

Standard Life and Casualty Insurance Company

Medicare Supplement

South Dakota

Monthly Rates for All Zip Codes

Male Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	140.03	185.51	147.35	123.03	82	163.95	217.20	172.52	144.05
65	105.90	140.30	111.62	93.19	83	166.55	220.64	175.25	146.33
66	105.90	140.30	111.62	93.19	84	168.92	223.80	177.76	148.41
67	105.90	140.30	111.62	93.19	85	171.30	226.94	180.26	150.51
68	108.16	143.29	113.82	95.03	86	173.30	229.60	182.38	152.27
69	112.46	149.00	118.35	98.81	87	175.31	232.26	184.48	154.03
70	117.00	155.00	123.11	102.80	88	177.31	234.91	186.59	155.79
71	121.76	161.31	128.12	106.98	89	178.81	236.88	188.15	157.10
72	126.51	167.61	133.13	111.15	90	180.14	238.66	189.56	158.27
73	131.41	174.10	138.28	115.46	91	181.26	240.13	190.74	159.25
74	135.80	179.91	142.90	119.31	92	182.38	241.61	191.90	160.23
75	140.03	185.51	147.35	123.03	93	183.34	242.89	192.93	161.08
76	144.12	190.92	151.66	126.62	94	184.23	244.07	193.87	161.86
77	147.90	195.94	155.63	129.94	95	184.89	244.96	194.57	162.45
78	151.47	200.67	159.38	133.08	96	185.56	245.84	195.27	163.04
79	155.03	205.39	163.14	136.22	97	186.08	246.53	195.82	163.49
80	158.15	209.52	166.42	138.96	98	186.75	247.42	196.52	164.08
81	161.12	213.46	169.55	141.57	99	187.05	247.80	196.84	164.34

Male Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	160.95	213.23	169.37	141.41	82	188.45	249.65	198.30	165.57
65	121.72	161.26	128.30	107.12	83	191.44	253.61	201.44	168.19
66	121.72	161.26	128.30	107.12	84	194.16	257.24	204.32	170.59
67	121.72	161.26	128.30	107.12	85	196.90	260.85	207.20	173.00
68	124.32	164.70	130.83	109.23	86	199.20	263.91	209.63	175.02
69	129.27	171.27	136.04	113.58	87	201.51	266.96	212.05	177.05
70	134.48	178.16	141.51	118.16	88	203.81	270.01	214.47	179.07
71	139.95	185.41	147.27	122.96	89	205.53	272.28	216.27	180.57
72	145.41	192.65	153.02	127.76	90	207.06	274.32	217.89	181.92
73	151.05	200.11	158.94	132.71	91	208.34	276.01	219.24	183.05
74	156.09	206.79	164.25	137.14	92	209.63	277.71	220.58	184.17
75	160.95	213.23	169.37	141.41	93	210.73	279.18	221.76	185.15
76	165.65	219.45	174.32	145.54	94	211.76	280.54	222.84	186.05
77	170.00	225.22	178.89	149.36	95	212.52	281.56	223.64	186.72
78	174.10	230.65	183.20	152.96	96	213.29	282.58	224.45	187.40
79	178.19	236.08	187.52	156.57	97	213.89	283.37	225.08	187.92
80	181.78	240.83	191.29	159.72	98	214.66	284.39	225.89	188.60
81	185.20	245.36	194.89	162.72	99	215.00	284.83	226.25	188.90

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

\$25 Application Fee Not Included

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Medicare Supplement

South Dakota

Monthly Rates for All Zip Codes

Female Non-Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	121.83	161.39	128.19	107.04	82	142.64	188.96	150.09	125.32
65	92.13	122.06	97.11	81.08	83	144.90	191.96	152.47	127.31
66	92.13	122.06	97.11	81.08	84	146.96	194.71	154.65	129.12
67	92.13	122.06	97.11	81.08	85	149.03	197.44	156.83	130.94
68	94.10	124.66	99.02	82.68	86	150.77	199.75	158.67	132.47
69	97.84	129.63	102.96	85.96	87	152.52	202.07	160.50	134.01
70	101.79	134.85	107.11	89.44	88	154.26	204.37	162.33	135.54
71	105.93	140.34	111.46	93.07	89	155.56	206.09	163.69	136.68
72	110.06	145.82	115.82	96.70	90	156.72	207.63	164.92	137.69
73	114.33	151.47	120.30	100.45	91	157.70	208.91	165.94	138.55
74	118.15	156.52	124.32	103.80	92	158.67	210.20	166.95	139.40
75	121.83	161.39	128.19	107.04	93	159.51	211.31	167.85	140.14
76	125.38	166.10	131.94	110.16	94	160.28	212.34	168.67	140.82
77	128.67	170.47	135.40	113.05	95	160.85	213.12	169.28	141.33
78	131.78	174.58	138.66	115.78	96	161.44	213.88	169.88	141.84
79	134.88	178.69	141.93	118.51	97	161.89	214.48	170.36	142.24
80	137.59	182.28	144.79	120.90	98	162.47	215.26	170.97	142.75
81	140.17	185.71	147.51	123.17	99	162.73	215.59	171.25	142.98

Female Tobacco

Age	Plan A	Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan G	Plan N
<65	140.03	185.51	147.35	123.03	82	163.95	217.20	172.52	144.05
65	105.90	140.30	111.62	93.19	83	166.55	220.64	175.25	146.33
66	105.90	140.30	111.62	93.19	84	168.92	223.80	177.76	148.41
67	105.90	140.30	111.62	93.19	85	171.30	226.94	180.26	150.51
68	108.16	143.29	113.82	95.03	86	173.30	229.60	182.38	152.27
69	112.46	149.00	118.35	98.81	87	175.31	232.26	184.48	154.03
70	117.00	155.00	123.11	102.80	88	177.31	234.91	186.59	155.79
71	121.76	161.31	128.12	106.98	89	178.81	236.88	188.15	157.10
72	126.51	167.61	133.13	111.15	90	180.14	238.66	189.56	158.27
73	131.41	174.10	138.28	115.46	91	181.26	240.13	190.74	159.25
74	135.80	179.91	142.90	119.31	92	182.38	241.61	191.90	160.23
75	140.03	185.51	147.35	123.03	93	183.34	242.89	192.93	161.08
76	144.12	190.92	151.66	126.62	94	184.23	244.07	193.87	161.86
77	147.90	195.94	155.63	129.94	95	184.89	244.96	194.57	162.45
78	151.47	200.67	159.38	133.08	96	185.56	245.84	195.27	163.04
79	155.03	205.39	163.14	136.22	97	186.08	246.53	195.82	163.49
80	158.15	209.52	166.42	138.96	98	186.75	247.42	196.52	164.08
81	161.12	213.46	169.55	141.57	99	187.05	247.80	196.84	164.34

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

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