129.66
75	210.13	210.39	172.96	62.80	108.61	133.88
76	217.20	217.47	178.78	64.91	112.26	138.39
77	225.89	226.17	185.93	67.51	116.75	143.92
78	234.87	235.16	193.32	70.20	121.39	149.64
79	241.79	242.09	199.02	72.26	124.97	154.05
80	249.16	249.46	205.08	74.47	128.77	158.74
81	256.52	256.84	211.14	76.67	132.58	163.44
82	264.18	264.50	217.44	78.95	136.54	168.31
83	272.13	272.46	223.99	81.33	140.65	173.38
84	280.08	280.43	230.53	83.71	144.76	178.45
85	288.18	288.54	237.20	86.13	148.94	183.61
86	296.28	296.64	243.86	88.55	153.13	188.77
87	304.53	304.90	250.65	91.01	157.39	194.02
88	312.92	313.31	257.56	93.52	161.73	199.37
89	321.31	321.71	264.47	96.03	166.07	204.72
90	329.56	329.96	271.26	98.49	170.33	209.97
91	336.33	336.75	276.83	100.52	173.83	214.29
92	343.11	343.53	282.41	102.54	177.33	218.60
93	349.44	349.87	287.62	104.44	180.60	222.64
94	355.92	356.35	292.95	106.37	183.95	226.77
95	362.54	362.99	298.41	108.35	187.38	230.99
96	368.58	369.03	303.37	110.16	190.50	234.83
97	374.77	375.23	308.47	112.01	193.69	238.77
98	380.95	381.42	313.56	113.85	196.89	242.71
99+	387.43	387.91	318.89	115.79	200.24	246.84

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)

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

## NEW MEXICO – MONTHLY BANK DRAFT RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	183.49	183.71	151.03	54.84	94.83	116.91
66	183.49	183.71	151.03	54.84	94.83	116.91
67	183.49	183.71	151.03	54.84	94.83	116.91
68	183.49	183.71	151.03	54.84	94.83	116.91
69	187.16	187.39	154.05	55.93	96.73	119.24
70	192.77	193.01	158.67	57.61	99.63	122.82
71	200.15	200.40	164.75	59.82	103.45	127.52
72	207.38	207.63	170.69	61.98	107.18	132.13
73	214.60	214.87	176.64	64.14	110.91	136.73
74	221.82	222.10	182.58	66.30	114.65	141.33
75	229.05	229.33	188.53	68.45	118.38	145.93
76	236.75	237.04	194.87	70.76	122.36	150.84
77	246.22	246.52	202.66	73.59	127.26	156.87
78	256.01	256.33	210.72	76.51	132.32	163.11
79	263.56	263.88	216.93	78.77	136.22	167.92
80	271.58	271.92	223.54	81.17	140.36	173.03
81	279.61	279.95	230.14	83.56	144.51	178.15
82	287.95	288.31	237.01	86.06	148.82	183.46
83	296.62	296.99	244.14	88.65	153.30	188.99
84	305.29	305.66	251.28	91.24	157.78	194.51
85	314.12	314.50	258.55	93.88	162.35	200.13
86	322.94	323.34	265.81	96.52	166.91	205.76
87	331.93	332.34	273.21	99.20	171.56	211.48
88	341.08	341.50	280.74	101.94	176.28	217.31
89	350.23	350.66	288.27	104.67	181.01	223.14
90	359.22	359.66	295.67	107.36	185.66	228.87
91	366.60	367.05	301.75	109.56	189.47	233.57
92	373.99	374.45	307.83	111.77	193.29	238.28
93	380.89	381.36	313.50	113.84	196.86	242.67
94	387.95	388.43	319.32	115.95	200.51	247.17
95	395.17	395.66	325.26	118.10	204.24	251.78
96	401.76	402.25	330.68	120.07	207.64	255.97
97	408.50	409.00	336.23	122.09	211.13	260.26
98	415.24	415.75	341.78	124.10	214.61	264.56
99+	422.30	422.82	347.59	126.21	218.26	269.06

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	119.74	119.79	98.59	36.09	62.07	76.41
66	119.74	119.79	98.59	36.09	62.07	76.41
67	119.74	119.79	98.59	36.09	62.07	76.41
68	119.74	119.79	98.59	36.09	62.07	76.41
69	122.14	122.19	100.56	36.81	63.31	77.94
70	125.80	125.85	103.57	37.92	65.21	80.28
71	130.62	130.67	107.54	39.37	67.71	83.35
72	135.33	135.39	111.42	40.79	70.15	86.36
73	140.05	140.10	115.30	42.21	72.60	89.37
74	144.76	144.82	119.18	43.63	75.04	92.38
75	149.47	149.53	123.06	45.05	77.48	95.38
76	154.50	154.56	127.20	46.57	80.09	98.59
77	160.68	160.75	132.29	48.43	83.29	102.54
78	167.07	167.14	137.55	50.36	86.61	106.62
79	171.99	172.06	141.61	51.84	89.16	109.76
80	177.23	177.30	145.92	53.42	91.87	113.10
81	182.47	182.54	150.23	55.00	94.59	116.44
82	187.91	187.99	154.71	56.64	97.41	119.92
83	193.57	193.65	159.37	58.34	100.34	123.52
84	199.23	199.31	164.03	60.05	103.28	127.13
85	204.99	205.07	168.77	61.78	106.26	130.81
86	210.75	210.83	173.51	63.52	109.25	134.49
87	216.61	216.70	178.35	65.29	112.29	138.23
88	222.58	222.68	183.26	67.09	115.38	142.04
89	228.56	228.65	188.18	68.89	118.48	145.85
90	234.42	234.52	193.01	70.66	121.52	149.59
91	239.24	239.34	196.97	72.11	124.02	152.67
92	244.06	244.16	200.94	73.56	126.52	155.74
93	248.56	248.66	204.65	74.92	128.85	158.62
94	253.17	253.27	208.44	76.31	131.24	161.56
95	257.88	257.99	212.32	77.73	133.68	164.57
96	262.18	262.29	215.86	79.02	135.91	167.31
97	266.58	266.69	219.48	80.35	138.19	170.11
98	270.98	271.09	223.10	81.68	140.47	172.92
99+	275.59	275.70	226.90	83.07	142.86	175.86

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	130.52	130.57	107.46	39.34	67.66	83.29
66	130.52	130.57	107.46	39.34	67.66	83.29
67	130.52	130.57	107.46	39.34	67.66	83.29
68	130.52	130.57	107.46	39.34	67.66	83.29
69	133.13	133.18	109.61	40.13	69.01	84.95
70	137.12	137.18	112.90	41.33	71.08	87.50
71	142.37	142.43	117.22	42.91	73.80	90.86
72	147.51	147.57	121.45	44.46	76.47	94.13
73	152.65	152.71	125.68	46.01	79.13	97.41
74	157.79	157.85	129.91	47.56	81.79	100.69
75	162.92	162.99	134.14	49.11	84.46	103.97
76	168.41	168.47	138.65	50.76	87.30	107.47
77	175.14	175.21	144.20	52.79	90.79	111.76
78	182.11	182.18	149.93	54.89	94.40	116.21
79	187.47	187.55	154.35	56.51	97.18	119.63
80	193.18	193.26	159.05	58.23	100.14	123.28
81	198.89	198.97	163.75	59.95	103.10	126.92
82	204.83	204.91	168.64	61.74	106.18	130.71
83	210.99	211.08	173.72	63.59	109.37	134.64
84	217.16	217.25	178.79	65.45	112.57	138.58
85	223.44	223.53	183.96	67.35	115.82	142.58
86	229.72	229.81	189.13	69.24	119.08	146.59
87	236.11	236.21	194.40	71.17	122.39	150.67
88	242.62	242.72	199.75	73.13	125.77	154.82
89	249.13	249.23	205.11	75.09	129.14	158.98
90	255.52	255.62	210.38	77.02	132.46	163.06
91	260.77	260.88	214.70	78.60	135.18	166.41
92	266.02	266.13	219.02	80.18	137.90	169.76
93	270.93	271.04	223.07	81.66	140.45	172.89
94	275.96	276.07	227.20	83.17	143.05	176.10
95	281.09	281.21	231.43	84.73	145.71	179.38
96	285.78	285.89	235.28	86.14	148.14	182.36
97	290.57	290.69	239.23	87.58	150.63	185.42
98	295.37	295.49	243.18	89.03	153.11	188.48
99+	300.39	300.51	247.32	90.54	155.72	191.69

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	137.37	137.48	113.10	41.25	71.11	87.63
66	137.37	137.48	113.10	41.25	71.11	87.63
67	137.37	137.48	113.10	41.25	71.11	87.63
68	137.37	137.48	113.10	41.25	71.11	87.63
69	140.12	140.23	115.36	42.07	72.53	89.38
70	144.33	144.44	118.82	43.34	74.71	92.06
71	149.85	149.97	123.37	45.00	77.57	95.58
72	155.26	155.38	127.83	46.62	80.37	99.03
73	160.67	160.79	132.28	48.24	83.17	102.48
74	166.08	166.21	136.73	49.87	85.97	105.93
75	171.49	171.62	141.18	51.49	88.77	109.38
76	177.25	177.39	145.93	53.22	91.76	113.06
77	184.34	184.49	151.77	55.35	95.43	117.58
78	191.67	191.82	157.80	57.55	99.22	122.26
79	197.32	197.48	162.45	59.25	102.14	125.86
80	203.33	203.49	167.40	61.05	105.25	129.69
81	209.34	209.50	172.34	62.86	108.36	133.53
82	215.59	215.76	177.49	64.73	111.60	137.51
83	222.08	222.25	182.83	66.68	114.96	141.65
84	228.57	228.74	188.17	68.63	118.32	145.79
85	235.18	235.36	193.62	70.62	121.74	150.01
86	241.79	241.97	199.06	72.60	125.16	154.23
87	248.52	248.71	204.60	74.62	128.64	158.52
88	255.37	255.57	210.24	76.68	132.19	162.89
89	262.22	262.42	215.88	78.73	135.73	167.26
90	268.95	269.15	221.42	80.76	139.22	171.55
91	274.47	274.69	225.97	82.42	142.08	175.07
92	280.00	280.22	230.52	84.07	144.94	178.60
93	285.17	285.39	234.77	85.63	147.62	181.90
94	290.46	290.68	239.13	87.21	150.35	185.27
95	295.86	296.09	243.58	88.84	153.15	188.72
96	300.79	301.02	247.64	90.32	155.70	191.86
97	305.84	306.08	251.79	91.83	158.32	195.08
98	310.89	311.13	255.95	93.35	160.93	198.30
99+	316.17	316.42	260.30	94.94	163.67	201.67

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

# ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

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

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	149.74	149.86	123.28	44.96	77.51	95.51
66	149.74	149.86	123.28	44.96	77.51	95.51
67	149.74	149.86	123.28	44.96	77.51	95.51
68	149.74	149.86	123.28	44.96	77.51	95.51
69	152.73	152.85	125.74	45.86	79.06	97.42
70	157.32	157.44	129.52	47.24	81.43	100.34
71	163.34	163.47	134.48	49.05	84.55	104.19
72	169.24	169.37	139.33	50.82	87.61	107.95
73	175.13	175.27	144.18	52.59	90.66	111.71
74	181.03	181.16	149.03	54.36	93.71	115.47
75	186.92	187.07	153.89	56.13	96.76	119.23
76	193.21	193.36	159.06	58.01	100.01	123.24
77	200.93	201.09	165.43	60.34	104.01	128.17
78	208.93	209.09	172.00	62.73	108.15	133.26
79	215.08	215.25	177.07	64.58	111.34	137.19
80	221.63	221.80	182.46	66.55	114.73	141.37
81	228.18	228.36	187.86	68.52	118.12	145.54
82	234.99	235.17	193.46	70.56	121.64	149.89
83	242.07	242.25	199.29	72.68	125.30	154.40
84	249.14	249.33	205.11	74.81	128.97	158.92
85	256.34	256.54	211.04	76.97	132.69	163.51
86	263.55	263.75	216.97	79.13	136.42	168.11
87	270.88	271.09	223.01	81.34	140.22	172.78
88	278.35	278.57	229.16	83.58	144.09	177.55
89	285.82	286.04	235.31	85.82	147.95	182.31
90	293.15	293.38	241.34	88.02	151.75	186.99
91	299.18	299.41	246.30	89.83	154.87	190.83
92	305.20	305.44	251.27	91.64	157.99	194.67
93	310.83	311.08	255.90	93.33	160.90	198.27
94	316.60	316.84	260.65	95.06	163.89	201.94
95	322.49	322.74	265.50	96.83	166.94	205.70
96	327.86	328.12	269.92	98.45	169.72	209.13
97	333.36	333.62	274.45	100.10	172.56	212.64
98	338.87	339.13	278.98	101.75	175.41	216.15
99+	344.63	344.90	283.73	103.48	178.40	219.82

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	151.08	151.22	124.35	45.29	78.17	96.29
66	151.08	151.22	124.35	45.29	78.17	96.29
67	151.08	151.22	124.35	45.29	78.17	96.29
68	151.08	151.22	124.35	45.29	78.17	96.29
69	154.10	154.24	126.84	46.20	79.74	98.22
70	158.72	158.87	130.65	47.58	82.13	101.16
71	164.80	164.95	135.65	49.40	85.27	105.04
72	170.75	170.91	140.55	51.19	88.35	108.83
73	176.69	176.86	145.44	52.97	91.43	112.62
74	182.64	182.81	150.34	54.75	94.50	116.41
75	188.59	188.76	155.23	56.54	97.58	120.20
76	194.93	195.11	160.45	58.44	100.86	124.24
77	202.73	202.92	166.87	60.78	104.90	129.21
78	210.79	210.99	173.50	63.19	109.07	134.35
79	217.00	217.20	178.62	65.05	112.28	138.31
80	223.61	223.82	184.06	67.04	115.70	142.52
81	230.22	230.43	189.50	69.02	119.12	146.73
82	237.09	237.31	195.15	71.08	122.68	151.11
83	244.22	244.45	201.03	73.22	126.37	155.66
84	251.36	251.60	206.90	75.36	130.06	160.21
85	258.63	258.87	212.89	77.54	133.82	164.84
86	265.90	266.15	218.87	79.71	137.58	169.47
87	273.30	273.55	224.96	81.93	141.41	174.19
88	280.83	281.09	231.16	84.19	145.31	178.99
89	288.36	288.63	237.36	86.45	149.21	183.79
90	295.77	296.04	243.45	88.67	153.04	188.51
91	301.85	302.13	248.46	90.49	156.18	192.38
92	307.92	308.21	253.46	92.31	159.33	196.26
93	313.61	313.90	258.14	94.02	162.27	199.88
94	319.42	319.72	262.92	95.76	165.28	203.59
95	325.37	325.67	267.82	97.54	168.36	207.38
96	330.79	331.09	272.28	99.17	171.16	210.83
97	336.34	336.65	276.85	100.83	174.03	214.37
98	341.89	342.21	281.42	102.49	176.91	217.91
99+	347.70	348.03	286.20	104.24	179.91	221.61

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	164.67	164.83	135.54	49.37	85.21	104.96
66	164.67	164.83	135.54	49.37	85.21	104.96
67	164.67	164.83	135.54	49.37	85.21	104.96
68	164.67	164.83	135.54	49.37	85.21	104.96
69	167.97	168.12	138.26	50.35	86.91	107.05
70	173.00	173.17	142.40	51.87	89.52	110.27
71	179.63	179.80	147.86	53.85	92.95	114.49
72	186.11	186.29	153.20	55.80	96.30	118.62
73	192.60	192.78	158.53	57.74	99.66	122.75
74	199.08	199.26	163.87	59.68	103.01	126.89
75	205.56	205.75	169.20	61.63	106.36	131.02
76	212.47	212.67	174.89	63.70	109.94	135.42
77	220.97	221.18	181.89	66.25	114.34	140.84
78	229.76	229.98	189.12	68.88	118.89	146.44
79	236.53	236.75	194.69	70.91	122.39	150.75
80	243.73	243.96	200.62	73.07	126.12	155.35
81	250.94	251.17	206.55	75.23	129.84	159.94
82	258.43	258.67	212.72	77.47	133.72	164.71
83	266.20	266.45	219.12	79.81	137.74	169.67
84	273.98	274.24	225.52	82.14	141.77	174.63
85	281.91	282.17	232.04	84.51	145.87	179.68
86	289.83	290.10	238.57	86.89	149.97	184.73
87	297.90	298.18	245.20	89.31	154.14	189.87
88	306.11	306.39	251.96	91.77	158.39	195.10
89	314.32	314.61	258.72	94.23	162.64	200.33
90	322.39	322.69	265.36	96.65	166.81	205.48
91	329.01	329.32	270.82	98.63	170.24	209.70
92	335.64	335.95	276.27	100.62	173.67	213.92
93	341.83	342.15	281.37	102.48	176.88	217.87
94	348.17	348.49	286.59	104.38	180.16	221.91
95	354.65	354.98	291.92	106.32	183.51	226.04
96	360.56	360.89	296.78	108.09	186.56	229.80
97	366.61	366.95	301.76	109.91	189.70	233.66
98	372.66	373.00	306.74	111.72	192.83	237.52
99+	379.00	379.35	311.96	113.62	196.11	241.56

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	173.39	173.60	142.71	51.82	89.61	110.47
66	173.39	173.60	142.71	51.82	89.61	110.47
67	173.39	173.60	142.71	51.82	89.61	110.47
68	173.39	173.60	142.71	51.82	89.61	110.47
69	176.86	177.07	145.57	52.85	91.41	112.68
70	182.16	182.38	149.93	54.44	94.15	116.06
71	189.14	189.37	155.68	56.53	97.75	120.50
72	195.96	196.20	161.30	58.57	101.28	124.85
73	202.79	203.04	166.91	60.61	104.81	129.20
74	209.61	209.87	172.53	62.65	108.34	133.55
75	216.44	216.70	178.15	64.69	111.86	137.90
76	223.72	224.00	184.14	66.86	115.63	142.54
77	232.67	232.95	191.51	69.54	120.25	148.24
78	241.92	242.22	199.12	72.30	125.03	154.13
79	249.05	249.36	204.99	74.43	128.72	158.68
80	256.63	256.95	211.23	76.70	132.64	163.51
81	264.22	264.54	217.47	78.97	136.56	168.34
82	272.10	272.44	223.96	81.32	140.63	173.36
83	280.29	280.64	230.71	83.77	144.87	178.58
84	288.48	288.84	237.45	86.22	149.10	183.80
85	296.83	297.19	244.31	88.71	153.41	189.12
86	305.17	305.54	251.18	91.20	157.72	194.43
87	313.66	314.05	258.17	93.74	162.11	199.84
88	322.31	322.71	265.29	96.33	166.58	205.35
89	330.95	331.36	272.40	98.91	171.05	210.86
90	339.45	339.86	279.39	101.45	175.44	216.27
91	346.42	346.85	285.14	103.53	179.05	220.71
92	353.40	353.84	290.88	105.62	182.65	225.16
93	359.92	360.37	296.25	107.57	186.02	229.32
94	366.60	367.05	301.74	109.56	189.47	233.57
95	373.42	373.88	307.36	111.60	193.00	237.92
96	379.64	380.11	312.48	113.46	196.21	241.88
97	386.01	386.48	317.72	115.37	199.50	245.94
98	392.38	392.86	322.96	117.27	202.80	250.00
99+	399.06	399.55	328.46	119.26	206.25	254.25

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

## NEW MEXICO – MONTHLY CREDIT CARD RATES – EFFECTIVE 11-01-2023

### STANDARD – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	188.99	189.22	155.56	56.48	97.68	120.41
66	188.99	189.22	155.56	56.48	97.68	120.41
67	188.99	189.22	155.56	56.48	97.68	120.41
68	188.99	189.22	155.56	56.48	97.68	120.41
69	192.77	193.01	158.67	57.61	99.63	122.82
70	198.56	198.80	163.43	59.34	102.62	126.50
71	206.16	206.42	169.69	61.61	106.55	131.35
72	213.60	213.86	175.81	63.84	110.40	136.09
73	221.04	221.31	181.93	66.06	114.24	140.83
74	228.48	228.76	188.06	68.28	118.09	145.57
75	235.92	236.21	194.18	70.51	121.93	150.31
76	243.85	244.16	200.71	72.88	126.03	155.37
77	253.61	253.92	208.74	75.80	131.07	161.58
78	263.69	264.02	217.04	78.81	136.29	168.00
79	271.46	271.80	223.44	81.13	140.30	172.96
80	279.73	280.07	230.24	83.60	144.58	178.22
81	288.00	288.35	237.05	86.07	148.85	183.49
82	296.59	296.96	244.12	88.64	153.29	188.97
83	305.52	305.90	251.47	91.31	157.90	194.66
84	314.45	314.83	258.82	93.98	162.52	200.34
85	323.54	323.94	266.30	96.70	167.22	206.14
86	332.63	333.04	273.79	99.41	171.92	211.93
87	341.89	342.31	281.41	102.18	176.70	217.83
88	351.32	351.75	289.16	105.00	181.57	223.83
89	360.74	361.18	296.92	107.81	186.44	229.84
90	370.00	370.45	304.54	110.58	191.23	235.74
91	377.60	378.06	310.80	112.85	195.16	240.58
92	385.21	385.68	317.06	115.13	199.09	245.43
93	392.32	392.80	322.91	117.25	202.76	249.95
94	399.59	400.08	328.90	119.42	206.52	254.59
95	407.03	407.53	335.02	121.65	210.37	259.33
96	413.81	414.32	340.60	123.67	213.87	263.65
97	420.75	421.27	346.32	125.75	217.46	268.07
98	427.69	428.22	352.03	127.82	221.05	272.50
99+	434.97	435.50	358.02	130.00	224.81	277.13

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
87001	Algodones	1	87053	San Ysidro	1	87185	Albuquerque	2
87002	Belen	1	87056	Stanley	1	87187	Albuquerque	2
87004	Bernalillo	1	87059	Tijeras	1	87190	Albuquerque	2
87005	Bluewater	2	87060	Tome	1	87191	Albuquerque	2
87006	Bosque	2	87061	Torreon	1	87192	Albuquerque	2
87007	Casa Blanca	1	87062	Veguita	2	87193	Albuquerque	2
87008	Cedar Crest	1	87063	Willard	1	87194	Albuquerque	2
87009	Cedarvale	1	87064	Youngsville	1	87195	Albuquerque	2
87010	Cerrillos	1	87068	Bosque Farms	1	87196	Albuquerque	2
87011	Claunch	2	87070	Clines Corners	1	87197	Albuquerque	2
87012	Coyote	1	87072	Cochiti Pueblo	1	87198	Albuquerque	2
87013	Cuba	1	87083	Cochiti Lake	1	87199	Albuquerque	2
87014	Cubero	1	87101	Albuquerque	2	87301	Gallup	1
87015	Edgewood	1	87102	Albuquerque	2	87302	Gallup	1
87016	Estancia	1	87103	Albuquerque	2	87305	Gallup	1
87017	Gallina	1	87104	Albuquerque	2	87310	Brimhall	1
87018	Counselor	1	87105	Albuquerque	2	87311	Church Rock	1
87020	Grants	2	87106	Albuquerque	2	87312	Continental Divide	1
87021	Milan	2	87107	Albuquerque	2	87313	Crownpoint	1
87022	Isleta	1	87108	Albuquerque	2	87315	Fence Lake	1
87023	Jarales	1	87109	Albuquerque	2	87316	Fort Wingate	1
87024	Jemez Pueblo	1	87110	Albuquerque	2	87317	Gamero	1
87025	Jemez Springs	1	87111	Albuquerque	2	87319	Mentmore	1
87026	Laguna	1	87112	Albuquerque	2	87320	Mexican Springs	1
87027	La Jara	1	87113	Albuquerque	2	87321	Ramah	1
87028	La Joya	2	87114	Albuquerque	2	87322	Rehoboth	1
87029	Lindrith	1	87115	Albuquerque	2	87323	Thoreau	1
87031	Los Lunas	1	87116	Albuquerque	2	87325	Tohatchi	1
87032	Mcintosh	1	87117	Kirtland AFB	2	87326	Vanderwagen	1
87034	Pueblo Of Acoma	1	87119	Albuquerque	2	87327	Zuni	1
87035	Moriarty	1	87120	Albuquerque	2	87328	Navajo	1
87036	Mountainair	1	87121	Albuquerque	2	87347	Jamestown	1
87037	Nageezi	1	87122	Albuquerque	2	87357	Pinehill	1
87038	New Laguna	1	87123	Albuquerque	2	87364	Sheep Springs	1
87040	Paguate	1	87124	Rio Rancho	2	87365	Smith Lake	1
87041	Pena Blanca	1	87125	Albuquerque	2	87375	Yatahey	1
87042	Peralta	1	87131	Albuquerque	2	87401	Farmington	1
87043	Placitas	1	87144	Rio Rancho	2	87402	Farmington	1
87044	Ponderosa	1	87151	Albuquerque	2	87410	Aztec	1
87045	Prewitt	2	87153	Albuquerque	2	87412	Blanco	1
87046	Regina	1	87154	Albuquerque	2	87413	Bloomfield	1
87047	Sandia Park	1	87158	Albuquerque	2	87415	Flora Vista	1
87048	Corrales	1	87174	Rio Rancho	2	87416	Fruitland	1
87049	San Fidel	1	87176	Albuquerque	2	87417	Kirtland	1
87051	San Rafael	2	87181	Albuquerque	2	87418	La Plata	1
87052	Santo Domingo Pueblo	1	87184	Albuquerque	2	87419	Navajo Dam	1

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

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
87420	Shiprock	1	87548	Medanales	1	87732	Mora	1
87421	Waterflow	1	87549	Ojo Caliente	1	87733	Mosquero	2
87455	Newcomb	1	87551	Los Ojos	2	87734	Ocate	1
87461	Sanostee	1	87552	Pecos	1	87735	Ojo Feliz	1
87499	Farmington	1	87553	Penasco	2	87736	Rainsville	1
87501	Santa Fe	1	87554	Petaca	2	87740	Raton	2
87502	Santa Fe	1	87556	Questa	2	87742	Rociada	1
87503	Santa Fe	1	87557	Ranchos De Taos	2	87743	Roy	2
87504	Santa Fe	1	87558	Red River	2	87745	Sapello	1
87505	Santa Fe	1	87560	Ribera	1	87746	Solano	2
87506	Santa Fe	1	87562	Rowe	1	87747	Springer	2
87507	Santa Fe	1	87564	San Cristobal	2	87749	Ute Park	2
87508	Santa Fe	1	87565	San Jose	1	87750	Valmora	1
87509	Santa Fe	1	87566	Ohkay Owingeh	1	87752	Wagon Mound	1
87510	Abiquiu	1	87567	Santa Cruz	1	87753	Watrous	1
87511	Alcalde	1	87569	Serafina	1	87801	Socorro	2
87512	Amalia	1	87571	Taos	2	87820	Aragon	2
87513	Arroyo Hondo	2	87573	Tererro	1	87821	Datil	2
87514	Arroyo Seco	2	87574	Tesuque	1	87823	Lemitar	2
87515	Canjilon	1	87575	Tierra Amarilla	2	87824	Luna	2
87516	Canones	1	87576	Trampas	1	87825	Magdalena	2
87517	Carson	2	87577	Tres Piedras	2	87827	Pie Town	1
87518	Cebolla	1	87578	Truchas	1	87828	Polvadera	2
87519	Cerro	2	87579	Vadito	2	87829	Quemado	2
87520	Chama	2	87580	Valdez	2	87830	Reserve	2
87521	Chamisal	1	87581	Vallecitos	2	87831	San Acacia	2
87522	Chimayo	1	87582	Velarde	1	87832	San Antonio	2
87523	Cordova	1	87583	Villanueva	1	87901	Truth Or Consequences	2
87524	Costilla	2	87592	Santa Fe	1	87930	Arrey	2
87525	Taos Ski Valley	2	87594	Santa Fe	1	87931	Caballo	2
87527	Dixon	1	87654	Spaceport City	2	87933	Derry	2
87528	Dulce	2	87701	Las Vegas	1	87935	Elephant Butte	2
87529	El Prado	2	87710	Angel Fire	2	87936	Garfield	2
87530	El Rito	1	87711	Anton Chico	1	87937	Hatch	1
87531	Embudo	1	87712	Buena Vista	1	87939	Monticello	2
87532	Espanola	1	87713	Chacon	2	87940	Rincon	1
87533	Espanola	1	87714	Cimarron	2	87941	Salem	2
87535	Glorieta	1	87715	Cleveland	1	87942	Williamsburg	2
87537	Hernandez	1	87718	Eagle Nest	2	87943	Winston	2
87538	Ilfeld	1	87722	Guadalupita	2	88001	Las Cruces	1
87539	La Madera	1	87723	Holman	1	88002	White Sands Missile Range	1
87540	Lamy	1	87724	La Loma	1	88003	Las Cruces	1
87543	Llano	2	87728	Maxwell	2	88004	Las Cruces	1
87544	Los Alamos	1	87729	Miami	2	88005	Las Cruces	1
87545	Los Alamos	1	87730	Mills	2	88006	Las Cruces	1
87547	White Rock	1	87731	Montezuma	1	88007	Las Cruces	1

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Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
88008	Santa Teresa	1	88101	Clovis	1	88263	Malaga	1
88009	Playas	2	88102	Clovis	1	88264	Maljamar	2
88011	Las Cruces	1	88103	Cannon AFB	1	88265	Monument	1
88012	Las Cruces	1	88112	Broadview	1	88267	Tatum	2
88013	Las Cruces	1	88113	Causey	2	88268	Whites City	1
88020	Animas	2	88114	Crossroads	2	88301	Carrizozo	2
88021	Anthony	1	88115	Dora	1	88310	Alamogordo	1
88022	Arenas Valley	2	88116	Elida	1	88311	Alamogordo	1
88023	Bayard	2	88118	Floyd	1	88312	Alto	2
88024	Berino	1	88119	Fort Sumner	1	88314	Bent	1
88025	Buckhorn	2	88120	Grady	1	88316	Capitan	2
88026	Santa Clara	2	88121	House	1	88317	Cloudcroft	1
88027	Chamberino	1	88122	Kenna	1	88318	Corona	2
88028	Cliff	2	88123	Lingo	2	88321	Encino	1
88029	Columbus	2	88124	Melrose	1	88323	Fort Stanton	2
88030	Deming	2	88125	Milnesand	2	88324	Glencoe	2
88031	Deming	2	88126	Pep	1	88325	High Rolls Mountain Park	1
88032	Dona Ana	1	88130	Portales	1	88330	Holloman Air Force Base	1
88033	Fairacres	1	88132	Rogers	1	88336	Hondo	2
88034	Faywood	2	88133	Saint Vrain	1	88337	La Luz	1
88036	Fort Bayard	2	88134	Taiban	1	88338	Lincoln	2
88038	Gila	2	88135	Texico	1	88339	Mayhill	1
88039	Glenwood	2	88136	Yeso	1	88340	Mescalero	1
88040	Hachita	2	88201	Roswell	1	88341	Nogal	2
88041	Hanover	2	88202	Roswell	1	88342	Orogrande	1
88042	Hillsboro	2	88203	Roswell	1	88343	Picacho	2
88043	Hurley	2	88210	Artesia	1	88344	Pinon	1
88044	La Mesa	1	88211	Artesia	1	88345	Ruidoso	2
88045	Lordsburg	2	88213	Caprock	2	88346	Ruidoso Downs	2
88046	Mesilla	1	88220	Carlsbad	1	88347	Sacramento	1
88047	Mesilla Park	1	88221	Carlsbad	1	88348	San Patricio	2
88048	Mesquite	1	88230	Dexter	1	88349	Sunspot	1
88049	Mimbres	2	88231	Eunice	1	88350	Timberon	1
88051	Mule Creek	1	88232	Hagerman	1	88351	Tinnie	2
88052	Organ	1	88240	Hobbs	1	88352	Tularosa	1
88053	Pinos Altos	2	88241	Hobbs	1	88353	Vaughn	1
88054	Radium Springs	1	88242	Hobbs	1	88354	Weed	1
88055	Redrock	2	88244	Hobbs	1	88355	Ruidoso	1
88056	Rodeo	2	88250	Hope	1	88401	Tucumcari	2
88058	San Miguel	1	88252	Jal	2	88410	Amistad	2
88061	Silver City	2	88253	Lake Arthur	1	88411	Bard	2
88062	Silver City	2	88254	Lakewood	1	88414	Capulin	2
88063	Sunland Park	1	88255	Loco Hills	1	88415	Clayton	2
88065	Tyrone	2	88256	Loving	1	88416	Conchas Dam	2
88072	Vado	1	88260	Lovington	2	88417	Cuervo	1
88081	Chaparral	1	88262	Mcdonald	2	88418	Des Moines	2



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

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

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

## PLAN A

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

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

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

### PARTS A & B

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

## PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN F

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

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

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

### PARTS A & B

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

### OTHER BENEFITS NOT COVERED BY MEDICARE

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



## PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN G

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

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

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

### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[240] (Unless Part B deductible has been met) \$0
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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 [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] All but \$[408] a day  All but \$[816] a day  \$0  \$0	\$[1,632] (Part A deductible) \$[408] a day  \$[816] a day  100% of Medicare-eligible expenses \$0	\$0 \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## HIGH DEDUCTIBLE PLAN G

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

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

\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [\$2,800] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [\$2,800]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,800] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,800] DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$[240] (Unless Part B deductible has been met) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

#### PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment First \$[240] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[240] (Unless Part B deductible has been met) \$0
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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
<b>FOREIGN TRAVEL– NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	   \$0 \$0	   \$0 80% to a lifetime maximum of \$50,000	   \$250 20% and amounts over the \$50,000 lifetime maximum

## PLAN K

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[7,060] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION**</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days  61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days  - Beyond the additional 365 days	All but \$[1,632]  All but \$[408] a day  All but \$[816] a day  \$0  \$0	\$[816] (50% of Part A deductible) \$[408] a day  \$[816] a day  100% of Medicare-eligible expenses \$0	\$[816] (50% of Part A deductible)♦ \$0  \$0  \$0***  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day  101st day and after	All approved amounts All but \$[204] a day  \$0	\$0 Up to \$[100] a day (50% of Part A deductible) \$0	\$0 Up to \$[100] a day (50% of Part A deductible)♦ All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

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



## PLAN K

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

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

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

#### PARTS A & B

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

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[7,060] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

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

## PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after - While using 60 lifetime reserve days - Once lifetime reserve days are used - Additional 365 days - Beyond the additional 365 days	All but \$[1,632] All but \$[408] a day All but \$[816] a day \$0 \$0	\$[1,632] (Part A deductible) \$[408] a day \$[816] a day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$[204] a day \$0	\$0 Up to \$[204] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

## PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[240] (Part B deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The co-payment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>PART B EXCESS CHARGES</b> (above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[240] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[240] (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

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

PLAN N

OTHER BENEFITS NOT COVERED BY MEDICARE

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