MONTHLY NON-TOBACCO RATES
ZIP CODES: 197-199

FEMALE				MALE		
Plan A MTG20	**Plan F MTG24**	**Plan G MTG25**	**Attained Age**	**Plan A MTG20**	**Plan F MTG24**	**Plan G MTG25**
1,431.41	1,487.00	1,291.39	**Thru 64***	1,645.30	1,709.19	1,484.36
107.38	149.30	129.66	**65**	123.43	171.61	149.03
111.07	154.20	133.87	**66**	127.66	177.25	153.88
116.00	160.82	139.57	**67**	133.34	184.85	160.43
119.81	166.13	144.17	**68**	137.71	190.96	165.72
123.50	171.63	148.98	**69**	141.96	197.27	171.24
127.02	176.95	153.67	**70**	146.00	203.39	176.64
130.34	182.10	158.21	**71**	149.81	209.31	181.85
133.49	187.05	162.59	**72**	153.43	215.00	186.89
136.30	191.60	166.62	**73**	156.67	220.23	191.51
138.76	195.83	170.40	**74**	159.49	225.10	195.86
140.84	199.64	173.83	**75**	161.89	229.47	199.80
142.81	203.36	177.19	**76**	164.15	233.75	203.67
144.66	206.92	180.42	**77**	166.27	237.84	207.37
146.37	210.28	183.45	**78**	168.24	241.70	210.86
147.97	213.52	186.40	**79**	170.09	245.43	214.26
149.59	216.78	189.37	**80**	171.94	249.18	217.67
151.09	219.96	192.26	**81**	173.66	252.83	220.99
152.48	223.06	195.10	**82**	175.26	256.39	224.25
153.73	225.94	197.76	**83**	176.70	259.70	227.31
154.87	228.80	200.40	**84**	178.01	262.98	230.34
155.95	231.55	202.94	**85**	179.26	266.15	233.26
156.99	234.31	205.51	**86**	180.45	269.33	236.21
158.06	237.17	208.16	**87**	181.67	272.61	239.26
159.13	239.96	210.76	**88**	182.91	275.82	242.25
160.20	242.75	213.42	**89**	184.14	279.03	245.31
161.31	245.68	216.21	**90**	185.41	282.39	248.52
162.42	248.64	219.03	**91**	186.69	285.80	251.76
163.58	251.72	221.97	**92**	188.02	289.33	255.14
164.77	254.88	224.98	**93**	189.39	292.96	258.60
166.00	258.21	228.14	**94**	190.81	296.79	262.24
167.22	261.55	231.31	**95**	192.21	300.63	265.87
168.38	264.87	234.48	**96**	193.54	304.45	269.52
169.44	268.03	237.52	**97**	194.76	308.08	273.01
170.48	271.27	240.61	**98**	195.95	311.80	276.56
171.51	274.58	243.79	**99+**	197.14	315.61	280.22

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

RP12.2.T03-DE To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

MONTHLY TOBACCO RATES
ZIP CODES: 197-199

FEMALE				MALE		
Plan A MTG20	**Plan F MTG24**	**Plan G MTG25**	**Attained Age**	**Plan A MTG20**	**Plan F MTG24**	**Plan G MTG25**
1,645.30	1,709.19	1,484.36	**Thru 64***	1,891.15	1,964.59	1,706.16
123.43	171.61	149.03	**65**	141.87	197.25	171.30
127.66	177.25	153.88	**66**	146.74	203.73	176.87
133.34	184.85	160.43	**67**	153.26	212.47	184.40
137.71	190.96	165.72	**68**	158.29	219.49	190.48
141.96	197.27	171.24	**69**	163.17	226.75	196.83
146.00	203.39	176.64	**70**	167.81	233.78	203.03
149.81	209.31	181.85	**71**	172.20	240.59	209.02
153.43	215.00	186.89	**72**	176.36	247.13	214.81
156.67	220.23	191.51	**73**	180.08	253.14	220.13
159.49	225.10	195.86	**74**	183.32	258.73	225.13
161.89	229.47	199.80	**75**	186.08	263.76	229.66
164.15	233.75	203.67	**76**	188.68	268.68	234.10
166.27	237.84	207.37	**77**	191.12	273.38	238.36
168.24	241.70	210.86	**78**	193.38	277.81	242.37
170.09	245.43	214.26	**79**	195.50	282.10	246.27
171.94	249.18	217.67	**80**	197.63	286.41	250.19
173.66	252.83	220.99	**81**	199.61	290.61	254.01
175.26	256.39	224.25	**82**	201.45	294.70	257.76
176.70	259.70	227.31	**83**	203.10	298.51	261.28
178.01	262.98	230.34	**84**	204.61	302.28	264.76
179.26	266.15	233.26	**85**	206.04	305.92	268.12
180.45	269.33	236.21	**86**	207.41	309.57	271.51
181.67	272.61	239.26	**87**	208.82	313.34	275.01
182.91	275.82	242.25	**88**	210.24	317.03	278.45
184.14	279.03	245.31	**89**	211.65	320.72	281.97
185.41	282.39	248.52	**90**	213.12	324.58	285.65
186.69	285.80	251.76	**91**	214.59	328.50	289.38
188.02	289.33	255.14	**92**	216.12	332.56	293.26
189.39	292.96	258.60	**93**	217.69	336.74	297.24
190.81	296.79	262.24	**94**	219.32	341.14	301.42
192.21	300.63	265.87	**95**	220.93	345.55	305.60
193.54	304.45	269.52	**96**	222.46	349.94	309.79
194.76	308.08	273.01	**97**	223.86	354.12	313.80
195.95	311.80	276.56	**98**	225.23	358.39	317.89
197.14	315.61	280.22	**99+**	226.60	362.77	322.09

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

RP12.2.T03-DE To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.