

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. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plan C, Plan F, or High Deductible F.

In Colorado, it is a requirement that all plans offered by Atlantic Capital Life Assurance Company are available to under age 65 Medicare qualified individuals.

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	205.42	196.30	165.93	62.54	96.41	121.43
65	136.95	130.87	110.62	41.69	64.27	80.96
66	136.95	130.87	110.62	41.69	64.27	80.96
67	136.95	130.87	110.62	41.69	64.27	80.96
68	136.95	130.87	110.62	41.69	64.27	80.96
69	139.69	133.49	112.84	42.53	65.56	82.58
70	143.88	137.49	116.22	43.80	67.52	85.05
71	149.39	142.75	120.67	45.48	70.11	88.31
72	154.78	147.90	125.03	47.12	72.64	91.50
73	160.17	153.06	129.38	48.76	75.17	94.68
74	165.56	158.21	133.74	50.41	77.70	97.87
75	170.95	163.36	138.09	52.05	80.23	101.06
76	176.70	168.86	142.73	53.80	82.93	104.46
77	183.77	175.61	148.44	55.95	86.25	108.63
78	191.08	182.59	154.35	58.17	89.68	112.96
79	196.71	187.97	158.90	59.89	92.32	116.28
80	202.70	193.70	163.73	61.71	95.13	119.82
81	208.69	199.42	168.57	63.54	97.94	123.37
82	214.92	205.38	173.60	65.43	100.87	127.05
83	221.38	211.56	178.83	67.40	103.90	130.87
84	227.85	217.74	184.06	69.37	106.94	134.70
85	234.44	224.04	189.38	71.38	110.03	138.59
86	241.03	230.33	194.70	73.38	113.12	142.49
87	247.74	236.74	200.12	75.43	116.27	146.45
88	254.57	243.27	205.63	77.50	119.48	150.49
89	261.40	249.79	211.15	79.58	122.68	154.53
90	268.11	256.20	216.57	81.63	125.83	158.49
91	273.62	261.47	221.02	83.31	128.42	161.75
92	279.13	266.73	225.47	84.98	131.00	165.01
93	284.28	271.66	229.63	86.55	133.42	168.05
94	289.55	276.69	233.89	88.16	135.89	171.17
95	294.94	281.84	238.25	89.80	138.42	174.35
96	299.85	286.54	242.21	91.29	140.73	177.26
97	304.88	291.35	246.28	92.82	143.09	180.23
98	309.91	296.16	250.34	94.35	145.45	183.21
99+	315.19	301.19	254.60	95.96	147.93	186.32

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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COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	225.96	215.93	182.53	68.80	106.05	133.58
65	150.64	143.96	121.68	45.86	70.70	89.05
66	150.64	143.96	121.68	45.86	70.70	89.05
67	150.64	143.96	121.68	45.86	70.70	89.05
68	150.64	143.96	121.68	45.86	70.70	89.05
69	153.66	146.83	124.12	46.78	72.11	90.83
70	158.26	151.24	127.84	48.18	74.28	93.56
71	164.33	157.03	132.74	50.03	77.12	97.14
72	170.26	162.70	137.53	51.84	79.91	100.65
73	176.19	168.36	142.32	53.64	82.69	104.15
74	182.12	174.03	147.11	55.45	85.47	107.66
75	188.05	179.70	151.90	57.25	88.25	111.16
76	194.37	185.74	157.01	59.18	91.22	114.90
77	202.15	193.17	163.29	61.55	94.87	119.50
78	210.18	200.85	169.78	63.99	98.64	124.25
79	216.38	206.77	174.79	65.88	101.55	127.91
80	222.96	213.07	180.11	67.88	104.64	131.81
81	229.55	219.36	185.43	69.89	107.74	135.70
82	236.41	225.91	190.96	71.98	110.95	139.75
83	243.52	232.71	196.71	74.14	114.29	143.96
84	250.64	239.51	202.46	76.31	117.63	148.17
85	257.89	246.44	208.32	78.52	121.03	152.45
86	265.13	253.36	214.17	80.72	124.43	156.74
87	272.51	260.42	220.13	82.97	127.90	161.10
88	280.02	267.59	226.20	85.25	131.42	165.54
89	287.54	274.77	232.27	87.54	134.95	169.98
90	294.92	281.82	238.23	89.79	138.41	174.34
91	300.98	287.62	243.12	91.64	141.26	177.92
92	307.04	293.41	248.02	93.48	144.10	181.51
93	312.70	298.82	252.60	95.21	146.76	184.86
94	318.50	304.36	257.28	96.97	149.48	188.28
95	324.43	310.03	262.07	98.78	152.26	191.79
96	329.84	315.19	266.44	100.42	154.80	194.98
97	335.37	320.48	270.90	102.11	157.40	198.26
98	340.90	325.77	275.37	103.79	160.00	201.53
99+	346.70	331.31	280.06	105.56	162.72	204.95

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

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

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COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024**PREFERRED NON-TOBACCO – MALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	235.80	225.38	190.46	71.61	110.54	139.33
65	157.20	150.25	126.98	47.74	73.69	92.89
66	157.20	150.25	126.98	47.74	73.69	92.89
67	157.20	150.25	126.98	47.74	73.69	92.89
68	157.20	150.25	126.98	47.74	73.69	92.89
69	160.35	153.26	129.51	48.70	75.17	94.74
70	165.16	157.86	133.40	50.16	77.42	97.59
71	171.48	163.90	138.51	52.08	80.39	101.32
72	177.67	169.82	143.51	53.96	83.29	104.98
73	183.86	175.73	148.51	55.84	86.19	108.64
74	190.05	181.65	153.50	57.72	89.09	112.29
75	196.24	187.56	158.50	59.60	91.99	115.95
76	202.84	193.87	163.83	61.60	95.09	119.85
77	210.95	201.62	170.39	64.07	98.89	124.64
78	219.34	209.64	177.17	66.61	102.82	129.60
79	225.80	215.82	182.39	68.58	105.85	133.42
80	232.68	222.39	187.94	70.66	109.08	137.48
81	239.55	228.96	193.49	72.75	112.30	141.54
82	246.71	235.80	199.27	74.92	115.65	145.77
83	254.13	242.90	205.26	77.18	119.13	150.16
84	261.56	249.99	211.26	79.44	122.62	154.54
85	269.12	257.22	217.37	81.73	126.16	159.01
86	276.68	264.45	223.48	84.03	129.71	163.48
87	284.38	271.81	229.70	86.37	133.32	168.03
88	292.22	279.30	236.03	88.75	136.99	172.67
89	300.06	286.80	242.36	91.13	140.67	177.29
90	307.76	294.16	248.58	93.47	144.28	181.85
91	314.09	300.20	253.69	95.39	147.24	185.58
92	320.41	306.25	258.80	97.31	150.21	189.32
93	326.33	311.90	263.58	99.11	152.98	192.82
94	332.38	317.68	268.47	100.94	155.81	196.39
95	338.56	323.60	273.47	102.82	158.72	200.05
96	344.20	328.99	278.02	104.53	161.36	203.38
97	349.98	334.51	282.68	106.29	164.07	206.79
98	355.75	340.03	287.35	108.04	166.77	210.20
99+	361.80	345.81	292.23	109.88	169.61	213.78

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

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COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	259.39	247.92	209.51	78.77	121.60	153.26
65	172.92	165.28	139.67	52.52	81.06	102.18
66	172.92	165.28	139.67	52.52	81.06	102.18
67	172.92	165.28	139.67	52.52	81.06	102.18
68	172.92	165.28	139.67	52.52	81.06	102.18
69	176.38	168.58	142.47	53.57	82.69	104.22
70	181.67	173.64	146.74	55.17	85.17	107.34
71	188.63	180.29	152.36	57.29	88.43	111.45
72	195.44	186.80	157.86	59.36	91.62	115.48
73	202.25	193.31	163.36	61.42	94.81	119.50
74	209.05	199.81	168.85	63.49	98.00	123.52
75	215.86	206.32	174.35	65.56	101.19	127.54
76	223.12	213.26	180.22	67.76	104.59	131.84
77	232.04	221.79	187.43	70.47	108.78	137.11
78	241.27	230.61	194.88	73.27	113.11	142.56
79	248.38	237.40	200.62	75.43	116.44	146.76
80	255.95	244.63	206.73	77.73	119.98	151.23
81	263.51	251.86	212.84	80.03	123.53	155.70
82	271.38	259.38	219.19	82.42	127.22	160.35
83	279.54	267.19	225.79	84.90	131.05	165.17
84	287.71	274.99	232.39	87.38	134.88	170.00
85	296.03	282.95	239.11	89.90	138.78	174.91
86	304.35	290.90	245.83	92.43	142.68	179.83
87	312.82	299.00	252.67	95.00	146.65	184.84
88	321.44	307.23	259.64	97.62	150.69	189.93
89	330.07	315.48	266.60	100.24	154.73	195.02
90	338.54	323.57	273.44	102.82	158.70	200.03
91	345.50	330.22	279.06	104.93	161.97	204.14
92	352.45	336.88	284.68	107.04	165.23	208.25
93	358.96	343.09	289.94	109.02	168.28	212.10
94	365.62	349.45	295.31	111.04	171.40	216.03
95	372.42	355.96	300.81	113.10	174.59	220.05
96	378.62	361.89	305.82	114.99	177.49	223.72
97	384.98	367.96	310.95	116.92	180.47	227.47
98	391.33	374.03	316.08	118.85	183.45	231.22
99+	397.98	380.39	321.46	120.87	186.57	235.16

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COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024**STANDARD – FEMALE – AREA 1**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	172.92	165.30	139.65	52.45	81.02	102.11
66	172.92	165.30	139.65	52.45	81.02	102.11
67	172.92	165.30	139.65	52.45	81.02	102.11
68	172.92	165.30	139.65	52.45	81.02	102.11
69	176.37	168.60	142.44	53.50	82.64	104.15
70	181.67	173.66	146.71	55.10	85.12	107.27
71	188.62	180.31	152.33	57.22	88.38	111.38
72	195.43	186.82	157.83	59.28	91.57	115.40
73	202.24	193.33	163.33	61.35	94.75	119.42
74	209.04	199.83	168.82	63.41	97.95	123.44
75	215.85	206.34	174.32	65.48	101.13	127.46
76	223.11	213.28	180.19	67.68	104.53	131.75
77	232.04	221.81	187.39	70.38	108.72	137.02
78	241.26	230.63	194.84	73.18	113.04	142.46
79	248.37	237.43	200.59	75.34	116.37	146.66
80	255.94	244.66	206.69	77.64	119.92	151.13
81	263.50	251.89	212.80	79.93	123.46	155.59
82	271.36	259.41	219.15	82.31	127.14	160.24
83	279.53	267.22	225.75	84.79	130.97	165.06
84	287.70	275.02	232.35	87.27	134.80	169.89
85	296.02	282.98	239.07	89.79	138.70	174.80
86	304.34	290.93	245.78	92.32	142.59	179.71
87	312.81	299.03	252.62	94.89	146.56	184.71
88	321.43	307.27	259.59	97.50	150.60	189.80
89	330.06	315.51	266.55	100.12	154.64	194.89
90	338.52	323.61	273.39	102.69	158.61	199.90
91	345.48	330.26	279.01	104.80	161.87	204.01
92	352.44	336.91	284.63	106.91	165.13	208.12
93	358.95	343.13	289.88	108.88	168.18	211.95
94	365.60	349.49	295.26	110.90	171.29	215.89
95	372.41	356.00	300.76	112.96	174.48	219.90
96	378.61	361.93	305.76	114.85	177.39	223.57
97	384.96	368.00	310.90	116.77	180.37	227.32
98	391.32	374.07	316.02	118.70	183.34	231.07
99+	397.97	380.43	321.40	120.72	186.46	235.00

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

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

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COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024

STANDARD – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	190.21	181.83	153.61	57.70	89.12	112.32
66	190.21	181.83	153.61	57.70	89.12	112.32
67	190.21	181.83	153.61	57.70	89.12	112.32
68	190.21	181.83	153.61	57.70	89.12	112.32
69	194.01	185.46	156.68	58.85	90.90	114.56
70	199.83	191.03	161.38	60.62	93.63	118.00
71	207.49	198.34	167.57	62.94	97.21	122.52
72	214.97	205.50	173.61	65.21	100.72	126.94
73	222.46	212.66	179.66	67.48	104.23	131.36
74	229.95	219.82	185.71	69.75	107.74	135.78
75	237.44	226.97	191.75	72.02	111.25	140.21
76	245.42	234.61	198.20	74.45	114.99	144.92
77	255.24	243.99	206.13	77.42	119.59	150.72
78	265.39	253.69	214.33	80.50	124.34	156.71
79	273.21	261.17	220.64	82.88	128.01	161.33
80	281.53	269.12	227.36	85.40	131.91	166.24
81	289.85	277.08	234.08	87.92	135.80	171.15
82	298.50	285.35	241.07	90.55	139.86	176.26
83	307.49	293.94	248.32	93.27	144.07	181.57
84	316.47	302.53	255.58	96.00	148.28	186.87
85	325.62	311.28	262.97	98.77	152.56	192.28
86	334.77	320.02	270.36	101.55	156.85	197.68
87	344.09	328.93	277.89	104.38	161.22	203.18
88	353.58	338.00	285.55	107.25	165.66	208.78
89	363.06	347.06	293.21	110.13	170.11	214.38
90	372.38	355.97	300.73	112.96	174.47	219.89
91	380.03	363.29	306.91	115.28	178.06	224.41
92	387.69	370.60	313.09	117.60	181.64	228.93
93	394.84	377.44	318.87	119.77	185.00	233.15
94	402.16	384.44	324.79	121.99	188.42	237.48
95	409.65	391.60	330.83	124.26	191.93	241.90
96	416.47	398.12	336.34	126.33	195.13	245.92
97	423.46	404.80	341.98	128.45	198.40	250.05
98	430.45	411.48	347.63	130.57	201.68	254.18
99+	437.77	418.48	353.54	132.79	205.11	258.50

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STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	198.54	189.82	160.33	60.10	92.94	117.19
66	198.54	189.82	160.33	60.10	92.94	117.19
67	198.54	189.82	160.33	60.10	92.94	117.19
68	198.54	189.82	160.33	60.10	92.94	117.19
69	202.51	193.62	163.54	61.31	94.80	119.54
70	208.59	199.43	168.44	63.14	97.64	123.12
71	216.58	207.07	174.90	65.56	101.38	127.84
72	224.39	214.54	181.21	67.93	105.04	132.45
73	232.21	222.01	187.52	70.30	108.70	137.07
74	240.03	229.48	193.83	72.66	112.36	141.68
75	247.84	236.96	200.14	75.03	116.01	146.29
76	256.18	244.93	206.88	77.55	119.92	151.21
77	266.42	254.73	215.15	80.65	124.71	157.26
78	277.02	264.85	223.71	83.86	129.67	163.51
79	285.18	272.66	230.30	86.33	133.49	168.33
80	293.87	280.96	237.31	88.96	137.56	173.46
81	302.55	289.27	244.32	91.59	141.62	178.58
82	311.58	297.90	251.62	94.32	145.85	183.92
83	320.96	306.87	259.19	97.16	150.24	189.45
84	330.34	315.83	266.76	100.00	154.63	194.99
85	339.89	324.97	274.48	102.89	159.10	200.62
86	349.44	334.10	282.19	105.79	163.57	206.26
87	359.17	343.40	290.05	108.73	168.13	212.01
88	369.07	352.86	298.04	111.73	172.76	217.85
89	378.97	362.33	306.04	114.72	177.39	223.69
90	388.70	371.63	313.89	117.67	181.95	229.43
91	396.69	379.26	320.34	120.09	185.69	234.15
92	404.67	386.90	326.79	122.50	189.43	238.86
93	412.14	394.04	332.83	124.77	192.92	243.27
94	419.78	401.35	339.00	127.08	196.50	247.78
95	427.60	408.82	345.31	129.45	200.16	252.40
96	434.72	415.63	351.06	131.60	203.49	256.60
97	442.02	422.61	356.95	133.81	206.91	260.91
98	449.31	429.58	362.84	136.02	210.32	265.21
99+	456.95	436.89	369.01	138.33	213.90	269.72

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

COLORADO – MONTHLY BANK DRAFT RATES – EFFECTIVE 04-16-2024**STANDARD – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	218.40	208.81	176.37	66.11	102.23	128.91
66	218.40	208.81	176.37	66.11	102.23	128.91
67	218.40	208.81	176.37	66.11	102.23	128.91
68	218.40	208.81	176.37	66.11	102.23	128.91
69	222.76	212.98	179.89	67.44	104.28	131.49
70	229.45	219.37	185.29	69.46	107.40	135.43
71	238.23	227.78	192.39	72.12	111.52	140.62
72	246.83	235.99	199.33	74.72	115.54	145.70
73	255.43	244.21	206.27	77.33	119.57	150.77
74	264.03	252.43	213.22	79.93	123.59	155.85
75	272.63	260.65	220.16	82.53	127.61	160.92
76	281.80	269.42	227.56	85.31	131.91	166.33
77	293.07	280.20	236.67	88.72	137.18	172.99
78	304.72	291.34	246.08	92.25	142.64	179.87
79	313.70	299.92	253.33	94.97	146.84	185.17
80	323.25	309.06	261.04	97.86	151.31	190.80
81	332.81	318.19	268.76	100.75	155.78	196.44
82	342.74	327.69	276.78	103.76	160.44	202.31
83	353.06	337.55	285.11	106.88	165.26	208.40
84	363.37	347.41	293.44	110.00	170.09	214.49
85	373.88	357.46	301.93	113.18	175.01	220.69
86	384.39	367.51	310.41	116.37	179.93	226.89
87	395.09	377.74	319.05	119.60	184.94	233.21
88	405.98	388.15	327.85	122.90	190.04	239.63
89	416.87	398.56	336.64	126.19	195.13	246.06
90	427.57	408.79	345.28	129.44	200.14	252.38
91	436.35	417.19	352.38	132.10	204.26	257.56
92	445.14	425.59	359.47	134.75	208.37	262.75
93	453.36	433.45	366.11	137.24	212.21	267.60
94	461.76	441.48	372.90	139.79	216.15	272.56
95	470.36	449.70	379.84	142.39	220.17	277.64
96	478.19	457.19	386.16	144.76	223.84	282.26
97	486.22	464.87	392.65	147.19	227.60	287.00
98	494.24	472.54	399.12	149.62	231.35	291.73
99+	502.65	480.57	405.91	152.16	235.29	296.69

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

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

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

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

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	211.58	202.19	170.91	64.42	99.30	125.08
65	141.06	134.79	113.94	42.95	66.20	83.38
66	141.06	134.79	113.94	42.95	66.20	83.38
67	141.06	134.79	113.94	42.95	66.20	83.38
68	141.06	134.79	113.94	42.95	66.20	83.38
69	143.88	137.49	116.22	43.80	67.53	85.05
70	148.19	141.62	119.71	45.12	69.55	87.60
71	153.87	147.04	124.29	46.85	72.21	90.96
72	159.42	152.34	128.78	48.54	74.82	94.24
73	164.97	157.65	133.26	50.23	77.43	97.52
74	170.53	162.96	137.75	51.92	80.03	100.81
75	176.08	168.26	142.23	53.61	82.64	104.09
76	182.00	173.92	147.02	55.41	85.42	107.59
77	189.28	180.88	152.90	57.63	88.83	111.89
78	196.81	188.07	158.98	59.92	92.37	116.34
79	202.61	193.61	163.66	61.69	95.09	119.77
80	208.78	199.51	168.65	63.56	97.98	123.42
81	214.95	205.40	173.63	65.44	100.88	127.07
82	221.36	211.54	178.81	67.40	103.89	130.86
83	228.03	217.90	184.20	69.42	107.02	134.80
84	234.69	224.27	189.58	71.45	110.15	138.74
85	241.48	230.76	195.06	73.52	113.33	142.75
86	248.26	237.24	200.54	75.59	116.52	146.76
87	255.17	243.84	206.12	77.69	119.76	150.85
88	262.21	250.57	211.80	79.83	123.06	155.00
89	269.24	257.29	217.49	81.97	126.36	159.16
90	276.15	263.89	223.07	84.07	129.60	163.25
91	281.82	269.31	227.65	85.80	132.27	166.60
92	287.50	274.74	232.24	87.53	134.93	169.96
93	292.81	279.81	236.52	89.15	137.42	173.09
94	298.24	285.00	240.91	90.80	139.97	176.30
95	303.79	290.30	245.39	92.49	142.57	179.58
96	308.85	295.14	249.48	94.03	144.95	182.58
97	314.03	300.09	253.67	95.61	147.38	185.64
98	319.21	305.04	257.85	97.19	149.82	188.70
99+	324.64	310.23	262.24	98.84	152.36	191.91

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

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – FEMALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	232.74	222.41	188.00	70.86	109.23	137.59
65	155.16	148.27	125.33	47.24	72.82	91.72
66	155.16	148.27	125.33	47.24	72.82	91.72
67	155.16	148.27	125.33	47.24	72.82	91.72
68	155.16	148.27	125.33	47.24	72.82	91.72
69	158.27	151.24	127.84	48.18	74.28	93.56
70	163.01	155.78	131.68	49.63	76.51	96.36
71	169.26	161.74	136.72	51.53	79.44	100.06
72	175.36	167.58	141.65	53.39	82.30	103.67
73	181.47	173.42	146.59	55.25	85.17	107.28
74	187.58	179.25	151.52	57.11	88.04	110.89
75	193.69	185.09	156.46	58.97	90.90	114.50
76	200.20	191.32	161.72	60.95	93.96	118.35
77	208.21	198.97	168.19	63.39	97.72	123.08
78	216.49	206.88	174.88	65.91	101.60	127.98
79	222.87	212.98	180.03	67.85	104.60	131.75
80	229.65	219.46	185.51	69.92	107.78	135.76
81	236.44	225.95	190.99	71.99	110.97	139.77
82	243.50	232.69	196.69	74.14	114.28	143.94
83	250.83	239.69	202.62	76.37	117.72	148.28
84	258.16	246.70	208.54	78.60	121.16	152.61
85	265.62	253.83	214.56	80.87	124.67	157.02
86	273.09	260.97	220.60	83.14	128.17	161.44
87	280.69	268.23	226.74	85.46	131.73	165.93
88	288.43	275.62	232.98	87.81	135.37	170.50
89	296.16	283.02	239.23	90.17	139.00	175.08
90	303.76	290.28	245.37	92.48	142.56	179.57
91	310.01	296.24	250.42	94.38	145.50	183.26
92	316.25	302.21	255.46	96.28	148.43	186.95
93	322.09	307.79	260.18	98.06	151.16	190.40
94	328.06	313.50	265.00	99.88	153.97	193.93
95	334.17	319.33	269.93	101.74	156.83	197.54
96	339.73	324.65	274.43	103.43	159.45	200.83
97	345.43	330.10	279.03	105.17	162.12	204.20
98	351.13	335.54	283.64	106.90	164.80	207.57
99+	357.11	341.25	288.46	108.72	167.60	211.10

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

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	242.88	232.14	196.18	73.76	113.86	143.51
65	161.92	154.76	130.79	49.17	75.91	95.67
66	161.92	154.76	130.79	49.17	75.91	95.67
67	161.92	154.76	130.79	49.17	75.91	95.67
68	161.92	154.76	130.79	49.17	75.91	95.67
69	165.16	157.86	133.40	50.16	77.42	97.59
70	170.11	162.59	137.40	51.66	79.75	100.51
71	176.63	168.82	142.67	53.64	82.80	104.36
72	183.00	174.91	147.81	55.58	85.79	108.13
73	189.38	181.01	152.96	57.51	88.78	111.90
74	195.75	187.10	158.11	59.45	91.77	115.66
75	202.12	193.19	163.26	61.38	94.75	119.43
76	208.92	199.69	168.75	63.45	97.94	123.45
77	217.28	207.67	175.50	65.99	101.86	128.38
78	225.92	215.93	182.48	68.61	105.91	133.49
79	232.58	222.30	187.86	70.63	109.03	137.42
80	239.66	229.06	193.57	72.78	112.35	141.61
81	246.74	235.83	199.29	74.94	115.67	145.79
82	254.11	242.87	205.25	77.17	119.12	150.14
83	261.75	250.18	211.42	79.50	122.71	154.66
84	269.40	257.49	217.60	81.82	126.29	159.18
85	277.19	264.94	223.89	84.18	129.94	163.78
86	284.98	272.39	230.19	86.55	133.60	168.39
87	292.92	279.97	236.59	88.96	137.32	173.07
88	300.99	287.68	243.11	91.41	141.10	177.85
89	309.06	295.40	249.64	93.86	144.89	182.61
90	317.00	302.98	256.04	96.27	148.60	187.30
91	323.51	309.21	261.30	98.25	151.66	191.15
92	330.02	315.44	266.57	100.23	154.71	195.00
93	336.12	321.26	271.49	102.08	157.57	198.60
94	342.35	327.21	276.52	103.97	160.49	202.28
95	348.72	333.31	281.67	105.91	163.48	206.05
96	354.53	338.86	286.36	107.67	166.20	209.48
97	360.48	344.54	291.16	109.48	168.99	212.99
98	366.43	350.23	295.97	111.28	171.78	216.51
99+	372.66	356.19	301.00	113.18	174.70	220.19

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

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024

PREFERRED NON-TOBACCO – MALE – AREA 2

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
0-64	267.17	255.36	215.80	81.14	125.24	157.86
65	178.11	170.24	143.86	54.09	83.50	105.24
66	178.11	170.24	143.86	54.09	83.50	105.24
67	178.11	170.24	143.86	54.09	83.50	105.24
68	178.11	170.24	143.86	54.09	83.50	105.24
69	181.67	173.64	146.74	55.17	85.17	107.35
70	187.12	178.85	151.14	56.83	87.72	110.57
71	194.29	185.70	156.93	59.01	91.08	114.80
72	201.30	192.40	162.60	61.14	94.37	118.94
73	208.31	199.11	168.26	63.26	97.65	123.09
74	215.32	205.81	173.92	65.39	100.94	127.23
75	222.33	212.51	179.58	67.52	104.23	131.37
76	229.81	219.65	185.62	69.80	107.73	135.79
77	239.01	228.44	193.05	72.59	112.04	141.22
78	248.51	237.53	200.73	75.47	116.50	146.84
79	255.83	244.53	206.64	77.70	119.93	151.16
80	263.63	251.97	212.93	80.06	123.58	155.77
81	271.42	259.42	219.22	82.43	127.24	160.37
82	279.52	267.16	225.77	84.89	131.03	165.16
83	287.93	275.20	232.56	87.45	134.98	170.13
84	296.34	283.24	239.36	90.00	138.92	175.10
85	304.91	291.43	246.28	92.60	142.94	180.16
86	313.48	299.62	253.21	95.21	146.96	185.23
87	322.21	307.97	260.25	97.85	151.05	190.38
88	331.09	316.45	267.43	100.55	155.21	195.63
89	339.97	324.94	274.60	103.25	159.37	200.87
90	348.69	333.28	281.65	105.90	163.46	206.03
91	355.86	340.13	287.43	108.08	166.82	210.27
92	363.03	346.98	293.23	110.25	170.18	214.50
93	369.73	353.39	298.64	112.29	173.32	218.46
94	376.58	359.94	304.17	114.37	176.54	222.51
95	383.59	366.64	309.84	116.50	179.83	226.65
96	389.98	372.74	315.00	118.44	182.82	230.43
97	396.53	379.00	320.28	120.43	185.89	234.29
98	403.07	385.25	325.56	122.41	188.95	238.16
99+	409.92	391.80	331.10	124.50	192.17	242.21

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

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024

STANDARD – FEMALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	178.10	170.26	143.84	54.03	83.45	105.17
66	178.10	170.26	143.84	54.03	83.45	105.17
67	178.10	170.26	143.84	54.03	83.45	105.17
68	178.10	170.26	143.84	54.03	83.45	105.17
69	181.67	173.66	146.71	55.10	85.12	107.27
70	187.12	178.87	151.11	56.76	87.67	110.49
71	194.28	185.72	156.90	58.93	91.03	114.72
72	201.29	192.42	162.57	61.06	94.31	118.86
73	208.31	199.13	168.23	63.19	97.60	123.00
74	215.32	205.83	173.89	65.31	100.88	127.14
75	222.33	212.53	179.55	67.44	104.17	131.28
76	229.81	219.68	185.59	69.71	107.67	135.70
77	239.00	228.47	193.01	72.50	111.98	141.13
78	248.50	237.55	200.69	75.38	116.43	146.74
79	255.82	244.55	206.60	77.60	119.86	151.06
80	263.62	252.00	212.89	79.96	123.51	155.66
81	271.40	259.44	219.18	82.33	127.16	160.26
82	279.51	267.19	225.73	84.78	130.96	165.05
83	287.92	275.23	232.52	87.34	134.90	170.01
84	296.33	283.27	239.32	89.89	138.84	174.98
85	304.90	291.47	246.24	92.49	142.86	180.04
86	313.47	299.66	253.16	95.09	146.87	185.10
87	322.20	308.00	260.20	97.73	150.96	190.25
88	331.08	316.49	267.38	100.43	155.12	195.50
89	339.96	324.98	274.55	103.12	159.28	200.74
90	348.68	333.32	281.60	105.77	163.37	205.89
91	355.85	340.17	287.38	107.94	166.73	210.13
92	363.02	347.02	293.17	110.11	170.08	214.36
93	369.72	353.42	298.58	112.15	173.22	218.31
94	376.57	359.98	304.12	114.23	176.43	222.36
95	383.58	366.68	309.78	116.35	179.72	226.50
96	389.97	372.78	314.94	118.29	182.71	230.27
97	396.51	379.04	320.22	120.28	185.78	234.14
98	403.06	385.30	325.51	122.26	188.84	238.00
99+	409.91	391.85	331.04	124.34	192.06	242.05

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

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024**STANDARD – FEMALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	195.92	187.28	158.22	59.43	91.79	115.69
66	195.92	187.28	158.22	59.43	91.79	115.69
67	195.92	187.28	158.22	59.43	91.79	115.69
68	195.92	187.28	158.22	59.43	91.79	115.69
69	199.83	191.03	161.38	60.61	93.63	118.00
70	205.83	196.76	166.22	62.43	96.44	121.54
71	213.71	204.29	172.59	64.83	100.13	126.19
72	221.42	211.67	178.82	67.17	103.74	130.75
73	229.14	219.04	185.05	69.51	107.36	135.30
74	236.85	226.41	191.28	71.84	110.97	139.86
75	244.56	233.78	197.51	74.19	114.58	144.41
76	252.79	241.65	204.15	76.68	118.44	149.27
77	262.90	251.31	212.31	79.75	123.18	155.24
78	273.35	261.31	220.76	82.92	128.07	161.41
79	281.41	269.01	227.26	85.36	131.85	166.17
80	289.98	277.20	234.18	87.96	135.86	171.23
81	298.54	285.39	241.10	90.56	139.88	176.29
82	307.46	293.91	248.30	93.26	144.05	181.55
83	316.71	302.76	255.77	96.07	148.39	187.02
84	325.97	311.60	263.25	98.88	152.73	192.48
85	335.39	320.61	270.86	101.74	157.14	198.05
86	344.82	329.62	278.47	104.59	161.56	203.61
87	354.42	338.80	286.22	107.51	166.05	209.28
88	364.19	348.14	294.11	110.47	170.63	215.05
89	373.95	357.47	302.00	113.43	175.21	220.82
90	383.55	366.65	309.76	116.35	179.70	226.48
91	391.43	374.18	316.12	118.74	183.40	231.14
92	399.32	381.72	322.49	121.13	187.09	235.79
93	406.69	388.76	328.44	123.36	190.55	240.14
94	414.23	395.97	334.53	125.65	194.08	244.60
95	421.94	403.35	340.76	127.99	197.69	249.15
96	428.97	410.06	346.43	130.12	200.98	253.30
97	436.16	416.94	352.24	132.30	204.36	257.55
98	443.36	423.83	358.06	134.49	207.73	261.80
99+	450.91	431.03	364.15	136.78	211.26	266.25

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

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024

STANDARD – MALE – AREA 1

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	204.50	195.52	165.14	61.91	95.73	120.71
66	204.50	195.52	165.14	61.91	95.73	120.71
67	204.50	195.52	165.14	61.91	95.73	120.71
68	204.50	195.52	165.14	61.91	95.73	120.71
69	208.59	199.43	168.44	63.15	97.64	123.12
70	214.85	205.41	173.50	65.04	100.57	126.82
71	223.07	213.28	180.15	67.53	104.42	131.67
72	231.13	220.98	186.65	69.97	108.19	136.42
73	239.18	228.67	193.15	72.40	111.96	141.18
74	247.23	236.37	199.65	74.84	115.73	145.93
75	255.28	244.07	206.15	77.28	119.49	150.68
76	263.86	252.27	213.08	79.88	123.51	155.75
77	274.42	262.37	221.61	83.07	128.45	161.98
78	285.33	272.80	230.42	86.38	133.56	168.42
79	293.74	280.84	237.21	88.92	137.50	173.38
80	302.68	289.39	244.43	91.63	141.68	178.66
81	311.63	297.94	251.65	94.34	145.87	183.94
82	320.93	306.84	259.17	97.15	150.23	189.43
83	330.59	316.07	266.97	100.08	154.75	195.13
84	340.25	325.31	274.77	103.00	159.27	200.84
85	350.09	334.71	282.71	105.98	163.88	206.64
86	359.93	344.12	290.66	108.96	168.48	212.45
87	369.95	353.70	298.75	111.99	173.17	218.37
88	380.14	363.45	306.98	115.08	177.94	224.38
89	390.34	373.20	315.22	118.16	182.72	230.40
90	400.36	382.78	323.31	121.20	187.41	236.32
91	408.59	390.64	329.95	123.69	191.26	241.17
92	416.81	398.51	336.60	126.18	195.11	246.03
93	424.51	405.87	342.81	128.51	198.71	250.57
94	432.38	413.39	349.17	130.89	202.39	255.22
95	440.43	421.09	355.67	133.33	206.16	259.97
96	447.76	428.10	361.59	135.55	209.60	264.30
97	455.28	435.28	367.66	137.82	213.11	268.73
98	462.79	442.47	373.72	140.10	216.63	273.17
99+	470.66	449.99	380.08	142.48	220.32	277.81

Other Premium Modes: refer to Monthly Bank Draft rate sheet

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

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

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

4370 Peachtree Road, NE, Atlanta, GA 30319

COLORADO – MONTHLY CREDIT CARD RATES – EFFECTIVE 04-16-2024**STANDARD – MALE – AREA 2**

Age At Issue	ATTAINED AGE RATES					
	A	F	G	High Deductible G	K	N
65	224.95	215.07	181.66	68.10	105.30	132.78
66	224.95	215.07	181.66	68.10	105.30	132.78
67	224.95	215.07	181.66	68.10	105.30	132.78
68	224.95	215.07	181.66	68.10	105.30	132.78
69	229.45	219.37	185.29	69.46	107.40	135.43
70	236.33	225.95	190.85	71.54	110.63	139.50
71	245.38	234.61	198.16	74.28	114.86	144.84
72	254.24	243.07	205.31	76.96	119.01	150.07
73	263.09	251.54	212.46	79.65	123.15	155.30
74	271.95	260.01	219.61	82.33	127.30	160.52
75	280.80	268.47	226.76	85.01	131.44	165.75
76	290.25	277.50	234.39	87.87	135.87	171.32
77	301.86	288.60	243.77	91.38	141.30	178.18
78	313.86	300.08	253.46	95.01	146.92	185.26
79	323.11	308.92	260.93	97.81	151.25	190.72
80	332.95	318.33	268.88	100.79	155.85	196.53
81	342.79	327.74	276.82	103.77	160.46	202.34
82	353.02	337.52	285.08	106.87	165.25	208.38
83	363.65	347.68	293.66	110.09	170.22	214.65
84	374.27	357.84	302.24	113.30	175.20	220.92
85	385.10	368.19	310.99	116.58	180.26	227.31
86	395.92	378.53	319.72	119.86	185.33	233.70
87	406.94	389.07	328.62	123.19	190.49	240.20
88	418.16	399.79	337.68	126.59	195.74	246.82
89	429.37	410.52	346.74	129.98	200.99	253.44
90	440.39	421.05	355.64	133.32	206.15	259.95
91	449.45	429.71	362.95	136.06	210.38	265.29
92	458.50	438.36	370.26	138.80	214.62	270.63
93	466.96	446.45	377.09	141.36	218.58	275.63
94	475.62	454.73	384.08	143.98	222.63	280.74
95	484.47	463.20	391.23	146.66	226.78	285.97
96	492.54	470.91	397.75	149.10	230.56	290.73
97	500.80	478.81	404.42	151.60	234.42	295.61
98	509.07	486.71	411.10	154.11	238.29	300.48
99+	517.73	494.99	418.09	156.73	242.35	305.60

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®
COLORADO – ZIP CODE AREA CHART – Effective [3-01-2024]

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
80001	Arvada	2	80107	Elizabeth	2	80209	Denver	2
80002	Arvada	2	80108	Castle Rock	2	80210	Denver	2
80003	Arvada	2	80109	Castle Rock	2	80211	Denver	2
80004	Arvada	2	80110	Englewood	2	80212	Denver	2
80005	Arvada	2	80111	Englewood	2	80214	Denver	2
80006	Arvada	2	80112	Englewood	2	80215	Denver	2
80007	Arvada	2	80113	Englewood	2	80216	Denver	2
80010	Aurora	2	80116	Franktown	2	80217	Denver	2
80011	Aurora	2	80117	Kiowa	2	80218	Denver	2
80012	Aurora	2	80118	Larkspur	2	80219	Denver	2
80013	Aurora	2	80120	Littleton	2	80220	Denver	2
80014	Aurora	2	80121	Littleton	2	80221	Denver	2
80015	Aurora	2	80122	Littleton	2	80222	Denver	2
80016	Aurora	2	80123	Littleton	2	80223	Denver	2
80017	Aurora	2	80124	Lone Tree	2	80224	Denver	2
80018	Aurora	2	80125	Littleton	2	80225	Denver	2
80019	Aurora	2	80126	Littleton	2	80226	Denver	2
80020	Broomfield	2	80127	Littleton	2	80227	Denver	2
80021	Broomfield	2	80128	Littleton	2	80228	Denver	2
80022	Commerce City	2	80129	Littleton	2	80229	Denver	2
80023	Broomfield	2	80130	Littleton	2	80230	Denver	2
80024	Dupont	2	80131	Louviers	2	80231	Denver	2
80025	Eldorado Springs	2	80132	Monument	2	80232	Denver	2
80026	Lafayette	2	80133	Palmer Lake	2	80233	Denver	2
80027	Louisville	2	80134	Parker	2	80234	Denver	2
80030	Westminster	2	80135	Sedalia	2	80235	Denver	2
80031	Westminster	2	80136	Strasburg	2	80236	Denver	2
80033	Wheat Ridge	2	80137	Watkins	2	80237	Denver	2
80034	Wheat Ridge	2	80138	Parker	2	80238	Denver	2
80035	Westminster	2	80150	Englewood	2	80239	Denver	2
80036	Westminster	2	80151	Englewood	2	80241	Thornton	2
80037	Commerce City	2	80155	Englewood	2	80243	Denver	2
80038	Broomfield	2	80160	Littleton	2	80244	Denver	2
80040	Aurora	2	80161	Littleton	2	80246	Denver	2
80041	Aurora	2	80162	Littleton	2	80247	Denver	2
80042	Aurora	2	80163	Littleton	2	80248	Denver	2
80044	Aurora	2	80165	Littleton	2	80249	Denver	2
80045	Aurora	2	80166	Littleton	2	80250	Denver	2
80046	Aurora	2	80201	Denver	2	80251	Denver	2
80047	Aurora	2	80202	Denver	2	80252	Denver	2
80101	Agate	2	80203	Denver	2	80256	Denver	2
80102	Bennett	2	80204	Denver	2	80257	Denver	2
80103	Byers	2	80205	Denver	2	80259	Denver	2
80104	Castle Rock	2	80206	Denver	2	80260	Denver	2
80105	Deer Trail	2	80207	Denver	2	80261	Denver	2
80106	Elbert	2	80208	Denver	2	80262	Denver	2

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
COLORADO – ZIP CODE AREA CHART – Effective [03-01-2024]

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
80263	Denver	2	80439	Evergreen	1	80511	Estes Park	2
80264	Denver	2	80440	Fairplay	2	80512	Bellvue	1
80265	Denver	2	80442	Fraser	1	80513	Berthoud	1
80266	Denver	2	80443	Frisco	1	80514	Dacono	1
80271	Denver	2	80444	Georgetown	1	80515	Drake	2
80273	Denver	2	80446	Granby	2	80516	Erie	1
80274	Denver	2	80447	Grand Lake	2	80517	Estes Park	2
80281	Denver	2	80448	Grant	1	80520	Firestone	1
80290	Denver	2	80449	Hartsel	2	80521	Fort Collins	1
80291	Denver	2	80451	Hot Sulphur Springs	2	80522	Fort Collins	1
80293	Denver	2	80452	Idaho Springs	1	80523	Fort Collins	1
80294	Denver	2	80453	Idledale	1	80524	Fort Collins	1
80299	Denver	2	80454	Indian Hills	1	80525	Fort Collins	1
80301	Boulder	1	80455	Jamestown	1	80526	Fort Collins	1
80302	Boulder	1	80456	Jefferson	1	80527	Fort Collins	1
80303	Boulder	1	80457	Kittredge	1	80528	Fort Collins	1
80304	Boulder	1	80459	Kremmling	2	80530	Frederick	1
80305	Boulder	1	80461	Leadville	2	80532	Glen Haven	2
80306	Boulder	1	80463	Mc Coy	2	80533	Hygiene	1
80307	Boulder	1	80465	Morrison	1	80534	Johnstown	1
80308	Boulder	1	80466	Nederland	1	80535	Laporte	1
80309	Boulder	1	80467	Oak Creek	1	80536	Livermore	1
80310	Boulder	1	80468	Parshall	2	80537	Loveland	1
80314	Boulder	1	80469	Phippsburg	1	80538	Loveland	1
80401	Golden	1	80470	Pine	1	80539	Loveland	1
80402	Golden	1	80471	Pinecliffe	1	80540	Lyons	1
80403	Golden	1	80473	Rand	2	80541	Masonville	1
80419	Golden	1	80474	Rollinsville	1	80542	Mead	1
80420	Alma	2	80475	Shawnee	1	80543	Milliken	1
80421	Bailey	1	80476	Silver Plume	1	80544	Niwot	1
80422	Black Hawk	1	80477	Steamboat Springs	1	80545	Red Feather Lakes	1
80423	Bond	1	80478	Tabernash	1	80546	Severance	1
80424	Breckenridge	1	80479	Toponas	2	80547	Timnath	1
80425	Buffalo Creek	1	80480	Walden	1	80549	Wellington	1
80426	Burns	1	80481	Ward	1	80550	Windsor	1
80427	Central City	1	80482	Winter Park	1	80551	Windsor	1
80428	Clark	1	80483	Yampa	2	80553	Fort Collins	1
80429	Climax	2	80487	Steamboat Springs	1	80601	Brighton	1
80430	Coalmont	1	80488	Steamboat Springs	1	80602	Brighton	1
80432	Como	2	80497	Silverthorne	1	80603	Brighton	1
80433	Conifer	1	80498	Silverthorne	1	80610	Ault	1
80434	Cowdrey	1	80501	Longmont	1	80611	Briggsdale	1
80435	Dillon	1	80502	Longmont	1	80612	Carr	1
80436	Dumont	1	80503	Longmont	1	80614	Eastlake	1
80437	Evergreen	1	80504	Longmont	1	80615	Eaton	1
80438	Empire	1	80510	Allenspark	2	80620	Evans	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
COLORADO – ZIP CODE AREA CHART – Effective [03-01-2024]

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
80621	Fort Lupton	1	80746	Paoli	2	80861	Vona	2
80622	Galeton	1	80747	Peetz	2	80862	Wild Horse	2
80623	Gilcrest	1	80749	Sedgwick	2	80863	Woodland Park	2
80624	Gill	1	80750	Snyder	2	80864	Yoder	1
80631	Greeley	1	80751	Sterling	1	80866	Woodland Park	2
80632	Greeley	1	80754	Stoneham	1	80901	Colorado Springs	1
80633	Greeley	1	80755	Vernon	2	80902	Colorado Springs	1
80634	Greeley	1	80757	Woodrow	1	80903	Colorado Springs	1
80638	Greeley	1	80758	Wray	2	80904	Colorado Springs	1
80639	Greeley	1	80759	Yuma	2	80905	Colorado Springs	1
80640	Henderson	1	80801	Anton	2	80906	Colorado Springs	1
80642	Hudson	1	80802	Arapahoe	2	80907	Colorado Springs	1
80643	Keenesburg	1	80804	Arriba	2	80908	Colorado Springs	1
80644	Kersey	1	80805	Bethune	2	80909	Colorado Springs	1
80645	La Salle	1	80807	Burlington	2	80910	Colorado Springs	1
80646	Lucerne	1	80808	Calhan	1	80911	Colorado Springs	1
80648	Nunn	1	80809	Cascade	1	80912	Colorado Springs	1
80649	Orchard	1	80810	Cheyenne Wells	2	80913	Colorado Springs	1
80650	Pierce	1	80812	Cope	2	80914	Colorado Springs	1
80651	Platteville	1	80813	Cripple Creek	2	80915	Colorado Springs	1
80652	Roggen	1	80814	Divide	2	80916	Colorado Springs	1
80653	Weldona	1	80815	Flagler	2	80917	Colorado Springs	1
80654	Wiggins	1	80816	Florissant	2	80918	Colorado Springs	1
80701	Fort Morgan	1	80817	Fountain	1	80919	Colorado Springs	1
80705	Log Lane Village	1	80818	Genoa	2	80920	Colorado Springs	1
80720	Akron	2	80819	Green Mountain Falls	2	80921	Colorado Springs	1
80721	Amherst	2	80820	Guffey	2	80922	Colorado Springs	1
80722	Atwood	1	80821	Hugo	2	80923	Colorado Springs	1
80723	Brush	1	80822	Joes	2	80924	Colorado Springs	1
80726	Crook	2	80823	Karval	2	80925	Colorado Springs	1
80727	Eckley	2	80824	Kirk	2	80926	Colorado Springs	1
80728	Fleming	1	80825	Kit Carson	2	80927	Colorado Springs	1
80729	Grover	1	80826	Limon	2	80928	Colorado Springs	1
80731	Haxtun	2	80827	Lake George	2	80929	Colorado Springs	1
80732	Hereford	1	80828	Limon	2	80930	Colorado Springs	1
80733	Hillrose	2	80829	Manitou Springs	1	80931	Colorado Springs	1
80734	Holyoke	2	80830	Matheson	2	80932	Colorado Springs	1
80735	Idalia	2	80831	Peyton	1	80933	Colorado Springs	1
80736	Iliff	1	80832	Ramah	1	80934	Colorado Springs	1
80737	Julesburg	2	80833	Rush	1	80935	Colorado Springs	1
80740	Lindon	1	80834	Seibert	2	80936	Colorado Springs	1
80741	Merino	1	80835	Simla	2	80937	Colorado Springs	1
80742	New Raymer	1	80836	Stratton	2	80938	Colorado Springs	1
80743	Otis	2	80840	Usaf Academy	2	80939	Colorado Springs	1
80744	Ovid	2	80841	Usaf Academy	2	80941	Colorado Springs	1
80745	Padroni	1	80860	Victor	1	80942	Colorado Springs	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
COLORADO – ZIP CODE AREA CHART – Effective [03-01-2024]

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
80944	Colorado Springs	1	81049	Kim	2	81143	Moffat	2
80946	Colorado Springs	1	81050	La Junta	2	81144	Monte Vista	1
80947	Colorado Springs	1	81052	Lamar	2	81146	Mosca	1
80949	Colorado Springs	1	81054	Las Animas	2	81147	Pagosa Springs	2
80950	Colorado Springs	1	81055	La Veta	2	81148	Romeo	2
80951	Colorado Springs	1	81057	Mc Clave	2	81149	Saguache	2
80960	Colorado Springs	1	81058	Manzanola	2	81151	Sanford	2
80962	Colorado Springs	1	81059	Model	2	81152	San Luis	1
80970	Colorado Springs	1	81062	Olney Springs	2	81154	South Fork	2
80977	Colorado Springs	1	81063	Ordway	2	81155	Villa Grove	2
80995	Colorado Springs	1	81064	Pritchett	2	81157	Pagosa Springs	2
80997	Colorado Springs	1	81067	Rocky Ford	2	81201	Salida	2
81001	Pueblo	1	81069	Rye	2	81210	Almont	2
81002	Pueblo	1	81071	Sheridan Lake	2	81211	Buena Vista	2
81003	Pueblo	1	81073	Springfield	2	81212	Canon City	2
81004	Pueblo	1	81076	Sugar City	2	81215	Canon City	2
81005	Pueblo	1	81077	Swink	2	81220	Cimarron	1
81006	Pueblo	1	81081	Trinchera	2	81221	Coal Creek	2
81007	Pueblo	1	81082	Trinidad	2	81222	Coaldale	2
81008	Pueblo	1	81084	Two Buttes	2	81223	Cotopaxi	2
81009	Pueblo	1	81087	Vilas	2	81224	Crested Butte	2
81010	Pueblo	1	81089	Walsenburg	2	81225	Crested Butte	2
81011	Pueblo	1	81090	Walsh	2	81226	Florence	2
81012	Pueblo	1	81091	Weston	2	81227	Monarch	2
81019	Colorado City	1	81092	Wiley	2	81228	Granite	2
81020	Aguilar	2	81101	Alamosa	1	81230	Gunnison	2
81021	Arlington	2	81102	Alamosa	1	81231	Gunnison	2
81022	Avondale	1	81120	Antonito	2	81232	Hillside	2
81023	Beulah	1	81121	Arboles	1	81233	Howard	2
81024	Boncarbo	2	81122	Bayfield	1	81235	Lake City	1
81025	Boone	1	81123	Blanca	1	81236	Nathrop	2
81027	Branson	2	81124	Capulin	2	81237	Ohio City	2
81029	Campo	2	81125	Center	1	81239	Parlin	2
81030	Cheraw	2	81126	Chama	1	81240	Penrose	2
81033	Crowley	2	81128	Chromo	2	81241	Pitkin	2
81034	Ordway	2	81129	Conejos	2	81242	Poncha Springs	2
81036	Eads	2	81130	Creede	2	81243	Powderhorn	2
81038	Fort Lyon	2	81131	Crestone	1	81244	Rockvale	2
81039	Fowler	2	81132	Del Norte	2	81248	Sargents	2
81040	Gardner	2	81133	Fort Garland	1	81251	Twin Lakes	2
81041	Granada	2	81135	Homelake	1	81252	Westcliffe	2
81043	Hartman	2	81136	Hooper	1	81253	Wetmore	2
81044	Hasty	2	81137	Ignacio	1	81290	Florence	2
81045	Haswell	2	81138	Jaroso	2	81301	Durango	1
81046	Hoehne	2	81140	La Jara	2	81302	Durango	1
81047	Holly	2	81141	Manassa	2	81303	Durango	1

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY®
COLORADO – ZIP CODE AREA CHART – Effective [03-01-2024]

Zip Code	City	Area	Zip Code	City	Area	Zip Code	City	Area
81320	Cahone	2	81507	Grand Junction	1	81658	Vail	1
81321	Cortez	2	81520	Clifton	1			
81323	Dolores	2	81521	Fruita	1			
81324	Dove Creek	2	81522	Gateway	1			
81325	Egnar	2	81523	Glade Park	1			
81326	Hesperus	1	81524	Loma	2			
81327	Lewis	2	81525	Mack	2			
81328	Mancos	2	81526	Palisade	1			
81329	Marvel	1	81527	Whitewater	1			
81330	Mesa Verde National Park	2	81601	Glenwood Springs	1			
81331	Pleasant View	2	81602	Glenwood Springs	1			
81332	Rico	1	81610	Dinosaur	2			
81334	Towaoc	2	81611	Aspen	2			
81335	Yellow Jacket	2	81612	Aspen	2			
81401	Montrose	1	81615	Snowmass Village	2			
81402	Montrose	1	81620	Avon	1			
81403	Montrose	1	81621	Basalt	2			
81410	Austin	1	81623	Carbondale	1			
81411	Bedrock	2	81624	Collbran	2			
81413	Cedaredge	1	81625	Craig	2			
81414	Cory	1	81626	Craig	2			
81415	Crawford	1	81630	De Beque	1			
81416	Delta	1	81631	Eagle	1			
81418	Eckert	1	81632	Edwards	1			
81419	Hotchkiss	1	81633	Dinosaur	2			
81420	Lazear	1	81635	Parachute	2			
81422	Naturita	1	81636	Battlement Mesa	2			
81423	Norwood	1	81637	Gypsum	1			
81424	Nucla	1	81638	Hamilton	2			
81425	Olathe	1	81639	Hayden	1			
81426	Ophir	1	81640	Maybell	2			
81427	Ouray	1	81641	Meeker	2			
81428	Paonia	1	81642	Meredith	2			
81429	Paradox	2	81643	Mesa	1			
81430	Placerville	1	81645	Minturn	1			
81431	Redvale	1	81646	Molina	1			
81432	Ridgway	1	81647	New Castle	1			
81433	Silverton	1	81648	Rangely	2			
81434	Somerset	2	81649	Red Cliff	1			
81435	Telluride	1	81650	Rifle	2			
81501	Grand Junction	1	81652	Silt	2			
81502	Grand Junction	1	81653	Slater	1			
81503	Grand Junction	1	81654	Snowmass	2			
81504	Grand Junction	1	81655	Wolcott	1			
81505	Grand Junction	1	81656	Woody Creek	2			
81506	Grand Junction	1	81657	Vail	1			

ATLANTIC CAPITAL LIFE ASSURANCE COMPANY™

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

PREMIUM INFORMATION

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

Premiums are Attained Age Premiums; which means that they will increase each year as your age increases. The increase will be effective on the first premium due date on or after each Anniversary Date of your Policy. Rates can also increase periodically as stated above.

Premium rates are based on the state in which the application is signed and may change if you move within the state and your zip code changes. Premium rates may also change if you live or move outside of the state. Your policy is guaranteed renewable and we cannot cancel it as long as you pay your premiums on time, either in advance or during the Grace Period, subject to the Time Limit on Certain Defenses provision of the policy. If you purchased your policy in Colorado and you live or move to a state other than Colorado, you may keep your policy; however, you will be charged the same rate as we charge applicants in the highest rated zip code area within the state of Colorado.

If you purchased a policy in state other than Colorado, and are now considering applying for a policy from Atlantic Capital Life Assurance Company in the state of Colorado, you must contact your current carrier for information about their rating practice for your current policy.

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.

READ YOUR POLICY VERY CAREFULLY

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

RIGHT TO RETURN POLICY

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

POLICY REPLACEMENT

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

NOTICE

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

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

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

COMPLETE ANSWERS ARE VERY IMPORTANT

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

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

PLAN A

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

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

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

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

PLAN A

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

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

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

PARTS A & B

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

PLAN F

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

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

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

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

PLAN F

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

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

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

PARTS A & B

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

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN G

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

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

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

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

PLAN G

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

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

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

PARTS A & B

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

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

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

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

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

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

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

HIGH DEDUCTIBLE PLAN G

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

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

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

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

PARTS A & B

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

OTHER BENEFITS NOT COVERED BY MEDICARE

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

PLAN K

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

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

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

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

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

PLAN K

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

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

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

PARTS A & B

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

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

PLAN N

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

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

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

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

PLAN N

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

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

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

PARTS A & B

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

PLAN N

OTHER BENEFITS NOT COVERED BY MEDICARE

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