

## AMERICAN RETIREMENT LIFE INSURANCE COMPANY

P. O. BOX 26580 • AUSTIN, TX 78755-0580 • 866-459-4272

### Outline of Medicare Supplement Coverage - Benefit Plans A, F, G, and N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan A and either Plan C or Plan F. Some plans may not be available in Your state.

#### BASIC BENEFITS:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved Expenses) or copayments for hospital outpatient services. Plans K, L, and N require Insureds to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	Hospitalization and Preventive Care paid at 100%; other Basic Benefits paid at 50%	Hospitalization and Preventive Care paid at 100%; other Basic Benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit and up to \$50 copayment for ER visit
		Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance		Skilled Nursing Facility coinsurance	50% Skilled Nursing Facility coinsurance	75% Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit \$4,960; paid at 100% after reached	Out-of-Pocket limit \$2,480; paid at 100% after reached		

\*Plan F also has an option called a high-deductible Plan F. This high-deductible Plan pays the same benefits as Plan F after one has paid a calendar year \$2,180 deductible. Benefits from high-deductible Plan F will not begin until out-of-pocket expenses exceed \$2,180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the Plan's separate Foreign Travel Emergency Deductible.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area I (400, 403-409, 411-414, 419-428)**

**PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
3,802.23	316.73	4,664.19	388.53	3,792.66	315.93	3,020.24	251.59	<b>Under 65</b>	4,372.58	364.24	5,363.79	446.80	4,361.56	363.32	3,473.28	289.32
1,267.41	105.58	1,554.73	129.51	1,264.22	105.31	1,006.75	83.86	<b>65</b>	1,457.53	121.41	1,787.93	148.93	1,453.85	121.11	1,157.76	96.44
1,267.41	105.58	1,554.73	129.51	1,264.22	105.31	1,006.75	83.86	<b>66</b>	1,457.53	121.41	1,787.93	148.93	1,453.85	121.11	1,157.76	96.44
1,324.46	110.33	1,622.48	135.15	1,325.74	110.43	1,053.99	87.80	<b>67</b>	1,523.13	126.88	1,865.84	155.42	1,524.60	127.00	1,212.08	100.97
1,380.85	115.02	1,687.16	140.54	1,384.48	115.33	1,099.78	91.61	<b>68</b>	1,587.97	132.28	1,940.24	161.62	1,592.15	132.63	1,264.74	105.35
1,436.23	119.64	1,753.35	146.05	1,444.59	120.33	1,145.57	95.43	<b>69</b>	1,651.67	137.58	2,016.35	167.96	1,661.27	138.38	1,317.41	109.74
1,489.85	124.10	1,814.87	151.18	1,500.45	124.99	1,188.69	99.02	<b>70</b>	1,713.33	142.72	2,087.10	173.86	1,725.51	143.73	1,367.00	113.87
1,534.39	127.81	1,874.29	156.13	1,554.40	129.48	1,232.02	102.63	<b>71</b>	1,764.54	146.99	2,155.43	179.55	1,787.56	148.90	1,416.82	118.02
1,578.92	131.52	1,933.71	161.08	1,608.36	133.98	1,275.34	106.24	<b>72</b>	1,815.75	151.25	2,223.77	185.24	1,849.61	154.07	1,466.64	122.17
1,623.45	135.23	1,993.13	166.03	1,662.31	138.47	1,318.65	109.84	<b>73</b>	1,866.97	155.52	2,292.10	190.93	1,911.66	159.24	1,516.45	126.32
1,667.98	138.94	2,052.55	170.98	1,716.27	142.97	1,361.98	113.45	<b>74</b>	1,918.18	159.78	2,360.43	196.62	1,973.71	164.41	1,566.27	130.47
1,714.22	142.79	2,114.08	176.10	1,771.99	147.61	1,406.70	117.18	<b>75</b>	1,971.35	164.21	2,431.20	202.52	2,037.80	169.75	1,617.70	134.75
1,754.13	146.12	2,177.68	181.40	1,828.28	152.30	1,453.81	121.10	<b>76</b>	2,017.25	168.04	2,504.34	208.61	2,102.51	175.14	1,671.88	139.27
1,794.67	149.50	2,242.34	186.79	1,885.50	157.06	1,501.71	125.09	<b>77</b>	2,063.86	171.92	2,578.70	214.81	2,168.32	180.62	1,726.98	143.86
1,837.65	153.08	2,310.37	192.45	1,945.61	162.07	1,551.97	129.28	<b>78</b>	2,113.30	176.04	2,656.92	221.32	2,237.45	186.38	1,784.77	148.67
1,881.36	156.72	2,379.61	198.22	2,006.81	167.17	1,603.15	133.54	<b>79</b>	2,163.57	180.23	2,736.56	227.96	2,307.84	192.24	1,843.63	153.57
1,925.82	160.42	2,450.10	204.09	2,069.13	172.36	1,655.28	137.88	<b>80</b>	2,214.70	184.48	2,817.62	234.71	2,379.50	198.21	1,903.57	158.57
1,975.75	164.58	2,536.83	211.32	2,145.22	178.70	1,720.81	143.34	<b>81</b>	2,272.12	189.27	2,917.36	243.02	2,467.01	205.50	1,978.93	164.85
2,026.61	168.82	2,625.30	218.69	2,222.85	185.16	1,787.68	148.91	<b>82</b>	2,330.61	194.14	3,019.09	251.49	2,556.28	212.94	2,055.84	171.25
2,080.47	173.30	2,718.18	226.42	2,304.30	191.95	1,857.75	154.75	<b>83</b>	2,392.54	199.30	3,125.91	260.39	2,649.96	220.74	2,136.42	177.96
2,135.37	177.88	2,813.05	234.33	2,387.50	198.88	1,929.33	160.71	<b>84</b>	2,455.68	204.56	3,235.02	269.48	2,745.63	228.71	2,218.73	184.82
2,191.35	182.54	2,909.94	242.40	2,472.47	205.96	2,002.47	166.81	<b>85</b>	2,520.06	209.92	3,346.43	278.76	2,843.34	236.85	2,302.83	191.83
2,251.18	187.52	3,012.14	250.91	2,561.37	213.36	2,078.59	173.15	<b>86</b>	2,588.85	215.65	3,463.96	288.55	2,945.57	245.37	2,390.39	199.12
2,312.43	192.63	3,117.06	259.65	2,652.67	220.97	2,156.81	179.66	<b>87</b>	2,659.29	221.52	3,584.62	298.60	3,050.57	254.11	2,480.34	206.61
2,375.16	197.85	3,224.80	268.63	2,746.43	228.78	2,237.18	186.36	<b>88</b>	2,731.44	227.53	3,708.52	308.92	3,158.39	263.09	2,572.75	214.31
2,437.01	203.00	3,332.13	277.57	2,839.90	236.56	2,317.45	193.04	<b>89</b>	2,802.56	233.45	3,831.94	319.20	3,265.88	272.05	2,665.07	222.00
2,497.81	208.07	3,438.78	286.45	2,932.88	244.31	2,397.45	199.71	<b>90</b>	2,872.49	239.28	3,954.60	329.42	3,372.81	280.95	2,757.08	229.66
2,556.95	212.99	3,548.19	295.56	3,027.92	252.23	2,479.98	206.58	<b>91</b>	2,940.49	244.94	4,080.42	339.90	3,482.12	290.06	2,851.98	237.57
2,617.20	218.01	3,659.87	304.87	3,124.95	260.31	2,564.25	213.60	<b>92</b>	3,009.78	250.71	4,208.84	350.60	3,593.70	299.36	2,948.88	245.64
2,673.29	222.69	3,766.38	313.74	3,217.63	268.03	2,645.06	220.33	<b>93</b>	3,074.29	256.09	4,331.34	360.80	3,700.27	308.23	3,041.81	253.38
2,730.31	227.43	3,874.81	322.77	3,311.96	275.89	2,727.33	227.19	<b>94</b>	3,139.85	261.55	4,456.03	371.19	3,808.75	317.27	3,136.42	261.26
2,788.25	232.26	3,985.16	331.96	3,407.98	283.88	2,811.09	234.16	<b>95</b>	3,206.49	267.10	4,582.93	381.76	3,919.17	326.47	3,232.75	269.29
2,844.02	236.91	4,064.87	338.60	3,476.13	289.56	2,867.31	238.85	<b>96</b>	3,270.62	272.44	4,674.60	389.39	3,997.55	333.00	3,297.40	274.67
2,900.90	241.65	4,146.16	345.38	3,545.66	295.35	2,924.66	243.62	<b>97</b>	3,336.03	277.89	4,768.09	397.18	4,077.51	339.66	3,363.35	280.17
2,958.92	246.48	4,229.09	352.28	3,616.57	301.26	2,983.15	248.50	<b>98</b>	3,402.75	283.45	4,863.45	405.13	4,159.06	346.45	3,430.62	285.77
3,018.10	251.41	4,313.67	359.33	3,688.90	307.29	3,042.81	253.47	<b>99</b>	3,470.81	289.12	4,960.72	413.23	4,242.24	353.38	3,499.23	291.49

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area I (400, 403-409, 411-414, 419-428)**

**STANDARD ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
4,182.45	348.40	5,130.60	427.38	4,171.94	347.52	3,322.26	276.74	<b>Under 65</b>	4,809.85	400.66	5,900.17	491.48	4,797.71	399.65	3,820.60	318.26
1,394.15	116.13	1,710.20	142.46	1,390.65	115.84	1,107.42	92.25	<b>65</b>	1,603.28	133.55	1,966.72	163.83	1,599.24	133.22	1,273.53	106.09
1,394.15	116.13	1,710.20	142.46	1,390.65	115.84	1,107.42	92.25	<b>66</b>	1,603.28	133.55	1,966.72	163.83	1,599.24	133.22	1,273.53	106.09
1,456.91	121.36	1,784.72	148.67	1,458.32	121.48	1,159.39	96.58	<b>67</b>	1,675.45	139.57	2,052.43	170.97	1,677.06	139.70	1,333.29	111.06
1,518.93	126.53	1,855.88	154.59	1,522.93	126.86	1,209.75	100.77	<b>68</b>	1,746.77	145.51	2,134.26	177.78	1,751.36	145.89	1,391.21	115.89
1,579.85	131.60	1,928.69	160.66	1,589.04	132.37	1,260.12	104.97	<b>69</b>	1,816.84	151.34	2,218.00	184.76	1,827.41	152.22	1,449.15	120.71
1,638.84	136.52	1,996.35	166.30	1,650.49	137.49	1,307.57	108.92	<b>70</b>	1,884.66	156.99	2,295.81	191.24	1,898.06	158.11	1,503.70	125.26
1,687.82	140.60	2,061.72	171.74	1,709.84	142.43	1,355.22	112.89	<b>71</b>	1,940.99	161.68	2,370.98	197.50	1,966.32	163.79	1,558.50	129.82
1,736.80	144.68	2,127.08	177.19	1,769.19	147.37	1,402.87	116.86	<b>72</b>	1,997.33	166.38	2,446.14	203.76	2,034.57	169.48	1,613.30	134.39
1,785.79	148.76	2,192.45	182.63	1,828.55	152.32	1,450.52	120.83	<b>73</b>	2,053.66	171.07	2,521.31	210.03	2,102.83	175.17	1,668.10	138.95
1,834.78	152.84	2,257.80	188.07	1,887.90	157.26	1,498.17	124.80	<b>74</b>	2,110.00	175.76	2,596.48	216.29	2,171.09	180.85	1,722.90	143.52
1,885.65	157.07	2,325.50	193.71	1,949.19	162.37	1,547.37	128.90	<b>75</b>	2,168.50	180.64	2,674.32	222.77	2,241.58	186.72	1,779.47	148.23
1,929.54	160.73	2,395.45	199.54	2,011.10	167.53	1,599.19	133.21	<b>76</b>	2,218.98	184.84	2,754.77	229.47	2,312.77	192.65	1,839.07	153.19
1,974.13	164.45	2,466.58	205.47	2,074.05	172.77	1,651.89	137.60	<b>77</b>	2,270.25	189.11	2,836.57	236.29	2,385.15	198.68	1,899.67	158.24
2,021.42	168.38	2,541.41	211.70	2,140.17	178.28	1,707.18	142.21	<b>78</b>	2,324.63	193.64	2,922.61	243.45	2,461.20	205.02	1,963.24	163.54
2,069.50	172.39	2,617.57	218.04	2,207.50	183.88	1,763.47	146.90	<b>79</b>	2,379.93	198.25	3,010.22	250.75	2,538.62	211.47	2,027.99	168.93
2,118.40	176.46	2,695.12	224.50	2,276.04	189.59	1,820.81	151.67	<b>80</b>	2,436.16	202.93	3,099.39	258.18	2,617.44	218.03	2,093.93	174.42
2,173.34	181.04	2,790.52	232.45	2,359.75	196.57	1,892.90	157.68	<b>81</b>	2,499.33	208.19	3,209.10	267.32	2,713.71	226.05	2,176.84	181.33
2,229.28	185.70	2,887.82	240.56	2,445.14	203.68	1,966.45	163.81	<b>82</b>	2,563.67	213.55	3,320.99	276.64	2,811.90	234.23	2,261.42	188.38
2,288.51	190.63	2,990.00	249.07	2,534.74	211.14	2,043.53	170.23	<b>83</b>	2,631.80	219.23	3,438.50	286.43	2,914.94	242.81	2,350.06	195.76
2,348.92	195.66	3,094.36	257.76	2,626.25	218.77	2,122.27	176.79	<b>84</b>	2,701.25	225.01	3,558.52	296.42	3,020.19	251.58	2,440.61	203.30
2,410.49	200.79	3,200.93	266.64	2,719.72	226.55	2,202.71	183.49	<b>85</b>	2,772.06	230.91	3,681.07	306.63	3,127.68	260.54	2,533.12	211.01
2,476.29	206.27	3,313.35	276.00	2,817.51	234.70	2,286.46	190.46	<b>86</b>	2,847.73	237.22	3,810.35	317.40	3,240.14	269.90	2,629.42	219.03
2,543.68	211.89	3,428.77	285.62	2,917.94	243.06	2,372.50	197.63	<b>87</b>	2,925.22	243.67	3,943.09	328.46	3,355.63	279.52	2,728.37	227.27
2,612.68	217.64	3,547.28	295.49	3,021.07	251.66	2,460.89	204.99	<b>88</b>	3,004.58	250.28	4,079.37	339.81	3,474.23	289.40	2,830.03	235.74
2,680.72	223.30	3,665.34	305.32	3,123.89	260.22	2,549.20	212.35	<b>89</b>	3,082.82	256.80	4,215.14	351.12	3,592.47	299.25	2,931.58	244.20
2,747.60	228.88	3,782.67	315.10	3,226.16	268.74	2,637.20	219.68	<b>90</b>	3,159.74	263.21	4,350.07	362.36	3,710.09	309.05	3,032.78	252.63
2,812.65	234.29	3,903.01	325.12	3,330.72	277.45	2,727.98	227.24	<b>91</b>	3,234.55	269.44	4,488.46	373.89	3,830.33	319.07	3,137.18	261.33
2,878.93	239.81	4,025.85	335.35	3,437.44	286.34	2,820.67	234.96	<b>92</b>	3,310.76	275.79	4,629.73	385.66	3,953.06	329.29	3,243.77	270.21
2,940.62	244.95	4,143.02	345.11	3,539.39	294.83	2,909.56	242.37	<b>93</b>	3,381.72	281.70	4,764.48	396.88	4,070.29	339.06	3,345.99	278.72
3,003.34	250.18	4,262.29	355.05	3,643.15	303.47	3,000.06	249.90	<b>94</b>	3,453.85	287.71	4,901.63	408.31	4,189.62	349.00	3,450.07	287.39
3,067.08	255.49	4,383.68	365.16	3,748.77	312.27	3,092.19	257.58	<b>95</b>	3,527.14	293.81	5,041.24	419.94	4,311.08	359.11	3,556.03	296.22
3,128.43	260.60	4,471.35	372.46	3,823.75	318.52	3,154.04	262.73	<b>96</b>	3,597.69	299.69	5,142.05	428.33	4,397.31	366.30	3,627.15	302.14
3,190.99	265.81	4,560.78	379.91	3,900.22	324.89	3,217.12	267.99	<b>97</b>	3,669.64	305.68	5,244.90	436.90	4,485.26	373.62	3,699.70	308.18
3,254.81	271.13	4,652.00	387.51	3,978.23	331.39	3,281.46	273.35	<b>98</b>	3,743.03	311.79	5,349.80	445.64	4,574.96	381.09	3,773.68	314.35
3,319.91	276.55	4,745.04	395.26	4,057.79	338.01	3,347.10	278.81	<b>99</b>	3,817.89	318.03	5,456.80	454.55	4,666.46	388.72	3,849.16	320.63

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area I (400, 403-409, 411-414, 419-428)**

**STANDARD II ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
7,438.84	619.66	9,112.74	759.09	8,235.10	685.98	6,541.63	544.92	<b>Under 65</b>	8,554.67	712.60	10,479.68	872.96	9,470.37	788.88	7,522.87	626.66
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>65</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>66</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>67</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>68</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>69</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>70</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,037.58	253.03	2,745.03	228.66	2,180.54	181.64	<b>71</b>	2,851.56	237.53	3,493.23	290.99	3,156.79	262.96	2,507.62	208.89
2,479.61	206.55	3,044.36	253.60	2,788.54	232.29	2,211.15	184.19	<b>72</b>	2,851.56	237.53	3,501.01	291.63	3,206.82	267.13	2,542.82	211.82
2,516.51	209.63	3,097.63	258.03	2,845.10	237.00	2,256.92	188.00	<b>73</b>	2,893.99	241.07	3,562.28	296.74	3,271.86	272.55	2,595.46	216.20
2,554.63	212.80	3,151.84	262.55	2,902.33	241.76	2,303.19	191.86	<b>74</b>	2,937.83	244.72	3,624.62	301.93	3,337.67	278.03	2,648.66	220.63
2,593.65	216.05	3,206.99	267.14	2,960.26	246.59	2,350.00	195.76	<b>75</b>	2,982.70	248.46	3,688.05	307.21	3,404.30	283.58	2,702.50	225.12
2,621.61	218.38	3,263.12	271.82	3,016.96	251.31	2,399.02	199.84	<b>76</b>	3,014.85	251.14	3,752.59	312.59	3,469.50	289.01	2,758.88	229.81
2,643.91	220.24	3,312.07	275.90	3,066.99	255.48	2,442.73	203.48	<b>77</b>	3,040.50	253.27	3,808.88	317.28	3,527.04	293.80	2,809.13	234.00
2,666.95	222.16	3,361.75	280.03	3,117.67	259.70	2,486.90	207.16	<b>78</b>	3,066.99	255.48	3,866.01	322.04	3,585.32	298.66	2,859.94	238.23
2,690.70	224.14	3,412.17	284.23	3,168.99	263.98	2,531.57	210.88	<b>79</b>	3,094.31	257.76	3,924.00	326.87	3,644.34	303.57	2,911.31	242.51
2,715.16	226.17	3,463.36	288.50	3,220.99	268.31	2,576.76	214.64	<b>80</b>	3,122.44	260.10	3,982.86	331.77	3,704.15	308.56	2,963.27	246.84
2,730.69	227.47	3,515.31	292.83	3,273.66	272.70	2,626.01	218.75	<b>81</b>	3,140.29	261.59	4,042.60	336.75	3,764.72	313.60	3,019.91	251.56
2,740.44	228.28	3,559.25	296.49	3,318.81	276.46	2,669.08	222.33	<b>82</b>	3,151.50	262.52	4,093.13	340.96	3,816.62	317.92	3,069.45	255.69
2,751.08	229.16	3,603.74	300.19	3,364.37	280.25	2,712.38	225.94	<b>83</b>	3,163.73	263.54	4,144.30	345.22	3,869.03	322.29	3,119.24	259.83
2,762.56	230.12	3,648.79	303.94	3,410.39	284.09	2,755.93	229.57	<b>84</b>	3,176.94	264.64	4,196.10	349.54	3,921.95	326.70	3,169.31	264.00
2,774.85	231.15	3,694.40	307.74	3,456.86	287.96	2,799.72	233.22	<b>85</b>	3,191.09	265.82	4,248.55	353.90	3,975.39	331.15	3,219.68	268.20
2,788.30	232.27	3,740.57	311.59	3,502.90	291.79	2,842.66	236.79	<b>86</b>	3,206.56	267.11	4,301.66	358.33	4,028.33	335.56	3,269.06	272.31
2,800.98	233.32	3,785.46	315.33	3,547.70	295.52	2,884.54	240.28	<b>87</b>	3,221.12	268.32	4,353.29	362.63	4,079.85	339.85	3,317.21	276.32
2,814.22	234.42	3,830.89	319.11	3,592.97	299.29	2,926.76	243.80	<b>88</b>	3,236.35	269.59	4,405.52	366.98	4,131.92	344.19	3,365.77	280.37
2,828.03	235.57	3,876.86	322.94	3,638.74	303.11	2,969.34	247.35	<b>89</b>	3,252.23	270.91	4,458.39	371.38	4,184.55	348.57	3,414.74	284.45
2,842.39	236.77	3,923.38	326.82	3,685.02	306.96	3,012.28	250.92	<b>90</b>	3,268.75	272.29	4,511.89	375.84	4,237.77	353.01	3,464.12	288.56
2,853.81	237.72	3,970.47	330.74	3,731.37	310.82	3,056.13	254.58	<b>91</b>	3,281.87	273.38	4,566.03	380.35	4,291.09	357.45	3,514.56	292.76
2,864.49	238.61	4,016.12	334.54	3,776.38	314.57	3,098.79	258.13	<b>92</b>	3,294.15	274.40	4,618.54	384.72	4,342.84	361.76	3,563.61	296.85
2,875.83	239.56	4,062.31	338.39	3,821.85	318.36	3,141.76	261.71	<b>93</b>	3,307.19	275.49	4,671.66	389.15	4,395.13	366.11	3,613.02	300.96
2,887.80	240.55	4,109.02	342.28	3,867.79	322.19	3,185.05	265.31	<b>94</b>	3,320.97	276.64	4,725.38	393.62	4,447.96	370.52	3,662.80	305.11
2,900.40	241.60	4,156.28	346.22	3,914.22	326.05	3,228.66	268.95	<b>95</b>	3,335.46	277.84	4,779.72	398.15	4,501.35	374.96	3,712.96	309.29
2,929.41	244.02	4,197.84	349.68	3,953.36	329.31	3,260.95	271.64	<b>96</b>	3,368.81	280.62	4,827.52	402.13	4,546.36	378.71	3,750.09	312.38
2,958.70	246.46	4,239.82	353.18	3,992.89	332.61	3,293.56	274.35	<b>97</b>	3,402.50	283.43	4,875.79	406.15	4,591.82	382.50	3,787.59	315.51
2,988.29	248.92	4,282.21	356.71	4,032.82	335.93	3,326.50	277.10	<b>98</b>	3,436.53	286.26	4,924.55	410.21	4,637.74	386.32	3,825.47	318.66
3,018.17	251.41	4,325.04	360.28	4,073.15	339.29	3,359.77	279.87	<b>99</b>	3,470.89	289.13	4,973.80	414.32	4,684.12	390.19	3,863.72	321.85

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area I (400, 403-409, 411-414, 419-428)**

**STANDARD III ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
8,182.74	681.62	10,024.04	835.00	9,058.60	754.58	7,195.79	599.41	<b>Under 65</b>	9,410.15	783.87	11,527.64	960.25	10,417.41	867.77	8,275.15	689.32
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>65</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>66</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>67</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>68</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>69</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>70</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,341.35	278.33	3,019.53	251.53	2,398.60	199.80	<b>71</b>	3,136.72	261.29	3,842.55	320.08	3,472.47	289.26	2,758.38	229.77
2,727.58	227.21	3,348.79	278.95	3,067.39	255.51	2,432.27	202.61	<b>72</b>	3,136.72	261.29	3,851.11	320.80	3,527.51	293.84	2,797.11	233.00
2,768.17	230.59	3,407.39	283.84	3,129.61	260.70	2,482.61	206.80	<b>73</b>	3,183.39	265.18	3,918.51	326.41	3,599.05	299.80	2,855.00	237.82
2,810.10	234.08	3,467.03	288.80	3,192.56	265.94	2,533.50	211.04	<b>74</b>	3,231.61	269.19	3,987.08	332.12	3,671.44	305.83	2,913.54	242.70
2,853.01	237.66	3,527.70	293.86	3,256.29	271.25	2,585.00	215.33	<b>75</b>	3,280.97	273.30	4,056.85	337.94	3,744.73	311.94	2,972.75	247.63
2,883.77	240.22	3,589.43	299.00	3,318.65	276.44	2,638.93	219.82	<b>76</b>	3,316.33	276.25	4,127.85	343.85	3,816.46	317.91	3,034.77	252.80
2,908.31	242.26	3,643.28	303.48	3,373.69	281.03	2,687.00	223.83	<b>77</b>	3,344.55	278.60	4,189.77	349.01	3,879.75	323.18	3,090.05	257.40
2,933.64	244.37	3,697.92	308.04	3,429.44	285.67	2,735.60	227.88	<b>78</b>	3,373.69	281.03	4,252.61	354.24	3,943.85	328.52	3,145.93	262.06
2,959.77	246.55	3,753.40	312.66	3,485.89	290.37	2,784.73	231.97	<b>79</b>	3,403.74	283.53	4,316.40	359.56	4,008.78	333.93	3,202.44	266.76
2,986.67	248.79	3,809.70	317.35	3,543.09	295.14	2,834.43	236.11	<b>80</b>	3,434.68	286.11	4,381.15	364.95	4,074.55	339.41	3,259.59	271.52
3,003.76	250.21	3,866.84	322.11	3,601.03	299.97	2,888.60	240.62	<b>81</b>	3,454.32	287.75	4,446.87	370.42	4,141.18	344.96	3,321.89	276.71
3,014.48	251.11	3,915.17	326.13	3,650.68	304.10	2,936.00	244.57	<b>82</b>	3,466.65	288.77	4,502.45	375.05	4,198.29	349.72	3,376.39	281.25
3,026.18	252.08	3,964.11	330.21	3,700.81	308.28	2,983.63	248.54	<b>83</b>	3,480.10	289.89	4,558.74	379.74	4,255.93	354.52	3,431.16	285.82
3,038.81	253.13	4,013.66	334.34	3,751.43	312.49	3,031.52	252.53	<b>84</b>	3,494.64	291.10	4,615.72	384.49	4,314.14	359.37	3,486.25	290.40
3,052.34	254.26	4,063.83	338.52	3,802.54	316.75	3,079.69	256.54	<b>85</b>	3,510.20	292.40	4,673.41	389.30	4,372.93	364.27	3,541.65	295.02
3,067.14	255.49	4,114.64	342.75	3,853.19	320.97	3,126.92	260.47	<b>86</b>	3,527.21	293.82	4,731.83	394.16	4,431.16	369.12	3,595.96	299.54
3,081.07	256.65	4,164.01	346.86	3,902.46	325.08	3,172.99	264.31	<b>87</b>	3,543.23	295.15	4,788.61	398.89	4,487.84	373.84	3,648.94	303.96
3,095.64	257.87	4,213.98	351.02	3,952.28	329.22	3,219.43	268.18	<b>88</b>	3,559.98	296.55	4,846.08	403.68	4,545.11	378.61	3,702.35	308.41
3,110.84	259.13	4,264.54	355.24	4,002.62	333.42	3,266.27	272.08	<b>89</b>	3,577.46	298.00	4,904.23	408.52	4,603.02	383.43	3,756.22	312.89
3,126.63	260.45	4,315.72	359.50	4,053.51	337.66	3,313.51	276.02	<b>90</b>	3,595.62	299.52	4,963.08	413.42	4,661.54	388.31	3,810.54	317.42
3,139.18	261.49	4,367.51	363.81	4,104.52	341.91	3,361.75	280.03	<b>91</b>	3,610.06	300.72	5,022.64	418.39	4,720.19	393.19	3,866.01	322.04
3,150.93	262.47	4,417.73	368.00	4,154.01	346.03	3,408.67	283.94	<b>92</b>	3,623.57	301.84	5,080.39	423.20	4,777.12	397.93	3,919.97	326.53
3,163.41	263.51	4,468.54	372.23	4,204.03	350.20	3,455.93	287.88	<b>93</b>	3,637.92	303.04	5,138.82	428.06	4,834.64	402.73	3,974.32	331.06
3,176.58	264.61	4,519.92	376.51	4,254.57	354.41	3,503.55	291.85	<b>94</b>	3,653.07	304.30	5,197.92	432.99	4,892.75	407.57	4,029.08	335.62
3,190.44	265.76	4,571.90	380.84	4,305.64	358.66	3,551.53	295.84	<b>95</b>	3,669.01	305.63	5,257.69	437.97	4,951.48	412.46	4,084.26	340.22
3,222.35	268.42	4,617.62	384.65	4,348.69	362.25	3,587.05	298.80	<b>96</b>	3,705.69	308.68	5,310.27	442.35	5,001.00	416.58	4,125.10	343.62
3,254.57	271.11	4,663.80	388.49	4,392.18	365.87	3,622.92	301.79	<b>97</b>	3,742.76	311.77	5,363.38	446.77	5,051.01	420.75	4,166.35	347.06
3,287.11	273.82	4,710.44	392.38	4,436.10	369.53	3,659.15	304.81	<b>98</b>	3,780.19	314.89	5,417.00	451.24	5,101.51	424.96	4,208.02	350.53
3,319.99	276.56	4,757.54	396.30	4,480.47	373.22	3,695.74	307.85	<b>99</b>	3,817.99	318.04	5,471.17	455.75	5,152.53	429.21	4,250.10	354.03

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area II (401-402, 410, 415-418)**

**PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
4,178.28	348.05	5,125.48	426.95	4,167.76	347.17	3,318.95	276.47	<b>Under 65</b>	4,805.03	400.26	5,894.28	490.99	4,792.92	399.25	3,816.79	317.94
1,392.76	116.02	1,708.49	142.32	1,389.25	115.72	1,106.32	92.16	<b>65</b>	1,601.68	133.42	1,964.76	163.66	1,597.64	133.08	1,272.26	105.98
1,392.76	116.02	1,708.49	142.32	1,389.25	115.72	1,106.32	92.16	<b>66</b>	1,601.68	133.42	1,964.76	163.66	1,597.64	133.08	1,272.26	105.98
1,455.45	121.24	1,782.94	148.52	1,456.85	121.36	1,158.23	96.48	<b>67</b>	1,673.77	139.42	2,050.38	170.80	1,675.39	139.56	1,331.95	110.95
1,517.42	126.40	1,854.02	154.44	1,521.41	126.73	1,208.54	100.67	<b>68</b>	1,745.02	145.36	2,132.13	177.61	1,749.62	145.74	1,389.82	115.77
1,578.27	131.47	1,926.76	160.50	1,587.46	132.24	1,258.87	104.86	<b>69</b>	1,815.02	151.19	2,215.77	184.57	1,825.57	152.07	1,447.70	120.59
1,637.20	136.38	1,994.37	166.13	1,648.84	137.35	1,306.26	108.81	<b>70</b>	1,882.78	156.84	2,293.52	191.05	1,896.16	157.95	1,502.20	125.13
1,686.14	140.46	2,059.66	171.57	1,708.13	142.29	1,353.87	112.78	<b>71</b>	1,939.05	161.52	2,368.61	197.31	1,964.35	163.63	1,556.95	129.69
1,735.08	144.53	2,124.95	177.01	1,767.43	147.23	1,401.47	116.74	<b>72</b>	1,995.33	166.21	2,443.70	203.56	2,032.54	169.31	1,611.69	134.25
1,784.01	148.61	2,190.25	182.45	1,826.72	152.17	1,449.07	120.71	<b>73</b>	2,051.61	170.90	2,518.80	209.82	2,100.72	174.99	1,666.43	138.81
1,832.95	152.68	2,255.55	187.89	1,886.01	157.10	1,496.68	124.67	<b>74</b>	2,107.89	175.59	2,593.88	216.07	2,168.91	180.67	1,721.17	143.37
1,883.76	156.92	2,323.17	193.52	1,947.25	162.21	1,545.82	128.77	<b>75</b>	2,166.32	180.45	2,671.64	222.55	2,239.34	186.54	1,777.69	148.08
1,927.61	160.57	2,393.06	199.34	2,009.09	167.36	1,597.60	133.08	<b>76</b>	2,216.76	184.66	2,752.02	229.24	2,310.45	192.46	1,837.23	153.04
1,972.16	164.28	2,464.12	205.26	2,071.98	172.60	1,650.23	137.46	<b>77</b>	2,267.98	188.92	2,833.73	236.05	2,382.77	198.48	1,897.78	158.08
2,019.40	168.22	2,538.87	211.49	2,138.03	178.10	1,705.46	142.07	<b>78</b>	2,322.31	193.45	2,919.69	243.21	2,458.74	204.81	1,961.28	163.37
2,067.43	172.22	2,614.96	217.83	2,205.29	183.70	1,761.71	146.75	<b>79</b>	2,377.55	198.05	3,007.20	250.50	2,536.08	211.26	2,025.97	168.76
2,116.29	176.29	2,692.42	224.28	2,273.77	189.40	1,818.99	151.52	<b>80</b>	2,433.73	202.73	3,096.28	257.92	2,614.83	217.82	2,091.83	174.25
2,171.16	180.86	2,787.73	232.22	2,357.39	196.37	1,891.00	157.52	<b>81</b>	2,496.84	207.99	3,205.89	267.05	2,711.00	225.83	2,174.65	181.15
2,227.05	185.51	2,884.94	240.32	2,442.70	203.48	1,964.49	163.64	<b>82</b>	2,561.11	213.34	3,317.68	276.36	2,809.10	234.00	2,259.16	188.19
2,286.23	190.44	2,987.02	248.82	2,532.20	210.93	2,041.49	170.06	<b>83</b>	2,629.17	219.01	3,435.07	286.14	2,912.04	242.57	2,347.71	195.56
2,346.56	195.47	3,091.27	257.50	2,623.63	218.55	2,120.15	176.61	<b>84</b>	2,698.55	224.79	3,554.97	296.13	3,017.17	251.33	2,438.17	203.10
2,408.08	200.59	3,197.73	266.37	2,717.00	226.33	2,200.52	183.30	<b>85</b>	2,769.29	230.68	3,677.40	306.33	3,124.55	260.28	2,530.59	210.80
2,473.82	206.07	3,310.04	275.73	2,814.69	234.46	2,284.17	190.27	<b>86</b>	2,844.89	236.98	3,806.55	317.09	3,236.89	269.63	2,626.80	218.81
2,541.14	211.68	3,425.35	285.33	2,915.02	242.82	2,370.12	197.43	<b>87</b>	2,922.30	243.43	3,939.15	328.13	3,352.27	279.24	2,725.65	227.05
2,610.07	217.42	3,543.74	295.19	3,018.05	251.40	2,458.44	204.79	<b>88</b>	3,001.58	250.03	4,075.30	339.47	3,470.75	289.11	2,827.20	235.51
2,678.03	223.08	3,661.68	305.02	3,120.77	259.96	2,546.65	212.14	<b>89</b>	3,079.74	256.54	4,210.93	350.77	3,588.88	298.95	2,928.65	243.96
2,744.85	228.65	3,778.88	314.78	3,222.95	268.47	2,634.56	219.46	<b>90</b>	3,156.58	262.94	4,345.72	362.00	3,706.38	308.74	3,029.75	252.38
2,809.83	234.06	3,899.11	324.80	3,327.39	277.17	2,725.26	227.01	<b>91</b>	3,231.31	269.17	4,483.98	373.52	3,826.50	318.75	3,134.04	261.07
2,876.05	239.57	4,021.83	335.02	3,434.01	286.05	2,817.85	234.73	<b>92</b>	3,307.45	275.51	4,625.10	385.27	3,949.12	328.96	3,240.53	269.94
2,937.68	244.71	4,138.88	344.77	3,535.85	294.54	2,906.66	242.12	<b>93</b>	3,378.35	281.42	4,759.71	396.48	4,066.23	338.72	3,342.65	278.44
3,000.34	249.93	4,258.04	354.69	3,639.52	303.17	2,997.06	249.66	<b>94</b>	3,450.39	287.42	4,896.74	407.90	4,185.44	348.65	3,446.62	287.10
3,064.01	255.23	4,379.30	364.80	3,745.03	311.96	3,089.11	257.32	<b>95</b>	3,523.62	293.52	5,036.19	419.51	4,306.78	358.75	3,552.47	295.92
3,125.29	260.34	4,466.89	372.09	3,819.93	318.20	3,150.90	262.47	<b>96</b>	3,594.09	299.39	5,136.92	427.91	4,392.91	365.93	3,623.52	301.84
3,187.80	265.54	4,556.22	379.53	3,896.33	324.56	3,213.91	267.72	<b>97</b>	3,665.97	305.37	5,239.66	436.46	4,480.78	373.25	3,695.99	307.88
3,251.56	270.85	4,647.35	387.12	3,974.25	331.05	3,278.19	273.07	<b>98</b>	3,739.29	311.48	5,344.45	445.19	4,570.40	380.71	3,769.91	314.03
3,316.59	276.27	4,740.30	394.87	4,053.74	337.68	3,343.75	278.53	<b>99</b>	3,814.07	317.71	5,451.34	454.10	4,661.80	388.33	3,845.31	320.31

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area II (401-402, 410, 415-418)**

**STANDARD ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	
4,596.10	382.86	5,638.02	469.65	4,584.55	381.89	3,650.83	304.11	<b>Under 65</b>	5,285.55	440.29	6,483.70	540.09	5,272.21	439.17	4,198.46	349.73
1,532.03	127.62	1,879.34	156.55	1,528.18	127.30	1,216.94	101.37	<b>65</b>	1,761.85	146.76	2,161.23	180.03	1,757.40	146.39	1,399.49	116.58
1,532.03	127.62	1,879.34	156.55	1,528.18	127.30	1,216.94	101.37	<b>66</b>	1,761.85	146.76	2,161.23	180.03	1,757.40	146.39	1,399.49	116.58
1,601.00	133.36	1,961.23	163.37	1,602.55	133.49	1,274.05	106.13	<b>67</b>	1,841.15	153.37	2,255.42	187.88	1,842.92	153.52	1,465.15	122.05
1,669.16	139.04	2,039.43	169.88	1,673.55	139.41	1,329.40	110.74	<b>68</b>	1,919.53	159.90	2,345.34	195.37	1,924.57	160.32	1,528.80	127.35
1,736.10	144.62	2,119.44	176.55	1,746.20	145.46	1,384.75	115.35	<b>69</b>	1,996.52	166.31	2,437.36	203.03	2,008.14	167.28	1,592.47	132.65
1,800.92	150.02	2,193.79	182.74	1,813.72	151.08	1,436.89	119.69	<b>70</b>	2,071.05	172.52	2,522.87	210.15	2,085.78	173.75	1,652.41	137.65
1,854.74	154.50	2,265.63	188.73	1,878.94	156.52	1,489.25	124.05	<b>71</b>	2,132.96	177.68	2,605.47	217.04	2,160.79	179.99	1,712.64	142.66
1,908.57	158.98	2,337.45	194.71	1,944.16	161.95	1,541.62	128.42	<b>72</b>	2,194.87	182.83	2,688.07	223.92	2,235.79	186.24	1,772.85	147.68
1,962.41	163.47	2,409.28	200.69	2,009.39	167.38	1,593.98	132.78	<b>73</b>	2,256.77	187.99	2,770.67	230.80	2,310.80	192.49	1,833.08	152.70
2,016.24	167.95	2,481.10	206.68	2,074.61	172.82	1,646.34	137.14	<b>74</b>	2,318.68	193.15	2,853.27	237.68	2,385.81	198.74	1,893.29	157.71
2,072.14	172.61	2,555.49	212.87	2,141.97	178.43	1,700.40	141.64	<b>75</b>	2,382.96	198.50	2,938.81	244.80	2,463.28	205.19	1,955.47	162.89
2,120.38	176.63	2,632.36	219.28	2,210.01	184.09	1,757.35	146.39	<b>76</b>	2,438.44	203.12	3,027.22	252.17	2,541.50	211.71	2,020.95	168.35
2,169.37	180.71	2,710.53	225.79	2,279.17	189.86	1,815.26	151.21	<b>77</b>	2,494.78	207.81	3,117.11	259.66	2,621.05	218.33	2,087.55	173.89
2,221.34	185.04	2,792.75	232.64	2,351.84	195.91	1,876.02	156.27	<b>78</b>	2,554.53	212.79	3,211.66	267.53	2,704.61	225.29	2,157.41	179.71
2,274.18	189.44	2,876.45	239.61	2,425.82	202.07	1,937.88	161.43	<b>79</b>	2,615.31	217.86	3,307.93	275.55	2,789.69	232.38	2,228.56	185.64
2,327.91	193.92	2,961.67	246.71	2,501.14	208.35	2,000.89	166.67	<b>80</b>	2,677.10	223.00	3,405.92	283.71	2,876.31	239.60	2,301.02	191.68
2,388.28	198.94	3,066.50	255.44	2,593.13	216.01	2,080.11	173.27	<b>81</b>	2,746.52	228.78	3,526.48	293.76	2,982.10	248.41	2,392.13	199.26
2,449.76	204.06	3,173.43	264.35	2,686.97	223.82	2,160.94	180.01	<b>82</b>	2,817.23	234.67	3,649.44	304.00	3,090.00	257.40	2,485.08	207.01
2,514.85	209.49	3,285.72	273.70	2,785.43	232.03	2,245.64	187.06	<b>83</b>	2,892.08	240.91	3,778.58	314.76	3,203.23	266.83	2,582.48	215.12
2,581.23	215.02	3,400.40	283.25	2,885.99	240.40	2,332.17	194.27	<b>84</b>	2,968.41	247.27	3,910.46	325.74	3,318.89	276.46	2,681.99	223.41
2,648.89	220.65	3,517.51	293.01	2,988.71	248.96	2,420.56	201.63	<b>85</b>	3,046.22	253.75	4,045.13	336.96	3,437.02	286.30	2,783.65	231.88
2,721.20	226.68	3,641.04	303.30	3,096.17	257.91	2,512.59	209.30	<b>86</b>	3,129.37	260.68	4,187.19	348.79	3,560.59	296.60	2,889.47	240.69
2,795.25	232.84	3,767.88	313.86	3,206.53	267.10	2,607.14	217.18	<b>87</b>	3,214.53	267.77	4,333.06	360.94	3,687.51	307.17	2,998.21	249.75
2,871.08	239.16	3,898.11	324.71	3,319.86	276.54	2,704.28	225.27	<b>88</b>	3,301.74	275.03	4,482.82	373.42	3,817.83	318.03	3,109.93	259.06
2,945.84	245.39	4,027.85	335.52	3,432.84	285.96	2,801.32	233.35	<b>89</b>	3,387.71	282.20	4,632.02	385.85	3,947.77	328.85	3,221.52	268.35
3,019.34	251.51	4,156.78	346.26	3,545.23	295.32	2,898.02	241.41	<b>90</b>	3,472.24	289.24	4,780.29	398.20	4,077.02	339.62	3,332.73	277.62
3,090.82	257.47	4,289.02	357.28	3,660.13	304.89	2,997.78	249.72	<b>91</b>	3,554.45	296.09	4,932.37	410.87	4,209.15	350.62	3,447.45	287.17
3,163.66	263.53	4,424.01	368.52	3,777.41	314.66	3,099.64	258.20	<b>92</b>	3,638.20	303.06	5,087.61	423.80	4,344.02	361.86	3,564.59	296.93
3,231.45	269.18	4,552.77	379.25	3,889.44	323.99	3,197.32	266.34	<b>93</b>	3,716.18	309.56	5,235.69	436.13	4,472.85	372.59	3,676.92	306.29
3,300.38	274.92	4,683.83	390.16	4,003.46	333.49	3,296.76	274.62	<b>94</b>	3,795.44	316.16	5,386.41	448.69	4,603.98	383.51	3,791.28	315.81
3,370.42	280.76	4,817.23	401.28	4,119.53	343.16	3,398.01	283.05	<b>95</b>	3,875.98	322.87	5,539.82	461.47	4,737.46	394.63	3,907.73	325.51
3,437.83	286.37	4,913.57	409.30	4,201.92	350.02	3,465.98	288.72	<b>96</b>	3,953.50	329.33	5,650.61	470.70	4,832.21	402.52	3,985.87	332.02
3,506.59	292.10	5,011.85	417.49	4,285.95	357.02	3,535.30	294.49	<b>97</b>	4,032.57	335.91	5,763.63	480.11	4,928.86	410.57	4,065.60	338.66
3,576.71	297.94	5,112.09	425.84	4,371.68	364.16	3,606.00	300.38	<b>98</b>	4,113.22	342.63	5,878.90	489.71	5,027.43	418.78	4,146.90	345.44
3,648.25	303.90	5,214.32	434.35	4,459.11	371.44	3,678.13	306.39	<b>99</b>	4,195.49	349.48	5,996.48	499.51	5,127.97	427.16	4,229.85	352.35

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area II (401-402, 410, 415-418)**

**STANDARD II ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
8,174.55	680.94	10,014.00	834.17	9,049.56	753.83	7,188.60	598.81	<b>Under 65</b>	9,400.74	783.08	11,516.13	959.29	10,407.00	866.90	8,266.89	688.63
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>65</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>66</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>67</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>68</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>69</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>70</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,338.00	278.06	3,016.52	251.28	2,396.20	199.60	<b>71</b>	3,133.58	261.03	3,838.71	319.76	3,469.00	288.97	2,755.63	229.54
2,724.85	226.98	3,345.45	278.68	3,064.33	255.26	2,429.84	202.41	<b>72</b>	3,133.58	261.03	3,847.26	320.48	3,523.98	293.55	2,794.31	232.77
2,765.40	230.36	3,403.99	283.55	3,126.48	260.44	2,480.13	206.59	<b>73</b>	3,180.21	264.91	3,914.59	326.09	3,595.45	299.50	2,852.15	237.58
2,807.29	233.85	3,463.56	288.51	3,189.37	265.67	2,530.98	210.83	<b>74</b>	3,228.38	268.92	3,983.10	331.79	3,667.77	305.53	2,910.62	242.45
2,850.17	237.42	3,524.17	293.56	3,253.03	270.98	2,582.42	215.12	<b>75</b>	3,277.69	273.03	4,052.80	337.60	3,740.99	311.62	2,969.78	247.38
2,880.89	239.98	3,585.85	298.70	3,315.34	276.17	2,636.29	219.60	<b>76</b>	3,313.02	275.97	4,123.72	343.51	3,812.64	317.59	3,031.74	252.54
2,905.40	242.02	3,639.64	303.18	3,370.32	280.75	2,684.32	223.60	<b>77</b>	3,341.21	278.32	4,185.58	348.66	3,875.87	322.86	3,086.96	257.14
2,930.71	244.13	3,694.23	307.73	3,426.01	285.39	2,732.86	227.65	<b>78</b>	3,370.32	280.75	4,248.36	353.89	3,939.91	328.19	3,142.79	261.79
2,956.81	246.30	3,749.64	312.35	3,482.41	290.08	2,781.95	231.74	<b>79</b>	3,400.34	283.25	4,312.09	359.20	4,004.77	333.60	3,199.24	266.50
2,983.69	248.54	3,805.89	317.03	3,539.55	294.84	2,831.60	235.87	<b>80</b>	3,431.25	285.82	4,376.77	364.58	4,070.49	339.07	3,256.34	271.25
3,000.76	249.96	3,862.98	321.79	3,597.43	299.67	2,885.72	240.38	<b>81</b>	3,450.87	287.46	4,442.42	370.05	4,137.05	344.62	3,318.58	276.44
3,011.47	250.86	3,911.26	325.81	3,647.04	303.80	2,933.06	244.32	<b>82</b>	3,463.19	288.48	4,497.95	374.68	4,194.09	349.37	3,373.02	280.97
3,023.16	251.83	3,960.15	329.88	3,697.11	307.97	2,980.64	248.29	<b>83</b>	3,476.63	289.60	4,554.18	379.36	4,251.68	354.16	3,427.74	285.53
3,035.78	252.88	4,009.66	334.00	3,747.68	312.18	3,028.49	252.27	<b>84</b>	3,491.14	290.81	4,611.10	384.10	4,309.83	359.01	3,482.76	290.11
3,049.29	254.01	4,059.78	338.18	3,798.75	316.44	3,076.62	256.28	<b>85</b>	3,506.69	292.11	4,668.74	388.91	4,368.56	363.90	3,538.11	294.72
3,064.07	255.24	4,110.52	342.41	3,849.34	320.65	3,123.80	260.21	<b>86</b>	3,523.69	293.52	4,727.10	393.77	4,426.74	368.75	3,592.37	299.24
3,078.00	256.40	4,159.85	346.52	3,898.57	324.75	3,169.82	264.05	<b>87</b>	3,539.69	294.86	4,783.83	398.49	4,483.35	373.46	3,645.29	303.65
3,092.55	257.61	4,209.77	350.67	3,948.32	328.90	3,216.22	267.91	<b>88</b>	3,556.43	296.25	4,841.23	403.27	4,540.57	378.23	3,698.65	308.10
3,107.72	258.87	4,260.29	354.88	3,998.62	333.09	3,263.01	271.81	<b>89</b>	3,573.88	297.70	4,899.33	408.11	4,598.41	383.05	3,752.46	312.58
3,123.50	260.19	4,311.41	359.14	4,049.47	337.32	3,310.20	275.74	<b>90</b>	3,592.03	299.22	4,958.12	413.01	4,656.89	387.92	3,806.73	317.10
3,136.05	261.23	4,363.15	363.45	4,100.41	341.56	3,358.39	279.75	<b>91</b>	3,606.45	300.42	5,017.62	417.97	4,715.48	392.80	3,862.15	321.72
3,147.79	262.21	4,413.32	367.63	4,149.87	345.68	3,405.26	283.66	<b>92</b>	3,619.95	301.54	5,075.32	422.77	4,772.35	397.54	3,916.05	326.21
3,160.25	263.25	4,464.08	371.86	4,199.83	349.85	3,452.48	287.59	<b>93</b>	3,634.28	302.74	5,133.69	427.64	4,829.81	402.32	3,970.35	330.73
3,173.41	264.35	4,515.41	376.13	4,250.32	354.05	3,500.05	291.55	<b>94</b>	3,649.42	304.00	5,192.72	432.55	4,887.87	407.16	4,025.05	335.29
3,187.25	265.50	4,567.34	380.46	4,301.34	358.30	3,547.98	295.55	<b>95</b>	3,665.34	305.32	5,252.44	437.53	4,946.54	412.05	4,080.18	339.88
3,219.13	268.15	4,613.01	384.26	4,344.35	361.88	3,583.46	298.50	<b>96</b>	3,701.99	308.38	5,304.97	441.90	4,996.00	416.17	4,120.98	343.28
3,251.32	270.83	4,659.14	388.11	4,387.79	365.50	3,619.30	301.49	<b>97</b>	3,739.01	311.46	5,358.01	446.32	5,045.96	420.33	4,162.19	346.71
3,283.83	273.54	4,705.73	391.99	4,431.67	369.16	3,655.49	304.50	<b>98</b>	3,776.41	314.57	5,411.59	450.79	5,096.42	424.53	4,203.81	350.18
3,316.67	276.28	4,752.79	395.91	4,475.99	372.85	3,692.05	307.55	<b>99</b>	3,814.17	317.72	5,465.71	455.29	5,147.39	428.78	4,245.85	353.68

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.



**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**KENTUCKY**

**Attained Age Rates -- Effective 6/1/2016 -- Area II (401-402, 410, 415-418)**

**STANDARD III ANNUAL & MONTHLY BANK DRAFT RATES**

FEMALE RATES								Attained Age	MALE RATES							
Plan A		Plan F		Plan G		Plan N			Plan A		Plan F		Plan G		Plan N	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
8,992.02	749.04	11,015.43	917.59	9,954.51	829.21	7,907.46	658.69	<b>Under 65</b>	10,340.82	861.39	12,667.74	1,055.22	11,447.70	953.59	9,093.57	757.49
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>65</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>66</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>67</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>68</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>69</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>70</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,671.81	305.86	3,318.17	276.40	2,635.82	219.56	<b>71</b>	3,446.94	287.13	4,222.58	351.74	3,815.90	317.86	3,031.19	252.50
2,997.34	249.68	3,679.99	306.54	3,370.76	280.78	2,672.82	222.65	<b>72</b>	3,446.94	287.13	4,231.99	352.52	3,876.38	322.90	3,073.75	256.04
3,041.94	253.39	3,744.39	311.91	3,439.13	286.48	2,728.14	227.25	<b>73</b>	3,498.23	291.40	4,306.05	358.69	3,955.00	329.45	3,137.36	261.34
3,088.02	257.23	3,809.92	317.37	3,508.31	292.24	2,784.07	231.91	<b>74</b>	3,551.22	295.82	4,381.41	364.97	4,034.55	336.08	3,201.69	266.70
3,135.18	261.16	3,876.59	322.92	3,578.34	298.08	2,840.66	236.63	<b>75</b>	3,605.46	300.33	4,458.08	371.36	4,115.09	342.79	3,266.76	272.12
3,168.98	263.98	3,944.43	328.57	3,646.87	303.78	2,899.92	241.56	<b>76</b>	3,644.32	303.57	4,536.10	377.86	4,193.91	349.35	3,334.91	277.80
3,195.94	266.22	4,003.60	333.50	3,707.35	308.82	2,952.75	245.96	<b>77</b>	3,675.33	306.15	4,604.14	383.52	4,263.46	355.15	3,395.66	282.86
3,223.78	268.54	4,063.65	338.50	3,768.61	313.93	3,006.15	250.41	<b>78</b>	3,707.35	308.82	4,673.20	389.28	4,333.90	361.01	3,457.07	287.97
3,252.49	270.93	4,124.61	343.58	3,830.65	319.09	3,060.14	254.91	<b>79</b>	3,740.37	311.57	4,743.30	395.12	4,405.25	366.96	3,519.17	293.15
3,282.06	273.40	4,186.48	348.73	3,893.51	324.33	3,114.76	259.46	<b>80</b>	3,774.37	314.41	4,814.45	401.04	4,477.53	372.98	3,581.97	298.38
3,300.84	274.96	4,249.27	353.96	3,957.18	329.63	3,174.29	264.42	<b>81</b>	3,795.96	316.20	4,886.67	407.06	4,550.75	379.08	3,650.43	304.08
3,312.62	275.94	4,302.39	358.39	4,011.74	334.18	3,226.37	268.76	<b>82</b>	3,809.51	317.33	4,947.75	412.15	4,613.50	384.30	3,710.32	309.07
3,325.47	277.01	4,356.17	362.87	4,066.82	338.77	3,278.71	273.12	<b>83</b>	3,824.29	318.56	5,009.60	417.30	4,676.85	389.58	3,770.51	314.08
3,339.35	278.17	4,410.62	367.40	4,122.45	343.40	3,331.34	277.50	<b>84</b>	3,840.26	319.89	5,072.22	422.52	4,740.81	394.91	3,831.04	319.13
3,354.22	279.41	4,465.75	372.00	4,178.62	348.08	3,384.28	281.91	<b>85</b>	3,857.36	321.32	5,135.62	427.80	4,805.42	400.29	3,891.92	324.20
3,370.48	280.76	4,521.58	376.65	4,234.27	352.71	3,436.18	286.23	<b>86</b>	3,876.05	322.87	5,199.81	433.14	4,869.41	405.62	3,951.60	329.17
3,385.79	282.04	4,575.84	381.17	4,288.42	357.23	3,486.80	290.45	<b>87</b>	3,893.66	324.34	5,262.21	438.34	4,931.69	410.81	4,009.82	334.02
3,401.80	283.37	4,630.75	385.74	4,343.16	361.79	3,537.84	294.70	<b>88</b>	3,912.07	325.88	5,325.36	443.60	4,994.63	416.05	4,068.52	338.91
3,418.50	284.76	4,686.31	390.37	4,398.48	366.39	3,589.31	298.99	<b>89</b>	3,931.27	327.47	5,389.26	448.93	5,058.26	421.35	4,127.71	343.84
3,435.86	286.21	4,742.55	395.05	4,454.41	371.05	3,641.22	303.31	<b>90</b>	3,951.23	329.14	5,453.93	454.31	5,122.57	426.71	4,187.41	348.81
3,449.65	287.36	4,799.46	399.80	4,510.46	375.72	3,694.23	307.73	<b>91</b>	3,967.10	330.46	5,519.38	459.76	5,187.02	432.08	4,248.36	353.89
3,462.56	288.43	4,854.65	404.39	4,564.85	380.25	3,745.79	312.02	<b>92</b>	3,981.95	331.70	5,582.85	465.05	5,249.58	437.29	4,307.66	358.83
3,476.27	289.57	4,910.48	409.04	4,619.81	384.83	3,797.73	316.35	<b>93</b>	3,997.71	333.01	5,647.06	470.40	5,312.79	442.56	4,367.38	363.80
3,490.75	290.78	4,966.95	413.75	4,675.35	389.46	3,850.05	320.71	<b>94</b>	4,014.36	334.40	5,712.00	475.81	5,376.65	447.87	4,427.56	368.82
3,505.98	292.05	5,024.07	418.51	4,731.47	394.13	3,902.78	325.10	<b>95</b>	4,031.88	335.86	5,777.68	481.28	5,441.19	453.25	4,488.20	373.87
3,541.04	294.97	5,074.31	422.69	4,778.78	398.07	3,941.81	328.35	<b>96</b>	4,072.19	339.21	5,835.46	486.09	5,495.60	457.78	4,533.08	377.61
3,576.45	297.92	5,125.06	426.92	4,826.57	402.05	3,981.23	331.64	<b>97</b>	4,112.92	342.61	5,893.82	490.96	5,550.56	462.36	4,578.41	381.38
3,612.21	300.90	5,176.31	431.19	4,874.84	406.07	4,021.04	334.95	<b>98</b>	4,154.05	346.03	5,952.75	495.86	5,606.06	466.98	4,624.20	385.20
3,648.34	303.91	5,228.07	435.50	4,923.59	410.14	4,061.25	338.30	<b>99</b>	4,195.59	349.49	6,012.28	500.82	5,662.12	471.65	4,670.44	389.05

Policies may be issued on an annual, semi-annual, quarterly or monthly mode.

To obtain semi-annual premiums, multiply the above-quoted annual premium by 0.52. To obtain quarterly premiums, multiply the above quoted premium by 0.265.

Add one-time enrollment fee of \$20.00 to the first premium.

**THIS PAGE INTENTIONALLY LEFT BLANK**

Locate appropriate Area according to the Applicant's ZIP Code in the ZIP Code chart below.

**KENTUCKY ZIP CODES:**

<u>Area</u>	<u>3-digit ZIP Codes</u>
Area I	400, 403-409, 411-414, 419-428
Area II	401-402, 410, 415-418

**THIS PAGE INTENTIONALLY LEFT BLANK**

**PREMIUM INFORMATION**

We, American Retirement Life Insurance Company, can only raise Your premium if We raise the premium for all policies like Yours in Kentucky. Your premium will increase each year because of the increase in Your attained age. We can also raise Your premium if (a) We change the rates which apply to all policies of this form issued by Us and in-force in Your state; (b) coverage under Medicare changes; or (c) You move to a different ZIP Code location. We will send You a written notice at least thirty (30) days in advance when We change the premium rates for all policies of this form issued by Us and in-force in Your state.

There will be a one-time enrollment fee of \$20 added to the first premium.

**DISCLOSURES**

Use this Outline to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY**

This is only an Outline describing Your policy's most important features. The policy is Your insurance contract. You must read the policy itself to understand all of the rights and duties of both You and American Retirement Life Insurance Company.

**30-DAY RIGHT TO RETURN POLICY**

If You find that You are not satisfied with Your policy, You may return it to American Retirement Life Insurance Company, P. O. Box 26580, Austin, TX 78755-0580. If You send the policy back to Us within thirty (30) days after You receive it, We will treat the policy as if it had never been issued and return all of Your premiums.

**POLICY REPLACEMENT**

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

**NOTICE**

This policy may not fully cover all of Your medical costs. Neither American Retirement Life Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact Your local Social Security Office or consult the *Medicare and You* for more details.

**COMPLETE ANSWERS ARE VERY IMPORTANT**

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

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

**RENEWABILITY**

This policy is guaranteed renewable for life.

## PLAN A

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

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

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – while using 60 lifetime reserve days – once lifetime reserve days are used, additional 365 days  – beyond the additional 365 days	All but \$1,288 All but \$322 per day  All but \$644 per day  \$0  \$0	\$0 \$322 per day  \$644 per day  100% of Medicare Eligible Expenses \$0	\$1,288 (Part A Deductible) \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$161 per day \$0	\$0 \$0 \$0	\$0 Up to \$161 per day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**PLAN A**

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

\*Once You have been billed \$166 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$166 (Part B Deductible) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$166 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment First \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$166 (Part B Deductible) \$0

## PLAN F

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

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

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – while using 60 lifetime reserve days – once lifetime reserve days are used, additional 365 days – beyond the additional 365 days	All but \$1,288 All but \$322 per day All but \$644 per day \$0 \$0	\$1,288 (Part A Deductible) \$322 per day \$644 per day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$161 per day \$0	\$0 Up to \$161 per day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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



**PLAN F**

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

\*Once You have been billed \$166 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN F PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$166 (Part B Deductible) Generally 20%	\$0 \$0
<b>PART B EXCESS CHARGES</b> (above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$166 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN F PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment First \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$166 (Part B Deductible) 20%	\$0 \$0 \$0

**PLAN F**  
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONT'D.)**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

## PLAN G

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

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

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – while using 60 lifetime reserve days – once lifetime reserve days are used, additional 365 days – beyond the additional 365 days	All but \$1,288 All but \$322 per day All but \$644 per day \$0 \$0	\$1,288 (Part A Deductible) \$322 per day \$644 per day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$161 per day \$0	\$0 Up to \$161 per day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**PLAN G**

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

\*Once You have been billed \$166 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$166 (Part B Deductible) \$0
<b>PART B EXCESS CHARGES</b> (above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$166 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment First \$166 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$166 (Part B Deductible) \$0

**PLAN G**  
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONT'D.)**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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

## PLAN N

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

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

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: – while using 60 lifetime reserve days – once lifetime reserve days are used, additional 365 days – beyond the additional 365 days	All but \$1,288 All but \$322 per day All but \$644 per day \$0 \$0	\$1,288 (Part A Deductible) \$322 per day \$644 per day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$161 per day \$0	\$0 Up to \$161 per day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**PLAN N**

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

\*Once You have been billed \$166 of Medicare-approved amounts for covered services (which are noted with an asterisk), Your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
<p><b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment                      First \$166 of Medicare-approved amounts*                      Remainder of Medicare-approved amounts</p>	<p>\$0                      Generally 80%</p>	<p>\$0                      Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the Insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense</p>	<p>\$166 (Part B Deductible)                      Up to \$20 per office visit and up to \$50 per emergency room visit.                      The copayment of up to \$50 is waived if the Insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense</p>
<p><b>PART B EXCESS CHARGES</b>                      (above Medicare-approved amounts)</p>	<p>\$0</p>	<p>\$0</p>	<p>All costs</p>
<p><b>BLOOD</b>                      First 3 pints                      Next \$166 of Medicare-approved amounts*                      Remainder of Medicare-approved amounts</p>	<p>\$0                      \$0                      80%</p>	<p>All costs                      \$0                      20%</p>	<p>\$0                      \$166 (Part B Deductible)                      \$0</p>
<p><b>CLINICAL LABORATORY SERVICES</b>                      Tests for diagnostic services</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

**PLAN N  
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONT'D.)**

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> Medically-necessary skilled care services and medical supplies – Durable medical equipment	100%	\$0	\$0
First \$166 of Medicare-approved amounts*	\$0	\$0	\$166 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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