Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
Medical Expenses: Part B coinsurance (20% of Medicare-approved expenses)
Blood: First three pints of blood each year.

MEDICARE SUPPLEMENT RATE Updated December 1, 2009	A	B	C	D	E	F*	G	H	I	J	K*	L*
	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		
			Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance		
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		
			Part B Deductible			Part B Deductible				Part B Deductible		
						Part B Excess (100%)	Part B Excess (80%)		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	Foreign Travel Emergency			
				At Home Recovery			At Home Recovery		At Home Recovery	At Home Recovery		
								Basic Drugs ($1,250)	Basic Drugs ($1,250)	Extended Drugs ($3,000)		
COMPANY NAME					Preventive Care					Preventive Care		
ASSURED LIFE ASSOCIATION	$ 96.56	$ 105.79	$ 131.28	$ 112.66		$ 131.77	$ 113.63					
BANKERS FIDELITY (STD)	$ 173.00	$ 201.00	$ 310.00	$ 197.00	$ 119.00	$ 262.00	$ 152.00					
BANKERS FIDELITY (PREF)	$ 132.00	$ 230.00	$ 243.00	$ 173.00	$ 97.00	$ 259.00	$ 118.00					
BANKERS LIFE & CASUALTY	$ 228.46	$ 201.83	$ 228.27	$ 179.54	$ 204.70	$ 168.67	$ 170.66			$ 148.87	$ 85.71	$ 121.43
BLUE CROSS/BLUE SHIELD	$ 103.79		$ 152.38			$ 154.68			$ 142.72	$ -		
CENTRAL BENEFITS	$ 93.75	$ 122.19	$ 134.97			$ 139.02						
CENTRAL RESERVE LIFE INS CO	$ 272.19		$ 338.44	$ 265.47	$ 213.43	$ 313.62	$ 267.71	$ 174.82	$ 209.51	$ 219.25		
COMBINED INSURANCE	$ 211.17		$ 272.07			$ 277.63						
CONSECO INSURANCE COMPANY	$ 125.76			$ 146.59		$ 172.38	$ 129.24			$ 143.72		
CONSTITUTION LIFE	$ 166.32	$ 219.88	$ 266.17	$ 232.11		$ 264.89						
CONTINENTAL GENERAL	$ 207.71	$ 225.26	$ 220.17	$ 217.11	$ 206.15	$ 219.15	$ 238.97	$ 178.14		$ 223.36		
CONTINENTAL LIFE INS. CO. of BRENT	$ 112.84	$ 142.54	$ 184.89	$ 147.31	$ 191.12	$ 194.52	$ 174.26					
EQUITABLE LIFE & CASUALTY INS CO	$ 180.18							$ 207.09		$ 234.27		$ 152.64
FAMILY LIFE INSURANCE COMPANY	$ 81.75	$ 99.45	$ 112.95	$ 104.25	$ 104.63	$ 117.75	$ 104.78					
GENWORTH LIFE & ANNUITY	$ 170.97		$ 326.69	$ 221.09		$ 276.75						
GENWORTH LIFE INSURANCE CO.	$ 146.95	$ 176.79	$ 212.98	$ 177.38	$ 178.27	$ 219.61	$ 181.81					
GLOBE LIFE AND ACCIDENT	68.50	$ 106.00	$ 122.50			$ 123.50						
GOLDEN RULE	$ 133.57		$ 188.45			$ 151.25	$ 132.52					
GREAT AMERICAN LIFE INS CO	$ 97.35			$ 119.62		$ 143.73	$ 122.17					
GUARANTEE TRUST LIFE	$ 142.70	$ 215.05	$ 269.05	$ 181.85		$ 269.10	$ 193.60					
HUMANA INSURANCE CO (Preferred)	$ 103.20	$ 108.75	$ 125.78			$ 126.65					$ 62.11	$ 89.22
HUMANA INSURANCE CO (Standard)	$ 153.22	$ 161.51	$ 186.95			$ 188.26					$ 91.83	$ 132.36
LINCOLN HERITAGE LIFE INS CO	$ 90.96	$ 118.18	$ 141.61	$ 121.98		$ 146.00				$ 125.77		
LOYAL AMERICAN LIFE INS CO	$ 129.24	$ 148.47	$ 166.87	$ 154.94		$ 167.90	$ 147.44	$ 117.32	$ 119.63	$ 135.66		

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Medical Expenses: Part B coinsurance (20% of Medicare-approved expenses)
Blood: First three pints of blood each year.

MEDICARE SUPPLEMENT RATE Updated December 1, 2009	A	B	C	D	E	F*	G	H	I	J	K*	L*
	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		
			Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance		
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		
			Part B Deductible			Part B Deductible				Part B Deductible		
						Part B Excess (100%)	Part B Excess (80%)		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	Foreign Travel Emergency			
				At Home Recovery			At Home Recovery		At Home Recovery	At Home Recovery		
								Basic Drugs ($1,250)	Basic Drugs ($1,250)	Extended Drugs ($3,000)		
COMPANY NAME					Preventive Care					Preventive Care		
MARQUETTE NATIONAL LIFE INS CO	$ 141.97			$ 153.90		$ 190.83	$ 162.03			$ 156.90		
MID-WEST NATIONAL LIFE INS CO	$ 101.00		$ 142.00	$ 129.00		$ 144.00						
MUTUAL OF OMAHA	$ 130.07		$ 253.45	$ 212.66		$ 221.80						
ORDER OF UNITED COM TRAVELERS	$ 113.71				$ 137.52	$ 174.75	$ 138.63					
OXFORD LIFE INSURANCE CO	$ 286.45	$ 370.80	$ 443.90	$ 414.03		$ 462.18						
PACIFICARE LIFE AND HEALTH INS CO	$ 119.23		$ 166.92			$ 168.42	$ 157.99			$ 165.11		
PHYSICIANS MUTUAL (AGT)	$ 138.62	$ 191.42	$ 247.09	$ 170.48		$ 220.49				$ 727.03		
PROVIDENT AMERICAN LIFE & HEALT	$ 182.94			$ 199.79		$ 221.98	$ 169.89	$ 155.26	$ 185.88	$ 194.67		
ROYAL NEIGHBORS OF AMERICA	$ 166.77	$ 185.19	$ 219.83	$ 179.24	$ 187.35	$ 226.53	$ 183.97					
SHENANDOAH LIFE INSURANCE CO	$ 107.17	$ 135.08	$ 151.92	$ 136.33	$ 137.58	$ 156.83	$ 139.50					
STANDARD LIFE & ACCIDENT	$ 131.93	$ 165.44	$ 190.33	$ 174.17	$ 164.59	$ 191.48	$ 175.04					
STATE FARM MUTUAL	$ 89.76		$ 135.32			$ 136.68						
STATE MUTUAL INS CO (Preferred)	$ 105.53	$ 125.74	$ 151.03	$ 129.24		$ 156.71						
STATE MUTUAL INS CO (Standard)	$ 117.34	$ 139.83	$ 167.74	$ 143.68		$ 174.21						
STERLING LIFE (Area 1)	$ 136.68	$ 164.99	$ 191.20			$ 191.35					$ 101.99	
STERLING LIFE (Area 2)	$ 138.04	$ 168.87	$ 195.40			$ 195.54					$ 104.52	
TRANSAMERICA LIFE INSURANCE CO	$ 86.00	$ 128.00	$ 151.00	$ 143.00	$ 144.00	$ 155.00	$ 144.00					
UNITED AMERICAN {A}	$ 129.00	$ 139.00	$ 209.00	$ 198.00		$ 186.00	$ 213.00				$ 104.00	$ 146.00
UNITED HEALTHCARE(AARP)	$ 88.50	$ 138.75	$ 165.75	$ 153.75	$ 154.00	$ 166.75	$ 154.75	$ 154.00	$ 155.25	$ 173.25	$ 74.25	$ 105.75
UNITED NATIONAL LIFE INSURANCE	$ 114.60			$ 149.50		$ 162.30	$ 152.60					
UNITED OF OMAHA LIFE INS CO	$ 93.92					$ 135.22	$ 111.24					
UNITED TEACHER ASSOC. (1)	$ 171.35	$ 245.35	$ 274.38	$ 232.89		$ 276.32	$ 233.67	$ 189.78	$ 192.28	$ 225.27		
UNITED TEACHER ASSOC. (2)	$ 196.55	$ 281.43	$ 314.73	$ 267.13		$ 316.96	$ 268.04	$ 217.69	$ 220.56	$ 258.40		
UNITED WORLD LIFE INSURANCE CO	$ 140.63	$ 182.80	$ 168.49	$ 150.17		$ 207.96	$ 183.19					

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	A	B	C	D	E	F*	G	H	I	J	K*	L*
MEDICARE SUPPLEMENT	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		
RATE Updated December 1, 2009			Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance		
		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		
			Part B Deductible			Part B Deductible				Part B Deductible		
						Part B Excess (100%)	Part B Excess (80%)		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	Foreign Travel Emergency			
				At Home Recovery			At Home Recovery		At Home Recovery	At Home Recovery		
								Basic Drugs ($1,250)	Basic Drugs ($1,250)	Extended Drugs ($3,000)		
COMPANY NAME					Preventive Care					Preventive Care		
USAA LIFE	$ 96.05			$ 118.66		$ 116.96	$ 116.62					

* 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.