

Coverage for when you need it most

AIG CriticalCare Plus™ Insurance



Critical illness insurance

Policies issued by:

American General Life Insurance Company

A member company of American International Group, Inc.

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WE KNOW LIFE.®

AIG AMERICAN
GENERAL



A critical illness
can force your
unprepared clients
to spend everything
they've saved just
to make ends meet.

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The Statistics

- Over 50 percent of bankruptcies are medically related¹
- The costs associated with a cancer diagnosis average \$146,000 per patient²
- About 5.4 million stroke survivors are alive today, many of them with permanent stroke-related disabilities³
- This year about 1.2 million Americans will suffer a heart attack — and nearly 60 percent will survive³
- Over 1.3 million Americans will be diagnosed with cancer this year — and 64 percent of them are expected to survive at least five years²

About AIG CriticalCare Plus Insurance

When a critical illness such as cancer, heart attack or stroke occurs, it places a tremendous emotional strain on the family, sometimes accompanied by an overwhelming financial burden. *AIG CriticalCare Plus* is a critical illness policy that provides a lump sum benefit in the event that the insured incurs a covered critical illness while the policy is in force. A benefit payment can then be used to help address the patient's individual needs, such as:

- Choosing the best hospitals and physicians
- Treatments or specialist services not covered by traditional health insurance plans
- Paying mortgages, debts or outstanding bills
- Replacing the patient's or a spouse's income
- Modifying a home or auto for special needs
- Experimental drugs or therapies

Policy Highlights

Market

- Individual
- Spouse and child coverage available

Underwriting

- Fully underwritten
- Nonmedical underwriting up to \$100,000

Issue Limits

- \$10,000 minimum
- \$500,000 maximum
- Issued in \$1,000 increments
- Spouse coverage not to exceed primary insured. For nonworking spouse, the benefit amount is limited to 50 percent of the working spouse's coverage up to a maximum of \$250,000.
- Insured child limit of \$50,000 (not to exceed primary insured's coverage)

Rates

- Male or female
- Tobacco or nontobacco
- Three rate bands
 - \$10,000 to \$50,000
 - \$50,001 to \$100,000
 - \$100,001 to \$500,000

Riders and Endorsements

- Best Doctors® Endorsement (no additional charge)⁴
- Benefit Extension Rider (optional)
- Medical Personnel HIV Benefit Rider (optional; medical personnel only)
- UNOS Listing Advance Benefit for Major Organ Transplant (no additional charge)
- Accidental Death and Dismemberment (optional)

¹ "Illness and Injury as Contributors to Bankruptcy," *Health Affairs*, February 2005

² American Cancer Society, *Cancer Facts & Figures 2005*

³ American Heart Association, *Heart Disease and Stroke Statistics — 2005 Update*

⁴ Best Doctors is a registered trademark of Best Doctors, Inc., in the United States and other countries, and it is used under license.

Qualifying Events

- Cancer
- Kidney (renal) failure
- Heart attack
- Severe burns
- Stroke
- Coma
- Major organ transplant
- Loss of sight, speech or hearing
- Loss of independent living
- Coronary artery bypass graft (25 percent, up to a maximum of \$50,000, one-time benefit)
- Paralysis (100 percent for quadriplegia or 50 percent for paraplegia or hemiplegia)
- Carcinoma in situ (25 percent up to \$25,000)
- Up to \$50 per year health screening benefit

Discover the Benefits

Benefit Amounts (not available in all states)	\$10,000 to \$500,000 ⁵
Available Coverage Periods	10 years, 15 years, 20 years, 30 years and Lifetime
Return of Premium	In case of the insured's death while the policy is in force, the named beneficiary will receive a refund of all premiums paid (less any benefits paid under the policy).
Loss of Independent Living	The full benefit payable for permanent loss of at least 2 out of 6 Activities of Daily Living (bathing, dressing, toileting, transferring, continence and eating)
Preventive Care	Pays up to \$50 annually for a wide variety of medical tests
Best Doctors ^{®4}	Free membership in Best Doctors, a service that provides qualified referrals should you decide to seek a second opinion
Benefit Period	100% coverage through age 70 except for the Loss of Independent Living Benefit, which continues at 100% for life
Family Protection	Coverage available for spouse and children
Optional Benefits	<ul style="list-style-type: none">• Benefit Extension Rider (BER): Pays an additional benefit upon diagnosis of a second and third critical illness, or on a second diagnosis of the same original illness• Medical Personnel HIV Rider: Pays the full benefit to a medical professional upon diagnosis of HIV acquired in the course of work-related duties• Accidental Death and Dismemberment Rider (ADD): Protection in the event of an accidental death or dismemberment up to \$150,000
United Network of Organ Sharing (UNOS)	Pays 25% of the benefit for a major organ transplant when the insured is entered into the UNOS waiting list for organ transplants
Issue Ages	18 to 64 (Age 59 for tobacco user and 10-Year Term Plan)

⁵ \$25,000 minimum in Texas; \$250,000 maximum in Georgia

Other Important Features

Benefit Extension Rider (Optional)

Most critical illness plans on the market are designed to pay only one full benefit (i.e., coverage ceases once the benefit has been paid). The optional Benefit Extension Rider provides the insured with additional protection for two kinds of subsequent diagnoses: continuance and recurrence. However, in no event will the maximum payment exceed \$500,000 in this aggregate. The company will pay a maximum of three times the benefit amount stated in the policy for all critical illnesses combined, up to an aggregate maximum of \$500,000.

Continuance

After a 180-day period following payment for a covered critical illness, the company will pay another full benefit if the insured is diagnosed with a second (different) critical illness. The following guidelines apply :

Diagnosis	Exclusion or Limitation
Invasive Cancer	Benefit limited to 75% of the critical illness maximum benefit amount, if diagnosis is medically related to a previous diagnosis of in situ cancer
Heart Attack	No benefit is provided if previously diagnosed critical illness was heart transplant.
Kidney (Renal) Failure	No benefit is provided if previously diagnosed critical illness was kidney (renal) failure.
Stroke	No exclusion or limitation other than as stated in the policy
Coma	No exclusion or limitation other than as stated in the policy
Coronary Artery Bypass Graft	No benefit is provided if previously diagnosed critical illness was heart transplant.
Major Organ Transplant	No benefit is provided if a subsequent diagnosed critical illness is related to or resulted from a previously diagnosed critical illness.
Severe Burn	No exclusion or limitation other than as stated in the policy and this endorsement
In Situ Cancer	No benefit if a subsequent diagnosis of critical illness is related to or resulted from a previous diagnosis of invasive cancer.

Coverage on the insured person will not be continued for the critical illnesses stated below under this provision of the rider, and we will pay no benefits for these critical illnesses:

Diagnosis	Exclusion or Limitation
Loss of Sight, Speech or Hearing	No benefit payable
Paralysis	No benefit payable
Loss of Independent Living	No benefit payable

Recurrence

After an insured person is diagnosed a second time with a critical illness (same condition) for which a benefit has already been paid and a two-year treatment-free period has passed since the first benefit payment, the company will pay 50 percent of the maximum benefit amount stated in the policy. The definition of the treatment-free period does not include maintenance medications or follow-up visits.

The company will not extend the maximum benefit amount to cover coma, coronary artery bypass graft, severe burns or in situ cancer. The company will extend the maximum benefit amount to cover a second diagnosis of the following critical illnesses:

Diagnosis	Exclusion or Limitation
Invasive Cancer	Recurrence diagnosis must be for the same critical illness previously diagnosed.
Heart Attack	No exclusion or limitation other than as stated in the policy and this rider
Kidney (Renal) Failure	No exclusion or limitation other than as stated in the policy and this rider
Stroke	No exclusion or limitation other than as stated in the policy and this rider
Major Organ Transplant	No exclusion or limitation other than as stated in the policy and this rider
Paralysis	Must be a different part of the body

Coverage on the insured person will not be continued for the critical illnesses stated below under this provision of the rider, and we will pay no benefits for these critical illnesses:

Diagnosis	Exclusion or Limitation
Coma	No benefit payable
Coronary Artery Bypass Graft	No benefit payable
Loss of Sight, Speech or Hearing	No benefit payable
Severe Burn	No benefit payable
In Situ Cancer	No benefit payable
Loss of Independent Living	No benefit payable

For recurrence benefits, the company will pay for two additional critical illness diagnoses. The company will pay a maximum of three times the benefit amount stated in the policy for all critical illnesses combined up to an aggregate maximum of \$500,000.

Best Doctors Endorsement

Best Doctors provides access to a national network of over 50,000 doctors who have been personally nominated by their peers. Each doctor is a recognized specialist in the treatment of a life-threatening disease or condition. Our clients can access this service at the time of claim using the following:

- An interactive Web site with information on the best doctors and best treatment facilities for a particular medical condition
- A doctor-to-doctor consultation between the patient's personal physician and a recognized specialist regarding the best protocol for treating the condition

Occupational HIV

(optional coverage for medical personnel only, available for primary insured and spouse)

If the insured initially incurred and was diagnosed with Human Immunodeficiency Virus (HIV) more than 30 days after the rider's effective date, the company will pay the maximum benefit amount shown in the policy schedule.

The cause of the HIV must be from a needle stick, from a sharp injury, or by mucous membrane exposure to blood or bloodstained bodily fluid, which occurred during the 12 months preceding diagnosis and while the policy is in force. The accident must have occurred while the insured was following the normal occupational duties and reported in accordance with the established occupational procedures for such accidents. The insured must have undergone a blood test within five days of the accident which indicated the absence of HIV or antibodies to such a virus and the accident followed up including a further blood test within 12 months indicating the presence of HIV or antibodies to such a virus.

The term Human Immunodeficiency Virus (HIV) will also include Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

Accidental Death and Dismemberment

The company will pay a benefit for any injury resulting in the insured's accidental death or dismemberment. Units are \$25,000 each with a maximum of six units. Once the primary insured is covered, the spouse and children may also be added to the benefit.

Conversion Privileges

The company will issue a separate ("new") critical illness policy to an insured child or insured spouse as long as a written application and payment of the first premium is received within 31 days following the termination of the original policy. The conversion privilege will be extended to the spouse upon the death of the primary insured or the dissolution of marriage by legal divorce decree. The insured children will be eligible for conversion when they have reached the age of majority — that is, the premium due date following the child's 18th birthday (or 25th birthday if the child is enrolled as a full-time student in either a high school or an institution of higher learning beyond high school).

The new policy will be issued:

- Without evidence of insurability
- On a policy form currently issued by American General Life in the insured's state of residence, provided that critical illness coverage can be issued in that state
- With the same exclusion and pre-existing condition limitation applicable to such insured person, if any, included in the policy
- With a current date of issue
- At the premium rate and class in effect for the insured person's attained age on the date of application for the new policy
- With the same benefits payable, if any, reduced by any benefits previously paid for the same critical illnesses covered by this policy
- With the same "time limit on certain defenses" provision commencing on the effective date of the insured person's coverage provided by this policy

Covered Conditions and Diagnostic Requirements

Invasive Cancer

If the words “invasive cancer” are not listed under “critical illness diagnosis” in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Invasive cancer means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of a tumor.

For the purpose of this definition, invasive cancer does not include:

- Any carcinoma in situ lesion regardless of origin, classified as TisN₀M₀
- Any T₁N₀M₀ lesion treated by endoscopic procedures
- Melanoma T₁N₀M₀ with maximum Breslow thickness of 1.0 mm
- Prostate cancer T₁bN₀M₀

Invasive Cancer Benefit

If invasive cancer initially manifests and is diagnosed more than 90 days after the effective date coverage on the insured person begins, we will pay the applicable critical illness maximum benefit percentage.

This critical illness must not have manifested itself or been diagnosed within the first 90 days after the date coverage on the insured person becomes effective under this policy.

Diagnostic Requirements for Invasive Cancer

Invasive cancer must be diagnosed by a physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical diagnosis of invasive cancer will be accepted as evidence that invasive cancer exists when a pathological diagnosis cannot be made, provided the medical evidence substantially documents the clinical diagnosis of invasive cancer and the insured person receives treatment for invasive cancer.

Heart Attack

If the words “heart attack” are not listed under “critical illness diagnosis” in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Heart attack means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

Heart Attack Benefit

If a heart attack initially both incurs and is diagnosed more than 30 days after the effective date coverage on the insured person begins, we will pay the applicable critical illness maximum benefit percentage.

This critical illness must not have manifested itself or been diagnosed within the first 30 days following the date coverage on the insured person becomes effective under this policy.

Diagnostic Requirements for Heart Attack

This diagnosis must be supported by the following criteria, which are consistent with a new heart attack:

- Typical clinical presentation
- New electrocardiographic (EKG) changes consistent with acute myocardial infarction
- Serial measurements of cardiac biomarkers showing a pattern and a level consistent with a heart attack

Kidney (Renal) Failure

If the words “kidney (renal) failure” are not listed under “critical illness diagnosis” in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Kidney (renal) failure means the end stage failure which:

- Presents a chronic irreversible failure of both kidneys as described below
- Requires treatment by renal dialysis or kidney transplant

Kidney (Renal) Failure Benefit

If kidney (renal) failure initially both manifests and is diagnosed more than 30 days after the effective date coverage on the insured person begins, we will pay the critical illness maximum benefit percentage.

This critical illness must not have manifested itself or been diagnosed within the first 30 days following the date coverage on the insured person becomes effective under this policy.

Diagnostic Requirements for Kidney (Renal) Failure

The diagnosis of kidney (renal) failure must be based on the chronic irreversible failure of the function of both kidneys, requiring regular dialysis or kidney transplant.

Stroke

If the word “stroke” is not listed under “critical illness diagnosis” in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Stroke means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism, or cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent neurological damage at least six weeks after the event
- Findings on magnetic resonance imaging (MRI), computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke

For the purpose of this definition, stroke does not mean:

- Transient ischemic attacks (TIA)
- Brain damage due to accident or injury, infection, vasculities, inflammatory disease, or a demyelinating process
- Vascular disease affecting the eye or optic nerve
- Ischemic disorders of the vestibular system

Stroke Benefit

If a stroke is initially both incurred and is diagnosed more than 30 days after the effective date coverage on the insured person begins, we will pay the critical illness maximum benefit percentage.

Diagnostic Requirements for Stroke

The diagnosis of stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies.

Coma

If the word "coma" is not listed under "critical illness diagnosis" in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Coma, or comatose, means a profound state of unconsciousness lasting at least 96 hours from which the insured person cannot be aroused to consciousness, and in which stimulation will produce no more than primitive avoidance reflexes.

Coma Benefit

If a coma is both initially incurred and diagnosed more than 30 days after the effective date coverage on the insured person begins, we will pay the critical illness maximum benefit percentage.

Diagnostic Requirements for Coma

The diagnosis of a coma must be documented by evidence of a neurological deficit that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine coma.

Coronary Artery Bypass

If the words "coronary artery bypass" are not listed under "critical illness diagnosis" in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Coronary artery bypass means the use of a noncoronary blood vessel(s) (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries.

Coronary Artery Bypass Benefit

We will pay the critical illness benefit if, more than 30 days after the date coverage on the insured person becomes effective under this policy, both of the following conditions are met:

- The need for a coronary artery bypass is first diagnosed
- Insured person undergoes a coronary artery bypass

We will pay this benefit once per lifetime per insured person.

An illness that does not require surgery but requires a medical procedure such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial procedures is not covered.

Diagnostic Requirements for Coronary Artery Bypass

A cardiologist must make the diagnosis of the need for a coronary artery bypass based on angiographic evidence of the underlying disease.

Major Organ Transplant

If the words “major organ transplant” are not listed under “critical illness diagnosis” in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Major organ transplant means having undergone surgery as a recipient of a transplant as follows:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or
- Whole human organs limited to heart, lung, liver or pancreas because of the irreversible end stage failure of such organs

For the purpose of this definition, major organ transplant does not mean:

- Other stem cell transplant
- Partial organ transplant or any other whole organ not previously listed

Major Organ Transplant Benefit

We will pay the critical illness maximum benefit percentage if more than 30 days have passed after the date coverage on the insured person becomes effective under this policy and both of the following conditions are present:

- The need for a major organ transplant is first diagnosed
- Insured person undergoes a major organ transplant

United Network of Organ Sharing (UNOS)

We will pay 25 percent of the benefit for a major organ transplant when the insured is entered into the national waiting list for organ transplants.

Paralysis/Paralyzed

If the words “paralysis/paralyzed” are not listed under “critical illness diagnosis” in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Paralysis/paralyzed means quadriplegia, paraplegia or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine if paralysis is permanent. “Quadriplegia” means the complete and irreversible paralysis of both upper and lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Limb” means entire arm or an entire leg.

Paralysis Benefit

If paralysis is both initially incurred and diagnosed more than 30 days after the effective date coverage on the insured person begins, we will pay the critical illness maximum benefit percentage. We will pay this benefit once per lifetime per insured person.

If an insured person is diagnosed with more than one type of paralysis, only the largest benefit amount for the separate types of paralysis will be paid. We will not pay any benefit for a paralysis that results from psychiatric-related causes.

Diagnostic Requirements for Paralysis

The diagnosis of paralysis must be based on documented evidence of the illness or injury that caused the paralysis.

Severe Burn

If the words "severe burn" are not listed under "critical illness diagnosis" in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Severe burn means the cosmetic disfigurement of a body surface or area that is a full-thickness or third-degree burns covering at least 20 percent of the body surface.

Severe Burn Benefit

If a severe burn is initially both incurred and diagnosed more than 30 days after the effective date coverage on the insured person begins, we will pay the critical illness maximum benefit percentage.

Loss of Sight, Speech or Hearing

If the words "loss of sight, speech or hearing" are not listed under "critical illness diagnosis" in the policy schedule, this provision does not apply, and we will pay no benefits for this illness.

Loss of sight, speech or hearing means the irreversible loss of sight in both eyes, the irreversible loss of the ability to speak, or the irreversible loss of hearing for all sounds in both ears as described below.

Loss of Sight, Speech or Hearing Benefits

If a loss of sight, speech or hearing is initially both incurred and diagnosed more than 30 days after the date coverage on the insured person becomes effective under this policy, we will pay the critical illness maximum benefit percentage.

We will not pay any benefit for a loss of sight, speech or hearing that results from psychiatric-related causes.

Diagnostic Requirements for Loss of Sight, Speech or Hearing

A licensed professional or specialist in the applicable field of medicine must make the diagnosis of loss of sight, speech or hearing.

The diagnosis of loss of sight must indicate that corrective visual acuity is greater than 20/200 in both eyes, or the field of vision is less than 20 degrees in both eyes.

The diagnosis of loss of speech must include documented evidence of the illness, which results in the loss of the ability to communicate orally for the continuous 12-month period prior to the diagnosis.

The diagnosis of loss of hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.

Carcinoma in Situ

Carcinoma in Situ Benefit

If carcinoma in situ initially both manifests and is diagnosed more than 90 days after the date coverage on the effective date coverage on the insured person begins, we will pay the critical illness maximum benefit percentage not to exceed \$25,000. We will pay this benefit once per lifetime per insured person.

Diagnostic Requirements for Carcinoma in Situ

Carcinoma in situ must be diagnosed by a physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. A clinical diagnosis alone does not meet the requirements of this provision.

Loss of Independent Living

If the words "loss of independent living" are not listed under "critical illness diagnosis" in the policy schedule, this provision does not apply, and we will pay no benefits.

Loss of Independent Living Benefit

If an insured person both initially incurred and was diagnosed with permanent loss of two or more Activities of Daily Living after the waiting period and if we receive proof that such permanent loss continues after the end of the 180-day elimination period, we will pay any remaining amount of the critical illness maximum benefit percentage.

There is no coverage for loss of independent living if the insured person initially incurred or was diagnosed with permanent loss of two or more Activities of Daily Living before the end of the waiting period.

Diagnostic Requirements for Loss of Independent Living

Loss of two or more Activities of Daily Living must be diagnosed by a physician and expected by such physician to be permanent. An insured person must also be under the regular and appropriate care of a physician.

Diagnostic Requirements for All Critical Illnesses

We reserve the right to require a physical examination of the insured person or the review of any critical illness diagnosis by a physician of our choice in the United States at our expense. Such physician must:

- Have specialty training and board certification in the field of medicine specific to the critical illness being diagnosed
- Follow all typically accepted procedures and protocols in the diagnosis of the critical illness

We will not pay for any travel or other expenses of the insured person related to any such examination. We reserve the right to select an independent and acknowledged expert in the applicable field of medicine to review the evidence used in making any disputed critical illness diagnosis. Such expert's opinion regarding the disputed critical illness diagnosis shall be binding on both the insured and the company.

Preventive Care Benefit

If an insured person undergoes any of the health screening tests listed below while covered by this policy, we will pay up to the preventive care benefit stated in the policy schedule. Payment of this benefit does not reduce the critical illness maximum benefit amount provided by this policy for any covered critical illness.

Health Screening Tests

Tests are limited to the following:

- Blood test for triglycerides
- Breast ultrasound
- Chest X-ray
- Colonoscopy
- Electrocardiogram (EKG)
- Fasting blood glucose test
- Flexile sigmoidoscopy
- Hemocult stool analysis
- Mammography (additional screening benefit required in California)
- Pap test
- Prostate-specific antigen (PSA) test (blood test for prostate cancer)
- Serum cholesterol test to determine levels of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill

Pre-existing Conditions, Limitations and Exclusions

No benefits are payable for or on account of:

- A pre-existing critical illness until the policy has been in force for one or two years (varies by state)
- A critical illness occurring during the first 30 days of coverage, or the first 90 days of coverage for invasive or in situ cancer (varies by state — see policy form). However, an insured child born after the effective date of this policy will be covered from birth for the critical illnesses stated in the policy schedule.
- The insured's suicide or any attempt at suicide or intentionally self-inflicted injury or sickness or any attempted intentionally self-inflicted injury or sickness
- The insured's being under the influence of drugs or intoxicants, including those taken under the direction of a physician
- The insured's commission of or attempt to commit an assault or felony
- The insured's engagement in an illegal activity or occupation
- The insured's voluntary participation in any riot or civil insurrection
- Any illness specifically excluded from the definition of any critical illness
- Declared or undeclared war, or any act of declared or undeclared war (in the United States or Canada)
- Balloon angioplasty, laser relief or other like procedure
- Practicing or participating in any semiprofessional or professional competitive athletic contest for which compensation or remuneration is received

(Important note: Not all benefits and exclusions are covered in every state. Please consult the policy form and outline of coverage for state variations.)

Underwriting

Completion of the Application

The application is a part of the contract. It is important, therefore, that all statements be complete and accurate. Please complete all questions in full. Questions are not to be left blank, as this could delay processing.

When it is necessary to correct a mistake on the application, always do so in the presence of the applicant, who must then initial the correction. Please refrain from using white-out correction fluids or tapes.

The application is the foundation of the policy, which is a legal contract between the insured and the insurance company. Applications must be completed, dated and signed by the applicant and/or proposed insured(s) (if different from the applicant) and witnessed by the agent. It is strongly recommended the agent witness the completion of the application in the presence of the applicant/proposed insured whenever possible. The application date is the date the application is written.

The application cannot be back-dated for any reason.

General Information

Final underwriting action may differ from those indicated in this guide as AIG's underwriting team has access to additional information beyond what is provided on the application. Please advise your clients that only the underwriting department can determine the final disposition of their application.

This is strictly a guide. The company reserves the right to consider each applicant on his or her merit.

Medical Requirements

Nonmedical

Face amounts up to \$100,000

- Completion of the application is required. Underwriting will review the application and other resources to determine if any additional requirements are necessary.

Medical

Requirements will be age- and amount-driven. Face amount is based on the total number of critical illness coverage policies issued and in force by all AIG American General life insurance companies within the past 12 months.

Face amounts \$100,001 and greater

- Personal history interviews may be required at the discretion of the underwriter

Additional testing or medical records will be requested at the discretion of the underwriter.

Face Amount	Ages 18 – 40	Ages 41 – 50	Ages 51 – 64
\$100,001–249,999	PM, B/U	PM, B/U	PM, B/U, EKG
\$250,000–500,000	PM, B/U	PM, B/U, PHI, APS	PM, B/U, PHI, APS, EKG

APS Attending Physician Statement
B/U Full Blood Profile and Urinalysis
EKG Resting EKG

PHI Personal History Interview
PM Paramedical Exam to Include Height/Weight, Blood Pressure and Pulse

Nicotine

Nicotine usage is considered as use of any product that contains nicotine, such as cigarettes, cigars, pipes or chewing tobacco, and nicotine gum or patches.

To be considered a non-nicotine applicant, there must have been no use within the last year prior to the application date.

Build (Height and Weight)

The following chart is provided to assist in selecting applicants who do not exceed the maximum weight established. Applicants who exceed the established limit are not eligible for coverage. Applicants whose height and weight falls between average weight and maximum weight will be evaluated based on weight and other possible health risk factors.

Height/Weight Charts

Height/Weight Chart — Male (Ages 15 and over)				
Height Feet	Inches	Minimum Weight	Average Weight	Maximum Weight
5	0	90	129	199
5	1	93	133	205
5	2	97	138	213
5	3	100	143	220
5	4	103	147	226
5	5	106	151	233
5	6	109	156	240
5	7	112	160	246
5	8	116	165	254
5	9	119	170	262
5	10	122	174	268
5	11	125	179	276
6	0	129	184	283
6	1	133	190	293
6	2	137	195	300
6	3	141	201	310
6	4	144	206	317
6	5	148	211	325
6	6	152	217	334
6	7	156	223	343
6	8	160	228	351

Height/Weight Chart — Female (Ages 15 and over)				
Height Feet	Inches	Minimum Weight	Average Weight	Maximum Weight
4	8	75	107	177
4	9	77	110	182
4	10	79	113	186
4	11	81	115	190
5	0	83	118	195
5	1	85	121	200
5	2	87	124	205
5	3	90	128	211
5	4	92	131	216
5	5	94	134	221
5	6	96	137	226
5	7	99	141	233
5	8	102	145	239
5	9	105	150	248
5	10	107	153	252
5	11	111	159	265
6	0	115	164	271
6	1	118	168	277
6	2	120	172	284
6	3	123	176	290
6	4	127	180	299

Common Medical Conditions

AIG CriticalCare Plus is a fully underwritten product. Although our ultimate decision is either to issue or decline coverage (no rate-ups, elimination riders or flat extra premiums), we are able to use any and all risk selection tools at our disposal. This might include medical exams, APS, blood profile, EKG, specimens, telephone interviews, etc.

The following is intended to assist you in your field underwriting:

Generally, an applicant is not eligible for coverage if he or she has ever had a history of any of the critical illness events that trigger a benefit of the policy. This includes but is not limited to heart conditions, heart attacks and bypass surgery, and any form of cancer other than minor skin cancer.

Applicants who have a medical condition that might lead to a critical illness must be underwritten very carefully. The most common are:

Asthma and/or Allergy

- Will accept if controlled without steroid use
- Will not consider if there is ongoing steroid use, there are over 10 attacks per year, status asthmaticus is involved, and/or applicant has been hospitalized within two years

Colon Polyps

- Will consider if removed, and was diagnosed as being hyperplastic or hamartomatous
- Will not consider if the following situations exist:
 - The polyp is present
 - It is pre-malignant, malignant or carcinoma in situ
 - It has been removed and is adenomatous, tubular or villous

Depression/Anxiety

- Will offer individual consideration if the depression was for a short period of time and initially triggered by a traumatic event, such as the death of a family member or loved one. We may be able to offer if it was a single episode of minor depression or anxiety controlled with or without medication. In addition, there had to have been no in-patient or out-patient treatment, no lithium or ECT use, and no history of substance abuse or suicide attempts or ideations.
- Will not consider if multiple episodes occurred or if:
 - Applicant was diagnosed as having major depression or bipolar disorder
 - Applicant presents a history of lithium or ECT use, in-patient or out-patient treatment, or substance abuse
 - A suicide attempt or ideation was made

Ear Disorders

- Will consider labyrinthitis (not associated with any impairment), mastoiditis (mild and acute), and otitis externa, after full recovery
- Will offer individual consideration to Meniere's disease
- Will not consider if there is a history of deafness, hearing loss, use of a hearing aid, otosclerosis or tinnitus

Epilepsy

- Will consider if applicant experienced only one seizure over six months ago with a negative investigation
- Individual consideration will be given in the case of multiple seizures that are well controlled with the last being over six months ago
- Will not consider if applicant has experienced a seizure with onset after age 60 or status epilepticus

Eye Disorders

- Will consider conjunctivitis, corneal ulcer, iritis, keratitis and surgically corrected cataract, after full recovery
- Will consider retinal detachments or hemorrhage caused by trauma or cause unknown after fully recovered
- Will not consider if there is a history of glaucoma, optic neuritis, macular degeneration, blindness, partial blindness or impaired vision

High Blood Pressure

We will consider an applicant with "controlled" high blood pressure. In order to help us make a decision, the agent must provide us with:

- Date diagnosed
- Date and level of most recent blood pressure reading and average reading over past six months
- Type of treatment received
- If on medication, name and dosage
- Physician's statement on whether the condition is under control
- Confirmation that cardiac testing was completed with names of tests, dates and results

Hypercholesterolemia

Consideration will be given subject to the following information:

- Date diagnosed
- Date and level of most recent total cholesterol and HDL cholesterol readings
- Physician's statement on whether the condition is under control
- Disclosure of any other cardiovascular conditions or complications

Mitral Valve Prolapse

Will consider if diagnosed as being asymptomatic.

Skin Cancer

- We will accept applications with the cancer benefit if the skin cancer is diagnosed as basal cell or squamous cell carcinoma. It must be a one-time occurrence, with six months having elapsed since the removal.
- Individual consideration will be given without the cancer benefit if there were multiple occurrences or multiple sites
- All other forms of skin cancer are a decline for 10 years, with individual consideration afterward

Ineligible Conditions Table

Common medical conditions that are considered uninsurable. This list is not all-inclusive.

AIDS/HIV or ARC Positive	Cystic Fibrosis	Muscular Dystrophy
Alcoholism (within five years) ⁶	Diabetes	Multiple Sclerosis
Alzheimer's Disease	Drug Abuse (within 5 years) ⁶	Myocardial Infarction
Aneurysm	Heart Attack	Paget's Disease
Angina Pectoris	Hepatitis B, C	Polyarteritis Nodosa
Arteriosclerosis	Hodgkin's Disease	Polycystic Renal Disease
Atherosclerosis	Intermittent Claudication	Pulmonary Embolism
Atrial Fibrillation	Ischemic Heart Disease	Renal Dialysis
Cancers, including melanoma	Kidney Disease (chronic)	Stroke
Cerebrovascular Accident	Leukemia	Systemic Lupus Erythematosus
Congestive Heart Failure	Liver Disorders	Transient Ischemic Attack (TIA)
Coronary Artery Bypass	Malignant Tumors	Valvular Heart Surgery
Crohn's Disease		

Ineligible Weight Conditions

- Involuntary weight loss of 20 pounds or more within six months of application
- Weight that exceeds the established underwriting limit

Confidential Personal Information

Disclosure of personal health information is in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulation. Therefore, the underwriting department is not allowed to disclose personal health information except in the following format:

- The proposed insured makes a written request to the underwriting department to disclose the history
- The underwriting department will provide the necessary request form to the proposed insured
- The form will need to be completed, notarized and returned to the underwriting department
- Personal history will be disclosed to the proposed insured, the designated physician or a third party based on the request form

Age Calculation

Rates are based on issue age.

Family Unit

Coverage and eligibility for family units include one or more members of the immediate family, consisting of a husband, wife and their unmarried, dependent children. Legally adopted children and stepchildren of either the insured or spouse will also be considered part of the family unit. Children must be dependent on the insured or spouse and living in the same household or enrolled in a college or university. Specific state guidelines regarding age limitations do apply.

⁶ Alcoholism/drug addiction can be considered after five years on an individual basis. History of IV drug use will be declined.

Underwriting General Information

Medical Information Bureau (MIB)

MIB will be utilized on all adult applicants applying for coverage. Information furnished by the bureau may provide an alert as to the possible need for further investigation, but under MIB rules, it cannot be used as the basis for evaluating risks.

Attending Physician's Statement (APS)

An Attending Physician's Statement is a confidential request and reply from the proposed insured's physician in regard to the applicant's medical treatment. Medical records will be required on all applicants applying for face amounts of \$250,000 and greater or at the discretion of the underwriter. Please advise your client of the possibility of requiring medical records in order to evaluate appropriate risks. Delays in processing may be due to requests for these records.

Personal History Interview (PHI)

Personal History Interview is a method for the underwriting department to clarify and verify information obtained on the application or other sources. PHIs will be required on face amounts \$250,000 or greater or at the discretion of the underwriter. Please make applicants aware of the possibility of receiving a phone call from AIG American General to confirm medical information. Coverage cannot be issued unless contact has been made and all information required has been completed.

Motor Vehicle Report (MVR)

A Motor Vehicle Report will be requested at the discretion of the underwriter.

Field Medical Underwriting Tips

- Provide complete information on past and current medical history, including dates, type of treatment and physician name and address
- Never suggest or promise that a contract will be issued; only the underwriting department can make the final decision
- Write legibly with black ink when completing the application
- Select good risks, that is, clients who are in reasonably good health and are of sound moral character

Occupations/Avocations

The applicant's occupation, duties and salary should be provided in detail on the application. Certain occupations or avocations have inherent hazards or other adverse risk characteristics. The following occupations or avocations present certain risk factors and will be declined. All occupations that are questionable should be investigated by obtaining details of the occupation and any risk factors.

Miners	Loggers	Stunt Performers
Professional Athletes	Explosive Workers	Circus Employees
Toxic Waste Handlers	Missionaries	Divers 60+ Feet (Skin/SCUBA)
Racers (Car, Motorcycle etc.)	Hang Gliders	Rodeo Participants
Parachuting/Skydiving		

This list is not all-inclusive. Use underwriting discretion and common sense when reviewing occupations and avocations.

In addition to the above listing, the insurance company reserves the right to decline any firm or individual which is involved in certain extra-hazardous industries that do not conform to sound underwriting practices.

Non-U.S. Citizens

Non-U.S. citizens consist of immigrants, refugees, resident aliens and persons visiting on a temporary basis. Candidates must provide U.S. citizen status or meet permanent residency status. Candidates must have lived in the United States more than two years and have medical documentation by a U.S. physician. Applicants who are applying for permanent residency status will be reviewed on an individual basis. Applicants must provide occupation and country of origin, display U.S. stability, and provide a copy of the residency application.

Aviation

Private Pilots (Under the age of 70)

• Pilots who fly less than 300 hours annually	Standard
• 301+ hours annually	Decline
• Less than 75 total hours flying experience	Decline

Student Pilots

• Less than 75 total hours flying experience	Decline
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Instructors

• Less than 300 hours of total solo flying	Decline
• 300+ hours of solo flying and flies 200+ hours annually	Standard

Commercial Pilots and Crew

• Passenger and cargo (this includes large airlines and commuter carriers.)	Standard
• All other	Individual consideration

Any Pilot Who Performs the Following Will Be Declined:

- Stunting
- Crop dusting
- Forestry service
- Experimental

Clients who were former pilots can be considered standard if the proposed insured has not flown within two years and presents satisfactory evidence (written document or medical statement from physician) that he/she has no intention of flying as a pilot in the future.

Family History

Family history plays an important role in the risk selection for critical illness protection. Coverage will not be issued if two or more first-degree relatives, which includes mother, father and siblings, are diagnosed or treated for the following:

- Cancer prior to age 55
- Premature coronary heart disease (male prior to age 55, female prior to age 65)
- History of polycystic kidney disease
- Cerebrovascular disease prior to age 55

Financial Information

Personal Insurance

Minimum face amount \$10,000

Maximum face amount

- Insured 5 times the earned income up to \$500,000
- Insured child \$50,000 (not to exceed the primary insured amount)

Financial inquiries of the applicant's income will be occasionally requested.

The following are examples when additional information also may be needed:

- If benefit amount exceeds established limit, or in financial requests such as mortgage and loan balances
- If a nonemployed spouse is covered (benefit amount will be limited to 50 percent of the employed spouse's limit up to a maximum of \$250,000)

Business Insurance

Key Person

Maximum of three times key person's compensation. Justification of key person's value and similar coverage will be required.

Buy/Sell

Amount should be proportional to the percentage of ownership of each partner with a buy/sell agreement in place.

Requirements

- Up to \$250,000: Provide personal income and business net worth, net income and percentage of ownership
- \$250,000 to 500,000: Provide financial questionnaire with full business details. Inspection report and/or business beneficiary report may be required.

Declinations

Reasons why coverage would be declined on any individual:

- An existing condition/disease or medical history identified as an ineligible condition
- Any use of narcotic drugs other than those prescribed by a physician
- Treatment for drug or alcohol addiction within the last five years. If over five years, applicants will be considered on an individual basis.
- History of IV drug usage
- Height and weight exceeds the established guidelines
- Applicant is disabled or receiving disability benefits
- Applicant has been advised to have surgery or special tests that have not yet been performed
- Multiple conditions exist that exceed established underwriting criteria. For example, a smoker with both hypertension and obesity would be declined due to adverse medical risks.

Disclaimer

This information is strictly a guide. The company reserves the right to consider each applicant on his or her own merit. Internal guidelines and procedures provided by AIG should always be considered in conjunction with these guidelines. This guide is under continuous review and will be periodically updated. Additional optional benefits sold in conjunction with *AIG CriticalCare Plus* will be underwritten separately and guidelines will be provided by AIG.

Rates

Modal Factor

Nationwide	
Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	0.095

Florida	
Annual	1.000
Semiannual	0.500
Quarterly	0.250
Monthly	0.0833

Policy Fee: \$0.40 per collected premium on all modes except annual

Calculation		
Base Rate	$\$13.39 \times 250$	\$3,347.50
	$8.73 \times 200 +$	1,746.00
Base Rate Total		5,093.50
Benefit	4.00×250	1,000.00
Extension Rate	$1.99 \times 200 +$	398.00
BER Total		1,398.00
Base + BER Total		6,491.50
x Modal Factor	x	.095
		616.69
+ Policy Fee	+	0.40
Monthly Premium		\$617.09

How to Calculate Rates

1. Multiply the rate per \$1,000 times the amount of coverage for each insured
2. Add the cost of any optional rider
3. Add base total and optional rider total
4. Multiply this amount by the appropriate modal factor
5. Add the policy fee (except for annual modes)

Example

Male, age 45, nontobacco, purchasing \$250,000, and spouse, age 40, purchasing \$200,000, Benefit Extension Rider and Lifetime plan; requesting monthly bank draft mode; national rates.

(Important note: The rates on this page and the following pages are current as of April 7, 2006, and are based on state approvals as of April 7, 2006.)

National Rates — Annual Rates per \$1,000 Coverage

10-Year Plan

(for all states except California, Florida, Maine, New Hampshire, North Carolina, North Dakota and West Virginia)

Based on state approvals through April 7, 2006

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.70	1.68	1.28	3.17	2.17	1.65	3.28	2.36	1.82	4.20	3.32	2.57
25–29	2.97	2.04	1.54	3.67	2.82	2.13	4.53	3.55	2.72	6.32	5.34	4.07
30–34	3.92	2.96	2.28	5.64	4.72	3.64	5.48	4.51	3.42	8.29	7.33	5.58
35–39	6.18	5.26	4.15	10.98	9.95	7.94	7.09	6.13	4.69	11.96	10.93	8.39
40–44	10.04	9.04	7.22	21.74	20.50	16.52	9.70	8.71	6.73	18.58	17.41	13.52
45–49	14.86	13.77	10.94	37.81	36.24	28.82	13.45	12.38	9.58	29.10	27.71	21.47
50–54	19.90	18.65	14.84	54.74	52.90	41.69	16.89	15.74	12.15	39.36	37.83	29.11
55–59	28.31	26.95	21.14	79.75	77.43	59.09	22.97	21.72	16.79	55.43	53.58	40.93
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.06	1.04	0.98	1.57	1.54	1.34	1.81	1.77	1.55	2.78	2.73	2.29
25–29	1.44	1.41	1.24	2.25	2.21	1.83	3.00	2.94	2.42	4.83	4.74	3.80
30–34	2.42	2.37	1.99	4.21	4.13	3.37	3.99	3.91	3.15	6.87	6.74	5.31
35–39	4.76	4.67	3.88	9.54	9.35	7.66	5.65	5.54	4.42	10.53	10.32	8.11
40–44	8.61	8.44	6.95	20.28	19.88	16.24	8.27	8.11	6.45	17.14	16.80	13.24
45–49	13.42	13.16	10.66	36.32	35.60	28.53	12.03	11.78	9.30	27.64	27.09	21.19
50–54	18.56	18.08	14.58	53.34	52.28	41.42	15.57	15.18	11.90	38.01	37.25	28.85
55–59	26.91	26.37	20.88	78.29	76.74	58.81	21.62	21.15	16.53	54.03	52.96	40.66
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80
Juvenile	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12

National Rates — Annual Rates per \$1,000 Coverage

15-Year Plan

(for all states except California, Florida, Maine, New Hampshire, North Carolina, North Dakota and West Virginia)

Based on state approvals through April 7, 2006

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.71	1.76	1.31	3.27	2.33	1.74	3.43	2.53	1.93	4.51	3.66	2.82
25–29	3.25	2.31	1.76	4.35	3.39	2.63	4.71	3.75	2.84	6.75	5.76	4.39
30–34	4.49	3.58	2.81	7.14	6.26	5.04	5.81	4.84	3.68	9.10	8.17	6.28
35–39	7.08	6.19	5.01	13.77	12.76	10.58	7.64	6.69	5.15	13.51	12.51	9.78
40–44	10.99	10.04	8.13	25.18	23.94	19.76	10.41	9.47	7.37	20.83	19.68	15.54
45–49	16.51	15.44	12.44	39.13	37.45	33.23	14.48	13.45	10.50	32.01	30.65	24.08
50–54	21.57	20.44	16.41	58.81	57.02	45.25	18.15	17.09	13.35	42.44	40.95	31.88
55–59	31.01	29.73	23.31	85.52	83.28	63.00	24.48	23.32	18.07	58.31	56.54	43.06
60–64	40.51	39.08	25.16	–	–	–	31.07	29.77	19.17	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.14	1.12	1.02	1.74	1.71	1.46	2.01	1.97	1.68	3.16	3.10	2.57
25–29	1.72	1.69	1.48	2.86	2.81	2.35	3.20	3.14	2.56	5.29	5.20	4.13
30–34	3.07	3.02	2.57	5.79	5.69	4.79	4.35	4.27	3.42	7.75	7.61	6.03
35–39	5.73	5.63	4.76	12.41	12.19	10.33	6.23	6.12	4.91	12.14	11.93	9.53
40–44	9.64	9.47	7.88	23.78	23.35	19.51	9.05	8.89	7.13	19.45	19.10	15.29
45–49	15.14	14.86	12.19	37.81	36.79	32.97	13.10	12.87	10.25	30.59	30.04	23.83
50–54	20.27	19.88	16.17	57.41	56.38	45.00	16.88	16.55	13.12	41.11	40.37	31.64
55–59	29.66	29.13	23.07	84.04	82.54	62.73	23.17	22.75	17.84	56.93	55.91	42.82
60–64	39.01	38.31	24.89	–	–	–	29.59	29.06	18.92	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90
Juvenile	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43

National Rates — Annual Rates per \$1,000 Coverage

20-Year Plan

(for all states except California, Florida, Maine, New Hampshire, North Carolina, North Dakota and West Virginia)

Based on state approvals through April 7, 2006

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.05	2.01	1.52	3.80	2.74	2.13	3.75	2.72	2.11	4.94	3.97	3.14
25–29	3.76	2.71	2.17	5.25	4.17	3.51	5.20	4.11	3.14	7.50	6.38	4.98
30–34	5.11	4.10	3.41	8.53	7.54	6.87	6.41	5.31	4.12	10.19	9.12	7.25
35–39	7.74	6.76	5.69	15.33	14.21	12.59	8.34	7.25	5.70	14.86	13.75	11.16
40–44	12.00	10.94	9.13	27.15	25.79	22.33	11.23	10.18	8.09	22.43	21.17	17.27
45–49	17.64	15.73	12.98	40.93	38.66	33.35	14.74	13.69	10.88	32.23	30.84	24.40
50–54	22.86	21.58	17.73	60.68	58.76	47.37	19.11	17.98	14.27	43.98	42.38	33.39
55–59	31.44	30.06	23.32	86.68	85.14	63.01	24.90	23.65	18.08	59.32	57.45	43.07
60–64	41.35	39.90	25.31	–	–	–	31.79	30.46	19.48	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.30	1.28	1.22	2.06	2.02	1.83	2.13	2.09	1.84	3.41	3.35	2.89
25–29	2.06	2.02	1.86	3.59	3.53	3.21	3.48	3.42	2.84	5.84	5.74	4.68
30–34	3.54	3.48	3.15	7.04	6.91	6.38	4.74	4.66	3.82	8.64	8.49	7.00
35–39	6.25	6.14	5.44	13.81	13.57	12.34	6.75	6.63	5.44	13.37	13.12	10.91
40–44	10.50	10.31	8.87	25.58	25.12	22.07	9.72	9.55	7.83	20.88	20.51	17.01
45–49	16.09	15.12	12.96	39.53	38.60	33.10	13.95	13.09	10.60	30.75	30.21	24.15
50–54	21.48	20.96	17.49	59.09	58.04	47.08	17.73	17.38	14.03	42.48	41.72	33.14
55–59	29.91	29.37	23.08	84.05	82.55	62.74	23.42	23.00	17.85	57.75	56.72	42.83
60–64	39.72	39.01	25.02	–	–	–	30.20	29.66	19.21	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Juvenile	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85

National Rates — Annual Rates per \$1,000 Coverage

30-Year Plan

(for all states except California, Florida, Maine, New Hampshire, North Carolina, North Dakota and West Virginia)

Based on state approvals through April 7, 2006

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.82	2.66	2.11	5.38	4.19	3.59	4.36	3.22	2.54	6.08	5.01	4.06
25–29	4.79	3.62	3.02	7.69	6.47	5.87	5.61	4.88	3.76	9.30	8.04	6.50
30–34	6.42	5.35	4.52	11.62	10.53	9.66	6.84	6.30	4.95	11.50	11.32	9.32
35–39	9.37	8.33	6.97	18.70	15.95	14.79	8.73	8.00	6.73	16.25	15.36	12.63
40–44	13.89	11.90	10.57	28.61	26.30	22.75	11.76	10.68	8.46	23.27	21.73	17.77
45–49	19.06	16.15	13.19	42.60	40.87	33.42	15.12	14.00	11.00	32.37	31.17	24.52
50–54	23.14	21.93	17.74	61.94	60.08	47.38	19.47	18.33	14.28	44.77	43.21	33.40
55–59	31.77	30.39	23.33	89.23	87.00	63.02	25.24	23.98	18.09	60.14	58.35	43.08
60–64	42.06	40.72	26.23	–	–	–	32.43	31.16	20.35	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.90	1.87	1.81	3.43	3.38	3.28	2.60	2.56	2.23	4.42	4.35	3.75
25–29	2.95	2.91	2.71	5.85	5.76	5.57	4.16	4.10	3.45	7.41	7.30	6.19
30–34	4.75	4.68	4.21	10.00	9.85	9.35	5.67	5.59	4.64	10.80	10.64	9.00
35–39	7.77	7.66	6.71	17.04	15.74	14.50	7.95	7.83	6.42	15.00	14.72	12.50
40–44	12.25	11.84	10.30	27.30	25.50	22.52	11.14	10.00	8.44	21.99	21.10	17.54
45–49	17.37	15.59	13.14	41.22	40.10	33.16	14.91	13.40	10.80	30.94	30.38	24.29
50–54	21.56	21.23	17.50	60.16	59.26	47.09	17.94	17.66	14.04	43.13	42.48	33.15
55–59	30.06	29.61	23.09	87.32	86.02	62.75	23.61	23.25	17.86	58.39	57.52	42.84
60–64	40.32	39.71	25.91	–	–	–	30.72	30.26	20.06	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
Juvenile	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99

National Rates — Annual Rates per \$1,000 Coverage

Lifetime Plan

(for all states except California, Florida, Maine, New Hampshire, North Carolina, North Dakota and West Virginia)

Based on state approvals through April 7, 2006

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	5.72	5.64	5.02	7.13	6.54	6.05	5.03	4.57	3.96	7.47	6.35	5.65
25–29	6.95	6.85	5.93	9.18	8.53	7.98	6.03	5.48	4.87	9.93	8.83	7.52
30–34	8.58	8.06	7.15	13.37	11.10	10.20	7.29	6.54	5.78	12.70	11.45	9.64
35–39	11.48	9.73	8.53	19.63	16.48	14.92	9.14	8.19	7.00	16.93	15.55	12.91
40–44	15.81	12.33	10.80	29.17	26.33	22.82	12.32	10.75	8.82	23.28	21.88	17.83
45–49	20.58	16.30	13.39	42.62	41.08	33.49	15.24	14.17	11.07	32.59	31.23	24.62
50–54	26.09	21.95	17.75	61.96	60.10	47.39	19.56	18.41	14.29	44.81	43.25	33.41
55–59	33.91	30.44	23.34	89.27	87.04	63.03	25.31	24.05	18.10	60.21	58.42	43.09
60–64	45.32	40.79	26.88	–	–	–	32.53	31.25	20.39	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	5.45	5.37	4.92	6.66	6.38	5.93	4.42	4.35	3.84	6.03	5.83	5.42
25–29	6.62	6.52	5.81	8.68	8.32	7.89	5.30	5.22	4.77	8.40	8.23	7.29
30–34	8.22	7.90	7.01	11.71	10.82	10.10	6.32	6.23	5.72	11.06	10.85	9.40
35–39	10.39	9.54	8.36	17.99	15.85	14.69	8.23	8.06	6.93	15.21	14.93	12.66
40–44	15.18	12.08	10.70	27.53	25.66	22.57	11.24	10.14	8.73	22.00	21.23	17.58
45–49	19.97	15.65	13.32	41.23	40.36	33.23	14.92	13.54	10.85	31.04	30.55	24.37
50–54	25.57	21.25	17.51	60.21	59.28	47.10	18.07	17.75	14.05	43.17	42.51	33.16
55–59	31.95	29.66	23.10	87.43	86.06	62.76	23.70	23.32	17.87	58.48	57.58	42.85
60–64	40.42	39.78	25.95	–	–	–	30.88	30.36	20.10	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
Juvenile	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15

National Rates — Annual Rates per \$1,000 Coverage

BER/ADD/Medical Personnel HIV Rider

(for all states except California, Florida, Maine, New Hampshire, North Carolina, North Dakota and West Virginia)

Based on state approvals through April 7, 2006

Male Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	4.65	5.23	4.79	6.53	9.15	11.62	13.07
55–59	2.27	3.09	4.26	5.50	6.18	5.81	7.93	11.10	14.10	15.86
60–64	–	3.83	5.28	6.81	7.66	–	–	–	–	–

Female Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	2.58	3.06	2.71	3.69	5.17	6.56	7.38
55–59	1.45	1.84	2.54	3.27	3.89	3.42	4.67	6.54	8.30	9.34
60–64	–	2.21	3.04	3.92	4.66	–	–	–	–	–

Child Coverage					
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

	Accidental Death and Dismemberment Rider				
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.03	1.10	1.24	1.44	1.48

	Medical Personnel HIV Rider				
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18 – 39	0.38	0.49	0.63	0.70	0.74
40 – 64	0.16	0.17	0.22	0.27	0.30

⁷Issue age 18 to 59

California Rates — Annual Rates per \$1,000 Coverage

10-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.70	1.68	1.28	3.17	2.17	1.65	3.28	2.36	1.82	4.20	3.32	2.57
25–29	2.97	2.04	1.54	3.67	2.82	2.13	4.53	3.55	2.72	6.32	5.34	4.07
30–34	3.92	2.96	2.28	5.64	4.72	3.64	5.48	4.51	3.42	8.29	7.33	5.58
35–39	6.18	5.26	4.15	10.98	9.95	7.94	7.09	6.13	4.69	12.09	11.07	8.39
40–44	10.04	9.04	7.22	21.74	20.50	16.52	9.70	8.71	6.73	19.07	17.91	13.52
45–49	14.86	13.77	10.94	37.81	36.24	28.82	13.45	12.38	9.58	30.12	28.74	21.47
50–54	19.90	18.65	14.84	54.74	52.90	41.69	17.10	15.96	12.15	41.05	39.53	29.11
55–59	28.31	26.95	21.14	79.75	77.43	59.09	23.36	22.12	16.79	57.61	55.77	40.93
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.06	1.04	0.98	1.57	1.54	1.34	1.81	1.77	1.55	2.78	2.73	2.29
25–29	1.44	1.41	1.24	2.25	2.21	1.83	3.00	2.94	2.42	4.83	4.74	3.80
30–34	2.42	2.37	1.99	4.21	4.13	3.37	3.99	3.91	3.15	6.87	6.74	5.31
35–39	4.76	4.67	3.88	9.54	9.35	7.66	5.65	5.54	4.42	10.66	10.45	8.11
40–44	8.61	8.44	6.95	20.28	19.88	16.24	8.27	8.11	6.45	17.63	17.30	13.24
45–49	13.42	13.16	10.66	36.32	35.60	28.53	12.03	11.78	9.30	28.66	28.11	21.19
50–54	18.56	18.08	14.58	53.34	52.28	41.42	15.78	15.39	11.90	39.70	38.94	28.85
55–59	26.91	26.37	20.88	78.29	76.74	58.81	22.01	21.54	16.53	56.21	55.14	40.75
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80
Juvenile	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12

California Rates — Annual Rates per \$1,000 Coverage

15-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.71	1.76	1.31	3.27	2.33	1.74	3.43	2.53	1.93	4.51	3.66	2.82
25–29	3.25	2.31	1.76	4.35	3.39	2.63	4.71	3.75	2.84	6.75	5.76	4.39
30–34	4.49	3.58	2.81	7.14	6.26	5.04	5.81	4.84	3.68	9.10	8.17	6.28
35–39	7.08	6.19	5.01	13.77	12.76	10.58	7.64	6.69	5.15	13.55	12.60	9.78
40–44	10.99	10.04	8.13	25.18	23.94	19.76	10.41	9.47	7.37	21.27	20.17	15.54
45–49	16.51	15.44	12.44	39.13	37.45	33.23	14.48	13.45	10.50	32.97	31.66	24.08
50–54	21.57	20.44	16.41	58.81	57.02	45.25	18.23	17.21	13.35	44.00	42.55	31.88
55–59	31.01	29.73	23.31	85.52	83.28	63.00	24.74	23.62	18.07	60.36	58.63	43.06
60–64	40.51	39.08	25.16	–	–	–	31.33	30.10	19.17	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.14	1.12	1.02	1.74	1.71	1.46	2.01	1.97	1.68	3.16	3.10	2.57
25–29	1.72	1.69	1.48	2.86	2.81	2.35	3.20	3.14	2.56	5.29	5.20	4.13
30–34	3.07	3.02	2.57	5.79	5.69	4.79	4.35	4.27	3.42	7.75	7.61	6.03
35–39	5.73	5.63	4.76	12.41	12.19	10.33	6.23	6.12	4.91	12.22	12.02	9.53
40–44	9.64	9.47	7.88	23.78	23.35	19.51	9.05	8.89	7.13	19.93	19.59	15.29
45–49	15.14	14.86	12.19	37.81	36.79	32.97	13.10	12.87	10.25	31.59	31.05	23.83
50–54	20.27	19.88	16.17	57.41	56.38	45.00	16.98	16.66	13.12	42.69	41.96	31.64
55–59	29.66	29.13	23.07	84.04	82.54	62.73	23.45	23.04	17.84	59.00	57.99	42.84
60–64	39.01	38.31	24.89	–	–	–	29.91	29.39	18.92	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90
Juvenile	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43

California Rates — Annual Rates per \$1,000 Coverage

20-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.05	2.01	1.52	3.80	2.74	2.13	3.75	2.72	2.11	4.94	3.97	3.14
25–29	3.76	2.71	2.17	5.25	4.17	3.51	5.20	4.11	3.14	7.50	6.38	4.98
30–34	5.11	4.10	3.41	8.53	7.54	6.87	6.41	5.31	4.12	10.19	9.12	7.25
35–39	7.74	6.76	5.69	15.33	14.21	12.59	8.34	7.25	5.70	15.00	13.90	11.16
40–44	12.00	10.94	9.13	27.15	25.79	22.33	11.23	10.18	8.09	22.98	21.73	17.27
45–49	17.64	15.73	12.98	40.93	38.66	33.35	14.74	13.69	10.88	33.27	31.89	24.40
50–54	22.86	21.58	17.73	60.68	58.76	47.37	19.20	18.08	14.27	45.58	43.99	33.39
55–59	31.44	30.06	23.32	86.68	85.14	63.01	25.17	23.93	18.08	61.38	59.52	43.07
60–64	41.35	39.90	25.31	–	–	–	32.12	30.79	19.48	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.30	1.28	1.22	2.06	2.02	1.83	2.13	2.09	1.84	3.41	3.35	2.89
25–29	2.06	2.02	1.86	3.59	3.53	3.21	3.48	3.42	2.84	5.84	5.74	4.68
30–34	3.54	3.48	3.15	7.04	6.91	6.38	4.74	4.66	3.82	8.64	8.49	7.00
35–39	6.25	6.14	5.44	13.81	13.57	12.34	6.75	6.63	5.44	13.53	13.27	10.91
40–44	10.50	10.31	8.87	25.58	25.12	22.07	9.72	9.55	7.83	21.45	21.07	17.01
45–49	16.09	15.12	12.96	39.53	38.60	33.10	13.95	13.09	10.60	31.81	31.26	24.15
50–54	21.48	20.96	17.49	59.09	58.04	47.08	17.84	17.48	14.03	44.10	43.33	33.14
55–59	29.91	29.37	23.08	84.05	82.55	62.74	23.71	23.28	17.85	59.83	58.79	42.83
60–64	39.72	39.01	25.02	–	–	–	30.54	29.99	19.21	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Juvenile	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85

California Rates — Annual Rates per \$1,000 Coverage

30-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.82	2.66	2.11	5.38	4.19	3.59	4.36	3.22	2.54	6.08	5.01	4.06
25–29	4.79	3.62	3.02	7.69	6.47	5.87	5.61	4.88	3.76	9.30	8.04	6.50
30–34	6.42	5.35	4.52	11.62	10.53	9.66	6.84	6.30	4.95	11.50	11.32	9.32
35–39	9.37	8.33	6.97	18.70	15.95	14.79	8.73	8.00	6.73	16.51	15.63	12.63
40–44	13.89	11.90	10.57	28.61	26.30	22.75	11.76	10.68	8.46	23.91	22.38	17.77
45–49	19.06	16.15	13.19	42.60	40.87	33.42	15.12	14.00	11.00	33.45	32.26	24.52
50–54	23.14	21.93	17.74	61.94	60.08	47.38	19.57	18.44	14.28	46.38	44.83	33.40
55–59	31.77	30.39	23.33	89.23	87.00	63.02	25.52	24.27	18.09	62.21	60.43	43.08
60–64	42.06	40.72	26.23	–	–	–	32.77	31.50	20.35	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.90	1.87	1.81	3.43	3.38	3.28	2.60	2.56	2.23	4.42	4.35	3.75
25–29	2.95	2.91	2.71	5.85	5.76	5.57	4.16	4.10	3.45	7.41	7.30	6.19
30–34	4.75	4.68	4.21	10.00	9.85	9.35	5.67	5.59	4.64	10.80	10.64	9.00
35–39	7.77	7.66	6.71	17.04	15.74	14.50	7.95	7.83	6.42	15.28	14.99	12.50
40–44	12.25	11.84	10.30	27.30	25.50	22.52	11.14	10.00	8.44	22.65	21.75	17.54
45–49	17.37	15.59	13.14	41.22	40.10	33.16	14.91	13.40	10.80	32.04	31.47	24.29
50–54	21.56	21.23	17.50	60.16	59.26	47.09	18.06	17.77	14.04	44.76	44.10	33.15
55–59	30.06	29.61	23.09	87.32	86.02	62.75	23.91	23.54	17.86	60.48	59.60	42.84
60–64	40.32	39.71	25.91	–	–	–	31.07	30.60	20.06	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
Juvenile	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99

California Rates — Annual Rates per \$1,000 Coverage

Lifetime Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	5.72	5.64	5.02	7.13	6.54	6.05	5.03	4.57	3.96	7.47	6.35	5.65
25–29	6.95	6.85	5.93	9.18	8.53	7.98	6.03	5.48	4.87	9.93	8.83	7.52
30–34	8.58	8.06	7.15	13.37	11.10	10.20	7.29	6.54	5.78	12.70	11.50	9.64
35–39	11.48	9.73	8.53	19.63	16.48	14.92	9.14	8.19	7.00	17.11	15.88	12.91
40–44	15.81	12.33	10.80	29.17	26.33	22.82	12.32	10.75	8.82	23.81	22.56	17.83
45–49	20.58	16.30	13.39	42.62	41.08	33.49	15.24	14.17	11.07	33.53	32.33	24.62
50–54	26.09	21.95	17.75	61.96	60.10	47.39	19.56	18.53	14.29	46.28	44.88	33.41
55–59	33.91	30.44	23.34	89.27	87.04	63.03	25.45	24.35	18.10	62.14	60.51	43.09
60–64	45.32	40.79	26.88	–	–	–	32.73	31.60	20.39	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	5.45	5.37	4.92	6.66	6.38	5.93	4.42	4.35	3.84	6.03	5.83	5.42
25–29	6.62	6.52	5.81	8.68	8.32	7.89	5.30	5.22	4.77	8.40	8.23	7.29
30–34	8.22	7.90	7.01	11.71	10.82	10.10	6.32	6.23	5.72	11.12	10.90	9.40
35–39	10.39	9.54	8.36	17.99	15.85	14.69	8.23	8.06	6.93	15.56	15.27	12.66
40–44	15.18	12.08	10.70	27.53	25.66	22.57	11.24	10.14	8.73	22.69	21.92	17.58
45–49	19.97	15.65	13.32	41.23	40.36	33.23	14.92	13.54	10.85	32.15	31.65	24.37
50–54	25.57	21.25	17.51	60.21	59.28	47.10	18.20	17.87	14.05	44.81	44.14	33.16
55–59	31.95	29.66	23.10	87.43	86.06	62.76	24.01	23.62	17.87	60.58	59.67	42.85
60–64	40.42	39.78	25.95	–	–	–	31.24	30.71	20.10	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
Juvenile	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15

California Rates — Annual Rates per \$1,000 Coverage

BER/ADD Rider

Male Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	4.65	5.23	4.79	6.53	9.15	11.62	13.07
55–59	2.27	3.09	4.26	5.50	6.18	5.81	7.93	11.10	14.10	15.86
60–64	–	3.83	5.28	6.81	7.66	–	–	–	–	–

Female Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	2.58	3.06	2.71	3.69	5.17	6.56	7.38
55–59	1.45	1.84	2.54	3.27	3.89	3.42	4.67	6.54	8.30	9.34
60–64	–	2.21	3.04	3.92	4.66	–	–	–	–	–

Child Coverage					
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

Accidental Death and Dismemberment Rider					
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.03	1.10	1.24	1.44	1.48

Florida Rates — Annual Rates per \$1,000 Coverage

10-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.35	2.08	1.59	3.93	2.69	2.05	4.07	2.93	2.26	5.21	4.12	3.19
25–29	3.68	2.53	1.91	4.55	3.50	2.64	5.62	4.40	3.37	7.84	6.62	5.05
30–34	4.86	3.67	2.83	6.99	5.85	4.51	6.80	5.59	4.24	10.28	9.09	6.92
35–39	7.66	6.52	5.15	13.62	12.34	9.85	8.79	7.60	5.82	14.83	13.55	10.40
40–44	12.45	11.21	8.95	26.96	25.42	20.48	12.03	10.80	8.35	23.04	21.59	16.76
45–49	18.43	17.07	13.57	46.88	44.94	35.74	16.68	15.35	11.88	36.08	34.36	26.62
50–54	24.68	23.13	18.40	67.88	65.60	51.70	20.94	19.52	15.07	48.81	46.91	36.10
55–59	35.10	33.42	26.21	98.89	96.01	73.27	28.48	26.93	20.82	68.73	66.44	50.75
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.31	1.29	1.22	1.95	1.91	1.66	2.24	2.19	1.92	3.45	3.39	2.84
25–29	1.79	1.75	1.54	2.79	2.74	2.27	3.72	3.65	3.00	5.99	5.88	4.71
30–34	3.00	2.94	2.47	5.22	5.12	4.18	4.95	4.85	3.91	8.52	8.36	6.58
35–39	5.90	5.79	4.81	11.83	11.59	9.50	7.01	6.87	5.48	13.06	12.80	10.06
40–44	10.68	10.47	8.62	25.15	24.65	20.14	10.25	10.06	8.00	21.25	20.83	16.42
45–49	16.64	16.32	13.22	45.04	44.14	35.38	14.92	14.61	11.53	34.27	33.59	26.28
50–54	23.01	22.42	18.08	66.14	64.83	51.36	19.31	18.82	14.76	47.13	46.19	35.77
55–59	33.37	32.70	25.89	97.08	95.16	72.92	26.81	26.23	20.50	67.00	65.67	50.42
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Juvenile	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12

Florida Rates — Annual Rates per \$1,000 Coverage

15-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.36	2.18	1.62	4.05	2.89	2.16	4.25	3.14	2.39	5.59	4.54	3.50
25–29	4.03	2.86	2.18	5.39	4.20	3.26	5.84	4.65	3.52	8.37	7.14	5.44
30–34	5.57	4.44	3.48	8.85	7.76	6.25	7.20	6.00	4.56	11.28	10.13	7.79
35–39	8.78	7.68	6.21	17.07	15.82	13.12	9.47	8.30	6.39	16.75	15.51	12.13
40–44	13.63	12.45	10.08	31.22	29.69	24.50	12.91	11.74	9.14	25.83	24.40	19.27
45–49	20.47	19.15	15.43	48.52	46.44	41.21	17.96	16.68	13.02	39.69	38.01	29.86
50–54	26.75	25.35	20.35	72.92	70.70	56.11	22.51	21.19	16.55	52.63	50.78	39.53
55–59	38.45	36.87	28.90	106.04	103.27	78.12	30.36	28.92	22.41	72.30	70.11	53.39
60–64	50.23	48.46	31.20	–	–	–	38.53	36.91	23.77	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.41	1.39	1.26	2.16	2.12	1.81	2.49	2.44	2.08	3.92	3.84	3.19
25–29	2.13	2.10	1.84	3.55	3.48	2.91	3.97	3.89	3.17	6.56	6.45	5.12
30–34	3.81	3.74	3.19	7.18	7.06	5.94	5.39	5.29	4.24	9.61	9.44	7.48
35–39	7.11	6.98	5.90	15.39	15.12	12.81	7.73	7.59	6.09	15.05	14.79	11.82
40–44	11.95	11.74	9.77	29.49	28.95	24.19	11.22	11.02	8.84	24.12	23.68	18.96
45–49	18.77	18.43	15.12	46.88	45.62	40.88	16.24	15.96	12.71	37.93	37.25	29.55
50–54	25.13	24.65	20.05	71.19	69.91	55.80	20.93	20.52	16.27	50.98	50.06	39.23
55–59	36.78	36.12	28.61	104.21	102.35	77.79	28.73	28.21	22.12	70.59	69.33	53.10
60–64	48.37	47.50	30.86	–	–	–	36.69	36.03	23.46	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45	4.45
Juvenile	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43

Florida Rates — Annual Rates per \$1,000 Coverage

20-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.78	2.49	1.88	4.71	3.40	2.64	4.65	3.37	2.62	6.13	4.92	3.89
25–29	4.66	3.36	2.69	6.51	5.17	4.35	6.45	5.10	3.89	9.30	7.91	6.18
30–34	6.34	5.08	4.23	10.58	9.35	8.52	7.95	6.58	5.11	12.64	11.31	8.99
35–39	9.60	8.38	7.06	19.01	17.62	15.61	10.34	8.99	7.07	18.43	17.05	13.84
40–44	14.88	13.57	11.32	33.67	31.98	27.69	13.93	12.62	10.03	27.81	26.25	21.41
45–49	21.87	19.51	16.10	50.75	47.94	41.35	18.28	16.98	13.49	39.97	38.24	30.26
50–54	28.35	26.76	21.99	75.24	72.86	58.74	23.70	22.30	17.69	54.54	52.55	41.40
55–59	38.99	37.27	28.92	107.48	105.57	78.13	30.88	29.33	22.42	73.56	71.24	53.41
60–64	51.27	49.48	31.38	–	–	–	39.42	37.77	24.16	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.61	1.59	1.51	2.55	2.50	2.27	2.64	2.59	2.28	4.23	4.15	3.58
25–29	2.55	2.50	2.31	4.45	4.38	3.98	4.32	4.24	3.52	7.24	7.12	5.80
30–34	4.39	4.32	3.91	8.73	8.57	7.91	5.88	5.78	4.74	10.71	10.53	8.68
35–39	7.75	7.61	6.75	17.12	16.83	15.30	8.37	8.22	6.75	16.58	16.27	13.53
40–44	13.02	12.78	11.00	31.72	31.15	27.37	12.05	11.84	9.71	25.89	25.43	21.09
45–49	19.95	18.75	16.07	49.02	47.86	41.04	17.30	16.23	13.14	38.13	37.46	29.95
50–54	26.64	25.99	21.69	73.27	71.97	58.38	21.99	21.55	17.40	52.68	51.73	41.09
55–59	37.09	36.42	28.62	104.22	102.36	77.80	29.04	28.52	22.13	71.61	70.33	53.11
60–64	49.25	48.37	31.02	–	–	–	37.45	36.78	23.82	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56	4.56
Juvenile	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85

Florida Rates — Annual Rates per \$1,000 Coverage

30-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	4.74	3.30	2.62	6.67	5.20	4.45	5.41	3.99	3.15	7.54	6.21	5.03
25–29	5.94	4.49	3.74	9.54	8.02	7.28	6.96	6.05	4.66	11.53	9.97	8.06
30–34	7.96	6.63	5.60	14.41	13.06	11.98	8.48	7.81	6.14	14.26	14.04	11.56
35–39	11.62	10.33	8.64	23.19	19.78	18.34	10.83	9.92	8.35	20.15	19.05	15.66
40–44	17.22	14.76	13.11	35.48	32.61	28.21	14.58	13.24	10.49	28.85	26.95	22.03
45–49	23.63	20.03	16.36	52.82	50.68	41.44	18.75	17.36	13.64	40.14	38.65	30.40
50–54	28.69	27.19	22.00	76.81	74.50	58.75	24.14	22.73	17.71	55.51	53.58	41.42
55–59	39.39	37.68	28.93	110.65	107.88	78.14	31.30	29.74	22.43	74.57	72.35	53.42
60–64	52.15	50.49	32.53	–	–	–	40.21	38.64	25.23	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.36	2.32	2.24	4.25	4.19	4.07	3.22	3.17	2.77	5.48	5.39	4.65
25–29	3.66	3.61	3.36	7.25	7.14	6.91	5.16	5.08	4.28	9.19	9.05	7.68
30–34	5.89	5.80	5.22	12.40	12.21	11.59	7.03	6.93	5.75	13.39	13.19	11.16
35–39	9.63	9.50	8.32	21.13	19.52	17.98	9.86	9.71	7.96	18.60	18.25	15.50
40–44	15.19	14.68	12.77	33.85	31.62	27.92	13.81	12.40	10.47	27.27	26.16	21.75
45–49	21.54	19.33	16.29	51.11	49.72	41.12	18.49	16.62	13.39	38.37	37.67	30.12
50–54	26.73	26.33	21.70	74.60	73.48	58.39	22.25	21.90	17.41	53.48	52.68	41.11
55–59	37.27	36.72	28.63	108.28	106.66	77.81	29.28	28.83	22.15	72.40	71.32	53.12
60–64	50.00	49.24	32.13	–	–	–	38.09	37.52	24.87	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.67	4.67	4.67	4.67	4.67	4.67	4.67	4.67	4.67	4.67	4.67	4.67
Juvenile	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99

Florida Rates — Annual Rates per \$1,000 Coverage

Lifetime Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	7.09	6.99	6.22	8.84	8.11	7.50	6.24	5.67	4.91	9.26	7.87	7.01
25–29	8.62	8.49	7.35	11.38	10.58	9.90	7.48	6.80	6.04	12.31	10.95	9.32
30–34	10.64	9.99	8.87	16.58	13.76	12.65	9.04	8.11	7.17	15.75	14.20	11.95
35–39	14.24	12.07	10.58	24.34	20.44	18.50	11.33	10.16	8.68	20.99	19.28	16.01
40–44	19.60	15.29	13.39	36.17	32.65	28.30	15.28	13.33	10.94	28.87	27.13	22.11
45–49	25.52	20.21	16.60	52.85	50.94	41.53	18.90	17.57	13.73	40.41	38.73	30.53
50–54	32.35	27.22	22.01	76.83	74.52	58.76	24.25	22.83	17.72	55.56	53.63	41.43
55–59	42.05	37.75	28.94	110.69	107.93	78.16	31.38	29.82	22.44	74.66	72.44	53.43
60–64	56.20	50.58	33.33	–	–	–	40.34	38.75	25.28	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	6.76	6.66	6.10	8.26	7.91	7.35	5.48	5.39	4.76	7.48	7.23	6.72
25–29	8.21	8.08	7.20	10.76	10.32	9.78	6.57	6.47	5.91	10.42	10.21	9.04
30–34	10.19	9.80	8.69	14.52	13.42	12.52	7.84	7.73	7.09	13.71	13.45	11.66
35–39	12.88	11.83	10.37	22.31	19.65	18.22	10.21	9.99	8.59	18.86	18.51	15.70
40–44	18.82	14.98	13.27	34.14	31.82	27.99	13.94	12.57	10.83	27.28	26.33	21.80
45–49	24.76	19.41	16.52	51.13	50.05	41.21	18.50	16.79	13.45	38.49	37.88	30.22
50–54	31.71	26.35	21.71	74.66	73.51	58.40	22.41	22.01	17.42	53.53	52.71	41.12
55–59	39.62	36.78	28.64	108.41	106.71	77.82	29.39	28.92	22.16	72.52	71.40	53.13
60–64	50.12	49.33	32.18	–	–	–	38.29	37.65	24.92	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79
Juvenile	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15

Florida Rates — Annual Rates per \$1,000 Coverage

BER/ADD/Medical Personnel HIV Rider

Male Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.36	0.47	0.68	0.89	0.99	0.86	1.25	1.64	2.07	2.34
25–29	0.46	0.66	0.87	1.12	1.25	1.07	2.00	2.04	2.59	2.92
30–34	0.64	0.91	1.20	1.55	1.74	1.50	2.21	2.86	3.64	4.09
35–39	0.89	1.54	1.66	2.15	2.42	2.07	2.83	3.96	5.02	5.64
40–44	1.31	1.78	2.45	3.17	3.56	3.03	4.15	5.80	7.36	8.29
45–49	1.66	2.28	3.14	4.05	4.56	3.89	5.30	7.42	9.42	10.60
50–54	2.19	2.98	4.10	5.30	5.96	5.46	7.44	10.43	13.25	14.90
55–59	2.59	3.52	4.86	6.27	7.05	6.62	9.04	12.65	16.07	18.08
60–64	–	4.37	6.02	7.76	8.73	–	–	–	–	–

Female Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.38	0.51	0.71	0.91	1.08	0.95	1.29	1.80	2.28	2.57
25–29	0.44	0.60	0.83	1.07	1.27	1.12	1.52	2.12	2.70	3.03
30–34	0.51	0.70	0.96	1.23	1.46	1.28	1.74	2.44	3.10	3.49
35–39	0.64	0.88	1.20	1.55	1.85	1.77	2.42	3.39	4.30	4.83
40–44	0.79	1.07	1.48	1.90	2.27	2.00	2.72	3.82	4.85	5.45
45–49	0.96	1.31	1.80	2.33	2.76	2.43	3.32	4.64	5.89	6.62
50–54	1.21	1.65	2.28	2.94	3.49	3.09	4.21	5.89	7.48	8.41
55–59	1.65	2.10	2.90	3.73	4.43	3.90	5.32	7.46	9.46	10.65
60–64	–	2.52	3.47	4.47	5.31	–	–	–	–	–

Child Coverage					
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.14	1.71	2.28	2.91	3.11

	Accidental Death and Dismemberment Rider				
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.17	1.25	1.41	1.64	1.69

	Medical Personnel HIV Rider				
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18 – 39	0.43	0.56	0.72	0.80	0.84
40 – 64	0.18	0.19	0.25	0.31	0.34

Maine, New Hampshire, North Carolina, North Dakota, West Virginia Rates — Annual Rates per \$1,000 Coverage

10-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.73	1.70	1.29	3.20	2.19	1.67	3.31	2.38	1.84	4.24	3.35	2.60
25–29	3.00	2.06	1.56	3.71	2.85	2.15	4.58	3.59	2.75	6.38	5.39	4.11
30–34	3.96	2.99	2.30	5.70	4.77	3.68	5.53	4.56	3.45	8.37	7.40	5.64
35–39	6.24	5.31	4.19	11.09	10.05	8.02	7.16	6.19	4.74	12.08	11.04	8.47
40–44	10.14	9.13	7.29	21.96	20.71	16.69	9.80	8.80	6.80	18.77	17.58	13.66
45–49	15.01	13.91	11.05	38.19	36.60	29.11	13.58	12.50	9.68	29.39	27.99	21.68
50–54	20.29	18.84	15.12	55.71	53.43	42.50	17.23	15.90	12.39	40.15	38.21	29.69
55–59	28.88	27.22	21.56	80.55	78.20	60.27	23.43	21.94	17.13	56.46	54.12	41.75
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.07	1.05	0.99	1.59	1.56	1.35	1.83	1.79	1.57	2.81	2.76	2.31
25–29	1.45	1.42	1.25	2.27	2.23	1.85	3.03	2.97	2.44	4.88	4.79	3.84
30–34	2.44	2.39	2.01	4.25	4.17	3.40	4.03	3.95	3.18	6.94	6.81	5.36
35–39	4.81	4.72	3.92	9.64	9.44	7.74	5.71	5.60	4.46	10.64	10.42	8.19
40–44	8.70	8.52	7.02	20.48	20.08	16.40	8.35	8.19	6.51	17.31	16.97	13.37
45–49	13.55	13.29	10.77	36.68	35.96	28.82	12.15	11.90	9.39	27.92	27.36	21.40
50–54	18.93	18.26	14.86	54.27	52.80	42.23	15.88	15.33	12.14	38.77	37.62	29.43
55–59	27.45	26.63	21.30	79.07	77.51	59.99	22.05	21.36	16.86	55.03	53.49	41.47
60–64	–	–	–	–	–	–	–	–	–	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80
Juvenile	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12

Maine, New Hampshire, North Carolina, North Dakota, West Virginia Rates — Annual Rates per \$1,000 Coverage

15-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	2.74	1.78	1.32	3.30	2.35	1.76	3.46	2.56	1.95	4.56	3.70	2.85
25–29	3.28	2.33	1.78	4.39	3.42	2.66	4.76	3.79	2.87	6.82	5.82	4.43
30–34	4.53	3.62	2.84	7.21	6.32	5.09	5.87	4.89	3.72	9.19	8.25	6.34
35–39	7.15	6.25	5.06	13.91	12.89	10.69	7.72	6.76	5.20	13.65	12.64	9.88
40–44	11.10	10.14	8.21	25.43	24.18	19.96	10.51	9.56	7.44	21.04	19.88	15.70
45–49	16.68	15.59	12.56	39.81	37.82	33.56	14.62	13.58	10.61	32.33	30.96	24.32
50–54	21.97	20.64	16.69	59.70	57.59	46.05	18.51	17.26	13.62	43.25	41.36	32.52
55–59	31.48	30.03	23.76	86.38	84.11	64.26	24.89	23.55	18.43	58.89	57.11	43.92
60–64	40.92	39.47	25.66	–	–	–	31.38	30.07	19.55	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.15	1.13	1.03	1.76	1.73	1.47	2.03	1.99	1.70	3.19	3.13	2.60
25–29	1.74	1.71	1.49	2.89	2.84	2.37	3.23	3.17	2.59	5.34	5.25	4.17
30–34	3.10	3.05	2.60	5.85	5.75	4.84	4.39	4.31	3.45	7.83	7.69	6.09
35–39	5.79	5.69	4.81	12.53	12.31	10.43	6.29	6.18	4.96	12.26	12.05	9.63
40–44	9.74	9.56	7.96	24.02	23.58	19.71	9.14	8.98	7.20	19.64	19.29	15.44
45–49	15.29	15.01	12.31	38.48	37.16	33.30	13.23	13.00	10.35	30.90	30.34	24.07
50–54	20.64	20.08	16.46	58.27	56.94	45.80	17.22	16.72	13.38	41.91	40.77	32.27
55–59	29.96	29.42	23.51	84.88	83.37	63.98	23.56	22.98	18.20	57.50	56.47	43.68
60–64	39.40	38.69	25.39	–	–	–	29.89	29.35	19.30	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90
Juvenile	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43

Maine, New Hampshire, North Carolina, North Dakota, West Virginia Rates — Annual Rates per \$1,000 Coverage

20-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.08	2.03	1.54	3.84	2.77	2.15	3.79	2.75	2.13	4.99	4.01	3.17
25–29	3.80	2.74	2.19	5.30	4.21	3.55	5.25	4.15	3.17	7.58	6.44	5.03
30–34	5.16	4.14	3.44	8.62	7.62	6.94	6.47	5.36	4.16	10.29	9.21	7.32
35–39	7.82	6.83	5.75	15.48	14.35	12.72	8.42	7.32	5.76	15.01	13.89	11.27
40–44	12.12	11.05	9.22	27.42	26.05	22.55	11.34	10.28	8.17	22.65	21.38	17.44
45–49	17.82	15.89	13.11	41.65	39.05	33.68	14.89	13.83	10.99	32.55	31.15	24.64
50–54	23.28	21.80	18.03	61.66	59.35	48.22	19.48	18.16	14.56	44.79	42.80	34.06
55–59	31.75	30.36	23.77	87.55	85.99	64.27	25.15	23.89	18.44	59.91	58.02	43.93
60–64	41.76	40.30	25.82	–	–	–	32.11	30.76	19.87	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.31	1.29	1.23	2.08	2.04	1.85	2.15	2.11	1.86	3.44	3.38	2.92
25–29	2.08	2.04	1.88	3.63	3.57	3.24	3.51	3.45	2.87	5.90	5.80	4.73
30–34	3.58	3.51	3.18	7.11	6.98	6.44	4.79	4.71	3.86	8.73	8.57	7.07
35–39	6.31	6.20	5.49	13.95	13.71	12.46	6.82	6.70	5.49	13.50	13.25	11.02
40–44	10.61	10.41	8.96	25.84	25.37	22.29	9.82	9.65	7.91	21.09	20.72	17.18
45–49	16.25	15.27	13.09	40.24	38.99	33.43	14.09	13.22	10.71	31.06	30.51	24.39
50–54	21.88	21.17	17.78	60.13	58.62	47.95	18.08	17.55	14.31	43.33	42.14	33.80
55–59	30.21	29.66	23.52	84.89	83.38	63.99	23.65	23.23	18.21	58.33	57.29	43.69
60–64	40.12	39.40	25.52	–	–	–	30.50	29.96	19.59	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Juvenile	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85	4.85

Maine, New Hampshire, North Carolina, North Dakota, West Virginia Rates — Annual Rates per \$1,000 Coverage

30-Year Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	3.86	2.69	2.13	5.43	4.23	3.63	4.40	3.25	2.57	6.14	5.06	4.10
25–29	4.84	3.66	3.05	7.77	6.53	5.93	5.67	4.93	3.80	9.39	8.12	6.57
30–34	6.48	5.40	4.57	11.74	10.64	9.76	6.91	6.36	5.00	11.62	11.43	9.41
35–39	9.46	8.41	7.04	18.89	16.11	14.94	8.82	8.08	6.80	16.56	15.51	12.76
40–44	14.03	12.02	10.68	29.05	26.56	23.10	11.88	10.79	8.61	23.72	21.95	18.11
45–49	19.25	16.31	13.32	43.33	41.28	33.92	15.27	14.14	11.17	32.93	31.48	25.01
50–54	23.37	22.15	18.04	62.56	60.68	48.23	19.66	18.51	14.57	45.22	43.64	34.07
55–59	32.09	30.69	23.78	90.12	87.87	64.28	25.49	24.22	18.45	60.74	58.93	43.94
60–64	42.48	41.13	26.71	–	–	–	32.75	31.47	20.76	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	1.92	1.89	1.83	3.46	3.41	3.31	2.63	2.59	2.25	4.46	4.39	3.79
25–29	2.98	2.94	2.74	5.91	5.82	5.63	4.20	4.14	3.48	7.48	7.37	6.25
30–34	4.80	4.73	4.25	10.10	9.95	9.44	5.73	5.65	4.69	10.91	10.75	9.09
35–39	7.85	7.74	6.78	17.21	15.90	14.65	8.03	7.91	6.48	15.30	14.87	12.63
40–44	12.37	11.96	10.40	27.72	25.76	22.86	11.25	10.10	8.52	22.42	21.31	17.86
45–49	17.54	15.75	13.27	41.94	40.50	33.67	15.06	13.53	10.91	31.56	30.68	24.77
50–54	21.89	21.44	17.79	60.76	59.85	47.96	18.12	17.84	14.32	43.56	42.90	33.81
55–59	30.36	29.91	23.53	88.19	86.88	64.01	23.85	23.48	18.22	58.97	58.10	43.70
60–64	40.72	40.11	26.40	–	–	–	31.03	30.56	20.46	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10	4.10
Juvenile	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99

Maine, New Hampshire, North Carolina, North Dakota, West Virginia Rates — Annual Rates per \$1,000 Coverage

Lifetime Plan

Primary Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	5.78	5.70	5.07	7.24	6.61	6.11	5.08	4.62	4.00	7.58	6.45	5.71
25–29	7.02	6.92	5.99	9.32	8.62	8.06	6.09	5.53	4.92	10.12	8.92	7.63
30–34	8.67	8.14	7.22	13.50	11.21	10.30	7.36	6.61	5.84	12.93	11.56	9.79
35–39	11.59	9.83	8.62	19.83	16.64	15.07	9.23	8.27	7.07	17.25	15.71	13.10
40–44	15.97	12.45	10.91	29.46	26.59	23.16	12.44	10.86	8.91	23.74	22.10	18.12
45–49	20.79	16.46	13.52	43.34	41.49	33.99	15.39	14.31	11.28	33.08	31.54	25.03
50–54	26.35	22.17	18.05	62.58	60.70	48.24	19.76	18.59	14.58	45.26	43.68	34.08
55–59	34.25	30.74	23.79	90.16	87.91	64.29	25.56	24.29	18.46	60.81	59.00	43.95
60–64	45.77	41.20	27.15	–	–	–	32.86	31.56	20.80	–	–	–

Spouse Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
18–24	5.50	5.42	4.97	6.73	6.44	5.99	4.46	4.39	3.88	6.13	5.92	5.47
25–29	6.69	6.59	5.87	8.77	8.40	7.97	5.35	5.27	4.82	8.56	8.31	7.40
30–34	8.30	7.98	7.08	11.83	10.93	10.20	6.38	6.29	5.78	11.26	10.96	9.54
35–39	10.49	9.64	8.44	18.17	16.09	14.84	8.31	8.14	7.00	15.44	15.08	12.86
40–44	15.33	12.20	10.81	27.81	25.92	22.91	11.35	10.24	8.82	22.43	21.44	17.87
45–49	20.17	15.81	13.45	41.95	40.76	33.73	15.07	13.68	11.04	31.60	30.86	24.78
50–54	25.83	21.46	17.80	60.81	59.87	47.97	18.25	17.93	14.33	43.60	42.94	33.82
55–59	32.27	29.96	23.54	88.30	86.92	64.02	23.94	23.55	18.23	59.06	58.16	43.71
60–64	40.82	40.18	26.43	–	–	–	31.19	30.66	20.50	–	–	–

Child Coverage	Male						Female					
Age	Nonsmoker			Smoker			Nonsmoker			Smoker		
	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000	10,000–50,000	50,001–100,000	100,001–500,000
Child	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
Juvenile	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15	7.15

Maine, New Hampshire, North Carolina, North Dakota, West Virginia Rates — Annual Rates per \$1,000 Coverage

BER/ADD/Medical Personnel HIV Rider

Male Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	4.65	5.23	4.79	6.53	9.15	11.62	13.07
55–59	2.27	3.09	4.26	5.50	6.18	5.81	7.93	11.10	14.10	15.86
60–64	–	3.83	5.28	6.81	7.66	–	–	–	–	–

Female Coverage	Nonsmoker					Smoker				
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	2.58	3.06	2.71	3.69	5.17	6.56	7.38
55–59	1.45	1.84	2.54	3.27	3.89	3.42	4.67	6.54	8.30	9.34
60–64	–	2.21	3.04	3.92	4.66	–	–	–	–	–

Child Coverage					
Age	10-Year Plan	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

	Accidental Death and Dismemberment Rider				
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
All Ages	1.03	1.10	1.24	1.44	1.48

	Medical Personnel HIV Rider				
Age	10-Year Plan ⁷	15-Year Plan	20-Year Plan	30-Year Plan	Lifetime Plan
18 – 39	0.38	0.49	0.63	0.70	0.74
40 – 64	0.16	0.17	0.22	0.27	0.30

Notes



Policies issued by:

American General Life Insurance Company

A member company of American International Group, Inc.

2727-A Allen Parkway, Houston, Texas 77019

Policy Form Number 05130

Benefit Extension Rider 05137

Medical Personnel HIV Rider 05139

Accidental Death and Dismemberment Rider 05138

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AGLC102003

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