

**COMBINED INSURANCE COMPANY OF AMERICA  
OUTLINE OF COVERAGE**

<p>YOU PURCHASED PLAN:</p>
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**Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010  
Benefit Plans A, F, and N are offered by Combined Insurance\***

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A and either C or F available. Some plans may not be available in your state.

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 copayment for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

A*	B	C	D	F*	F**	G
Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance		Basic, Including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		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

K	L	M	N*
Hospitalization and preventive care paid at 100%; other basic benefits Paid at 50%	Hospitalization And preventive care paid at 100%; other basic benefits Paid at 75%	Basic, Including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$4,940; paid at 100% after limit reached	Out-of-pocket limit \$2,470; 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 \$2,140 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,140. Out-of-Pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

### **PREMIUM INFORMATION**

We, Combined Insurance Company of America, can only raise your premium if we raise the premium for all policies like yours in this State. Premiums are based on your attained age and change when you reach a new age range.

### **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to P.O. Box 14207, Clearwater, FL 33766-4207. 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**

This policy may not fully cover all of your medical costs.

Neither Combined Insurance Company of America 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 and You for more details.

### **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.

**Combined Insurance Company of America Medicare Supplement**

**Kentucky - Annual Standard Non-Tobacco Rates for Zip Codes Beginning With 416-418**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$1,179.12	\$1,415.40	\$1,209.36	65	\$1,355.76	\$1,627.68	\$1,390.44
66	\$1,219.08	\$1,463.40	\$1,247.52	66	\$1,402.08	\$1,682.64	\$1,434.84
67	\$1,273.32	\$1,512.24	\$1,300.80	67	\$1,464.24	\$1,739.52	\$1,495.32
68	\$1,314.12	\$1,562.76	\$1,343.40	68	\$1,511.28	\$1,797.24	\$1,545.00
69	\$1,354.08	\$1,616.04	\$1,388.76	69	\$1,557.36	\$1,858.56	\$1,597.32
70	\$1,393.08	\$1,670.28	\$1,433.04	70	\$1,601.88	\$1,920.72	\$1,648.80
71	\$1,428.72	\$1,735.08	\$1,476.60	71	\$1,643.52	\$1,996.20	\$1,698.60
72	\$1,463.28	\$1,803.48	\$1,518.36	72	\$1,682.64	\$2,073.36	\$1,746.60
73	\$1,493.52	\$1,873.56	\$1,557.36	73	\$1,718.16	\$2,155.08	\$1,791.00
74	\$1,520.16	\$1,947.36	\$1,593.84	74	\$1,748.40	\$2,239.44	\$1,832.64
75	\$1,542.24	\$2,022.84	\$1,627.56	75	\$1,774.08	\$2,326.44	\$1,871.76
76	\$1,563.60	\$2,074.32	\$1,660.44	76	\$1,798.08	\$2,385.96	\$1,909.92
77	\$1,583.16	\$2,127.60	\$1,692.48	77	\$1,821.12	\$2,446.32	\$1,946.40
78	\$1,601.88	\$2,181.72	\$1,721.76	78	\$1,841.64	\$2,508.48	\$1,980.12
79	\$1,617.84	\$2,237.64	\$1,751.04	79	\$1,861.08	\$2,572.44	\$2,013.00
80	\$1,634.64	\$2,294.52	\$1,779.36	80	\$1,879.80	\$2,638.20	\$2,046.72
81	\$1,649.76	\$2,340.72	\$1,807.80	81	\$1,897.56	\$2,692.32	\$2,078.64
82	\$1,663.92	\$2,388.60	\$1,835.28	82	\$1,913.52	\$2,747.40	\$2,110.68
83	\$1,676.40	\$2,437.44	\$1,861.08	83	\$1,927.68	\$2,803.32	\$2,140.80
84	\$1,687.92	\$2,487.24	\$1,887.72	84	\$1,941.00	\$2,860.08	\$2,170.08
85	\$1,697.76	\$2,537.76	\$1,912.56	85	\$1,952.52	\$2,917.80	\$2,199.36
86	\$1,707.48	\$2,569.80	\$1,937.52	86	\$1,964.16	\$2,955.12	\$2,227.80
87	\$1,717.20	\$2,599.92	\$1,963.20	87	\$1,975.68	\$2,989.80	\$2,257.08
88	\$1,727.04	\$2,628.36	\$1,988.16	88	\$1,986.36	\$3,022.68	\$2,286.36
89	\$1,736.76	\$2,655.00	\$2,013.84	89	\$1,997.76	\$3,053.76	\$2,315.64
90	\$1,746.60	\$2,680.80	\$2,040.48	90	\$2,009.40	\$3,083.04	\$2,346.84
91	\$1,757.16	\$2,705.64	\$2,067.12	91	\$2,020.08	\$3,111.48	\$2,377.92
92	\$1,767.00	\$2,727.84	\$2,094.72	92	\$2,031.60	\$3,137.16	\$2,408.88
93	\$1,776.72	\$2,749.08	\$2,123.04	93	\$2,043.12	\$3,161.16	\$2,440.92
94	\$1,786.56	\$2,768.64	\$2,152.32	94	\$2,054.76	\$3,184.20	\$2,475.48
95	\$1,797.12	\$2,786.40	\$2,181.60	95	\$2,066.28	\$3,204.72	\$2,509.32
96	\$1,806.96	\$2,803.32	\$2,212.68	96	\$2,078.64	\$3,224.16	\$2,544.72
97	\$1,817.64	\$2,820.12	\$2,242.92	97	\$2,090.16	\$3,242.88	\$2,579.40
98	\$1,827.36	\$2,837.04	\$2,274.84	98	\$2,101.68	\$3,262.44	\$2,616.72
99	\$1,837.92	\$2,853.96	\$2,307.72	99	\$2,114.16	\$3,281.88	\$2,654.04
Eligible due to Disability	\$2,947.92	\$3,538.56	\$3,023.40	Eligible due to Disability	\$3,390.12	\$4,069.56	\$3,476.28

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Monthly Standard Non-Tobacco Rates for Zip Codes Beginning With 416-418**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$98.26	\$117.95	\$100.78	65	\$112.98	\$135.64	\$115.87
66	\$101.59	\$121.95	\$103.96	66	\$116.84	\$140.22	\$119.57
67	\$106.11	\$126.02	\$108.40	67	\$122.02	\$144.96	\$124.61
68	\$109.51	\$130.23	\$111.95	68	\$125.94	\$149.77	\$128.75
69	\$112.84	\$134.67	\$115.73	69	\$129.78	\$154.88	\$133.11
70	\$116.09	\$139.19	\$119.42	70	\$133.49	\$160.06	\$137.40
71	\$119.06	\$144.59	\$123.05	71	\$136.96	\$166.35	\$141.55
72	\$121.94	\$150.29	\$126.53	72	\$140.22	\$172.78	\$145.55
73	\$124.46	\$156.13	\$129.78	73	\$143.18	\$179.59	\$149.25
74	\$126.68	\$162.28	\$132.82	74	\$145.70	\$186.62	\$152.72
75	\$128.52	\$168.57	\$135.63	75	\$147.84	\$193.87	\$155.98
76	\$130.30	\$172.86	\$138.37	76	\$149.84	\$198.83	\$159.16
77	\$131.93	\$177.30	\$141.04	77	\$151.76	\$203.86	\$162.20
78	\$133.49	\$181.81	\$143.48	78	\$153.47	\$209.04	\$165.01
79	\$134.82	\$186.47	\$145.92	79	\$155.09	\$214.37	\$167.75
80	\$136.22	\$191.21	\$148.28	80	\$156.65	\$219.85	\$170.56
81	\$137.48	\$195.06	\$150.65	81	\$158.13	\$224.36	\$173.22
82	\$138.66	\$199.05	\$152.94	82	\$159.46	\$228.95	\$175.89
83	\$139.70	\$203.12	\$155.09	83	\$160.64	\$233.61	\$178.40
84	\$140.66	\$207.27	\$157.31	84	\$161.75	\$238.34	\$180.84
85	\$141.48	\$211.48	\$159.38	85	\$162.71	\$243.15	\$183.28
86	\$142.29	\$214.15	\$161.46	86	\$163.68	\$246.26	\$185.65
87	\$143.10	\$216.66	\$163.60	87	\$164.64	\$249.15	\$188.09
88	\$143.92	\$219.03	\$165.68	88	\$165.53	\$251.89	\$190.53
89	\$144.73	\$221.25	\$167.82	89	\$166.48	\$254.48	\$192.97
90	\$145.55	\$223.40	\$170.04	90	\$167.45	\$256.92	\$195.57
91	\$146.43	\$225.47	\$172.26	91	\$168.34	\$259.29	\$198.16
92	\$147.25	\$227.32	\$174.56	92	\$169.30	\$261.43	\$200.74
93	\$148.06	\$229.09	\$176.92	93	\$170.26	\$263.43	\$203.41
94	\$148.88	\$230.72	\$179.36	94	\$171.23	\$265.35	\$206.29
95	\$149.76	\$232.20	\$181.80	95	\$172.19	\$267.06	\$209.11
96	\$150.58	\$233.61	\$184.39	96	\$173.22	\$268.68	\$212.06
97	\$151.47	\$235.01	\$186.91	97	\$174.18	\$270.24	\$214.95
98	\$152.28	\$236.42	\$189.57	98	\$175.14	\$271.87	\$218.06
99	\$153.16	\$237.83	\$192.31	99	\$176.18	\$273.49	\$221.17
Eligible due to Disability	\$245.66	\$294.88	\$251.95	Eligible due to Disability	\$282.51	\$339.13	\$289.69

Policies may be issued on an annual, semi-annual or monthly mode.  
Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333  
Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Annual Standard Tobacco Rates for Zip Codes Beginning With 416-418**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$1,297.32	\$1,556.64	\$1,330.08	65	\$1,491.72	\$1,790.16	\$1,528.92
66	\$1,340.76	\$1,608.96	\$1,372.80	66	\$1,542.24	\$1,850.52	\$1,578.72
67	\$1,400.28	\$1,663.20	\$1,430.40	67	\$1,609.80	\$1,912.68	\$1,645.32
68	\$1,445.52	\$1,719.12	\$1,477.56	68	\$1,662.12	\$1,977.48	\$1,699.44
69	\$1,489.92	\$1,777.68	\$1,528.08	69	\$1,713.72	\$2,044.08	\$1,757.16
70	\$1,531.68	\$1,837.20	\$1,576.92	70	\$1,761.72	\$2,112.48	\$1,813.20
71	\$1,571.64	\$1,909.08	\$1,623.96	71	\$1,807.80	\$2,195.04	\$1,868.28
72	\$1,609.80	\$1,983.72	\$1,670.16	72	\$1,850.40	\$2,281.20	\$1,920.60
73	\$1,642.68	\$2,061.00	\$1,712.76	73	\$1,889.52	\$2,370.00	\$1,970.28
74	\$1,671.96	\$2,141.76	\$1,753.68	74	\$1,923.24	\$2,463.24	\$2,016.48
75	\$1,696.80	\$2,225.28	\$1,790.04	75	\$1,951.68	\$2,559.12	\$2,059.08
76	\$1,719.96	\$2,282.04	\$1,826.52	76	\$1,978.32	\$2,624.88	\$2,100.84
77	\$1,742.04	\$2,339.76	\$1,861.08	77	\$2,003.16	\$2,691.48	\$2,140.80
78	\$1,761.72	\$2,400.12	\$1,893.96	78	\$2,026.32	\$2,759.76	\$2,178.12
79	\$1,780.32	\$2,460.60	\$1,925.88	79	\$2,046.72	\$2,829.96	\$2,214.60
80	\$1,798.08	\$2,523.60	\$1,957.80	80	\$2,068.08	\$2,901.84	\$2,250.84
81	\$1,815.00	\$2,575.08	\$1,989.00	81	\$2,087.52	\$2,961.36	\$2,286.36
82	\$1,830.96	\$2,627.52	\$2,019.12	82	\$2,105.28	\$3,021.72	\$2,322.00
83	\$1,844.28	\$2,680.80	\$2,047.56	83	\$2,121.36	\$3,083.04	\$2,354.76
84	\$1,856.64	\$2,735.76	\$2,076.00	84	\$2,134.68	\$3,146.04	\$2,387.64
85	\$1,868.28	\$2,791.80	\$2,103.48	85	\$2,148.00	\$3,210.00	\$2,418.72
86	\$1,878.84	\$2,826.36	\$2,130.96	86	\$2,160.36	\$3,249.96	\$2,450.64
87	\$1,889.52	\$2,860.08	\$2,159.40	87	\$2,172.72	\$3,289.08	\$2,483.52
88	\$1,900.20	\$2,891.16	\$2,187.00	88	\$2,185.20	\$3,325.44	\$2,514.60
89	\$1,910.88	\$2,921.40	\$2,215.44	89	\$2,197.56	\$3,359.16	\$2,547.48
90	\$1,921.56	\$2,948.88	\$2,244.72	90	\$2,210.04	\$3,392.04	\$2,581.20
91	\$1,932.12	\$2,975.52	\$2,274.00	91	\$2,222.40	\$3,422.16	\$2,615.04
92	\$1,943.64	\$3,000.48	\$2,304.12	92	\$2,234.88	\$3,450.60	\$2,650.44
93	\$1,954.32	\$3,023.52	\$2,335.32	93	\$2,247.36	\$3,477.24	\$2,685.12
94	\$1,965.84	\$3,045.72	\$2,367.24	94	\$2,260.68	\$3,502.08	\$2,722.44
95	\$1,976.52	\$3,065.28	\$2,400.12	95	\$2,273.04	\$3,525.24	\$2,760.48
96	\$1,988.16	\$3,083.88	\$2,433.84	96	\$2,286.36	\$3,546.48	\$2,798.76
97	\$1,998.72	\$3,101.64	\$2,467.56	97	\$2,298.84	\$3,567.00	\$2,837.76
98	\$2,010.24	\$3,120.36	\$2,503.08	98	\$2,312.16	\$3,588.24	\$2,877.72
99	\$2,021.76	\$3,138.96	\$2,538.60	99	\$2,325.48	\$3,610.44	\$2,919.48

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement  
Kentucky Monthly Standard Tobacco Rates for Zip Codes Beginning With 416-418**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$108.11	\$129.72	\$110.84	65	\$124.31	\$149.18	\$127.41
66	\$111.73	\$134.08	\$114.40	66	\$128.52	\$154.21	\$131.56
67	\$116.69	\$138.60	\$119.20	67	\$134.15	\$159.39	\$137.11
68	\$120.46	\$143.26	\$123.13	68	\$138.51	\$164.79	\$141.62
69	\$124.16	\$148.14	\$127.34	69	\$142.81	\$170.34	\$146.43
70	\$127.64	\$153.10	\$131.41	70	\$146.81	\$176.04	\$151.10
71	\$130.97	\$159.09	\$135.33	71	\$150.65	\$182.92	\$155.69
72	\$134.15	\$165.31	\$139.18	72	\$154.20	\$190.10	\$160.05
73	\$136.89	\$171.75	\$142.73	73	\$157.46	\$197.50	\$164.19
74	\$139.33	\$178.48	\$146.14	74	\$160.27	\$205.27	\$168.04
75	\$141.40	\$185.44	\$149.17	75	\$162.64	\$213.26	\$171.59
76	\$143.33	\$190.17	\$152.21	76	\$164.86	\$218.74	\$175.07
77	\$145.17	\$194.98	\$155.09	77	\$166.93	\$224.29	\$178.40
78	\$146.81	\$200.01	\$157.83	78	\$168.86	\$229.98	\$181.51
79	\$148.36	\$205.05	\$160.49	79	\$170.56	\$235.83	\$184.55
80	\$149.84	\$210.30	\$163.15	80	\$172.34	\$241.82	\$187.57
81	\$151.25	\$214.59	\$165.75	81	\$173.96	\$246.78	\$190.53
82	\$152.58	\$218.96	\$168.26	82	\$175.44	\$251.81	\$193.50
83	\$153.69	\$223.40	\$170.63	83	\$176.78	\$256.92	\$196.23
84	\$154.72	\$227.98	\$173.00	84	\$177.89	\$262.17	\$198.97
85	\$155.69	\$232.65	\$175.29	85	\$179.00	\$267.50	\$201.56
86	\$156.57	\$235.53	\$177.58	86	\$180.03	\$270.83	\$204.22
87	\$157.46	\$238.34	\$179.95	87	\$181.06	\$274.09	\$206.96
88	\$158.35	\$240.93	\$182.25	88	\$182.10	\$277.12	\$209.55
89	\$159.24	\$243.45	\$184.62	89	\$183.13	\$279.93	\$212.29
90	\$160.13	\$245.74	\$187.06	90	\$184.17	\$282.67	\$215.10
91	\$161.01	\$247.96	\$189.50	91	\$185.20	\$285.18	\$217.92
92	\$161.97	\$250.04	\$192.01	92	\$186.24	\$287.55	\$220.87
93	\$162.86	\$251.96	\$194.61	93	\$187.28	\$289.77	\$223.76
94	\$163.82	\$253.81	\$197.27	94	\$188.39	\$291.84	\$226.87
95	\$164.71	\$255.44	\$200.01	95	\$189.42	\$293.77	\$230.04
96	\$165.68	\$256.99	\$202.82	96	\$190.53	\$295.54	\$233.23
97	\$166.56	\$258.47	\$205.63	97	\$191.57	\$297.25	\$236.48
98	\$167.52	\$260.03	\$208.59	98	\$192.68	\$299.02	\$239.81
99	\$168.48	\$261.58	\$211.55	99	\$193.79	\$300.87	\$243.29

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Annual Standard Non-Tobacco Rates for Zip Codes Beginning With 407-411, 419, 425-427**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$1,130.04	\$1,356.48	\$1,158.96	65	\$1,299.36	\$1,559.88	\$1,332.48
66	\$1,168.32	\$1,402.44	\$1,195.56	66	\$1,343.64	\$1,612.56	\$1,375.08
67	\$1,220.28	\$1,449.24	\$1,246.68	67	\$1,403.16	\$1,667.04	\$1,433.04
68	\$1,259.40	\$1,497.72	\$1,287.48	68	\$1,448.28	\$1,722.36	\$1,480.56
69	\$1,297.68	\$1,548.72	\$1,330.92	69	\$1,492.56	\$1,781.04	\$1,530.84
70	\$1,335.12	\$1,600.68	\$1,373.40	70	\$1,535.16	\$1,840.68	\$1,580.16
71	\$1,369.20	\$1,662.84	\$1,415.16	71	\$1,575.00	\$1,912.92	\$1,627.80
72	\$1,402.32	\$1,728.36	\$1,455.00	72	\$1,612.56	\$1,986.96	\$1,673.76
73	\$1,431.24	\$1,795.56	\$1,492.56	73	\$1,646.52	\$2,065.32	\$1,716.36
74	\$1,456.80	\$1,866.12	\$1,527.48	74	\$1,675.56	\$2,146.08	\$1,756.32
75	\$1,478.04	\$1,938.48	\$1,559.76	75	\$1,700.16	\$2,229.48	\$1,793.76
76	\$1,498.44	\$1,987.80	\$1,591.32	76	\$1,723.08	\$2,286.60	\$1,830.36
77	\$1,517.28	\$2,038.92	\$1,621.92	77	\$1,745.28	\$2,344.44	\$1,865.28
78	\$1,535.16	\$2,090.88	\$1,650.00	78	\$1,764.84	\$2,403.96	\$1,897.68
79	\$1,550.40	\$2,144.40	\$1,678.08	79	\$1,783.56	\$2,465.28	\$1,929.12
80	\$1,566.60	\$2,198.88	\$1,705.20	80	\$1,801.44	\$2,528.16	\$1,961.40
81	\$1,581.12	\$2,243.16	\$1,732.44	81	\$1,818.48	\$2,580.12	\$1,992.12
82	\$1,594.68	\$2,289.12	\$1,758.84	82	\$1,833.84	\$2,632.92	\$2,022.72
83	\$1,606.56	\$2,335.92	\$1,783.56	83	\$1,847.40	\$2,686.44	\$2,051.64
84	\$1,617.60	\$2,383.56	\$1,809.12	84	\$1,860.12	\$2,740.92	\$2,079.72
85	\$1,626.96	\$2,432.04	\$1,832.88	85	\$1,871.16	\$2,796.24	\$2,107.80
86	\$1,636.32	\$2,462.64	\$1,856.76	86	\$1,882.32	\$2,832.00	\$2,134.92
87	\$1,645.68	\$2,491.68	\$1,881.36	87	\$1,893.36	\$2,865.24	\$2,163.00
88	\$1,655.04	\$2,518.80	\$1,905.24	88	\$1,903.56	\$2,896.68	\$2,191.08
89	\$1,664.40	\$2,544.36	\$1,929.84	89	\$1,914.60	\$2,926.44	\$2,219.16
90	\$1,673.76	\$2,569.08	\$1,955.40	90	\$1,925.76	\$2,954.52	\$2,249.04
91	\$1,683.96	\$2,592.84	\$1,980.96	91	\$1,935.96	\$2,981.76	\$2,278.80
92	\$1,693.44	\$2,614.20	\$2,007.36	92	\$1,947.00	\$3,006.48	\$2,308.56
93	\$1,702.68	\$2,634.60	\$2,034.60	93	\$1,957.92	\$3,029.40	\$2,339.16
94	\$1,712.04	\$2,653.32	\$2,062.68	94	\$1,969.08	\$3,051.60	\$2,372.40
95	\$1,722.24	\$2,670.36	\$2,090.76	95	\$1,980.12	\$3,071.16	\$2,404.68
96	\$1,731.72	\$2,686.44	\$2,120.52	96	\$1,992.12	\$3,089.88	\$2,438.76
97	\$1,741.92	\$2,702.64	\$2,149.44	97	\$2,003.16	\$3,107.76	\$2,471.88
98	\$1,751.16	\$2,718.84	\$2,180.04	98	\$2,014.08	\$3,126.48	\$2,507.64
99	\$1,761.36	\$2,735.04	\$2,211.48	99	\$2,026.08	\$3,145.20	\$2,543.40
Eligible due to Disability	\$2,825.16	\$3,391.08	\$2,897.40	Eligible due to Disability	\$3,248.76	\$3,900.00	\$3,331.44

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Monthly Standard Non-Tobacco Rates for Zip Codes Beginning With 407-411, 419, 425-427**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$94.17	\$113.04	\$96.58	65	\$108.28	\$129.99	\$111.04
66	\$97.36	\$116.87	\$99.63	66	\$111.97	\$134.38	\$114.59
67	\$101.69	\$120.77	\$103.89	67	\$116.93	\$138.92	\$119.42
68	\$104.95	\$124.81	\$107.29	68	\$120.69	\$143.53	\$123.38
69	\$108.14	\$129.06	\$110.91	69	\$124.38	\$148.42	\$127.57
70	\$111.26	\$133.39	\$114.45	70	\$127.93	\$153.39	\$131.68
71	\$114.10	\$138.57	\$117.93	71	\$131.25	\$159.41	\$135.65
72	\$116.86	\$144.03	\$121.25	72	\$134.38	\$165.58	\$139.48
73	\$119.27	\$149.63	\$124.38	73	\$137.21	\$172.11	\$143.03
74	\$121.40	\$155.51	\$127.29	74	\$139.63	\$178.84	\$146.36
75	\$123.17	\$161.54	\$129.98	75	\$141.68	\$185.79	\$149.48
76	\$124.87	\$165.65	\$132.61	76	\$143.59	\$190.55	\$152.53
77	\$126.44	\$169.91	\$135.16	77	\$145.44	\$195.37	\$155.44
78	\$127.93	\$174.24	\$137.50	78	\$147.07	\$200.33	\$158.14
79	\$129.20	\$178.70	\$139.84	79	\$148.63	\$205.44	\$160.76
80	\$130.55	\$183.24	\$142.10	80	\$150.12	\$210.68	\$163.45
81	\$131.76	\$186.93	\$144.37	81	\$151.54	\$215.01	\$166.01
82	\$132.89	\$190.76	\$146.57	82	\$152.82	\$219.41	\$168.56
83	\$133.88	\$194.66	\$148.63	83	\$153.95	\$223.87	\$170.97
84	\$134.80	\$198.63	\$150.76	84	\$155.01	\$228.41	\$173.31
85	\$135.58	\$202.67	\$152.74	85	\$155.93	\$233.02	\$175.65
86	\$136.36	\$205.22	\$154.73	86	\$156.86	\$236.00	\$177.91
87	\$137.14	\$207.64	\$156.78	87	\$157.78	\$238.77	\$180.25
88	\$137.92	\$209.90	\$158.77	88	\$158.63	\$241.39	\$182.59
89	\$138.70	\$212.03	\$160.82	89	\$159.55	\$243.87	\$184.93
90	\$139.48	\$214.09	\$162.95	90	\$160.48	\$246.21	\$187.42
91	\$140.33	\$216.07	\$165.08	91	\$161.33	\$248.48	\$189.90
92	\$141.12	\$217.85	\$167.28	92	\$162.25	\$250.54	\$192.38
93	\$141.89	\$219.55	\$169.55	93	\$163.16	\$252.45	\$194.93
94	\$142.67	\$221.11	\$171.89	94	\$164.09	\$254.30	\$197.70
95	\$143.52	\$222.53	\$174.23	95	\$165.01	\$255.93	\$200.39
96	\$144.31	\$223.87	\$176.71	96	\$166.01	\$257.49	\$203.23
97	\$145.16	\$225.22	\$179.12	97	\$166.93	\$258.98	\$205.99
98	\$145.93	\$226.57	\$181.67	98	\$167.84	\$260.54	\$208.97
99	\$146.78	\$227.92	\$184.29	99	\$168.84	\$262.10	\$211.95
Eligible due to Disability	\$235.43	\$282.59	\$241.45	Eligible due to Disability	\$270.73	\$325.00	\$277.62

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Annual Standard Tobacco Rates for Zip Codes Beginning With 407-411, 419, 425-427**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$1,243.32	\$1,491.72	\$1,274.76	65	\$1,429.56	\$1,715.52	\$1,465.32
66	\$1,284.96	\$1,542.00	\$1,315.56	66	\$1,478.04	\$1,773.36	\$1,512.96
67	\$1,341.96	\$1,593.84	\$1,370.76	67	\$1,542.72	\$1,833.00	\$1,576.80
68	\$1,385.28	\$1,647.48	\$1,415.88	68	\$1,592.88	\$1,895.16	\$1,628.64
69	\$1,427.88	\$1,703.64	\$1,464.48	69	\$1,642.32	\$1,958.88	\$1,683.96
70	\$1,467.84	\$1,760.64	\$1,511.16	70	\$1,688.28	\$2,024.40	\$1,737.60
71	\$1,506.12	\$1,829.52	\$1,556.40	71	\$1,732.44	\$2,103.60	\$1,790.40
72	\$1,542.72	\$1,901.04	\$1,600.56	72	\$1,773.36	\$2,186.16	\$1,840.56
73	\$1,574.16	\$1,975.08	\$1,641.36	73	\$1,810.80	\$2,271.24	\$1,888.20
74	\$1,602.36	\$2,052.48	\$1,680.60	74	\$1,843.08	\$2,360.52	\$1,932.48
75	\$1,626.12	\$2,132.52	\$1,715.40	75	\$1,870.32	\$2,452.44	\$1,973.28
76	\$1,648.20	\$2,187.00	\$1,750.32	76	\$1,895.88	\$2,515.44	\$2,013.36
77	\$1,669.44	\$2,242.32	\$1,783.56	77	\$1,919.64	\$2,579.28	\$2,051.64
78	\$1,688.28	\$2,300.16	\$1,815.00	78	\$1,941.84	\$2,644.80	\$2,087.40
79	\$1,706.16	\$2,358.00	\$1,845.60	79	\$1,961.40	\$2,712.00	\$2,122.32
80	\$1,723.08	\$2,418.48	\$1,876.32	80	\$1,981.92	\$2,781.00	\$2,157.12
81	\$1,739.40	\$2,467.80	\$1,906.08	81	\$2,000.52	\$2,838.00	\$2,191.08
82	\$1,754.64	\$2,517.96	\$1,935.00	82	\$2,017.56	\$2,895.84	\$2,225.16
83	\$1,767.48	\$2,569.08	\$1,962.24	83	\$2,032.92	\$2,954.52	\$2,256.60
84	\$1,779.24	\$2,621.88	\$1,989.48	84	\$2,045.64	\$3,015.00	\$2,288.16
85	\$1,790.40	\$2,675.40	\$2,015.88	85	\$2,058.48	\$3,076.20	\$2,317.92
86	\$1,800.60	\$2,708.64	\$2,042.16	86	\$2,070.24	\$3,114.48	\$2,348.52
87	\$1,810.80	\$2,740.92	\$2,069.52	87	\$2,082.24	\$3,151.92	\$2,379.96
88	\$1,821.00	\$2,770.80	\$2,095.80	88	\$2,094.24	\$3,186.84	\$2,409.84
89	\$1,831.20	\$2,799.72	\$2,123.04	89	\$2,106.00	\$3,219.24	\$2,441.28
90	\$1,841.40	\$2,826.00	\$2,151.12	90	\$2,118.00	\$3,250.68	\$2,473.68
91	\$1,851.72	\$2,851.56	\$2,179.20	91	\$2,129.88	\$3,279.60	\$2,506.08
92	\$1,862.64	\$2,875.44	\$2,208.12	92	\$2,141.76	\$3,306.84	\$2,540.04
93	\$1,872.96	\$2,897.52	\$2,238.00	93	\$2,153.76	\$3,332.40	\$2,573.16
94	\$1,883.88	\$2,918.76	\$2,268.60	94	\$2,166.48	\$3,356.16	\$2,608.92
95	\$1,894.20	\$2,937.48	\$2,300.04	95	\$2,178.36	\$3,378.36	\$2,645.52
96	\$1,905.24	\$2,955.36	\$2,332.44	96	\$2,191.08	\$3,398.76	\$2,682.12
97	\$1,915.44	\$2,972.40	\$2,364.72	97	\$2,203.08	\$3,418.32	\$2,719.56
98	\$1,926.48	\$2,990.28	\$2,398.80	98	\$2,215.80	\$3,438.72	\$2,757.84
99	\$1,937.52	\$3,008.16	\$2,432.76	99	\$2,228.52	\$3,460.08	\$2,797.92

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement**

**Kentucky - Monthly Standard Tobacco Rates for Zip Codes Beginning With 407-411, 419, 425-427**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$103.61	\$124.31	\$106.23	65	\$119.13	\$142.96	\$122.11
66	\$107.08	\$128.50	\$109.63	66	\$123.17	\$147.78	\$126.08
67	\$111.83	\$132.82	\$114.23	67	\$128.56	\$152.75	\$131.40
68	\$115.44	\$137.29	\$117.99	68	\$132.74	\$157.93	\$135.72
69	\$118.99	\$141.97	\$122.04	69	\$136.86	\$163.24	\$140.33
70	\$122.32	\$146.72	\$125.93	70	\$140.69	\$168.70	\$144.80
71	\$125.51	\$152.46	\$129.70	71	\$144.37	\$175.30	\$149.20
72	\$128.56	\$158.42	\$133.38	72	\$147.78	\$182.18	\$153.38
73	\$131.18	\$164.59	\$136.78	73	\$150.90	\$189.27	\$157.35
74	\$133.53	\$171.04	\$140.05	74	\$153.59	\$196.71	\$161.04
75	\$135.51	\$177.71	\$142.95	75	\$155.86	\$204.37	\$164.44
76	\$137.35	\$182.25	\$145.86	76	\$157.99	\$209.62	\$167.78
77	\$139.12	\$186.86	\$148.63	77	\$159.97	\$214.94	\$170.97
78	\$140.69	\$191.68	\$151.25	78	\$161.82	\$220.40	\$173.95
79	\$142.18	\$196.50	\$153.80	79	\$163.45	\$226.00	\$176.86
80	\$143.59	\$201.54	\$156.36	80	\$165.16	\$231.75	\$179.76
81	\$144.95	\$205.65	\$158.84	81	\$166.71	\$236.50	\$182.59
82	\$146.22	\$209.83	\$161.25	82	\$168.13	\$241.32	\$185.43
83	\$147.29	\$214.09	\$163.52	83	\$169.41	\$246.21	\$188.05
84	\$148.27	\$218.49	\$165.79	84	\$170.47	\$251.25	\$190.68
85	\$149.20	\$222.95	\$167.99	85	\$171.54	\$256.35	\$193.16
86	\$150.05	\$225.72	\$170.18	86	\$172.52	\$259.54	\$195.71
87	\$150.90	\$228.41	\$172.46	87	\$173.52	\$262.66	\$198.33
88	\$151.75	\$230.90	\$174.65	88	\$174.52	\$265.57	\$200.82
89	\$152.60	\$233.31	\$176.92	89	\$175.50	\$268.27	\$203.44
90	\$153.45	\$235.50	\$179.26	90	\$176.50	\$270.89	\$206.14
91	\$154.31	\$237.63	\$181.60	91	\$177.49	\$273.30	\$208.84
92	\$155.22	\$239.62	\$184.01	92	\$178.48	\$275.57	\$211.67
93	\$156.08	\$241.46	\$186.50	93	\$179.48	\$277.70	\$214.43
94	\$156.99	\$243.23	\$189.05	94	\$180.54	\$279.68	\$217.41
95	\$157.85	\$244.79	\$191.67	95	\$181.53	\$281.53	\$220.46
96	\$158.77	\$246.28	\$194.37	96	\$182.59	\$283.23	\$223.51
97	\$159.62	\$247.70	\$197.06	97	\$183.59	\$284.86	\$226.63
98	\$160.54	\$249.19	\$199.90	98	\$184.65	\$286.56	\$229.82
99	\$161.46	\$250.68	\$202.73	99	\$185.71	\$288.34	\$233.16

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Annual Standard Non-Tobacco Rates for Zip Codes Beginning With 400-406, 412-415, 420-424**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$1,080.84	\$1,297.44	\$1,108.68	65	\$1,242.84	\$1,491.96	\$1,274.52
66	\$1,117.56	\$1,341.36	\$1,143.60	66	\$1,285.20	\$1,542.48	\$1,315.32
67	\$1,167.24	\$1,386.24	\$1,192.44	67	\$1,342.20	\$1,594.56	\$1,370.64
68	\$1,204.68	\$1,432.56	\$1,231.56	68	\$1,385.40	\$1,647.48	\$1,416.24
69	\$1,241.28	\$1,481.40	\$1,272.96	69	\$1,427.64	\$1,703.64	\$1,464.24
70	\$1,277.04	\$1,531.08	\$1,313.64	70	\$1,468.32	\$1,760.64	\$1,511.40
71	\$1,309.68	\$1,590.48	\$1,353.60	71	\$1,506.60	\$1,829.76	\$1,557.00
72	\$1,341.36	\$1,653.12	\$1,391.76	72	\$1,542.36	\$1,900.56	\$1,601.04
73	\$1,369.08	\$1,717.44	\$1,427.64	73	\$1,574.88	\$1,975.44	\$1,641.72
74	\$1,393.44	\$1,785.00	\$1,461.00	74	\$1,602.72	\$2,052.84	\$1,679.88
75	\$1,413.72	\$1,854.24	\$1,491.96	75	\$1,626.24	\$2,132.64	\$1,715.76
76	\$1,433.28	\$1,901.40	\$1,522.08	76	\$1,648.20	\$2,187.12	\$1,750.80
77	\$1,451.28	\$1,950.24	\$1,551.36	77	\$1,669.44	\$2,242.44	\$1,784.16
78	\$1,468.32	\$1,999.92	\$1,578.24	78	\$1,688.16	\$2,299.44	\$1,815.12
79	\$1,482.96	\$2,051.16	\$1,605.12	79	\$1,706.04	\$2,358.12	\$1,845.24
80	\$1,498.44	\$2,103.24	\$1,631.04	80	\$1,723.08	\$2,418.24	\$1,876.20
81	\$1,512.36	\$2,145.60	\$1,657.20	81	\$1,739.40	\$2,467.92	\$1,905.48
82	\$1,525.32	\$2,189.52	\$1,682.40	82	\$1,754.04	\$2,518.44	\$1,934.76
83	\$1,536.72	\$2,234.40	\$1,706.04	83	\$1,767.00	\$2,569.68	\$1,962.36
84	\$1,547.28	\$2,279.88	\$1,730.40	84	\$1,779.24	\$2,621.76	\$1,989.24
85	\$1,556.28	\$2,326.32	\$1,753.20	85	\$1,789.80	\$2,674.68	\$2,016.12
86	\$1,565.16	\$2,355.60	\$1,776.00	86	\$1,800.48	\$2,708.88	\$2,042.16
87	\$1,574.16	\$2,383.32	\$1,799.64	87	\$1,811.04	\$2,740.68	\$2,068.92
88	\$1,583.16	\$2,409.36	\$1,822.44	88	\$1,820.76	\$2,770.80	\$2,095.80
89	\$1,592.04	\$2,433.72	\$1,845.96	89	\$1,831.32	\$2,799.24	\$2,122.68
90	\$1,601.04	\$2,457.36	\$1,870.44	90	\$1,842.00	\$2,826.12	\$2,151.24
91	\$1,610.76	\$2,480.16	\$1,894.80	91	\$1,851.72	\$2,852.16	\$2,179.68
92	\$1,619.76	\$2,500.56	\$1,920.12	92	\$1,862.28	\$2,875.80	\$2,208.12
93	\$1,628.64	\$2,520.00	\$1,946.04	93	\$1,872.84	\$2,897.76	\$2,237.52
94	\$1,637.64	\$2,538.00	\$1,972.92	94	\$1,883.52	\$2,918.88	\$2,269.20
95	\$1,647.36	\$2,554.20	\$1,999.80	95	\$1,894.08	\$2,937.60	\$2,300.16
96	\$1,656.36	\$2,569.68	\$2,028.36	96	\$1,905.48	\$2,955.48	\$2,332.68
97	\$1,666.20	\$2,585.16	\$2,055.96	97	\$1,916.04	\$2,972.64	\$2,364.48
98	\$1,675.08	\$2,600.64	\$2,085.24	98	\$1,926.60	\$2,990.52	\$2,398.68
99	\$1,684.80	\$2,616.12	\$2,115.36	99	\$1,938.00	\$3,008.40	\$2,432.76
Eligible due to Disability	\$2,702.28	\$3,243.72	\$2,771.52	Eligible due to Disability	\$3,107.52	\$3,730.44	\$3,186.60

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Monthly Standard Non-Tobacco Rates for Zip Codes Beginning With 400-406, 412-415, 420-424**

Female Rates				Male Rates			
Attained Age	Plan A	Plan F	Plan N	Attained Age	Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$90.07	\$108.12	\$92.39	65	\$103.57	\$124.33	\$106.21
66	\$93.13	\$111.78	\$95.30	66	\$107.10	\$128.54	\$109.61
67	\$97.27	\$115.52	\$99.37	67	\$111.85	\$132.88	\$114.22
68	\$100.39	\$119.38	\$102.63	68	\$115.45	\$137.29	\$118.02
69	\$103.44	\$123.45	\$106.08	69	\$118.97	\$141.97	\$122.02
70	\$106.42	\$127.59	\$109.47	70	\$122.36	\$146.72	\$125.95
71	\$109.14	\$132.54	\$112.80	71	\$125.55	\$152.48	\$129.75
72	\$111.78	\$137.76	\$115.98	72	\$128.53	\$158.38	\$133.42
73	\$114.09	\$143.12	\$118.97	73	\$131.24	\$164.62	\$136.81
74	\$116.12	\$148.75	\$121.75	74	\$133.56	\$171.07	\$139.99
75	\$117.81	\$154.52	\$124.33	75	\$135.52	\$177.72	\$142.98
76	\$119.44	\$158.45	\$126.84	76	\$137.35	\$182.26	\$145.90
77	\$120.94	\$162.52	\$129.28	77	\$139.12	\$186.87	\$148.68
78	\$122.36	\$166.66	\$131.52	78	\$140.68	\$191.62	\$151.26
79	\$123.58	\$170.93	\$133.76	79	\$142.17	\$196.51	\$153.77
80	\$124.87	\$175.27	\$135.92	80	\$143.59	\$201.52	\$156.35
81	\$126.03	\$178.80	\$138.10	81	\$144.95	\$205.66	\$158.79
82	\$127.11	\$182.46	\$140.20	82	\$146.17	\$209.87	\$161.23
83	\$128.06	\$186.20	\$142.17	83	\$147.25	\$214.14	\$163.53
84	\$128.94	\$189.99	\$144.20	84	\$148.27	\$218.48	\$165.77
85	\$129.69	\$193.86	\$146.10	85	\$149.15	\$222.89	\$168.01
86	\$130.43	\$196.30	\$148.00	86	\$150.04	\$225.74	\$170.18
87	\$131.18	\$198.61	\$149.97	87	\$150.92	\$228.39	\$172.41
88	\$131.93	\$200.78	\$151.87	88	\$151.73	\$230.90	\$174.65
89	\$132.67	\$202.81	\$153.83	89	\$152.61	\$233.27	\$176.89
90	\$133.42	\$204.78	\$155.87	90	\$153.50	\$235.51	\$179.27
91	\$134.23	\$206.68	\$157.90	91	\$154.31	\$237.68	\$181.64
92	\$134.98	\$208.38	\$160.01	92	\$155.19	\$239.65	\$184.01
93	\$135.72	\$210.00	\$162.17	93	\$156.07	\$241.48	\$186.46
94	\$136.47	\$211.50	\$164.41	94	\$156.96	\$243.24	\$189.10
95	\$137.28	\$212.85	\$166.65	95	\$157.84	\$244.80	\$191.68
96	\$138.03	\$214.14	\$169.03	96	\$158.79	\$246.29	\$194.39
97	\$138.85	\$215.43	\$171.33	97	\$159.67	\$247.72	\$197.04
98	\$139.59	\$216.72	\$173.77	98	\$160.55	\$249.21	\$199.89
99	\$140.40	\$218.01	\$176.28	99	\$161.50	\$250.70	\$202.73
Eligible due to Disability	\$225.19	\$270.31	\$230.96	Eligible due to Disability	\$258.96	\$310.87	\$265.55

Policies may be issued on an annual, semi-annual or monthly mode.  
 Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333  
 Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Annual Standard Tobacco Rates for Zip Codes Beginning With 400-406, 412-415, 420-424**

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A	Plan F	Plan N		Plan A	Plan F	Plan N
	Form No. 14903	Form No. 14905	Form No. 14906		Form No. 14903	Form No. 14905	Form No. 14906
65	\$1,189.20	\$1,426.92	\$1,219.32	65	\$1,367.40	\$1,641.00	\$1,401.60
66	\$1,229.04	\$1,474.92	\$1,258.32	66	\$1,413.72	\$1,696.32	\$1,447.20
67	\$1,283.52	\$1,524.60	\$1,311.24	67	\$1,475.64	\$1,753.32	\$1,508.16
68	\$1,325.04	\$1,575.84	\$1,354.32	68	\$1,523.64	\$1,812.72	\$1,557.84
69	\$1,365.84	\$1,629.60	\$1,400.76	69	\$1,570.92	\$1,873.80	\$1,610.76
70	\$1,404.00	\$1,684.08	\$1,445.52	70	\$1,614.84	\$1,936.44	\$1,662.00
71	\$1,440.60	\$1,750.08	\$1,488.72	71	\$1,657.20	\$2,012.16	\$1,712.52
72	\$1,475.64	\$1,818.36	\$1,530.96	72	\$1,696.20	\$2,091.12	\$1,760.52
73	\$1,505.76	\$1,889.16	\$1,570.08	73	\$1,732.08	\$2,172.48	\$1,806.12
74	\$1,532.64	\$1,963.32	\$1,607.52	74	\$1,762.92	\$2,257.92	\$1,848.48
75	\$1,555.44	\$2,039.76	\$1,640.88	75	\$1,789.08	\$2,345.88	\$1,887.48
76	\$1,576.56	\$2,091.84	\$1,674.24	76	\$1,813.44	\$2,406.12	\$1,925.76
77	\$1,596.96	\$2,144.76	\$1,706.04	77	\$1,836.24	\$2,467.08	\$1,962.36
78	\$1,614.84	\$2,200.20	\$1,736.04	78	\$1,857.36	\$2,529.84	\$1,996.56
79	\$1,632.00	\$2,255.52	\$1,765.44	79	\$1,876.20	\$2,594.16	\$2,030.04
80	\$1,648.20	\$2,313.24	\$1,794.72	80	\$1,895.64	\$2,660.04	\$2,063.28
81	\$1,663.68	\$2,360.52	\$1,823.28	81	\$1,913.52	\$2,714.64	\$2,095.80
82	\$1,678.32	\$2,408.52	\$1,850.88	82	\$1,929.84	\$2,769.96	\$2,128.44
83	\$1,690.56	\$2,457.36	\$1,876.92	83	\$1,944.48	\$2,826.12	\$2,158.56
84	\$1,701.96	\$2,507.88	\$1,903.08	84	\$1,956.72	\$2,883.84	\$2,188.68
85	\$1,712.52	\$2,559.12	\$1,928.28	85	\$1,968.96	\$2,942.52	\$2,217.12
86	\$1,722.36	\$2,590.80	\$1,953.48	86	\$1,980.24	\$2,979.12	\$2,246.40
87	\$1,732.08	\$2,621.76	\$1,979.52	87	\$1,991.76	\$3,014.88	\$2,276.52
88	\$1,741.80	\$2,650.32	\$2,004.72	88	\$2,003.16	\$3,048.36	\$2,305.08
89	\$1,751.64	\$2,677.92	\$2,030.76	89	\$2,014.44	\$3,079.20	\$2,335.20
90	\$1,761.36	\$2,703.24	\$2,057.64	90	\$2,025.84	\$3,109.32	\$2,366.16
91	\$1,771.20	\$2,727.60	\$2,084.52	91	\$2,037.24	\$3,137.04	\$2,397.12
92	\$1,781.76	\$2,750.40	\$2,112.12	92	\$2,048.64	\$3,163.08	\$2,429.64
93	\$1,791.48	\$2,771.52	\$2,140.68	93	\$2,060.04	\$3,187.44	\$2,461.32
94	\$1,802.04	\$2,791.92	\$2,169.96	94	\$2,072.28	\$3,210.24	\$2,495.52
95	\$1,811.76	\$2,809.80	\$2,200.08	95	\$2,083.68	\$3,231.48	\$2,530.44
96	\$1,822.44	\$2,826.96	\$2,231.04	96	\$2,095.80	\$3,251.04	\$2,565.60
97	\$1,832.16	\$2,843.16	\$2,261.88	97	\$2,107.32	\$3,269.76	\$2,601.36
98	\$1,842.72	\$2,860.32	\$2,294.52	98	\$2,119.44	\$3,289.20	\$2,637.96
99	\$1,853.28	\$2,877.36	\$2,327.04	99	\$2,131.68	\$3,309.60	\$2,676.24

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America Medicare Supplement  
Kentucky - Monthly Standard Tobacco Rates for Zip Codes Beginning With 400-406, 412-415, 420-424**

Female Rates			Male Rates				
Attained Age	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906	Attained Age	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$99.10	\$118.91	\$101.61	65	\$113.95	\$136.75	\$116.80
66	\$102.42	\$122.91	\$104.86	66	\$117.81	\$141.36	\$120.60
67	\$106.96	\$127.05	\$109.27	67	\$122.97	\$146.11	\$125.68
68	\$110.42	\$131.32	\$112.86	68	\$126.97	\$151.06	\$129.82
69	\$113.82	\$135.80	\$116.73	69	\$130.91	\$156.15	\$134.23
70	\$117.00	\$140.34	\$120.46	70	\$134.57	\$161.37	\$138.50
71	\$120.05	\$145.84	\$124.06	71	\$138.10	\$167.68	\$142.71
72	\$122.97	\$151.53	\$127.58	72	\$141.35	\$174.26	\$146.71
73	\$125.48	\$157.43	\$130.84	73	\$144.34	\$181.04	\$150.51
74	\$127.72	\$163.61	\$133.96	74	\$146.91	\$188.16	\$154.04
75	\$129.62	\$169.98	\$136.74	75	\$149.09	\$195.49	\$157.29
76	\$131.38	\$174.32	\$139.52	76	\$151.12	\$200.51	\$160.48
77	\$133.08	\$178.73	\$142.17	77	\$153.02	\$205.59	\$163.53
78	\$134.57	\$183.35	\$144.67	78	\$154.78	\$210.82	\$166.38
79	\$136.00	\$187.96	\$147.12	79	\$156.35	\$216.18	\$169.17
80	\$137.35	\$192.77	\$149.56	80	\$157.97	\$221.67	\$171.94
81	\$138.64	\$196.71	\$151.94	81	\$159.46	\$226.22	\$174.65
82	\$139.86	\$200.71	\$154.24	82	\$160.82	\$230.83	\$177.37
83	\$140.88	\$204.78	\$156.41	83	\$162.04	\$235.51	\$179.88
84	\$141.83	\$208.99	\$158.59	84	\$163.06	\$240.32	\$182.39
85	\$142.71	\$213.26	\$160.69	85	\$164.08	\$245.21	\$184.76
86	\$143.53	\$215.90	\$162.79	86	\$165.02	\$248.26	\$187.20
87	\$144.34	\$218.48	\$164.96	87	\$165.98	\$251.24	\$189.71
88	\$145.15	\$220.86	\$167.06	88	\$166.93	\$254.03	\$192.09
89	\$145.97	\$223.16	\$169.23	89	\$167.87	\$256.60	\$194.60
90	\$146.78	\$225.27	\$171.47	90	\$168.82	\$259.11	\$197.18
91	\$147.60	\$227.30	\$173.71	91	\$169.77	\$261.42	\$199.76
92	\$148.48	\$229.20	\$176.01	92	\$170.72	\$263.59	\$202.47
93	\$149.29	\$230.96	\$178.39	93	\$171.67	\$265.62	\$205.11
94	\$150.17	\$232.66	\$180.83	94	\$172.69	\$267.52	\$207.96
95	\$150.98	\$234.15	\$183.34	95	\$173.64	\$269.29	\$210.87
96	\$151.87	\$235.58	\$185.92	96	\$174.65	\$270.92	\$213.80
97	\$152.68	\$236.93	\$188.49	97	\$175.61	\$272.48	\$216.78
98	\$153.56	\$238.36	\$191.21	98	\$176.62	\$274.10	\$219.83
99	\$154.44	\$239.78	\$193.92	99	\$177.64	\$275.80	\$223.02

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**PLAN A**  
**MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                             <ul style="list-style-type: none"> <li>- Additional 365 days</li> <li>- Beyond the additional 365 days</li> </ul> </li> </ul>	All but \$1,216 All but \$304 a day All but \$608 a day  \$0 \$0	\$0 \$304 a day \$608 a day  100% of Medicare Eligible Expenses \$0	\$1,216 (Part A Deductible) \$0 \$0  \$0** All Costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$152 a day \$0	\$0 \$0 \$0	\$0 Up to \$152 a day All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\* Once you have been billed \$147 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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare Approved Amounts * Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$147 (Part B Deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$147 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> • Medically necessary skilled care services and medical supplies • Durable medical equipment First \$147 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$147 (Part B Deductible) \$0
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**PLAN F**  
**MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:</li> </ul> <p style="margin-left: 40px;">- Additional 365 days</p> <p style="margin-left: 40px;">- Beyond the additional 365 day</p>	All but \$1,216 All but \$304 a day All but \$608 a day  \$0  \$0	\$1,216 (Part A Deductible) \$304 a day \$608 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0  \$0**  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$152 a day \$0	\$0 Up to \$152 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

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

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

\* Once you have been billed \$147 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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$147 (Part B Deductible) Generally 20%	\$0 \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$147 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE MEDICARE APPROVED SERVICES</b> • Medically necessary skilled care services and medical supplies • Durable medical equipment - First \$147 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$147 (Part B Deductible) 20%	\$0 \$0 \$0
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**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**PLAN N**  
**MEDICARE (PART A) – MEDICAL SERVICES – PER CALENDAR YEAR**

\* 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 PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:               <ul style="list-style-type: none"> <li>- Additional 365 days</li> <li>- Beyond the additional 365 days</li> </ul> </li> </ul>	All but \$1,216 All but \$304 a day All but \$608 a day  \$0  \$0	\$1,216 (Part A Deductible) \$304 a day \$608 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0  \$0**  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> 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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$152 a day \$0	\$0 Up to \$152 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

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

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

\* Once you have been billed \$147 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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$147 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$147 of Medicare Approved Amounts * Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$147 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b> <ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> <li>• Durable medical equipment</li> </ul> - First \$147 of Medicare Approved Amounts* - Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$147 (Part B Deductible) \$0
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**PLAN N (CONT.)**  
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

<p><b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA  First \$250 each calendar year</p>	<p>\$0  \$0</p>	<p>\$0  80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250  20% and amounts over the \$50,000 lifetime maximum</p>
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