

Standard Life and Casualty Insurance Company

Medicare Supplement

Kentucky

Monthly Rates for Zip Codes 400, 403-427

Male Non-Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	273.01	364.92	287.54	236.86	82	169.07	225.98	177.78	146.44
65	109.20	145.97	115.01	94.74	83	171.76	229.57	180.60	148.76
66	109.20	145.97	115.01	94.74	84	174.20	232.85	183.18	150.88
67	109.20	145.97	115.01	94.74	85	176.65	236.13	185.75	153.01
68	111.54	149.09	117.28	96.60	86	178.72	238.88	187.93	154.80
69	115.98	155.02	121.96	100.46	87	180.79	241.65	190.10	156.59
70	120.65	161.27	126.86	104.50	88	182.86	244.41	192.28	158.38
71	125.56	167.82	132.02	108.75	89	184.40	246.47	193.89	159.71
72	130.47	174.37	137.18	113.00	90	185.77	248.31	195.33	160.91
73	135.51	181.13	142.50	117.38	91	186.92	249.84	196.55	161.90
74	140.04	187.17	147.26	121.30	92	188.07	251.38	197.75	162.90
75	144.40	193.02	151.84	125.07	93	189.06	252.71	198.80	163.76
76	148.61	198.65	156.27	128.73	94	189.98	253.94	199.76	164.55
77	152.53	203.87	160.38	132.11	95	190.67	254.86	200.49	165.15
78	156.20	208.78	164.25	135.29	96	191.37	255.78	201.22	165.75
79	159.88	213.70	168.11	138.48	97	191.90	256.49	201.79	166.21
80	163.10	218.00	171.49	141.26	98	192.58	257.42	202.51	166.81
81	166.16	222.09	174.72	143.92	99	192.90	257.82	202.83	167.07

Male Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	313.80	419.45	330.50	272.25	82	194.33	259.75	204.34	168.32
65	125.52	167.78	132.20	108.90	83	197.42	263.87	207.59	170.99
66	125.52	167.78	132.20	108.90	84	200.23	267.64	210.55	173.43
67	125.52	167.78	132.20	108.90	85	203.05	271.41	213.50	175.87
68	128.21	171.37	134.81	111.04	86	205.42	274.58	216.01	177.93
69	133.31	178.18	140.18	115.47	87	207.81	277.76	218.50	179.99
70	138.68	185.37	145.82	120.12	88	210.18	280.93	221.01	182.05
71	144.32	192.90	151.75	125.00	89	211.95	283.30	222.86	183.57
72	149.96	200.43	157.68	129.88	90	213.53	285.41	224.52	184.95
73	155.76	208.20	163.79	134.92	91	214.85	287.17	225.92	186.09
74	160.96	215.14	169.26	139.42	92	216.17	288.94	227.30	187.24
75	165.98	221.86	174.53	143.76	93	217.31	290.47	228.50	188.23
76	170.82	228.33	179.62	147.96	94	218.37	291.88	229.61	189.14
77	175.32	234.33	184.35	151.85	95	219.16	292.94	230.45	189.83
78	179.54	239.98	188.79	155.51	96	219.96	294.00	231.29	190.52
79	183.77	245.63	193.23	159.17	97	220.57	294.82	231.94	191.05
80	187.47	250.57	197.12	162.37	98	221.36	295.88	232.77	191.74
81	190.99	255.28	200.83	165.42	99	221.72	296.35	233.14	192.04

*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

Kentucky

Monthly Rates for Zip Codes 400, 403-427

Female Non-Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	237.52	317.48	250.16	206.07	82	147.09	196.60	154.67	127.40
65	95.00	126.99	100.06	82.42	83	149.43	199.73	157.12	129.42
66	95.00	126.99	100.06	82.42	84	151.55	202.58	159.37	131.27
67	95.00	126.99	100.06	82.42	85	153.69	205.43	161.60	133.12
68	97.04	129.71	102.03	84.04	86	155.49	207.83	163.50	134.68
69	100.90	134.87	106.11	87.40	87	157.29	210.24	165.39	136.23
70	104.97	140.30	110.37	90.92	88	159.09	212.64	167.28	137.79
71	109.24	146.00	114.86	94.61	89	160.43	214.43	168.68	138.95
72	113.51	151.70	119.35	98.31	90	161.62	216.03	169.94	139.99
73	117.89	157.58	123.98	102.12	91	162.62	217.36	171.00	140.85
74	121.83	162.84	128.12	105.53	92	163.62	218.70	172.04	141.72
75	125.63	167.93	132.10	108.81	93	164.48	219.86	172.96	142.47
76	129.29	172.83	135.95	112.00	94	165.28	220.93	173.79	143.16
77	132.70	177.37	139.53	114.94	95	165.88	221.73	174.43	143.68
78	135.89	181.64	142.90	117.70	96	166.49	222.53	175.06	144.20
79	139.10	185.92	146.26	120.48	97	166.95	223.15	175.56	144.60
80	141.90	189.66	149.20	122.90	98	167.54	223.96	176.18	145.12
81	144.56	193.22	152.01	125.21	99	167.82	224.30	176.46	145.35

Female Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	273.01	364.92	287.54	236.86	82	169.07	225.98	177.78	146.44
65	109.20	145.97	115.01	94.74	83	171.76	229.57	180.60	148.76
66	109.20	145.97	115.01	94.74	84	174.20	232.85	183.18	150.88
67	109.20	145.97	115.01	94.74	85	176.65	236.13	185.75	153.01
68	111.54	149.09	117.28	96.60	86	178.72	238.88	187.93	154.80
69	115.98	155.02	121.96	100.46	87	180.79	241.65	190.10	156.59
70	120.65	161.27	126.86	104.50	88	182.86	244.41	192.28	158.38
71	125.56	167.82	132.02	108.75	89	184.40	246.47	193.89	159.71
72	130.47	174.37	137.18	113.00	90	185.77	248.31	195.33	160.91
73	135.51	181.13	142.50	117.38	91	186.92	249.84	196.55	161.90
74	140.04	187.17	147.26	121.30	92	188.07	251.38	197.75	162.90
75	144.40	193.02	151.84	125.07	93	189.06	252.71	198.80	163.76
76	148.61	198.65	156.27	128.73	94	189.98	253.94	199.76	164.55
77	152.53	203.87	160.38	132.11	95	190.67	254.86	200.49	165.15
78	156.20	208.78	164.25	135.29	96	191.37	255.78	201.22	165.75
79	159.88	213.70	168.11	138.48	97	191.90	256.49	201.79	166.21
80	163.10	218.00	171.49	141.26	98	192.58	257.42	202.51	166.81
81	166.16	222.09	174.72	143.92	99	192.90	257.82	202.83	167.07

*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

Kentucky

Monthly Rates for Zip Codes 401-402

Male Non-Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	300.31	401.42	316.29	260.55	82	185.97	248.59	195.55	161.08
65	120.12	160.57	126.52	104.22	83	188.93	252.53	198.66	163.64
66	120.12	160.57	126.52	104.22	84	191.62	256.13	201.50	165.97
67	120.12	160.57	126.52	104.22	85	194.32	259.74	204.32	168.31
68	122.70	164.00	129.01	106.26	86	196.59	262.77	206.72	170.28
69	127.58	170.52	134.15	110.51	87	198.87	265.82	209.10	172.25
70	132.72	177.40	139.55	114.95	88	201.14	268.85	211.51	174.23
71	138.11	184.61	145.23	119.63	89	202.84	271.12	213.28	175.68
72	143.52	191.81	150.90	124.30	90	204.35	273.14	214.86	177.00
73	149.07	199.25	156.75	129.12	91	205.62	274.82	216.20	178.09
74	154.04	205.89	161.99	133.42	92	206.88	276.51	217.53	179.19
75	158.84	212.32	167.02	137.58	93	207.96	277.98	218.67	180.13
76	163.47	218.51	171.89	141.60	94	208.98	279.33	219.74	181.00
77	167.78	224.25	176.43	145.32	95	209.74	280.34	220.55	181.66
78	171.82	229.66	180.67	148.82	96	210.51	281.36	221.35	182.33
79	175.87	235.07	184.92	152.33	97	211.09	282.14	221.96	182.84
80	179.41	239.80	188.64	155.39	98	211.85	283.16	222.76	183.49
81	182.78	244.30	192.19	158.31	99	212.18	283.61	223.11	183.78

Male Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	345.18	461.40	363.55	299.48	82	213.76	285.73	224.77	185.15
65	138.07	184.56	145.42	119.79	83	217.16	290.26	228.35	188.09
66	138.07	184.56	145.42	119.79	84	220.25	294.40	231.61	190.77
67	138.07	184.56	145.42	119.79	85	223.36	298.55	234.85	193.46
68	141.03	188.51	148.29	122.14	86	225.96	302.04	237.61	195.72
69	146.64	196.00	154.20	127.02	87	228.59	305.54	240.35	197.99
70	152.55	203.91	160.40	132.13	88	231.20	309.02	243.11	200.26
71	158.75	212.19	166.93	137.50	89	233.15	311.63	245.15	201.93
72	164.96	220.47	173.45	142.87	90	234.88	313.95	246.97	203.45
73	171.34	229.02	180.17	148.41	91	236.34	315.89	248.51	204.70
74	177.06	236.65	186.19	153.36	92	237.79	317.83	250.03	205.96
75	182.58	244.05	191.98	158.14	93	239.04	319.52	251.35	207.05
76	187.90	251.16	197.58	162.76	94	240.21	321.07	252.57	208.05
77	192.85	257.76	202.79	167.04	95	241.08	322.23	253.50	208.81
78	197.49	263.98	207.67	171.06	96	241.96	323.40	254.42	209.57
79	202.15	270.19	212.55	175.09	97	242.63	324.30	255.13	210.16
80	206.22	275.63	216.83	178.61	98	243.50	325.47	256.05	210.91
81	210.09	280.81	220.91	181.96	99	243.89	325.99	256.45	211.24

*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

Kentucky

Monthly Rates for Zip Codes 401-402

Female Non-Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	261.27	349.24	275.17	226.68	82	161.79	216.27	170.13	140.14
65	104.50	139.70	110.07	90.67	83	164.37	219.70	172.83	142.37
66	104.50	139.70	110.07	90.67	84	166.71	222.83	175.31	144.39
67	104.50	139.70	110.07	90.67	85	169.06	225.97	177.76	146.43
68	106.75	142.68	112.24	92.45	86	171.03	228.61	179.85	148.14
69	110.99	148.35	116.71	96.14	87	173.02	231.26	181.92	149.86
70	115.47	154.34	121.41	100.01	88	174.99	233.90	184.01	151.58
71	120.16	160.61	126.35	104.08	89	176.47	235.87	185.55	152.84
72	124.86	166.87	131.28	108.14	90	177.78	237.63	186.93	153.99
73	129.69	173.35	136.37	112.33	91	178.89	239.09	188.09	154.94
74	134.01	179.12	140.93	116.08	92	179.99	240.56	189.25	155.90
75	138.19	184.72	145.31	119.69	93	180.93	241.84	190.24	156.71
76	142.22	190.10	149.54	123.19	94	181.81	243.02	191.17	157.47
77	145.97	195.10	153.49	126.43	95	182.47	243.90	191.88	158.04
78	149.48	199.80	157.18	129.47	96	183.14	244.78	192.57	158.63
79	153.01	204.51	160.88	132.53	97	183.65	245.46	193.11	159.07
80	156.09	208.63	164.12	135.19	98	184.31	246.35	193.80	159.64
81	159.02	212.54	167.21	137.73	99	184.60	246.74	194.11	159.89

Female Tobacco

Age	Plan A	Plan B	Plan F	Plan G	Age	Plan A	Plan B	Plan F	Plan G
<65	300.31	401.42	316.29	260.55	82	185.97	248.59	195.55	161.08
65	120.12	160.57	126.52	104.22	83	188.93	252.53	198.66	163.64
66	120.12	160.57	126.52	104.22	84	191.62	256.13	201.50	165.97
67	120.12	160.57	126.52	104.22	85	194.32	259.74	204.32	168.31
68	122.70	164.00	129.01	106.26	86	196.59	262.77	206.72	170.28
69	127.58	170.52	134.15	110.51	87	198.87	265.82	209.10	172.25
70	132.72	177.40	139.55	114.95	88	201.14	268.85	211.51	174.23
71	138.11	184.61	145.23	119.63	89	202.84	271.12	213.28	175.68
72	143.52	191.81	150.90	124.30	90	204.35	273.14	214.86	177.00
73	149.07	199.25	156.75	129.12	91	205.62	274.82	216.20	178.09
74	154.04	205.89	161.99	133.42	92	206.88	276.51	217.53	179.19
75	158.84	212.32	167.02	137.58	93	207.96	277.98	218.67	180.13
76	163.47	218.51	171.89	141.60	94	208.98	279.33	219.74	181.00
77	167.78	224.25	176.43	145.32	95	209.74	280.34	220.55	181.66
78	171.82	229.66	180.67	148.82	96	210.51	281.36	221.35	182.33
79	175.87	235.07	184.92	152.33	97	211.09	282.14	221.96	182.84
80	179.41	239.80	188.64	155.39	98	211.85	283.16	222.76	183.49
81	182.78	244.30	192.19	158.31	99	212.18	283.61	223.11	183.78

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

\$25 Application Fee Not Included