

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

[P. O. BOX 26580 ♦ AUSTIN, TX 78755-0580 ♦ 866-459-4272]

Outline of Medicare Supplement Coverage - Benefit Plans A, B, C, D F, G and N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" 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 co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
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	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 Visit
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% 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	50% Part A Deductible	75% Part A Deductible	50% 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			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket Limit [\$4,800]; Paid at 100% After Reached	Out-of-Pocket Limit [\$2,400]; Paid At 100% After 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 the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

MONTANA

Attained Age Rates -- Effective [1/1/2013] -- Area I [(590-599)]

PREFERRED ANNUAL RATES

FEMALE RATES				Attained Age	MALE RATES			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
[1,103.24	[1,359.54	[1,169.90	[931.64	65	[1,103.24	[1,359.54	[1,169.90	[931.64
1,103.24	1,359.54	1,169.90	931.64	66	1,103.24	1,359.54	1,169.90	931.64
1,152.90	1,418.78	1,226.83	975.35	67	1,152.90	1,418.78	1,226.83	975.35
1,201.97	1,475.35	1,281.18	1,017.72	68	1,201.97	1,475.35	1,281.18	1,017.72
1,250.19	1,533.22	1,336.81	1,060.10	69	1,250.19	1,533.22	1,336.81	1,060.10
1,296.86	1,587.02	1,388.50	1,100.01	70	1,296.86	1,587.02	1,388.50	1,100.01
1,335.62	1,638.98	1,438.43	1,140.10	71	1,335.62	1,638.98	1,438.43	1,140.10
1,374.38	1,690.94	1,488.36	1,180.19	72	1,374.38	1,690.94	1,488.36	1,180.19
1,413.15	1,742.90	1,538.29	1,220.27	73	1,413.15	1,742.90	1,538.29	1,220.27
1,451.91	1,794.86	1,588.22	1,260.36	74	1,451.91	1,794.86	1,588.22	1,260.36
1,492.16	1,848.67	1,639.79	1,301.75	75	1,492.16	1,848.67	1,639.79	1,301.75
1,526.90	1,904.28	1,691.87	1,345.34	76	1,526.90	1,904.28	1,691.87	1,345.34
1,562.18	1,960.82	1,744.83	1,389.68	77	1,562.18	1,960.82	1,744.83	1,389.68
1,599.60	2,020.31	1,800.45	1,436.19	78	1,599.60	2,020.31	1,800.45	1,436.19
1,637.65	2,080.87	1,857.09	1,483.55	79	1,637.65	2,080.87	1,857.09	1,483.55
1,676.35	2,142.50	1,914.76	1,531.78	80	1,676.35	2,142.50	1,914.76	1,531.78
1,719.82	2,218.35	1,985.17	1,592.43	81	1,719.82	2,218.35	1,985.17	1,592.43
1,764.09	2,295.69	2,057.01	1,654.31	82	1,764.09	2,295.69	2,057.01	1,654.31
1,810.96	2,376.93	2,132.39	1,719.15	83	1,810.96	2,376.93	2,132.39	1,719.15
1,858.76	2,459.89	2,209.38	1,785.39	84	1,858.76	2,459.89	2,209.38	1,785.39
1,907.49	2,544.60	2,288.01	1,853.07	85	1,907.49	2,544.60	2,288.01	1,853.07
1,959.56	2,633.97	2,370.27	1,923.51	86	1,959.56	2,633.97	2,370.27	1,923.51
2,012.88	2,725.73	2,454.76	1,995.90	87	2,012.88	2,725.73	2,454.76	1,995.90
2,067.49	2,819.93	2,541.52	2,070.27	88	2,067.49	2,819.93	2,541.52	2,070.27
2,121.33	2,913.79	2,628.02	2,144.55	89	2,121.33	2,913.79	2,628.02	2,144.55
2,174.25	3,007.06	2,714.06	2,218.59	90	2,174.25	3,007.06	2,714.06	2,218.59
2,225.72	3,102.73	2,802.02	2,294.95	91	2,225.72	3,102.73	2,802.02	2,294.95
2,278.17	3,200.38	2,891.80	2,372.94	92	2,278.17	3,200.38	2,891.80	2,372.94
2,327.00	3,293.53	2,977.57	2,447.71	93	2,327.00	3,293.53	2,977.57	2,447.71
2,376.62	3,388.34	3,064.86	2,523.85	94	2,376.62	3,388.34	3,064.86	2,523.85
2,427.07	3,484.84	3,153.72	2,601.36	95	2,427.07	3,484.84	3,153.72	2,601.36
2,475.61	3,554.54	3,216.79	2,653.38	96	2,475.61	3,554.54	3,216.79	2,653.38
2,525.12	3,625.63	3,281.12	2,706.46	97	2,525.12	3,625.63	3,281.12	2,706.46
2,575.62	3,698.14	3,346.75	2,760.59	98	2,575.62	3,698.14	3,346.75	2,760.59
2,627.13]	3,772.10]	3,413.68]	2,815.80]	99	2,627.13]	3,772.10]	3,413.68]	2,815.80]

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, [for monthly list bill premiums, multiply the above quoted premium by 0.09,] and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of [\$20.00] to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

MONTANA

Attained Age Rates -- Effective [1/1/2013] -- Area I [(590-599)]

STANDARD ANNUAL RATES

FEMALE RATES				Attained Age	MALE RATES			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
[1,213.56	[1,495.49	[1,286.89	[1,024.80	65	[1,213.56	[1,495.49	[1,286.89	[1,024.80
1,213.56	1,495.49	1,286.89	1,024.80	66	1,213.56	1,495.49	1,286.89	1,024.80
1,268.19	1,560.65	1,349.52	1,072.89	67	1,268.19	1,560.65	1,349.52	1,072.89
1,322.17	1,622.88	1,409.30	1,119.49	68	1,322.17	1,622.88	1,409.30	1,119.49
1,375.20	1,686.55	1,470.49	1,166.11	69	1,375.20	1,686.55	1,470.49	1,166.11
1,426.54	1,745.72	1,527.35	1,210.01	70	1,426.54	1,745.72	1,527.35	1,210.01
1,469.18	1,802.87	1,582.28	1,254.11	71	1,469.18	1,802.87	1,582.28	1,254.11
1,511.82	1,860.03	1,637.20	1,298.20	72	1,511.82	1,860.03	1,637.20	1,298.20
1,554.46	1,917.19	1,692.13	1,342.30	73	1,554.46	1,917.19	1,692.13	1,342.30
1,597.10	1,974.34	1,747.05	1,386.40	74	1,597.10	1,974.34	1,747.05	1,386.40
1,641.38	2,033.53	1,803.77	1,431.93	75	1,641.38	2,033.53	1,803.77	1,431.93
1,679.59	2,094.71	1,861.06	1,479.88	76	1,679.59	2,094.71	1,861.06	1,479.88
1,718.40	2,156.91	1,919.31	1,528.65	77	1,718.40	2,156.91	1,919.31	1,528.65
1,759.56	2,222.34	1,980.49	1,579.80	78	1,759.56	2,222.34	1,980.49	1,579.80
1,801.42	2,288.95	2,042.80	1,631.91	79	1,801.42	2,288.95	2,042.80	1,631.91
1,843.99	2,356.75	2,106.23	1,684.96	80	1,843.99	2,356.75	2,106.23	1,684.96
1,891.81	2,440.18	2,183.69	1,751.68	81	1,891.81	2,440.18	2,183.69	1,751.68
1,940.50	2,525.27	2,262.71	1,819.74	82	1,940.50	2,525.27	2,262.71	1,819.74
1,992.06	2,614.62	2,345.62	1,891.07	83	1,992.06	2,614.62	2,345.62	1,891.07
2,044.64	2,705.88	2,430.31	1,963.93	84	2,044.64	2,705.88	2,430.31	1,963.93
2,098.24	2,799.06	2,516.81	2,038.37	85	2,098.24	2,799.06	2,516.81	2,038.37
2,155.52	2,897.36	2,607.30	2,115.86	86	2,155.52	2,897.36	2,607.30	2,115.86
2,214.17	2,998.30	2,700.24	2,195.49	87	2,214.17	2,998.30	2,700.24	2,195.49
2,274.24	3,101.93	2,795.67	2,277.29	88	2,274.24	3,101.93	2,795.67	2,277.29
2,333.45	3,205.17	2,890.83	2,359.01	89	2,333.45	3,205.17	2,890.83	2,359.01
2,391.68	3,307.76	2,985.47	2,440.44	90	2,391.68	3,307.76	2,985.47	2,440.44
2,448.30	3,413.00	3,082.23	2,524.46	91	2,448.30	3,413.00	3,082.23	2,524.46
2,505.98	3,520.42	3,180.99	2,610.23	92	2,505.98	3,520.42	3,180.99	2,610.23
2,559.70	3,622.88	3,275.32	2,692.48	93	2,559.70	3,622.88	3,275.32	2,692.48
2,614.29	3,727.18	3,371.34	2,776.23	94	2,614.29	3,727.18	3,371.34	2,776.23
2,669.77	3,833.32	3,469.08	2,861.50	95	2,669.77	3,833.32	3,469.08	2,861.50
2,723.17	3,909.99	3,538.47	2,918.72	96	2,723.17	3,909.99	3,538.47	2,918.72
2,777.63	3,988.20	3,609.24	2,977.10	97	2,777.63	3,988.20	3,609.24	2,977.10
2,833.19	4,067.96	3,681.42	3,036.64	98	2,833.19	4,067.96	3,681.42	3,036.64
2,889.85]	4,149.31]	3,755.05]	3,097.38]	99	2,889.85]	4,149.31]	3,755.05]	3,097.38]

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, [for monthly list bill premiums, multiply the above quoted premium by 0.09,] and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of [\$20.00] to the first premium.

Locate appropriate Area according to the applicant's ZIP Code in the ZIP Code chart below.

MONTANA ZIP CODES:

Area **3 Digit ZIP Codes**

Area I [590-599]

SPECIMEN