

Standard Life and Casualty Insurance Company

Medicare Supplement

Indiana

Monthly Rates for Zip Codes 460-461, 465-469, 472-479

Male Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	166.61	212.75	173.50	142.67
65	107.60	137.42	112.26	92.29	83	169.24	216.12	176.26	144.93
66	107.60	137.42	112.26	92.29	84	171.65	219.21	178.77	147.00
67	107.60	137.42	112.26	92.29	85	174.07	222.29	181.28	149.07
68	109.91	140.36	114.47	94.13	86	176.11	224.90	183.41	150.81
69	114.28	145.94	119.02	97.88	87	178.15	227.50	185.54	152.56
70	118.89	151.82	123.82	101.82	88	180.19	230.10	187.66	154.31
71	123.72	157.99	128.86	105.95	89	181.70	232.03	189.23	155.60
72	128.55	164.16	133.88	110.09	90	183.05	233.76	190.64	156.77
73	133.54	170.53	139.07	114.35	91	184.19	235.21	191.82	157.73
74	137.99	176.22	143.72	118.17	92	185.32	236.65	193.00	158.71
75	142.29	181.71	148.20	121.85	93	186.30	237.91	194.03	159.54
76	146.45	187.01	152.52	125.41	94	187.21	239.06	194.97	160.31
77	150.29	191.92	156.52	128.71	95	187.89	239.93	195.68	160.90
78	153.91	196.56	160.30	131.81	96	188.56	240.80	196.38	161.48
79	157.54	201.18	164.07	134.91	97	189.09	241.48	196.93	161.93
80	160.71	205.23	167.37	137.63	98	189.77	242.34	197.64	162.52
81	163.73	209.09	170.52	140.22	99	190.07	242.72	197.95	162.78

Male Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	191.50	244.54	199.43	163.99
65	123.68	157.95	129.03	106.08	83	194.53	248.41	202.60	166.59
66	123.68	157.95	129.03	106.08	84	197.30	251.96	205.48	168.97
67	123.68	157.95	129.03	106.08	85	200.08	255.51	208.37	171.35
68	126.33	161.33	131.57	108.19	86	202.42	258.50	210.82	173.35
69	131.36	167.75	136.81	112.50	87	204.77	261.49	213.26	175.36
70	136.65	174.51	142.32	117.03	88	207.11	264.48	215.70	177.37
71	142.21	181.60	148.11	121.78	89	208.85	266.70	217.50	178.85
72	147.76	188.69	153.88	126.54	90	210.40	268.69	219.13	180.19
73	153.49	196.01	159.85	131.44	91	211.71	270.36	220.48	181.30
74	158.61	202.55	165.19	135.83	92	213.01	272.01	221.84	182.42
75	163.55	208.86	170.34	140.06	93	214.14	273.46	223.02	183.38
76	168.33	214.95	175.31	144.15	94	215.18	274.78	224.10	184.27
77	172.75	220.60	179.91	147.94	95	215.96	275.78	224.92	184.94
78	176.91	225.93	184.25	151.51	96	216.74	276.78	225.72	185.61
79	181.08	231.24	188.59	155.07	97	217.35	277.56	226.36	186.13
80	184.72	235.90	192.38	158.19	98	218.13	278.55	227.17	186.80
81	188.19	240.33	196.00	161.17	99	218.47	278.99	227.53	187.10

*For annual, semi-annual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively.

\$25 Application Fee Not Included

Standard Life and Casualty Insurance Company

Medicare Supplement

Indiana

Monthly Rates for Zip Codes 460-461, 465-469, 472-479

Female Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	144.95	185.09	150.95	124.12
65	93.61	119.56	97.67	80.29	83	147.24	188.02	153.35	126.09
66	93.61	119.56	97.67	80.29	84	149.34	190.71	155.53	127.89
67	93.61	119.56	97.67	80.29	85	151.44	193.39	157.71	129.69
68	95.62	122.11	99.59	81.89	86	153.22	195.66	159.57	131.20
69	99.42	126.97	103.55	85.16	87	154.99	197.93	161.42	132.73
70	103.43	132.08	107.72	88.58	88	156.77	200.19	163.26	134.25
71	107.64	137.45	112.11	92.18	89	158.08	201.87	164.63	135.37
72	111.84	142.82	116.48	95.78	90	159.25	203.37	165.86	136.39
73	116.18	148.36	120.99	99.48	91	160.25	204.63	166.88	137.23
74	120.05	153.31	125.04	102.81	92	161.23	205.89	167.91	138.08
75	123.79	158.09	128.93	106.01	93	162.08	206.98	168.81	138.80
76	127.41	162.70	132.69	109.11	94	162.87	207.98	169.62	139.47
77	130.75	166.97	136.17	111.98	95	163.46	208.74	170.24	139.98
78	133.90	171.01	139.46	114.67	96	164.05	209.50	170.85	140.49
79	137.06	175.03	142.74	117.37	97	164.51	210.09	171.33	140.88
80	139.82	178.55	145.61	119.74	98	165.10	210.84	171.95	141.39
81	142.45	181.91	148.35	121.99	99	165.36	211.17	172.22	141.62

Female Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	166.61	212.75	173.50	142.67
65	107.60	137.42	112.26	92.29	83	169.24	216.12	176.26	144.93
66	107.60	137.42	112.26	92.29	84	171.65	219.21	178.77	147.00
67	107.60	137.42	112.26	92.29	85	174.07	222.29	181.28	149.07
68	109.91	140.36	114.47	94.13	86	176.11	224.90	183.41	150.81
69	114.28	145.94	119.02	97.88	87	178.15	227.50	185.54	152.56
70	118.89	151.82	123.82	101.82	88	180.19	230.10	187.66	154.31
71	123.72	157.99	128.86	105.95	89	181.70	232.03	189.23	155.60
72	128.55	164.16	133.88	110.09	90	183.05	233.76	190.64	156.77
73	133.54	170.53	139.07	114.35	91	184.19	235.21	191.82	157.73
74	137.99	176.22	143.72	118.17	92	185.32	236.65	193.00	158.71
75	142.29	181.71	148.20	121.85	93	186.30	237.91	194.03	159.54
76	146.45	187.01	152.52	125.41	94	187.21	239.06	194.97	160.31
77	150.29	191.92	156.52	128.71	95	187.89	239.93	195.68	160.90
78	153.91	196.56	160.30	131.81	96	188.56	240.80	196.38	161.48
79	157.54	201.18	164.07	134.91	97	189.09	241.48	196.93	161.93
80	160.71	205.23	167.37	137.63	98	189.77	242.34	197.64	162.52
81	163.73	209.09	170.52	140.22	99	190.07	242.72	197.95	162.78

*For annual, semi-annual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively.

\$25 Application Fee Not Included

Standard Life and Casualty Insurance Company

Medicare Supplement

Indiana

Monthly Rates for Zip Codes 462-464

Male Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	201.60	257.42	209.94	172.63
65	130.20	166.27	135.83	111.67	83	204.78	261.50	213.28	175.37
66	130.20	166.27	135.83	111.67	84	207.70	265.24	216.31	177.87
67	130.20	166.27	135.83	111.67	85	210.63	268.98	219.35	180.38
68	132.99	169.83	138.50	113.89	86	213.09	272.13	221.93	182.48
69	138.29	176.59	144.02	118.43	87	215.56	275.27	224.49	184.61
70	143.85	183.71	149.82	123.20	88	218.02	278.42	227.07	186.72
71	149.70	191.17	155.91	128.19	89	219.86	280.76	228.97	188.28
72	155.55	198.63	161.99	133.21	90	221.48	282.85	230.68	189.69
73	161.58	206.34	168.28	138.36	91	222.87	284.61	232.10	190.85
74	166.97	213.23	173.90	142.98	92	224.23	286.34	233.53	192.04
75	172.17	219.87	179.32	147.44	93	225.43	287.87	234.77	193.04
76	177.20	226.28	184.55	151.75	94	226.52	289.26	235.91	193.98
77	181.86	232.23	189.39	155.74	95	227.34	290.31	236.77	194.69
78	186.23	237.84	193.96	159.50	96	228.17	291.36	237.61	195.39
79	190.63	243.43	198.53	163.24	97	228.80	292.19	238.29	195.94
80	194.45	248.33	202.52	166.53	98	229.63	293.23	239.15	196.65
81	198.11	253.00	206.33	169.67	99	229.98	293.69	239.52	196.96

Male Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	231.72	295.89	241.31	198.43
65	149.65	191.12	156.13	128.36	83	235.38	300.58	245.15	201.57
66	149.65	191.12	156.13	128.36	84	238.73	304.87	248.63	204.45
67	149.65	191.12	156.13	128.36	85	242.10	309.17	252.13	207.33
68	152.86	195.21	159.20	130.91	86	244.93	312.79	255.09	209.75
69	158.95	202.98	165.54	136.13	87	247.77	316.40	258.04	212.19
70	165.35	211.16	172.21	141.61	88	250.60	320.02	261.00	214.62
71	172.07	219.74	179.21	147.35	89	252.71	322.71	263.18	216.41
72	178.79	228.31	186.19	153.11	90	254.58	325.11	265.15	218.03
73	185.72	237.17	193.42	159.04	91	256.17	327.14	266.78	219.37
74	191.92	245.09	199.88	164.35	92	257.74	329.13	268.43	220.73
75	197.90	252.72	206.11	169.47	93	259.11	330.89	269.85	221.89
76	203.68	260.09	212.13	174.42	94	260.37	332.48	271.16	222.97
77	209.03	266.93	217.69	179.01	95	261.31	333.69	272.15	223.78
78	214.06	273.38	222.94	183.33	96	262.26	334.90	273.12	224.59
79	219.11	279.80	228.19	187.63	97	262.99	335.85	273.90	225.22
80	223.51	285.44	232.78	191.41	98	263.94	337.05	274.88	226.03
81	227.71	290.80	237.16	195.02	99	264.35	337.58	275.31	226.39

*For annual, semi-annual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively.

\$25 Application Fee Not Included

Standard Life and Casualty Insurance Company

Medicare Supplement

Indiana

Monthly Rates for Zip Codes 462-464

Female Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	175.39	223.96	182.65	150.19
65	113.27	144.65	118.17	97.15	83	178.16	227.51	185.55	152.57
66	113.27	144.65	118.17	97.15	84	180.70	230.76	188.19	154.75
67	113.27	144.65	118.17	97.15	85	183.25	234.01	190.83	156.93
68	115.70	147.75	120.50	99.08	86	185.39	236.75	193.08	158.76
69	120.31	153.63	125.30	103.03	87	187.54	239.48	195.31	160.61
70	125.15	159.83	130.34	107.18	88	189.68	242.23	197.55	162.45
71	130.24	166.32	135.64	111.53	89	191.28	244.26	199.20	163.80
72	135.33	172.81	140.93	115.89	90	192.69	246.08	200.69	165.03
73	140.57	179.52	146.40	120.37	91	193.90	247.61	201.93	166.04
74	145.26	185.51	151.29	124.39	92	195.08	249.12	203.17	167.07
75	149.79	191.29	156.01	128.27	93	196.12	250.45	204.25	167.94
76	154.16	196.86	160.56	132.02	94	197.07	251.66	205.24	168.76
77	158.22	202.04	164.77	135.49	95	197.79	252.57	205.99	169.38
78	162.02	206.92	168.75	138.77	96	198.51	253.48	206.72	169.99
79	165.85	211.78	172.72	142.02	97	199.06	254.21	207.31	170.47
80	169.17	216.05	176.19	144.88	98	199.78	255.11	208.06	171.09
81	172.36	220.11	179.51	147.61	99	200.08	255.51	208.38	171.36

Female Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	201.60	257.42	209.94	172.63
65	130.20	166.27	135.83	111.67	83	204.78	261.50	213.28	175.37
66	130.20	166.27	135.83	111.67	84	207.70	265.24	216.31	177.87
67	130.20	166.27	135.83	111.67	85	210.63	268.98	219.35	180.38
68	132.99	169.83	138.50	113.89	86	213.09	272.13	221.93	182.48
69	138.29	176.59	144.02	118.43	87	215.56	275.27	224.49	184.61
70	143.85	183.71	149.82	123.20	88	218.02	278.42	227.07	186.72
71	149.70	191.17	155.91	128.19	89	219.86	280.76	228.97	188.28
72	155.55	198.63	161.99	133.21	90	221.48	282.85	230.68	189.69
73	161.58	206.34	168.28	138.36	91	222.87	284.61	232.10	190.85
74	166.97	213.23	173.90	142.98	92	224.23	286.34	233.53	192.04
75	172.17	219.87	179.32	147.44	93	225.43	287.87	234.77	193.04
76	177.20	226.28	184.55	151.75	94	226.52	289.26	235.91	193.98
77	181.86	232.23	189.39	155.74	95	227.34	290.31	236.77	194.69
78	186.23	237.84	193.96	159.50	96	228.17	291.36	237.61	195.39
79	190.63	243.43	198.53	163.24	97	228.80	292.19	238.29	195.94
80	194.45	248.33	202.52	166.53	98	229.63	293.23	239.15	196.65
81	198.11	253.00	206.33	169.67	99	229.98	293.69	239.52	196.96

*For annual, semi-annual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively.

\$25 Application Fee Not Included

Standard Life and Casualty Insurance Company

Medicare Supplement

Indiana

Monthly Rates for Zip Codes 470-471

Male Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	181.60	231.90	189.12	155.51
65	117.28	149.79	122.36	100.60	83	184.47	235.57	192.12	157.97
66	117.28	149.79	122.36	100.60	84	187.10	238.94	194.85	160.24
67	117.28	149.79	122.36	100.60	85	189.74	242.30	197.59	162.49
68	119.80	152.99	124.77	102.60	86	191.96	245.14	199.92	164.39
69	124.57	159.08	129.73	106.69	87	194.18	247.97	202.23	166.29
70	129.59	165.49	134.96	110.98	88	196.40	250.80	204.55	168.20
71	134.86	172.21	140.45	115.48	89	198.06	252.91	206.26	169.61
72	140.12	178.93	145.93	120.00	90	199.53	254.80	207.80	170.88
73	145.55	185.88	151.59	124.64	91	200.76	256.38	209.08	171.93
74	150.41	192.08	156.65	128.80	92	202.00	257.95	210.37	172.99
75	155.09	198.06	161.53	132.82	93	203.07	259.32	211.49	173.90
76	159.63	203.84	166.25	136.69	94	204.06	260.57	212.51	174.74
77	163.82	209.19	170.61	140.29	95	204.80	261.52	213.29	175.37
78	167.76	214.25	174.72	143.68	96	205.54	262.47	214.05	176.01
79	171.72	219.28	178.84	147.06	97	206.11	263.21	214.66	176.51
80	175.17	223.70	182.43	150.01	98	206.85	264.15	215.43	177.14
81	178.46	227.91	185.87	152.84	99	207.17	264.57	215.77	177.43

Male Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	208.74	266.55	217.38	178.75
65	134.81	172.17	140.64	115.63	83	212.04	270.77	220.83	181.58
66	134.81	172.17	140.64	115.63	84	215.06	274.64	223.97	184.18
67	134.81	172.17	140.64	115.63	85	218.09	278.51	227.12	186.77
68	137.70	175.85	143.41	117.93	86	220.64	281.77	229.79	188.95
69	143.18	182.85	149.12	122.63	87	223.20	285.02	232.45	191.14
70	148.95	190.22	155.13	127.56	88	225.75	288.28	235.11	193.33
71	155.01	197.94	161.44	132.74	89	227.65	290.70	237.08	194.95
72	161.06	205.67	167.73	137.93	90	229.34	292.87	238.85	196.41
73	167.30	213.65	174.24	143.27	91	230.76	294.69	240.32	197.62
74	172.88	220.78	180.06	148.05	92	232.18	296.49	241.81	198.84
75	178.27	227.66	185.67	152.67	93	233.41	298.07	243.09	199.88
76	183.48	234.30	191.09	157.12	94	234.55	299.51	244.27	200.85
77	188.30	240.45	196.10	161.25	95	235.40	300.60	245.16	201.58
78	192.83	246.26	200.83	165.15	96	236.25	301.69	246.03	202.31
79	197.38	252.05	205.56	169.03	97	236.91	302.54	246.73	202.88
80	201.34	257.13	209.69	172.43	98	237.76	303.62	247.62	203.61
81	205.13	261.96	213.64	175.68	99	238.13	304.10	248.01	203.94

*For annual, semi-annual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively.

\$25 Application Fee Not Included

Standard Life and Casualty Insurance Company

Medicare Supplement

Indiana

Monthly Rates for Zip Codes 470-471

Female Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	157.99	201.75	164.53	135.29
65	102.03	130.32	106.45	87.52	83	160.49	204.95	167.14	137.43
66	102.03	130.32	106.45	87.52	84	162.78	207.88	169.52	139.41
67	102.03	130.32	106.45	87.52	85	165.07	210.80	171.90	141.37
68	104.23	133.10	108.55	89.26	86	167.01	213.27	173.93	143.02
69	108.38	138.40	112.87	92.82	87	168.94	215.73	175.94	144.67
70	112.74	143.98	117.42	96.55	88	170.87	218.20	177.96	146.33
71	117.33	149.82	122.19	100.47	89	172.31	220.03	179.45	147.56
72	121.90	155.67	126.96	104.40	90	173.59	221.68	180.79	148.67
73	126.63	161.72	131.88	108.44	91	174.66	223.05	181.90	149.58
74	130.86	167.11	136.29	112.06	92	175.74	224.42	183.02	150.50
75	134.93	172.31	140.53	115.55	93	176.67	225.61	184.00	151.29
76	138.88	177.34	144.64	118.92	94	177.53	226.70	184.88	152.02
77	142.52	182.00	148.43	122.05	95	178.18	227.52	185.56	152.57
78	145.95	186.40	152.01	125.00	96	178.82	228.35	186.22	153.13
79	149.40	190.77	155.59	127.94	97	179.32	228.99	186.75	153.56
80	152.40	194.62	158.71	130.51	98	179.96	229.81	187.42	154.11
81	155.26	198.28	161.71	132.97	99	180.24	230.18	187.72	154.36

Female Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	NA	NA	NA	NA	82	181.60	231.90	189.12	155.51
65	117.28	149.79	122.36	100.60	83	184.47	235.57	192.12	157.97
66	117.28	149.79	122.36	100.60	84	187.10	238.94	194.85	160.24
67	117.28	149.79	122.36	100.60	85	189.74	242.30	197.59	162.49
68	119.80	152.99	124.77	102.60	86	191.96	245.14	199.92	164.39
69	124.57	159.08	129.73	106.69	87	194.18	247.97	202.23	166.29
70	129.59	165.49	134.96	110.98	88	196.40	250.80	204.55	168.20
71	134.86	172.21	140.45	115.48	89	198.06	252.91	206.26	169.61
72	140.12	178.93	145.93	120.00	90	199.53	254.80	207.80	170.88
73	145.55	185.88	151.59	124.64	91	200.76	256.38	209.08	171.93
74	150.41	192.08	156.65	128.80	92	202.00	257.95	210.37	172.99
75	155.09	198.06	161.53	132.82	93	203.07	259.32	211.49	173.90
76	159.63	203.84	166.25	136.69	94	204.06	260.57	212.51	174.74
77	163.82	209.19	170.61	140.29	95	204.80	261.52	213.29	175.37
78	167.76	214.25	174.72	143.68	96	205.54	262.47	214.05	176.01
79	171.72	219.28	178.84	147.06	97	206.11	263.21	214.66	176.51
80	175.17	223.70	182.43	150.01	98	206.85	264.15	215.43	177.14
81	178.46	227.91	185.87	152.84	99	207.17	264.57	215.77	177.43

*For annual, semi-annual, or quarterly premiums, multiply the Monthly Premium Amount by 12, 6, or 3, respectively.

\$25 Application Fee Not Included