

2010 Medicare Supplement Insurance Plans

Plans with coverage effective dates on and after June 1.

MUTUAL OF OMAHA INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, C, D, F, G, M AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan “A.” Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. Plans E, H, I, and J are no longer available for sale.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
 Blood: First 3 pints of blood each year.
 Hospice: Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance	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 co-insurance	Basic, including 100% Part B co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,620; paid at 100% after limit reached	Out-of-pocket limit \$2,310; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

**PLAN A - NON-TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
225.69	677.07	1,354.15	2,708.29	Thru 64*	259.42	778.25	1,556.49	3,112.98
121.34	364.03	728.06	1,456.11	65	139.47	418.42	836.84	1,673.68
127.30	381.91	763.82	1,527.63	66	146.33	438.98	877.95	1,755.90
129.09	387.28	774.56	1,549.11	67	148.38	445.15	890.30	1,780.59
132.11	396.33	792.66	1,585.31	68	151.85	455.55	911.10	1,822.20
135.13	405.40	810.80	1,621.60	69	155.33	465.98	931.96	1,863.91
138.18	414.53	829.05	1,658.10	70	158.82	476.47	952.93	1,905.86
140.71	422.13	844.26	1,688.52	71	161.74	485.21	970.41	1,940.82
143.25	429.76	859.52	1,719.03	72	164.66	493.98	987.96	1,975.91
145.87	437.61	875.22	1,750.43	73	167.67	503.00	1,005.99	2,011.98
148.04	444.13	888.26	1,776.51	74	170.16	510.49	1,020.99	2,041.97
150.21	450.63	901.26	1,802.51	75	172.65	517.96	1,035.93	2,071.85
152.22	456.65	913.29	1,826.58	76	174.96	524.88	1,049.76	2,099.52
153.87	461.60	923.21	1,846.41	77	176.86	530.58	1,061.16	2,122.31
155.50	466.51	933.03	1,866.05	78	178.74	536.22	1,072.45	2,144.89
157.16	471.47	942.95	1,885.89	79	180.64	541.92	1,083.84	2,167.68
165.71	497.13	994.26	1,988.52	80 and over	190.47	571.42	1,142.83	2,285.66

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN A - TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
259.42	778.25	1,556.49	3,112.98	Thru 64*	298.18	894.54	1,789.07	3,578.14
139.47	418.42	836.85	1,673.69	65	160.31	480.94	961.89	1,923.77
146.33	438.98	877.95	1,755.90	66	168.19	504.57	1,009.14	2,018.28
148.38	445.15	890.30	1,780.59	67	170.55	511.66	1,023.33	2,046.65
151.85	455.55	911.10	1,822.19	68	174.54	523.62	1,047.24	2,094.48
155.33	465.98	931.96	1,863.91	69	178.54	535.61	1,071.22	2,142.43
158.82	476.47	952.93	1,905.86	70	182.55	547.66	1,095.32	2,190.64
161.74	485.21	970.42	1,940.83	71	185.90	557.71	1,115.42	2,230.83
164.66	493.98	987.95	1,975.90	72	189.26	567.79	1,135.58	2,271.16
167.67	503.00	1,006.00	2,011.99	73	192.72	578.16	1,156.31	2,312.62
170.16	510.49	1,020.99	2,041.97	74	195.59	586.77	1,173.55	2,347.09
172.65	517.96	1,035.93	2,071.85	75	198.45	595.36	1,190.72	2,381.44
174.96	524.88	1,049.76	2,099.52	76	201.10	603.31	1,206.62	2,413.24
176.86	530.58	1,061.16	2,122.31	77	203.29	609.86	1,219.72	2,439.44
178.74	536.22	1,072.45	2,144.89	78	205.45	616.35	1,232.70	2,465.39
180.64	541.92	1,083.85	2,167.69	79	207.63	622.90	1,245.80	2,491.59
190.47	571.42	1,142.83	2,285.66	80 and over	218.93	656.80	1,313.60	2,627.19

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN A - NON-TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 322, 335-337, 346, 349

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
246.98	740.95	1,481.90	2,963.79	Thru 64*	283.89	851.67	1,703.33	3,406.66
132.79	398.37	796.74	1,593.47	65	152.63	457.90	915.79	1,831.58
139.31	417.94	835.88	1,671.75	66	160.13	480.39	960.78	1,921.56
141.27	423.82	847.63	1,695.26	67	162.38	487.14	974.29	1,948.57
144.57	433.72	867.44	1,734.87	68	166.18	498.53	997.05	1,994.10
147.88	443.65	887.30	1,774.59	69	169.98	509.94	1,019.88	2,039.76
151.21	453.63	907.26	1,814.52	70	173.80	521.41	1,042.83	2,085.65
153.99	461.96	923.91	1,847.82	71	176.99	530.98	1,061.96	2,123.92
156.77	470.30	940.61	1,881.21	72	180.19	540.58	1,081.16	2,162.32
159.63	478.89	957.79	1,915.57	73	183.48	550.45	1,100.90	2,201.80
162.01	486.03	972.06	1,944.11	74	186.22	558.65	1,117.31	2,234.61
164.38	493.14	986.28	1,972.56	75	188.94	566.83	1,133.66	2,267.31
166.58	499.73	999.45	1,998.90	76	191.47	574.40	1,148.79	2,297.58
168.38	505.15	1,010.30	2,020.60	77	193.54	580.63	1,161.27	2,322.53
170.18	510.53	1,021.05	2,042.10	78	195.60	586.81	1,173.62	2,347.23
171.98	515.95	1,031.91	2,063.81	79	197.68	593.05	1,186.10	2,372.19
181.34	544.03	1,088.06	2,176.11	80 and over	208.44	625.32	1,250.64	2,501.28

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN A - TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
283.89	851.66	1,703.33	3,406.65	Thru 64*	326.31	978.93	1,957.85	3,915.70
152.63	457.90	915.79	1,831.58	65	175.44	526.32	1,052.63	2,105.26
160.13	480.39	960.78	1,921.55	66	184.06	552.17	1,104.35	2,208.69
162.38	487.14	974.29	1,948.57	67	186.64	559.93	1,119.87	2,239.73
166.18	498.53	997.05	1,994.10	68	191.01	573.02	1,146.04	2,292.07
169.98	509.94	1,019.88	2,039.76	69	195.38	586.14	1,172.28	2,344.55
173.81	521.42	1,042.83	2,085.66	70	199.78	599.33	1,198.65	2,397.30
176.99	530.98	1,061.97	2,123.93	71	203.44	610.32	1,220.65	2,441.29
180.19	540.58	1,081.16	2,162.31	72	207.12	621.36	1,242.71	2,485.42
183.48	550.45	1,100.90	2,201.80	73	210.90	632.70	1,265.40	2,530.80
186.22	558.65	1,117.31	2,234.61	74	214.04	642.13	1,284.26	2,568.52
188.94	566.83	1,133.66	2,267.31	75	217.18	651.53	1,303.05	2,606.10
191.47	574.40	1,148.80	2,297.59	76	220.08	660.23	1,320.45	2,640.90
193.54	580.63	1,161.27	2,322.53	77	222.47	667.40	1,334.79	2,669.58
195.60	586.81	1,173.62	2,347.24	78	224.83	674.49	1,348.99	2,697.97
197.68	593.05	1,186.10	2,372.19	79	227.22	681.66	1,363.33	2,726.65
208.44	625.32	1,250.64	2,501.28	80 and over	239.59	718.76	1,437.52	2,875.04

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN A - NON-TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
298.08	894.25	1,788.50	3,576.99	Thru 64*	342.62	1,027.87	2,055.74	4,111.48
160.26	480.79	961.58	1,923.16	65	184.21	552.63	1,105.26	2,210.52
168.14	504.41	1,008.82	2,017.63	66	193.26	579.78	1,159.56	2,319.12
170.50	511.50	1,023.00	2,046.00	67	195.98	587.93	1,175.86	2,351.71
174.48	523.45	1,046.90	2,093.80	68	200.56	601.67	1,203.34	2,406.67
178.48	535.44	1,070.87	2,141.74	69	205.15	615.44	1,230.89	2,461.77
182.50	547.49	1,094.97	2,189.94	70	209.76	629.29	1,258.59	2,517.17
185.84	557.53	1,115.06	2,230.12	71	213.61	640.84	1,281.68	2,563.35
189.20	567.61	1,135.21	2,270.42	72	217.47	652.42	1,304.85	2,609.69
192.66	577.97	1,155.95	2,311.89	73	221.45	664.34	1,328.67	2,657.34
195.53	586.59	1,173.18	2,346.35	74	224.75	674.24	1,348.48	2,696.95
198.39	595.17	1,190.34	2,380.68	75	228.03	684.10	1,368.21	2,736.41
201.04	603.12	1,206.24	2,412.47	76	231.08	693.24	1,386.48	2,772.95
203.22	609.66	1,219.33	2,438.65	77	233.59	700.76	1,401.53	2,803.05
205.38	616.15	1,232.30	2,464.60	78	236.07	708.22	1,416.44	2,832.88
207.57	622.70	1,245.40	2,490.80	79	238.58	715.75	1,431.49	2,862.98
218.86	656.59	1,313.18	2,626.35	80 and over	251.57	754.70	1,509.40	3,018.79

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN A - TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
342.62	1,027.87	2,055.74	4,111.48	Thru 64*	393.82	1,181.46	2,362.92	4,725.84
184.21	552.63	1,105.27	2,210.53	65	211.74	635.21	1,270.42	2,540.83
193.26	579.78	1,159.56	2,319.11	66	222.14	666.42	1,332.83	2,665.66
195.98	587.93	1,175.86	2,351.72	67	225.26	675.78	1,351.56	2,703.12
200.56	601.67	1,203.34	2,406.67	68	230.52	691.57	1,383.15	2,766.29
205.15	615.44	1,230.89	2,461.77	69	235.80	707.41	1,414.81	2,829.62
209.76	629.29	1,258.59	2,517.17	70	241.11	723.33	1,446.65	2,893.30
213.61	640.84	1,281.68	2,563.36	71	245.53	736.60	1,473.19	2,946.38
217.47	652.42	1,304.84	2,609.68	72	249.97	749.91	1,499.82	2,999.64
221.45	664.34	1,328.67	2,657.34	73	254.53	763.60	1,527.21	3,054.41
224.75	674.24	1,348.48	2,696.95	74	258.33	774.99	1,549.97	3,099.94
228.03	684.10	1,368.21	2,736.41	75	262.11	786.33	1,572.65	3,145.30
231.08	693.24	1,386.48	2,772.95	76	265.61	796.83	1,593.65	3,187.30
233.59	700.76	1,401.53	2,803.05	77	268.49	805.48	1,610.95	3,221.90
236.07	708.22	1,416.44	2,832.87	78	271.35	814.05	1,628.09	3,256.18
238.58	715.75	1,431.50	2,862.99	79	274.23	822.70	1,645.39	3,290.78
251.57	754.70	1,509.40	3,018.79	80 and over	289.16	867.47	1,734.94	3,469.87

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN A - NON-TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 330-333, 340

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
340.67	1,022.00	2,043.99	4,087.98	Thru 64*	391.57	1,174.71	2,349.42	4,698.84
183.16	549.48	1,098.95	2,197.90	65	210.53	631.58	1,263.16	2,526.31
192.16	576.47	1,152.94	2,305.87	66	220.87	662.61	1,325.21	2,650.42
194.86	584.57	1,169.14	2,338.28	67	223.97	671.92	1,343.84	2,687.67
199.41	598.23	1,196.46	2,392.92	68	229.21	687.62	1,375.24	2,750.48
203.98	611.93	1,223.86	2,447.71	69	234.46	703.37	1,406.73	2,813.46
208.57	625.70	1,251.40	2,502.79	70	239.73	719.19	1,438.38	2,876.76
212.39	637.18	1,274.36	2,548.71	71	244.13	732.39	1,464.78	2,929.55
216.23	648.70	1,297.39	2,594.78	72	248.54	745.63	1,491.25	2,982.50
220.18	660.54	1,321.08	2,642.16	73	253.08	759.24	1,518.48	3,036.95
223.46	670.38	1,340.77	2,681.53	74	256.85	770.56	1,541.11	3,082.22
226.73	680.20	1,360.39	2,720.78	75	260.61	781.83	1,563.66	3,127.32
229.76	689.28	1,378.56	2,757.11	76	264.09	792.27	1,584.54	3,169.08
232.25	696.76	1,393.52	2,787.04	77	266.96	800.88	1,601.75	3,203.50
234.72	704.17	1,408.35	2,816.69	78	269.80	809.39	1,618.79	3,237.57
237.22	711.66	1,423.31	2,846.62	79	272.67	818.00	1,635.99	3,271.98
250.13	750.39	1,500.77	3,001.54	80 and over	287.50	862.51	1,725.03	3,450.05

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN A - TOBACCO RATES - POLICY FORM MM20
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
391.57	1,174.71	2,349.42	4,698.83	Thru 64*	450.08	1,350.24	2,700.48	5,400.96
210.53	631.58	1,263.16	2,526.32	65	241.98	725.95	1,451.91	2,903.81
220.87	662.61	1,325.21	2,650.42	66	253.87	761.62	1,523.23	3,046.46
223.97	671.92	1,343.84	2,687.68	67	257.44	772.32	1,544.64	3,089.28
229.21	687.62	1,375.24	2,750.48	68	263.46	790.37	1,580.74	3,161.47
234.46	703.37	1,406.73	2,813.46	69	269.49	808.47	1,616.93	3,233.86
239.73	719.19	1,438.39	2,876.77	70	275.55	826.66	1,653.31	3,306.62
244.13	732.39	1,464.78	2,929.55	71	280.61	841.83	1,683.65	3,367.30
248.54	745.63	1,491.25	2,982.50	72	285.68	857.04	1,714.08	3,428.16
253.08	759.24	1,518.48	3,036.96	73	290.90	872.69	1,745.38	3,490.75
256.85	770.56	1,541.11	3,082.22	74	295.23	885.70	1,771.39	3,542.78
260.61	781.83	1,563.67	3,127.33	75	299.55	898.66	1,797.31	3,594.62
264.09	792.27	1,584.55	3,169.09	76	303.55	910.66	1,821.31	3,642.62
266.96	800.87	1,601.75	3,203.49	77	306.85	920.55	1,841.09	3,682.18
269.80	809.39	1,618.79	3,237.57	78	310.11	930.34	1,860.67	3,721.34
272.67	818.00	1,635.99	3,271.98	79	313.41	940.23	1,880.45	3,760.90
287.50	862.51	1,725.03	3,450.05	80 and over	330.46	991.39	1,982.79	3,965.57

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN C - NON-TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
299.01	897.02	1,794.04	3,588.08	Thru 64*	343.69	1,031.06	2,062.12	4,124.23
160.75	482.26	964.51	1,929.02	65	184.77	554.32	1,108.63	2,217.26
168.65	505.96	1,011.93	2,023.85	66	193.86	581.57	1,163.14	2,326.27
171.00	512.99	1,025.98	2,051.96	67	196.55	589.65	1,179.29	2,358.58
175.03	525.08	1,050.15	2,100.30	68	201.18	603.54	1,207.07	2,414.14
179.03	537.08	1,074.17	2,148.33	69	205.78	617.34	1,234.68	2,469.36
183.08	549.24	1,098.48	2,196.96	70	210.44	631.31	1,262.62	2,525.24
186.42	559.25	1,118.50	2,237.00	71	214.27	642.82	1,285.64	2,571.28
189.76	569.29	1,138.58	2,277.16	72	218.12	654.36	1,308.71	2,617.42
193.28	579.83	1,159.67	2,319.33	73	222.16	666.48	1,332.95	2,665.90
196.13	588.40	1,176.80	2,353.60	74	225.44	676.32	1,352.65	2,705.29
199.01	597.02	1,194.04	2,388.07	75	228.74	686.23	1,372.46	2,744.91
201.68	605.03	1,210.07	2,420.13	76	231.81	695.44	1,390.88	2,781.76
203.87	611.60	1,223.21	2,446.41	77	234.33	702.99	1,405.99	2,811.97
206.06	618.18	1,236.36	2,472.71	78	236.85	710.55	1,421.10	2,842.19
208.21	624.63	1,249.25	2,498.50	79	239.32	717.96	1,435.92	2,871.84
219.43	658.28	1,316.55	2,633.10	80 and over	252.21	756.64	1,513.28	3,026.55

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN C - TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
343.69	1,031.06	2,062.12	4,124.23	Thru 64*	395.04	1,185.12	2,370.25	4,740.49
184.77	554.32	1,108.64	2,217.27	65	212.38	637.15	1,274.29	2,548.58
193.86	581.57	1,163.14	2,326.27	66	222.82	668.47	1,336.94	2,673.87
196.55	589.65	1,179.29	2,358.58	67	225.92	677.75	1,355.51	2,711.01
201.18	603.54	1,207.07	2,414.14	68	231.24	693.72	1,387.44	2,774.87
205.78	617.34	1,234.68	2,469.35	69	236.53	709.59	1,419.17	2,838.34
210.44	631.31	1,262.62	2,525.24	70	241.88	725.65	1,451.29	2,902.58
214.27	642.82	1,285.64	2,571.27	71	246.29	738.87	1,477.75	2,955.49
218.12	654.36	1,308.72	2,617.43	72	250.71	752.13	1,504.27	3,008.53
222.16	666.48	1,332.95	2,665.90	73	255.35	766.06	1,532.13	3,064.25
225.44	676.32	1,352.65	2,705.29	74	259.13	777.38	1,554.77	3,109.53
228.74	686.23	1,372.46	2,744.91	75	262.92	788.77	1,577.54	3,155.07
231.81	695.44	1,390.88	2,781.76	76	266.45	799.36	1,598.72	3,197.43
234.33	702.99	1,405.99	2,811.97	77	269.35	808.04	1,616.08	3,232.15
236.85	710.55	1,421.10	2,842.19	78	272.24	816.72	1,633.44	3,266.88
239.32	717.96	1,435.92	2,871.84	79	275.08	825.24	1,650.49	3,300.97
252.21	756.64	1,513.28	3,026.55	80 and over	289.90	869.70	1,739.40	3,478.79

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN C - NON-TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 322, 335-337, 346, 349

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
327.21	981.64	1,963.29	3,926.57	Thru 64*	376.11	1,128.33	2,256.66	4,513.31
175.92	527.75	1,055.50	2,111.00	65	202.20	606.61	1,213.22	2,426.44
184.57	553.70	1,107.39	2,214.78	66	212.14	636.43	1,272.86	2,545.72
187.13	561.39	1,122.78	2,245.55	67	215.09	645.27	1,290.55	2,581.09
191.54	574.61	1,149.22	2,298.44	68	220.16	660.47	1,320.95	2,641.89
195.92	587.75	1,175.51	2,351.01	69	225.19	675.58	1,351.16	2,702.32
200.35	601.06	1,202.11	2,404.22	70	230.29	690.87	1,381.74	2,763.47
204.00	612.01	1,224.03	2,448.05	71	234.49	703.46	1,406.93	2,813.85
207.67	623.00	1,245.99	2,491.98	72	238.70	716.09	1,432.18	2,864.35
211.51	634.54	1,269.07	2,538.14	73	243.12	729.35	1,458.70	2,917.40
214.64	643.91	1,287.82	2,575.64	74	246.71	740.13	1,480.26	2,960.51
217.78	653.34	1,306.69	2,613.37	75	250.32	750.97	1,501.94	3,003.87
220.70	662.11	1,324.23	2,648.45	76	253.68	761.05	1,522.10	3,044.19
223.10	669.30	1,338.61	2,677.21	77	256.44	769.31	1,538.63	3,077.25
225.50	676.50	1,352.99	2,705.98	78	259.19	777.58	1,555.16	3,110.31
227.85	683.55	1,367.10	2,734.20	79	261.90	785.69	1,571.39	3,142.77
240.13	720.38	1,440.76	2,881.51	80 and over	276.01	828.02	1,656.04	3,312.07

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN C - TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 322, 335-337, 346, 349

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
376.11	1,128.33	2,256.65	4,513.30	Thru 64*	432.31	1,296.93	2,593.86	5,187.71
202.20	606.61	1,213.22	2,426.44	65	232.42	697.25	1,394.51	2,789.01
212.14	636.43	1,272.86	2,545.72	66	243.84	731.53	1,463.06	2,926.12
215.09	645.27	1,290.55	2,581.09	67	247.23	741.69	1,483.39	2,966.77
220.16	660.47	1,320.95	2,641.89	68	253.05	759.16	1,518.33	3,036.65
225.19	675.58	1,351.16	2,702.31	69	258.84	776.53	1,553.06	3,106.11
230.29	690.87	1,381.74	2,763.47	70	264.70	794.10	1,588.20	3,176.40
234.49	703.46	1,406.93	2,813.85	71	269.53	808.58	1,617.16	3,234.31
238.70	716.09	1,432.18	2,864.35	72	274.36	823.09	1,646.18	3,292.36
243.12	729.35	1,458.70	2,917.40	73	279.44	838.33	1,676.67	3,353.33
246.71	740.13	1,480.26	2,960.51	74	283.57	850.72	1,701.44	3,402.88
250.32	750.97	1,501.94	3,003.87	75	287.73	863.18	1,726.36	3,452.72
253.68	761.05	1,522.10	3,044.19	76	291.59	874.77	1,749.54	3,499.07
256.44	769.31	1,538.63	3,077.25	77	294.76	884.27	1,768.54	3,537.07
259.19	777.58	1,555.16	3,110.32	78	297.92	893.77	1,787.54	3,575.07
261.90	785.69	1,571.38	3,142.76	79	301.03	903.10	1,806.19	3,612.38
276.01	828.02	1,656.04	3,312.08	80 and over	317.25	951.75	1,903.49	3,806.98

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN C - NON-TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
394.91	1,184.74	2,369.49	4,738.97	Thru 64*	453.92	1,361.77	2,723.55	5,447.09
212.31	636.94	1,273.88	2,547.76	65	244.04	732.12	1,464.23	2,928.46
222.75	668.25	1,336.51	2,673.01	66	256.04	768.11	1,536.22	3,072.43
225.85	677.54	1,355.08	2,710.15	67	259.59	778.78	1,557.55	3,115.10
231.17	693.50	1,387.00	2,773.99	68	265.71	797.12	1,594.24	3,188.48
236.45	709.36	1,418.72	2,837.43	69	271.78	815.35	1,630.71	3,261.41
241.80	725.41	1,450.82	2,901.64	70	277.94	833.81	1,667.61	3,335.22
246.21	738.64	1,477.27	2,954.54	71	283.00	849.01	1,698.02	3,396.03
250.63	751.89	1,503.79	3,007.57	72	288.08	864.25	1,728.49	3,456.98
255.27	765.82	1,531.64	3,063.27	73	293.42	880.25	1,760.50	3,520.99
259.04	777.13	1,554.27	3,108.53	74	297.75	893.26	1,786.52	3,573.03
262.84	788.52	1,577.03	3,154.06	75	302.11	906.34	1,812.68	3,625.35
266.37	799.10	1,598.20	3,196.40	76	306.17	918.51	1,837.02	3,674.03
269.26	807.78	1,615.56	3,231.11	77	309.49	928.48	1,856.97	3,713.93
272.15	816.46	1,632.92	3,265.83	78	312.82	938.46	1,876.91	3,753.82
274.99	824.98	1,649.95	3,299.90	79	316.08	948.25	1,896.50	3,793.00
289.81	869.42	1,738.85	3,477.69	80 and over	333.11	999.33	1,998.67	3,997.33

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN C - TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
453.92	1,361.77	2,723.55	5,447.09	Thru 64*	521.75	1,565.26	3,130.51	6,261.02
244.04	732.12	1,464.23	2,928.46	65	280.50	841.51	1,683.03	3,366.05
256.04	768.11	1,536.22	3,072.43	66	294.29	882.88	1,765.77	3,531.53
259.59	778.78	1,557.56	3,115.11	67	298.38	895.15	1,790.29	3,580.58
265.71	797.12	1,594.25	3,188.49	68	305.41	916.23	1,832.46	3,664.92
271.78	815.35	1,630.71	3,261.41	69	312.40	937.19	1,874.38	3,748.75
277.94	833.81	1,667.61	3,335.22	70	319.47	958.40	1,916.80	3,833.59
283.00	849.01	1,698.01	3,396.02	71	325.29	975.87	1,951.74	3,903.48
288.08	864.25	1,728.49	3,456.98	72	331.13	993.39	1,986.77	3,973.54
293.42	880.25	1,760.50	3,521.00	73	337.26	1,011.78	2,023.56	4,047.12
297.75	893.26	1,786.51	3,573.02	74	342.24	1,026.73	2,053.47	4,106.93
302.11	906.34	1,812.68	3,625.36	75	347.26	1,041.77	2,083.54	4,167.07
306.17	918.51	1,837.01	3,674.02	76	351.92	1,055.76	2,111.51	4,223.02
309.49	928.48	1,856.96	3,713.92	77	355.74	1,067.22	2,134.44	4,268.88
312.82	938.46	1,876.92	3,753.83	78	359.56	1,078.69	2,157.37	4,314.74
316.08	948.25	1,896.50	3,792.99	79	363.31	1,089.94	2,179.89	4,359.77
333.11	999.34	1,998.67	3,997.34	80 and over	382.89	1,148.66	2,297.32	4,594.63

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN C - NON-TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 330-333, 340

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
451.33	1,353.99	2,707.99	5,415.97	Thru 64*	518.77	1,556.31	3,112.63	6,225.25
242.64	727.93	1,455.87	2,911.73	65	278.90	836.70	1,673.41	3,346.81
254.57	763.72	1,527.44	3,054.87	66	292.61	877.84	1,755.68	3,511.35
258.11	774.33	1,548.66	3,097.31	67	296.68	890.03	1,780.07	3,560.13
264.19	792.57	1,585.13	3,170.26	68	303.67	911.00	1,821.99	3,643.98
270.23	810.70	1,621.39	3,242.78	69	310.61	931.83	1,863.67	3,727.33
276.35	829.04	1,658.08	3,316.16	70	317.64	952.92	1,905.85	3,811.69
281.39	844.16	1,688.31	3,376.62	71	323.43	970.29	1,940.59	3,881.17
286.44	859.31	1,718.61	3,437.22	72	329.24	987.71	1,975.42	3,950.83
291.74	875.22	1,750.44	3,500.88	73	335.33	1,006.00	2,012.00	4,023.99
296.05	888.15	1,776.31	3,552.61	74	340.29	1,020.87	2,041.73	4,083.46
300.39	901.16	1,802.32	3,604.64	75	345.27	1,035.82	2,071.63	4,143.26
304.42	913.26	1,826.52	3,653.03	76	349.91	1,049.72	2,099.44	4,198.88
307.73	923.18	1,846.35	3,692.70	77	353.71	1,061.12	2,122.25	4,244.49
311.03	933.10	1,866.20	3,732.39	78	357.51	1,072.52	2,145.05	4,290.09
314.28	942.83	1,885.66	3,771.32	79	361.24	1,083.71	2,167.43	4,334.85
331.21	993.62	1,987.25	3,974.49	80 and over	380.70	1,142.10	2,284.19	4,568.38

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN C - TOBACCO RATES - POLICY FORM MM22
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
518.77	1,556.31	3,112.63	6,225.25	Thru 64*	596.29	1,788.87	3,577.73	7,155.46
278.90	836.71	1,673.41	3,346.82	65	320.58	961.73	1,923.46	3,846.91
292.61	877.84	1,755.67	3,511.34	66	336.34	1,009.01	2,018.02	4,036.03
296.68	890.03	1,780.07	3,560.13	67	341.01	1,023.03	2,046.05	4,092.10
303.67	911.00	1,821.99	3,643.98	68	349.04	1,047.12	2,094.24	4,188.48
310.61	931.83	1,863.67	3,727.33	69	357.02	1,071.07	2,142.15	4,284.29
317.64	952.92	1,905.84	3,811.68	70	365.10	1,095.31	2,190.63	4,381.25
323.43	970.29	1,940.59	3,881.17	71	371.76	1,115.28	2,230.56	4,461.12
329.24	987.71	1,975.42	3,950.83	72	378.43	1,135.30	2,270.59	4,541.18
335.33	1,006.00	2,012.00	4,024.00	73	385.44	1,156.32	2,312.64	4,625.28
340.29	1,020.87	2,041.73	4,083.46	74	391.14	1,173.41	2,346.82	4,693.63
345.27	1,035.82	2,071.63	4,143.26	75	396.86	1,190.59	2,381.19	4,762.37
349.91	1,049.72	2,099.44	4,198.88	76	402.19	1,206.58	2,413.15	4,826.30
353.71	1,061.12	2,122.24	4,244.48	77	406.56	1,219.68	2,439.36	4,878.72
357.51	1,072.53	2,145.05	4,290.10	78	410.93	1,232.79	2,465.57	4,931.14
361.24	1,083.71	2,167.43	4,334.85	79	415.22	1,245.65	2,491.30	4,982.59
380.70	1,142.10	2,284.19	4,568.38	80 and over	437.58	1,312.75	2,625.51	5,251.01

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - NON-TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
276.32	828.95	1,657.90	3,315.80	Thru 64*	317.61	952.82	1,905.64	3,811.27
148.56	445.69	891.39	1,782.77	65	170.76	512.29	1,024.58	2,049.16
154.79	464.37	928.74	1,857.48	66	177.92	533.76	1,067.52	2,135.04
156.86	470.58	941.16	1,882.32	67	180.30	540.90	1,081.80	2,163.59
161.64	484.93	969.86	1,939.71	68	185.80	557.39	1,114.78	2,229.55
165.65	496.96	993.93	1,987.85	69	190.41	571.22	1,142.44	2,284.88
169.53	508.59	1,017.18	2,034.35	70	194.86	584.58	1,169.17	2,338.33
173.66	520.98	1,041.97	2,083.93	71	199.61	598.83	1,197.66	2,395.32
177.38	532.15	1,064.30	2,128.60	72	203.89	611.67	1,223.34	2,446.67
180.59	541.76	1,083.51	2,167.02	73	207.57	622.71	1,245.42	2,490.83
183.59	550.76	1,101.51	2,203.02	74	211.02	633.05	1,266.11	2,532.21
186.61	559.83	1,119.66	2,239.32	75	214.49	643.48	1,286.97	2,573.93
189.69	569.07	1,138.15	2,276.29	76	218.04	654.11	1,308.22	2,616.43
191.87	575.62	1,151.24	2,302.48	77	220.54	661.63	1,323.27	2,646.53
194.10	582.31	1,164.63	2,329.25	78	223.11	669.32	1,338.65	2,677.29
196.59	589.77	1,179.55	2,359.09	79	225.97	677.90	1,355.80	2,711.60
205.49	616.47	1,232.93	2,465.86	80 and over	236.19	708.58	1,417.17	2,834.33

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
317.61	952.82	1,905.64	3,811.27	Thru 64*	365.06	1,095.19	2,190.39	4,380.77
170.76	512.29	1,024.58	2,049.16	65	196.28	588.84	1,177.68	2,355.36
177.92	533.76	1,067.52	2,135.04	66	204.51	613.52	1,227.04	2,454.07
180.30	540.90	1,081.80	2,163.59	67	207.24	621.72	1,243.45	2,486.89
185.80	557.39	1,114.78	2,229.55	68	213.56	640.68	1,281.35	2,562.70
190.41	571.22	1,142.44	2,284.88	69	218.86	656.58	1,313.15	2,626.30
194.86	584.58	1,169.17	2,338.33	70	223.98	671.94	1,343.87	2,687.74
199.61	598.83	1,197.66	2,395.32	71	229.44	688.31	1,376.62	2,753.24
203.89	611.67	1,223.34	2,446.67	72	234.36	703.07	1,406.13	2,812.26
207.57	622.71	1,245.42	2,490.83	73	238.59	715.76	1,431.51	2,863.02
211.02	633.05	1,266.11	2,532.21	74	242.55	727.65	1,455.30	2,910.59
214.49	643.48	1,286.97	2,573.93	75	246.55	739.64	1,479.27	2,958.54
218.04	654.11	1,308.22	2,616.43	76	250.62	751.85	1,503.70	3,007.39
220.54	661.63	1,323.27	2,646.53	77	253.50	760.50	1,521.00	3,041.99
223.11	669.33	1,338.65	2,677.30	78	256.45	769.34	1,538.68	3,077.35
225.97	677.90	1,355.80	2,711.60	79	259.73	779.20	1,558.39	3,116.78
236.19	708.58	1,417.16	2,834.32	80 and over	271.49	814.46	1,628.93	3,257.85

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN D - NON-TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 322, 335-337, 346, 349

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
302.39	907.16	1,814.31	3,628.62	Thru 64*	347.57	1,042.71	2,085.41	4,170.82
162.58	487.74	975.48	1,950.96	65	186.87	560.62	1,121.25	2,242.49
169.39	508.18	1,016.36	2,032.72	66	194.71	584.12	1,168.23	2,336.46
171.66	514.98	1,029.95	2,059.90	67	197.31	591.93	1,183.86	2,367.71
176.89	530.68	1,061.35	2,122.70	68	203.32	609.97	1,219.94	2,439.88
181.28	543.85	1,087.69	2,175.38	69	208.37	625.11	1,250.22	2,500.43
185.52	556.57	1,113.14	2,226.27	70	213.24	639.73	1,279.47	2,558.93
190.04	570.13	1,140.27	2,280.53	71	218.44	655.32	1,310.65	2,621.29
194.12	582.36	1,164.71	2,329.42	72	223.12	669.37	1,338.75	2,677.49
197.62	592.86	1,185.73	2,371.45	73	227.15	681.45	1,362.91	2,725.81
200.91	602.72	1,205.43	2,410.86	74	230.93	692.78	1,385.55	2,771.10
204.22	612.65	1,225.29	2,450.58	75	234.73	704.19	1,408.38	2,816.76
207.59	622.76	1,245.52	2,491.04	76	238.61	715.82	1,431.64	2,863.27
209.98	629.93	1,259.85	2,519.70	77	241.35	724.05	1,448.10	2,896.20
212.42	637.25	1,274.50	2,548.99	78	244.16	732.47	1,464.94	2,929.87
215.14	645.41	1,290.83	2,581.65	79	247.28	741.85	1,483.71	2,967.41
224.87	674.62	1,349.25	2,698.49	80 and over	258.48	775.43	1,550.86	3,101.72

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
347.57	1,042.71	2,085.42	4,170.83	Thru 64*	399.50	1,198.51	2,397.03	4,794.05
186.87	560.62	1,121.24	2,242.48	65	214.80	644.39	1,288.79	2,577.57
194.71	584.12	1,168.23	2,336.46	66	223.80	671.40	1,342.80	2,685.59
197.31	591.93	1,183.85	2,367.70	67	226.79	680.38	1,360.75	2,721.50
203.32	609.97	1,219.95	2,439.89	68	233.71	701.12	1,402.23	2,804.46
208.37	625.11	1,250.22	2,500.44	69	239.51	718.52	1,437.03	2,874.06
213.24	639.73	1,279.47	2,558.93	70	245.11	735.33	1,470.65	2,941.30
218.44	655.33	1,310.65	2,621.30	71	251.08	753.25	1,506.49	3,012.98
223.12	669.37	1,338.75	2,677.49	72	256.46	769.39	1,538.79	3,077.57
227.15	681.45	1,362.91	2,725.81	73	261.09	783.28	1,566.56	3,133.11
230.93	692.78	1,385.55	2,771.10	74	265.43	796.29	1,592.59	3,185.17
234.73	704.19	1,408.38	2,816.76	75	269.80	809.41	1,618.83	3,237.65
238.61	715.82	1,431.63	2,863.26	76	274.26	822.78	1,645.56	3,291.11
241.35	724.05	1,448.11	2,896.21	77	277.41	832.24	1,664.49	3,328.97
244.16	732.47	1,464.94	2,929.87	78	280.64	841.92	1,683.84	3,367.67
247.28	741.85	1,483.71	2,967.41	79	284.24	852.71	1,705.41	3,410.82
258.48	775.43	1,550.86	3,101.71	80 and over	297.10	891.30	1,782.60	3,565.19

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - NON-TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
364.95	1,094.84	2,189.69	4,379.37	Thru 64*	419.48	1,258.44	2,516.88	5,033.75
196.22	588.65	1,177.30	2,354.60	65	225.54	676.61	1,353.23	2,706.45
204.44	613.32	1,226.65	2,453.29	66	234.99	704.97	1,409.93	2,819.86
207.17	621.52	1,243.05	2,486.09	67	238.13	714.40	1,428.79	2,857.58
213.49	640.47	1,280.94	2,561.88	68	245.39	736.17	1,472.35	2,944.69
218.79	656.37	1,312.73	2,625.46	69	251.48	754.44	1,508.89	3,017.77
223.91	671.72	1,343.44	2,686.87	70	257.36	772.09	1,544.18	3,088.36
229.36	688.09	1,376.19	2,752.37	71	263.64	790.91	1,581.82	3,163.63
234.28	702.84	1,405.68	2,811.36	72	269.29	807.86	1,615.73	3,231.45
238.51	715.53	1,431.06	2,862.11	73	274.15	822.44	1,644.89	3,289.77
242.47	727.41	1,454.83	2,909.65	74	278.70	836.11	1,672.22	3,344.44
246.47	739.40	1,478.80	2,957.60	75	283.29	849.88	1,699.77	3,399.53
250.54	751.61	1,503.21	3,006.42	76	287.97	863.92	1,727.83	3,455.66
253.42	760.26	1,520.51	3,041.02	77	291.29	873.86	1,747.71	3,495.42
256.36	769.09	1,538.18	3,076.36	78	294.67	884.01	1,768.03	3,536.05
259.65	778.94	1,557.89	3,115.77	79	298.45	895.34	1,790.68	3,581.36
271.40	814.20	1,628.40	3,256.80	80 and over	311.95	935.86	1,871.73	3,743.45

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 334**

FEMALE					MALE			
Monthly	Quarterly	Semi-annual	Annual	Issue Age	Monthly	Quarterly	Semi-annual	Annual
419.48	1,258.44	2,516.88	5,033.76	Thru 64*	482.16	1,446.48	2,892.96	5,785.92
225.54	676.61	1,353.22	2,706.44	65	259.24	777.72	1,555.43	3,110.86
234.99	704.97	1,409.94	2,819.87	66	270.10	810.31	1,620.61	3,241.22
238.13	714.39	1,428.79	2,857.57	67	273.71	821.14	1,642.29	3,284.57
245.39	736.17	1,472.35	2,944.69	68	282.06	846.18	1,692.35	3,384.70
251.48	754.44	1,508.89	3,017.77	69	289.06	867.18	1,734.35	3,468.70
257.36	772.09	1,544.18	3,088.36	70	295.82	887.46	1,774.92	3,549.84
263.64	790.91	1,581.82	3,163.64	71	303.03	909.09	1,818.18	3,636.36
269.29	807.86	1,615.73	3,231.45	72	309.53	928.58	1,857.16	3,714.31
274.15	822.45	1,644.89	3,289.78	73	315.11	945.34	1,890.67	3,781.34
278.70	836.11	1,672.22	3,344.43	74	320.35	961.05	1,922.09	3,844.18
283.30	849.89	1,699.77	3,399.54	75	325.63	976.88	1,953.76	3,907.51
287.97	863.92	1,727.83	3,455.66	76	331.00	993.01	1,986.01	3,972.02
291.29	873.86	1,747.71	3,495.42	77	334.81	1,004.43	2,008.86	4,017.72
294.67	884.01	1,768.03	3,536.05	78	338.70	1,016.11	2,032.21	4,064.42
298.45	895.34	1,790.68	3,581.35	79	343.04	1,029.13	2,058.25	4,116.50
311.95	935.86	1,871.73	3,743.45	80 and over	358.57	1,075.71	2,151.41	4,302.82

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - NON-TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
417.08	1,251.25	2,502.50	5,004.99	Thru 64*	479.41	1,438.22	2,876.43	5,752.86
224.25	672.74	1,345.49	2,690.97	65	257.76	773.27	1,546.54	3,093.08
233.65	700.94	1,401.88	2,803.75	66	268.56	805.68	1,611.36	3,222.71
236.77	710.31	1,420.62	2,841.24	67	272.15	816.45	1,632.90	3,265.80
243.99	731.97	1,463.93	2,927.86	68	280.45	841.34	1,682.68	3,365.35
250.04	750.13	1,500.27	3,000.53	69	287.41	862.22	1,724.44	3,448.87
255.89	767.68	1,535.36	3,070.71	70	294.13	882.39	1,764.78	3,529.56
262.13	786.39	1,572.78	3,145.55	71	301.30	903.90	1,807.79	3,615.58
267.75	803.25	1,606.50	3,212.99	72	307.76	923.27	1,846.55	3,693.09
272.58	817.74	1,635.49	3,270.97	73	313.31	939.94	1,879.87	3,759.74
277.11	831.33	1,662.66	3,325.32	74	318.52	955.55	1,911.11	3,822.21
281.68	845.03	1,690.06	3,380.11	75	323.77	971.30	1,942.60	3,885.19
286.33	858.98	1,717.96	3,435.92	76	329.11	987.33	1,974.67	3,949.33
289.62	868.86	1,737.73	3,475.45	77	332.90	998.69	1,997.38	3,994.76
292.99	878.96	1,757.92	3,515.84	78	336.77	1,010.30	2,020.60	4,041.20
296.74	890.22	1,780.45	3,560.89	79	341.08	1,023.25	2,046.49	4,092.98
310.17	930.51	1,861.03	3,722.05	80 and over	356.52	1,069.56	2,139.12	4,278.23

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN D - TOBACCO RATES - POLICY FORM MM23
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
479.41	1,438.22	2,876.43	5,752.86	Thru 64*	551.04	1,653.12	3,306.24	6,612.48
257.76	773.27	1,546.54	3,093.07	65	296.27	888.82	1,777.63	3,555.26
268.56	805.68	1,611.35	3,222.70	66	308.69	926.07	1,852.13	3,704.26
272.15	816.45	1,632.90	3,265.79	67	312.82	938.45	1,876.90	3,753.79
280.45	841.34	1,682.68	3,365.36	68	322.35	967.06	1,934.11	3,868.22
287.41	862.22	1,724.44	3,448.88	69	330.35	991.06	1,982.11	3,964.22
294.13	882.39	1,764.78	3,529.55	70	338.08	1,014.24	2,028.48	4,056.96
301.30	903.90	1,807.79	3,615.58	71	346.32	1,038.96	2,077.92	4,155.84
307.76	923.27	1,846.55	3,693.09	72	353.74	1,061.23	2,122.47	4,244.93
313.31	939.94	1,879.87	3,759.74	73	360.13	1,080.39	2,160.77	4,321.54
318.52	955.55	1,911.11	3,822.21	74	366.11	1,098.34	2,196.67	4,393.34
323.77	971.30	1,942.59	3,885.18	75	372.14	1,116.43	2,232.87	4,465.73
329.11	987.33	1,974.67	3,949.33	76	378.29	1,134.87	2,269.73	4,539.46
332.90	998.69	1,997.39	3,994.77	77	382.64	1,147.92	2,295.84	4,591.68
336.77	1,010.30	2,020.60	4,041.20	78	387.09	1,161.27	2,322.53	4,645.06
341.08	1,023.25	2,046.49	4,092.98	79	392.05	1,176.15	2,352.29	4,704.58
356.52	1,069.56	2,139.11	4,278.22	80 and over	409.79	1,229.38	2,458.75	4,917.50

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - NON-TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
301.09	903.28	1,806.56	3,613.11	Thru 64*	346.08	1,038.25	2,076.50	4,153.00
161.87	485.62	971.25	1,942.49	65	186.06	558.19	1,116.38	2,232.76
169.82	509.45	1,018.91	2,037.81	66	195.19	585.58	1,171.16	2,342.32
172.20	516.60	1,033.21	2,066.41	67	197.93	593.80	1,187.59	2,375.18
176.27	528.81	1,057.61	2,115.22	68	202.61	607.82	1,215.64	2,431.28
180.30	540.91	1,081.83	2,163.65	69	207.25	621.74	1,243.48	2,486.96
184.37	553.12	1,106.23	2,212.46	70	211.92	635.77	1,271.53	2,543.06
187.75	563.25	1,126.50	2,252.99	71	215.80	647.41	1,294.83	2,589.65
191.12	573.36	1,146.71	2,293.42	72	219.68	659.03	1,318.07	2,636.13
194.65	583.95	1,167.90	2,335.79	73	223.74	671.21	1,342.41	2,684.82
197.53	592.59	1,185.18	2,370.36	74	227.05	681.14	1,362.27	2,724.54
200.40	601.21	1,202.41	2,404.82	75	230.35	691.04	1,382.08	2,764.16
203.09	609.27	1,218.54	2,437.08	76	233.44	700.31	1,400.62	2,801.23
205.30	615.91	1,231.83	2,463.65	77	235.98	707.95	1,415.89	2,831.78
207.50	622.51	1,245.02	2,490.04	78	238.51	715.53	1,431.05	2,862.10
209.68	629.05	1,258.11	2,516.21	79	241.02	723.05	1,446.10	2,892.20
221.09	663.26	1,326.52	2,653.03	80 and over	254.12	762.36	1,524.73	3,049.45

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F – TOBACCO RATES - POLICY FORM MM24
 ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
346.08	1,038.25	2,076.50	4,153.00	Thru 64*	397.80	1,193.39	2,386.78	4,773.56
186.06	558.19	1,116.38	2,232.75	65	213.87	641.60	1,283.20	2,566.39
195.19	585.58	1,171.16	2,342.31	66	224.36	673.08	1,346.16	2,692.32
197.93	593.80	1,187.59	2,375.18	67	227.51	682.52	1,365.05	2,730.09
202.61	607.82	1,215.65	2,431.29	68	232.88	698.65	1,397.29	2,794.58
207.25	621.74	1,243.48	2,486.95	69	238.21	714.64	1,429.29	2,858.57
211.92	635.77	1,271.53	2,543.06	70	243.59	730.77	1,461.53	2,923.06
215.80	647.41	1,294.82	2,589.64	71	248.05	744.15	1,488.31	2,976.61
219.68	659.03	1,318.06	2,636.12	72	252.50	757.51	1,515.02	3,030.03
223.74	671.21	1,342.41	2,684.82	73	257.17	771.50	1,543.00	3,086.00
227.05	681.14	1,362.28	2,724.55	74	260.97	782.92	1,565.83	3,131.66
230.35	691.04	1,382.08	2,764.16	75	264.77	794.30	1,588.60	3,177.20
233.44	700.31	1,400.62	2,801.24	76	268.32	804.95	1,609.91	3,219.81
235.98	707.95	1,415.89	2,831.78	77	271.24	813.73	1,627.46	3,254.92
238.51	715.53	1,431.06	2,862.11	78	274.15	822.44	1,644.89	3,289.77
241.02	723.05	1,446.10	2,892.20	79	277.03	831.09	1,662.19	3,324.37
254.12	762.37	1,524.73	3,049.46	80 and over	292.09	876.28	1,752.56	3,505.12

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - NON-TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
329.50	988.49	1,976.99	3,953.97	Thru 64*	378.73	1,136.20	2,272.40	4,544.79
177.15	531.44	1,062.88	2,125.75	65	203.62	610.85	1,221.70	2,443.40
185.84	557.52	1,115.03	2,230.06	66	213.61	640.82	1,281.65	2,563.29
188.45	565.34	1,130.68	2,261.36	67	216.61	649.82	1,299.63	2,599.26
192.90	578.69	1,157.39	2,314.77	68	221.72	665.16	1,330.33	2,660.65
197.31	591.94	1,183.89	2,367.77	69	226.80	680.39	1,360.79	2,721.57
201.77	605.30	1,210.59	2,421.18	70	231.91	695.74	1,391.49	2,782.97
205.46	616.39	1,232.77	2,465.54	71	236.16	708.49	1,416.98	2,833.96
209.15	627.45	1,254.90	2,509.79	72	240.40	721.21	1,442.41	2,884.82
213.01	639.04	1,278.08	2,556.16	73	244.84	734.53	1,469.05	2,938.10
216.16	648.49	1,296.99	2,593.97	74	248.47	745.40	1,490.79	2,981.58
219.31	657.92	1,315.85	2,631.69	75	252.08	756.24	1,512.47	3,024.94
222.25	666.75	1,333.50	2,666.99	76	255.46	766.38	1,532.76	3,065.51
224.67	674.02	1,348.04	2,696.07	77	258.24	774.73	1,549.47	3,098.93
227.08	681.24	1,362.47	2,724.94	78	261.01	783.03	1,566.06	3,132.11
229.47	688.40	1,376.80	2,753.59	79	263.75	791.26	1,582.53	3,165.05
241.94	725.83	1,451.66	2,903.32	80 and over	278.10	834.29	1,668.58	3,337.15

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
378.73	1,136.20	2,272.40	4,544.79	Thru 64*	435.33	1,305.98	2,611.95	5,223.90
203.62	610.85	1,221.70	2,443.39	65	234.04	702.13	1,404.25	2,808.50
213.61	640.82	1,281.65	2,563.29	66	245.53	736.58	1,473.16	2,946.31
216.61	649.82	1,299.63	2,599.26	67	248.97	746.91	1,493.83	2,987.65
221.72	665.17	1,330.33	2,660.66	68	254.85	764.56	1,529.11	3,058.22
226.80	680.39	1,360.79	2,721.57	69	260.69	782.06	1,564.12	3,128.24
231.91	695.74	1,391.49	2,782.97	70	266.57	799.71	1,599.41	3,198.82
236.16	708.49	1,416.98	2,833.95	71	271.45	814.36	1,628.71	3,257.42
240.40	721.21	1,442.41	2,884.82	72	276.32	828.97	1,657.94	3,315.88
244.84	734.53	1,469.06	2,938.11	73	281.43	844.28	1,688.57	3,377.13
248.47	745.40	1,490.79	2,981.58	74	285.59	856.78	1,713.55	3,427.10
252.08	756.23	1,512.47	3,024.93	75	289.75	869.24	1,738.47	3,476.94
255.46	766.38	1,532.76	3,065.51	76	293.63	880.89	1,761.79	3,523.57
258.24	774.73	1,549.47	3,098.93	77	296.83	890.50	1,781.00	3,561.99
261.01	783.03	1,566.06	3,132.12	78	300.01	900.03	1,800.07	3,600.13
263.75	791.26	1,582.53	3,165.05	79	303.17	909.50	1,819.00	3,637.99
278.10	834.29	1,668.58	3,337.15	80 and over	319.65	958.95	1,917.90	3,835.80

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - NON-TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
397.67	1,193.01	2,386.02	4,772.03	Thru 64*	457.09	1,371.27	2,742.55	5,485.09
213.80	641.39	1,282.78	2,565.56	65	245.74	737.23	1,474.47	2,948.93
224.29	672.86	1,345.73	2,691.45	66	257.80	773.41	1,546.81	3,093.62
227.44	682.31	1,364.61	2,729.22	67	261.42	784.26	1,568.52	3,137.03
232.81	698.42	1,396.85	2,793.69	68	267.60	802.79	1,605.57	3,211.14
238.14	714.41	1,428.83	2,857.65	69	273.72	821.16	1,642.33	3,284.65
243.51	730.53	1,461.06	2,922.11	70	279.90	839.69	1,679.38	3,358.76
247.97	743.91	1,487.82	2,975.64	71	285.02	855.07	1,710.15	3,420.29
252.42	757.26	1,514.53	3,029.05	72	290.14	870.42	1,740.84	3,481.68
257.08	771.25	1,542.51	3,085.01	73	295.50	886.50	1,773.00	3,545.99
260.89	782.67	1,565.33	3,130.66	74	299.87	899.62	1,799.23	3,598.46
264.68	794.05	1,588.09	3,176.18	75	304.23	912.70	1,825.39	3,650.78
268.23	804.70	1,609.39	3,218.78	76	308.31	924.94	1,849.87	3,699.74
271.16	813.47	1,626.94	3,253.88	77	311.67	935.02	1,870.05	3,740.09
274.06	822.18	1,644.36	3,288.72	78	315.01	945.03	1,890.07	3,780.13
276.94	830.83	1,661.65	3,323.30	79	318.32	954.97	1,909.95	3,819.89
292.00	876.00	1,752.00	3,504.00	80 and over	335.63	1,006.90	2,013.80	4,027.59

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 334**

FEMALE					MALE			
Monthly	Quarterly	Semi-annual	Annual	Issue Age	Monthly	Quarterly	Semi-annual	Annual
457.09	1,371.27	2,742.55	5,485.09	Thru 64*	525.39	1,576.18	3,152.35	6,304.70
245.74	737.23	1,474.46	2,948.92	65	282.46	847.39	1,694.79	3,389.57
257.80	773.41	1,546.81	3,093.62	66	296.32	888.97	1,777.95	3,555.89
261.42	784.26	1,568.52	3,137.04	67	300.48	901.45	1,802.89	3,605.78
267.60	802.79	1,605.57	3,211.14	68	307.58	922.74	1,845.48	3,690.96
273.72	821.16	1,642.33	3,284.65	69	314.62	943.87	1,887.73	3,775.46
279.90	839.69	1,679.38	3,358.75	70	321.72	965.16	1,930.32	3,860.64
285.02	855.07	1,710.14	3,420.28	71	327.61	982.84	1,965.69	3,931.37
290.14	870.42	1,740.84	3,481.67	72	333.49	1,000.48	2,000.97	4,001.93
295.50	886.50	1,773.00	3,545.99	73	339.65	1,018.96	2,037.93	4,075.85
299.87	899.62	1,799.23	3,598.46	74	344.68	1,034.04	2,068.08	4,136.16
304.23	912.70	1,825.39	3,650.78	75	349.69	1,049.08	2,098.15	4,196.30
308.31	924.94	1,849.88	3,699.75	76	354.38	1,063.15	2,126.29	4,252.58
311.67	935.02	1,870.05	3,740.09	77	358.25	1,074.74	2,149.48	4,298.95
315.01	945.04	1,890.07	3,780.14	78	362.08	1,086.25	2,172.49	4,344.98
318.32	954.97	1,909.95	3,819.89	79	365.89	1,097.67	2,195.34	4,390.68
335.63	1,006.90	2,013.80	4,027.59	80 and over	385.78	1,157.35	2,314.71	4,629.41

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - NON-TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
454.48	1,363.44	2,726.87	5,453.74	Thru 64*	522.39	1,567.17	3,134.34	6,268.68
244.34	733.02	1,466.04	2,932.07	65	280.85	842.55	1,685.10	3,370.20
256.33	768.99	1,537.98	3,075.95	66	294.63	883.89	1,767.79	3,535.57
259.93	779.78	1,559.56	3,119.11	67	298.77	896.30	1,792.59	3,585.18
266.07	798.20	1,596.40	3,192.79	68	305.82	917.47	1,834.94	3,669.87
272.16	816.47	1,632.94	3,265.88	69	312.82	938.47	1,876.95	3,753.89
278.30	834.89	1,669.78	3,339.56	70	319.88	959.65	1,919.29	3,838.58
283.40	850.19	1,700.37	3,400.74	71	325.74	977.23	1,954.45	3,908.90
288.48	865.45	1,730.89	3,461.78	72	331.59	994.77	1,989.53	3,979.06
293.81	881.43	1,762.87	3,525.73	73	337.71	1,013.14	2,026.28	4,052.56
298.16	894.48	1,788.95	3,577.90	74	342.71	1,028.13	2,056.26	4,112.52
302.49	907.48	1,814.96	3,629.92	75	347.69	1,043.08	2,086.17	4,172.33
306.55	919.65	1,839.31	3,678.61	76	352.36	1,057.07	2,114.15	4,228.29
309.89	929.68	1,859.36	3,718.71	77	356.20	1,068.60	2,137.20	4,274.39
313.21	939.64	1,879.27	3,758.54	78	360.01	1,080.04	2,160.08	4,320.16
316.50	949.51	1,899.03	3,798.05	79	363.80	1,091.40	2,182.80	4,365.59
333.72	1,001.15	2,002.29	4,004.58	80 and over	383.58	1,150.74	2,301.48	4,602.95

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN F - TOBACCO RATES - POLICY FORM MM24
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
522.39	1,567.17	3,134.34	6,268.67	Thru 64*	600.45	1,801.35	3,602.69	7,205.38
280.85	842.55	1,685.10	3,370.19	65	322.82	968.45	1,936.90	3,873.79
294.63	883.89	1,767.79	3,535.57	66	338.66	1,015.97	2,031.94	4,063.87
298.77	896.30	1,792.59	3,585.18	67	343.41	1,030.23	2,060.45	4,120.90
305.82	917.47	1,834.94	3,669.87	68	351.52	1,054.56	2,109.12	4,218.24
312.82	938.47	1,876.95	3,753.89	69	359.57	1,078.71	2,157.41	4,314.82
319.88	959.65	1,919.29	3,838.58	70	367.68	1,103.04	2,206.08	4,412.16
325.74	977.23	1,954.45	3,908.90	71	374.42	1,123.25	2,246.50	4,492.99
331.59	994.77	1,989.53	3,979.06	72	381.14	1,143.41	2,286.82	4,573.63
337.71	1,013.14	2,026.28	4,052.56	73	388.18	1,164.53	2,329.06	4,658.11
342.71	1,028.13	2,056.27	4,112.53	74	393.92	1,181.76	2,363.52	4,727.04
347.69	1,043.08	2,086.16	4,172.32	75	399.65	1,198.95	2,397.89	4,795.78
352.36	1,057.07	2,114.15	4,228.29	76	405.01	1,215.03	2,430.05	4,860.10
356.20	1,068.60	2,137.19	4,274.38	77	409.42	1,228.27	2,456.55	4,913.09
360.01	1,080.04	2,160.08	4,320.16	78	413.81	1,241.43	2,482.85	4,965.70
363.80	1,091.40	2,182.79	4,365.58	79	418.16	1,254.48	2,508.96	5,017.92
383.58	1,150.74	2,301.48	4,602.96	80 and over	440.90	1,322.69	2,645.38	5,290.75

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN M - NON-TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
244.16	732.48	1,464.97	2,929.93	Thru 64*	280.64	841.93	1,683.87	3,367.73
131.27	393.80	787.60	1,575.20	65	150.88	452.64	905.29	1,810.57
137.71	413.13	826.26	1,652.51	66	158.29	474.86	949.72	1,899.44
139.64	418.91	837.81	1,675.62	67	160.50	481.50	963.00	1,926.00
142.93	428.80	857.60	1,715.19	68	164.29	492.87	985.74	1,971.48
146.21	438.62	877.24	1,754.47	69	168.05	504.16	1,008.32	2,016.63
149.50	448.51	897.02	1,794.04	70	171.84	515.53	1,031.06	2,062.11
152.25	456.74	913.49	1,826.97	71	175.00	524.99	1,049.98	2,099.96
154.98	464.95	929.90	1,859.79	72	178.14	534.42	1,068.85	2,137.69
157.84	473.52	947.04	1,894.07	73	181.43	544.28	1,088.55	2,177.10
160.17	480.52	961.04	1,922.08	74	184.11	552.33	1,104.65	2,209.30
162.51	487.53	975.06	1,950.11	75	186.79	560.38	1,120.75	2,241.50
164.68	494.05	988.10	1,976.19	76	189.29	567.87	1,135.75	2,271.49
166.48	499.44	998.88	1,997.76	77	191.36	574.07	1,148.14	2,296.28
168.26	504.79	1,009.57	2,019.14	78	193.40	580.21	1,160.43	2,320.85
170.03	510.10	1,020.21	2,040.41	79	195.44	586.33	1,172.65	2,345.30
179.28	537.83	1,075.67	2,151.33	80 and over	206.07	618.20	1,236.39	2,472.78

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN M - TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
280.64	841.93	1,683.87	3,367.73	Thru 64*	322.58	967.74	1,935.48	3,870.95
150.88	452.65	905.29	1,810.58	65	173.43	520.28	1,040.56	2,081.12
158.29	474.86	949.72	1,899.44	66	181.94	545.82	1,091.63	2,183.26
160.50	481.50	963.00	1,926.00	67	184.48	553.45	1,106.90	2,213.79
164.29	492.87	985.74	1,971.48	68	188.84	566.52	1,133.04	2,266.07
168.05	504.16	1,008.32	2,016.63	69	193.16	579.49	1,158.99	2,317.97
171.84	515.53	1,031.06	2,062.11	70	197.52	592.56	1,185.12	2,370.24
175.00	524.99	1,049.98	2,099.96	71	201.15	603.44	1,206.88	2,413.75
178.14	534.42	1,068.85	2,137.69	72	204.76	614.28	1,228.56	2,457.12
181.42	544.27	1,088.55	2,177.09	73	208.53	625.60	1,251.21	2,502.41
184.11	552.32	1,104.65	2,209.29	74	211.62	634.86	1,269.71	2,539.42
186.79	560.38	1,120.75	2,241.50	75	214.70	644.11	1,288.22	2,576.44
189.29	567.87	1,135.74	2,271.48	76	217.58	652.73	1,305.46	2,610.91
191.36	574.07	1,148.14	2,296.28	77	219.95	659.85	1,319.70	2,639.40
193.40	580.21	1,160.43	2,320.85	78	222.30	666.91	1,333.82	2,667.64
195.44	586.33	1,172.65	2,345.30	79	224.65	673.94	1,347.88	2,695.75
206.07	618.20	1,236.40	2,472.79	80 and over	236.86	710.57	1,421.14	2,842.28

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN M - NON-TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
267.19	801.58	1,603.17	3,206.33	Thru 64*	307.12	921.36	1,842.72	3,685.43
143.65	430.95	861.90	1,723.80	65	165.12	495.35	990.69	1,981.38
150.70	452.10	904.21	1,808.41	66	173.22	519.66	1,039.32	2,078.63
152.81	458.43	916.85	1,833.70	67	175.64	526.93	1,053.85	2,107.70
156.42	469.25	938.50	1,877.00	68	179.79	539.37	1,078.74	2,157.47
160.00	480.00	960.00	1,919.99	69	183.91	551.72	1,103.44	2,206.88
163.61	490.82	981.65	1,963.29	70	188.05	564.16	1,128.33	2,256.65
166.61	499.83	999.66	1,999.31	71	191.51	574.52	1,149.04	2,298.07
169.60	508.81	1,017.62	2,035.24	72	194.95	584.84	1,169.69	2,339.37
172.73	518.19	1,036.38	2,072.76	73	198.54	595.62	1,191.24	2,382.48
175.29	525.86	1,051.71	2,103.42	74	201.48	604.43	1,208.86	2,417.72
177.84	533.52	1,067.04	2,134.08	75	204.41	613.24	1,226.49	2,452.97
180.22	540.66	1,081.32	2,162.63	76	207.15	621.45	1,242.89	2,485.78
182.19	546.56	1,093.12	2,186.23	77	209.41	628.23	1,256.46	2,512.91
184.14	552.41	1,104.82	2,209.63	78	211.65	634.95	1,269.90	2,539.79
186.08	558.23	1,116.46	2,232.91	79	213.88	641.64	1,283.28	2,566.56
196.19	588.57	1,177.14	2,354.28	80 and over	225.51	676.52	1,353.04	2,706.07

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN M - TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 322, 335-337, 346, 349

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
307.12	921.36	1,842.72	3,685.44	Thru 64*	353.01	1,059.03	2,118.07	4,236.13
165.12	495.35	990.69	1,981.38	65	189.79	569.36	1,138.73	2,277.45
173.22	519.66	1,039.32	2,078.63	66	199.10	597.31	1,194.62	2,389.23
175.64	526.93	1,053.85	2,107.70	67	201.89	605.66	1,211.32	2,422.64
179.79	539.37	1,078.74	2,157.47	68	206.65	619.96	1,239.93	2,479.85
183.91	551.72	1,103.44	2,206.88	69	211.39	634.16	1,268.32	2,536.64
188.05	564.16	1,128.33	2,256.65	70	216.15	648.46	1,296.93	2,593.85
191.51	574.52	1,149.03	2,298.06	71	220.12	660.37	1,320.73	2,641.46
194.95	584.84	1,169.68	2,339.36	72	224.08	672.23	1,344.47	2,688.93
198.54	595.62	1,191.24	2,382.48	73	228.21	684.62	1,369.24	2,738.48
201.48	604.43	1,208.86	2,417.72	74	231.58	694.75	1,389.50	2,778.99
204.41	613.24	1,226.48	2,452.96	75	234.96	704.88	1,409.75	2,819.50
207.15	621.45	1,242.89	2,485.78	76	238.10	714.31	1,428.61	2,857.22
209.41	628.23	1,256.46	2,512.91	77	240.70	722.10	1,444.20	2,888.40
211.65	634.95	1,269.90	2,539.80	78	243.28	729.83	1,459.65	2,919.30
213.88	641.64	1,283.28	2,566.56	79	245.84	737.52	1,475.04	2,950.07
225.51	676.52	1,353.04	2,706.07	80 and over	259.20	777.61	1,555.21	3,110.42

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN M - NON-TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
322.48	967.43	1,934.86	3,869.71	Thru 64*	370.66	1,111.99	2,223.97	4,447.94
173.37	520.12	1,040.23	2,080.46	65	199.28	597.83	1,195.67	2,391.33
181.88	545.64	1,091.28	2,182.56	66	209.06	627.17	1,254.35	2,508.69
184.42	553.27	1,106.54	2,213.08	67	211.98	635.94	1,271.89	2,543.77
188.78	566.34	1,132.68	2,265.35	68	216.99	650.96	1,301.92	2,603.84
193.10	579.31	1,158.61	2,317.22	69	221.96	665.87	1,331.74	2,663.47
197.46	592.37	1,184.75	2,369.49	70	226.96	680.89	1,361.77	2,723.54
201.08	603.24	1,206.49	2,412.97	71	231.13	693.38	1,386.77	2,773.53
204.69	614.08	1,228.17	2,456.33	72	235.28	705.85	1,411.69	2,823.38
208.47	625.40	1,250.80	2,501.60	73	239.62	718.85	1,437.70	2,875.40
211.55	634.65	1,269.31	2,538.61	74	243.16	729.49	1,458.97	2,917.94
214.63	643.90	1,287.81	2,575.61	75	246.71	740.12	1,480.24	2,960.47
217.51	652.52	1,305.03	2,610.06	76	250.01	750.02	1,500.04	3,000.08
219.88	659.64	1,319.28	2,638.55	77	252.74	758.21	1,516.41	3,032.82
222.23	666.70	1,333.39	2,666.78	78	255.44	766.32	1,532.64	3,065.27
224.57	673.72	1,347.45	2,694.89	79	258.13	774.39	1,548.79	3,097.57
236.78	710.35	1,420.69	2,841.38	80 and over	272.16	816.49	1,632.98	3,265.95

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN M - TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
370.66	1,111.99	2,223.97	4,447.94	Thru 64*	426.05	1,278.15	2,556.29	5,112.58
199.28	597.83	1,195.67	2,391.33	65	229.05	687.16	1,374.33	2,748.65
209.06	627.17	1,254.35	2,508.69	66	240.30	720.89	1,441.78	2,883.55
211.98	635.94	1,271.89	2,543.77	67	243.66	730.97	1,461.94	2,923.87
216.99	650.96	1,301.93	2,603.85	68	249.41	748.23	1,496.46	2,992.92
221.96	665.87	1,331.74	2,663.47	69	255.12	765.37	1,530.73	3,061.46
226.96	680.89	1,361.78	2,723.55	70	260.88	782.63	1,565.26	3,130.51
231.13	693.38	1,386.77	2,773.53	71	265.66	796.99	1,593.99	3,187.97
235.28	705.84	1,411.69	2,823.37	72	270.44	811.32	1,622.63	3,245.26
239.62	718.85	1,437.70	2,875.40	73	275.42	826.27	1,652.53	3,305.06
243.16	729.49	1,458.97	2,917.94	74	279.50	838.49	1,676.98	3,353.95
246.71	740.12	1,480.24	2,960.47	75	283.57	850.71	1,701.42	3,402.84
250.01	750.02	1,500.04	3,000.07	76	287.36	862.09	1,724.19	3,448.37
252.74	758.21	1,516.41	3,032.82	77	290.50	871.50	1,743.00	3,486.00
255.44	766.32	1,532.64	3,065.27	78	293.61	880.83	1,761.65	3,523.30
258.13	774.39	1,548.79	3,097.57	79	296.70	890.11	1,780.21	3,560.42
272.16	816.49	1,632.98	3,265.95	80 and over	312.83	938.49	1,876.98	3,753.96

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN M - NON-TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
368.54	1,105.63	2,211.26	4,422.52	Thru 64*	423.61	1,270.84	2,541.68	5,083.36
198.14	594.42	1,188.83	2,377.66	65	227.75	683.24	1,366.47	2,732.94
207.86	623.59	1,247.18	2,494.35	66	238.92	716.77	1,433.54	2,867.08
210.77	632.31	1,264.62	2,529.24	67	242.26	726.79	1,453.59	2,907.17
215.75	647.24	1,294.48	2,588.96	68	247.99	743.96	1,487.91	2,975.82
220.69	662.06	1,324.13	2,648.25	69	253.66	760.99	1,521.99	3,043.97
225.67	677.00	1,353.99	2,707.98	70	259.39	778.16	1,556.32	3,112.63
229.81	689.42	1,378.84	2,757.67	71	264.15	792.44	1,584.88	3,169.75
233.94	701.81	1,403.62	2,807.23	72	268.89	806.68	1,613.36	3,226.71
238.25	714.75	1,429.49	2,858.98	73	273.85	821.55	1,643.09	3,286.18
241.77	725.32	1,450.63	2,901.26	74	277.90	833.70	1,667.40	3,334.79
245.30	735.89	1,471.78	2,943.55	75	281.95	845.85	1,691.70	3,383.40
248.58	745.73	1,491.47	2,982.93	76	285.72	857.17	1,714.33	3,428.66
251.29	753.87	1,507.75	3,015.49	77	288.84	866.52	1,733.04	3,466.08
253.98	761.94	1,523.88	3,047.76	78	291.93	875.79	1,751.58	3,503.16
256.66	769.97	1,539.94	3,079.87	79	295.01	885.02	1,770.04	3,540.08
270.61	811.82	1,623.64	3,247.28	80 and over	311.04	933.13	1,866.26	3,732.51

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN M - TOBACCO RATES - POLICY FORM MM30
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
423.61	1,270.84	2,541.68	5,083.36	Thru 64*	486.91	1,460.74	2,921.47	5,842.94
227.75	683.24	1,366.47	2,732.94	65	261.78	785.33	1,570.66	3,141.31
238.92	716.77	1,433.54	2,867.07	66	274.62	823.87	1,647.75	3,295.49
242.26	726.79	1,453.59	2,907.17	67	278.46	835.39	1,670.79	3,341.57
247.99	743.96	1,487.91	2,975.82	68	285.04	855.12	1,710.24	3,420.48
253.66	760.99	1,521.99	3,043.97	69	291.57	874.71	1,749.41	3,498.82
259.39	778.16	1,556.31	3,112.62	70	298.14	894.43	1,788.87	3,577.73
264.15	792.44	1,584.87	3,169.74	71	303.62	910.85	1,821.70	3,643.39
268.89	806.68	1,613.35	3,226.70	72	309.07	927.22	1,854.43	3,708.86
273.85	821.55	1,643.09	3,286.18	73	314.77	944.31	1,888.61	3,777.22
277.90	833.70	1,667.39	3,334.78	74	319.42	958.27	1,916.55	3,833.09
281.95	845.85	1,691.70	3,383.39	75	324.08	972.24	1,944.48	3,888.96
285.72	857.17	1,714.33	3,428.66	76	328.42	985.25	1,970.50	3,940.99
288.84	866.52	1,733.04	3,466.08	77	332.00	996.00	1,992.00	3,984.00
291.93	875.79	1,751.59	3,503.17	78	335.55	1,006.66	2,013.31	4,026.62
295.01	885.02	1,770.04	3,540.08	79	339.09	1,017.27	2,034.53	4,069.06
311.04	933.13	1,866.26	3,732.51	80 and over	357.52	1,072.56	2,145.12	4,290.24

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN N - NON-TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
243.37	730.12	1,460.25	2,920.49	Thru 64*	279.74	839.22	1,678.44	3,356.88
130.85	392.55	785.10	1,570.19	65	150.40	451.21	902.41	1,804.82
137.27	411.80	823.61	1,647.21	66	157.78	473.34	946.68	1,893.35
139.19	417.58	835.16	1,670.32	67	159.99	479.98	959.96	1,919.91
142.48	427.45	854.90	1,709.79	68	163.77	491.32	982.64	1,965.28
145.74	437.22	874.45	1,748.89	69	167.52	502.55	1,005.11	2,010.21
149.03	447.09	894.18	1,788.35	70	171.30	513.90	1,027.79	2,055.58
151.77	455.30	910.60	1,821.19	71	174.44	523.33	1,046.66	2,093.32
154.49	463.46	926.91	1,853.82	72	177.57	532.71	1,065.42	2,130.84
157.33	472.00	944.00	1,888.00	73	180.84	542.53	1,085.06	2,170.12
159.67	479.01	958.01	1,916.02	74	183.53	550.58	1,101.17	2,202.33
162.00	485.99	971.98	1,943.95	75	186.20	558.61	1,117.21	2,234.42
164.16	492.49	984.97	1,969.94	76	188.69	566.08	1,132.15	2,264.30
165.95	497.85	995.70	1,991.40	77	190.75	572.24	1,144.49	2,288.97
167.73	503.20	1,006.40	2,012.79	78	192.80	578.39	1,156.77	2,313.54
169.50	508.49	1,016.98	2,033.96	79	194.82	584.47	1,168.95	2,337.89
178.71	536.12	1,072.25	2,144.49	80 and over	205.41	616.23	1,232.47	2,464.93

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

PLAN N - TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 320-321, 323-329, 338-339, 341-342, 344, 347

FEMALE					MALE			
Monthly	Quarterly	Semi-annual	Annual	Issue Age	Monthly	Quarterly	Semi-annual	Annual
279.74	839.22	1,678.44	3,356.88	Thru 64*	321.54	964.62	1,929.24	3,858.48
150.40	451.21	902.41	1,804.82	65	172.88	518.63	1,037.25	2,074.50
157.78	473.34	946.68	1,893.35	66	181.36	544.07	1,088.13	2,176.26
159.99	479.98	959.96	1,919.91	67	183.90	551.70	1,103.40	2,206.79
163.77	491.32	982.64	1,965.28	68	188.25	564.74	1,129.47	2,258.94
167.52	502.56	1,005.11	2,010.22	69	192.55	577.65	1,155.30	2,310.59
171.30	513.90	1,027.79	2,055.58	70	196.90	590.69	1,181.37	2,362.74
174.44	523.33	1,046.66	2,093.32	71	200.51	601.53	1,203.06	2,406.12
177.57	532.71	1,065.42	2,130.83	72	204.10	612.31	1,224.62	2,449.24
180.84	542.53	1,085.06	2,170.12	73	207.87	623.60	1,247.20	2,494.39
183.53	550.58	1,101.16	2,202.32	74	210.95	632.85	1,265.71	2,531.41
186.20	558.61	1,117.21	2,234.42	75	214.03	642.08	1,284.15	2,568.30
188.69	566.08	1,132.15	2,264.30	76	216.89	650.66	1,301.32	2,602.64
190.75	572.24	1,144.49	2,288.97	77	219.25	657.75	1,315.50	2,631.00
192.80	578.39	1,156.78	2,313.55	78	221.60	664.81	1,329.62	2,659.24
194.82	584.47	1,168.94	2,337.88	79	223.94	671.81	1,343.62	2,687.23
205.41	616.23	1,232.47	2,464.93	80 and over	236.10	708.31	1,416.63	2,833.25

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN N - NON-TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
266.33	799.00	1,598.01	3,196.01	Thru 64*	306.13	918.39	1,836.79	3,673.57
143.19	429.58	859.17	1,718.33	65	164.59	493.77	987.54	1,975.08
150.22	450.65	901.31	1,802.61	66	172.66	517.99	1,035.99	2,071.97
152.33	456.98	913.95	1,827.90	67	175.09	525.26	1,050.52	2,101.03
155.93	467.78	935.55	1,871.10	68	179.22	537.67	1,075.34	2,150.68
159.49	478.47	956.94	1,913.88	69	183.32	549.97	1,099.93	2,199.86
163.09	489.27	978.54	1,957.07	70	187.46	562.38	1,124.76	2,249.51
166.08	498.25	996.50	1,993.00	71	190.90	572.70	1,145.41	2,290.81
169.06	507.18	1,014.36	2,028.72	72	194.32	582.97	1,165.93	2,331.86
172.18	516.53	1,033.06	2,066.11	73	197.90	593.71	1,187.43	2,374.85
174.73	524.20	1,048.39	2,096.78	74	200.84	602.52	1,205.05	2,410.09
177.28	531.83	1,063.67	2,127.33	75	203.77	611.30	1,222.61	2,445.21
179.65	538.95	1,077.89	2,155.78	76	206.49	619.48	1,238.96	2,477.91
181.61	544.82	1,089.64	2,179.28	77	208.74	626.23	1,252.46	2,504.91
183.56	550.67	1,101.34	2,202.67	78	210.98	632.95	1,265.90	2,531.80
185.49	556.46	1,112.92	2,225.84	79	213.20	639.61	1,279.22	2,558.44
195.57	586.70	1,173.41	2,346.81	80 and over	224.79	674.37	1,348.74	2,697.47

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN N - TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 322, 335-337, 346, 349**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
306.13	918.39	1,836.79	3,673.57	Thru 64*	351.87	1,055.62	2,111.25	4,222.49
164.59	493.77	987.55	1,975.09	65	189.18	567.55	1,135.11	2,270.21
172.66	517.99	1,035.99	2,071.97	66	198.46	595.39	1,190.79	2,381.57
175.09	525.26	1,050.52	2,101.04	67	201.25	603.75	1,207.49	2,414.98
179.22	537.67	1,075.35	2,150.69	68	206.00	618.01	1,236.03	2,472.05
183.32	549.97	1,099.93	2,199.86	69	210.71	632.14	1,264.29	2,528.57
187.46	562.38	1,124.76	2,249.51	70	215.47	646.41	1,292.82	2,585.64
190.90	572.70	1,145.40	2,290.80	71	219.43	658.28	1,316.56	2,633.11
194.32	582.97	1,165.93	2,331.86	72	223.36	670.08	1,340.15	2,680.30
197.90	593.71	1,187.42	2,374.84	73	227.48	682.43	1,364.86	2,729.71
200.84	602.52	1,205.05	2,410.09	74	230.85	692.56	1,385.11	2,770.22
203.77	611.30	1,222.61	2,445.21	75	234.22	702.65	1,405.30	2,810.59
206.49	619.48	1,238.96	2,477.91	76	237.35	712.04	1,424.09	2,848.17
208.74	626.23	1,252.46	2,504.92	77	239.93	719.80	1,439.61	2,879.21
210.98	632.95	1,265.90	2,531.80	78	242.51	727.53	1,455.06	2,910.12
213.20	639.61	1,279.22	2,558.44	79	245.06	735.19	1,470.37	2,940.74
224.79	674.37	1,348.74	2,697.48	80 and over	258.38	775.14	1,550.27	3,100.54

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN N - NON-TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 334**

FEMALE					MALE			
Monthly	Quarterly	Semi-annual	Annual	Issue Age	Monthly	Quarterly	Semi-annual	Annual
321.44	964.31	1,928.63	3,857.25	Thru 64*	369.47	1,108.41	2,216.81	4,433.62
172.82	518.46	1,036.92	2,073.84	65	198.64	595.93	1,191.86	2,383.72
181.30	543.89	1,087.79	2,175.57	66	208.39	625.16	1,250.33	2,500.65
183.84	551.52	1,103.05	2,206.09	67	211.31	633.93	1,267.87	2,535.73
188.19	564.56	1,129.11	2,258.22	68	216.30	648.91	1,297.83	2,595.65
192.49	577.46	1,154.93	2,309.85	69	221.25	663.75	1,327.50	2,655.00
196.83	590.50	1,180.99	2,361.98	70	226.24	678.73	1,357.46	2,714.92
200.45	601.34	1,202.67	2,405.34	71	230.40	691.19	1,382.38	2,764.76
204.04	612.11	1,224.23	2,448.45	72	234.53	703.58	1,407.16	2,814.31
207.80	623.40	1,246.80	2,493.59	73	238.85	716.55	1,433.10	2,866.20
210.88	632.65	1,265.30	2,530.59	74	242.39	727.18	1,454.37	2,908.73
213.96	641.87	1,283.74	2,567.47	75	245.93	737.78	1,475.56	2,951.12
216.82	650.45	1,300.90	2,601.80	76	249.22	747.65	1,495.29	2,990.58
219.18	657.54	1,315.08	2,630.16	77	251.93	755.79	1,511.59	3,023.17
221.53	664.60	1,329.20	2,658.40	78	254.64	763.91	1,527.81	3,055.62
223.86	671.59	1,343.18	2,686.36	79	257.32	771.95	1,543.89	3,087.78
236.03	708.09	1,416.18	2,832.35	80 and over	271.30	813.89	1,627.79	3,255.57

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN N - TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 334**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
369.47	1,108.41	2,216.81	4,433.62	Thru 64*	424.68	1,274.03	2,548.06	5,096.11
198.64	595.93	1,191.86	2,383.72	65	228.33	684.98	1,369.96	2,739.91
208.39	625.16	1,250.33	2,500.65	66	239.53	718.58	1,437.16	2,874.31
211.31	633.94	1,267.87	2,535.74	67	242.89	728.66	1,457.32	2,914.63
216.31	648.92	1,297.83	2,595.66	68	248.63	745.88	1,491.76	2,983.51
221.25	663.75	1,327.50	2,655.00	69	254.31	762.93	1,525.86	3,051.72
226.24	678.73	1,357.46	2,714.92	70	260.05	780.15	1,560.30	3,120.60
230.40	691.19	1,382.38	2,764.76	71	264.82	794.47	1,588.95	3,177.89
234.53	703.58	1,407.16	2,814.31	72	269.57	808.71	1,617.42	3,234.84
238.85	716.55	1,433.10	2,866.19	73	274.54	823.62	1,647.24	3,294.48
242.39	727.18	1,454.36	2,908.72	74	278.61	835.84	1,671.69	3,343.37
245.93	737.78	1,475.56	2,951.12	75	282.67	848.02	1,696.05	3,392.09
249.22	747.65	1,495.29	2,990.58	76	286.45	859.36	1,718.73	3,437.45
251.93	755.79	1,511.59	3,023.17	77	289.58	868.73	1,737.46	3,474.91
254.64	763.91	1,527.82	3,055.63	78	292.68	878.05	1,756.11	3,512.21
257.31	771.94	1,543.89	3,087.77	79	295.76	887.29	1,774.59	3,549.17
271.30	813.89	1,627.79	3,255.57	80 and over	311.84	935.51	1,871.02	3,742.03

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN N - NON-TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
367.36	1,102.07	2,204.14	4,408.28	Thru 64*	422.25	1,266.75	2,533.50	5,066.99
197.51	592.53	1,185.06	2,370.11	65	227.02	681.07	1,362.13	2,724.26
207.20	621.59	1,243.18	2,486.36	66	238.16	714.47	1,428.95	2,857.89
210.10	630.31	1,260.62	2,521.24	67	241.50	724.50	1,448.99	2,897.98
215.07	645.21	1,290.41	2,580.82	68	247.21	741.62	1,483.24	2,966.47
219.99	659.96	1,319.92	2,639.83	69	252.86	758.57	1,517.14	3,034.28
224.95	674.85	1,349.71	2,699.41	70	258.56	775.69	1,551.39	3,102.77
229.08	687.24	1,374.49	2,748.97	71	263.31	789.93	1,579.87	3,159.73
233.19	699.56	1,399.11	2,798.22	72	268.03	804.09	1,608.18	3,216.36
237.49	712.46	1,424.91	2,849.82	73	272.97	818.91	1,637.83	3,275.65
241.01	723.03	1,446.06	2,892.11	74	277.02	831.07	1,662.13	3,324.26
244.52	733.56	1,467.13	2,934.25	75	281.06	843.18	1,686.35	3,372.70
247.79	743.37	1,486.75	2,973.49	76	284.82	854.45	1,708.90	3,417.80
250.49	751.48	1,502.95	3,005.90	77	287.92	863.77	1,727.53	3,455.06
253.18	759.54	1,519.08	3,038.16	78	291.01	873.04	1,746.07	3,492.14
255.84	767.53	1,535.07	3,070.13	79	294.07	882.22	1,764.45	3,528.89
269.75	809.24	1,618.49	3,236.97	80 and over	310.05	930.16	1,860.33	3,720.65

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

**PLAN N - TOBACCO RATES - POLICY FORM MM31
ZIP CODES: 330-333, 340**

FEMALE				Issue Age	MALE			
Monthly	Quarterly	Semi-annual	Annual		Monthly	Quarterly	Semi-annual	Annual
422.25	1,266.75	2,533.50	5,066.99	Thru 64*	485.34	1,456.03	2,912.07	5,824.13
227.02	681.07	1,362.13	2,724.26	65	260.94	782.83	1,565.67	3,131.33
238.16	714.47	1,428.95	2,857.89	66	273.74	821.23	1,642.47	3,284.93
241.50	724.50	1,448.99	2,897.98	67	277.58	832.75	1,665.51	3,331.01
247.21	741.62	1,483.23	2,966.46	68	284.14	852.43	1,704.87	3,409.73
252.86	758.57	1,517.15	3,034.29	69	290.64	871.92	1,743.84	3,487.68
258.56	775.69	1,551.39	3,102.77	70	297.20	891.60	1,783.20	3,566.40
263.31	789.93	1,579.87	3,159.73	71	302.66	907.97	1,815.94	3,631.87
268.03	804.09	1,608.18	3,216.35	72	308.08	924.24	1,848.48	3,696.96
272.97	818.91	1,637.83	3,275.65	73	313.76	941.28	1,882.56	3,765.12
277.02	831.07	1,662.13	3,324.26	74	318.42	955.25	1,910.50	3,820.99
281.06	843.18	1,686.35	3,372.70	75	323.06	969.17	1,938.34	3,876.67
284.82	854.45	1,708.91	3,417.81	76	327.38	982.13	1,964.26	3,928.51
287.92	863.77	1,727.53	3,455.06	77	330.94	992.83	1,985.67	3,971.33
291.01	873.04	1,746.07	3,492.14	78	334.50	1,003.49	2,006.98	4,013.95
294.07	882.22	1,764.44	3,528.88	79	338.02	1,014.05	2,028.10	4,056.19
310.06	930.17	1,860.33	3,720.66	80 and over	356.38	1,069.15	2,138.31	4,276.61

*Only individuals that are either Disabled or with End Stage Renal Disease are eligible for coverage under the age of 65.

Premium Information

We, Mutual of Omaha, can only raise your premium if we raise the premium for all the policies like yours in this state.

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

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 your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

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 Mutual of Omaha 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 "Medicare & You" for more details. Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

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. The Company 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.

PLANS A AND C
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	Plan C Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$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 entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$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	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/certificate'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.

PLANS A AND C
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 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	Plan C 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 \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS A AND C
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan A Pays	You Pay	Plan C 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	\$0	N/A	All Costs	\$0	\$250
Remainder of charges	\$0	N/A	All Costs	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS D AND 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 D Pays	You Pay	Plan F Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$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 entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$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	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/certificate'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.

PLANS D AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 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 D Pays	You Pay	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 \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS D AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan D Pays	You Pay	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	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLANS M AND 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 M Pays	You Pay	Plan N Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$550 (50% of Part A Deductible)	\$550 (50% of Part A deductible)	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$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 entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$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	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/certificate'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.

PLANS M AND N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 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 M Pays	You Pay	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 \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$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.	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	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

**PLANS M AND N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

PARTS A AND B

Services	Medicare Pays	Plan M Pays	You Pay	Plan N Pays	You Pay
HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit