CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE
BENEFIT PLANS AVAILABLE: A, B, F, G, N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.
NOTICE TO BUYER: The policy may not cover all of the costs associated with Medicare care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.
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, co-payments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of coinsurance or copayments. Blood: First three pints of blood each year. Hospice: Part A coinsurance.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2026[2]					**$8,000[2]**	**$4,000[2]**				

[1] Plans F and G also have a high deductible option, which require first paying a plan deductible of **$2,950** before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plans F and G do not cover the separate Foreign travel emergency deductible. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3] Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Monthly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	752.20	863.74	1,205.93	1,029.00	686.56
65	200.59	230.49	321.62	274.39	183.01
66	201.92	231.82	323.62	276.31	185.09
67	205.00	235.57	328.70	280.55	188.84
68	208.92	239.99	335.12	286.05	193.84
69	213.83	245.57	343.03	292.38	198.92
70	218.66	251.07	350.78	299.30	203.84
71	223.49	256.65	358.36	305.71	208.50
72	228.41	262.31	366.27	312.38	213.16
73	233.24	267.81	373.77	318.96	217.33
74	238.32	273.72	382.26	326.12	222.24
75	243.65	279.89	390.59	333.37	227.08
76	249.32	286.22	399.67	341.11	232.16
77	255.81	293.63	410.09	349.94	238.15
78	262.40	301.38	420.58	358.94	244.65
79	269.23	308.96	431.49	368.19	250.90
80	276.64	317.54	443.32	378.27	257.90
81	284.05	326.37	455.40	388.84	265.06
82	291.47	334.78	467.40	398.92	271.97
83	299.55	344.11	480.22	410.09	279.47
84	307.54	352.86	492.97	420.58	286.72
85	317.54	364.77	509.21	434.49	296.21
86	325.95	374.02	522.21	445.74	303.88
87	334.37	383.68	535.79	457.32	311.71
88	342.61	393.34	549.20	468.73	319.54
89	351.28	403.51	563.36	480.47	327.70
90	360.11	413.50	577.02	492.47	335.78
91	368.85	423.58	591.26	504.63	344.11
92	377.77	433.74	605.42	516.88	352.28
93	386.51	443.91	619.84	528.96	360.52
94	395.34	453.99	633.66	540.70	368.52
95	403.76	463.56	647.16	552.28	376.52
96	411.50	472.48	659.65	562.86	383.76
97	418.50	480.31	670.65	572.44	390.18
98	423.83	486.47	679.39	579.68	395.26
99	427.00	490.05	684.56	584.18	398.26
100+	427.00	490.05	684.56	584.18	398.26

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	676.98	777.36	1,085.40	926.13	617.92
65	180.51	207.33	289.47	246.90	164.68
66	181.76	208.67	291.38	248.65	166.68
67	184.43	211.83	295.80	252.48	169.93
68	188.09	216.08	301.63	257.31	174.35
69	192.42	220.99	308.54	263.14	178.93
70	196.92	226.08	315.62	269.23	183.34
71	201.17	231.16	322.37	275.22	187.59
72	205.67	236.07	329.53	281.22	191.76
73	209.83	241.07	336.37	286.97	195.59
74	214.50	246.40	344.11	293.55	200.09
75	219.33	251.82	351.61	300.05	204.33
76	224.41	257.56	359.61	307.04	208.92
77	230.16	264.39	369.19	315.04	214.41
78	236.16	271.22	378.68	323.12	220.16
79	242.24	278.06	388.34	331.37	225.83
80	248.90	285.80	399.01	340.45	232.07
81	255.65	293.63	410.00	349.94	238.65
82	262.40	301.30	420.75	358.94	244.82
83	269.81	309.71	432.24	369.02	251.57
84	276.72	317.54	443.66	378.60	258.15
85	285.97	328.29	458.40	391.09	266.64
86	293.22	336.70	470.06	401.26	273.47
87	300.80	345.36	482.22	411.42	280.55
88	308.38	354.19	494.39	421.83	287.55
89	316.21	363.02	506.88	432.41	294.88
90	324.04	372.02	519.38	443.32	302.21
91	331.87	381.18	532.12	454.07	309.71
92	340.03	390.34	545.03	465.06	317.12
93	347.86	399.42	557.78	476.06	324.37
94	355.69	408.67	570.27	486.64	331.78
95	363.27	417.08	582.43	497.05	338.86
96	370.35	425.16	593.60	506.63	345.36
97	376.52	432.24	603.59	515.04	351.11
98	381.26	437.91	611.42	521.71	355.69
99	384.26	441.16	615.92	525.62	358.36
100+	384.26	441.16	615.92	525.62	358.36

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Monthly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	865.07	993.27	1,386.95	1,183.44	789.52
65	230.66	264.89	369.69	315.62	210.50
66	232.24	266.64	372.27	317.54	213.00
67	235.82	270.64	377.93	322.62	217.16
68	240.32	275.97	385.43	328.70	222.74
69	245.98	282.30	394.18	336.28	228.66
70	251.57	288.72	403.26	344.11	234.49
71	257.06	295.30	412.17	351.61	239.90
72	262.64	301.63	421.16	359.44	244.99
73	268.06	307.79	429.74	366.77	249.90
74	274.14	314.87	439.74	375.02	255.56
75	280.14	321.79	449.24	383.43	260.98
76	286.72	329.37	459.65	392.43	266.98
77	294.13	337.78	471.56	402.26	273.97
78	301.71	346.61	483.81	412.92	281.22
79	309.46	355.36	495.97	423.25	288.63
80	318.04	365.19	509.96	435.08	296.46
81	326.79	375.27	523.71	447.15	304.79
82	335.28	385.01	537.62	458.73	312.96
83	344.61	395.51	552.28	471.48	321.37
84	353.53	405.92	566.69	483.72	329.87
85	365.27	419.58	585.68	499.80	340.86
86	374.85	430.24	600.59	512.54	349.61
87	384.26	441.24	615.92	525.79	358.36
88	394.09	452.49	631.66	539.03	367.44
89	404.01	463.90	647.74	552.61	376.68
90	414.08	475.23	663.82	566.36	386.18
91	424.16	486.97	679.98	580.27	395.76
92	434.49	498.80	696.39	594.35	405.25
93	444.57	510.30	712.63	608.17	414.67
94	454.65	522.12	728.79	621.67	424.00
95	464.23	533.04	744.12	635.08	432.99
96	473.39	543.28	758.36	647.32	441.24
97	481.14	552.45	771.19	658.24	448.74
98	487.31	559.44	781.27	666.82	454.57
99	490.97	563.77	786.94	671.73	457.90
100+	490.97	563.77	786.94	671.73	457.90

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	778.61	894.06	1,248.17	1,064.99	710.55
65	207.58	238.24	332.78	283.97	189.34
66	208.92	239.99	335.03	285.97	191.59
67	212.08	243.65	340.20	290.38	195.34
68	216.33	248.48	346.86	295.88	200.42
69	221.41	254.07	354.94	302.71	205.83
70	226.41	259.81	362.94	309.79	211.08
71	231.32	265.73	371.02	316.46	215.75
72	236.57	271.47	379.02	323.37	220.58
73	241.32	277.06	386.85	330.12	225.08
74	246.82	283.30	395.84	337.45	230.07
75	252.23	289.63	404.34	345.20	234.91
76	258.15	296.30	413.58	352.94	240.32
77	264.89	303.88	424.41	362.11	246.48
78	271.64	311.88	435.24	371.60	253.15
79	278.56	319.79	446.49	381.10	259.73
80	286.22	328.62	458.90	391.51	266.89
81	294.05	337.78	471.31	402.51	274.39
82	301.80	346.53	483.89	412.92	281.55
83	310.21	356.02	497.13	424.41	289.22
84	318.29	365.27	510.21	435.24	296.80
85	328.70	377.60	527.12	449.82	306.79
86	337.28	387.26	540.45	461.32	314.54
87	345.86	397.09	554.44	473.06	322.54
88	354.69	407.09	568.36	485.14	330.70
89	363.52	417.42	582.93	497.47	339.11
90	372.52	427.75	597.26	509.55	347.53
91	381.76	438.32	612.01	522.21	356.11
92	391.01	448.82	626.67	534.95	364.77
93	400.17	459.40	641.41	547.36	373.18
94	409.09	469.81	655.74	559.61	381.60
95	417.75	479.72	669.90	571.52	389.68
96	425.91	488.97	682.64	582.68	397.26
97	432.99	497.05	694.14	592.35	403.76
98	438.49	503.47	703.14	600.01	409.00
99	441.82	507.30	708.38	604.42	412.09
100+	441.82	507.30	708.38	604.42	412.09

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Monthy Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	835.75	959.70	1,339.88	1,143.29	762.86
65	222.83	256.06	357.36	304.88	203.34
66	224.33	257.56	359.61	307.04	205.67
67	227.74	261.73	365.19	311.71	209.83
68	232.16	266.64	372.35	317.79	215.33
69	237.57	272.81	381.10	324.87	220.99
70	242.99	278.97	389.76	332.53	226.49
71	248.32	285.14	398.17	339.70	231.66
72	253.82	291.47	406.92	347.11	236.82
73	259.15	297.55	415.25	354.36	241.49
74	264.81	304.13	424.75	362.36	246.90
75	270.73	310.96	433.99	370.44	252.32
76	277.06	318.04	444.07	379.02	257.98
77	284.22	326.29	455.65	388.84	264.64
78	291.55	334.87	467.31	398.84	271.81
79	299.13	343.28	479.47	409.09	278.81
80	307.38	352.78	492.55	420.33	286.55
81	315.62	362.60	505.96	432.08	294.47
82	323.87	371.93	519.29	443.24	302.21
83	332.87	382.35	533.62	455.65	310.54
84	341.70	392.09	547.78	467.31	318.54
85	352.86	405.34	565.77	482.81	329.12
86	362.19	415.58	580.27	495.30	337.61
87	371.52	426.33	595.35	508.13	346.36
88	380.68	437.08	610.26	520.79	355.02
89	390.26	448.32	625.92	533.87	364.10
90	400.09	459.40	641.16	547.20	373.10
91	409.84	470.65	656.99	560.69	382.35
92	419.75	481.89	672.73	574.27	391.43
93	429.49	493.22	688.72	587.68	400.59
94	439.24	504.38	704.05	600.76	409.50
95	448.57	515.04	719.05	613.67	418.33
96	457.23	524.96	732.96	625.42	426.41
97	464.98	533.70	745.12	636.00	433.49
98	470.89	540.53	754.86	644.08	439.16
99	474.39	544.53	760.61	649.07	442.49
100+	474.39	544.53	760.61	649.07	442.49

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	752.20	863.74	1,206.02	1,029.00	686.56
65	200.59	230.32	321.62	274.31	183.01
66	201.92	231.82	323.79	276.31	185.18
67	204.92	235.41	328.62	280.55	188.84
68	209.00	240.07	335.12	285.89	193.67
69	213.83	245.57	342.86	292.38	198.84
70	218.83	251.15	350.69	299.13	203.75
71	223.49	256.81	358.19	305.79	208.42
72	228.49	262.31	366.10	312.46	213.08
73	233.16	267.81	373.77	318.87	217.33
74	238.32	273.81	382.35	326.12	222.33
75	243.65	279.80	390.68	333.37	227.08
76	249.32	286.22	399.59	341.11	232.16
77	255.73	293.80	410.17	350.03	238.24
78	262.40	301.38	420.75	359.02	244.65
79	269.14	308.96	431.49	368.19	250.90
80	276.56	317.54	443.32	378.27	257.90
81	284.05	326.29	455.57	388.84	265.14
82	291.55	334.78	467.48	398.84	271.97
83	299.80	344.11	480.22	410.00	279.47
84	307.46	352.86	492.97	420.67	286.80
85	317.71	364.77	509.30	434.58	296.30
86	325.79	374.10	522.29	445.82	303.88
87	334.20	383.76	535.79	457.15	311.71
88	342.61	393.51	549.28	468.73	319.54
89	351.36	403.34	563.19	480.47	327.62
90	360.02	413.33	577.10	492.55	335.78
91	368.77	423.50	591.26	504.55	344.11
92	377.77	433.74	605.59	516.71	352.36
93	386.51	443.82	619.75	528.96	360.44
94	395.18	454.07	633.66	540.70	368.69
95	403.59	463.40	647.16	552.28	376.52
96	411.50	472.39	659.57	562.94	383.76
97	418.33	480.22	670.65	572.27	390.09
98	423.66	486.56	679.39	579.68	395.18
99	427.00	490.14	684.39	584.02	398.17
100+	427.00	490.14	684.39	584.02	398.17

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Monthy Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	961.20	1,103.64	1,541.05	1,314.89	877.23
65	256.31	294.30	410.75	350.69	233.91
66	258.06	296.30	413.67	352.86	236.66
67	262.06	300.71	419.92	358.44	241.32
68	267.06	306.63	428.25	365.19	247.48
69	273.31	313.62	437.99	373.60	254.07
70	279.55	320.79	448.07	382.35	260.56
71	285.64	328.12	457.98	390.68	266.56
72	291.80	335.12	467.98	399.34	272.22
73	297.88	342.03	477.48	407.50	277.64
74	304.63	349.86	488.55	416.67	283.97
75	311.29	357.52	499.13	426.00	289.97
76	318.54	365.94	510.71	435.99	296.63
77	326.79	375.27	523.96	446.99	304.38
78	335.20	385.10	537.53	458.82	312.46
79	343.86	394.84	551.11	470.31	320.71
80	353.36	405.75	566.61	483.39	329.37
81	363.10	417.00	581.85	496.80	338.70
82	372.52	427.83	597.34	509.71	347.69
83	382.93	439.49	613.67	523.87	357.11
84	392.76	450.99	629.66	537.45	366.52
85	405.84	466.23	650.74	555.36	378.77
86	416.50	478.06	667.32	569.52	388.43
87	427.00	490.30	684.39	584.18	398.17
88	437.91	502.72	701.80	598.93	408.25
89	448.90	515.46	719.71	614.00	418.50
90	460.07	528.04	737.54	629.25	429.08
91	471.31	541.03	755.53	644.74	439.74
92	482.81	554.19	773.77	660.40	450.24
93	493.97	567.02	791.85	675.73	460.73
94	505.13	580.10	809.76	690.72	471.06
95	515.79	592.26	826.84	705.63	481.06
96	525.96	603.68	842.66	719.21	490.30
97	534.62	613.84	856.91	731.37	498.55
98	541.45	621.58	868.07	740.87	505.05
99	545.53	626.42	874.40	746.37	508.80
100+	545.53	626.42	874.40	746.37	508.80

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	865.07	993.35	1,386.86	1,183.28	789.52
65	230.66	264.73	369.77	315.54	210.42
66	232.16	266.64	372.27	317.71	212.83
67	235.66	270.73	378.02	322.62	217.08
68	240.40	276.06	385.43	328.79	222.66
69	245.98	282.30	394.34	336.37	228.74
70	251.57	288.72	403.26	344.20	234.49
71	257.06	295.22	412.25	351.61	239.74
72	262.81	301.63	421.08	359.27	245.07
73	268.14	307.88	429.83	366.77	250.07
74	274.22	314.79	439.82	374.93	255.65
75	280.22	321.79	449.24	383.51	260.98
76	286.80	329.20	459.57	392.18	266.98
77	294.30	337.61	471.56	402.34	273.89
78	301.80	346.53	483.64	412.92	281.30
79	309.46	355.36	496.13	423.41	288.55
80	318.04	365.10	509.88	434.99	296.55
81	326.70	375.27	523.71	447.24	304.88
82	335.28	385.01	537.62	458.82	312.87
83	344.70	395.59	552.36	471.56	321.37
84	353.61	405.84	566.86	483.64	329.78
85	365.19	419.58	585.68	499.80	340.86
86	374.77	430.33	600.51	512.54	349.53
87	384.26	441.24	616.00	525.62	358.36
88	394.09	452.32	631.50	539.03	367.44
89	403.92	463.81	647.66	552.70	376.77
90	413.92	475.23	663.65	566.19	386.10
91	424.16	487.06	679.98	580.27	395.68
92	434.49	498.72	696.30	594.35	405.25
93	444.66	510.46	712.63	608.17	414.67
94	454.57	522.04	728.63	621.75	424.00
95	464.15	533.04	744.29	635.00	432.99
96	473.23	543.28	758.53	647.41	441.41
97	481.14	552.28	771.27	658.15	448.57
98	487.22	559.44	781.27	666.65	454.48
99	490.89	563.69	787.10	671.56	457.90
100+	490.89	563.69	787.10	671.56	457.90

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Monthly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	894.23	1,026.84	1,433.68	1,223.34	816.26
65	238.40	273.97	382.35	326.20	217.58
66	240.07	275.56	384.76	328.54	220.08
67	243.65	280.05	390.76	333.53	224.49
68	248.40	285.30	398.42	340.03	230.41
69	254.23	291.88	407.75	347.61	236.49
70	259.98	298.46	417.08	355.77	242.32
71	265.73	305.13	426.08	363.44	247.90
72	271.56	311.88	435.41	371.43	253.40
73	277.31	318.37	444.32	379.18	258.40
74	283.39	325.45	454.48	387.76	264.14
75	289.72	332.70	464.40	396.34	269.98
76	296.46	340.28	475.14	405.59	276.06
77	304.13	349.11	487.55	416.08	283.14
78	311.96	358.27	500.05	426.75	290.80
79	320.04	367.27	513.04	437.74	298.30
80	328.87	377.43	527.04	449.74	306.63
81	337.70	388.01	541.37	462.32	315.04
82	346.53	398.01	555.61	474.23	323.37
83	356.19	409.09	570.94	487.55	332.28
84	365.60	419.50	586.10	500.05	340.86
85	377.60	433.74	605.34	516.63	352.19
86	387.51	444.66	620.92	529.95	361.27
87	397.51	456.15	637.00	543.70	370.60
88	407.34	467.65	652.99	557.28	379.85
89	417.58	479.72	669.73	571.27	389.59
90	428.08	491.55	686.06	585.52	399.26
91	438.49	503.63	702.97	599.93	409.09
92	449.15	515.63	719.80	614.50	418.83
93	459.57	527.71	736.96	628.83	428.66
94	469.98	539.70	753.37	642.83	438.16
95	479.97	551.11	769.36	656.65	447.65
96	489.22	561.69	784.27	669.23	456.23
97	497.55	571.02	797.26	680.48	463.81
98	503.88	578.35	807.68	689.14	469.90
99	507.63	582.68	813.84	694.47	473.48
100+	507.63	582.68	813.84	694.47	473.48

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	804.84	924.21	1,290.40	1,101.06	734.62
65	214.66	246.48	344.11	293.55	195.84
66	216.08	248.07	346.44	295.63	198.17
67	219.25	251.90	351.61	300.21	202.09
68	223.66	256.90	358.61	305.88	207.25
69	228.83	262.73	366.85	312.87	212.75
70	234.16	268.73	375.27	320.04	218.00
71	239.15	274.81	383.26	327.20	222.99
72	244.49	280.64	391.76	334.37	227.99
73	249.48	286.55	399.92	341.20	232.57
74	254.98	292.97	409.09	348.94	237.90
75	260.73	299.38	418.00	356.69	242.99
76	266.81	306.29	427.58	365.02	248.40
77	273.64	314.37	438.91	374.52	254.90
78	280.80	322.45	450.24	384.18	261.81
79	287.97	330.62	461.73	393.93	268.48
80	295.88	339.78	474.39	404.75	275.97
81	303.96	349.11	487.47	416.08	283.72
82	311.96	358.19	500.22	426.75	291.05
83	320.79	368.19	513.88	438.74	299.05
84	328.95	377.60	527.46	450.15	306.88
85	339.95	390.34	544.95	464.98	317.04
86	348.61	400.26	558.86	477.06	325.12
87	357.61	410.59	573.27	489.14	333.53
88	366.60	421.08	587.76	501.55	341.95
89	375.93	431.58	602.59	514.13	350.53
90	385.26	442.24	617.50	527.04	359.27
91	394.59	453.15	632.66	539.87	368.19
92	404.17	464.06	647.99	552.86	377.02
93	413.58	474.89	663.15	566.02	385.68
94	422.83	485.89	677.98	578.52	394.51
95	431.83	495.80	692.47	590.93	402.84
96	440.32	505.46	705.72	602.34	410.59
97	447.65	513.88	717.63	612.34	417.42
98	453.32	520.63	726.96	620.25	422.83
99	456.90	524.46	732.29	624.92	426.08
100+	456.90	524.46	732.29	624.92	426.08

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Monthly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,028.51	1,180.86	1,648.92	1,406.94	938.62
65	274.22	314.87	439.49	375.27	250.32
66	276.14	317.04	442.66	377.60	253.23
67	280.39	321.79	449.32	383.51	258.23
68	285.72	328.12	458.23	390.76	264.81
69	292.47	335.62	468.65	399.76	271.89
70	299.13	343.28	479.47	409.09	278.81
71	305.63	351.11	490.05	418.00	285.22
72	312.21	358.61	500.72	427.33	291.30
73	318.71	365.94	510.88	435.99	297.05
74	325.95	374.35	522.79	445.82	303.88
75	333.12	382.51	534.04	455.82	310.29
76	340.86	391.59	546.45	466.48	317.37
77	349.69	401.51	560.61	478.31	325.70
78	358.69	412.09	575.19	490.97	334.37
79	367.94	422.50	589.68	503.22	343.20
80	378.10	434.16	606.26	517.21	352.44
81	388.51	446.15	622.58	531.54	362.44
82	398.59	457.82	639.16	545.37	372.02
83	409.75	470.23	656.65	560.53	382.10
84	420.25	482.56	673.73	575.10	392.18
85	434.24	498.88	696.30	594.26	405.25
86	445.66	511.55	714.05	609.42	415.58
87	456.90	524.62	732.29	625.08	426.08
88	468.56	537.87	750.95	640.83	436.83
89	480.31	551.53	770.11	656.99	447.82
90	492.30	565.02	789.18	673.31	459.15
91	504.30	578.94	808.43	689.89	470.56
92	516.63	593.01	827.92	706.63	481.72
93	528.54	606.67	847.24	723.04	492.97
94	540.45	620.67	866.40	739.04	504.05
95	551.86	633.75	884.73	755.03	514.71
96	562.77	645.91	901.64	769.53	524.62
97	572.02	656.82	916.88	782.60	533.45
98	579.35	665.07	928.80	792.77	540.37
99	583.68	670.23	935.63	798.60	544.45
100+	583.68	670.23	935.63	798.60	544.45

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	925.63	1,062.91	1,483.91	1,266.08	844.75
65	246.82	283.22	395.68	337.61	225.16
66	248.40	285.30	398.34	339.95	227.74
67	252.15	289.72	404.50	345.20	232.24
68	257.23	295.38	412.42	351.78	238.24
69	263.23	302.05	421.91	359.94	244.74
70	269.14	308.96	431.49	368.27	250.90
71	275.06	315.87	441.07	376.18	256.48
72	281.22	322.70	450.57	384.43	262.23
73	286.89	329.45	459.90	392.43	267.56
74	293.38	336.87	470.65	401.17	273.56
75	299.80	344.28	480.72	410.34	279.22
76	306.88	352.28	491.72	419.67	285.64
77	314.87	361.27	504.55	430.49	293.05
78	322.95	370.77	517.46	441.82	300.96
79	331.12	380.26	530.87	453.07	308.71
80	340.28	390.68	545.53	465.48	317.29
81	349.61	401.51	560.36	478.56	326.20
82	358.77	412.00	575.27	490.97	334.78
83	368.85	423.25	591.01	504.55	343.86
84	378.35	434.24	606.51	517.46	352.86
85	390.76	448.99	626.67	534.79	364.69
86	401.01	460.48	642.58	548.45	374.02
87	411.17	472.14	659.15	562.44	383.43
88	421.66	483.97	675.73	576.77	393.18
89	432.16	496.30	692.97	591.35	403.17
90	442.91	508.46	710.13	605.84	413.08
91	453.82	521.12	727.54	620.92	423.41
92	464.90	533.62	745.04	635.91	433.66
93	475.81	546.20	762.53	650.74	443.66
94	486.39	558.61	779.60	665.23	453.65
95	496.63	570.36	796.35	679.48	463.31
96	506.38	581.35	811.59	692.72	472.31
97	514.79	590.93	825.25	704.22	479.97
98	521.29	598.59	836.00	713.30	486.31
99	525.29	603.18	842.16	718.55	489.97
100+	525.29	603.18	842.16	718.55	489.97

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Monthly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,337.21	1,535.55	2,143.81	1,829.27	1,220.59
65	356.52	409.67	571.77	487.80	325.37
66	358.94	412.09	575.35	491.30	329.04
67	364.35	418.75	584.27	498.72	335.70
68	371.43	426.66	595.76	508.46	344.53
69	380.10	436.49	609.76	519.79	353.61
70	388.76	446.32	623.58	532.04	362.36
71	397.34	456.23	637.08	543.53	370.69
72	406.09	466.31	651.07	555.36	378.93
73	414.67	476.06	664.40	566.94	386.35
74	423.66	486.64	679.56	579.77	395.01
75	433.16	497.55	694.39	592.68	403.67
76	443.32	508.88	710.55	606.42	412.75
77	454.73	522.04	729.04	622.17	423.41
78	466.48	535.79	747.70	638.16	434.91
79	478.64	549.28	767.19	654.57	446.07
80	491.80	564.44	788.10	672.56	458.48
81	504.96	580.18	809.51	691.31	471.14
82	518.21	595.10	830.83	709.22	483.56
83	532.62	611.76	853.83	729.04	496.88
84	546.70	627.33	876.48	747.70	509.63
85	564.61	648.57	905.22	772.52	526.62
86	579.52	664.90	928.46	792.52	540.20
87	594.43	682.14	952.54	813.01	554.19
88	609.09	699.30	976.44	833.25	568.02
89	624.42	717.30	1,001.43	854.16	582.60
90	640.16	735.04	1,025.84	875.48	596.93
91	655.74	753.03	1,051.16	897.14	611.76
92	671.56	771.02	1,076.40	918.80	626.25
93	687.23	789.18	1,101.98	940.29	640.91
94	702.80	807.01	1,126.47	961.20	655.24
95	717.71	824.09	1,150.46	981.86	669.32
96	731.54	839.91	1,172.70	1,000.68	682.23
97	743.95	853.91	1,192.19	1,017.59	693.56
98	753.45	864.82	1,207.77	1,030.50	702.64
99	759.03	871.23	1,217.01	1,038.50	707.97
100+	759.03	871.23	1,217.01	1,038.50	707.97

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,203.52	1,381.95	1,929.64	1,646.42	1,098.48
65	320.95	368.52	514.63	438.91	292.80
66	323.04	370.93	518.04	442.07	296.30
67	327.87	376.68	525.79	448.90	302.13
68	334.37	384.10	536.20	457.40	309.88
69	342.11	392.93	548.61	467.81	318.12
70	350.11	401.84	561.11	478.64	326.04
71	357.61	410.92	573.10	489.30	333.45
72	365.60	419.67	585.77	499.97	340.95
73	373.02	428.50	598.01	510.21	347.69
74	381.35	438.07	611.76	521.79	355.69
75	389.84	447.65	625.08	533.37	363.35
76	398.92	457.98	639.33	545.78	371.43
77	409.17	470.06	656.24	560.03	381.18
78	419.83	482.22	673.23	574.44	391.43
79	430.66	494.30	690.39	589.10	401.42
80	442.49	508.05	709.30	605.26	412.67
81	454.48	522.04	728.88	622.17	424.25
82	466.48	535.62	747.95	638.16	435.16
83	479.64	550.61	768.36	655.99	447.15
84	491.97	564.61	788.77	673.06	458.90
85	508.30	583.60	814.84	695.31	474.06
86	521.29	598.59	835.67	713.30	486.22
87	534.70	614.00	857.24	731.46	498.72
88	548.20	629.58	878.82	749.95	511.30
89	562.19	645.33	901.14	768.78	524.21
90	576.02	661.32	923.38	788.10	537.29
91	590.01	677.56	946.04	807.26	550.61
92	604.42	693.97	968.95	826.75	563.77
93	618.42	710.13	991.60	846.33	576.69
94	632.25	726.54	1,013.84	865.15	589.93
95	645.74	741.45	1,035.42	883.65	602.43
96	658.40	755.86	1,055.33	900.72	614.00
97	669.32	768.36	1,073.07	915.63	624.17
98	677.90	778.52	1,087.07	927.46	632.25
99	683.23	784.19	1,095.06	934.46	637.08
100+	683.23	784.19	1,095.06	934.46	637.08

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Monthly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,537.88	1,765.79	2,465.68	2,103.82	1,403.61
65	410.09	470.89	657.24	561.11	374.27
66	412.92	474.06	661.90	564.61	378.68
67	419.33	481.14	671.90	573.52	386.10
68	427.33	490.64	685.23	584.27	396.01
69	437.33	501.80	700.80	597.76	406.50
70	447.32	513.29	716.88	611.76	416.92
71	456.98	524.96	732.79	625.08	426.50
72	466.90	536.20	748.78	638.91	435.58
73	476.64	547.28	763.94	651.99	444.24
74	487.39	559.78	781.69	666.65	454.32
75	498.05	572.02	798.60	681.56	463.98
76	509.63	585.52	817.17	697.55	474.64
77	522.87	600.43	838.33	715.21	486.97
78	536.29	616.17	860.07	734.12	499.97
79	550.20	631.75	881.81	752.53	513.13
80	565.36	649.24	906.55	773.44	526.96
81	580.93	667.23	930.96	794.85	541.95
82	596.01	684.56	955.78	815.51	556.28
83	612.67	703.22	981.86	838.16	571.35
84	628.42	721.54	1,007.43	859.91	586.43
85	649.32	745.95	1,041.17	888.56	606.01
86	666.40	764.86	1,067.74	911.22	621.50
87	683.23	784.52	1,095.06	934.71	637.08
88	700.64	804.34	1,122.88	958.28	653.24
89	718.21	824.75	1,151.54	982.44	669.57
90	736.12	844.83	1,180.03	1,006.76	686.56
91	754.11	865.65	1,208.85	1,031.59	703.55
92	772.52	886.73	1,238.00	1,056.66	720.38
93	790.35	907.22	1,266.99	1,081.15	737.21
94	808.18	928.13	1,295.65	1,105.14	753.70
95	825.25	947.62	1,322.97	1,129.05	769.69
96	841.50	965.86	1,348.29	1,150.71	784.52
97	855.41	982.11	1,371.03	1,170.20	797.68
98	866.32	994.52	1,388.94	1,185.36	808.09
99	872.82	1,002.27	1,399.02	1,194.19	814.09
100+	872.82	1,002.27	1,399.02	1,194.19	814.09

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	1,384.11	1,589.36	2,218.95	1,893.24	1,263.24
65	369.02	423.58	591.60	504.88	336.70
66	371.43	426.66	595.60	508.30	340.53
67	377.02	433.16	604.84	516.21	347.36
68	384.68	441.66	616.67	526.04	356.27
69	393.59	451.65	630.91	538.20	366.02
70	402.51	461.98	645.24	550.70	375.18
71	411.34	472.31	659.57	562.61	383.60
72	420.50	482.64	673.73	574.85	392.09
73	429.00	492.64	687.72	586.85	400.09
74	438.74	503.63	703.72	599.93	409.00
75	448.32	514.88	718.80	613.59	417.58
76	458.90	526.71	735.29	627.50	427.16
77	470.89	540.20	754.53	643.74	438.24
78	482.89	554.44	773.86	660.65	450.07
79	495.14	568.61	793.85	677.48	461.65
80	508.88	584.18	815.84	695.97	474.48
81	522.71	600.43	837.91	715.55	487.80
82	536.45	616.00	860.16	734.12	500.63
83	551.53	632.91	883.81	754.53	514.21
84	565.77	649.32	906.97	773.86	527.62
85	584.27	671.31	937.13	799.68	545.37
86	599.59	688.56	960.78	820.09	559.28
87	614.84	705.97	985.61	841.00	573.35
88	630.58	723.71	1,010.43	862.49	587.93
89	646.24	742.12	1,036.25	884.31	602.84
90	662.24	760.36	1,061.83	905.89	617.75
91	678.65	779.27	1,087.98	928.46	633.08
92	695.22	797.93	1,114.05	950.95	648.41
93	711.47	816.76	1,140.21	973.11	663.48
94	727.29	835.25	1,165.78	994.77	678.40
95	742.62	852.83	1,190.86	1,016.01	692.81
96	757.20	869.24	1,213.68	1,035.84	706.22
97	769.86	883.65	1,234.01	1,053.08	717.71
98	779.52	895.14	1,250.00	1,066.66	727.21
99	785.44	901.89	1,259.33	1,074.49	732.62
100+	785.44	901.89	1,259.33	1,074.49	732.62

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,392.95	2,747.79	3,836.41	3,273.55	2,184.13
65	638.12	733.26	1,023.17	872.91	582.21
66	642.36	737.50	1,029.53	879.01	588.83
67	652.17	749.42	1,045.69	892.52	600.76
68	664.62	763.47	1,066.10	910.01	616.66
69	680.26	781.22	1,091.27	930.15	632.82
70	695.63	798.71	1,115.92	952.15	648.46
71	711.00	816.47	1,140.03	972.55	663.30
72	726.63	834.49	1,165.21	993.75	678.14
73	742.00	851.98	1,189.06	1,014.69	691.39
74	758.17	870.79	1,216.09	1,037.48	707.02
75	775.13	890.40	1,242.59	1,060.53	722.39
76	793.15	910.54	1,271.47	1,085.18	738.56
77	813.82	934.13	1,304.60	1,113.27	757.64
78	834.75	958.77	1,337.99	1,141.89	778.31
79	856.48	982.89	1,372.70	1,171.30	798.18
80	880.07	1,010.18	1,410.33	1,203.37	820.44
81	903.65	1,038.27	1,448.76	1,237.02	843.23
82	927.24	1,065.04	1,486.92	1,269.09	865.23
83	952.94	1,094.72	1,527.73	1,304.60	889.08
84	978.38	1,122.54	1,568.27	1,337.99	912.13
85	1,010.18	1,160.44	1,619.95	1,382.24	942.34
86	1,036.95	1,189.85	1,661.29	1,418.02	966.72
87	1,063.71	1,220.59	1,704.48	1,454.85	991.63
88	1,089.95	1,251.33	1,747.15	1,491.16	1,016.54
89	1,117.51	1,283.66	1,792.20	1,528.52	1,042.51
90	1,145.60	1,315.46	1,835.66	1,566.68	1,068.22
91	1,173.42	1,347.53	1,880.97	1,605.37	1,094.72
92	1,201.78	1,379.86	1,926.02	1,644.33	1,120.69
93	1,229.60	1,412.19	1,971.87	1,682.75	1,146.92
94	1,257.69	1,444.25	2,015.86	1,720.12	1,172.36
95	1,284.46	1,474.73	2,058.79	1,756.95	1,197.80
96	1,309.10	1,503.08	2,098.54	1,790.61	1,220.86
97	1,331.36	1,527.99	2,133.52	1,821.08	1,241.26
98	1,348.32	1,547.60	2,161.34	1,844.14	1,257.43
99	1,358.39	1,559.00	2,177.77	1,858.45	1,266.97
100+	1,358.39	1,559.00	2,177.77	1,858.45	1,266.97

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,153.66	2,472.98	3,452.95	2,946.27	1,965.77
65	574.26	659.59	920.88	785.46	523.91
66	578.23	663.83	926.97	791.03	530.27
67	586.71	673.90	941.02	803.22	540.60
68	598.37	687.41	959.57	818.59	554.65
69	612.15	703.05	981.56	837.14	569.22
70	626.46	719.21	1,004.09	856.48	583.27
71	639.98	735.38	1,025.55	875.56	596.78
72	654.29	751.01	1,048.34	894.64	610.03
73	667.54	766.91	1,070.07	912.93	622.22
74	682.38	783.87	1,094.72	933.86	636.53
75	697.75	801.10	1,118.57	954.53	650.05
76	713.91	819.38	1,144.01	976.79	664.62
77	732.20	841.11	1,174.48	1,002.23	682.11
78	751.28	862.84	1,204.69	1,027.94	700.40
79	770.62	884.57	1,235.43	1,054.17	718.42
80	791.82	909.22	1,269.35	1,083.06	738.29
81	813.29	934.13	1,304.33	1,113.27	759.23
82	834.75	958.51	1,338.52	1,141.89	778.84
83	858.34	985.27	1,375.09	1,173.95	800.30
84	880.33	1,010.18	1,411.39	1,204.43	821.24
85	909.75	1,044.37	1,458.30	1,244.18	848.27
86	932.80	1,071.13	1,495.40	1,276.51	870.00
87	956.92	1,098.69	1,534.09	1,308.84	892.52
88	981.03	1,126.78	1,572.78	1,341.96	914.78
89	1,005.94	1,154.87	1,612.53	1,375.62	938.10
90	1,030.85	1,183.49	1,652.28	1,410.33	961.42
91	1,055.76	1,212.64	1,692.82	1,444.52	985.27
92	1,081.73	1,241.79	1,733.90	1,479.50	1,008.86
93	1,106.64	1,270.68	1,774.44	1,514.48	1,031.91
94	1,131.55	1,300.09	1,814.19	1,548.13	1,055.50
95	1,155.67	1,326.86	1,852.88	1,581.26	1,078.02
96	1,178.19	1,352.56	1,888.39	1,611.73	1,098.69
97	1,197.80	1,375.09	1,920.19	1,638.50	1,116.98
98	1,212.91	1,393.11	1,945.10	1,659.70	1,131.55
99	1,222.45	1,403.44	1,959.41	1,672.15	1,140.03
100+	1,222.45	1,403.44	1,959.41	1,672.15	1,140.03

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,752.03	3,159.86	4,412.25	3,764.86	2,511.67
65	733.79	842.70	1,176.07	1,004.09	669.66
66	738.82	848.27	1,184.29	1,010.18	677.61
67	750.22	860.99	1,202.31	1,026.35	690.86
68	764.53	877.95	1,226.16	1,045.69	708.61
69	782.55	898.09	1,253.98	1,069.81	727.43
70	800.30	918.49	1,282.87	1,094.72	745.98
71	817.79	939.43	1,311.22	1,118.57	763.20
72	835.55	959.57	1,339.84	1,143.48	779.37
73	852.77	979.18	1,367.14	1,166.80	795.00
74	872.12	1,001.70	1,398.94	1,193.03	813.02
75	891.20	1,023.70	1,429.15	1,219.80	830.25
76	912.13	1,047.81	1,462.27	1,248.42	849.33
77	935.72	1,074.58	1,500.17	1,279.69	871.59
78	959.83	1,102.67	1,539.12	1,313.61	894.64
79	984.48	1,130.49	1,577.81	1,346.47	918.23
80	1,011.77	1,161.76	1,622.33	1,384.10	943.14
81	1,039.60	1,193.83	1,666.06	1,422.52	969.64
82	1,066.63	1,224.83	1,710.31	1,459.36	995.61
83	1,096.31	1,258.22	1,756.95	1,499.90	1,022.37
84	1,124.66	1,291.35	1,802.80	1,538.86	1,049.40
85	1,162.03	1,334.81	1,863.22	1,590.00	1,084.38
86	1,192.50	1,368.73	1,910.65	1,630.55	1,112.21
87	1,222.45	1,403.71	1,959.41	1,672.68	1,140.03
88	1,253.72	1,439.48	2,009.50	1,714.82	1,168.92
89	1,285.25	1,475.79	2,060.64	1,758.01	1,198.33
90	1,317.32	1,511.83	2,111.79	1,801.74	1,228.54
91	1,349.38	1,549.19	2,163.20	1,845.99	1,259.02
92	1,382.24	1,586.82	2,215.40	1,890.78	1,289.23
93	1,414.31	1,623.39	2,267.08	1,934.77	1,319.17
94	1,446.37	1,661.02	2,318.49	1,977.70	1,348.85
95	1,476.85	1,695.74	2,367.25	2,020.36	1,377.47
96	1,506.00	1,728.33	2,412.56	2,059.32	1,403.71
97	1,530.64	1,757.48	2,453.37	2,094.03	1,427.56
98	1,550.25	1,779.74	2,485.44	2,121.33	1,446.11
99	1,561.91	1,793.52	2,503.46	2,136.96	1,456.71
100+	1,561.91	1,793.52	2,503.46	2,136.96	1,456.71

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,476.96	2,844.25	3,970.76	3,388.03	2,260.45
65	660.38	757.90	1,058.68	903.39	602.35
66	664.62	763.47	1,065.83	909.75	609.50
67	674.69	775.13	1,082.26	923.79	621.43
68	688.21	790.50	1,103.46	941.28	637.59
69	704.37	808.25	1,129.17	963.01	654.82
70	720.27	826.54	1,154.61	985.54	671.51
71	735.91	845.35	1,180.31	1,006.74	686.35
72	752.60	863.64	1,205.75	1,028.73	701.72
73	767.71	881.39	1,230.66	1,050.20	716.03
74	785.20	901.27	1,259.28	1,073.52	731.93
75	802.42	921.41	1,286.31	1,098.16	747.30
76	821.24	942.61	1,315.73	1,122.81	764.53
77	842.70	966.72	1,350.18	1,151.96	784.14
78	864.17	992.16	1,384.63	1,182.17	805.34
79	886.16	1,017.34	1,420.40	1,212.38	826.27
80	910.54	1,045.43	1,459.89	1,245.50	849.06
81	935.45	1,074.58	1,499.37	1,280.48	872.91
82	960.10	1,102.40	1,539.39	1,313.61	895.70
83	986.86	1,132.61	1,581.52	1,350.18	920.08
84	1,012.57	1,162.03	1,623.13	1,384.63	944.20
85	1,045.69	1,201.25	1,676.92	1,431.00	976.00
86	1,072.99	1,231.99	1,719.32	1,467.57	1,000.64
87	1,100.28	1,263.26	1,763.84	1,504.94	1,026.08
88	1,128.37	1,295.06	1,808.10	1,543.36	1,052.05
89	1,156.46	1,327.92	1,854.47	1,582.58	1,078.82
90	1,185.08	1,360.78	1,900.05	1,621.01	1,105.58
91	1,214.50	1,394.43	1,946.96	1,661.29	1,132.88
92	1,243.91	1,427.82	1,993.60	1,701.83	1,160.44
93	1,273.06	1,461.48	2,040.50	1,741.32	1,187.20
94	1,301.42	1,494.60	2,086.08	1,780.27	1,213.97
95	1,328.98	1,526.14	2,131.13	1,818.17	1,239.67
96	1,354.95	1,555.55	2,171.68	1,853.68	1,263.79
97	1,377.47	1,581.26	2,208.25	1,884.42	1,284.46
98	1,394.96	1,601.66	2,236.87	1,908.80	1,301.15
99	1,405.56	1,613.85	2,253.56	1,922.84	1,310.96
100+	1,405.56	1,613.85	2,253.56	1,922.84	1,310.96

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,658.75	3,053.07	4,262.53	3,637.13	2,426.87
65	708.88	814.61	1,136.85	969.90	646.87
66	713.65	819.38	1,144.01	976.79	654.29
67	724.51	832.63	1,161.76	991.63	667.54
68	738.56	848.27	1,184.55	1,010.98	685.03
69	755.78	867.88	1,212.38	1,033.50	703.05
70	773.01	887.49	1,239.94	1,057.88	720.54
71	789.97	907.10	1,266.70	1,080.67	736.97
72	807.46	927.24	1,294.53	1,104.26	753.40
73	824.42	946.58	1,321.03	1,127.31	768.24
74	842.44	967.52	1,351.24	1,152.75	785.46
75	861.25	989.25	1,380.65	1,178.46	802.69
76	881.39	1,011.77	1,412.72	1,205.75	820.71
77	904.18	1,038.01	1,449.55	1,237.02	841.91
78	927.50	1,065.30	1,486.65	1,268.82	864.70
79	951.62	1,092.07	1,525.34	1,301.42	886.96
80	977.85	1,122.28	1,566.95	1,337.19	911.60
81	1,004.09	1,153.55	1,609.61	1,374.56	936.78
82	1,030.32	1,183.23	1,652.01	1,410.07	961.42
83	1,058.94	1,216.35	1,697.59	1,449.55	987.92
84	1,087.03	1,247.36	1,742.64	1,486.65	1,013.36
85	1,122.54	1,289.49	1,799.88	1,535.94	1,047.02
86	1,152.22	1,322.09	1,845.99	1,575.69	1,074.05
87	1,181.90	1,356.27	1,893.96	1,616.50	1,101.87
88	1,211.05	1,390.46	1,941.39	1,656.78	1,129.43
89	1,241.53	1,426.23	1,991.21	1,698.39	1,158.32
90	1,272.80	1,461.48	2,039.71	1,740.79	1,186.94
91	1,303.80	1,497.25	2,090.06	1,783.72	1,216.35
92	1,335.34	1,533.03	2,140.14	1,826.91	1,245.24
93	1,366.34	1,569.07	2,191.02	1,869.58	1,274.39
94	1,397.35	1,604.58	2,239.78	1,911.18	1,302.74
95	1,427.03	1,638.50	2,287.48	1,952.26	1,330.83
96	1,454.59	1,670.03	2,331.74	1,989.62	1,356.54
97	1,479.23	1,697.86	2,370.43	2,023.28	1,379.06
98	1,498.05	1,719.59	2,401.43	2,048.98	1,397.08
99	1,509.18	1,732.31	2,419.72	2,064.88	1,407.68
100+	1,509.18	1,732.31	2,419.72	2,064.88	1,407.68

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,392.95	2,747.79	3,836.67	3,273.55	2,184.13
65	638.12	732.73	1,023.17	872.65	582.21
66	642.36	737.50	1,030.06	879.01	589.10
67	651.90	748.89	1,045.43	892.52	600.76
68	664.89	763.73	1,066.10	909.48	616.13
69	680.26	781.22	1,090.74	930.15	632.56
70	696.16	798.98	1,115.65	951.62	648.19
71	711.00	817.00	1,139.50	972.82	663.03
72	726.90	834.49	1,164.68	994.02	677.87
73	741.74	851.98	1,189.06	1,014.42	691.39
74	758.17	871.06	1,216.35	1,037.48	707.29
75	775.13	890.14	1,242.85	1,060.53	722.39
76	793.15	910.54	1,271.21	1,085.18	738.56
77	813.55	934.66	1,304.86	1,113.53	757.90
78	834.75	958.77	1,338.52	1,142.15	778.31
79	856.22	982.89	1,372.70	1,171.30	798.18
80	879.80	1,010.18	1,410.33	1,203.37	820.44
81	903.65	1,038.01	1,449.29	1,237.02	843.50
82	927.50	1,065.04	1,487.18	1,268.82	865.23
83	953.74	1,094.72	1,527.73	1,304.33	889.08
84	978.12	1,122.54	1,568.27	1,338.25	912.40
85	1,010.71	1,160.44	1,620.21	1,382.51	942.61
86	1,036.42	1,190.12	1,661.55	1,418.28	966.72
87	1,063.18	1,220.86	1,704.48	1,454.32	991.63
88	1,089.95	1,251.86	1,747.41	1,491.16	1,016.54
89	1,117.77	1,283.13	1,791.67	1,528.52	1,042.25
90	1,145.33	1,314.93	1,835.92	1,566.95	1,068.22
91	1,173.16	1,347.26	1,880.97	1,605.11	1,094.72
92	1,201.78	1,379.86	1,926.55	1,643.80	1,120.95
93	1,229.60	1,411.92	1,971.60	1,682.75	1,146.66
94	1,257.16	1,444.52	2,015.86	1,720.12	1,172.89
95	1,283.93	1,474.20	2,058.79	1,756.95	1,197.80
96	1,309.10	1,502.82	2,098.27	1,790.87	1,220.86
97	1,330.83	1,527.73	2,133.52	1,820.55	1,241.00
98	1,347.79	1,547.87	2,161.34	1,844.14	1,257.16
99	1,358.39	1,559.26	2,177.24	1,857.92	1,266.70
100+	1,358.39	1,559.26	2,177.24	1,857.92	1,266.70

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,057.84	3,510.99	4,902.50	4,183.03	2,790.72
65	815.41	936.25	1,306.72	1,115.65	744.12
66	820.97	942.61	1,315.99	1,122.54	752.87
67	833.69	956.65	1,335.87	1,140.30	767.71
68	849.59	975.47	1,362.37	1,161.76	787.32
69	869.47	997.73	1,393.37	1,188.53	808.25
70	889.34	1,020.52	1,425.44	1,216.35	828.92
71	908.69	1,043.84	1,456.97	1,242.85	848.00
72	928.30	1,066.10	1,488.77	1,270.41	866.02
73	947.64	1,088.09	1,518.98	1,296.38	883.25
74	969.11	1,113.00	1,554.23	1,325.53	903.39
75	990.31	1,137.38	1,587.88	1,355.21	922.47
76	1,013.36	1,164.15	1,624.72	1,387.01	943.67
77	1,039.60	1,193.83	1,666.85	1,421.99	968.31
78	1,066.36	1,225.10	1,710.05	1,459.62	994.02
79	1,093.92	1,256.10	1,753.24	1,496.19	1,020.25
80	1,124.13	1,290.82	1,802.53	1,537.80	1,047.81
81	1,155.14	1,326.59	1,851.03	1,580.46	1,077.49
82	1,185.08	1,361.04	1,900.32	1,621.54	1,106.11
83	1,218.21	1,398.14	1,952.26	1,666.59	1,136.06
84	1,249.48	1,434.71	2,003.14	1,709.78	1,166.00
85	1,291.08	1,483.21	2,070.18	1,766.76	1,204.96
86	1,325.00	1,520.84	2,122.92	1,811.81	1,235.70
87	1,358.39	1,559.79	2,177.24	1,858.45	1,266.70
88	1,393.11	1,599.28	2,232.63	1,905.35	1,298.77
89	1,428.09	1,639.82	2,289.60	1,953.32	1,331.36
90	1,463.60	1,679.84	2,346.31	2,001.81	1,365.02
91	1,499.37	1,721.18	2,403.55	2,051.10	1,398.94
92	1,535.94	1,763.05	2,461.59	2,100.92	1,432.33
93	1,571.45	1,803.86	2,519.09	2,149.68	1,465.72
94	1,606.96	1,845.46	2,576.07	2,197.38	1,498.58
95	1,640.88	1,884.15	2,630.39	2,244.82	1,530.38
96	1,673.21	1,920.46	2,680.74	2,288.01	1,559.79
97	1,700.77	1,952.79	2,726.06	2,326.70	1,586.03
98	1,722.50	1,977.43	2,761.57	2,356.91	1,606.70
99	1,735.49	1,992.80	2,781.71	2,374.40	1,618.62
100+	1,735.49	1,992.80	2,781.71	2,374.40	1,618.62

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,752.03	3,160.13	4,411.99	3,764.33	2,511.67
65	733.79	842.17	1,176.34	1,003.82	669.39
66	738.56	848.27	1,184.29	1,010.71	677.08
67	749.69	861.25	1,202.57	1,026.35	690.59
68	764.79	878.21	1,226.16	1,045.96	708.35
69	782.55	898.09	1,254.51	1,070.07	727.69
70	800.30	918.49	1,282.87	1,094.98	745.98
71	817.79	939.16	1,311.49	1,118.57	762.67
72	836.08	959.57	1,339.58	1,142.95	779.63
73	853.04	979.44	1,367.40	1,166.80	795.53
74	872.38	1,001.44	1,399.20	1,192.77	813.29
75	891.46	1,023.70	1,429.15	1,220.06	830.25
76	912.40	1,047.28	1,462.01	1,247.62	849.33
77	936.25	1,074.05	1,500.17	1,279.95	871.32
78	960.10	1,102.40	1,538.59	1,313.61	894.91
79	984.48	1,130.49	1,578.34	1,347.00	917.96
80	1,011.77	1,161.50	1,622.07	1,383.83	943.40
81	1,039.33	1,193.83	1,666.06	1,422.79	969.90
82	1,066.63	1,224.83	1,710.31	1,459.62	995.34
83	1,096.57	1,258.49	1,757.22	1,500.17	1,022.37
84	1,124.93	1,291.08	1,803.33	1,538.59	1,049.14
85	1,161.76	1,334.81	1,863.22	1,590.00	1,084.38
86	1,192.24	1,368.99	1,910.39	1,630.55	1,111.94
87	1,222.45	1,403.71	1,959.68	1,672.15	1,140.03
88	1,253.72	1,438.95	2,008.97	1,714.82	1,168.92
89	1,284.99	1,475.52	2,060.38	1,758.28	1,198.60
90	1,316.79	1,511.83	2,111.26	1,801.21	1,228.28
91	1,349.38	1,549.46	2,163.20	1,845.99	1,258.75
92	1,382.24	1,586.56	2,215.14	1,890.78	1,289.23
93	1,414.57	1,623.92	2,267.08	1,934.77	1,319.17
94	1,446.11	1,660.76	2,317.96	1,977.96	1,348.85
95	1,476.58	1,695.74	2,367.78	2,020.10	1,377.47
96	1,505.47	1,728.33	2,413.09	2,059.58	1,404.24
97	1,530.64	1,756.95	2,453.64	2,093.77	1,427.03
98	1,549.99	1,779.74	2,485.44	2,120.80	1,445.84
99	1,561.65	1,793.26	2,503.99	2,136.43	1,456.71
100+	1,561.65	1,793.26	2,503.99	2,136.43	1,456.71

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,844.78	3,266.66	4,560.92	3,891.79	2,596.74
65	758.43	871.59	1,216.35	1,037.74	692.18
66	763.73	876.62	1,224.04	1,045.16	700.13
67	775.13	890.93	1,243.12	1,061.06	714.18
68	790.23	907.63	1,267.50	1,081.73	732.99
69	808.78	928.56	1,297.18	1,105.85	752.34
70	827.07	949.50	1,326.86	1,131.82	770.89
71	845.35	970.70	1,355.48	1,156.20	788.64
72	863.90	992.16	1,385.16	1,181.64	806.13
73	882.19	1,012.83	1,413.51	1,206.28	822.03
74	901.53	1,035.36	1,445.84	1,233.58	840.32
75	921.67	1,058.41	1,477.38	1,260.87	858.87
76	943.14	1,082.53	1,511.56	1,290.29	878.21
77	967.52	1,110.62	1,551.05	1,323.68	900.74
78	992.43	1,139.77	1,590.80	1,357.60	925.12
79	1,018.13	1,168.39	1,632.14	1,392.58	948.97
80	1,046.22	1,200.72	1,676.66	1,430.74	975.47
81	1,074.31	1,234.37	1,722.24	1,470.75	1,002.23
82	1,102.40	1,266.17	1,767.55	1,508.65	1,028.73
83	1,133.14	1,301.42	1,816.31	1,551.05	1,057.09
84	1,163.09	1,334.54	1,864.54	1,590.80	1,084.38
85	1,201.25	1,379.86	1,925.76	1,643.53	1,120.42
86	1,232.78	1,414.57	1,975.31	1,685.93	1,149.31
87	1,264.58	1,451.14	2,026.46	1,729.66	1,178.99
88	1,295.85	1,487.71	2,077.34	1,772.85	1,208.40
89	1,328.45	1,526.14	2,130.60	1,817.37	1,239.41
90	1,361.84	1,563.77	2,182.54	1,862.69	1,270.15
91	1,394.96	1,602.19	2,236.34	1,908.53	1,301.42
92	1,428.88	1,640.35	2,289.87	1,954.91	1,332.42
93	1,462.01	1,678.78	2,344.46	2,000.49	1,363.69
94	1,495.13	1,716.94	2,396.66	2,045.01	1,393.90
95	1,526.93	1,753.24	2,447.54	2,089.00	1,424.11
96	1,556.35	1,786.90	2,494.98	2,129.01	1,451.41
97	1,582.85	1,816.58	2,536.32	2,164.79	1,475.52
98	1,602.99	1,839.90	2,569.44	2,192.35	1,494.87
99	1,614.91	1,853.68	2,589.05	2,209.31	1,506.26
100+	1,614.91	1,853.68	2,589.05	2,209.31	1,506.26

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,560.43	2,940.18	4,105.12	3,502.77	2,337.04
65	682.91	784.14	1,094.72	933.86	623.02
66	687.41	789.17	1,102.14	940.49	630.44
67	697.48	801.36	1,118.57	955.06	642.89
68	711.53	817.26	1,140.83	973.08	659.32
69	727.96	835.81	1,167.06	995.34	676.81
70	744.92	854.89	1,193.83	1,018.13	693.51
71	760.82	874.24	1,219.27	1,040.92	709.41
72	777.78	892.79	1,246.30	1,063.71	725.31
73	793.68	911.60	1,272.27	1,085.44	739.88
74	811.17	932.01	1,301.42	1,110.09	756.84
75	829.45	952.41	1,329.77	1,134.73	773.01
76	848.80	974.41	1,360.25	1,161.23	790.23
77	870.53	1,000.11	1,396.29	1,191.44	810.90
78	893.32	1,025.82	1,432.33	1,222.18	832.90
79	916.11	1,051.79	1,468.90	1,253.19	854.10
80	941.28	1,080.94	1,509.18	1,287.64	877.95
81	966.99	1,110.62	1,550.78	1,323.68	902.59
82	992.43	1,139.50	1,591.33	1,357.60	925.91
83	1,020.52	1,171.30	1,634.79	1,395.76	951.35
84	1,046.49	1,201.25	1,677.98	1,432.06	976.26
85	1,081.47	1,241.79	1,733.63	1,479.23	1,008.59
86	1,109.03	1,273.33	1,777.89	1,517.66	1,034.30
87	1,137.65	1,306.19	1,823.73	1,556.08	1,061.06
88	1,166.27	1,339.58	1,869.84	1,595.57	1,087.83
89	1,195.95	1,372.97	1,917.01	1,635.58	1,115.12
90	1,225.63	1,406.89	1,964.45	1,676.66	1,142.95
91	1,255.31	1,441.60	2,012.68	1,717.47	1,171.30
92	1,285.78	1,476.32	2,061.44	1,758.81	1,199.39
93	1,315.73	1,510.77	2,109.67	1,800.68	1,226.95
94	1,345.14	1,545.75	2,156.84	1,840.43	1,255.04
95	1,373.76	1,577.28	2,202.95	1,879.91	1,281.54
96	1,400.79	1,608.02	2,245.08	1,916.22	1,306.19
97	1,424.11	1,634.79	2,282.98	1,948.02	1,327.92
98	1,442.13	1,656.25	2,312.66	1,973.19	1,345.14
99	1,453.53	1,668.44	2,329.62	1,988.03	1,355.48
100+	1,453.53	1,668.44	2,329.62	1,988.03	1,355.48

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,271.96	3,756.64	5,245.68	4,475.85	2,986.02
65	872.38	1,001.70	1,398.14	1,193.83	796.33
66	878.48	1,008.59	1,408.21	1,201.25	805.60
67	891.99	1,023.70	1,429.41	1,220.06	821.50
68	908.95	1,043.84	1,457.77	1,243.12	842.44
69	930.42	1,067.69	1,490.89	1,271.74	864.96
70	951.62	1,092.07	1,525.34	1,301.42	886.96
71	972.29	1,116.98	1,559.00	1,329.77	907.36
72	993.22	1,140.83	1,592.92	1,359.45	926.71
73	1,013.89	1,164.15	1,625.25	1,387.01	944.99
74	1,036.95	1,190.91	1,663.14	1,418.28	966.72
75	1,059.74	1,216.88	1,698.92	1,450.08	987.13
76	1,084.38	1,245.77	1,738.40	1,484.00	1,009.65
77	1,112.47	1,277.30	1,783.45	1,521.63	1,036.15
78	1,141.09	1,310.96	1,829.83	1,561.91	1,063.71
79	1,170.51	1,344.08	1,875.94	1,600.87	1,091.80
80	1,202.84	1,381.18	1,928.67	1,645.39	1,121.22
81	1,235.96	1,419.34	1,980.61	1,690.97	1,153.02
82	1,268.03	1,456.44	2,033.35	1,734.96	1,183.49
83	1,303.54	1,495.93	2,089.00	1,783.19	1,215.56
84	1,336.93	1,535.15	2,143.32	1,829.56	1,247.62
85	1,381.45	1,587.09	2,215.14	1,890.51	1,289.23
86	1,417.75	1,627.37	2,271.58	1,938.74	1,322.09
87	1,453.53	1,668.97	2,329.62	1,988.56	1,355.48
88	1,490.63	1,711.11	2,388.98	2,038.65	1,389.66
89	1,527.99	1,754.57	2,449.93	2,090.06	1,424.64
90	1,566.15	1,797.50	2,510.61	2,142.00	1,460.68
91	1,604.31	1,841.75	2,571.83	2,194.73	1,496.99
92	1,643.53	1,886.54	2,633.84	2,248.00	1,532.50
93	1,681.43	1,930.00	2,695.32	2,300.20	1,568.27
94	1,719.32	1,974.52	2,756.27	2,351.08	1,603.52
95	1,755.63	2,016.12	2,814.57	2,401.96	1,637.44
96	1,790.34	2,054.81	2,868.36	2,448.07	1,668.97
97	1,819.76	2,089.53	2,916.86	2,489.68	1,697.06
98	1,843.08	2,115.76	2,954.75	2,522.01	1,719.06
99	1,856.86	2,132.19	2,976.48	2,540.56	1,732.04
100+	1,856.86	2,132.19	2,976.48	2,540.56	1,732.04

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	2,944.68	3,381.40	4,720.71	4,027.74	2,687.37
65	785.20	901.00	1,258.75	1,074.05	716.30
66	790.23	907.63	1,267.23	1,081.47	724.51
67	802.16	921.67	1,286.84	1,098.16	738.82
68	818.32	939.69	1,312.02	1,119.10	757.90
69	837.40	960.89	1,342.23	1,145.07	778.57
70	856.22	982.89	1,372.70	1,171.57	798.18
71	875.03	1,004.88	1,403.18	1,196.74	815.94
72	894.64	1,026.61	1,433.39	1,222.98	834.22
73	912.66	1,048.08	1,463.07	1,248.42	851.18
74	933.33	1,071.66	1,497.25	1,276.24	870.26
75	953.74	1,095.25	1,529.32	1,305.39	888.28
76	976.26	1,120.69	1,564.30	1,335.07	908.69
77	1,001.70	1,149.31	1,605.11	1,369.52	932.27
78	1,027.41	1,179.52	1,646.18	1,405.56	957.45
79	1,053.38	1,209.73	1,688.85	1,441.34	982.09
80	1,082.53	1,242.85	1,735.49	1,480.82	1,009.39
81	1,112.21	1,277.30	1,782.66	1,522.43	1,037.74
82	1,141.36	1,310.69	1,830.09	1,561.91	1,065.04
83	1,173.42	1,346.47	1,880.18	1,605.11	1,093.92
84	1,203.63	1,381.45	1,929.47	1,646.18	1,122.54
85	1,243.12	1,428.35	1,993.60	1,701.30	1,160.17
86	1,275.71	1,464.92	2,044.21	1,744.76	1,189.85
87	1,308.04	1,502.02	2,096.95	1,789.28	1,219.80
88	1,341.43	1,539.65	2,149.68	1,834.86	1,250.80
89	1,374.82	1,578.87	2,204.54	1,881.24	1,282.60
90	1,409.01	1,617.56	2,259.13	1,927.35	1,314.14
91	1,443.72	1,657.84	2,314.51	1,975.31	1,347.00
92	1,478.97	1,697.59	2,370.16	2,023.01	1,379.59
93	1,513.68	1,737.61	2,425.81	2,070.18	1,411.39
94	1,547.34	1,777.09	2,480.14	2,116.29	1,443.19
95	1,579.93	1,814.46	2,533.40	2,161.61	1,473.93
96	1,610.94	1,849.44	2,581.90	2,203.74	1,502.55
97	1,637.70	1,879.91	2,625.36	2,240.31	1,526.93
98	1,658.37	1,904.29	2,659.54	2,269.20	1,547.07
99	1,671.09	1,918.87	2,679.15	2,285.89	1,558.73
100+	1,671.09	1,918.87	2,679.15	2,285.89	1,558.73

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Quarterly Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,254.05	4,885.01	6,820.04	5,819.40	3,883.05
65	1,134.20	1,303.27	1,818.96	1,551.84	1,035.09
66	1,141.89	1,310.96	1,830.36	1,562.97	1,046.75
67	1,159.11	1,332.16	1,858.71	1,586.56	1,067.95
68	1,181.64	1,357.33	1,895.28	1,617.56	1,096.04
69	1,209.20	1,388.60	1,939.80	1,653.60	1,124.93
70	1,236.76	1,419.87	1,983.79	1,692.56	1,152.75
71	1,264.05	1,451.41	2,026.72	1,729.13	1,179.25
72	1,291.88	1,483.47	2,071.24	1,766.76	1,205.49
73	1,319.17	1,514.48	2,113.64	1,803.59	1,229.07
74	1,347.79	1,548.13	2,161.87	1,844.40	1,256.63
75	1,378.00	1,582.85	2,209.04	1,885.48	1,284.19
76	1,410.33	1,618.89	2,260.45	1,929.20	1,313.08
77	1,446.64	1,660.76	2,319.28	1,979.29	1,347.00
78	1,484.00	1,704.48	2,378.64	2,030.17	1,383.57
79	1,522.69	1,747.41	2,440.65	2,082.37	1,419.08
80	1,564.56	1,795.64	2,507.17	2,139.61	1,458.56
81	1,606.43	1,845.73	2,575.27	2,199.24	1,498.84
82	1,648.57	1,893.16	2,643.11	2,256.21	1,538.33
83	1,694.41	1,946.16	2,716.25	2,319.28	1,580.73
84	1,739.20	1,995.72	2,788.33	2,378.64	1,621.27
85	1,796.17	2,063.29	2,879.76	2,457.61	1,675.33
86	1,843.61	2,115.23	2,953.69	2,521.21	1,718.53
87	1,891.04	2,170.09	3,030.28	2,586.40	1,763.05
88	1,937.68	2,224.68	3,106.33	2,650.80	1,807.04
89	1,986.44	2,281.92	3,185.83	2,717.31	1,853.41
90	2,036.53	2,338.36	3,263.48	2,785.15	1,898.99
91	2,086.08	2,395.60	3,344.04	2,854.05	1,946.16
92	2,136.43	2,452.84	3,424.33	2,922.95	1,992.27
93	2,186.25	2,510.61	3,505.69	2,991.32	2,038.91
94	2,235.81	2,567.32	3,583.60	3,057.84	2,084.49
95	2,283.24	2,621.65	3,659.92	3,123.56	2,129.28
96	2,327.23	2,672.00	3,730.67	3,183.45	2,170.35
97	2,366.72	2,716.52	3,792.68	3,237.24	2,206.39
98	2,396.93	2,751.23	3,842.24	3,278.32	2,235.28
99	2,414.68	2,771.64	3,871.65	3,303.76	2,252.24
100+	2,414.68	2,771.64	3,871.65	3,303.76	2,252.24

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	3,828.72	4,396.35	6,138.73	5,237.73	3,494.56
65	1,021.05	1,172.36	1,637.17	1,396.29	931.48
66	1,027.67	1,180.05	1,648.04	1,406.36	942.61
67	1,043.04	1,198.33	1,672.68	1,428.09	961.16
68	1,063.71	1,221.92	1,705.81	1,455.12	985.80
69	1,088.36	1,250.01	1,745.29	1,488.24	1,012.04
70	1,113.80	1,278.36	1,785.04	1,522.69	1,037.21
71	1,137.65	1,307.25	1,823.20	1,556.61	1,060.80
72	1,163.09	1,335.07	1,863.48	1,590.53	1,084.65
73	1,186.67	1,363.16	1,902.44	1,623.13	1,106.11
74	1,213.17	1,393.64	1,946.16	1,659.96	1,131.55
75	1,240.20	1,424.11	1,988.56	1,696.80	1,155.93
76	1,269.09	1,456.97	2,033.88	1,736.28	1,181.64
77	1,301.68	1,495.40	2,087.67	1,781.60	1,212.64
78	1,335.60	1,534.09	2,141.73	1,827.44	1,245.24
79	1,370.05	1,572.51	2,196.32	1,874.08	1,277.04
80	1,407.68	1,616.24	2,256.48	1,925.49	1,312.81
81	1,445.84	1,660.76	2,318.75	1,979.29	1,349.65
82	1,484.00	1,703.95	2,379.44	2,030.17	1,384.36
83	1,525.87	1,751.65	2,444.36	2,086.88	1,422.52
84	1,565.09	1,796.17	2,509.29	2,141.20	1,459.89
85	1,617.03	1,856.59	2,592.23	2,211.96	1,508.12
86	1,658.37	1,904.29	2,658.48	2,269.20	1,546.81
87	1,701.04	1,953.32	2,727.12	2,326.97	1,586.56
88	1,743.97	2,002.87	2,795.75	2,385.80	1,626.57
89	1,788.49	2,052.96	2,866.77	2,445.69	1,667.65
90	1,832.48	2,103.84	2,937.53	2,507.17	1,709.25
91	1,877.00	2,155.51	3,009.61	2,568.12	1,751.65
92	1,922.84	2,207.72	3,082.48	2,630.13	1,793.52
93	1,967.36	2,259.13	3,154.56	2,692.40	1,834.60
94	2,011.35	2,311.33	3,225.32	2,752.29	1,876.73
95	2,054.28	2,358.77	3,293.95	2,811.12	1,916.48
96	2,094.56	2,404.61	3,357.29	2,865.45	1,953.32
97	2,129.28	2,444.36	3,413.73	2,912.88	1,985.65
98	2,156.57	2,476.69	3,458.25	2,950.51	2,011.35
99	2,173.53	2,494.71	3,483.69	2,972.77	2,026.72
100+	2,173.53	2,494.71	3,483.69	2,972.77	2,026.72

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Quarterly Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,892.43	5,617.47	7,844.00	6,692.84	4,465.25
65	1,304.60	1,498.05	2,090.85	1,785.04	1,190.65
66	1,313.61	1,508.12	2,105.69	1,796.17	1,204.69
67	1,334.01	1,530.64	2,137.49	1,824.53	1,228.28
68	1,359.45	1,560.85	2,179.89	1,858.71	1,259.81
69	1,391.25	1,596.36	2,229.45	1,901.64	1,293.20
70	1,423.05	1,632.93	2,280.59	1,946.16	1,326.33
71	1,453.79	1,670.03	2,331.21	1,988.56	1,356.80
72	1,485.33	1,705.81	2,382.09	2,032.55	1,385.69
73	1,516.33	1,741.05	2,430.32	2,074.16	1,413.25
74	1,550.52	1,780.80	2,486.76	2,120.80	1,445.31
75	1,584.44	1,819.76	2,540.56	2,168.23	1,476.05
76	1,621.27	1,862.69	2,599.65	2,219.11	1,509.97
77	1,663.41	1,910.12	2,666.96	2,275.29	1,549.19
78	1,706.07	1,960.21	2,736.13	2,335.45	1,590.53
79	1,750.33	2,009.76	2,805.29	2,394.01	1,632.40
80	1,798.56	2,065.41	2,884.00	2,460.53	1,676.39
81	1,848.11	2,122.65	2,961.64	2,528.63	1,724.09
82	1,896.08	2,177.77	3,040.61	2,594.35	1,769.67
83	1,949.08	2,237.13	3,123.56	2,666.43	1,817.64
84	1,999.16	2,295.43	3,204.91	2,735.60	1,865.60
85	2,065.68	2,373.08	3,312.24	2,826.76	1,927.88
86	2,120.00	2,433.23	3,396.77	2,898.84	1,977.17
87	2,173.53	2,495.77	3,483.69	2,973.57	2,026.72
88	2,228.92	2,558.84	3,572.20	3,048.56	2,078.13
89	2,284.83	2,623.77	3,663.36	3,125.41	2,130.07
90	2,341.81	2,687.63	3,753.99	3,202.79	2,184.13
91	2,399.05	2,753.88	3,845.68	3,281.76	2,238.19
92	2,457.61	2,820.93	3,938.43	3,361.53	2,291.72
93	2,514.32	2,886.12	4,030.65	3,439.44	2,345.25
94	2,571.03	2,952.63	4,121.81	3,515.76	2,397.72
95	2,625.36	3,014.64	4,208.73	3,591.81	2,448.60
96	2,677.03	3,072.68	4,289.29	3,660.71	2,495.77
97	2,721.29	3,124.35	4,361.64	3,722.72	2,537.64
98	2,756.00	3,163.84	4,418.61	3,770.95	2,570.77
99	2,776.67	3,188.48	4,450.68	3,799.04	2,589.85
100+	2,776.67	3,188.48	4,450.68	3,799.04	2,589.85

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,403.24	5,056.20	7,059.07	6,022.92	4,018.73
65	1,173.95	1,347.53	1,882.03	1,606.17	1,071.13
66	1,181.64	1,357.33	1,894.75	1,617.03	1,083.32
67	1,199.39	1,378.00	1,924.17	1,642.21	1,105.05
68	1,223.77	1,405.03	1,961.80	1,673.48	1,133.41
69	1,252.13	1,436.83	2,007.11	1,712.17	1,164.41
70	1,280.48	1,469.69	2,052.69	1,751.92	1,193.56
71	1,308.57	1,502.55	2,098.27	1,789.81	1,220.33
72	1,337.72	1,535.41	2,143.32	1,828.77	1,247.36
73	1,364.75	1,567.21	2,187.84	1,866.93	1,272.80
74	1,395.76	1,602.19	2,238.72	1,908.53	1,301.15
75	1,426.23	1,637.97	2,286.69	1,951.99	1,328.45
76	1,459.89	1,675.60	2,339.16	1,996.25	1,358.92
77	1,498.05	1,718.53	2,400.37	2,047.92	1,394.17
78	1,536.21	1,763.84	2,461.85	2,101.72	1,431.80
79	1,575.16	1,808.89	2,525.45	2,155.25	1,468.63
80	1,618.89	1,858.45	2,595.41	2,214.08	1,509.44
81	1,662.88	1,910.12	2,665.64	2,276.35	1,551.84
82	1,706.60	1,959.68	2,736.39	2,335.45	1,592.65
83	1,754.57	2,013.47	2,811.65	2,400.37	1,635.85
84	1,799.88	2,065.68	2,885.32	2,461.85	1,678.51
85	1,858.71	2,135.64	2,981.25	2,544.00	1,734.96
86	1,907.47	2,190.49	3,056.51	2,608.93	1,779.21
87	1,955.97	2,245.88	3,135.48	2,675.44	1,824.00
88	2,006.05	2,302.32	3,214.45	2,743.81	1,870.37
89	2,055.87	2,360.89	3,296.60	2,813.24	1,917.81
90	2,106.75	2,418.92	3,377.96	2,881.88	1,965.24
91	2,158.96	2,479.08	3,461.17	2,953.69	2,014.00
92	2,211.69	2,538.44	3,544.11	3,025.24	2,062.76
93	2,263.37	2,598.33	3,627.32	3,095.73	2,110.73
94	2,313.72	2,657.16	3,708.68	3,164.63	2,158.16
95	2,362.48	2,713.07	3,788.44	3,232.21	2,204.01
96	2,408.85	2,765.28	3,861.05	3,295.28	2,246.67
97	2,449.13	2,811.12	3,925.71	3,350.13	2,283.24
98	2,479.87	2,847.69	3,976.59	3,393.33	2,313.45
99	2,498.69	2,869.16	4,006.27	3,418.24	2,330.68
100+	2,498.69	2,869.16	4,006.27	3,418.24	2,330.68

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,695.60	5,391.88	7,528.04	6,423.56	4,285.84
65	1,252.16	1,438.84	2,007.72	1,712.88	1,142.44
66	1,260.48	1,447.16	2,020.20	1,724.84	1,155.44
67	1,279.72	1,470.56	2,051.92	1,751.36	1,178.84
68	1,304.16	1,498.12	2,091.96	1,785.68	1,210.04
69	1,334.84	1,532.96	2,141.36	1,825.20	1,241.76
70	1,365.00	1,567.28	2,189.72	1,868.36	1,272.44
71	1,395.16	1,602.12	2,237.04	1,908.40	1,301.56
72	1,425.84	1,637.48	2,286.44	1,950.00	1,330.68
73	1,456.00	1,671.80	2,333.24	1,991.08	1,356.68
74	1,487.72	1,708.72	2,386.28	2,035.80	1,387.36
75	1,521.00	1,747.20	2,438.28	2,081.04	1,417.52
76	1,556.36	1,786.72	2,494.96	2,129.40	1,449.24
77	1,596.92	1,833.00	2,559.96	2,184.52	1,486.68
78	1,638.00	1,881.36	2,625.48	2,240.68	1,527.24
79	1,680.64	1,928.68	2,693.60	2,298.40	1,566.24
80	1,726.92	1,982.24	2,767.44	2,361.32	1,609.92
81	1,773.20	2,037.36	2,842.84	2,427.36	1,654.64
82	1,819.48	2,089.88	2,917.72	2,490.28	1,697.80
83	1,869.92	2,148.12	2,997.80	2,559.96	1,744.60
84	1,919.84	2,202.72	3,077.36	2,625.48	1,789.84
85	1,982.24	2,277.08	3,178.76	2,712.32	1,849.12
86	2,034.76	2,334.80	3,259.88	2,782.52	1,896.96
87	2,087.28	2,395.12	3,344.64	2,854.80	1,945.84
88	2,138.76	2,455.44	3,428.36	2,926.04	1,994.72
89	2,192.84	2,518.88	3,516.76	2,999.36	2,045.68
90	2,247.96	2,581.28	3,602.04	3,074.24	2,096.12
91	2,302.56	2,644.20	3,690.96	3,150.16	2,148.12
92	2,358.20	2,707.64	3,779.36	3,226.60	2,199.08
93	2,412.80	2,771.08	3,869.32	3,302.00	2,250.56
94	2,467.92	2,834.00	3,955.64	3,375.32	2,300.48
95	2,520.44	2,893.80	4,039.88	3,447.60	2,350.40
96	2,568.80	2,949.44	4,117.88	3,513.64	2,395.64
97	2,612.48	2,998.32	4,186.52	3,573.44	2,435.68
98	2,645.76	3,036.80	4,241.12	3,618.68	2,467.40
99	2,665.52	3,059.16	4,273.36	3,646.76	2,486.12
100+	2,665.52	3,059.16	4,273.36	3,646.76	2,486.12

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,226.04	4,852.64	6,775.60	5,781.36	3,857.36
65	1,126.84	1,294.28	1,807.00	1,541.28	1,028.04
66	1,134.64	1,302.60	1,818.96	1,552.20	1,040.52
67	1,151.28	1,322.36	1,846.52	1,576.12	1,060.80
68	1,174.16	1,348.88	1,882.92	1,606.28	1,088.36
69	1,201.20	1,379.56	1,926.08	1,642.68	1,116.96
70	1,229.28	1,411.28	1,970.28	1,680.64	1,144.52
71	1,255.80	1,443.00	2,012.40	1,718.08	1,171.04
72	1,283.88	1,473.68	2,057.12	1,755.52	1,197.04
73	1,309.88	1,504.88	2,099.76	1,791.40	1,220.96
74	1,339.00	1,538.16	2,148.12	1,832.48	1,249.04
75	1,369.16	1,571.96	2,194.92	1,873.04	1,275.56
76	1,400.88	1,607.84	2,244.84	1,916.72	1,304.16
77	1,436.76	1,650.48	2,304.64	1,966.64	1,338.48
78	1,474.20	1,693.12	2,363.92	2,017.08	1,374.36
79	1,512.16	1,735.76	2,424.24	2,068.56	1,409.72
80	1,553.76	1,784.12	2,490.80	2,125.24	1,448.72
81	1,595.88	1,833.00	2,559.44	2,184.52	1,489.80
82	1,638.00	1,880.84	2,626.52	2,240.68	1,528.28
83	1,684.28	1,933.36	2,698.28	2,303.60	1,570.40
84	1,727.44	1,982.24	2,769.52	2,363.40	1,611.48
85	1,785.16	2,049.32	2,861.56	2,441.40	1,664.52
86	1,830.40	2,101.84	2,934.36	2,504.84	1,707.16
87	1,877.72	2,155.92	3,010.28	2,568.28	1,751.36
88	1,925.04	2,211.04	3,086.20	2,633.28	1,795.04
89	1,973.92	2,266.16	3,164.20	2,699.32	1,840.80
90	2,022.80	2,322.32	3,242.20	2,767.44	1,886.56
91	2,071.68	2,379.52	3,321.76	2,834.52	1,933.36
92	2,122.64	2,436.72	3,402.36	2,903.16	1,979.64
93	2,171.52	2,493.40	3,481.92	2,971.80	2,024.88
94	2,220.40	2,551.12	3,559.92	3,037.84	2,071.16
95	2,267.72	2,603.64	3,635.84	3,102.84	2,115.36
96	2,311.92	2,654.08	3,705.52	3,162.64	2,155.92
97	2,350.40	2,698.28	3,767.92	3,215.16	2,191.80
98	2,380.04	2,733.64	3,816.80	3,256.76	2,220.40
99	2,398.76	2,753.92	3,844.88	3,281.20	2,237.04
100+	2,398.76	2,753.92	3,844.88	3,281.20	2,237.04

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,400.20	6,200.48	8,658.00	7,387.64	4,928.56
65	1,439.88	1,653.60	2,307.76	1,970.28	1,314.04
66	1,449.76	1,664.52	2,323.88	1,982.24	1,329.64
67	1,472.12	1,689.48	2,359.24	2,013.96	1,355.64
68	1,500.20	1,722.76	2,406.04	2,051.92	1,390.48
69	1,535.56	1,762.28	2,460.64	2,099.24	1,427.40
70	1,570.40	1,802.32	2,517.32	2,148.12	1,463.80
71	1,604.72	1,843.40	2,572.96	2,194.92	1,497.60
72	1,639.56	1,882.92	2,629.12	2,243.80	1,529.32
73	1,673.36	1,921.40	2,682.68	2,289.56	1,560.00
74	1,711.32	1,965.60	2,745.08	2,341.04	1,595.36
75	1,748.76	2,008.76	2,804.36	2,393.56	1,629.16
76	1,789.84	2,056.08	2,869.36	2,449.72	1,666.60
77	1,836.12	2,108.60	2,943.72	2,511.08	1,710.28
78	1,883.44	2,163.72	3,020.16	2,577.64	1,755.52
79	1,931.80	2,218.32	3,096.08	2,642.12	1,801.80
80	1,985.36	2,279.68	3,183.44	2,715.96	1,850.68
81	2,039.96	2,342.60	3,269.24	2,791.36	1,902.68
82	2,093.00	2,403.44	3,356.08	2,863.64	1,953.64
83	2,151.24	2,468.96	3,447.60	2,943.20	2,006.16
84	2,206.88	2,533.96	3,537.56	3,019.64	2,059.20
85	2,280.20	2,619.24	3,656.12	3,120.00	2,127.84
86	2,340.00	2,685.80	3,749.20	3,199.56	2,182.44
87	2,398.76	2,754.44	3,844.88	3,282.24	2,237.04
88	2,460.12	2,824.64	3,943.16	3,364.92	2,293.72
89	2,522.00	2,895.88	4,043.52	3,449.68	2,351.44
90	2,584.92	2,966.60	4,143.88	3,535.48	2,410.72
91	2,647.84	3,039.92	4,244.76	3,622.32	2,470.52
92	2,712.32	3,113.76	4,347.20	3,710.20	2,529.80
93	2,775.24	3,185.52	4,448.60	3,796.52	2,588.56
94	2,838.16	3,259.36	4,549.48	3,880.76	2,646.80
95	2,897.96	3,327.48	4,645.16	3,964.48	2,702.96
96	2,955.16	3,391.44	4,734.08	4,040.92	2,754.44
97	3,003.52	3,448.64	4,814.16	4,109.04	2,801.24
98	3,042.00	3,492.32	4,877.08	4,162.60	2,837.64
99	3,064.88	3,519.36	4,912.44	4,193.28	2,858.44
100+	3,064.88	3,519.36	4,912.44	4,193.28	2,858.44

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,860.44	5,581.16	7,791.68	6,648.20	4,435.60
65	1,295.84	1,487.20	2,077.40	1,772.68	1,181.96
66	1,304.16	1,498.12	2,091.44	1,785.16	1,196.00
67	1,323.92	1,521.00	2,123.68	1,812.72	1,219.40
68	1,350.44	1,551.16	2,165.28	1,847.04	1,251.12
69	1,382.16	1,586.00	2,215.72	1,889.68	1,284.92
70	1,413.36	1,621.88	2,265.64	1,933.88	1,317.68
71	1,444.04	1,658.80	2,316.08	1,975.48	1,346.80
72	1,476.80	1,694.68	2,366.00	2,018.64	1,376.96
73	1,506.44	1,729.52	2,414.88	2,060.76	1,405.04
74	1,540.76	1,768.52	2,471.04	2,106.52	1,436.24
75	1,574.56	1,808.04	2,524.08	2,154.88	1,466.40
76	1,611.48	1,849.64	2,581.80	2,203.24	1,500.20
77	1,653.60	1,896.96	2,649.40	2,260.44	1,538.68
78	1,695.72	1,946.88	2,717.00	2,319.72	1,580.28
79	1,738.88	1,996.28	2,787.20	2,379.00	1,621.36
80	1,786.72	2,051.40	2,864.68	2,444.00	1,666.08
81	1,835.60	2,108.60	2,942.16	2,512.64	1,712.88
82	1,883.96	2,163.20	3,020.68	2,577.64	1,757.60
83	1,936.48	2,222.48	3,103.36	2,649.40	1,805.44
84	1,986.92	2,280.20	3,185.00	2,717.00	1,852.76
85	2,051.92	2,357.16	3,290.56	2,808.00	1,915.16
86	2,105.48	2,417.48	3,373.76	2,879.76	1,963.52
87	2,159.04	2,478.84	3,461.12	2,953.08	2,013.44
88	2,214.16	2,541.24	3,547.96	3,028.48	2,064.40
89	2,269.28	2,605.72	3,638.96	3,105.44	2,116.92
90	2,325.44	2,670.20	3,728.40	3,180.84	2,169.44
91	2,383.16	2,736.24	3,820.44	3,259.88	2,223.00
92	2,440.88	2,801.76	3,911.96	3,339.44	2,277.08
93	2,498.08	2,867.80	4,004.00	3,416.92	2,329.60
94	2,553.72	2,932.80	4,093.44	3,493.36	2,382.12
95	2,607.80	2,994.68	4,181.84	3,567.72	2,432.56
96	2,658.76	3,052.40	4,261.40	3,637.40	2,479.88
97	2,702.96	3,102.84	4,333.16	3,697.72	2,520.44
98	2,737.28	3,142.88	4,389.32	3,745.56	2,553.20
99	2,758.08	3,166.80	4,422.08	3,773.12	2,572.44
100+	2,758.08	3,166.80	4,422.08	3,773.12	2,572.44

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,217.16	5,990.92	8,364.20	7,137.00	4,762.16
65	1,391.00	1,598.48	2,230.80	1,903.20	1,269.32
66	1,400.36	1,607.84	2,244.84	1,916.72	1,283.88
67	1,421.68	1,633.84	2,279.68	1,945.84	1,309.88
68	1,449.24	1,664.52	2,324.40	1,983.80	1,344.20
69	1,483.04	1,703.00	2,379.00	2,028.00	1,379.56
70	1,516.84	1,741.48	2,433.08	2,075.84	1,413.88
71	1,550.12	1,779.96	2,485.60	2,120.56	1,446.12
72	1,584.44	1,819.48	2,540.20	2,166.84	1,478.36
73	1,617.72	1,857.44	2,592.20	2,212.08	1,507.48
74	1,653.08	1,898.52	2,651.48	2,262.00	1,541.28
75	1,690.00	1,941.16	2,709.20	2,312.44	1,575.08
76	1,729.52	1,985.36	2,772.12	2,366.00	1,610.44
77	1,774.24	2,036.84	2,844.40	2,427.36	1,652.04
78	1,820.00	2,090.40	2,917.20	2,489.76	1,696.76
79	1,867.32	2,142.92	2,993.12	2,553.72	1,740.44
80	1,918.80	2,202.20	3,074.76	2,623.92	1,788.80
81	1,970.28	2,263.56	3,158.48	2,697.24	1,838.20
82	2,021.76	2,321.80	3,241.68	2,766.92	1,886.56
83	2,077.92	2,386.80	3,331.12	2,844.40	1,938.56
84	2,133.04	2,447.64	3,419.52	2,917.20	1,988.48
85	2,202.72	2,530.32	3,531.84	3,013.92	2,054.52
86	2,260.96	2,594.28	3,622.32	3,091.92	2,107.56
87	2,319.20	2,661.36	3,716.44	3,172.00	2,162.16
88	2,376.40	2,728.44	3,809.52	3,251.04	2,216.24
89	2,436.20	2,798.64	3,907.28	3,332.68	2,272.92
90	2,497.56	2,867.80	4,002.44	3,415.88	2,329.08
91	2,558.40	2,938.00	4,101.24	3,500.12	2,386.80
92	2,620.28	3,008.20	4,199.52	3,584.88	2,443.48
93	2,681.12	3,078.92	4,299.36	3,668.60	2,500.68
94	2,741.96	3,148.60	4,395.04	3,750.24	2,556.32
95	2,800.20	3,215.16	4,488.64	3,830.84	2,611.44
96	2,854.28	3,277.04	4,575.48	3,904.16	2,661.88
97	2,902.64	3,331.64	4,651.40	3,970.20	2,706.08
98	2,939.56	3,374.28	4,712.24	4,020.64	2,741.44
99	2,961.40	3,399.24	4,748.12	4,051.84	2,762.24
100+	2,961.40	3,399.24	4,748.12	4,051.84	2,762.24

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	4,695.60	5,391.88	7,528.56	6,423.56	4,285.84
65	1,252.16	1,437.80	2,007.72	1,712.36	1,142.44
66	1,260.48	1,447.16	2,021.24	1,724.84	1,155.96
67	1,279.20	1,469.52	2,051.40	1,751.36	1,178.84
68	1,304.68	1,498.64	2,091.96	1,784.64	1,209.00
69	1,334.84	1,532.96	2,140.32	1,825.20	1,241.24
70	1,366.04	1,567.80	2,189.20	1,867.32	1,271.92
71	1,395.16	1,603.16	2,236.00	1,908.92	1,301.04
72	1,426.36	1,637.48	2,285.40	1,950.52	1,330.16
73	1,455.48	1,671.80	2,333.24	1,990.56	1,356.68
74	1,487.72	1,709.24	2,386.80	2,035.80	1,387.88
75	1,521.00	1,746.68	2,438.80	2,081.04	1,417.52
76	1,556.36	1,786.72	2,494.44	2,129.40	1,449.24
77	1,596.40	1,834.04	2,560.48	2,185.04	1,487.20
78	1,638.00	1,881.36	2,626.52	2,241.20	1,527.24
79	1,680.12	1,928.68	2,693.60	2,298.40	1,566.24
80	1,726.40	1,982.24	2,767.44	2,361.32	1,609.92
81	1,773.20	2,036.84	2,843.88	2,427.36	1,655.16
82	1,820.00	2,089.88	2,918.24	2,489.76	1,697.80
83	1,871.48	2,148.12	2,997.80	2,559.44	1,744.60
84	1,919.32	2,202.72	3,077.36	2,626.00	1,790.36
85	1,983.28	2,277.08	3,179.28	2,712.84	1,849.64
86	2,033.72	2,335.32	3,260.40	2,783.04	1,896.96
87	2,086.24	2,395.64	3,344.64	2,853.76	1,945.84
88	2,138.76	2,456.48	3,428.88	2,926.04	1,994.72
89	2,193.36	2,517.84	3,515.72	2,999.36	2,045.16
90	2,247.44	2,580.24	3,602.56	3,074.76	2,096.12
91	2,302.04	2,643.68	3,690.96	3,149.64	2,148.12
92	2,358.20	2,707.64	3,780.40	3,225.56	2,199.60
93	2,412.80	2,770.56	3,868.80	3,302.00	2,250.04
94	2,466.88	2,834.52	3,955.64	3,375.32	2,301.52
95	2,519.40	2,892.76	4,039.88	3,447.60	2,350.40
96	2,568.80	2,948.92	4,117.36	3,514.16	2,395.64
97	2,611.44	2,997.80	4,186.52	3,572.40	2,435.16
98	2,644.72	3,037.32	4,241.12	3,618.68	2,466.88
99	2,665.52	3,059.68	4,272.32	3,645.72	2,485.60
100+	2,665.52	3,059.68	4,272.32	3,645.72	2,485.60

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,000.28	6,889.48	9,620.00	8,208.20	5,476.12
65	1,600.04	1,837.16	2,564.12	2,189.20	1,460.16
66	1,610.96	1,849.64	2,582.32	2,202.72	1,477.32
67	1,635.92	1,877.20	2,621.32	2,237.56	1,506.44
68	1,667.12	1,914.12	2,673.32	2,279.68	1,544.92
69	1,706.12	1,957.80	2,734.16	2,332.20	1,586.00
70	1,745.12	2,002.52	2,797.08	2,386.80	1,626.56
71	1,783.08	2,048.28	2,858.96	2,438.80	1,664.00
72	1,821.56	2,091.96	2,921.36	2,492.88	1,699.36
73	1,859.52	2,135.12	2,980.64	2,543.84	1,733.16
74	1,901.64	2,184.00	3,049.80	2,601.04	1,772.68
75	1,943.24	2,231.84	3,115.84	2,659.28	1,810.12
76	1,988.48	2,284.36	3,188.12	2,721.68	1,851.72
77	2,039.96	2,342.60	3,270.80	2,790.32	1,900.08
78	2,092.48	2,403.96	3,355.56	2,864.16	1,950.52
79	2,146.56	2,464.80	3,440.32	2,935.92	2,002.00
80	2,205.84	2,532.92	3,537.04	3,017.56	2,056.08
81	2,266.68	2,603.12	3,632.20	3,101.28	2,114.32
82	2,325.44	2,670.72	3,728.92	3,181.88	2,170.48
83	2,390.44	2,743.52	3,830.84	3,270.28	2,229.24
84	2,451.80	2,815.28	3,930.68	3,355.04	2,288.00
85	2,533.44	2,910.44	4,062.24	3,466.84	2,364.44
86	2,600.00	2,984.28	4,165.72	3,555.24	2,424.76
87	2,665.52	3,060.72	4,272.32	3,646.76	2,485.60
88	2,733.64	3,138.20	4,381.00	3,738.80	2,548.52
89	2,802.28	3,217.76	4,492.80	3,832.92	2,612.48
90	2,871.96	3,296.28	4,604.08	3,928.08	2,678.52
91	2,942.16	3,377.40	4,716.40	4,024.80	2,745.08
92	3,013.92	3,459.56	4,830.28	4,122.56	2,810.60
93	3,083.60	3,539.64	4,943.12	4,218.24	2,876.12
94	3,153.28	3,621.28	5,054.92	4,311.84	2,940.60
95	3,219.84	3,697.20	5,161.52	4,404.92	3,003.00
96	3,283.28	3,768.44	5,260.32	4,489.68	3,060.72
97	3,337.36	3,831.88	5,349.24	4,565.60	3,112.20
98	3,380.00	3,880.24	5,418.92	4,624.88	3,152.76
99	3,405.48	3,910.40	5,458.44	4,659.20	3,176.16
100+	3,405.48	3,910.40	5,458.44	4,659.20	3,176.16

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,400.20	6,201.00	8,657.48	7,386.60	4,928.56
65	1,439.88	1,652.56	2,308.28	1,969.76	1,313.52
66	1,449.24	1,664.52	2,323.88	1,983.28	1,328.60
67	1,471.08	1,690.00	2,359.76	2,013.96	1,355.12
68	1,500.72	1,723.28	2,406.04	2,052.44	1,389.96
69	1,535.56	1,762.28	2,461.68	2,099.76	1,427.92
70	1,570.40	1,802.32	2,517.32	2,148.64	1,463.80
71	1,604.72	1,842.88	2,573.48	2,194.92	1,496.56
72	1,640.60	1,882.92	2,628.60	2,242.76	1,529.84
73	1,673.88	1,921.92	2,683.20	2,289.56	1,561.04
74	1,711.84	1,965.08	2,745.60	2,340.52	1,595.88
75	1,749.28	2,008.76	2,804.36	2,394.08	1,629.16
76	1,790.36	2,055.04	2,868.84	2,448.16	1,666.60
77	1,837.16	2,107.56	2,943.72	2,511.60	1,709.76
78	1,883.96	2,163.20	3,019.12	2,577.64	1,756.04
79	1,931.80	2,218.32	3,097.12	2,643.16	1,801.28
80	1,985.36	2,279.16	3,182.92	2,715.44	1,851.20
81	2,039.44	2,342.60	3,269.24	2,791.88	1,903.20
82	2,093.00	2,403.44	3,356.08	2,864.16	1,953.12
83	2,151.76	2,469.48	3,448.12	2,943.72	2,006.16
84	2,207.40	2,533.44	3,538.60	3,019.12	2,058.68
85	2,279.68	2,619.24	3,656.12	3,120.00	2,127.84
86	2,339.48	2,686.32	3,748.68	3,199.56	2,181.92
87	2,398.76	2,754.44	3,845.40	3,281.20	2,237.04
88	2,460.12	2,823.60	3,942.12	3,364.92	2,293.72
89	2,521.48	2,895.36	4,043.00	3,450.20	2,351.96
90	2,583.88	2,966.60	4,142.84	3,534.44	2,410.20
91	2,647.84	3,040.44	4,244.76	3,622.32	2,470.00
92	2,712.32	3,113.24	4,346.68	3,710.20	2,529.80
93	2,775.76	3,186.56	4,448.60	3,796.52	2,588.56
94	2,837.64	3,258.84	4,548.44	3,881.28	2,646.80
95	2,897.44	3,327.48	4,646.20	3,963.96	2,702.96
96	2,954.12	3,391.44	4,735.12	4,041.44	2,755.48
97	3,003.52	3,447.60	4,814.68	4,108.52	2,800.20
98	3,041.48	3,492.32	4,877.08	4,161.56	2,837.12
99	3,064.36	3,518.84	4,913.48	4,192.24	2,858.44
100+	3,064.36	3,518.84	4,913.48	4,192.24	2,858.44

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,582.20	6,410.04	8,949.72	7,636.72	5,095.48
65	1,488.24	1,710.28	2,386.80	2,036.32	1,358.24
66	1,498.64	1,720.16	2,401.88	2,050.88	1,373.84
67	1,521.00	1,748.24	2,439.32	2,082.08	1,401.40
68	1,550.64	1,781.00	2,487.16	2,122.64	1,438.32
69	1,587.04	1,822.08	2,545.40	2,169.96	1,476.28
70	1,622.92	1,863.16	2,603.64	2,220.92	1,512.68
71	1,658.80	1,904.76	2,659.80	2,268.76	1,547.52
72	1,695.20	1,946.88	2,718.04	2,318.68	1,581.84
73	1,731.08	1,987.44	2,773.68	2,367.04	1,613.04
74	1,769.04	2,031.64	2,837.12	2,420.60	1,648.92
75	1,808.56	2,076.88	2,899.00	2,474.16	1,685.32
76	1,850.68	2,124.20	2,966.08	2,531.88	1,723.28
77	1,898.52	2,179.32	3,043.56	2,597.40	1,767.48
78	1,947.40	2,236.52	3,121.56	2,663.96	1,815.32
79	1,997.84	2,292.68	3,202.68	2,732.60	1,862.12
80	2,052.96	2,356.12	3,290.04	2,807.48	1,914.12
81	2,108.08	2,422.16	3,379.48	2,886.00	1,966.64
82	2,163.20	2,484.56	3,468.40	2,960.36	2,018.64
83	2,223.52	2,553.72	3,564.08	3,043.56	2,074.28
84	2,282.28	2,618.72	3,658.72	3,121.56	2,127.84
85	2,357.16	2,707.64	3,778.84	3,225.04	2,198.56
86	2,419.04	2,775.76	3,876.08	3,308.24	2,255.24
87	2,481.44	2,847.52	3,976.44	3,394.04	2,313.48
88	2,542.80	2,919.28	4,076.28	3,478.80	2,371.20
89	2,606.76	2,994.68	4,180.80	3,566.16	2,432.04
90	2,672.28	3,068.52	4,282.72	3,655.08	2,492.36
91	2,737.28	3,143.92	4,388.28	3,745.04	2,553.72
92	2,803.84	3,218.80	4,493.32	3,836.04	2,614.56
93	2,868.84	3,294.20	4,600.44	3,925.48	2,675.92
94	2,933.84	3,369.08	4,702.88	4,012.84	2,735.20
95	2,996.24	3,440.32	4,802.72	4,099.16	2,794.48
96	3,053.96	3,506.36	4,895.80	4,177.68	2,848.04
97	3,105.96	3,564.60	4,976.92	4,247.88	2,895.36
98	3,145.48	3,610.36	5,041.92	4,301.96	2,933.32
99	3,168.88	3,637.40	5,080.40	4,335.24	2,955.68
100+	3,168.88	3,637.40	5,080.40	4,335.24	2,955.68

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,024.24	5,769.40	8,055.32	6,873.36	4,585.88
65	1,340.04	1,538.68	2,148.12	1,832.48	1,222.52
66	1,348.88	1,548.56	2,162.68	1,845.48	1,237.08
67	1,368.64	1,572.48	2,194.92	1,874.08	1,261.52
68	1,396.20	1,603.68	2,238.60	1,909.44	1,293.76
69	1,428.44	1,640.08	2,290.08	1,953.12	1,328.08
70	1,461.72	1,677.52	2,342.60	1,997.84	1,360.84
71	1,492.92	1,715.48	2,392.52	2,042.56	1,392.04
72	1,526.20	1,751.88	2,445.56	2,087.28	1,423.24
73	1,557.40	1,788.80	2,496.52	2,129.92	1,451.84
74	1,591.72	1,828.84	2,553.72	2,178.28	1,485.12
75	1,627.60	1,868.88	2,609.36	2,226.64	1,516.84
76	1,665.56	1,912.04	2,669.16	2,278.64	1,550.64
77	1,708.20	1,962.48	2,739.88	2,337.92	1,591.20
78	1,752.92	2,012.92	2,810.60	2,398.24	1,634.36
79	1,797.64	2,063.88	2,882.36	2,459.08	1,675.96
80	1,847.04	2,121.08	2,961.40	2,526.68	1,722.76
81	1,897.48	2,179.32	3,043.04	2,597.40	1,771.12
82	1,947.40	2,236.00	3,122.60	2,663.96	1,816.88
83	2,002.52	2,298.40	3,207.88	2,738.84	1,866.80
84	2,053.48	2,357.16	3,292.64	2,810.08	1,915.68
85	2,122.12	2,436.72	3,401.84	2,902.64	1,979.12
86	2,176.20	2,498.60	3,488.68	2,978.04	2,029.56
87	2,232.36	2,563.08	3,578.64	3,053.44	2,082.08
88	2,288.52	2,628.60	3,669.12	3,130.92	2,134.60
89	2,346.76	2,694.12	3,761.68	3,209.44	2,188.16
90	2,405.00	2,760.68	3,854.76	3,290.04	2,242.76
91	2,463.24	2,828.80	3,949.40	3,370.12	2,298.40
92	2,523.04	2,896.92	4,045.08	3,451.24	2,353.52
93	2,581.80	2,964.52	4,139.72	3,533.40	2,407.60
94	2,639.52	3,033.16	4,232.28	3,611.40	2,462.72
95	2,695.68	3,095.04	4,322.76	3,688.88	2,514.72
96	2,748.72	3,155.36	4,405.44	3,760.12	2,563.08
97	2,794.48	3,207.88	4,479.80	3,822.52	2,605.72
98	2,829.84	3,250.00	4,538.04	3,871.92	2,639.52
99	2,852.20	3,273.92	4,571.32	3,901.04	2,659.80
100+	2,852.20	3,273.92	4,571.32	3,901.04	2,659.80

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	6,420.44	7,371.52	10,293.40	8,782.80	5,859.36
65	1,711.84	1,965.60	2,743.52	2,342.60	1,562.60
66	1,723.80	1,979.12	2,763.28	2,357.16	1,580.80
67	1,750.32	2,008.76	2,804.88	2,394.08	1,612.00
68	1,783.60	2,048.28	2,860.52	2,439.32	1,653.08
69	1,825.72	2,095.08	2,925.52	2,495.48	1,697.28
70	1,867.32	2,142.92	2,993.12	2,553.72	1,740.44
71	1,907.88	2,191.80	3,059.16	2,609.36	1,780.48
72	1,948.96	2,238.60	3,125.72	2,667.60	1,818.44
73	1,989.52	2,284.36	3,189.16	2,721.68	1,854.32
74	2,034.76	2,336.88	3,263.52	2,783.04	1,896.96
75	2,079.48	2,387.84	3,333.72	2,845.44	1,937.00
76	2,127.84	2,444.52	3,411.20	2,912.00	1,981.20
77	2,182.96	2,506.40	3,499.60	2,985.84	2,033.20
78	2,239.12	2,572.44	3,590.60	3,064.88	2,087.28
79	2,296.84	2,637.44	3,681.08	3,141.32	2,142.40
80	2,360.28	2,710.24	3,784.56	3,228.68	2,200.12
81	2,425.28	2,785.12	3,886.48	3,318.12	2,262.52
82	2,488.20	2,857.92	3,989.96	3,404.44	2,322.32
83	2,557.88	2,935.40	4,099.16	3,499.08	2,385.24
84	2,623.40	3,012.36	4,205.76	3,590.08	2,448.16
85	2,710.76	3,114.28	4,346.68	3,709.68	2,529.80
86	2,782.00	3,193.32	4,457.44	3,804.32	2,594.28
87	2,852.20	3,274.96	4,571.32	3,902.08	2,659.80
88	2,925.00	3,357.64	4,687.80	4,000.36	2,726.88
89	2,998.32	3,442.92	4,807.40	4,101.24	2,795.52
90	3,073.20	3,527.16	4,926.48	4,203.16	2,866.24
91	3,148.08	3,614.00	5,046.60	4,306.64	2,937.48
92	3,225.04	3,701.88	5,168.28	4,411.16	3,007.16
93	3,299.40	3,787.16	5,288.92	4,513.60	3,077.36
94	3,373.76	3,874.52	5,408.52	4,613.44	3,146.52
95	3,445.00	3,956.16	5,522.92	4,713.28	3,213.08
96	3,513.12	4,032.08	5,628.48	4,803.76	3,274.96
97	3,570.84	4,100.20	5,723.64	4,885.40	3,330.08
98	3,616.60	4,151.68	5,798.00	4,948.84	3,373.24
99	3,643.64	4,183.92	5,840.64	4,985.24	3,398.72
100+	3,643.64	4,183.92	5,840.64	4,985.24	3,398.72

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	5,778.24	6,635.20	9,263.28	7,903.48	5,273.32
65	1,540.76	1,768.00	2,470.00	2,107.56	1,405.56
66	1,550.64	1,781.00	2,486.64	2,122.12	1,421.68
67	1,574.04	1,808.56	2,525.12	2,154.88	1,449.76
68	1,605.76	1,843.92	2,574.52	2,195.96	1,487.20
69	1,643.20	1,885.52	2,633.80	2,246.92	1,527.76
70	1,680.12	1,928.68	2,693.60	2,298.92	1,566.24
71	1,717.04	1,971.84	2,753.40	2,348.32	1,601.08
72	1,755.52	2,014.48	2,812.68	2,399.80	1,636.96
73	1,790.88	2,056.60	2,870.92	2,449.72	1,670.24
74	1,831.44	2,102.88	2,938.00	2,504.32	1,707.68
75	1,871.48	2,149.16	3,000.92	2,561.52	1,743.04
76	1,915.68	2,199.08	3,069.56	2,619.76	1,783.08
77	1,965.60	2,255.24	3,149.64	2,687.36	1,829.36
78	2,016.04	2,314.52	3,230.24	2,758.08	1,878.76
79	2,067.00	2,373.80	3,313.96	2,828.28	1,927.12
80	2,124.20	2,438.80	3,405.48	2,905.76	1,980.68
81	2,182.44	2,506.40	3,498.04	2,987.40	2,036.32
82	2,239.64	2,571.92	3,591.12	3,064.88	2,089.88
83	2,302.56	2,642.12	3,689.40	3,149.64	2,146.56
84	2,361.84	2,710.76	3,786.12	3,230.24	2,202.72
85	2,439.32	2,802.80	3,911.96	3,338.40	2,276.56
86	2,503.28	2,874.56	4,011.28	3,423.68	2,334.80
87	2,566.72	2,947.36	4,114.76	3,511.04	2,393.56
88	2,632.24	3,021.20	4,218.24	3,600.48	2,454.40
89	2,697.76	3,098.16	4,325.88	3,691.48	2,516.80
90	2,764.84	3,174.08	4,433.00	3,781.96	2,578.68
91	2,832.96	3,253.12	4,541.68	3,876.08	2,643.16
92	2,902.12	3,331.12	4,650.88	3,969.68	2,707.12
93	2,970.24	3,409.64	4,760.08	4,062.24	2,769.52
94	3,036.28	3,487.12	4,866.68	4,152.72	2,831.92
95	3,100.24	3,560.44	4,971.20	4,241.64	2,892.24
96	3,161.08	3,629.08	5,066.36	4,324.32	2,948.40
97	3,213.60	3,688.88	5,151.64	4,396.08	2,996.24
98	3,254.16	3,736.72	5,218.72	4,452.76	3,035.76
99	3,279.12	3,765.32	5,257.20	4,485.52	3,058.64
100+	3,279.12	3,765.32	5,257.20	4,485.52	3,058.64

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Semi-Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,347.56	9,585.68	13,382.72	11,419.20	7,619.56
65	2,225.60	2,557.36	3,569.28	3,045.12	2,031.12
66	2,240.68	2,572.44	3,591.64	3,066.96	2,054.00
67	2,274.48	2,614.04	3,647.28	3,113.24	2,095.60
68	2,318.68	2,663.44	3,719.04	3,174.08	2,150.72
69	2,372.76	2,724.80	3,806.40	3,244.80	2,207.40
70	2,426.84	2,786.16	3,892.72	3,321.24	2,262.00
71	2,480.40	2,848.04	3,976.96	3,393.00	2,314.00
72	2,535.00	2,910.96	4,064.32	3,466.84	2,365.48
73	2,588.56	2,971.80	4,147.52	3,539.12	2,411.76
74	2,644.72	3,037.84	4,242.16	3,619.20	2,465.84
75	2,704.00	3,105.96	4,334.72	3,699.80	2,519.92
76	2,767.44	3,176.68	4,435.60	3,785.60	2,576.60
77	2,838.68	3,258.84	4,551.04	3,883.88	2,643.16
78	2,912.00	3,344.64	4,667.52	3,983.72	2,714.92
79	2,987.92	3,428.88	4,789.20	4,086.16	2,784.60
80	3,070.08	3,523.52	4,919.72	4,198.48	2,862.08
81	3,152.24	3,621.80	5,053.36	4,315.48	2,941.12
82	3,234.92	3,714.88	5,186.48	4,427.28	3,018.60
83	3,324.88	3,818.88	5,330.00	4,551.04	3,101.80
84	3,412.76	3,916.12	5,471.44	4,667.52	3,181.36
85	3,524.56	4,048.72	5,650.84	4,822.48	3,287.44
86	3,617.64	4,150.64	5,795.92	4,947.28	3,372.20
87	3,710.72	4,258.28	5,946.20	5,075.20	3,459.56
88	3,802.24	4,365.40	6,095.44	5,201.56	3,545.88
89	3,897.92	4,477.72	6,251.44	5,332.08	3,636.88
90	3,996.20	4,588.48	6,403.80	5,465.20	3,726.32
91	4,093.44	4,700.80	6,561.88	5,600.40	3,818.88
92	4,192.24	4,813.12	6,719.44	5,735.60	3,909.36
93	4,290.00	4,926.48	6,879.08	5,869.76	4,000.88
94	4,387.24	5,037.76	7,031.96	6,000.28	4,090.32
95	4,480.32	5,144.36	7,181.72	6,129.24	4,178.20
96	4,566.64	5,243.16	7,320.56	6,246.76	4,258.80
97	4,644.12	5,330.52	7,442.24	6,352.32	4,329.52
98	4,703.40	5,398.64	7,539.48	6,432.92	4,386.20
99	4,738.24	5,438.68	7,597.20	6,482.84	4,419.48
100+	4,738.24	5,438.68	7,597.20	6,482.84	4,419.48

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	7,512.96	8,626.80	12,045.80	10,277.80	6,857.24
65	2,003.56	2,300.48	3,212.56	2,739.88	1,827.80
66	2,016.56	2,315.56	3,233.88	2,759.64	1,849.64
67	2,046.72	2,351.44	3,282.24	2,802.28	1,886.04
68	2,087.28	2,397.72	3,347.24	2,855.32	1,934.40
69	2,135.64	2,452.84	3,424.72	2,920.32	1,985.88
70	2,185.56	2,508.48	3,502.72	2,987.92	2,035.28
71	2,232.36	2,565.16	3,577.60	3,054.48	2,081.56
72	2,282.28	2,619.76	3,656.64	3,121.04	2,128.36
73	2,328.56	2,674.88	3,733.08	3,185.00	2,170.48
74	2,380.56	2,734.68	3,818.88	3,257.28	2,220.40
75	2,433.60	2,794.48	3,902.08	3,329.56	2,268.24
76	2,490.28	2,858.96	3,991.00	3,407.04	2,318.68
77	2,554.24	2,934.36	4,096.56	3,495.96	2,379.52
78	2,620.80	3,010.28	4,202.64	3,585.92	2,443.48
79	2,688.40	3,085.68	4,309.76	3,677.44	2,505.88
80	2,762.24	3,171.48	4,427.80	3,778.32	2,576.08
81	2,837.12	3,258.84	4,550.00	3,883.88	2,648.36
82	2,912.00	3,343.60	4,669.08	3,983.72	2,716.48
83	2,994.16	3,437.20	4,796.48	4,095.00	2,791.36
84	3,071.12	3,524.56	4,923.88	4,201.60	2,864.68
85	3,173.04	3,643.12	5,086.64	4,340.44	2,959.32
86	3,254.16	3,736.72	5,216.64	4,452.76	3,035.24
87	3,337.88	3,832.92	5,351.32	4,566.12	3,113.24
88	3,422.12	3,930.16	5,486.00	4,681.56	3,191.76
89	3,509.48	4,028.44	5,625.36	4,799.08	3,272.36
90	3,595.80	4,128.28	5,764.20	4,919.72	3,354.00
91	3,683.16	4,229.68	5,905.64	5,039.32	3,437.20
92	3,773.12	4,332.12	6,048.64	5,161.00	3,519.36
93	3,860.48	4,433.00	6,190.08	5,283.20	3,599.96
94	3,946.80	4,535.44	6,328.92	5,400.72	3,682.64
95	4,031.04	4,628.52	6,463.60	5,516.16	3,760.64
96	4,110.08	4,718.48	6,587.88	5,622.76	3,832.92
97	4,178.20	4,796.48	6,698.64	5,715.84	3,896.36
98	4,231.76	4,859.92	6,786.00	5,789.68	3,946.80
99	4,265.04	4,895.28	6,835.92	5,833.36	3,976.96
100+	4,265.04	4,895.28	6,835.92	5,833.36	3,976.96

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Semi-Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	9,600.24	11,022.96	15,392.00	13,133.12	8,762.00
65	2,559.96	2,939.56	4,102.80	3,502.72	2,336.36
66	2,577.64	2,959.32	4,131.92	3,524.56	2,363.92
67	2,617.68	3,003.52	4,194.32	3,580.20	2,410.20
68	2,667.60	3,062.80	4,277.52	3,647.28	2,472.08
69	2,730.00	3,132.48	4,374.76	3,731.52	2,537.60
70	2,792.40	3,204.24	4,475.12	3,818.88	2,602.60
71	2,852.72	3,277.04	4,574.44	3,902.08	2,662.40
72	2,914.60	3,347.24	4,674.28	3,988.40	2,719.08
73	2,975.44	3,416.40	4,768.92	4,070.04	2,773.16
74	3,042.52	3,494.40	4,879.68	4,161.56	2,836.08
75	3,109.08	3,570.84	4,985.24	4,254.64	2,896.40
76	3,181.36	3,655.08	5,101.20	4,354.48	2,962.96
77	3,264.04	3,748.16	5,233.28	4,464.72	3,039.92
78	3,347.76	3,846.44	5,369.00	4,582.76	3,121.04
79	3,434.60	3,943.68	5,504.72	4,697.68	3,203.20
80	3,529.24	4,052.88	5,659.16	4,828.20	3,289.52
81	3,626.48	4,165.20	5,811.52	4,961.84	3,383.12
82	3,720.60	4,273.36	5,966.48	5,090.80	3,472.56
83	3,824.60	4,389.84	6,129.24	5,232.24	3,566.68
84	3,922.88	4,504.24	6,288.88	5,367.96	3,660.80
85	4,053.40	4,656.60	6,499.48	5,546.84	3,783.00
86	4,160.00	4,774.64	6,665.36	5,688.28	3,879.72
87	4,265.04	4,897.36	6,835.92	5,834.92	3,976.96
88	4,373.72	5,021.12	7,009.60	5,982.08	4,077.84
89	4,483.44	5,148.52	7,188.48	6,132.88	4,179.76
90	4,595.24	5,273.84	7,366.32	6,284.72	4,285.84
91	4,707.56	5,403.84	7,546.24	6,439.68	4,391.92
92	4,822.48	5,535.40	7,728.24	6,596.20	4,496.96
93	4,933.76	5,663.32	7,909.20	6,749.08	4,602.00
94	5,045.04	5,793.84	8,088.08	6,898.84	4,704.96
95	5,151.64	5,915.52	8,258.64	7,048.08	4,804.80
96	5,253.04	6,029.40	8,416.72	7,183.28	4,897.36
97	5,339.88	6,130.80	8,558.68	7,304.96	4,979.52
98	5,408.00	6,208.28	8,670.48	7,399.60	5,044.52
99	5,448.56	6,256.64	8,733.40	7,454.72	5,081.96
100+	5,448.56	6,256.64	8,733.40	7,454.72	5,081.96

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,640.32	9,921.60	13,851.76	11,818.56	7,885.80
65	2,303.60	2,644.20	3,693.04	3,151.72	2,101.84
66	2,318.68	2,663.44	3,718.00	3,173.04	2,125.76
67	2,353.52	2,704.00	3,775.72	3,222.44	2,168.40
68	2,401.36	2,757.04	3,849.56	3,283.80	2,224.04
69	2,457.00	2,819.44	3,938.48	3,359.72	2,284.88
70	2,512.64	2,883.92	4,027.92	3,437.72	2,342.08
71	2,567.76	2,948.40	4,117.36	3,512.08	2,394.60
72	2,624.96	3,012.88	4,205.76	3,588.52	2,447.64
73	2,678.00	3,075.28	4,293.12	3,663.40	2,497.56
74	2,738.84	3,143.92	4,392.96	3,745.04	2,553.20
75	2,798.64	3,214.12	4,487.08	3,830.32	2,606.76
76	2,864.68	3,287.96	4,590.04	3,917.16	2,666.56
77	2,939.56	3,372.20	4,710.16	4,018.56	2,735.72
78	3,014.44	3,461.12	4,830.80	4,124.12	2,809.56
79	3,090.88	3,549.52	4,955.60	4,229.16	2,881.84
80	3,176.68	3,646.76	5,092.88	4,344.60	2,961.92
81	3,263.00	3,748.16	5,230.68	4,466.80	3,045.12
82	3,348.80	3,845.40	5,369.52	4,582.76	3,125.20
83	3,442.92	3,950.96	5,517.20	4,710.16	3,209.96
84	3,531.84	4,053.40	5,661.76	4,830.80	3,293.68
85	3,647.28	4,190.68	5,850.00	4,992.00	3,404.44
86	3,742.96	4,298.32	5,997.68	5,119.40	3,491.28
87	3,838.12	4,407.00	6,152.64	5,249.92	3,579.16
88	3,936.40	4,517.76	6,307.60	5,384.08	3,670.16
89	4,034.16	4,632.68	6,468.80	5,520.32	3,763.24
90	4,134.00	4,746.56	6,628.44	5,655.00	3,856.32
91	4,236.44	4,864.60	6,791.72	5,795.92	3,952.00
92	4,339.92	4,981.08	6,954.48	5,936.32	4,047.68
93	4,441.32	5,098.60	7,117.76	6,074.64	4,141.80
94	4,540.12	5,214.04	7,277.40	6,209.84	4,234.88
95	4,635.80	5,323.76	7,433.92	6,342.44	4,324.84
96	4,726.80	5,426.20	7,576.40	6,466.20	4,408.56
97	4,805.84	5,516.16	7,703.28	6,573.84	4,480.32
98	4,866.16	5,587.92	7,803.12	6,658.60	4,539.60
99	4,903.08	5,630.04	7,861.36	6,707.48	4,573.40
100+	4,903.08	5,630.04	7,861.36	6,707.48	4,573.40

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	9,030	10,369	14,477	12,353	8,242
65	2,408	2,767	3,861	3,294	2,197
66	2,424	2,783	3,885	3,317	2,222
67	2,461	2,828	3,946	3,368	2,267
68	2,508	2,881	4,023	3,434	2,327
69	2,567	2,948	4,118	3,510	2,388
70	2,625	3,014	4,211	3,593	2,447
71	2,683	3,081	4,302	3,670	2,503
72	2,742	3,149	4,397	3,750	2,559
73	2,800	3,215	4,487	3,829	2,609
74	2,861	3,286	4,589	3,915	2,668
75	2,925	3,360	4,689	4,002	2,726
76	2,993	3,436	4,798	4,095	2,787
77	3,071	3,525	4,923	4,201	2,859
78	3,150	3,618	5,049	4,309	2,937
79	3,232	3,709	5,180	4,420	3,012
80	3,321	3,812	5,322	4,541	3,096
81	3,410	3,918	5,467	4,668	3,182
82	3,499	4,019	5,611	4,789	3,265
83	3,596	4,131	5,765	4,923	3,355
84	3,692	4,236	5,918	5,049	3,442
85	3,812	4,379	6,113	5,216	3,556
86	3,913	4,490	6,269	5,351	3,648
87	4,014	4,606	6,432	5,490	3,742
88	4,113	4,722	6,593	5,627	3,836
89	4,217	4,844	6,763	5,768	3,934
90	4,323	4,964	6,927	5,912	4,031
91	4,428	5,085	7,098	6,058	4,131
92	4,535	5,207	7,268	6,205	4,229
93	4,640	5,329	7,441	6,350	4,328
94	4,746	5,450	7,607	6,491	4,424
95	4,847	5,565	7,769	6,630	4,520
96	4,940	5,672	7,919	6,757	4,607
97	5,024	5,766	8,051	6,872	4,684
98	5,088	5,840	8,156	6,959	4,745
99	5,126	5,883	8,218	7,013	4,781
100+	5,126	5,883	8,218	7,013	4,781

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	8,127	9,332	13,030	11,118	7,418
65	2,167	2,489	3,475	2,964	1,977
66	2,182	2,505	3,498	2,985	2,001
67	2,214	2,543	3,551	3,031	2,040
68	2,258	2,594	3,621	3,089	2,093
69	2,310	2,653	3,704	3,159	2,148
70	2,364	2,714	3,789	3,232	2,201
71	2,415	2,775	3,870	3,304	2,252
72	2,469	2,834	3,956	3,376	2,302
73	2,519	2,894	4,038	3,445	2,348
74	2,575	2,958	4,131	3,524	2,402
75	2,633	3,023	4,221	3,602	2,453
76	2,694	3,092	4,317	3,686	2,508
77	2,763	3,174	4,432	3,782	2,574
78	2,835	3,256	4,546	3,879	2,643
79	2,908	3,338	4,662	3,978	2,711
80	2,988	3,431	4,790	4,087	2,786
81	3,069	3,525	4,922	4,201	2,865
82	3,150	3,617	5,051	4,309	2,939
83	3,239	3,718	5,189	4,430	3,020
84	3,322	3,812	5,326	4,545	3,099
85	3,433	3,941	5,503	4,695	3,201
86	3,520	4,042	5,643	4,817	3,283
87	3,611	4,146	5,789	4,939	3,368
88	3,702	4,252	5,935	5,064	3,452
89	3,796	4,358	6,085	5,191	3,540
90	3,890	4,466	6,235	5,322	3,628
91	3,984	4,576	6,388	5,451	3,718
92	4,082	4,686	6,543	5,583	3,807
93	4,176	4,795	6,696	5,715	3,894
94	4,270	4,906	6,846	5,842	3,983
95	4,361	5,007	6,992	5,967	4,068
96	4,446	5,104	7,126	6,082	4,146
97	4,520	5,189	7,246	6,183	4,215
98	4,577	5,257	7,340	6,263	4,270
99	4,613	5,296	7,394	6,310	4,302
100+	4,613	5,296	7,394	6,310	4,302

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 1 - Florida Rate Effective 7/1/2026

ZIP codes: All Except 320-349

Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	10,385	11,924	16,650	14,207	9,478
65	2,769	3,180	4,438	3,789	2,527
66	2,788	3,201	4,469	3,812	2,557
67	2,831	3,249	4,537	3,873	2,607
68	2,885	3,313	4,627	3,946	2,674
69	2,953	3,389	4,732	4,037	2,745
70	3,020	3,466	4,841	4,131	2,815
71	3,086	3,545	4,948	4,221	2,880
72	3,153	3,621	5,056	4,315	2,941
73	3,218	3,695	5,159	4,403	3,000
74	3,291	3,780	5,279	4,502	3,068
75	3,363	3,863	5,393	4,603	3,133
76	3,442	3,954	5,518	4,711	3,205
77	3,531	4,055	5,661	4,829	3,289
78	3,622	4,161	5,808	4,957	3,376
79	3,715	4,266	5,954	5,081	3,465
80	3,818	4,384	6,122	5,223	3,559
81	3,923	4,505	6,287	5,368	3,659
82	4,025	4,622	6,454	5,507	3,757
83	4,137	4,748	6,630	5,660	3,858
84	4,244	4,873	6,803	5,807	3,960
85	4,385	5,037	7,031	6,000	4,092
86	4,500	5,165	7,210	6,153	4,197
87	4,613	5,297	7,394	6,312	4,302
88	4,731	5,432	7,583	6,471	4,411
89	4,850	5,569	7,776	6,634	4,522
90	4,971	5,705	7,969	6,799	4,636
91	5,092	5,846	8,163	6,966	4,751
92	5,216	5,988	8,360	7,135	4,865
93	5,337	6,126	8,555	7,301	4,978
94	5,458	6,268	8,749	7,463	5,090
95	5,573	6,399	8,933	7,624	5,198
96	5,683	6,522	9,104	7,771	5,297
97	5,776	6,632	9,258	7,902	5,387
98	5,850	6,716	9,379	8,005	5,457
99	5,894	6,768	9,447	8,064	5,497
100+	5,894	6,768	9,447	8,064	5,497

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	9,347	10,733	14,984	12,785	8,530
65	2,492	2,860	3,995	3,409	2,273
66	2,508	2,881	4,022	3,433	2,300
67	2,546	2,925	4,084	3,486	2,345
68	2,597	2,983	4,164	3,552	2,406
69	2,658	3,050	4,261	3,634	2,471
70	2,718	3,119	4,357	3,719	2,534
71	2,777	3,190	4,454	3,799	2,590
72	2,840	3,259	4,550	3,882	2,648
73	2,897	3,326	4,644	3,963	2,702
74	2,963	3,401	4,752	4,051	2,762
75	3,028	3,477	4,854	4,144	2,820
76	3,099	3,557	4,965	4,237	2,885
77	3,180	3,648	5,095	4,347	2,959
78	3,261	3,744	5,225	4,461	3,039
79	3,344	3,839	5,360	4,575	3,118
80	3,436	3,945	5,509	4,700	3,204
81	3,530	4,055	5,658	4,832	3,294
82	3,623	4,160	5,809	4,957	3,380
83	3,724	4,274	5,968	5,095	3,472
84	3,821	4,385	6,125	5,225	3,563
85	3,946	4,533	6,328	5,400	3,683
86	4,049	4,649	6,488	5,538	3,776
87	4,152	4,767	6,656	5,679	3,872
88	4,258	4,887	6,823	5,824	3,970
89	4,364	5,011	6,998	5,972	4,071
90	4,472	5,135	7,170	6,117	4,172
91	4,583	5,262	7,347	6,269	4,275
92	4,694	5,388	7,523	6,422	4,379
93	4,804	5,515	7,700	6,571	4,480
94	4,911	5,640	7,872	6,718	4,581
95	5,015	5,759	8,042	6,861	4,678
96	5,113	5,870	8,195	6,995	4,769
97	5,198	5,967	8,333	7,111	4,847
98	5,264	6,044	8,441	7,203	4,910
99	5,304	6,090	8,504	7,256	4,947
100+	5,304	6,090	8,504	7,256	4,947

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	10,033	11,521	16,085	13,725	9,158
65	2,675	3,074	4,290	3,660	2,441
66	2,693	3,092	4,317	3,686	2,469
67	2,734	3,142	4,384	3,742	2,519
68	2,787	3,201	4,470	3,815	2,585
69	2,852	3,275	4,575	3,900	2,653
70	2,917	3,349	4,679	3,992	2,719
71	2,981	3,423	4,780	4,078	2,781
72	3,047	3,499	4,885	4,167	2,843
73	3,111	3,572	4,985	4,254	2,899
74	3,179	3,651	5,099	4,350	2,964
75	3,250	3,733	5,210	4,447	3,029
76	3,326	3,818	5,331	4,550	3,097
77	3,412	3,917	5,470	4,668	3,177
78	3,500	4,020	5,610	4,788	3,263
79	3,591	4,121	5,756	4,911	3,347
80	3,690	4,235	5,913	5,046	3,440
81	3,789	4,353	6,074	5,187	3,535
82	3,888	4,465	6,234	5,321	3,628
83	3,996	4,590	6,406	5,470	3,728
84	4,102	4,707	6,576	5,610	3,824
85	4,236	4,866	6,792	5,796	3,951
86	4,348	4,989	6,966	5,946	4,053
87	4,460	5,118	7,147	6,100	4,158
88	4,570	5,247	7,326	6,252	4,262
89	4,685	5,382	7,514	6,409	4,371
90	4,803	5,515	7,697	6,569	4,479
91	4,920	5,650	7,887	6,731	4,590
92	5,039	5,785	8,076	6,894	4,699
93	5,156	5,921	8,268	7,055	4,809
94	5,273	6,055	8,452	7,212	4,916
95	5,385	6,183	8,632	7,367	5,022
96	5,489	6,302	8,799	7,508	5,119
97	5,582	6,407	8,945	7,635	5,204
98	5,653	6,489	9,062	7,732	5,272
99	5,695	6,537	9,131	7,792	5,312
100+	5,695	6,537	9,131	7,792	5,312

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	9,030	10,369	14,478	12,353	8,242
65	2,408	2,765	3,861	3,293	2,197
66	2,424	2,783	3,887	3,317	2,223
67	2,460	2,826	3,945	3,368	2,267
68	2,509	2,882	4,023	3,432	2,325
69	2,567	2,948	4,116	3,510	2,387
70	2,627	3,015	4,210	3,591	2,446
71	2,683	3,083	4,300	3,671	2,502
72	2,743	3,149	4,395	3,751	2,558
73	2,799	3,215	4,487	3,828	2,609
74	2,861	3,287	4,590	3,915	2,669
75	2,925	3,359	4,690	4,002	2,726
76	2,993	3,436	4,797	4,095	2,787
77	3,070	3,527	4,924	4,202	2,860
78	3,150	3,618	5,051	4,310	2,937
79	3,231	3,709	5,180	4,420	3,012
80	3,320	3,812	5,322	4,541	3,096
81	3,410	3,917	5,469	4,668	3,183
82	3,500	4,019	5,612	4,788	3,265
83	3,599	4,131	5,765	4,922	3,355
84	3,691	4,236	5,918	5,050	3,443
85	3,814	4,379	6,114	5,217	3,557
86	3,911	4,491	6,270	5,352	3,648
87	4,012	4,607	6,432	5,488	3,742
88	4,113	4,724	6,594	5,627	3,836
89	4,218	4,842	6,761	5,768	3,933
90	4,322	4,962	6,928	5,913	4,031
91	4,427	5,084	7,098	6,057	4,131
92	4,535	5,207	7,270	6,203	4,230
93	4,640	5,328	7,440	6,350	4,327
94	4,744	5,451	7,607	6,491	4,426
95	4,845	5,563	7,769	6,630	4,520
96	4,940	5,671	7,918	6,758	4,607
97	5,022	5,765	8,051	6,870	4,683
98	5,086	5,841	8,156	6,959	4,744
99	5,126	5,884	8,216	7,011	4,780
100+	5,126	5,884	8,216	7,011	4,780

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 2 - Florida Rates Effective 7/1/2026

ZIP codes: 320, 321, 323-329, 338, 339, 341, 342, 344, 347

Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	11,539	13,249	18,500	15,785	10,531
65	3,077	3,533	4,931	4,210	2,808
66	3,098	3,557	4,966	4,236	2,841
67	3,146	3,610	5,041	4,303	2,897
68	3,206	3,681	5,141	4,384	2,971
69	3,281	3,765	5,258	4,485	3,050
70	3,356	3,851	5,379	4,590	3,128
71	3,429	3,939	5,498	4,690	3,200
72	3,503	4,023	5,618	4,794	3,268
73	3,576	4,106	5,732	4,892	3,333
74	3,657	4,200	5,865	5,002	3,409
75	3,737	4,292	5,992	5,114	3,481
76	3,824	4,393	6,131	5,234	3,561
77	3,923	4,505	6,290	5,366	3,654
78	4,024	4,623	6,453	5,508	3,751
79	4,128	4,740	6,616	5,646	3,850
80	4,242	4,871	6,802	5,803	3,954
81	4,359	5,006	6,985	5,964	4,066
82	4,472	5,136	7,171	6,119	4,174
83	4,597	5,276	7,367	6,289	4,287
84	4,715	5,414	7,559	6,452	4,400
85	4,872	5,597	7,812	6,667	4,547
86	5,000	5,739	8,011	6,837	4,663
87	5,126	5,886	8,216	7,013	4,780
88	5,257	6,035	8,425	7,190	4,901
89	5,389	6,188	8,640	7,371	5,024
90	5,523	6,339	8,854	7,554	5,151
91	5,658	6,495	9,070	7,740	5,279
92	5,796	6,653	9,289	7,928	5,405
93	5,930	6,807	9,506	8,112	5,531
94	6,064	6,964	9,721	8,292	5,655
95	6,192	7,110	9,926	8,471	5,775
96	6,314	7,247	10,116	8,634	5,886
97	6,418	7,369	10,287	8,780	5,985
98	6,500	7,462	10,421	8,894	6,063
99	6,549	7,520	10,497	8,960	6,108
100+	6,549	7,520	10,497	8,960	6,108

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	10,385	11,925	16,649	14,205	9,478
65	2,769	3,178	4,439	3,788	2,526
66	2,787	3,201	4,469	3,814	2,555
67	2,829	3,250	4,538	3,873	2,606
68	2,886	3,314	4,627	3,947	2,673
69	2,953	3,389	4,734	4,038	2,746
70	3,020	3,466	4,841	4,132	2,815
71	3,086	3,544	4,949	4,221	2,878
72	3,155	3,621	5,055	4,313	2,942
73	3,219	3,696	5,160	4,403	3,002
74	3,292	3,779	5,280	4,501	3,069
75	3,364	3,863	5,393	4,604	3,133
76	3,443	3,952	5,517	4,708	3,205
77	3,533	4,053	5,661	4,830	3,288
78	3,623	4,160	5,806	4,957	3,377
79	3,715	4,266	5,956	5,083	3,464
80	3,818	4,383	6,121	5,222	3,560
81	3,922	4,505	6,287	5,369	3,660
82	4,025	4,622	6,454	5,508	3,756
83	4,138	4,749	6,631	5,661	3,858
84	4,245	4,872	6,805	5,806	3,959
85	4,384	5,037	7,031	6,000	4,092
86	4,499	5,166	7,209	6,153	4,196
87	4,613	5,297	7,395	6,310	4,302
88	4,731	5,430	7,581	6,471	4,411
89	4,849	5,568	7,775	6,635	4,523
90	4,969	5,705	7,967	6,797	4,635
91	5,092	5,847	8,163	6,966	4,750
92	5,216	5,987	8,359	7,135	4,865
93	5,338	6,128	8,555	7,301	4,978
94	5,457	6,267	8,747	7,464	5,090
95	5,572	6,399	8,935	7,623	5,198
96	5,681	6,522	9,106	7,772	5,299
97	5,776	6,630	9,259	7,901	5,385
98	5,849	6,716	9,379	8,003	5,456
99	5,893	6,767	9,449	8,062	5,497
100+	5,893	6,767	9,449	8,062	5,497

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	10,735	12,327	17,211	14,686	9,799
65	2,862	3,289	4,590	3,916	2,612
66	2,882	3,308	4,619	3,944	2,642
67	2,925	3,362	4,691	4,004	2,695
68	2,982	3,425	4,783	4,082	2,766
69	3,052	3,504	4,895	4,173	2,839
70	3,121	3,583	5,007	4,271	2,909
71	3,190	3,663	5,115	4,363	2,976
72	3,260	3,744	5,227	4,459	3,042
73	3,329	3,822	5,334	4,552	3,102
74	3,402	3,907	5,456	4,655	3,171
75	3,478	3,994	5,575	4,758	3,241
76	3,559	4,085	5,704	4,869	3,314
77	3,651	4,191	5,853	4,995	3,399
78	3,745	4,301	6,003	5,123	3,491
79	3,842	4,409	6,159	5,255	3,581
80	3,948	4,531	6,327	5,399	3,681
81	4,054	4,658	6,499	5,550	3,782
82	4,160	4,778	6,670	5,693	3,882
83	4,276	4,911	6,854	5,853	3,989
84	4,389	5,036	7,036	6,003	4,092
85	4,533	5,207	7,267	6,202	4,228
86	4,652	5,338	7,454	6,362	4,337
87	4,772	5,476	7,647	6,527	4,449
88	4,890	5,614	7,839	6,690	4,560
89	5,013	5,759	8,040	6,858	4,677
90	5,139	5,901	8,236	7,029	4,793
91	5,264	6,046	8,439	7,202	4,911
92	5,392	6,190	8,641	7,377	5,028
93	5,517	6,335	8,847	7,549	5,146
94	5,642	6,479	9,044	7,717	5,260
95	5,762	6,616	9,236	7,883	5,374
96	5,873	6,743	9,415	8,034	5,477
97	5,973	6,855	9,571	8,169	5,568
98	6,049	6,943	9,696	8,273	5,641
99	6,094	6,995	9,770	8,337	5,684
100+	6,094	6,995	9,770	8,337	5,684

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	9,662	11,095	15,491	13,218	8,819
65	2,577	2,959	4,131	3,524	2,351
66	2,594	2,978	4,159	3,549	2,379
67	2,632	3,024	4,221	3,604	2,426
68	2,685	3,084	4,305	3,672	2,488
69	2,747	3,154	4,404	3,756	2,554
70	2,811	3,226	4,505	3,842	2,617
71	2,871	3,299	4,601	3,928	2,677
72	2,935	3,369	4,703	4,014	2,737
73	2,995	3,440	4,801	4,096	2,792
74	3,061	3,517	4,911	4,189	2,856
75	3,130	3,594	5,018	4,282	2,917
76	3,203	3,677	5,133	4,382	2,982
77	3,285	3,774	5,269	4,496	3,060
78	3,371	3,871	5,405	4,612	3,143
79	3,457	3,969	5,543	4,729	3,223
80	3,552	4,079	5,695	4,859	3,313
81	3,649	4,191	5,852	4,995	3,406
82	3,745	4,300	6,005	5,123	3,494
83	3,851	4,420	6,169	5,267	3,590
84	3,949	4,533	6,332	5,404	3,684
85	4,081	4,686	6,542	5,582	3,806
86	4,185	4,805	6,709	5,727	3,903
87	4,293	4,929	6,882	5,872	4,004
88	4,401	5,055	7,056	6,021	4,105
89	4,513	5,181	7,234	6,172	4,208
90	4,625	5,309	7,413	6,327	4,313
91	4,737	5,440	7,595	6,481	4,420
92	4,852	5,571	7,779	6,637	4,526
93	4,965	5,701	7,961	6,795	4,630
94	5,076	5,833	8,139	6,945	4,736
95	5,184	5,952	8,313	7,094	4,836
96	5,286	6,068	8,472	7,231	4,929
97	5,374	6,169	8,615	7,351	5,011
98	5,442	6,250	8,727	7,446	5,076
99	5,485	6,296	8,791	7,502	5,115
100+	5,485	6,296	8,791	7,502	5,115

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 3 - Florida Rate Effective 7/1/2026

ZIP codes: 322, 335-337, 346, 349

Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	12,347	14,176	19,795	16,890	11,268
65	3,292	3,780	5,276	4,505	3,005
66	3,315	3,806	5,314	4,533	3,040
67	3,366	3,863	5,394	4,604	3,100
68	3,430	3,939	5,501	4,691	3,179
69	3,511	4,029	5,626	4,799	3,264
70	3,591	4,121	5,756	4,911	3,347
71	3,669	4,215	5,883	5,018	3,424
72	3,748	4,305	6,011	5,130	3,497
73	3,826	4,393	6,133	5,234	3,566
74	3,913	4,494	6,276	5,352	3,648
75	3,999	4,592	6,411	5,472	3,725
76	4,092	4,701	6,560	5,600	3,810
77	4,198	4,820	6,730	5,742	3,910
78	4,306	4,947	6,905	5,894	4,014
79	4,417	5,072	7,079	6,041	4,120
80	4,539	5,212	7,278	6,209	4,231
81	4,664	5,356	7,474	6,381	4,351
82	4,785	5,496	7,673	6,547	4,466
83	4,919	5,645	7,883	6,729	4,587
84	5,045	5,793	8,088	6,904	4,708
85	5,213	5,989	8,359	7,134	4,865
86	5,350	6,141	8,572	7,316	4,989
87	5,485	6,298	8,791	7,504	5,115
88	5,625	6,457	9,015	7,693	5,244
89	5,766	6,621	9,245	7,887	5,376
90	5,910	6,783	9,474	8,083	5,512
91	6,054	6,950	9,705	8,282	5,649
92	6,202	7,119	9,939	8,483	5,783
93	6,345	7,283	10,171	8,680	5,918
94	6,488	7,451	10,401	8,872	6,051
95	6,625	7,608	10,621	9,064	6,179
96	6,756	7,754	10,824	9,238	6,298
97	6,867	7,885	11,007	9,395	6,404
98	6,955	7,984	11,150	9,517	6,487
99	7,007	8,046	11,232	9,587	6,536
100+	7,007	8,046	11,232	9,587	6,536

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	11,112	12,760	17,814	15,199	10,141
65	2,963	3,400	4,750	4,053	2,703
66	2,982	3,425	4,782	4,081	2,734
67	3,027	3,478	4,856	4,144	2,788
68	3,088	3,546	4,951	4,223	2,860
69	3,160	3,626	5,065	4,321	2,938
70	3,231	3,709	5,180	4,421	3,012
71	3,302	3,792	5,295	4,516	3,079
72	3,376	3,874	5,409	4,615	3,148
73	3,444	3,955	5,521	4,711	3,212
74	3,522	4,044	5,650	4,816	3,284
75	3,599	4,133	5,771	4,926	3,352
76	3,684	4,229	5,903	5,038	3,429
77	3,780	4,337	6,057	5,168	3,518
78	3,877	4,451	6,212	5,304	3,613
79	3,975	4,565	6,373	5,439	3,706
80	4,085	4,690	6,549	5,588	3,809
81	4,197	4,820	6,727	5,745	3,916
82	4,307	4,946	6,906	5,894	4,019
83	4,428	5,081	7,095	6,057	4,128
84	4,542	5,213	7,281	6,212	4,236
85	4,691	5,390	7,523	6,420	4,378
86	4,814	5,528	7,714	6,584	4,490
87	4,936	5,668	7,913	6,752	4,603
88	5,062	5,810	8,112	6,924	4,720
89	5,188	5,958	8,319	7,099	4,840
90	5,317	6,104	8,525	7,273	4,959
91	5,448	6,256	8,734	7,454	5,083
92	5,581	6,406	8,944	7,634	5,206
93	5,712	6,557	9,154	7,812	5,326
94	5,839	6,706	9,359	7,986	5,446
95	5,962	6,847	9,560	8,157	5,562
96	6,079	6,979	9,743	8,316	5,670
97	6,180	7,094	9,907	8,454	5,762
98	6,258	7,186	10,036	8,563	5,838
99	6,306	7,241	10,110	8,626	5,882
100+	6,306	7,241	10,110	8,626	5,882

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Annual Female rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	16,053	18,434	25,736	21,960	14,653
65	4,280	4,918	6,864	5,856	3,906
66	4,309	4,947	6,907	5,898	3,950
67	4,374	5,027	7,014	5,987	4,030
68	4,459	5,122	7,152	6,104	4,136
69	4,563	5,240	7,320	6,240	4,245
70	4,667	5,358	7,486	6,387	4,350
71	4,770	5,477	7,648	6,525	4,450
72	4,875	5,598	7,816	6,667	4,549
73	4,978	5,715	7,976	6,806	4,638
74	5,086	5,842	8,158	6,960	4,742
75	5,200	5,973	8,336	7,115	4,846
76	5,322	6,109	8,530	7,280	4,955
77	5,459	6,267	8,752	7,469	5,083
78	5,600	6,432	8,976	7,661	5,221
79	5,746	6,594	9,210	7,858	5,355
80	5,904	6,776	9,461	8,074	5,504
81	6,062	6,965	9,718	8,299	5,656
82	6,221	7,144	9,974	8,514	5,805
83	6,394	7,344	10,250	8,752	5,965
84	6,563	7,531	10,522	8,976	6,118
85	6,778	7,786	10,867	9,274	6,322
86	6,957	7,982	11,146	9,514	6,485
87	7,136	8,189	11,435	9,760	6,653
88	7,312	8,395	11,722	10,003	6,819
89	7,496	8,611	12,022	10,254	6,994
90	7,685	8,824	12,315	10,510	7,166
91	7,872	9,040	12,619	10,770	7,344
92	8,062	9,256	12,922	11,030	7,518
93	8,250	9,474	13,229	11,288	7,694
94	8,437	9,688	13,523	11,539	7,866
95	8,616	9,893	13,811	11,787	8,035
96	8,782	10,083	14,078	12,013	8,190
97	8,931	10,251	14,312	12,216	8,326
98	9,045	10,382	14,499	12,371	8,435
99	9,112	10,459	14,610	12,467	8,499
100+	9,112	10,459	14,610	12,467	8,499

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	14,448	16,590	23,165	19,765	13,187
65	3,853	4,424	6,178	5,269	3,515
66	3,878	4,453	6,219	5,307	3,557
67	3,936	4,522	6,312	5,389	3,627
68	4,014	4,611	6,437	5,491	3,720
69	4,107	4,717	6,586	5,616	3,819
70	4,203	4,824	6,736	5,746	3,914
71	4,293	4,933	6,880	5,874	4,003
72	4,389	5,038	7,032	6,002	4,093
73	4,478	5,144	7,179	6,125	4,174
74	4,578	5,259	7,344	6,264	4,270
75	4,680	5,374	7,504	6,403	4,362
76	4,789	5,498	7,675	6,552	4,459
77	4,912	5,643	7,878	6,723	4,576
78	5,040	5,789	8,082	6,896	4,699
79	5,170	5,934	8,288	7,072	4,819
80	5,312	6,099	8,515	7,266	4,954
81	5,456	6,267	8,750	7,469	5,093
82	5,600	6,430	8,979	7,661	5,224
83	5,758	6,610	9,224	7,875	5,368
84	5,906	6,778	9,469	8,080	5,509
85	6,102	7,006	9,782	8,347	5,691
86	6,258	7,186	10,032	8,563	5,837
87	6,419	7,371	10,291	8,781	5,987
88	6,581	7,558	10,550	9,003	6,138
89	6,749	7,747	10,818	9,229	6,293
90	6,915	7,939	11,085	9,461	6,450
91	7,083	8,134	11,357	9,691	6,610
92	7,256	8,331	11,632	9,925	6,768
93	7,424	8,525	11,904	10,160	6,923
94	7,590	8,722	12,171	10,386	7,082
95	7,752	8,901	12,430	10,608	7,232
96	7,904	9,074	12,669	10,813	7,371
97	8,035	9,224	12,882	10,992	7,493
98	8,138	9,346	13,050	11,134	7,590
99	8,202	9,414	13,146	11,218	7,648
100+	8,202	9,414	13,146	11,218	7,648

The above rates do not include the $20 application fee.

Continental Life Insurance Company of Brentwood, Tennessee

Area 4 - Florida Rate Effective 7/1/2026

ZIP codes: 330-334, 340

Annual Male rates

ISSUE AGE	STANDARD				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	18,462	21,198	29,600	25,256	16,850
65	4,923	5,653	7,890	6,736	4,493
66	4,957	5,691	7,946	6,778	4,546
67	5,034	5,776	8,066	6,885	4,635
68	5,130	5,890	8,226	7,014	4,754
69	5,250	6,024	8,413	7,176	4,880
70	5,370	6,162	8,606	7,344	5,005
71	5,486	6,302	8,797	7,504	5,120
72	5,605	6,437	8,989	7,670	5,229
73	5,722	6,570	9,171	7,827	5,333
74	5,851	6,720	9,384	8,003	5,454
75	5,979	6,867	9,587	8,182	5,570
76	6,118	7,029	9,810	8,374	5,698
77	6,277	7,208	10,064	8,586	5,846
78	6,438	7,397	10,325	8,813	6,002
79	6,605	7,584	10,586	9,034	6,160
80	6,787	7,794	10,883	9,285	6,326
81	6,974	8,010	11,176	9,542	6,506
82	7,155	8,218	11,474	9,790	6,678
83	7,355	8,442	11,787	10,062	6,859
84	7,544	8,662	12,094	10,323	7,040
85	7,795	8,955	12,499	10,667	7,275
86	8,000	9,182	12,818	10,939	7,461
87	8,202	9,418	13,146	11,221	7,648
88	8,411	9,656	13,480	11,504	7,842
89	8,622	9,901	13,824	11,794	8,038
90	8,837	10,142	14,166	12,086	8,242
91	9,053	10,392	14,512	12,384	8,446
92	9,274	10,645	14,862	12,685	8,648
93	9,488	10,891	15,210	12,979	8,850
94	9,702	11,142	15,554	13,267	9,048
95	9,907	11,376	15,882	13,554	9,240
96	10,102	11,595	16,186	13,814	9,418
97	10,269	11,790	16,459	14,048	9,576
98	10,400	11,939	16,674	14,230	9,701
99	10,478	12,032	16,795	14,336	9,773
100+	10,478	12,032	16,795	14,336	9,773

ISSUE AGE	PREFERRED				
	Plan A	Plan B	Plan F	Plan G	Plan N
Under 65	16,616	19,080	26,638	22,728	15,165
65	4,430	5,085	7,102	6,061	4,042
66	4,459	5,122	7,150	6,102	4,088
67	4,526	5,200	7,261	6,197	4,170
68	4,618	5,302	7,403	6,315	4,277
69	4,725	5,422	7,574	6,461	4,394
70	4,832	5,546	7,746	6,611	4,504
71	4,938	5,670	7,918	6,754	4,605
72	5,048	5,794	8,088	6,901	4,707
73	5,150	5,914	8,256	7,045	4,803
74	5,267	6,046	8,448	7,202	4,910
75	5,382	6,181	8,629	7,366	5,013
76	5,509	6,323	8,827	7,533	5,128
77	5,653	6,485	9,058	7,728	5,261
78	5,797	6,656	9,290	7,931	5,403
79	5,944	6,826	9,530	8,133	5,542
80	6,109	7,013	9,794	8,355	5,696
81	6,275	7,208	10,059	8,590	5,856
82	6,440	7,395	10,326	8,813	6,010
83	6,621	7,598	10,610	9,058	6,173
84	6,792	7,795	10,888	9,290	6,334
85	7,014	8,059	11,250	9,600	6,547
86	7,198	8,266	11,534	9,845	6,714
87	7,381	8,475	11,832	10,096	6,883
88	7,570	8,688	12,130	10,354	7,058
89	7,758	8,909	12,440	10,616	7,237
90	7,950	9,128	12,747	10,875	7,416
91	8,147	9,355	13,061	11,146	7,600
92	8,346	9,579	13,374	11,416	7,784
93	8,541	9,805	13,688	11,682	7,965
94	8,731	10,027	13,995	11,942	8,144
95	8,915	10,238	14,296	12,197	8,317
96	9,090	10,435	14,570	12,435	8,478
97	9,242	10,608	14,814	12,642	8,616
98	9,358	10,746	15,006	12,805	8,730
99	9,429	10,827	15,118	12,899	8,795
100+	9,429	10,827	15,118	12,899	8,795

The above rates do not include the $20 application fee.

PREMIUM INFORMATION

Continental Life Insurance Company of Brentwood, Tennessee can only raise your premium if we raise the premium for all policies like yours in this state.

Premiums payable other than annually will be determined according to the following factors:

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly EFT: 0.0833.

DISCLOSURES

Use this outline to compare benefits and premium 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 Continental Life Insurance Company of Brentwood, Tennessee, P.O. Box 14770, Lexington, KY 40512-4770. 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 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

Neither Continental Life Insurance Company of Brentwood, Tennessee 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 & You* for more details. Use this outline to compare benefits and premiums among policies.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, and it is not "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements, leave out, or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded. To review "Open Enrollment" timeframes please go to the following link on the Medicare.gov website: https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html

THE FOLLOWING CHARTS DESCRIBE PLANS A, B, F, G, and N OFFERED BY CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE.

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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$0	$1,736 (Part A Deductible)
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* 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	All approved amounts	$0	$0
21st thru 100th day	All but $217 a day	$0	Up to $217 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
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 the 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

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $283 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare-Approved amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0

PLAN B

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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* 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	All approved amounts	$0	$0
21st thru 100th day	All but $217 a day	$0	Up to $217 a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
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 the 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 B

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $283 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare-Approved amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0

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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* 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	All approved amounts	$0	$0
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
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 the 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.

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $283 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$283 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare-Approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-Approved amounts*	$0	$283 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$283 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	80%	20%	$0

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN F

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

PLAN G

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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* 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	All approved amounts	$0	$0
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
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 the 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 G

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $283 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare-Approved amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0

PLAN G

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN N

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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,736	$1,736 (Part A Deductible)	$0
61st thru 90th day	All but $434 a day	$434 a day	$0
91st day and after While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* 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	All approved amounts	$0	$0
21st thru 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
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 the 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

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $283 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment 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.	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.
PART B EXCESS CHARGES (Above Medicare-Approved amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $283 of Medicare-Approved amounts*	$0	$0	$283 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum