		A	В	С	D	F	G	K	L	M	N
		ncluding	Basic including	Basic including 100%	Basic including	Basic including	Basic including	Hospitalization and	Hospitalization	Basic, including	Basic, including
	100% coinsu	Part B	100% Part B coinsurance	Part B coinsurance	100% Part B coinsurance	100% Part B coinsurance	100% Part B coinsurance	preventive care paid at 100%; other	and preventive care paid at	100% Part B coinsurance	100% Part B coinsurance.
	COILISC	liance	Comsulance		Comsulance	Comsurance	Comsulance		100%; other basic		except up to \$20 co-
								at 50%	benefits paid at		payment for office
									75 %		visit and up to \$50
											co-payment for ER
MEDICARE SUPPLEMENT											
RATE				Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	50% Skilled Nursing	75% Skilled	Skilled Nursing	Skilled Nursing
Updated				Facility Coinsurance	Facility	Facility	Facility	Facility Coinsurance	•	Facility Coinsurance	Facility
March 15, 2013					Coinsurance	Coinsurance	Coinsurance		Coinsurance		Coinsurance
								50% Part A	75% Part A	50% Part A	
			Part A	Part A	Part A	Part A	Part A	Deductible	Deductible	Deductible	Part A Deductible
			Deductible	Deductible Part B	Deductible	Deductible Part B	Deductible				
				Deductible		Deductible					
				=		Part B	Part B				
						Excess	Excess				
				F : T .		(100%)	(100%)				F . T .
				Foreign Travel Emergency	Foreign Travel	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
				Lillergency	Emergency	Lineigency	Lineigency			Linergency	Linergency
								Out-of-Pocket limit	Out-of-Pocket		
								\$[4620]; paid at	limit \$[2310]; paid		
									at 100% after limit		
								reached	reached		
COMPANY NAME											
AETNA LIFE INSURANCE COMPANY	\$	129.52	\$ 143.20	\$ -	\$ -	\$ -	\$ 165.28	\$ 149.87	\$ -	\$ -	\$ -
AMERICAN FAMILY LIFE ASSURANCE CO.	\$	129.25	\$ -	\$ 154.42	\$ 138.92	\$ -	\$ 158.41	\$ 141.94	\$ -	\$ -	\$ -
ASSURED LIFE ASSOCIATION	\$	141.17	\$ 144.54	\$ 191.95	\$ 155.69	\$ 192.66	\$ 157.05	\$ -	\$ -	\$ -	\$ 127.62
BANKERS FIDELITY (STD)	\$	132.00	\$ -	\$ -	\$ -	\$ 181.00	\$ 129.00	\$ 75.00	\$ -	\$ -	\$ -
BANKERS FIDELITY (PREF)	\$	110.00	\$ -	\$ -	\$ -	\$ 151.00	\$ 106.00	\$ 62.00	\$ -	\$ -	\$ -
BLUE CROSS/BLUE SHIELD	\$	108.98	\$ -	\$ 160.00	\$ -	\$ 162.41	\$ -	\$ -	\$ -	\$ -	\$ -
CENTRAL STATES INDEMNITY CO. OF OMAHA	\$	100.69	\$ 117.50	\$ 140.76	\$ -	\$ -	\$ 146.31	\$ -	\$ -	\$ -	\$ -
COLONIAL PENN LIFE INSURANCE COMPANY	\$	120.64	\$ 149.67	\$ -	\$ -	\$ -	\$ 168.32	\$ 152.10	\$ 65.05	\$ 105.70	\$ 131.11
COMBINED INSURANCE	\$	187.83	\$ -	\$ -	\$ -	\$ 246.96	\$ -	\$ -	\$ -	\$ -	\$ 172.87
CONTINENTAL GENERAL	\$	110.79	\$ -	\$ -	\$ -	\$ 136.41	\$ 118.31	\$ -	\$ -	\$ -	\$ 110.38
CONTINENTAL LIFE INS. CO. of BRENT	\$	92.22	\$ 116.14	\$ -	\$ -	\$ 134.93	\$ 118.16	\$ -	\$ -	\$ -	\$ 93.87

		Α	В	С	D	F	G	K	L	M	N
		ncluding Part B	Basic including 100% Part B	Basic including 100% Part B coinsurance	Basic including 100% Part B	Basic including 100% Part B	Basic including 100% Part B	Hospitalization and	Hospitalization and preventive	Basic, including 100% Part B	Basic, including 100% Part B
		urance	coinsurance	Part B comsurance	coinsurance	coinsurance	coinsurance	preventive care paid at 100%; other	care paid at	coinsurance	coinsurance.
	001110	ararioo	comounance		Comodiano	Comodiano	Comoditation		100%; other basic		except up to \$20 co-
								at 50%	benefits paid at		payment for office
									75%		visit and up to \$50
											co-payment for ER
MEDICARE SUPPLEMENT											
RATE				Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	50% Skilled Nursing	75% Skilled	Skilled Nursing	Skilled Nursing
Updated				Facility Coinsurance	Facility	Facility Coinsurance	Facility Coinsurance	Facility Coinsurance	Nursing Facility Coinsurance	Facility Coinsurance	Facility Coinsurance
March 15, 2013					Coinsurance	Comsulance	Comsurance				Comsulance
			5	B	5	D	5	50% Part A	75% Part A	50% Part A	
			Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Deductible	Deductible	Deductible	Part A Deductible
			Deductible	Part B	Deductible	Part B	Deductible				
				Deductible		Deductible					
						Part B	Part B				
						Excess	Excess				
				Foreign Travel	Foreign Travel	(100%) Foreign Travel	(100%) Foreign Travel			Foreign Travel	Foreign Travel
				Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
				3 ,		3 /	3 ,			<u> </u>	ů ,
								Out-of-Pocket limit	Out-of-Pocket		
									limit \$[2310]; paid		
									at 100% after limit		
								reached	reached		
COMPANY NAME											
EQUITABLE LIFE & CASUALTY INS CO	\$	150.88		-	\$ -	\$ 213.72		\$ -	\$ -	\$ -	\$ 150.42
FAMILY LIFE INSURANCE COMPANY	\$	125.03	\$ 152.10	\$ 172.73	\$ 159.38	\$ 180.08	\$ 160.28	-	\$ -	\$ 143.48	\$ 126.08
FORETHOUGHT LIFE INSURANCE COMPANY	\$	132.83	\$ -	\$ 175.06	\$ -	\$ 179.27	\$ 135.01	\$ -	\$ -	\$ -	\$ 117.00
GERBER LIFE INSURANCE CO.	\$	113.90	\$ -	\$ -	\$ -	\$ 158.47	\$ 134.16	\$ -	\$ -	\$ -	\$ -
GLOBE LIFE AND ACCIDENT	\$	70.00	\$ 108.50	\$ 125.00	\$ -	\$ 126.00	\$ -	\$ -	\$ -	\$ -	\$ -
GOVERNMENT PERSONNEL MUTUAL LIFE	\$	127.20	\$ -	\$ 172.37	\$ -	\$ 176.53	\$ 135.08	\$ -	\$ -	\$ -	\$ 118.00
GREAT AMERICAN LIFE INS CO	\$	125.23	\$ -	\$ -	\$ -	\$ 151.70	\$ 133.11	\$ -	\$ -	\$ -	\$ 120.03
HUMANA INSURANCE CO (Standard)	\$	160.49	\$ 191.74	\$ 224.94	\$ -	\$ 229.50	\$ -	\$ 102.27	\$ 147.32	\$ -	\$ -
LIBERTY NATIONAL LIFE INS CO	\$	146.00	\$ 168.00	\$ -	\$ -	\$ 191.00	\$ -	\$ -	\$ -	\$ -	\$ 146.00
LOYAL AMERICAN LIFE INS CO	\$	116.95	\$ 136.56	\$ 163.33	\$ 143.20	\$ 169.35	\$ 146.83	\$ -	\$ -	\$ -	\$ 118.50
MADISON NATIONAL LIFE INS CO	\$	123.00	\$ 147.45	\$ -	\$ -	\$ -	\$ 170.72	\$ 157.64	\$ 84.20	\$ -	\$ -

	Α		В	С	D	F	G	K	L	M	N
	Basic includir		Basic including	Basic including 100%	Basic including	Basic including	Basic including	Hospitalization and	Hospitalization	Basic, including	Basic, including
	100% Part I		100% Part B	Part B coinsurance	100% Part B	100% Part B	100% Part B	preventive care paid	•	100% Part B	100% Part B
	coinsurance	1	coinsurance		coinsurance	coinsurance	coinsurance	at 100%; other	care paid at	coinsurance	coinsurance,
								basic benefits paid at 50%	benefits paid at		except up to \$20 co- payment for office
								at 50%	75%		visit and up to \$50
									7570		co-payment for ER
MEDICARE SUPPLEMENT											00 pay
RATE				Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	50% Skilled Nursing	75% Skilled	Skilled Nursing	Skilled Nursing
Updated				Facility Coinsurance	Facility	Facility	Facility	Facility Coinsurance		Facility Coinsurance	Facility
March 15, 2013				ĺ	Coinsurance	Coinsurance	Coinsurance	,	Coinsurance	,	Coinsurance
March 15, 2015								50% Part A	75% Part A	50% Part A	
			Part A	Part A	Part A	Part A	Part A	Deductible	Deductible	Deductible	Part A Deductible
			Deductible	Deductible	Deductible	Deductible	Deductible				
				Part B		Part B					
				Deductible		Deductible	5 . 5				
						Part B	Part B Excess				
						Excess (100%)	(100%)				
				Foreign Travel	Foreign Travel	Foreign Travel	Foreign Travel			Foreign Travel	Foreign Travel
				Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
								Out-of-Pocket limit	Out-of-Pocket		
								\$[4620]; paid at	limit \$[2310]; paid		
								100% after limit reached	at 100% after limit reached		
COMPANY NAME								reactied	reached		
MARQUETTE NATIONAL LIFE INS CO	\$ 13	.48 \$	-	\$ -	\$ 147.83	\$ 173.49	\$ 156.40	¢	¢ _	s -	\$ 117.51
MEDICO INSURANCE COMPANY		0.00 \$		\$ -	\$ 157.90		\$ 172.60	\$ -	\$ -	\$ -	\$ -
MUTUAL OF OMAHA		3.76 \$		\$ 145.78			\$ 149.47		\$ -	\$ -	\$ -
ORDER OF UNITED COMM TRAVLERS OF AMER		0.83 \$		\$ -	\$ -	\$ -	\$ 230.43		\$ -	\$ -	\$ -
RESERVE NATIONAL INS.CO		2.90 \$		\$ 227.00		\$ -	\$ 143.25		\$ -	\$ -	\$ 143.70
		.24 \$		\$ 177.48					\$ -	\$ -	\$ -
STANDARD LIFE & ACCIDENT	•	7.66 \$							\$ -	\$ -	\$ 101.48
		0.02 \$		\$ 255.86					_	_	
STATE FARM MUTUAL AUTOMOBILE INS CO						\$ -			T	•	\$ -
STATE MUTUAL INS CO (Standard)		2.93 \$		\$ 129.98					\$ -	\$ 102.41	
STERLING LIFE (Area 1)		3.93 \$				\$ 236.50				\$ -	\$ 120.28
STERLING LIFE (Area 2)	\$ 17).61 \$	208.72	\$ 241.51	-	\$ 241.68	\$ 238.28	\$ 65.60	\$ -	\$ -	\$ 126.55

	_	A	В	С	D	F	G	K	L	M	N
		ncluding Part B	Basic including	Basic including 100%	Basic including	Basic including 100% Part B	Basic including	Hospitalization and	Hospitalization	Basic, including 100% Part B	Basic, including 100% Part B
	coinsu		100% Part B coinsurance	Part B coinsurance	100% Part B coinsurance	coinsurance	100% Part B coinsurance	preventive care paid at 100%; other	and preventive care paid at	coinsurance	coinsurance.
	0011100	ararioo	comounance		Comodiano	Comodianoc	comodiano		100%; other basic		except up to \$20 co-
								at 50%	benefits paid at		payment for office
									75%		visit and up to \$50
											co-payment for ER
MEDICARE SUPPLEMENT				Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	50% Skilled Nursing	75% Skilled	Skilled Nursing	Skilled Nursing
RATE Updated				Facility Coinsurance	Facility	Facility		Facility Coinsurance		Facility Coinsurance	Facility
March 15, 2013					Coinsurance	Coinsurance	Coinsurance	,	Coinsurance	,	Coinsurance
Waren 13, 2013								50% Part A	75% Part A	50% Part A	
			Part A	Part A	Part A	Part A	Part A	Deductible	Deductible	Deductible	Part A Deductible
			Deductible	Deductible Part B	Deductible	Deductible Part B	Deductible				
				Deductible		Deductible					
						Part B	Part B				
						Excess (100%)	Excess (100%)				
				Foreign Travel	Foreign Travel	Foreign Travel	Foreign Travel			Foreign Travel	Foreign Travel
				Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
								Out-of-Pocket limit \$[4620]; paid at	Out-of-Pocket limit \$[2310]; paid		
									at 100% after limit		
								reached	reached		
COMPANY NAME											
STERLING INVESTORS LIFE	\$	106.58	\$ 124.43	\$ 149.06	\$ 130.38	\$ 154.92	\$ 131.21	\$ -	\$ -	\$ 117.38	\$ 108.41
TRANSAMERICA LIFE INSURANCE CO.	\$	83.00	\$ 107.00	\$ 127.00	\$ 116.00	\$ -	\$ 128.00	\$ 116.00	\$ 59.00	\$ 87.00	\$ 107.00
UNITED AMERICAN {A}	\$	116.00	\$ 161.00	\$ 190.00	\$ 181.00	\$ 179.00	\$ 171.00	\$ 104.00	\$ -	\$ -	\$ 150.00
UNITED COMMERCIAL TRAVELERS OF AM.	\$	156.11	\$ -	\$ -	\$ -	\$ -	\$ 239.90	\$ 190.30	\$ -	\$ -	\$ -
UNITED HEALTHCARE	\$	121.27	\$ -	\$ -	\$ -	\$ 163.09	\$ 146.98	\$ 77.27	\$ 106.20	\$ -	\$ 109.31
UNITED HEALTHCARE(AARP)	\$	109.45	\$ 159.50	\$ 192.22	\$ -	\$ 193.32	\$ -	\$ 72.87	\$ 111.65	\$ -	\$ 127.87
UNITED NATIONAL LIFE INSURANCE	\$	125.53	\$ -	\$ -	\$ 152.20	\$ 177.80	\$ 155.35	\$ -	\$ -	\$ -	\$ -
UNITED OF OMAHA LIFE INS CO	\$	140.84	\$ -	\$ -	\$ -	\$ 213.45	\$ 167.00	\$ -	\$ -	\$ 150.51	\$ 142.31
UNITED WORLD LIFE INSURANCE COMPANY	\$	126.14	\$ 151.30	\$ 177.41	\$ 154.92	\$ -	\$ 181.92	\$ 158.53	\$ -	\$ -	\$ -
USAA LIFE	\$	132.43	\$ -	\$ -	\$ 130.56	\$ 135.32	\$ 128.35	\$ -	\$ -	\$ -	\$ -
WORLD CORP INSURANCE CO	\$	133.41	\$ -	\$ -	\$ -	\$ 173.94	\$ -	\$ -	\$ -	\$ -	\$ -

	Α	В	С	D	F	G	K	L	M	N
	Basic including	Basic including	Basic including 100%	Basic including	Basic including	Basic including	Hospitalization and	Hospitalization	Basic, including	Basic, including
	100% Part B	100% Part B	Part B coinsurance	100% Part B	100% Part B	100% Part B	preventive care paid	and preventive	100% Part B	100% Part B
	coinsurance	coinsurance		coinsurance	coinsurance	coinsurance	at 100%; other	care paid at	coinsurance	coinsurance,
							basic benefits paid	100%; other basic		except up to \$20 co-
							at 50%	benefits paid at		payment for office
								75%		visit and up to \$50
										co-payment for ER
MEDICARE SUPPLEMENT										
RATE			Skilled Nursing	Skilled Nursing	Skilled Nursing	Skilled Nursing	50% Skilled Nursing		Skilled Nursing	Skilled Nursing
Updated			Facility Coinsurance	Facility	Facility	Facility	Facility Coinsurance	• •	Facility Coinsurance	Facility
March 15, 2013				Coinsurance	Coinsurance	Coinsurance		Coinsurance		Coinsurance
·							50% Part A	75% Part A	50% Part A	
		Part A	Part A	Part A	Part A	Part A	Deductible	Deductible	Deductible	Part A Deductible
		Deductible	Deductible	Deductible	Deductible	Deductible				
			Part B		Part B					
			Deductible		Deductible					
					Part B	Part B				
					Excess	Excess				
			F . T .		(100%)	(100%)				F : T .
			Foreign Travel	Foreign Travel	Foreign Travel	Foreign Travel			Foreign Travel	Foreign Travel
			Emergency	Emergency	Emergency	Emergency			Emergency	Emergency
							Out-of-Pocket limit	Out-of-Pocket		
								limit \$[2310]; paid		
								at 100% after limit		
							reached	reached		
COMPANY NAME										

^{*} Plans K and L provide for different cost-sharing for items and services than Plans A-J FOOTNOTES:

- 1. RATES SHOWN ARE MONTHLY DIRECT (PREMIUM NOTICES SENT TO INSURED)
- 2. RATES SHOWN ARE FOR MALE ONLY SOME COMPANIES MAY OFFER LOWER RATES FOR FEMALE
- 3.SOME COMPANIES MAY OFFER LOWER RATES FOR NON-SMOKERS
- 4. SOME COMPANIES MAY OFFER PLANS F AND J WITH HIGH DEDUCTIBLE OPTIONS. (THIS RESULTS IN HIGHER OUT OF POCKET COSTS, BUT SHOULD REFLECT LOWER PREMIUMS.)
- 5. RATES WERE PROVIDED TO THE INSURANCE DEPARTMENT BY THE COMPANIES AND MAY NOT REFLECT CURRENT ACCURATE RATES.