



OUTLINE OF COVERAGE AND RATES FOR KENTUCKY RESIDENTS

Medicare Supplement benefit plans A, F, G, and N

Together, all the way.®



Cigna Medicare Supplement Insurance
American Retirement Life Insurance Company

AMERICAN RETIREMENT LIFE INSURANCE COMPANY
 PO Box 5700, Scranton, PA 18505 • 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 Plan A and either Plan C or F available for those eligible for Medicare prior to January 1, 2020, and either Plan D or G available for those eligible for Medicare on or after January 1, 2020. Some plans may not be available in your state. Only Applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high-deductible F.

| Benefits | Note: A ✓ means 100% of the benefit is paid | | | | | | | | | Plans available only if first Medicare eligible before 2020 | | |
|--|---|---|---|----------------|------------------|-----|----------------------|----------------------|---|---|----------------|------------------|
| | Plans available | | | | | | | | | C | F ¹ | HDF ¹ |
| | A | B | D | G ¹ | HDG ¹ | K | L | M | N | | | |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | copays apply ³ | ✓ | ✓ |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | | ✓ | ✓ | ✓ |
| Medicare Part B excess charges | | | | | ✓ | | | | | | ✓ | ✓ |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket limit in 2021 ² | | | | | | | \$6,220 ² | \$3,110 ² | | | | |

¹Plans F and G also have a high-deductible option which requires first paying a plan deductible of \$2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High-deductible Plan G does not cover the Medicare Part B deductible. However, high-deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. These expenses include the Medicare deductibles for Part A and Part B, but do not include the Plan's separate foreign travel emergency deductible.

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

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

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 |

American Retirement Life Insurance Company

**MEDICARE SUPPLEMENT
KENTUCKY**

Attained Age Rates -- Effective 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 5,277.82 | 439.64 | 7,236.03 | 602.76 | 5,398.07 | 449.66 | 3,949.78 | 329.02 | | 6,069.51 | 505.59 | 8,321.39 | 693.17 | 6,207.77 | 517.11 | 4,542.25 | 378.37 | |
| 1,759.27 | 146.55 | 2,412.01 | 200.92 | 1,799.36 | 149.89 | 1,316.59 | 109.67 | 65 | 2,023.17 | 168.53 | 2,773.80 | 231.06 | 2,069.26 | 172.37 | 1,514.08 | 126.12 | |
| 1,759.27 | 146.55 | 2,412.01 | 200.92 | 1,799.36 | 149.89 | 1,316.59 | 109.67 | 66 | 2,023.17 | 168.53 | 2,773.80 | 231.06 | 2,069.26 | 172.37 | 1,514.08 | 126.12 | |
| 1,838.46 | 153.14 | 2,517.11 | 209.68 | 1,886.91 | 157.18 | 1,378.38 | 114.82 | 67 | 2,114.23 | 176.12 | 2,894.67 | 241.13 | 2,169.95 | 180.76 | 1,585.12 | 132.04 | |
| 1,916.73 | 159.66 | 2,617.46 | 218.03 | 1,970.52 | 164.14 | 1,438.25 | 119.81 | 68 | 2,204.23 | 183.61 | 3,010.09 | 250.74 | 2,266.09 | 188.77 | 1,653.98 | 137.78 | |
| 1,993.61 | 166.07 | 2,720.15 | 226.59 | 2,056.07 | 171.27 | 1,498.14 | 124.80 | 69 | 2,292.65 | 190.98 | 3,128.17 | 260.58 | 2,364.47 | 196.96 | 1,722.86 | 143.51 | |
| 2,068.04 | 172.27 | 2,815.59 | 234.54 | 2,135.57 | 177.89 | 1,554.54 | 129.49 | 70 | 2,378.25 | 198.11 | 3,237.93 | 269.72 | 2,455.90 | 204.58 | 1,787.72 | 148.92 | |
| 2,129.86 | 177.42 | 2,907.78 | 242.22 | 2,212.37 | 184.29 | 1,611.20 | 134.21 | 71 | 2,449.32 | 204.03 | 3,343.94 | 278.55 | 2,544.22 | 211.93 | 1,852.88 | 154.34 | |
| 2,191.67 | 182.57 | 2,999.95 | 249.90 | 2,289.16 | 190.69 | 1,667.85 | 138.93 | 72 | 2,520.41 | 209.95 | 3,449.96 | 287.38 | 2,632.54 | 219.29 | 1,918.02 | 159.77 | |
| 2,253.48 | 187.72 | 3,092.14 | 257.58 | 2,365.95 | 197.08 | 1,724.49 | 143.65 | 73 | 2,591.50 | 215.87 | 3,555.97 | 296.21 | 2,720.85 | 226.65 | 1,983.17 | 165.20 | |
| 2,315.30 | 192.86 | 3,184.33 | 265.25 | 2,442.75 | 203.48 | 1,781.15 | 148.37 | 74 | 2,662.59 | 221.79 | 3,661.97 | 305.04 | 2,809.17 | 234.00 | 2,048.32 | 170.62 | |
| 2,379.49 | 198.21 | 3,279.79 | 273.21 | 2,522.06 | 210.09 | 1,839.64 | 153.24 | 75 | 2,736.40 | 227.94 | 3,771.76 | 314.19 | 2,900.38 | 241.60 | 2,115.58 | 176.23 | |
| 2,434.88 | 202.83 | 3,378.46 | 281.43 | 2,602.17 | 216.76 | 1,901.25 | 158.37 | 76 | 2,800.11 | 233.25 | 3,885.24 | 323.64 | 2,992.49 | 249.27 | 2,186.43 | 182.13 | |
| 2,491.15 | 207.51 | 3,478.78 | 289.78 | 2,683.62 | 223.55 | 1,963.89 | 163.59 | 77 | 2,864.81 | 238.64 | 4,000.59 | 333.25 | 3,086.16 | 257.08 | 2,258.49 | 188.13 | |
| 2,550.81 | 212.48 | 3,584.31 | 298.57 | 2,769.17 | 230.67 | 2,029.62 | 169.07 | 78 | 2,933.44 | 244.36 | 4,121.95 | 343.36 | 3,184.55 | 265.27 | 2,334.06 | 194.43 | |
| 2,611.49 | 217.54 | 3,691.74 | 307.52 | 2,856.28 | 237.93 | 2,096.56 | 174.64 | 79 | 3,003.21 | 250.17 | 4,245.50 | 353.65 | 3,284.72 | 273.62 | 2,411.05 | 200.84 | |
| 2,673.20 | 222.68 | 3,801.09 | 316.63 | 2,944.97 | 245.32 | 2,164.72 | 180.32 | 80 | 3,074.18 | 256.08 | 4,371.26 | 364.13 | 3,386.72 | 282.11 | 2,489.43 | 207.37 | |
| 2,742.51 | 228.45 | 3,935.64 | 327.84 | 3,053.28 | 254.34 | 2,250.42 | 187.46 | 81 | 3,153.89 | 262.72 | 4,526.00 | 377.02 | 3,511.27 | 292.49 | 2,587.99 | 215.58 | |
| 2,813.11 | 234.33 | 4,072.89 | 339.27 | 3,163.77 | 263.54 | 2,337.88 | 194.75 | 82 | 3,235.08 | 269.48 | 4,683.82 | 390.16 | 3,638.33 | 303.07 | 2,688.56 | 223.96 | |
| 2,887.86 | 240.56 | 4,216.99 | 351.28 | 3,279.69 | 273.20 | 2,429.51 | 202.38 | 83 | 3,321.05 | 276.64 | 4,849.55 | 403.97 | 3,771.66 | 314.18 | 2,793.94 | 232.74 | |
| 2,964.07 | 246.91 | 4,364.18 | 363.54 | 3,398.11 | 283.06 | 2,523.12 | 210.18 | 84 | 3,408.69 | 283.94 | 5,018.81 | 418.07 | 3,907.83 | 325.52 | 2,901.59 | 241.70 | |
| 3,041.78 | 253.38 | 4,514.48 | 376.06 | 3,519.05 | 293.14 | 2,618.77 | 218.14 | 85 | 3,498.05 | 291.39 | 5,191.66 | 432.46 | 4,046.91 | 337.11 | 3,011.58 | 250.86 | |
| 3,124.82 | 260.30 | 4,673.03 | 389.26 | 3,645.58 | 303.68 | 2,718.32 | 226.44 | 86 | 3,593.53 | 299.34 | 5,373.99 | 447.65 | 4,192.41 | 349.23 | 3,126.07 | 260.40 | |
| 3,209.85 | 267.38 | 4,835.82 | 402.82 | 3,775.52 | 314.50 | 2,820.61 | 234.96 | 87 | 3,691.32 | 307.49 | 5,561.19 | 463.25 | 4,341.85 | 361.68 | 3,243.71 | 270.20 | |
| 3,296.92 | 274.63 | 5,002.96 | 416.75 | 3,908.97 | 325.62 | 2,925.71 | 243.71 | 88 | 3,791.46 | 315.83 | 5,753.41 | 479.26 | 4,495.31 | 374.46 | 3,364.56 | 280.27 | |
| 3,382.77 | 281.78 | 5,169.47 | 430.62 | 4,042.01 | 336.70 | 3,030.69 | 252.46 | 89 | 3,890.19 | 324.05 | 5,944.88 | 495.21 | 4,648.30 | 387.20 | 3,485.30 | 290.33 | |
| 3,467.17 | 288.82 | 5,334.93 | 444.40 | 4,174.34 | 347.72 | 3,135.32 | 261.17 | 90 | 3,987.26 | 332.14 | 6,135.17 | 511.06 | 4,800.49 | 399.88 | 3,605.62 | 300.35 | |
| 3,549.26 | 295.65 | 5,504.67 | 458.54 | 4,309.62 | 358.99 | 3,243.25 | 270.16 | 91 | 4,081.65 | 340.00 | 6,330.37 | 527.32 | 4,956.07 | 412.84 | 3,729.73 | 310.69 | |
| 3,632.90 | 302.62 | 5,677.92 | 472.97 | 4,447.72 | 370.49 | 3,353.44 | 279.34 | 92 | 4,177.82 | 348.01 | 6,529.60 | 543.92 | 5,114.88 | 426.07 | 3,856.46 | 321.24 | |
| 3,710.75 | 309.11 | 5,843.17 | 486.74 | 4,579.62 | 381.48 | 3,459.13 | 288.15 | 93 | 4,267.38 | 355.47 | 6,719.65 | 559.75 | 5,266.57 | 438.71 | 3,977.99 | 331.37 | |
| 3,789.89 | 315.70 | 6,011.39 | 500.75 | 4,713.89 | 392.67 | 3,566.71 | 297.11 | 94 | 4,358.38 | 363.05 | 6,913.10 | 575.86 | 5,420.96 | 451.57 | 4,101.71 | 341.67 | |
| 3,870.32 | 322.40 | 6,182.59 | 515.01 | 4,850.54 | 404.05 | 3,676.26 | 306.23 | 95 | 4,450.88 | 370.76 | 7,109.97 | 592.26 | 5,578.12 | 464.66 | 4,227.69 | 352.17 | |
| 3,947.73 | 328.85 | 6,306.24 | 525.31 | 4,947.55 | 412.13 | 3,749.79 | 312.36 | 96 | 4,539.89 | 378.17 | 7,252.18 | 604.11 | 5,689.68 | 473.95 | 4,312.24 | 359.21 | |
| 4,026.69 | 335.42 | 6,432.36 | 535.82 | 5,046.50 | 420.37 | 3,824.78 | 318.60 | 97 | 4,630.68 | 385.74 | 7,397.22 | 616.19 | 5,803.49 | 483.43 | 4,398.49 | 366.39 | |
| 4,107.22 | 342.13 | 6,561.01 | 546.53 | 5,147.43 | 428.78 | 3,901.27 | 324.98 | 98 | 4,723.30 | 393.45 | 7,545.16 | 628.51 | 5,919.56 | 493.10 | 4,486.46 | 373.72 | |
| 4,189.37 | 348.97 | 6,692.24 | 557.46 | 5,250.39 | 437.36 | 3,979.30 | 331.48 | 99 | 4,817.77 | 401.32 | 7,696.07 | 641.08 | 6,037.94 | 502.96 | 4,576.19 | 381.20 | |

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 6/1/2020 -- 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 |
| 5,805.59 | 483.61 | 7,959.62 | 663.04 | 5,937.88 | 494.63 | 4,344.74 | 361.92 | Under 65 | 6,676.47 | 556.15 | 9,153.53 | 762.49 | 6,828.54 | 568.82 | 4,996.47 | 416.21 |
| 1,935.20 | 161.20 | 2,653.21 | 221.01 | 1,979.29 | 164.88 | 1,448.25 | 120.64 | 65 | 2,225.49 | 185.38 | 3,051.18 | 254.16 | 2,276.18 | 189.61 | 1,665.49 | 138.74 |
| 1,935.20 | 161.20 | 2,653.21 | 221.01 | 1,979.29 | 164.88 | 1,448.25 | 120.64 | 66 | 2,225.49 | 185.38 | 3,051.18 | 254.16 | 2,276.18 | 189.61 | 1,665.49 | 138.74 |
| 2,022.32 | 168.46 | 2,768.81 | 230.64 | 2,075.61 | 172.90 | 1,516.21 | 126.30 | 67 | 2,325.66 | 193.73 | 3,184.15 | 265.24 | 2,386.95 | 198.83 | 1,743.63 | 145.24 |
| 2,108.41 | 175.63 | 2,879.21 | 239.84 | 2,167.57 | 180.56 | 1,582.07 | 131.79 | 68 | 2,424.66 | 201.97 | 3,311.09 | 275.81 | 2,492.70 | 207.64 | 1,819.38 | 151.55 |
| 2,192.97 | 182.67 | 2,992.18 | 249.25 | 2,261.67 | 188.40 | 1,647.95 | 137.27 | 69 | 2,521.92 | 210.08 | 3,441.00 | 286.64 | 2,600.93 | 216.66 | 1,895.15 | 157.87 |
| 2,274.85 | 189.49 | 3,097.14 | 257.99 | 2,349.13 | 195.68 | 1,710.00 | 142.44 | 70 | 2,616.06 | 217.92 | 3,561.72 | 296.69 | 2,701.50 | 225.03 | 1,966.49 | 163.81 |
| 2,342.83 | 195.16 | 3,198.56 | 266.44 | 2,433.60 | 202.72 | 1,772.31 | 147.63 | 71 | 2,694.26 | 224.43 | 3,678.34 | 306.41 | 2,798.65 | 233.13 | 2,038.16 | 169.78 |
| 2,410.83 | 200.82 | 3,299.95 | 274.89 | 2,518.07 | 209.76 | 1,834.64 | 152.83 | 72 | 2,772.46 | 230.95 | 3,794.94 | 316.12 | 2,895.79 | 241.22 | 2,109.82 | 175.75 |
| 2,478.82 | 206.49 | 3,401.36 | 283.33 | 2,602.56 | 216.79 | 1,896.95 | 158.02 | 73 | 2,850.65 | 237.46 | 3,911.56 | 325.83 | 2,992.94 | 249.31 | 2,181.49 | 181.72 |
| 2,546.82 | 212.15 | 3,502.76 | 291.78 | 2,687.03 | 223.83 | 1,959.26 | 163.21 | 74 | 2,928.85 | 243.97 | 4,028.18 | 335.55 | 3,090.09 | 257.40 | 2,253.15 | 187.69 |
| 2,617.44 | 218.03 | 3,607.78 | 300.53 | 2,774.27 | 231.10 | 2,023.60 | 168.57 | 75 | 3,010.05 | 250.74 | 4,148.94 | 345.61 | 3,190.42 | 265.76 | 2,327.14 | 193.85 |
| 2,678.37 | 223.11 | 3,716.30 | 309.57 | 2,862.39 | 238.44 | 2,091.37 | 174.21 | 76 | 3,080.13 | 256.57 | 4,273.75 | 356.00 | 3,291.74 | 274.20 | 2,405.08 | 200.34 |
| 2,740.26 | 228.26 | 3,826.65 | 318.76 | 2,951.98 | 245.90 | 2,160.29 | 179.95 | 77 | 3,151.29 | 262.50 | 4,400.66 | 366.57 | 3,394.77 | 282.78 | 2,484.33 | 206.94 |
| 2,805.89 | 233.73 | 3,942.74 | 328.43 | 3,046.09 | 253.74 | 2,232.59 | 185.97 | 78 | 3,226.77 | 268.79 | 4,534.14 | 377.69 | 3,503.00 | 291.80 | 2,567.47 | 213.87 |
| 2,872.64 | 239.29 | 4,060.90 | 338.27 | 3,141.91 | 261.72 | 2,306.21 | 192.11 | 79 | 3,303.54 | 275.18 | 4,670.06 | 389.02 | 3,613.19 | 300.98 | 2,652.14 | 220.92 |
| 2,940.52 | 244.94 | 4,181.21 | 348.29 | 3,239.47 | 269.85 | 2,381.19 | 198.35 | 80 | 3,381.59 | 281.69 | 4,808.40 | 400.54 | 3,725.38 | 310.32 | 2,738.38 | 228.11 |
| 3,016.77 | 251.30 | 4,329.21 | 360.62 | 3,358.61 | 279.77 | 2,475.48 | 206.21 | 81 | 3,469.28 | 288.99 | 4,978.60 | 414.72 | 3,862.40 | 321.74 | 2,846.80 | 237.14 |
| 3,094.42 | 257.77 | 4,480.16 | 373.20 | 3,480.15 | 289.90 | 2,571.67 | 214.22 | 82 | 3,558.59 | 296.43 | 5,152.19 | 429.18 | 4,002.16 | 333.38 | 2,957.42 | 246.35 |
| 3,176.64 | 264.61 | 4,638.70 | 386.40 | 3,607.67 | 300.52 | 2,672.46 | 222.62 | 83 | 3,653.15 | 304.31 | 5,334.50 | 444.36 | 4,148.81 | 345.60 | 3,073.33 | 256.01 |
| 3,260.49 | 271.60 | 4,800.60 | 399.89 | 3,737.92 | 311.37 | 2,775.44 | 231.19 | 84 | 3,749.56 | 312.34 | 5,520.69 | 459.87 | 4,298.61 | 358.07 | 3,191.75 | 265.87 |
| 3,345.97 | 278.72 | 4,965.93 | 413.66 | 3,870.96 | 322.45 | 2,880.64 | 239.96 | 85 | 3,847.85 | 320.53 | 5,710.81 | 475.71 | 4,451.61 | 370.82 | 3,312.74 | 275.95 |
| 3,437.30 | 286.33 | 5,140.34 | 428.19 | 4,010.14 | 334.04 | 2,990.16 | 249.08 | 86 | 3,952.88 | 329.28 | 5,911.38 | 492.42 | 4,611.66 | 384.15 | 3,438.67 | 286.44 |
| 3,530.84 | 294.12 | 5,319.39 | 443.11 | 4,153.08 | 345.95 | 3,102.68 | 258.45 | 87 | 4,060.45 | 338.24 | 6,117.31 | 509.57 | 4,776.04 | 397.84 | 3,568.08 | 297.22 |
| 3,626.62 | 302.10 | 5,503.25 | 458.42 | 4,299.86 | 358.18 | 3,218.28 | 268.08 | 88 | 4,170.61 | 347.41 | 6,328.74 | 527.18 | 4,944.84 | 411.91 | 3,701.03 | 308.30 |
| 3,721.06 | 309.96 | 5,686.42 | 473.68 | 4,446.20 | 370.37 | 3,333.77 | 277.70 | 89 | 4,279.21 | 356.46 | 6,539.37 | 544.73 | 5,113.14 | 425.92 | 3,833.84 | 319.36 |
| 3,813.90 | 317.70 | 5,868.43 | 488.84 | 4,591.77 | 382.49 | 3,448.85 | 287.29 | 90 | 4,385.98 | 365.35 | 6,748.70 | 562.17 | 5,280.54 | 439.87 | 3,966.18 | 330.38 |
| 3,904.19 | 325.22 | 6,055.13 | 504.39 | 4,740.58 | 394.89 | 3,567.57 | 297.18 | 91 | 4,489.82 | 374.00 | 6,963.40 | 580.05 | 5,451.68 | 454.12 | 4,102.71 | 341.76 |
| 3,996.19 | 332.88 | 6,245.71 | 520.27 | 4,892.48 | 407.54 | 3,688.78 | 307.28 | 92 | 4,595.61 | 382.81 | 7,182.56 | 598.31 | 5,626.36 | 468.68 | 4,242.11 | 353.37 |
| 4,081.83 | 340.02 | 6,427.49 | 535.41 | 5,037.58 | 419.63 | 3,805.03 | 316.96 | 93 | 4,694.11 | 391.02 | 7,391.62 | 615.72 | 5,793.21 | 482.57 | 4,375.79 | 364.50 |
| 4,168.89 | 347.27 | 6,612.52 | 550.82 | 5,185.26 | 431.93 | 3,923.38 | 326.82 | 94 | 4,794.23 | 399.36 | 7,604.40 | 633.45 | 5,963.05 | 496.72 | 4,511.89 | 375.84 |
| 4,257.37 | 354.64 | 6,800.85 | 566.51 | 5,335.59 | 444.46 | 4,043.88 | 336.85 | 95 | 4,895.97 | 407.83 | 7,820.98 | 651.49 | 6,135.93 | 511.12 | 4,650.47 | 387.38 |
| 4,342.51 | 361.73 | 6,936.86 | 577.84 | 5,442.31 | 453.34 | 4,124.76 | 343.59 | 96 | 4,993.89 | 415.99 | 7,977.39 | 664.52 | 6,258.66 | 521.35 | 4,743.47 | 395.13 |
| 4,429.36 | 368.97 | 7,075.60 | 589.40 | 5,551.15 | 462.41 | 4,207.25 | 350.46 | 97 | 5,093.77 | 424.31 | 8,136.95 | 677.81 | 6,383.83 | 531.77 | 4,838.35 | 403.03 |
| 4,517.95 | 376.34 | 7,217.11 | 601.19 | 5,662.18 | 471.66 | 4,291.39 | 357.47 | 98 | 5,195.64 | 432.80 | 8,299.69 | 691.36 | 6,511.50 | 542.41 | 4,935.11 | 411.09 |
| 4,608.31 | 383.87 | 7,361.45 | 613.21 | 5,775.42 | 481.09 | 4,377.23 | 364.62 | 99 | 5,299.55 | 441.45 | 8,465.68 | 705.19 | 6,641.73 | 553.26 | 5,033.81 | 419.32 |

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 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 10,325.73 | 860.13 | 14,137.52 | 1,177.66 | 11,720.95 | 976.36 | 8,554.94 | 712.63 | | 11,874.60 | 989.15 | 16,258.18 | 1,354.31 | 13,479.10 | 1,122.81 | 9,838.18 | 819.52 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 65 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 66 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 67 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 68 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 69 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 70 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,712.51 | 392.55 | 3,906.98 | 325.45 | 2,851.65 | 237.54 | 71 | 3,958.20 | 329.72 | 5,419.39 | 451.44 | 4,493.03 | 374.27 | 3,279.39 | 273.17 | |
| 3,441.91 | 286.71 | 4,723.02 | 393.43 | 3,968.91 | 330.61 | 2,891.68 | 240.88 | 72 | 3,958.20 | 329.72 | 5,431.47 | 452.44 | 4,564.24 | 380.20 | 3,325.42 | 277.01 | |
| 3,493.13 | 290.98 | 4,805.67 | 400.31 | 4,049.40 | 337.32 | 2,951.53 | 245.86 | 73 | 4,017.10 | 334.62 | 5,526.52 | 460.36 | 4,656.81 | 387.91 | 3,394.26 | 282.74 | |
| 3,546.04 | 295.39 | 4,889.77 | 407.32 | 4,130.86 | 344.10 | 3,012.04 | 250.90 | 74 | 4,077.95 | 339.69 | 5,623.24 | 468.42 | 4,750.48 | 395.71 | 3,463.84 | 288.54 | |
| 3,600.21 | 299.90 | 4,975.34 | 414.45 | 4,213.31 | 350.97 | 3,073.26 | 256.00 | 75 | 4,140.23 | 344.88 | 5,721.64 | 476.61 | 4,845.31 | 403.61 | 3,534.25 | 294.40 | |
| 3,639.01 | 303.13 | 5,062.41 | 421.70 | 4,294.01 | 357.69 | 3,137.37 | 261.34 | 76 | 4,184.86 | 348.60 | 5,821.77 | 484.95 | 4,938.11 | 411.34 | 3,607.98 | 300.54 | |
| 3,669.97 | 305.71 | 5,138.35 | 428.02 | 4,365.22 | 363.62 | 3,194.53 | 266.10 | 77 | 4,220.47 | 351.56 | 5,909.10 | 492.23 | 5,020.01 | 418.17 | 3,673.70 | 306.02 | |
| 3,701.94 | 308.37 | 5,215.42 | 434.44 | 4,437.35 | 369.63 | 3,252.29 | 270.92 | 78 | 4,257.24 | 354.63 | 5,997.73 | 499.61 | 5,102.95 | 425.08 | 3,740.14 | 311.55 | |
| 3,734.91 | 311.12 | 5,293.65 | 440.96 | 4,510.40 | 375.72 | 3,310.72 | 275.78 | 79 | 4,295.16 | 357.79 | 6,087.70 | 507.11 | 5,186.96 | 432.07 | 3,807.32 | 317.15 | |
| 3,768.86 | 313.95 | 5,373.06 | 447.58 | 4,584.41 | 381.88 | 3,369.80 | 280.70 | 80 | 4,334.20 | 361.04 | 6,179.01 | 514.71 | 5,272.08 | 439.16 | 3,875.27 | 322.81 | |
| 3,790.43 | 315.74 | 5,453.66 | 454.29 | 4,659.37 | 388.13 | 3,434.21 | 286.07 | 81 | 4,358.99 | 363.10 | 6,271.70 | 522.43 | 5,358.29 | 446.35 | 3,949.34 | 328.98 | |
| 3,803.96 | 316.87 | 5,521.82 | 459.97 | 4,723.63 | 393.48 | 3,490.55 | 290.76 | 82 | 4,374.55 | 364.40 | 6,350.09 | 528.96 | 5,432.17 | 452.50 | 4,014.13 | 334.38 | |
| 3,818.72 | 318.10 | 5,590.84 | 465.72 | 4,788.48 | 398.88 | 3,547.17 | 295.48 | 83 | 4,391.52 | 365.81 | 6,429.48 | 535.58 | 5,506.76 | 458.71 | 4,079.25 | 339.80 | |
| 3,834.66 | 319.43 | 5,660.74 | 471.54 | 4,853.98 | 404.34 | 3,604.12 | 300.22 | 84 | 4,409.85 | 367.34 | 6,509.84 | 542.27 | 5,582.07 | 464.99 | 4,144.73 | 345.26 | |
| 3,851.73 | 320.85 | 5,731.50 | 477.43 | 4,920.12 | 409.85 | 3,661.39 | 304.99 | 85 | 4,429.50 | 368.98 | 6,591.21 | 549.05 | 5,658.14 | 471.32 | 4,210.60 | 350.74 | |
| 3,870.40 | 322.40 | 5,803.13 | 483.40 | 4,985.65 | 415.30 | 3,717.54 | 309.67 | 86 | 4,450.97 | 370.77 | 6,673.60 | 555.91 | 5,733.49 | 477.60 | 4,275.17 | 356.12 | |
| 3,887.99 | 323.87 | 5,872.77 | 489.20 | 5,049.41 | 420.62 | 3,772.31 | 314.23 | 87 | 4,471.18 | 372.45 | 6,753.69 | 562.58 | 5,806.81 | 483.71 | 4,338.15 | 361.37 | |
| 3,906.37 | 325.40 | 5,943.25 | 495.07 | 5,113.85 | 425.98 | 3,827.53 | 318.83 | 88 | 4,492.32 | 374.21 | 6,834.73 | 569.33 | 5,880.93 | 489.88 | 4,401.65 | 366.66 | |
| 3,925.53 | 327.00 | 6,014.57 | 501.01 | 5,178.99 | 431.41 | 3,883.21 | 323.47 | 89 | 4,514.37 | 376.05 | 6,916.75 | 576.17 | 5,955.84 | 496.12 | 4,465.69 | 371.99 | |
| 3,945.47 | 328.66 | 6,086.74 | 507.03 | 5,244.85 | 436.90 | 3,939.37 | 328.15 | 90 | 4,537.29 | 377.96 | 6,999.75 | 583.08 | 6,031.58 | 502.43 | 4,530.28 | 377.37 | |
| 3,961.32 | 329.98 | 6,159.79 | 513.11 | 5,310.83 | 442.39 | 3,996.72 | 332.93 | 91 | 4,555.51 | 379.47 | 7,083.75 | 590.08 | 6,107.47 | 508.75 | 4,596.23 | 382.87 | |
| 3,976.15 | 331.21 | 6,230.62 | 519.01 | 5,374.89 | 447.73 | 4,052.50 | 337.57 | 92 | 4,572.56 | 380.89 | 7,165.21 | 596.86 | 6,181.13 | 514.89 | 4,660.37 | 388.21 | |
| 3,991.89 | 332.52 | 6,302.28 | 524.98 | 5,439.60 | 453.12 | 4,108.69 | 342.25 | 93 | 4,590.66 | 382.40 | 7,247.62 | 603.73 | 6,255.55 | 521.09 | 4,724.99 | 393.59 | |
| 4,008.51 | 333.91 | 6,374.74 | 531.02 | 5,504.99 | 458.57 | 4,165.30 | 346.97 | 94 | 4,609.79 | 384.00 | 7,330.95 | 610.67 | 6,330.75 | 527.35 | 4,790.09 | 399.01 | |
| 4,025.99 | 335.37 | 6,448.06 | 537.12 | 5,571.08 | 464.07 | 4,222.34 | 351.72 | 95 | 4,629.89 | 385.67 | 7,415.26 | 617.69 | 6,406.74 | 533.68 | 4,855.70 | 404.48 | |
| 4,066.26 | 338.72 | 6,512.53 | 542.49 | 5,626.78 | 468.71 | 4,264.57 | 355.24 | 96 | 4,676.19 | 389.53 | 7,489.42 | 623.87 | 6,470.80 | 539.02 | 4,904.25 | 408.52 | |
| 4,106.92 | 342.11 | 6,577.66 | 547.92 | 5,683.05 | 473.40 | 4,307.22 | 358.79 | 97 | 4,722.95 | 393.42 | 7,564.30 | 630.11 | 6,535.50 | 544.41 | 4,953.30 | 412.61 | |
| 4,147.99 | 345.53 | 6,643.43 | 553.40 | 5,739.88 | 478.13 | 4,350.29 | 362.38 | 98 | 4,770.19 | 397.36 | 7,639.95 | 636.41 | 6,600.86 | 549.85 | 5,002.83 | 416.74 | |
| 4,189.47 | 348.98 | 6,709.87 | 558.93 | 5,797.28 | 482.91 | 4,393.80 | 366.00 | 99 | 4,817.89 | 401.33 | 7,716.35 | 642.77 | 6,666.88 | 555.35 | 5,052.86 | 420.90 | |

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 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 11,358.32 | 946.15 | 15,551.31 | 1,295.42 | 12,893.04 | 1,073.99 | 9,410.43 | 783.89 | | 13,062.06 | 1,088.07 | 17,884.00 | 1,489.74 | 14,827.01 | 1,235.09 | 10,821.99 | 901.47 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 65 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 66 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 67 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 68 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 69 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 70 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,183.77 | 431.81 | 4,297.68 | 358.00 | 3,136.81 | 261.30 | 71 | 4,354.02 | 362.69 | 5,961.33 | 496.58 | 4,942.34 | 411.70 | 3,607.33 | 300.49 | |
| 3,786.11 | 315.38 | 5,195.32 | 432.77 | 4,365.79 | 363.67 | 3,180.84 | 264.96 | 72 | 4,354.02 | 362.69 | 5,974.62 | 497.69 | 5,020.67 | 418.22 | 3,657.98 | 304.71 | |
| 3,842.44 | 320.08 | 5,286.24 | 440.34 | 4,454.35 | 371.05 | 3,246.68 | 270.45 | 73 | 4,418.81 | 368.09 | 6,079.17 | 506.40 | 5,122.50 | 426.70 | 3,733.68 | 311.02 | |
| 3,900.65 | 324.92 | 5,378.75 | 448.05 | 4,543.95 | 378.51 | 3,313.24 | 275.99 | 74 | 4,485.74 | 373.66 | 6,185.57 | 515.26 | 5,225.53 | 435.29 | 3,810.24 | 317.39 | |
| 3,960.22 | 329.89 | 5,472.87 | 455.89 | 4,634.65 | 386.07 | 3,380.58 | 281.60 | 75 | 4,554.26 | 379.37 | 6,293.81 | 524.27 | 5,329.85 | 443.98 | 3,887.67 | 323.84 | |
| 4,002.91 | 333.44 | 5,568.65 | 463.87 | 4,723.41 | 393.46 | 3,451.11 | 287.48 | 76 | 4,603.34 | 383.46 | 6,403.95 | 533.45 | 5,431.93 | 452.48 | 3,968.78 | 330.60 | |
| 4,036.97 | 336.28 | 5,652.18 | 470.83 | 4,801.74 | 399.99 | 3,513.98 | 292.71 | 77 | 4,642.51 | 386.72 | 6,500.01 | 541.45 | 5,522.01 | 459.98 | 4,041.07 | 336.62 | |
| 4,072.14 | 339.21 | 5,736.96 | 477.89 | 4,881.09 | 406.59 | 3,577.53 | 298.01 | 78 | 4,682.96 | 390.09 | 6,597.51 | 549.57 | 5,613.25 | 467.58 | 4,114.16 | 342.71 | |
| 4,108.40 | 342.23 | 5,823.02 | 485.06 | 4,961.44 | 413.29 | 3,641.78 | 303.36 | 79 | 4,724.67 | 393.56 | 6,696.47 | 557.82 | 5,705.66 | 475.28 | 4,188.06 | 348.87 | |
| 4,145.75 | 345.34 | 5,910.37 | 492.33 | 5,042.86 | 420.07 | 3,706.78 | 308.77 | 80 | 4,767.62 | 397.14 | 6,796.92 | 566.18 | 5,799.28 | 483.08 | 4,262.80 | 355.09 | |
| 4,169.47 | 347.32 | 5,999.01 | 499.72 | 5,125.32 | 426.94 | 3,777.63 | 314.68 | 81 | 4,794.89 | 399.41 | 6,898.88 | 574.68 | 5,894.11 | 490.98 | 4,344.27 | 361.88 | |
| 4,184.35 | 348.56 | 6,074.01 | 505.96 | 5,195.99 | 432.83 | 3,839.61 | 319.84 | 82 | 4,812.00 | 400.84 | 6,985.11 | 581.86 | 5,975.38 | 497.75 | 4,415.54 | 367.81 | |
| 4,200.59 | 349.91 | 6,149.93 | 512.29 | 5,267.33 | 438.77 | 3,901.89 | 325.03 | 83 | 4,830.67 | 402.40 | 7,072.43 | 589.13 | 6,057.43 | 504.58 | 4,487.17 | 373.78 | |
| 4,218.12 | 351.37 | 6,226.80 | 518.69 | 5,339.38 | 444.77 | 3,964.53 | 330.25 | 84 | 4,850.85 | 404.08 | 7,160.83 | 596.50 | 6,140.28 | 511.48 | 4,559.21 | 379.78 | |
| 4,236.90 | 352.93 | 6,304.63 | 525.18 | 5,412.13 | 450.83 | 4,027.53 | 335.49 | 85 | 4,872.45 | 405.87 | 7,250.34 | 603.95 | 6,223.96 | 518.46 | 4,631.66 | 385.82 | |
| 4,257.44 | 354.64 | 6,383.45 | 531.74 | 5,484.21 | 456.83 | 4,089.29 | 340.64 | 86 | 4,896.05 | 407.84 | 7,340.96 | 611.50 | 6,306.84 | 525.36 | 4,702.68 | 391.73 | |
| 4,276.78 | 356.26 | 6,460.06 | 538.12 | 5,554.34 | 462.68 | 4,149.54 | 345.66 | 87 | 4,918.30 | 409.69 | 7,429.06 | 618.84 | 6,387.50 | 532.08 | 4,771.97 | 397.50 | |
| 4,297.00 | 357.94 | 6,537.58 | 544.58 | 5,625.24 | 468.58 | 4,210.28 | 350.72 | 88 | 4,941.55 | 411.63 | 7,518.21 | 626.27 | 6,469.02 | 538.87 | 4,841.82 | 403.32 | |
| 4,318.10 | 359.70 | 6,616.02 | 551.11 | 5,696.89 | 474.55 | 4,271.53 | 355.82 | 89 | 4,965.81 | 413.65 | 7,608.42 | 633.78 | 6,551.44 | 545.73 | 4,912.26 | 409.19 | |
| 4,340.03 | 361.52 | 6,695.41 | 557.73 | 5,769.33 | 480.59 | 4,333.31 | 360.96 | 90 | 4,991.02 | 415.75 | 7,699.72 | 641.39 | 6,634.73 | 552.67 | 4,983.31 | 415.11 | |
| 4,357.44 | 362.98 | 6,775.76 | 564.42 | 5,841.93 | 486.63 | 4,396.39 | 366.22 | 91 | 5,011.06 | 417.42 | 7,792.12 | 649.08 | 6,718.20 | 559.63 | 5,055.85 | 421.15 | |
| 4,373.75 | 364.33 | 6,853.67 | 570.91 | 5,912.37 | 492.50 | 4,457.75 | 371.33 | 92 | 5,029.82 | 418.98 | 7,881.73 | 656.55 | 6,799.23 | 566.38 | 5,126.42 | 427.03 | |
| 4,391.07 | 365.78 | 6,932.49 | 577.48 | 5,983.56 | 498.43 | 4,519.56 | 376.48 | 93 | 5,049.73 | 420.64 | 7,972.38 | 664.10 | 6,881.10 | 573.20 | 5,197.49 | 432.95 | |
| 4,409.36 | 367.30 | 7,012.22 | 584.12 | 6,055.49 | 504.42 | 4,581.83 | 381.67 | 94 | 5,070.76 | 422.39 | 8,064.06 | 671.74 | 6,963.81 | 580.09 | 5,269.11 | 438.92 | |
| 4,428.60 | 368.90 | 7,092.86 | 590.83 | 6,128.18 | 510.48 | 4,644.58 | 386.89 | 95 | 5,092.89 | 424.24 | 8,156.78 | 679.46 | 7,047.40 | 587.05 | 5,341.27 | 444.93 | |
| 4,472.88 | 372.59 | 7,163.78 | 596.74 | 6,189.45 | 515.58 | 4,691.03 | 390.76 | 96 | 5,143.81 | 428.48 | 8,238.36 | 686.26 | 7,117.88 | 592.92 | 5,394.68 | 449.38 | |
| 4,517.61 | 376.32 | 7,235.43 | 602.71 | 6,251.35 | 520.74 | 4,737.94 | 394.67 | 97 | 5,195.26 | 432.76 | 8,320.75 | 693.12 | 7,189.06 | 598.85 | 5,448.63 | 453.87 | |
| 4,562.78 | 380.08 | 7,307.79 | 608.74 | 6,313.87 | 525.95 | 4,785.32 | 398.62 | 98 | 5,247.21 | 437.09 | 8,403.94 | 700.05 | 7,260.94 | 604.84 | 5,503.12 | 458.41 | |
| 4,608.42 | 383.88 | 7,380.86 | 614.83 | 6,377.01 | 531.21 | 4,833.17 | 402.60 | 99 | 5,299.68 | 441.46 | 8,487.99 | 707.05 | 7,333.55 | 610.88 | 5,558.15 | 462.99 | |

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 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 5,799.80 | 483.12 | 7,951.68 | 662.37 | 5,931.94 | 494.13 | 4,340.41 | 361.56 | | 6,669.79 | 555.59 | 9,144.39 | 761.73 | 6,821.72 | 568.25 | 4,991.48 | 415.79 | |
| 1,933.27 | 161.04 | 2,650.56 | 220.79 | 1,977.31 | 164.71 | 1,446.80 | 120.52 | 65 | 2,223.26 | 185.20 | 3,048.13 | 253.91 | 2,273.91 | 189.42 | 1,663.83 | 138.60 | |
| 1,933.27 | 161.04 | 2,650.56 | 220.79 | 1,977.31 | 164.71 | 1,446.80 | 120.52 | 66 | 2,223.26 | 185.20 | 3,048.13 | 253.91 | 2,273.91 | 189.42 | 1,663.83 | 138.60 | |
| 2,020.28 | 168.29 | 2,766.06 | 230.41 | 2,073.53 | 172.72 | 1,514.70 | 126.17 | 67 | 2,323.33 | 193.53 | 3,180.96 | 264.97 | 2,384.56 | 198.63 | 1,741.89 | 145.10 | |
| 2,106.30 | 175.45 | 2,876.33 | 239.60 | 2,165.41 | 180.38 | 1,580.50 | 131.66 | 68 | 2,422.23 | 201.77 | 3,307.79 | 275.54 | 2,490.21 | 207.43 | 1,817.57 | 151.40 | |
| 2,190.78 | 182.49 | 2,989.18 | 249.00 | 2,259.42 | 188.21 | 1,646.31 | 137.14 | 69 | 2,519.40 | 209.87 | 3,437.55 | 286.35 | 2,598.32 | 216.44 | 1,893.26 | 157.71 | |
| 2,272.57 | 189.31 | 3,094.06 | 257.74 | 2,346.79 | 195.49 | 1,708.28 | 142.30 | 70 | 2,613.46 | 217.70 | 3,558.16 | 296.39 | 2,698.79 | 224.81 | 1,964.53 | 163.65 | |
| 2,340.50 | 194.96 | 3,195.37 | 266.17 | 2,431.17 | 202.52 | 1,770.55 | 147.49 | 71 | 2,691.56 | 224.21 | 3,674.66 | 306.10 | 2,795.85 | 232.89 | 2,036.13 | 169.61 | |
| 2,408.43 | 200.62 | 3,296.65 | 274.61 | 2,515.56 | 209.55 | 1,832.80 | 152.67 | 72 | 2,769.68 | 230.71 | 3,791.16 | 315.80 | 2,892.90 | 240.98 | 2,107.72 | 175.57 | |
| 2,476.36 | 206.28 | 3,397.96 | 283.05 | 2,599.95 | 216.58 | 1,895.05 | 157.86 | 73 | 2,847.81 | 237.22 | 3,907.66 | 325.51 | 2,989.94 | 249.06 | 2,179.31 | 181.54 | |
| 2,544.28 | 211.94 | 3,499.26 | 291.49 | 2,684.34 | 223.61 | 1,957.31 | 163.04 | 74 | 2,925.93 | 243.73 | 4,024.15 | 335.21 | 3,087.00 | 257.15 | 2,250.90 | 187.50 | |
| 2,614.82 | 217.81 | 3,604.17 | 300.23 | 2,771.50 | 230.87 | 2,021.58 | 168.40 | 75 | 3,007.04 | 250.49 | 4,144.79 | 345.26 | 3,187.23 | 265.50 | 2,324.81 | 193.66 | |
| 2,675.69 | 222.88 | 3,712.59 | 309.26 | 2,859.53 | 238.20 | 2,089.29 | 174.04 | 76 | 3,077.05 | 256.32 | 4,269.49 | 355.65 | 3,288.45 | 273.93 | 2,402.67 | 200.14 | |
| 2,737.53 | 228.04 | 3,822.83 | 318.44 | 2,949.03 | 245.65 | 2,158.13 | 179.77 | 77 | 3,148.14 | 262.24 | 4,396.26 | 366.21 | 3,391.38 | 282.50 | 2,481.85 | 206.74 | |
| 2,803.09 | 233.50 | 3,938.80 | 328.10 | 3,043.04 | 253.49 | 2,230.35 | 185.79 | 78 | 3,223.56 | 268.52 | 4,529.61 | 377.32 | 3,499.50 | 291.51 | 2,564.91 | 213.66 | |
| 2,869.77 | 239.05 | 4,056.85 | 337.94 | 3,138.77 | 261.46 | 2,303.91 | 191.92 | 79 | 3,300.23 | 274.91 | 4,665.38 | 388.63 | 3,609.59 | 300.68 | 2,649.50 | 220.70 | |
| 2,937.58 | 244.70 | 4,177.03 | 347.95 | 3,236.23 | 269.58 | 2,378.81 | 198.16 | 80 | 3,378.22 | 281.41 | 4,803.58 | 400.14 | 3,721.67 | 310.01 | 2,735.64 | 227.88 | |
| 3,013.75 | 251.05 | 4,324.88 | 360.26 | 3,355.25 | 279.49 | 2,472.99 | 206.00 | 81 | 3,465.81 | 288.70 | 4,973.63 | 414.30 | 3,858.54 | 321.42 | 2,843.94 | 236.90 | |
| 3,091.33 | 257.51 | 4,475.70 | 372.83 | 3,476.67 | 289.61 | 2,569.10 | 214.01 | 82 | 3,555.03 | 296.13 | 5,147.05 | 428.75 | 3,998.17 | 333.05 | 2,954.46 | 246.11 | |
| 3,173.47 | 264.35 | 4,634.06 | 386.02 | 3,604.06 | 300.22 | 2,669.79 | 222.39 | 83 | 3,649.50 | 304.00 | 5,329.17 | 443.92 | 4,144.68 | 345.25 | 3,070.26 | 255.75 | |
| 3,257.22 | 271.33 | 4,795.80 | 399.49 | 3,734.19 | 311.06 | 2,772.66 | 230.96 | 84 | 3,745.81 | 312.03 | 5,515.18 | 459.41 | 4,294.32 | 357.72 | 3,188.56 | 265.61 | |
| 3,342.62 | 278.44 | 4,960.97 | 413.25 | 3,867.09 | 322.13 | 2,877.77 | 239.72 | 85 | 3,844.01 | 320.21 | 5,705.12 | 475.24 | 4,447.15 | 370.45 | 3,309.42 | 275.68 | |
| 3,433.87 | 286.04 | 5,135.20 | 427.76 | 4,006.13 | 333.71 | 2,987.17 | 248.83 | 86 | 3,948.94 | 328.95 | 5,905.48 | 491.93 | 4,607.05 | 383.77 | 3,435.25 | 286.16 | |
| 3,527.31 | 293.82 | 5,314.09 | 442.66 | 4,148.93 | 345.61 | 3,099.58 | 258.19 | 87 | 4,056.39 | 337.90 | 6,111.20 | 509.06 | 4,771.26 | 397.45 | 3,564.52 | 296.92 | |
| 3,622.99 | 301.80 | 5,497.76 | 457.96 | 4,295.57 | 357.82 | 3,215.07 | 267.82 | 88 | 4,166.44 | 347.06 | 6,322.43 | 526.66 | 4,939.90 | 411.49 | 3,697.32 | 307.99 | |
| 3,717.33 | 309.65 | 5,680.74 | 473.21 | 4,441.77 | 370.00 | 3,330.43 | 277.42 | 89 | 4,274.93 | 356.10 | 6,532.84 | 544.19 | 5,108.02 | 425.50 | 3,830.00 | 319.04 | |
| 3,810.08 | 317.38 | 5,862.56 | 488.35 | 4,587.19 | 382.11 | 3,445.40 | 287.00 | 90 | 4,381.60 | 364.99 | 6,741.95 | 561.60 | 5,275.26 | 439.43 | 3,962.22 | 330.05 | |
| 3,900.28 | 324.89 | 6,049.08 | 503.89 | 4,735.84 | 394.50 | 3,564.01 | 296.88 | 91 | 4,485.33 | 373.63 | 6,956.45 | 579.47 | 5,446.23 | 453.67 | 4,098.60 | 341.41 | |
| 3,992.19 | 332.55 | 6,239.48 | 519.75 | 4,887.60 | 407.14 | 3,685.10 | 306.97 | 92 | 4,591.01 | 382.43 | 7,175.39 | 597.71 | 5,620.75 | 468.21 | 4,237.87 | 353.01 | |
| 4,077.75 | 339.68 | 6,421.07 | 534.87 | 5,032.55 | 419.21 | 3,801.24 | 316.64 | 93 | 4,689.42 | 390.63 | 7,384.23 | 615.11 | 5,787.44 | 482.09 | 4,371.42 | 364.14 | |
| 4,164.72 | 346.92 | 6,605.93 | 550.27 | 5,180.09 | 431.50 | 3,919.46 | 326.49 | 94 | 4,789.43 | 398.96 | 7,596.81 | 632.81 | 5,957.10 | 496.23 | 4,507.38 | 375.46 | |
| 4,253.10 | 354.28 | 6,794.05 | 565.94 | 5,330.27 | 444.01 | 4,039.85 | 336.52 | 95 | 4,891.07 | 407.43 | 7,813.15 | 650.84 | 6,129.80 | 510.61 | 4,645.81 | 387.00 | |
| 4,338.17 | 361.37 | 6,929.93 | 577.26 | 5,436.87 | 452.89 | 4,120.64 | 343.25 | 96 | 4,988.89 | 415.57 | 7,969.43 | 663.85 | 6,252.40 | 520.82 | 4,738.73 | 394.74 | |
| 4,424.94 | 368.60 | 7,068.53 | 588.81 | 5,545.61 | 461.95 | 4,203.06 | 350.11 | 97 | 5,088.66 | 423.89 | 8,128.81 | 677.13 | 6,377.46 | 531.24 | 4,833.51 | 402.63 | |
| 4,513.43 | 375.97 | 7,209.90 | 600.59 | 5,656.52 | 471.19 | 4,287.11 | 357.12 | 98 | 5,190.44 | 432.36 | 8,291.39 | 690.67 | 6,505.01 | 541.87 | 4,930.18 | 410.68 | |
| 4,603.70 | 383.49 | 7,354.11 | 612.60 | 5,769.66 | 480.61 | 4,372.86 | 364.26 | 99 | 5,294.25 | 441.01 | 8,457.22 | 704.49 | 6,635.10 | 552.70 | 5,028.78 | 418.90 | |

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 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 6,379.77 | 531.44 | 8,746.84 | 728.61 | 6,525.15 | 543.54 | 4,774.44 | 397.71 | | 7,336.78 | 611.15 | 10,058.82 | 837.90 | 7,503.89 | 625.07 | 5,490.62 | 457.37 | |
| 2,126.59 | 177.15 | 2,915.61 | 242.87 | 2,175.05 | 181.18 | 1,591.48 | 132.57 | 65 | 2,445.59 | 203.72 | 3,352.94 | 279.30 | 2,501.30 | 208.36 | 1,830.21 | 152.46 | |
| 2,126.59 | 177.15 | 2,915.61 | 242.87 | 2,175.05 | 181.18 | 1,591.48 | 132.57 | 66 | 2,445.59 | 203.72 | 3,352.94 | 279.30 | 2,501.30 | 208.36 | 1,830.21 | 152.46 | |
| 2,222.33 | 185.12 | 3,042.65 | 253.45 | 2,280.89 | 190.00 | 1,666.17 | 138.79 | 67 | 2,555.68 | 212.89 | 3,499.06 | 291.47 | 2,623.02 | 218.50 | 1,916.08 | 159.61 | |
| 2,316.93 | 193.00 | 3,163.97 | 263.56 | 2,381.95 | 198.42 | 1,738.54 | 144.82 | 68 | 2,664.46 | 221.95 | 3,638.56 | 303.09 | 2,739.23 | 228.18 | 1,999.32 | 166.54 | |
| 2,409.86 | 200.74 | 3,288.11 | 273.90 | 2,485.35 | 207.03 | 1,810.93 | 150.85 | 69 | 2,771.34 | 230.85 | 3,781.32 | 314.98 | 2,858.17 | 238.09 | 2,082.58 | 173.48 | |
| 2,499.83 | 208.24 | 3,403.46 | 283.51 | 2,581.46 | 215.04 | 1,879.12 | 156.53 | 70 | 2,874.79 | 239.47 | 3,913.98 | 326.03 | 2,968.68 | 247.29 | 2,160.98 | 180.01 | |
| 2,574.54 | 214.46 | 3,514.90 | 292.79 | 2,674.28 | 222.77 | 1,947.59 | 162.23 | 71 | 2,960.73 | 246.63 | 4,042.13 | 336.71 | 3,075.44 | 256.18 | 2,239.74 | 186.57 | |
| 2,649.26 | 220.68 | 3,626.32 | 302.07 | 2,767.11 | 230.50 | 2,016.08 | 167.94 | 72 | 3,046.66 | 253.79 | 4,170.27 | 347.38 | 3,182.18 | 265.08 | 2,318.48 | 193.13 | |
| 2,723.98 | 226.91 | 3,737.76 | 311.36 | 2,859.95 | 238.23 | 2,084.56 | 173.64 | 73 | 3,132.58 | 260.94 | 4,298.42 | 358.06 | 3,288.94 | 273.97 | 2,397.25 | 199.69 | |
| 2,798.71 | 233.13 | 3,849.18 | 320.64 | 2,952.78 | 245.97 | 2,153.03 | 179.35 | 74 | 3,218.52 | 268.10 | 4,426.57 | 368.73 | 3,395.70 | 282.86 | 2,475.99 | 206.25 | |
| 2,876.30 | 239.60 | 3,964.59 | 330.25 | 3,048.65 | 253.95 | 2,223.74 | 185.24 | 75 | 3,307.75 | 275.54 | 4,559.27 | 379.79 | 3,505.96 | 292.05 | 2,557.30 | 213.02 | |
| 2,943.26 | 245.17 | 4,083.85 | 340.18 | 3,145.48 | 262.02 | 2,298.20 | 191.44 | 76 | 3,384.76 | 281.95 | 4,696.43 | 391.21 | 3,617.30 | 301.32 | 2,642.94 | 220.16 | |
| 3,011.27 | 250.84 | 4,205.11 | 350.29 | 3,243.93 | 270.22 | 2,373.94 | 197.75 | 77 | 3,462.96 | 288.46 | 4,835.88 | 402.83 | 3,730.52 | 310.75 | 2,730.04 | 227.41 | |
| 3,083.40 | 256.85 | 4,332.68 | 360.91 | 3,347.35 | 278.83 | 2,453.40 | 204.37 | 78 | 3,545.91 | 295.37 | 4,982.57 | 415.05 | 3,849.45 | 320.66 | 2,821.40 | 235.02 | |
| 3,156.74 | 262.96 | 4,462.53 | 371.73 | 3,452.65 | 287.61 | 2,534.30 | 211.11 | 79 | 3,630.26 | 302.40 | 5,131.93 | 427.49 | 3,970.54 | 330.75 | 2,914.44 | 242.77 | |
| 3,231.34 | 269.17 | 4,594.74 | 382.74 | 3,559.86 | 296.54 | 2,616.70 | 217.97 | 80 | 3,716.04 | 309.55 | 5,283.95 | 440.15 | 4,093.83 | 341.02 | 3,009.21 | 250.67 | |
| 3,315.14 | 276.15 | 4,757.37 | 396.29 | 3,690.78 | 307.44 | 2,720.30 | 226.60 | 81 | 3,812.39 | 317.57 | 5,470.98 | 455.73 | 4,244.40 | 353.56 | 3,128.35 | 260.59 | |
| 3,400.46 | 283.26 | 4,923.26 | 410.11 | 3,824.34 | 318.57 | 2,826.01 | 235.41 | 82 | 3,910.54 | 325.75 | 5,661.74 | 471.62 | 4,397.97 | 366.35 | 3,249.91 | 270.72 | |
| 3,490.82 | 290.78 | 5,097.47 | 424.62 | 3,964.48 | 330.24 | 2,936.77 | 244.63 | 83 | 4,014.45 | 334.40 | 5,862.09 | 488.31 | 4,559.14 | 379.78 | 3,377.29 | 281.33 | |
| 3,582.96 | 298.46 | 5,275.39 | 439.44 | 4,107.60 | 342.16 | 3,049.94 | 254.06 | 84 | 4,120.40 | 343.23 | 6,066.69 | 505.36 | 4,723.75 | 393.49 | 3,507.42 | 292.17 | |
| 3,676.88 | 306.28 | 5,457.07 | 454.57 | 4,253.80 | 354.34 | 3,165.53 | 263.69 | 85 | 4,228.41 | 352.23 | 6,275.62 | 522.76 | 4,891.88 | 407.49 | 3,640.37 | 303.24 | |
| 3,777.25 | 314.64 | 5,648.72 | 470.54 | 4,406.75 | 367.08 | 3,285.89 | 273.71 | 86 | 4,343.83 | 361.84 | 6,496.02 | 541.12 | 5,067.76 | 422.14 | 3,778.76 | 314.77 | |
| 3,880.04 | 323.21 | 5,845.49 | 486.93 | 4,563.82 | 380.17 | 3,409.54 | 284.01 | 87 | 4,462.04 | 371.69 | 6,722.32 | 559.97 | 5,248.40 | 437.19 | 3,920.96 | 326.62 | |
| 3,985.30 | 331.98 | 6,047.53 | 503.76 | 4,725.13 | 393.60 | 3,536.57 | 294.60 | 88 | 4,583.08 | 381.77 | 6,954.66 | 579.32 | 5,433.89 | 452.64 | 4,067.07 | 338.79 | |
| 4,089.08 | 340.62 | 6,248.81 | 520.53 | 4,885.94 | 407.00 | 3,663.48 | 305.17 | 89 | 4,702.42 | 391.71 | 7,186.13 | 598.60 | 5,618.83 | 468.05 | 4,213.01 | 350.94 | |
| 4,191.10 | 349.12 | 6,448.83 | 537.19 | 5,045.90 | 420.32 | 3,789.95 | 315.70 | 90 | 4,819.76 | 401.49 | 7,416.15 | 617.77 | 5,802.79 | 483.37 | 4,358.44 | 363.06 | |
| 4,290.31 | 357.38 | 6,653.99 | 554.28 | 5,209.43 | 433.95 | 3,920.41 | 326.57 | 91 | 4,933.87 | 410.99 | 7,652.09 | 637.42 | 5,990.85 | 499.04 | 4,508.47 | 375.56 | |
| 4,391.42 | 365.81 | 6,863.42 | 571.72 | 5,376.36 | 447.85 | 4,053.61 | 337.67 | 92 | 5,050.12 | 420.68 | 7,892.93 | 657.48 | 6,182.81 | 515.03 | 4,661.66 | 388.32 | |
| 4,485.53 | 373.64 | 7,063.18 | 588.36 | 5,535.81 | 461.13 | 4,181.35 | 348.31 | 93 | 5,158.36 | 429.69 | 8,122.66 | 676.62 | 6,366.17 | 530.30 | 4,808.56 | 400.55 | |
| 4,581.20 | 381.61 | 7,266.50 | 605.30 | 5,698.09 | 474.65 | 4,311.41 | 359.14 | 94 | 5,268.38 | 438.86 | 8,356.48 | 696.09 | 6,552.80 | 545.85 | 4,958.12 | 413.01 | |
| 4,678.43 | 389.71 | 7,473.46 | 622.54 | 5,863.29 | 488.41 | 4,443.82 | 370.17 | 95 | 5,380.19 | 448.17 | 8,594.48 | 715.92 | 6,742.78 | 561.67 | 5,110.41 | 425.70 | |
| 4,771.99 | 397.51 | 7,622.92 | 634.99 | 5,980.56 | 498.18 | 4,532.71 | 377.57 | 96 | 5,487.79 | 457.13 | 8,766.36 | 730.24 | 6,877.64 | 572.91 | 5,212.60 | 434.21 | |
| 4,867.43 | 405.46 | 7,775.38 | 647.69 | 6,100.16 | 508.14 | 4,623.35 | 385.13 | 97 | 5,597.54 | 466.28 | 8,941.70 | 744.84 | 7,015.20 | 584.37 | 5,316.87 | 442.89 | |
| 4,964.78 | 413.57 | 7,930.89 | 660.64 | 6,222.17 | 518.31 | 4,715.82 | 392.83 | 98 | 5,709.50 | 475.60 | 9,120.53 | 759.74 | 7,155.49 | 596.05 | 5,423.19 | 451.75 | |
| 5,064.07 | 421.84 | 8,089.51 | 673.86 | 6,346.62 | 528.67 | 4,810.14 | 400.68 | 99 | 5,823.68 | 485.11 | 9,302.95 | 774.94 | 7,298.60 | 607.97 | 5,531.66 | 460.79 | |

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 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 11,346.95 | 945.20 | 15,535.73 | 1,294.13 | 12,880.16 | 1,072.92 | 9,401.03 | 783.11 | | 13,049.01 | 1,086.98 | 17,866.14 | 1,488.25 | 14,812.20 | 1,233.86 | 10,811.18 | 900.57 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 65 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 66 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 67 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 68 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 69 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 70 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,178.58 | 431.38 | 4,293.39 | 357.64 | 3,133.68 | 261.04 | 71 | 4,349.67 | 362.33 | 5,955.38 | 496.08 | 4,937.40 | 411.29 | 3,603.73 | 300.19 | |
| 3,782.32 | 315.07 | 5,190.13 | 432.34 | 4,361.44 | 363.31 | 3,177.67 | 264.70 | 72 | 4,349.67 | 362.33 | 5,968.64 | 497.19 | 5,015.65 | 417.80 | 3,654.31 | 304.40 | |
| 3,838.60 | 319.76 | 5,280.95 | 439.90 | 4,449.89 | 370.68 | 3,243.44 | 270.18 | 73 | 4,414.40 | 367.72 | 6,073.10 | 505.89 | 5,117.37 | 426.28 | 3,729.95 | 310.71 | |
| 3,896.75 | 324.60 | 5,373.37 | 447.60 | 4,539.40 | 378.13 | 3,309.94 | 275.72 | 74 | 4,481.26 | 373.29 | 6,179.39 | 514.74 | 5,220.31 | 434.85 | 3,806.42 | 317.07 | |
| 3,956.27 | 329.56 | 5,467.40 | 455.43 | 4,630.01 | 385.68 | 3,377.21 | 281.32 | 75 | 4,549.71 | 378.99 | 6,287.52 | 523.75 | 5,324.52 | 443.53 | 3,883.79 | 323.52 | |
| 3,998.91 | 333.11 | 5,563.09 | 463.41 | 4,718.70 | 393.07 | 3,447.66 | 287.19 | 76 | 4,598.75 | 383.08 | 6,397.54 | 532.92 | 5,426.50 | 452.03 | 3,964.82 | 330.27 | |
| 4,032.94 | 335.94 | 5,646.54 | 470.36 | 4,796.95 | 399.59 | 3,510.47 | 292.42 | 77 | 4,637.88 | 386.34 | 6,493.51 | 540.91 | 5,516.49 | 459.52 | 4,037.03 | 336.28 | |
| 4,068.07 | 338.87 | 5,731.23 | 477.41 | 4,876.21 | 406.19 | 3,573.95 | 297.71 | 78 | 4,678.28 | 389.70 | 6,590.91 | 549.02 | 5,607.64 | 467.12 | 4,110.04 | 342.37 | |
| 4,104.30 | 341.89 | 5,817.20 | 484.57 | 4,956.49 | 412.88 | 3,638.15 | 303.06 | 79 | 4,719.95 | 393.17 | 6,689.78 | 557.26 | 5,699.96 | 474.81 | 4,183.87 | 348.52 | |
| 4,141.61 | 345.00 | 5,904.46 | 491.84 | 5,037.81 | 419.65 | 3,703.08 | 308.47 | 80 | 4,762.86 | 396.75 | 6,790.13 | 565.62 | 5,793.49 | 482.60 | 4,258.54 | 354.74 | |
| 4,165.30 | 346.97 | 5,993.03 | 499.22 | 5,120.19 | 426.51 | 3,773.86 | 314.36 | 81 | 4,790.09 | 399.01 | 6,891.98 | 574.10 | 5,888.23 | 490.49 | 4,339.94 | 361.52 | |
| 4,180.17 | 348.21 | 6,067.93 | 505.46 | 5,190.80 | 432.39 | 3,835.77 | 319.52 | 82 | 4,807.20 | 400.44 | 6,978.12 | 581.28 | 5,969.41 | 497.25 | 4,411.13 | 367.45 | |
| 4,196.40 | 349.56 | 6,143.78 | 511.78 | 5,262.07 | 438.33 | 3,897.99 | 324.70 | 83 | 4,825.85 | 401.99 | 7,065.36 | 588.54 | 6,051.38 | 504.08 | 4,482.69 | 373.41 | |
| 4,213.91 | 351.02 | 6,220.59 | 518.18 | 5,334.04 | 444.33 | 3,960.57 | 329.92 | 84 | 4,845.99 | 403.67 | 7,153.67 | 595.90 | 6,134.15 | 510.97 | 4,554.65 | 379.40 | |
| 4,232.67 | 352.58 | 6,298.35 | 524.65 | 5,406.73 | 450.38 | 4,023.51 | 335.16 | 85 | 4,867.58 | 405.47 | 7,243.09 | 603.35 | 6,217.74 | 517.94 | 4,627.03 | 385.43 | |
| 4,253.18 | 354.29 | 6,377.07 | 531.21 | 5,478.73 | 456.38 | 4,085.21 | 340.30 | 86 | 4,891.17 | 407.43 | 7,333.63 | 610.89 | 6,300.54 | 524.84 | 4,697.99 | 391.34 | |
| 4,272.52 | 355.90 | 6,453.60 | 537.58 | 5,548.80 | 462.22 | 4,145.39 | 345.31 | 87 | 4,913.38 | 409.28 | 7,421.64 | 618.22 | 6,381.11 | 531.55 | 4,767.20 | 397.11 | |
| 4,292.72 | 357.58 | 6,531.04 | 544.04 | 5,619.61 | 468.11 | 4,206.07 | 350.37 | 88 | 4,936.62 | 411.22 | 7,510.69 | 625.64 | 6,462.56 | 538.33 | 4,836.98 | 402.92 | |
| 4,313.77 | 359.34 | 6,609.42 | 550.56 | 5,691.20 | 474.08 | 4,267.26 | 355.46 | 89 | 4,960.84 | 413.24 | 7,600.83 | 633.15 | 6,544.88 | 545.19 | 4,907.35 | 408.78 | |
| 4,335.68 | 361.16 | 6,688.73 | 557.17 | 5,763.58 | 480.11 | 4,328.98 | 360.60 | 90 | 4,986.04 | 415.34 | 7,692.03 | 640.75 | 6,628.11 | 552.12 | 4,978.32 | 414.69 | |
| 4,353.10 | 362.61 | 6,769.00 | 563.86 | 5,836.08 | 486.15 | 4,392.00 | 365.85 | 91 | 5,006.05 | 417.00 | 7,784.34 | 648.44 | 6,711.50 | 559.07 | 5,050.80 | 420.73 | |
| 4,369.39 | 363.97 | 6,846.83 | 570.34 | 5,906.48 | 492.01 | 4,453.29 | 370.96 | 92 | 5,024.79 | 418.57 | 7,873.86 | 655.89 | 6,792.45 | 565.81 | 5,121.29 | 426.60 | |
| 4,386.69 | 365.41 | 6,925.58 | 576.90 | 5,977.58 | 497.93 | 4,515.05 | 376.10 | 93 | 5,044.68 | 420.22 | 7,964.41 | 663.44 | 6,874.23 | 572.62 | 5,192.30 | 432.52 | |
| 4,404.96 | 366.93 | 7,005.21 | 583.53 | 6,049.45 | 503.92 | 4,577.26 | 381.29 | 94 | 5,065.70 | 421.97 | 8,055.99 | 671.06 | 6,956.86 | 579.51 | 5,263.84 | 438.48 | |
| 4,424.17 | 368.53 | 7,085.78 | 590.25 | 6,122.06 | 509.97 | 4,639.94 | 386.51 | 95 | 5,087.80 | 423.81 | 8,148.64 | 678.78 | 7,040.37 | 586.46 | 5,335.93 | 444.48 | |
| 4,468.42 | 372.22 | 7,156.63 | 596.15 | 6,183.28 | 515.07 | 4,686.34 | 390.37 | 96 | 5,138.67 | 428.05 | 8,230.14 | 685.57 | 7,110.77 | 592.33 | 5,389.29 | 448.93 | |
| 4,513.10 | 375.94 | 7,228.20 | 602.11 | 6,245.10 | 520.22 | 4,733.21 | 394.28 | 97 | 5,190.06 | 432.33 | 8,312.42 | 692.42 | 7,181.87 | 598.25 | 5,443.18 | 453.42 | |
| 4,558.23 | 379.70 | 7,300.47 | 608.13 | 6,307.56 | 525.42 | 4,780.54 | 398.22 | 98 | 5,241.97 | 436.66 | 8,395.55 | 699.35 | 7,253.69 | 604.23 | 5,497.61 | 457.95 | |
| 4,603.81 | 383.50 | 7,373.48 | 614.21 | 6,370.64 | 530.67 | 4,828.35 | 402.20 | 99 | 5,294.38 | 441.02 | 8,479.51 | 706.34 | 7,326.24 | 610.28 | 5,552.59 | 462.53 | |

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 6/1/2020 -- 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 | | | Under 65 | Plan A | | Plan F | | Plan G | | Plan N | |
| Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly | | | Annual | Monthly | Annual | Monthly | Annual | Monthly | Annual | Monthly |
| 12,481.67 | 1,039.72 | 17,089.35 | 1,423.54 | 14,168.17 | 1,180.21 | 10,341.13 | 861.42 | | 14,353.92 | 1,195.68 | 19,652.75 | 1,637.07 | 16,293.42 | 1,357.24 | 11,892.29 | 990.63 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 65 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 66 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 67 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 68 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 69 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 70 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,696.45 | 474.51 | 4,722.72 | 393.40 | 3,447.04 | 287.14 | 71 | 4,784.64 | 398.56 | 6,550.92 | 545.69 | 5,431.14 | 452.41 | 3,964.10 | 330.21 | |
| 4,160.56 | 346.57 | 5,709.14 | 475.57 | 4,797.57 | 399.64 | 3,495.43 | 291.17 | 72 | 4,784.64 | 398.56 | 6,565.51 | 546.91 | 5,517.22 | 459.58 | 4,019.76 | 334.85 | |
| 4,222.47 | 351.73 | 5,809.05 | 483.89 | 4,894.89 | 407.74 | 3,567.78 | 297.20 | 73 | 4,855.83 | 404.49 | 6,680.41 | 556.48 | 5,629.12 | 468.91 | 4,102.94 | 341.78 | |
| 4,286.43 | 357.06 | 5,910.71 | 492.36 | 4,993.35 | 415.95 | 3,640.92 | 303.29 | 74 | 4,929.39 | 410.62 | 6,797.32 | 566.22 | 5,742.34 | 478.34 | 4,187.07 | 348.78 | |
| 4,351.89 | 362.51 | 6,014.15 | 500.98 | 5,093.02 | 424.25 | 3,714.93 | 309.45 | 75 | 5,004.68 | 416.89 | 6,916.27 | 576.13 | 5,856.97 | 487.89 | 4,272.17 | 355.87 | |
| 4,398.81 | 366.42 | 6,119.39 | 509.75 | 5,190.56 | 432.37 | 3,792.43 | 315.91 | 76 | 5,058.62 | 421.38 | 7,037.31 | 586.21 | 5,969.16 | 497.23 | 4,361.29 | 363.30 | |
| 4,436.23 | 369.54 | 6,211.19 | 517.39 | 5,276.64 | 439.54 | 3,861.52 | 321.66 | 77 | 5,101.66 | 424.97 | 7,142.87 | 595.00 | 6,068.15 | 505.48 | 4,440.74 | 369.91 | |
| 4,474.87 | 372.76 | 6,304.35 | 525.15 | 5,363.83 | 446.81 | 3,931.35 | 327.48 | 78 | 5,146.11 | 428.67 | 7,250.01 | 603.93 | 6,168.40 | 513.83 | 4,521.05 | 376.60 | |
| 4,514.73 | 376.08 | 6,398.92 | 533.03 | 5,452.13 | 454.16 | 4,001.96 | 333.36 | 79 | 5,191.94 | 432.49 | 7,358.76 | 612.98 | 6,269.96 | 522.29 | 4,602.26 | 383.37 | |
| 4,555.77 | 379.50 | 6,494.91 | 541.03 | 5,541.60 | 461.62 | 4,073.39 | 339.31 | 80 | 5,239.14 | 436.42 | 7,469.14 | 622.18 | 6,372.83 | 530.86 | 4,684.39 | 390.21 | |
| 4,581.84 | 381.67 | 6,592.32 | 549.14 | 5,632.22 | 469.16 | 4,151.24 | 345.80 | 81 | 5,269.11 | 438.92 | 7,581.19 | 631.51 | 6,477.04 | 539.54 | 4,773.92 | 397.67 | |
| 4,598.19 | 383.03 | 6,674.73 | 556.01 | 5,709.88 | 475.63 | 4,219.35 | 351.47 | 82 | 5,287.92 | 440.48 | 7,675.95 | 639.41 | 6,566.36 | 546.98 | 4,852.24 | 404.19 | |
| 4,616.03 | 384.52 | 6,758.17 | 562.96 | 5,788.27 | 482.16 | 4,287.80 | 357.17 | 83 | 5,308.43 | 442.19 | 7,771.90 | 647.40 | 6,656.52 | 554.49 | 4,930.96 | 410.75 | |
| 4,635.30 | 386.12 | 6,842.64 | 569.99 | 5,867.45 | 488.76 | 4,356.62 | 362.91 | 84 | 5,330.60 | 444.04 | 7,869.05 | 655.49 | 6,747.56 | 562.07 | 5,010.12 | 417.34 | |
| 4,655.94 | 387.84 | 6,928.17 | 577.12 | 5,947.39 | 495.42 | 4,425.86 | 368.67 | 85 | 5,354.34 | 446.02 | 7,967.41 | 663.68 | 6,839.51 | 569.73 | 5,089.73 | 423.97 | |
| 4,678.51 | 389.72 | 7,014.78 | 584.33 | 6,026.60 | 502.02 | 4,493.73 | 374.33 | 86 | 5,380.28 | 448.18 | 8,066.99 | 671.98 | 6,930.59 | 577.32 | 5,167.78 | 430.48 | |
| 4,699.76 | 391.49 | 7,098.96 | 591.34 | 6,103.67 | 508.44 | 4,559.93 | 379.84 | 87 | 5,404.72 | 450.21 | 8,163.80 | 680.04 | 7,019.23 | 584.70 | 5,243.92 | 436.82 | |
| 4,721.98 | 393.34 | 7,184.15 | 598.44 | 6,181.58 | 514.93 | 4,626.68 | 385.40 | 88 | 5,430.28 | 452.34 | 8,261.77 | 688.21 | 7,108.82 | 592.16 | 5,320.69 | 443.21 | |
| 4,745.16 | 395.27 | 7,270.35 | 605.62 | 6,260.32 | 521.48 | 4,693.99 | 391.01 | 89 | 5,456.93 | 454.56 | 8,360.90 | 696.46 | 7,199.38 | 599.71 | 5,398.09 | 449.66 | |
| 4,769.26 | 397.28 | 7,357.60 | 612.89 | 6,339.92 | 528.12 | 4,761.88 | 396.66 | 90 | 5,484.64 | 456.87 | 8,461.23 | 704.82 | 7,290.91 | 607.33 | 5,476.17 | 456.16 | |
| 4,788.40 | 398.87 | 7,445.89 | 620.24 | 6,419.70 | 534.76 | 4,831.20 | 402.44 | 91 | 5,506.66 | 458.71 | 8,562.77 | 713.28 | 7,382.64 | 614.97 | 5,555.87 | 462.80 | |
| 4,806.32 | 400.37 | 7,531.51 | 627.37 | 6,497.11 | 541.21 | 4,898.63 | 408.06 | 92 | 5,527.28 | 460.42 | 8,661.24 | 721.48 | 7,471.68 | 622.39 | 5,633.43 | 469.26 | |
| 4,825.35 | 401.95 | 7,618.12 | 634.59 | 6,575.34 | 547.73 | 4,966.55 | 413.71 | 93 | 5,549.15 | 462.24 | 8,760.86 | 729.78 | 7,561.65 | 629.89 | 5,711.53 | 475.77 | |
| 4,845.45 | 403.63 | 7,705.73 | 641.89 | 6,654.39 | 554.31 | 5,034.98 | 419.41 | 94 | 5,572.27 | 464.17 | 8,861.60 | 738.17 | 7,652.54 | 637.46 | 5,790.23 | 482.33 | |
| 4,866.59 | 405.39 | 7,794.35 | 649.27 | 6,734.26 | 560.96 | 5,103.94 | 425.16 | 95 | 5,596.58 | 466.20 | 8,963.50 | 746.66 | 7,744.40 | 645.11 | 5,869.53 | 488.93 | |
| 4,915.26 | 409.44 | 7,872.29 | 655.76 | 6,801.60 | 566.57 | 5,154.98 | 429.41 | 96 | 5,652.54 | 470.86 | 9,053.14 | 754.13 | 7,821.84 | 651.56 | 5,928.22 | 493.82 | |
| 4,964.41 | 413.54 | 7,951.02 | 662.32 | 6,869.62 | 572.24 | 5,206.53 | 433.70 | 97 | 5,709.07 | 475.57 | 9,143.68 | 761.67 | 7,900.07 | 658.08 | 5,987.50 | 498.76 | |
| 5,014.05 | 417.67 | 8,030.53 | 668.94 | 6,938.32 | 577.96 | 5,258.59 | 438.04 | 98 | 5,766.17 | 480.32 | 9,235.10 | 769.28 | 7,979.06 | 664.66 | 6,047.39 | 503.75 | |
| 5,064.20 | 421.85 | 8,110.83 | 675.63 | 7,007.70 | 583.74 | 5,311.18 | 442.42 | 99 | 5,823.83 | 485.12 | 9,327.46 | 776.98 | 8,058.85 | 671.30 | 6,107.86 | 508.78 | |

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

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, PO Box 5700, Scranton, PA 18505. 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

The 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.

EXCLUSIONS AND LIMITATIONS

The benefits of a policy will not duplicate any benefits paid by Medicare. The combined benefits of a policy and the benefits paid by Medicare may not exceed one hundred percent (100%) of the Medicare Eligible Expenses incurred. A policy will not pay benefits for the following:

1. the Medicare Part B deductible (not applicable for Plans F and C);
2. any expense which you are not legally obligated to pay or services for which no charge is normally made in the absence of insurance;
3. any services that are not medically necessary as determined by Medicare;
4. any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid) or for which payment would have been made by Medicare if you were enrolled in Parts A and B of Medicare;
5. any type of expense not a Medicare Eligible Expense except as provided previously in the policy;
6. any deductible, coinsurance, or copayment not covered by Medicare, unless such coverage is listed as a benefit in the policy; or
7. Pre-Existing Conditions: We will not pay for any expenses incurred for care or treatment of a Pre-Existing Condition for the first six (6) months from the effective date of coverage. This exclusion does not apply if you applied for and were issued a policy under guaranteed issue status; if on the date of

THIS PAGE INTENTIONALLY LEFT BLANK

application for a policy you had at least six (6) months of prior Creditable Coverage; or if the policy is replacing another Medicare Supplement policy and a six (6) month waiting period has already been satisfied. Evidence of prior coverage or replacement must have been disclosed on the application for a policy.

If you had less than six (6) months prior Creditable Coverage, the Pre-Existing Conditions limitation will be reduced by the aggregate amount of Creditable Coverage. If the policy is replacing another Medicare Supplement policy, credit will be given for any portion of the waiting period that has been satisfied.

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

The 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 |
|---|--|--|---|
| HOSPITALIZATION* Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 st through 90 th day 91 st 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 \$1,484 All but \$371 per day All but \$742 per day \$0 \$0 | \$0 \$371 per day \$742 per day 100% of Medicare eligible expenses \$0 | \$1,484 (Part A deductible) \$0 \$0 \$0** All costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st through 100 th day 101 st day and after | All approved amounts All but \$185.50 per day \$0 | \$0 \$0 \$0 | \$0 Up to \$185.50 per day All costs |
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

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

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

*Once you have been billed \$203 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 |
|--|----------------------|-------------------------|---|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 Generally 80% | \$0 Generally 20% | \$203 (Part B deductible) \$0 |
| PART B EXCESS CHARGES (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints Next \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$203 (Part B deductible) \$0 |
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |

PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN A PAYS | YOU PAY |
|--|----------------------|--------------------|---|
| HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies Durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | 100% \$0 80% | \$0 \$0 20% | \$0 \$203 (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 |
|---|--|--|---|
| HOSPITALIZATION* Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 st through 90 th day 91 st 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 \$1,484 All but \$371 per day All but \$742 per day \$0 \$0 | \$1,484 (Part A deductible) \$371 per day \$742 per day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st through 100 th day 101 st day and after | All approved amounts All but \$185.50 per day \$0 | \$0 Up to \$185.50 per day \$0 | \$0 \$0 All costs |
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

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

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

*Once you have been billed \$203 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 F PAYS | YOU PAY |
|--|----------------------|---|-------------------|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 Generally 80% | \$203 (Part B deductible) Generally 20% | \$0 \$0 |
| PART B EXCESS CHARGES (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 \$0 80% | All costs \$203 (Part B deductible) 20% | \$0 \$0 \$0 |
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |

PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN F PAYS | YOU PAY |
|--|----------------------|---|-------------------|
| HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies Durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | 100% \$0 80% | \$0 \$203 (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 |
|--|----------------------|--|---|
| FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically-necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges | \$0 \$0 | \$0 80% to a lifetime maximum 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 |
|---|--|--|---|
| HOSPITALIZATION* Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 st through 90 th day 91 st 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 \$1,484 All but \$371 per day All but \$742 per day \$0 \$0 | \$1,484 (Part A deductible) \$371 per day \$742 per day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st through 100 th day 101 st day and after | All approved amounts All but \$185.50 per day \$0 | \$0 Up to \$185.50 per day \$0 | \$0 \$0 All costs |
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

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

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

*Once you have been billed \$203 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 |
|--|----------------------|-------------------------|---|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 Generally 80% | \$0 Generally 20% | \$203 (Part B deductible) \$0 |
| PART B EXCESS CHARGES (above Medicare-approved amounts) | \$0 | 100% | \$0 |
| BLOOD First 3 pints Next \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$203 (Part B deductible) \$0 |
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |

PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN G PAYS | YOU PAY |
|--|--------------------|-------------------|---|
| HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies Durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | 100% \$0 80% | \$0 \$0 20% | \$0 \$203 (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 |
|--|----------------------|--|---|
| FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically-necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges | \$0 \$0 | \$0 80% to a lifetime maximum 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 |
|---|--|--|---|
| HOSPITALIZATION* Semi-private room and board, general nursing, and miscellaneous services and supplies First 60 days 61 st through 90 th day 91 st 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 \$1,484 All but \$371 per day All but \$742 per day \$0 \$0 | \$1,484 (Part A deductible) \$371 per day \$742 per day 100% of Medicare eligible expenses \$0 | \$0 \$0 \$0 \$0** All costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st through 100 th day 101 st day and after | All approved amounts All but \$185.50 per day \$0 | \$0 Up to \$185.50 per day \$0 | \$0 \$0 All costs |
| BLOOD First 3 pints Additional amounts | \$0 100% | 3 pints \$0 | \$0 \$0 |
| HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

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

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

*Once you have been billed \$203 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 |
|--|----------------------|---|---|
| MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 Generally 80% | \$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The 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. | \$203 (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. |
| PART B EXCESS CHARGES (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints Next \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | \$0 \$0 80% | All costs \$0 20% | \$0 \$203 (Part B deductible) \$0 |
| CLINICAL LABORATORY SERVICES Tests for diagnostic services | 100% | \$0 | \$0 |

PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN N PAYS | YOU PAY |
|--|--------------------|-------------------|---|
| HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies Durable medical equipment First \$203 of Medicare-approved amounts* Remainder of Medicare-approved amounts | 100% \$0 80% | \$0 \$0 20% | \$0 \$203 (Part B deductible) \$0 |

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

OTHER BENEFITS – NOT COVERED BY MEDICARE

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