Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, for hospital outpatient services.
Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

MEDICARE SUPPLEMENT RATE Updated May 21, 2013	**A**	**B**	**C**	**D**	**F**	**G**	**K**	**L**	**M**	**N**
	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 co-payment for office visit and up to $50 co-payment for ER
			Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible					
					Part B Excess (100%)	Part B Excess (100%)				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit $[4620]; paid at 100% after limit reached	Out-of-Pocket limit $[2310]; paid at 100% after limit 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	$ -	$ -	$ -
AMERICAN RETIREMENT LIFE INS CO.	$ 110.45	$ -	$ -	$ -	$ 136.11	$ 117.12	$ -	$ -	$ -	$ 93.27
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

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Plans K, L and N require insured's to pay a portion of Part B coinsurance or co-payments

MEDICARE SUPPLEMENT RATE Updated May 21, 2013	**A**	**B**	**C**	**D**	**F**	**G**	**K**	**L**	**M**	**N**
	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 co-payment for office visit and up to $50 co-payment for ER
			Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible					
					Part B Excess (100%)	Part B Excess (100%)				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit $[4620]; paid at 100% after limit reached	Out-of-Pocket limit $[2310]; paid at 100% after limit reached		
COMPANY NAME										
CONTINENTAL LIFE INS. CO. of BRENT	$ 92.22	$ 116.14	$ -	$ -	$ 134.93	$ 118.16	$ -	$ -	$ -	$ 93.87
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	$ -	$ -

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MEDICARE SUPPLEMENT RATE Updated May 21, 2013	**A**	**B**	**C**	**D**	**F**	**G**	**K**	**L**	**M**	**N**
	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 co-payment for office visit and up to $50 co-payment for ER
			Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible					
					Part B Excess (100%)	Part B Excess (100%)				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit $[4620]; paid at 100% after limit reached	Out-of-Pocket limit $[2310]; paid at 100% after limit reached		
COMPANY NAME										
MARQUETTE NATIONAL LIFE INS CO	$ 131.48	$ -	$ -	$ 147.83	$ 173.49	$ 156.40	$ -	$ -	$ -	$ 117.51
MEDICO INSURANCE COMPANY	$ 120.00	$ -	$ -	$ 157.90	$ -	$ 172.60	$ -	$ -	$ -	$ -
MUTUAL OF OMAHA	$ 103.76	$ -	$ 145.78	$ 127.35	$ -	$ 149.47	$ -	$ -	$ -	$ -
ORDER OF UNITED COMM TRAVLERS OF AMER	$ 149.83	$ -	$ -	$ -	$ -	$ 230.43	$ 182.86	$ -	$ -	$ -
RESERVE NATIONAL INS.CO	$ 163.10	$ -	$ 242.20	$ -	$ -	$ 152.85	$ -	$ -	$ -	$ 153.35
ROYAL NEIGHBORS OF AMERICA	$ 121.24	$ 152.33	$ 177.48	$ 142.26	$ 178.13	$ 142.84	$ -	$ -	$ -	$ -
STANDARD LIFE & ACCIDENT	$ 197.66	$ 225.05	$ 255.86	$ 154.17	$ 210.41	$ 155.35	$ -	$ -	$ -	$ 101.48
STATE FARM MUTUAL AUTOMOBILE INS CO	$ 90.02	$ -	$ 135.75	$ -	$ -	$ 137.11	$ -	$ -	$ -	$ -
STATE MUTUAL INS CO (Standard)	$ 92.93	$ 108.46	$ 129.98	$ 113.77	$ 135.13	$ 114.44	$ -	$ -	$ 102.41	$ 94.57
STERLING LIFE (Area 1)	$ 168.93	$ 203.92	$ 236.32	$ -	$ 236.50	$ 232.85	$ 62.21	$ -	$ -	$ 120.28
STERLING LIFE (Area 2)	$ 170.61	$ 208.72	$ 241.51	$ -	$ 241.68	$ 238.28	$ 65.60	$ -	$ -	$ 126.55
STERLING INVESTORS LIFE	$ 106.58	$ 124.43	$ 149.06	$ 130.38	$ 154.92	$ 131.21	$ -	$ -	$ 117.38	$ 108.41

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			Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible					
					Part B Excess (100%)	Part B Excess (100%)				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit $[4620]; paid at 100% after limit reached	Out-of-Pocket limit $[2310]; paid at 100% after limit reached		
COMPANY NAME										
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	$ -	$ -	$ -	$ -	$ -

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			Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
			Part B Deductible		Part B Deductible					
					Part B Excess (100%)	Part B Excess (100%)				
			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket limit $[4620]; paid at 100% after limit reached	Out-of-Pocket limit $[2310]; paid at 100% after limit 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.