

**COMBINED INSURANCE COMPANY OF AMERICA
OUTLINE OF COVERAGE**

<p>YOU PURCHASED PLAN:</p>

**Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010
Benefit Plans A, B¹, C², F, and N are offered by Combined Insurance***

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A and either C or F available. Some plans may not be available in your state.

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 copayment for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

A*	B*	C*	D	F*	F**	G
Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance		Basic, Including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

K	L	M	N*
Hospitalization and preventive care paid at 100%; other basic benefits Paid at 50%	Hospitalization And preventive care paid at 100%; other basic benefits Paid at 75%	Basic, Including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$4,800; paid at 100% after limit reached	Out-of-pocket limit \$2,400; paid at 100% after limit reached		

**Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,110. Out-of-Pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Combined Insurance Company of America

Medicare Supplement

Mississippi

Annual Standard Non-Tobacco Rates for Zip Codes 386-393, 396-397

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$1,083.48	\$1,300.68	\$1,111.32	65	\$1,245.84	\$1,495.68	\$1,277.76
66	\$1,120.20	\$1,344.72	\$1,146.36	66	\$1,288.32	\$1,546.20	\$1,318.56
67	\$1,170.12	\$1,389.60	\$1,195.32	67	\$1,345.44	\$1,598.52	\$1,374.00
68	\$1,207.56	\$1,436.16	\$1,234.56	68	\$1,388.76	\$1,651.56	\$1,419.72
69	\$1,244.28	\$1,485.12	\$1,276.20	69	\$1,431.12	\$1,707.84	\$1,467.84
70	\$1,280.16	\$1,534.80	\$1,316.88	70	\$1,471.92	\$1,764.96	\$1,515.12
71	\$1,312.80	\$1,594.44	\$1,356.96	71	\$1,510.20	\$1,834.32	\$1,560.84
72	\$1,344.72	\$1,657.20	\$1,395.24	72	\$1,546.20	\$1,905.24	\$1,605.00
73	\$1,372.44	\$1,721.64	\$1,431.12	73	\$1,578.84	\$1,980.36	\$1,645.80
74	\$1,396.92	\$1,789.44	\$1,464.60	74	\$1,606.56	\$2,057.88	\$1,684.08
75	\$1,417.20	\$1,858.80	\$1,495.56	75	\$1,630.20	\$2,137.80	\$1,719.96
76	\$1,436.88	\$1,906.08	\$1,525.80	76	\$1,652.28	\$2,192.52	\$1,755.00
77	\$1,454.88	\$1,955.04	\$1,555.20	77	\$1,673.52	\$2,247.96	\$1,788.48
78	\$1,471.92	\$2,004.84	\$1,582.08	78	\$1,692.24	\$2,305.08	\$1,819.56
79	\$1,486.68	\$2,056.20	\$1,609.08	79	\$1,710.24	\$2,363.88	\$1,849.68
80	\$1,502.16	\$2,108.40	\$1,635.12	80	\$1,727.28	\$2,424.24	\$1,880.76
81	\$1,516.08	\$2,150.88	\$1,661.28	81	\$1,743.72	\$2,474.04	\$1,910.16
82	\$1,529.04	\$2,194.92	\$1,686.48	82	\$1,758.36	\$2,524.56	\$1,939.56
83	\$1,540.56	\$2,239.80	\$1,710.24	83	\$1,771.44	\$2,576.04	\$1,967.28
84	\$1,551.12	\$2,285.52	\$1,734.72	84	\$1,783.68	\$2,628.24	\$1,994.16
85	\$1,560.12	\$2,332.08	\$1,757.52	85	\$1,794.24	\$2,681.28	\$2,021.04
86	\$1,569.00	\$2,361.36	\$1,780.44	86	\$1,804.92	\$2,715.48	\$2,047.08
87	\$1,578.00	\$2,389.20	\$1,803.96	87	\$1,815.48	\$2,747.40	\$2,074.08
88	\$1,587.00	\$2,415.24	\$1,826.88	88	\$1,825.20	\$2,777.52	\$2,100.96
89	\$1,595.88	\$2,439.72	\$1,850.52	89	\$1,835.88	\$2,806.08	\$2,127.96
90	\$1,605.00	\$2,463.36	\$1,875.00	90	\$1,846.56	\$2,833.08	\$2,156.52
91	\$1,614.72	\$2,486.28	\$1,899.48	91	\$1,856.28	\$2,859.12	\$2,185.08
92	\$1,623.72	\$2,506.68	\$1,924.80	92	\$1,866.84	\$2,882.76	\$2,213.64
93	\$1,632.60	\$2,526.24	\$1,950.84	93	\$1,877.40	\$2,904.84	\$2,242.92
94	\$1,641.72	\$2,544.24	\$1,977.84	94	\$1,888.08	\$2,926.08	\$2,274.84
95	\$1,651.44	\$2,560.56	\$2,004.72	95	\$1,898.64	\$2,944.80	\$2,305.80
96	\$1,660.44	\$2,576.04	\$2,033.28	96	\$1,910.16	\$2,962.80	\$2,338.44
97	\$1,670.28	\$2,591.52	\$2,061.00	97	\$1,920.72	\$2,979.96	\$2,370.24
98	\$1,679.16	\$2,607.00	\$2,090.40	98	\$1,931.28	\$2,997.84	\$2,404.56
99	\$1,689.00	\$2,622.48	\$2,120.52	99	\$1,942.80	\$3,015.84	\$2,438.76
Eligible Due to Disability	\$2,709.00	\$3,251.64	\$2,778.24	Eligible Due to Disability	\$3,115.20	\$3,739.56	\$3,194.40

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Standard Non-Tobacco Rates will be charged during Open Enrollment.

Combined Insurance Company of America
Medicare Supplement
Mississippi
Monthly Standard Non-Tobacco Rates for Zip Codes 386-393, 396-397

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$90.29	\$108.39	\$92.61	65	\$103.82	\$124.64	\$106.48
66	\$93.35	\$112.06	\$95.53	66	\$107.36	\$128.85	\$109.88
67	\$97.51	\$115.80	\$99.61	67	\$112.12	\$133.21	\$114.50
68	\$100.63	\$119.68	\$102.88	68	\$115.73	\$137.63	\$118.31
69	\$103.69	\$123.76	\$106.35	69	\$119.26	\$142.32	\$122.32
70	\$106.68	\$127.90	\$109.74	70	\$122.66	\$147.08	\$126.26
71	\$109.40	\$132.87	\$113.08	71	\$125.85	\$152.86	\$130.07
72	\$112.06	\$138.10	\$116.27	72	\$128.85	\$158.77	\$133.75
73	\$114.37	\$143.47	\$119.26	73	\$131.57	\$165.03	\$137.15
74	\$116.41	\$149.12	\$122.05	74	\$133.88	\$171.49	\$140.34
75	\$118.10	\$154.90	\$124.63	75	\$135.85	\$178.15	\$143.33
76	\$119.74	\$158.84	\$127.15	76	\$137.69	\$182.71	\$146.25
77	\$121.24	\$162.92	\$129.60	77	\$139.46	\$187.33	\$149.04
78	\$122.66	\$167.07	\$131.84	78	\$141.02	\$192.09	\$151.63
79	\$123.89	\$171.35	\$134.09	79	\$142.52	\$196.99	\$154.14
80	\$125.18	\$175.70	\$136.26	80	\$143.94	\$202.02	\$156.73
81	\$126.34	\$179.24	\$138.44	81	\$145.31	\$206.17	\$159.18
82	\$127.42	\$182.91	\$140.54	82	\$146.53	\$210.38	\$161.63
83	\$128.38	\$186.65	\$142.52	83	\$147.62	\$214.67	\$163.94
84	\$129.26	\$190.46	\$144.56	84	\$148.64	\$219.02	\$166.18
85	\$130.01	\$194.34	\$146.46	85	\$149.52	\$223.44	\$168.42
86	\$130.75	\$196.78	\$148.37	86	\$150.41	\$226.29	\$170.59
87	\$131.50	\$199.10	\$150.33	87	\$151.29	\$228.95	\$172.84
88	\$132.25	\$201.27	\$152.24	88	\$152.10	\$231.46	\$175.08
89	\$132.99	\$203.31	\$154.21	89	\$152.99	\$233.84	\$177.33
90	\$133.75	\$205.28	\$156.25	90	\$153.88	\$236.09	\$179.71
91	\$134.56	\$207.19	\$158.29	91	\$154.69	\$238.26	\$182.09
92	\$135.31	\$208.89	\$160.40	92	\$155.57	\$240.23	\$184.47
93	\$136.05	\$210.52	\$162.57	93	\$156.45	\$242.07	\$186.91
94	\$136.81	\$212.02	\$164.82	94	\$157.34	\$243.84	\$189.57
95	\$137.62	\$213.38	\$167.06	95	\$158.22	\$245.40	\$192.15
96	\$138.37	\$214.67	\$169.44	96	\$159.18	\$246.90	\$194.87
97	\$139.19	\$215.96	\$171.75	97	\$160.06	\$248.33	\$197.52
98	\$139.93	\$217.25	\$174.20	98	\$160.94	\$249.82	\$200.38
99	\$140.75	\$218.54	\$176.71	99	\$161.90	\$251.32	\$203.23
Eligible Due to Disability	\$225.75	\$270.97	\$231.52	Eligible Due to Disability	\$259.60	\$311.63	\$266.20

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Standard Non-Tobacco Rates will be charged during Open Enrollment.

Combined Insurance Company of America

Medicare Supplement

Mississippi

Annual Standard Tobacco Rates for Zip Codes 386-393, 396-397

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$1,192.08	\$1,430.40	\$1,222.32	65	\$1,370.76	\$1,644.96	\$1,404.96
66	\$1,232.04	\$1,478.52	\$1,261.44	66	\$1,417.20	\$1,700.52	\$1,450.68
67	\$1,286.76	\$1,528.32	\$1,314.48	67	\$1,479.36	\$1,757.64	\$1,511.88
68	\$1,328.28	\$1,579.68	\$1,357.68	68	\$1,527.36	\$1,817.16	\$1,561.68
69	\$1,369.20	\$1,633.56	\$1,404.24	69	\$1,574.76	\$1,878.36	\$1,614.72
70	\$1,407.48	\$1,688.28	\$1,449.12	70	\$1,618.80	\$1,941.24	\$1,666.20
71	\$1,444.20	\$1,754.28	\$1,492.32	71	\$1,661.28	\$2,017.08	\$1,716.72
72	\$1,479.36	\$1,822.92	\$1,534.68	72	\$1,700.40	\$2,096.28	\$1,764.84
73	\$1,509.48	\$1,893.84	\$1,573.92	73	\$1,736.40	\$2,177.76	\$1,810.56
74	\$1,536.36	\$1,968.12	\$1,611.48	74	\$1,767.24	\$2,263.44	\$1,852.92
75	\$1,559.16	\$2,044.80	\$1,644.84	75	\$1,793.40	\$2,351.64	\$1,892.16
76	\$1,580.52	\$2,097.00	\$1,678.32	76	\$1,817.88	\$2,412.00	\$1,930.56
77	\$1,600.80	\$2,150.04	\$1,710.24	77	\$1,840.68	\$2,473.20	\$1,967.28
78	\$1,618.80	\$2,205.60	\$1,740.36	78	\$1,861.92	\$2,536.08	\$2,001.48
79	\$1,635.96	\$2,261.04	\$1,769.76	79	\$1,880.76	\$2,600.52	\$2,034.96
80	\$1,652.28	\$2,319.00	\$1,799.16	80	\$1,900.32	\$2,666.64	\$2,068.32
81	\$1,667.76	\$2,366.28	\$1,827.72	81	\$1,918.32	\$2,721.24	\$2,100.96
82	\$1,682.52	\$2,414.40	\$1,855.44	82	\$1,934.64	\$2,776.68	\$2,133.72
83	\$1,694.76	\$2,463.36	\$1,881.60	83	\$1,949.28	\$2,833.08	\$2,163.84
84	\$1,706.04	\$2,514.00	\$1,907.64	84	\$1,961.52	\$2,890.92	\$2,193.96
85	\$1,716.72	\$2,565.36	\$1,932.96	85	\$1,973.76	\$2,949.72	\$2,222.64
86	\$1,726.56	\$2,597.28	\$1,958.28	86	\$1,985.16	\$2,986.44	\$2,251.92
87	\$1,736.40	\$2,628.24	\$1,984.32	87	\$1,996.56	\$3,022.32	\$2,282.16
88	\$1,746.12	\$2,656.80	\$2,009.64	88	\$2,008.08	\$3,055.80	\$2,310.72
89	\$1,755.96	\$2,684.52	\$2,035.80	89	\$2,019.48	\$3,086.76	\$2,340.84
90	\$1,765.68	\$2,709.84	\$2,062.68	90	\$2,030.88	\$3,117.00	\$2,371.92
91	\$1,775.52	\$2,734.32	\$2,089.68	91	\$2,042.28	\$3,144.72	\$2,403.00
92	\$1,786.08	\$2,757.12	\$2,117.28	92	\$2,053.68	\$3,170.88	\$2,435.52
93	\$1,795.92	\$2,778.36	\$2,145.96	93	\$2,065.20	\$3,195.36	\$2,467.44
94	\$1,806.48	\$2,798.76	\$2,175.36	94	\$2,077.44	\$3,218.16	\$2,501.64
95	\$1,816.20	\$2,816.76	\$2,205.48	95	\$2,088.72	\$3,239.40	\$2,536.68
96	\$1,826.88	\$2,833.80	\$2,236.56	96	\$2,100.96	\$3,258.96	\$2,571.84
97	\$1,836.72	\$2,850.12	\$2,267.40	97	\$2,112.48	\$3,277.80	\$2,607.72
98	\$1,847.28	\$2,867.28	\$2,300.16	98	\$2,124.72	\$3,297.36	\$2,644.44
99	\$1,857.84	\$2,884.44	\$2,332.80	99	\$2,136.96	\$3,317.76	\$2,682.84

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Combined Insurance Company of America

Medicare Supplement

Mississippi

Monthly Standard Tobacco Rates for Zip Codes 386-393, 396-397

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$99.34	\$119.20	\$101.86	65	\$114.23	\$137.08	\$117.08
66	\$102.67	\$123.21	\$105.12	66	\$118.10	\$141.71	\$120.89
67	\$107.23	\$127.36	\$109.54	67	\$123.28	\$146.47	\$125.99
68	\$110.69	\$131.64	\$113.14	68	\$127.28	\$151.43	\$130.14
69	\$114.10	\$136.13	\$117.02	69	\$131.23	\$156.53	\$134.56
70	\$117.29	\$140.69	\$120.76	70	\$134.90	\$161.77	\$138.85
71	\$120.35	\$146.19	\$124.36	71	\$138.44	\$168.09	\$143.06
72	\$123.28	\$151.91	\$127.89	72	\$141.70	\$174.69	\$147.07
73	\$125.79	\$157.82	\$131.16	73	\$144.70	\$181.48	\$150.88
74	\$128.03	\$164.01	\$134.29	74	\$147.27	\$188.62	\$154.41
75	\$129.93	\$170.40	\$137.07	75	\$149.45	\$195.97	\$157.68
76	\$131.71	\$174.75	\$139.86	76	\$151.49	\$201.00	\$160.88
77	\$133.40	\$179.17	\$142.52	77	\$153.39	\$206.10	\$163.94
78	\$134.90	\$183.80	\$145.03	78	\$155.16	\$211.34	\$166.79
79	\$136.33	\$188.42	\$147.48	79	\$156.73	\$216.71	\$169.58
80	\$137.69	\$193.25	\$149.93	80	\$158.36	\$222.22	\$172.36
81	\$138.98	\$197.19	\$152.31	81	\$159.86	\$226.77	\$175.08
82	\$140.21	\$201.20	\$154.62	82	\$161.22	\$231.39	\$177.81
83	\$141.23	\$205.28	\$156.80	83	\$162.44	\$236.09	\$180.32
84	\$142.17	\$209.50	\$158.97	84	\$163.46	\$240.91	\$182.83
85	\$143.06	\$213.78	\$161.08	85	\$164.48	\$245.81	\$185.22
86	\$143.88	\$216.44	\$163.19	86	\$165.43	\$248.87	\$187.66
87	\$144.70	\$219.02	\$165.36	87	\$166.38	\$251.86	\$190.18
88	\$145.51	\$221.40	\$167.47	88	\$167.34	\$254.65	\$192.56
89	\$146.33	\$223.71	\$169.65	89	\$168.29	\$257.23	\$195.07
90	\$147.14	\$225.82	\$171.89	90	\$169.24	\$259.75	\$197.66
91	\$147.96	\$227.86	\$174.14	91	\$170.19	\$262.06	\$200.25
92	\$148.84	\$229.76	\$176.44	92	\$171.14	\$264.24	\$202.96
93	\$149.66	\$231.53	\$178.83	93	\$172.10	\$266.28	\$205.62
94	\$150.54	\$233.23	\$181.28	94	\$173.12	\$268.18	\$208.47
95	\$151.35	\$234.73	\$183.79	95	\$174.06	\$269.95	\$211.39
96	\$152.24	\$236.15	\$186.38	96	\$175.08	\$271.58	\$214.32
97	\$153.06	\$237.51	\$188.95	97	\$176.04	\$273.15	\$217.31
98	\$153.94	\$238.94	\$191.68	98	\$177.06	\$274.78	\$220.37
99	\$154.82	\$240.37	\$194.40	99	\$178.08	\$276.48	\$223.57

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

**Combined Insurance Company of America
Medicare Supplement
Mississippi**

Annual Standard Non-Tobacco Rates for Zip Codes 394 and 395

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$1,164.48	\$1,397.88	\$1,194.48	65	\$1,339.08	\$1,607.52	\$1,373.28
66	\$1,203.96	\$1,445.28	\$1,232.16	66	\$1,384.68	\$1,661.88	\$1,417.08
67	\$1,257.60	\$1,493.52	\$1,284.72	67	\$1,446.00	\$1,717.92	\$1,476.72
68	\$1,297.92	\$1,543.44	\$1,326.84	68	\$1,492.56	\$1,774.92	\$1,525.80
69	\$1,337.28	\$1,596.12	\$1,371.48	69	\$1,538.16	\$1,835.52	\$1,577.64
70	\$1,375.80	\$1,649.52	\$1,415.28	70	\$1,581.96	\$1,896.84	\$1,628.40
71	\$1,410.96	\$1,713.60	\$1,458.36	71	\$1,623.12	\$1,971.36	\$1,677.60
72	\$1,445.16	\$1,781.16	\$1,499.52	72	\$1,661.76	\$2,047.68	\$1,724.88
73	\$1,475.04	\$1,850.40	\$1,538.16	73	\$1,696.80	\$2,128.44	\$1,768.80
74	\$1,501.32	\$1,923.24	\$1,574.16	74	\$1,726.68	\$2,211.72	\$1,809.96
75	\$1,523.16	\$1,997.76	\$1,607.40	75	\$1,752.12	\$2,297.64	\$1,848.60
76	\$1,544.28	\$2,048.64	\$1,639.92	76	\$1,775.76	\$2,356.44	\$1,886.28
77	\$1,563.60	\$2,101.20	\$1,671.48	77	\$1,798.56	\$2,416.08	\$1,922.28
78	\$1,581.96	\$2,154.72	\$1,700.40	78	\$1,818.84	\$2,477.40	\$1,955.64
79	\$1,597.80	\$2,209.92	\$1,729.32	79	\$1,838.04	\$2,540.52	\$1,988.04
80	\$1,614.48	\$2,266.08	\$1,757.28	80	\$1,856.52	\$2,605.44	\$2,021.40
81	\$1,629.36	\$2,311.68	\$1,785.48	81	\$1,874.04	\$2,658.96	\$2,052.96
82	\$1,643.40	\$2,359.08	\$1,812.60	82	\$1,889.88	\$2,713.32	\$2,084.52
83	\$1,655.64	\$2,407.32	\$1,838.04	83	\$1,903.80	\$2,768.52	\$2,114.28
84	\$1,667.04	\$2,456.40	\$1,864.32	84	\$1,917.00	\$2,824.68	\$2,143.20
85	\$1,676.76	\$2,506.32	\$1,888.92	85	\$1,928.40	\$2,881.68	\$2,172.12
86	\$1,686.24	\$2,537.88	\$1,913.52	86	\$1,939.80	\$2,918.52	\$2,200.20
87	\$1,695.96	\$2,567.76	\$1,938.84	87	\$1,951.20	\$2,952.72	\$2,229.12
88	\$1,705.68	\$2,595.84	\$1,963.44	88	\$1,961.76	\$2,985.24	\$2,258.04
89	\$1,715.28	\$2,622.12	\$1,988.88	89	\$1,973.04	\$3,015.84	\$2,286.96
90	\$1,724.88	\$2,647.56	\$2,015.16	90	\$1,984.56	\$3,044.88	\$2,317.68
91	\$1,735.44	\$2,672.16	\$2,041.44	91	\$1,995.12	\$3,072.84	\$2,348.40
92	\$1,745.16	\$2,694.00	\$2,068.68	92	\$2,006.40	\$3,098.28	\$2,379.12
93	\$1,754.76	\$2,715.12	\$2,096.76	93	\$2,017.80	\$3,122.04	\$2,410.68
94	\$1,764.36	\$2,734.32	\$2,125.68	94	\$2,029.32	\$3,144.84	\$2,444.88
95	\$1,774.92	\$2,751.96	\$2,154.60	95	\$2,040.60	\$3,165.00	\$2,478.24
96	\$1,784.64	\$2,768.52	\$2,185.32	96	\$2,052.96	\$3,184.20	\$2,513.28
97	\$1,795.08	\$2,785.20	\$2,215.08	97	\$2,064.36	\$3,202.68	\$2,547.48
98	\$1,804.68	\$2,801.88	\$2,246.64	98	\$2,075.64	\$3,222.00	\$2,584.32
99	\$1,815.24	\$2,818.56	\$2,279.04	99	\$2,088.00	\$3,241.32	\$2,621.16
Eligible Due to Disability	\$2,911.44	\$3,494.76	\$2,985.96	Eligible Due to Disability	\$3,348.12	\$4,019.16	\$3,433.20

Policies may be issued on an annual, semi-annual or monthly mode.
Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333
Standard Non-Tobacco Rates will be charged during Open Enrollment.

**Combined Insurance Company of America
Medicare Supplement
Mississippi**

Monthly Standard Non-Tobacco Rates for Zip Codes 394 and 395

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$97.04	\$116.49	\$99.54	65	\$111.59	\$133.96	\$114.44
66	\$100.33	\$120.44	\$102.68	66	\$115.39	\$138.49	\$118.09
67	\$104.80	\$124.46	\$107.06	67	\$120.50	\$143.16	\$123.06
68	\$108.16	\$128.62	\$110.57	68	\$124.38	\$147.91	\$127.15
69	\$111.44	\$133.01	\$114.29	69	\$128.18	\$152.96	\$131.47
70	\$114.65	\$137.46	\$117.94	70	\$131.83	\$158.07	\$135.70
71	\$117.58	\$142.80	\$121.53	71	\$135.26	\$164.28	\$139.80
72	\$120.43	\$148.43	\$124.96	72	\$138.48	\$170.64	\$143.74
73	\$122.92	\$154.20	\$128.18	73	\$141.40	\$177.37	\$147.40
74	\$125.11	\$160.27	\$131.18	74	\$143.89	\$184.31	\$150.83
75	\$126.93	\$166.48	\$133.95	75	\$146.01	\$191.47	\$154.05
76	\$128.69	\$170.72	\$136.66	76	\$147.98	\$196.37	\$157.19
77	\$130.30	\$175.10	\$139.29	77	\$149.88	\$201.34	\$160.19
78	\$131.83	\$179.56	\$141.70	78	\$151.57	\$206.45	\$162.97
79	\$133.15	\$184.16	\$144.11	79	\$153.17	\$211.71	\$165.67
80	\$134.54	\$188.84	\$146.44	80	\$154.71	\$217.12	\$168.45
81	\$135.78	\$192.64	\$148.79	81	\$156.17	\$221.58	\$171.08
82	\$136.95	\$196.59	\$151.05	82	\$157.49	\$226.11	\$173.71
83	\$137.97	\$200.61	\$153.17	83	\$158.65	\$230.71	\$176.19
84	\$138.92	\$204.70	\$155.36	84	\$159.75	\$235.39	\$178.60
85	\$139.73	\$208.86	\$157.41	85	\$160.70	\$240.14	\$181.01
86	\$140.52	\$211.49	\$159.46	86	\$161.65	\$243.21	\$183.35
87	\$141.33	\$213.98	\$161.57	87	\$162.60	\$246.06	\$185.76
88	\$142.14	\$216.32	\$163.62	88	\$163.48	\$248.77	\$188.17
89	\$142.94	\$218.51	\$165.74	89	\$164.42	\$251.32	\$190.58
90	\$143.74	\$220.63	\$167.93	90	\$165.38	\$253.74	\$193.14
91	\$144.62	\$222.68	\$170.12	91	\$166.26	\$256.07	\$195.70
92	\$145.43	\$224.50	\$172.39	92	\$167.20	\$258.19	\$198.26
93	\$146.23	\$226.26	\$174.73	93	\$168.15	\$260.17	\$200.89
94	\$147.03	\$227.86	\$177.14	94	\$169.11	\$262.07	\$203.74
95	\$147.91	\$229.33	\$179.55	95	\$170.05	\$263.75	\$206.52
96	\$148.72	\$230.71	\$182.11	96	\$171.08	\$265.35	\$209.44
97	\$149.59	\$232.10	\$184.59	97	\$172.03	\$266.89	\$212.29
98	\$150.39	\$233.49	\$187.22	98	\$172.97	\$268.50	\$215.36
99	\$151.27	\$234.88	\$189.92	99	\$174.00	\$270.11	\$218.43
Eligible Due to Disability	\$242.62	\$291.23	\$248.83	Eligible Due to Disability	\$279.01	\$334.93	\$286.10

Policies may be issued on an annual, semi-annual or monthly mode.
Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333
Standard Non-Tobacco Rates will be charged during Open Enrollment.

Combined Insurance Company of America

Medicare Supplement

Mississippi

Annual Standard Tobacco Rates for Zip Codes 394 and 395

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$1,281.24	\$1,537.32	\$1,313.64	65	\$1,473.24	\$1,767.96	\$1,510.08
66	\$1,324.20	\$1,589.04	\$1,355.76	66	\$1,523.16	\$1,827.60	\$1,559.16
67	\$1,382.88	\$1,642.56	\$1,412.64	67	\$1,589.88	\$1,889.04	\$1,624.92
68	\$1,427.64	\$1,697.76	\$1,459.20	68	\$1,641.60	\$1,953.00	\$1,678.44
69	\$1,471.56	\$1,755.72	\$1,509.24	69	\$1,692.48	\$2,018.76	\$1,735.44
70	\$1,512.60	\$1,814.40	\$1,557.36	70	\$1,739.88	\$2,086.32	\$1,790.64
71	\$1,552.08	\$1,885.44	\$1,603.92	71	\$1,785.48	\$2,167.80	\$1,845.12
72	\$1,589.88	\$1,959.12	\$1,649.52	72	\$1,827.48	\$2,252.88	\$1,896.72
73	\$1,622.28	\$2,035.44	\$1,691.52	73	\$1,866.12	\$2,340.60	\$1,945.92
74	\$1,651.20	\$2,115.24	\$1,731.96	74	\$1,899.36	\$2,432.76	\$1,991.52
75	\$1,675.80	\$2,197.68	\$1,767.84	75	\$1,927.44	\$2,527.44	\$2,033.52
76	\$1,698.60	\$2,253.84	\$1,803.84	76	\$1,953.84	\$2,592.36	\$2,074.80
77	\$1,720.44	\$2,310.84	\$1,838.04	77	\$1,978.32	\$2,658.12	\$2,114.28
78	\$1,739.88	\$2,370.48	\$1,870.44	78	\$2,001.12	\$2,725.56	\$2,151.12
79	\$1,758.24	\$2,430.12	\$1,902.00	79	\$2,021.40	\$2,794.92	\$2,187.12
80	\$1,775.76	\$2,492.28	\$1,933.56	80	\$2,042.40	\$2,865.96	\$2,223.00
81	\$1,792.44	\$2,543.16	\$1,964.28	81	\$2,061.72	\$2,924.64	\$2,258.04
82	\$1,808.28	\$2,594.88	\$1,994.16	82	\$2,079.24	\$2,984.28	\$2,293.20
83	\$1,821.48	\$2,647.56	\$2,022.24	83	\$2,095.08	\$3,044.88	\$2,325.60
84	\$1,833.60	\$2,701.92	\$2,050.32	84	\$2,108.16	\$3,107.04	\$2,358.00
85	\$1,845.12	\$2,757.12	\$2,077.44	85	\$2,121.36	\$3,170.28	\$2,388.72
86	\$1,855.68	\$2,791.32	\$2,104.56	86	\$2,133.60	\$3,209.64	\$2,420.28
87	\$1,866.12	\$2,824.68	\$2,132.76	87	\$2,145.84	\$3,248.28	\$2,452.68
88	\$1,876.68	\$2,855.40	\$2,159.88	88	\$2,158.20	\$3,284.28	\$2,483.40
89	\$1,887.24	\$2,885.16	\$2,187.96	89	\$2,170.44	\$3,317.52	\$2,515.92
90	\$1,897.68	\$2,912.40	\$2,216.88	90	\$2,182.68	\$3,350.04	\$2,549.28
91	\$1,908.24	\$2,938.68	\$2,245.80	91	\$2,194.92	\$3,379.80	\$2,582.64
92	\$1,919.64	\$2,963.28	\$2,275.56	92	\$2,207.16	\$3,407.88	\$2,617.68
93	\$1,930.08	\$2,986.08	\$2,306.40	93	\$2,219.52	\$3,434.16	\$2,651.88
94	\$1,941.48	\$3,008.04	\$2,337.96	94	\$2,232.72	\$3,458.76	\$2,688.72
95	\$1,952.04	\$3,027.24	\$2,370.36	95	\$2,244.84	\$3,481.56	\$2,726.40
96	\$1,963.44	\$3,045.72	\$2,403.72	96	\$2,258.04	\$3,502.56	\$2,764.08
97	\$1,974.00	\$3,063.24	\$2,436.96	97	\$2,270.40	\$3,522.72	\$2,802.60
98	\$1,985.40	\$3,081.60	\$2,472.12	98	\$2,283.48	\$3,543.84	\$2,842.08
99	\$1,996.80	\$3,100.08	\$2,507.16	99	\$2,296.68	\$3,565.68	\$2,883.36

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333

Combined Insurance Company of America

Medicare Supplement

Mississippi

Monthly Standard Tobacco Rates for Zip Codes 394 and 395

Attained Age	Female Rates			Attained Age	Male Rates		
	Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906		Plan A Form No. 14903	Plan F Form No. 14905	Plan N Form No. 14906
65	\$106.77	\$128.11	\$109.47	65	\$122.77	\$147.33	\$125.84
66	\$110.35	\$132.42	\$112.98	66	\$126.93	\$152.30	\$129.93
67	\$115.24	\$136.88	\$117.72	67	\$132.49	\$157.42	\$135.41
68	\$118.97	\$141.48	\$121.60	68	\$136.80	\$162.75	\$139.87
69	\$122.63	\$146.31	\$125.77	69	\$141.04	\$168.23	\$144.62
70	\$126.05	\$151.20	\$129.78	70	\$144.99	\$173.86	\$149.22
71	\$129.34	\$157.12	\$133.66	71	\$148.79	\$180.65	\$153.76
72	\$132.49	\$163.26	\$137.46	72	\$152.29	\$187.74	\$158.06
73	\$135.19	\$169.62	\$140.96	73	\$155.51	\$195.05	\$162.16
74	\$137.60	\$176.27	\$144.33	74	\$158.28	\$202.73	\$165.96
75	\$139.65	\$183.14	\$147.32	75	\$160.62	\$210.62	\$169.46
76	\$141.55	\$187.82	\$150.32	76	\$162.82	\$216.03	\$172.90
77	\$143.37	\$192.57	\$153.17	77	\$164.86	\$221.51	\$176.19
78	\$144.99	\$197.54	\$155.87	78	\$166.76	\$227.13	\$179.26
79	\$146.52	\$202.51	\$158.50	79	\$168.45	\$232.91	\$182.26
80	\$147.98	\$207.69	\$161.13	80	\$170.20	\$238.83	\$185.25
81	\$149.37	\$211.93	\$163.69	81	\$171.81	\$243.72	\$188.17
82	\$150.69	\$216.24	\$166.18	82	\$173.27	\$248.69	\$191.10
83	\$151.79	\$220.63	\$168.52	83	\$174.59	\$253.74	\$193.80
84	\$152.80	\$225.16	\$170.86	84	\$175.68	\$258.92	\$196.50
85	\$153.76	\$229.76	\$173.12	85	\$176.78	\$264.19	\$199.06
86	\$154.64	\$232.61	\$175.38	86	\$177.80	\$267.47	\$201.69
87	\$155.51	\$235.39	\$177.73	87	\$178.82	\$270.69	\$204.39
88	\$156.39	\$237.95	\$179.99	88	\$179.85	\$273.69	\$206.95
89	\$157.27	\$240.43	\$182.33	89	\$180.87	\$276.46	\$209.66
90	\$158.14	\$242.70	\$184.74	90	\$181.89	\$279.17	\$212.44
91	\$159.02	\$244.89	\$187.15	91	\$182.91	\$281.65	\$215.22
92	\$159.97	\$246.94	\$189.63	92	\$183.93	\$283.99	\$218.14
93	\$160.84	\$248.84	\$192.20	93	\$184.96	\$286.18	\$220.99
94	\$161.79	\$250.67	\$194.83	94	\$186.06	\$288.23	\$224.06
95	\$162.67	\$252.27	\$197.53	95	\$187.07	\$290.13	\$227.20
96	\$163.62	\$253.81	\$200.31	96	\$188.17	\$291.88	\$230.34
97	\$164.50	\$255.27	\$203.08	97	\$189.20	\$293.56	\$233.55
98	\$165.45	\$256.80	\$206.01	98	\$190.29	\$295.32	\$236.84
99	\$166.40	\$258.34	\$208.93	99	\$191.39	\$297.14	\$240.28

Policies may be issued on an annual, semi-annual or monthly mode.

Annual Premium Conversion Factor: Semi-Annual = 0.50, Monthly Pre-Authorized Check = 0.08333