

Medicare Supplement and Medicare SELECT Plans A, B, C, Innovative F, G, K and N are available.

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Standard Plan "A, B, C or F."

Some plans may not be available in Your state.

BASIC BENEFITS for Plans A-N:		<ul style="list-style-type: none"> Hospitalization – Part A coinsurance plus coverage for 365 additional days in Your lifetime after Medicare benefits end. Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments 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*	▲Innovative 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 Benefits	Basic, including 100% Part B coinsurance	Hospitalization and preventative care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventative 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	
		Skilled Nursing Facility Coinsurance	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	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 Deductible						
				Part B Excess (100%)	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	Foreign Travel Emergency	
					+Innovative Benefits+		Out-of-pocket limit \$4,800; benefits paid at 100% after limit reached	Out-of-pocket limit \$2,400; benefits 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 Plans 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.

+**Innovative F** includes innovative benefits not contained in other standardized Medicare Supplement Plans. They include, subject to plan limitations: (a) access to nurse advice telephone service, (b) annual physical examination, (c) preventive dental care, (d) routine vision care, and (e) routine hearing exam. These innovative benefits are not subject to network restrictions

▲ **Plans (A, B, C, Innovative F, G, K, N) are the Medicare Supplement and Medicare SELECT Plans available. Medicare SELECT plans contain restrictions on your use of hospitals.**

****Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges. The out-of-pocket annual limit will increase each year for inflation. Medicare SELECT plans contain restrictions on Your use of hospitals. See Outlines of Coverage for details and exceptions.**

PREMIUM INFORMATION

Premiums will change with each change in attained age. Additionally, we reserve the right to revise the table of premium rates. We can only raise your premiums under these circumstances if we raise the premiums for all policies like Yours in Pennsylvania. Premiums are attained age rated and based on the mode of the premium payment selected. We will notify You thirty (30) days prior to any premium change.

Premium in the chart below is subject to change. Your rate changes automatically in the month of your policy anniversary each year after you enter a new age increment.)

(INSERT PREMIUM INFORMATION PAGES)

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE DISCLOSURES

PREMIUM INFORMATION DISCLOSURES Use this outline to compare benefits and premiums among policies. Premiums will change with each change in attained age. Additionally, we reserve the right to revise the table of premium rates. We can only raise your premiums under these circumstances if we raise the premiums for all policies like Yours in Pennsylvania. Premiums are attained age rated and based on the mode of the premium payment selected. We will notify You thirty (30) days prior to any premium change. (Your rate changes automatically in the month of your policy anniversary each year after you enter a new age increment.)

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 are not satisfied with Your policy, You may return it to us at P.O. Box 5348, Bellingham, WA 98227-5348. If you send the policy back to us within thirty (30) days after You receive it, we will treat the policy as if it had never been issued and return all of 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 This policy may not fully cover all of Your medical costs. Neither Sterling Life Insurance Company 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 and You for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before You sign it. Be certain that all information has been properly recorded.

NETWORK HOSPITAL RESTRICTIONS – MEDICARE SELECT PRODUCTS ONLY

Except as specified below, Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital and Part B (hospital or facility) benefits for outpatient surgery will only be provided if performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has a written agreement with a Network Hospital to provide services. Full benefits of Your coverage will be paid when:

1. Services are provided in the following places: a Physician's office; in another office setting (other than an outpatient surgery clinic); in a Skilled Nursing Facility;
2. The services are for sickness requiring emergency care or are immediately required for an unforeseen illness, injury or a condition, and it is not reasonable to obtain such services through the Network Hospital;
3. While Traveling outside the Service Area, services will be covered. Travel must be for purposes other than the receipt of medical care; or
4. Required services are not available at a Network Hospital in Your Service Area.

Network Hospitals

A Network Hospital is one that has a written agreement with Sterling and has been designated by Sterling to provide hospital services insured under this policy. You may use any Network Hospital which is listed on Your current Sterling Medicare SELECT Supplement Insurance **Network Hospital Directory**. This directory is updated periodically. To verify the status of a hospital please call 1-800-688-0010 between the hours of 5AM and 5PM Pacific Time, Monday through Friday.

Non-Network Hospital Admission Procedures

Prior to admission to a non-Network Hospital, You, either directly or through Your physician, should contact Sterling's Customer Service Center. The Customer Service Center will confirm whether the required services are available from a Network Hospital, and if not available, will assist You in locating a hospital that provides the necessary service. **Utilizing Sterling's Customer Service Center prior to use of a non-Network Hospital eliminates the need for retrospective inquiry as to the legitimacy of the filed claim.**

These non-Network Hospital Admission Procedures do not apply in emergency situations or while You are traveling outside of the service area. Travel must be for purposes other than the receipt of medical care.

COMPLAINT PROCEDURE – MEDICARE SELECT PRODUCTS ONLY

Complaints While Staying At A Network Hospital. If, while confined at a Network Hospital, You have a complaint regarding the hospital's services being provided, You may contact Sterling's Customer Service Center by phone 1-800-688-0010 5AM to 5PM Pacific Time, Monday through Friday, to express the complaint. The complaint will be transmitted to appropriate decision-makers who have the authority to fully investigate the issue and take corrective action. Sterling's Customer Service representatives will relay the complaint within twenty-four (24) hours, to the hospital's Administrator for response within twenty (20) days. Calls received between 5PM and 5AM, weekends and holidays, will be transferred to automated voice-mail, where You may leave Your name, policyholder identification number, telephone number and comment, request or complaint. Return phone calls will be placed the following business day. If a complaint is found to be valid, corrective action will be taken within forty-five (45) days.

Other Complaints. If You have questions or are dissatisfied with the quality of care received from a Network Hospital, have a complaint or want to contest the disposition of a claim, You may direct such inquiries to the Customer Service Center, P.O. Box 5348, Bellingham, WA 98227-5348, 1-800-688-0010 without initiating a formal grievance.

Questions or complaints regarding any of these areas which are presented shall receive acknowledgment within three (3) business days of receipt. A response will be sent to You within thirty (30) business days of the complaint. If after thirty (30) business days a response is unavailable, we will provide a status update to You every ten (10) business days.

GRIEVANCE PROCEDURE – MEDICARE SELECT PRODUCTS ONLY In the event You are dissatisfied with the response received to a complaint or with the disposition of a claim, You may submit a formal grievance by writing to the Claims Administrator at P.O. Box 5348, Bellingham, WA 98227-5348. Formal grievances in all other areas should be submitted to Us in writing at the same address. A grievance must clearly state “This is a grievance”, or other words that clearly state that the intention of the written communication is to serve as a written grievance to be handled according to this procedure. Acknowledgment of receipt of the grievance will be mailed within three (3) business days and the grievance will be investigated. The grievance will be transmitted to appropriate decision-makers who have the authority to fully investigate the issue and take corrective action. A response will be sent within thirty (30) days following the date the grievance is received and shall explain in detail the reasons for the determination.

If Sterling upholds the grievance, corrective action will be taken promptly to remedy the situation.

Grievance Appeal Committee. In the event You are not satisfied with the results of Our determination, You have the right to file an appeal by written request with Sterling. The appeal should be submitted to the Grievance Appeal Committee of Sterling within forty-five (45) days from the date You are notified of the complaint procedure results. The Grievance Appeal Committee shall be made up of individuals not involved in the decision making process of the original grievance or request for determination. The Grievance Appeal Committee shall schedule a hearing on the grievance within forty-five (45) days of its receipt. Both You and the person or organization against whom the complaint has been made shall be notified of the time and place of the Grievance Appeal Committee hearing at which time such individuals shall have the right to appear in person or by telephone and present any information which supports their position. At the close of the hearing, the Grievance Appeal Committee shall make findings and issue a written decision within fifteen (15) business days after the hearing is held unless additional information is needed.

If You are dissatisfied with the decision, You should submit a written complaint to the Commonwealth of Pennsylvania Insurance Department, 1209 Strawberry Square, Harrisburg, PA 17120, or call (717) 787-2317.

CONTINUATION OF COVERAGE If the authority to issue Medicare SELECT policies is discontinued for whatever reason or the Service Area no longer exists, Your coverage can continue. Coverage will be continued under any other Medicare Supplement policy We have available containing comparable or lesser benefits and which does not contain Restricted Network Provisions. You will not need to provide evidence of insurability.

CONVERSION PRIVILEGE – MEDICARE SELECT PRODUCTS ONLY You may request to convert this policy to a policy that does not contain Restricted Network Provisions without submission of evidence of insurance at anytime. Your request must be received by Sterling on or before the 20th day of the month, and will be effective the 1st day of the following month. The conversion will be to a Medicare Supplement policy with comparable or lesser benefits which is offered by Sterling. Conversion is subject to the availability of a Sterling Medicare Supplement policy for sale in Your State.

Plan A - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
HOSPITALIZATION*			
<i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$0	\$1,184 (Part A Deductible)
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 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*			
<i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	\$0	Up to \$148 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

* 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.

** 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 "Basic 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan A - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDER YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES <i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (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 \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

* Once you have been billed \$147 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan B - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
▶ HOSPITALIZATION* <i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 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* <i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	\$0	Up to \$148 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

* 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.

** 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 "Basic 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan B - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDER YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES			
<i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (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 \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

* Once you have been billed \$147 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan C - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
HOSPITALIZATION*			
<i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 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*			
<i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	Up to \$148 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* 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.

** 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 "Basic 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan C - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDER YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES <i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
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 \$147 of Medicare-Approved Amounts*	\$0	\$147 (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			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
FOREIGN TRAVEL - NOT COVERED BY MEDICARE <i>Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA</i>			
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 Benefit

* Once you have been billed \$147 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan F with Innovative Benefits - Benefit Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
HOSPITALIZATION*			
<i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
-Once lifetime reserve days are used: -Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 See NOTICE below
<i>(See your policy, page 5 or 6 for details of coverage.)</i> -Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
<i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	Up to \$148 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 cost sharing	\$0

* 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 or 60 days in a row.

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 "Basic 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan F with Innovative Benefits - Benefit Chart for Medicare Supplement and Medicare SELECT

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

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES <i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$147 (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 \$147 of Medicare-Approved Amounts*	\$0	\$147 (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			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
<i>Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA</i>			
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 Benefit

* Once you have been billed \$147 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan F with Innovative Benefits - Benefit Chart for Medicare Supplement and Medicare SELECT

INNOVATIVE BENEFITS - NOT COVERED BY MEDICARE OR STANDARDIZED MEDICARE SUPPLEMENT PLANS

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
NURSE ADVICE TELEPHONE LINE** <i>Coverage for access to our telephone Nurse Advice Line for answers to health-related questions.</i>			
	\$0	All Costs	\$0
ANNUAL PHYSICAL EXAMINATION** <i>Coverage for up to \$100 for one (1) routine physical examination every year, including routine lab tests billed as part of the routine physical exam. You are responsible for any charges above the \$100 routine physical exam allowance, including lab tests. This benefit is separate from the one-time physical examination covered by Medicare within the first 12 months of Part B enrollment.</i>			
	\$0	All Costs	\$0
PREVENTIVE DENTAL BENEFIT** <i>Coverage for up to \$500 per calendar year for preventive dental care, limited to American Dental Association codes 0100-1550, as well as 4910. Coverage is limited to:</i>			
A. Oral Examinations - Limited to one time every six months	\$0	All Costs	\$0
B. Bite Wing Radiographs - Limited to 1 series of films per calendar year	\$0	All Costs	\$0
C. Complete Series of Panorex Radiographs - Limited to one time per 36 months	\$0	All Costs	\$0
D. Dental Prophylaxis - Limited to one time per every six months	\$0	All Costs	\$0
E. Diagnostic Casts - Limited to one time per 24 months	\$0	All Costs	\$0
F. Extraoral Radiographs - Limited to 2 films per calendar year	\$0	All Costs	\$0
ROUTINE VISION CARE** <i>Coverage for up to \$100 for one (1) routine eye examination every year. This is separate from diagnostic eye examinations and related charges as covered by Medicare.</i>			
	\$0	All Costs	\$0
ROUTINE HEARING EXAMINATIONS** <i>Coverage for up to \$100 for one (1) routine hearing test every year. This is separate from diagnostic hearing examinations and related charges as covered by Medicare.</i>			
	\$0	All Costs	\$0

* Once you have been billed \$147 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.

** Innovative benefits are not subject to network restrictions.

Plan G - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
HOSPITALIZATION*			
<i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 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*			
<i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	Up to \$148 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

* 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.

** 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 "Basic 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan G - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDER YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES <i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (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 \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
FOREIGN TRAVEL - NOT COVERED BY MEDICARE <i>Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA</i>			
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 Benefit

* Once you have been billed \$147 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan K - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
HOSPITALIZATION* <i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$592 (50% of Part A Deductible)	\$592 (50% of Part A Deductible) ♦
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 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* <i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	Up to \$74 a day	Up to \$74 a day ♦
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	50%	50% ♦
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	50% of copayment/coinsurance	50% of copayment/coinsurance ♦

You will pay half the cost sharing of some covered services until you reach the annual out-of-pocket limit of \$4,800 each calendar year. The amounts that count toward your annual limit are noted with the diamonds (♦) in the chart above. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.** * 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.

**** 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 "Basic 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.

¹ Medicare SELECT Plans: Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan K - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDER YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES <i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)*◆
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-Approved amounts	Remainder of Medicare-Approved amounts	All costs above Medicare-Approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ◆
PART B EXCESS CHARGES			
Above Medicare-Approved Amounts	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$4,800)***
BLOOD			
First 3 pints	\$0	50%	50% ◆
Next \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)*◆
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10% ◆
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts***	\$0	\$0	\$147 (Part B Deductible)*◆
Remainder of Medicare-Approved Amounts	80%	10%	10% ◆

* Once you have been billed \$147 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. *****This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4,800 per year.** However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People With Medicare*.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan N - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
HOSPITALIZATION*			
<i>Semiprivate room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
-Once lifetime reserve days are used: -Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
<i>(See your policy, page 5 or 6 for details of coverage.)</i> -Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
<i>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</i>			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148 a day	Up to \$148 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

* 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.

** 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 "Basic 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

Plan N - Benefits Chart for Medicare Supplement and Medicare SELECT

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDER YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS ¹	YOU PAY
MEDICAL EXPENSES <i>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</i>			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (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 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.	Up to \$20 per office visit and up to \$50 per emergency visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency room 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 \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Tests For Diagnostic Services	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE <i>MEDICARE-APPROVED SERVICES</i>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$147 of Medicare-Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
FOREIGN TRAVEL - NOT COVERED BY MEDICARE <i>Medically Necessary Emergency care services beginning during the first 60 days of each trip outside the USA</i>			
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 Benefit

* Once you have been billed \$147 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.

¹ **Medicare SELECT Plans:** Medicare Part A and Part B (hospital or facility) benefits will not be paid for services provided at a Hospital which is not a Network Hospital. Additionally, Part B (hospital or facility) benefits will not be provided unless services are performed at a doctor's office, Network Hospital, or outpatient surgery clinic which is owned, operated by or has an agreement with a Network Hospital to provide services. For complete details, please refer to the network hospital restrictions on the disclosure Page # 4.

PREMIUM INFORMATION
Sterling Life Insurance Company

Rating Area I:

- **Supplement Counties:** Allegheny, Beaver, Bucks, Butler, Chester, Delaware, Fayette, Montgomery, Philadelphia, Washington and Westmoreland Counties.
- **SELECT Counties:** Bucks and Montgomery Counties.

Rating Area II:

- **Supplement Counties:** Adams, Armstrong, Bedford, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Wayne, Wyoming and York Counties.
- **SELECT Counties:** Berks, Carbon, Lehigh, Monroe and Northampton Counties.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area I

(01/01/13)

Annual Premium		Plan A	PAC Monthly Premium	
STD	SELECT	Attained Age	STD	SELECT
		*Under 65 applying during open enrollment		
1,724.01	1,449.29		147.40	123.91
2,450.28	1,948.80	Under 65	209.50	166.62
1,724.01	1,449.29	65	147.40	123.91
1,772.40	1,486.71	66	151.54	127.11
1,822.14	1,525.10	67	155.79	130.40
1,873.28	1,564.48	68	160.17	133.76
1,925.85	1,604.88	69	164.66	137.22
1,979.90	1,646.31	70	169.28	140.76
2,035.47	1,688.82	71	174.03	144.39
2,092.59	1,732.43	72	178.92	148.12
2,131.72	1,759.93	73	182.26	150.47
2,171.59	1,787.86	74	185.67	152.86
2,212.20	1,816.24	75	189.14	155.29
2,253.57	1,845.07	76	192.68	157.75
2,295.72	1,874.36	77	196.28	160.26
2,314.49	1,883.51	78	197.89	161.04
2,333.42	1,892.70	79	199.51	161.83
2,352.50	1,901.94	80	201.14	162.62
2,371.74	1,911.22	81	202.78	163.41
2,391.14	1,920.54	82	204.44	164.21
2,410.69	1,929.92	83	206.11	165.01
2,430.40	1,939.34	84	207.80	165.81
2,450.28	1,948.80	85 and above	209.50	166.62

(01/01/13)

Annual Premium		Plan B	PAC Monthly Premium	
STD	SELECT	Attained Age	STD	SELECT
		*Under 65 applying during open enrollment		
2,009.61	1,474.94		171.82	126.11
3,165.11	2,013.13	Under 65	270.62	172.12
2,009.61	1,474.94	65	171.82	126.11
2,074.85	1,513.91	66	177.40	129.44
2,142.21	1,553.90	67	183.16	132.86
2,211.75	1,594.95	68	189.10	136.37
2,283.56	1,637.08	69	195.24	139.97
2,357.69	1,680.33	70	201.58	143.67
2,434.23	1,724.72	71	208.13	147.46
2,513.25	1,770.28	72	214.88	151.36
2,573.68	1,799.72	73	220.05	153.88
2,635.56	1,829.65	74	225.34	156.44
2,698.93	1,860.08	75	230.76	159.04
2,763.82	1,891.02	76	236.31	161.68
2,830.27	1,922.47	77	241.99	164.37
2,870.11	1,933.58	78	245.39	165.32
2,910.50	1,944.74	79	248.85	166.28
2,951.47	1,955.98	80	252.35	167.24
2,993.01	1,967.28	81	255.90	168.20
3,035.14	1,978.64	82	259.50	169.17
3,077.86	1,990.07	83	263.16	170.15
3,121.18	2,001.57	84	266.86	171.13
3,165.11	2,013.13	85 and above	270.62	172.12

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
 Rating Area I

(01/01/13)

Annual Premium				STD C	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
2,041.01	N/A	2,193.43	N/A	*Under 65 applying during open enrollment	174.51	N/A	187.54	N/A
3,176.81	3,691.98	3,582.37	4,163.28	Under 65	271.62	315.66	306.29	355.96
2,041.01	2,371.98	2,193.43	2,549.13	65	174.51	202.80	187.54	217.95
2,104.07	2,445.27	2,270.29	2,638.45	66	179.90	209.07	194.11	225.59
2,169.09	2,520.83	2,349.84	2,730.90	67	185.46	215.53	200.91	233.49
2,236.11	2,598.72	2,432.18	2,826.59	68	191.19	222.19	207.95	241.67
2,305.21	2,679.02	2,517.40	2,925.63	69	197.10	229.06	215.24	250.14
2,376.44	2,761.80	2,605.62	3,028.15	70	203.19	236.13	222.78	258.91
2,449.87	2,847.14	2,696.92	3,134.26	71	209.46	243.43	230.59	267.98
2,525.57	2,935.12	2,791.42	3,244.08	72	215.94	250.95	238.67	277.37
2,585.35	3,004.60	2,863.23	3,327.54	73	221.05	256.89	244.81	284.50
2,646.55	3,075.72	2,936.90	3,413.15	74	226.28	262.97	251.10	291.82
2,709.20	3,148.53	3,012.45	3,500.96	75	231.64	269.20	257.56	299.33
2,773.33	3,223.06	3,089.96	3,591.02	76	237.12	275.57	264.19	307.03
2,838.98	3,299.35	3,169.45	3,683.41	77	242.73	282.09	270.99	314.93
2,879.16	3,346.05	3,218.34	3,740.23	78	246.17	286.09	275.17	319.79
2,919.91	3,393.41	3,267.99	3,797.93	79	249.65	290.14	279.41	324.72
2,961.24	3,441.44	3,318.40	3,856.51	80	253.19	294.24	283.72	329.73
3,003.15	3,490.15	3,369.59	3,916.00	81	256.77	298.41	288.10	334.82
3,045.65	3,539.55	3,421.57	3,976.41	82	260.40	302.63	292.54	339.98
3,088.76	3,589.65	3,474.35	4,037.75	83	264.09	306.92	297.06	345.23
3,132.48	3,640.45	3,527.95	4,100.03	84	267.83	311.26	301.64	350.55
3,176.81	3,691.98	3,582.37	4,163.28	85 and above	271.62	315.66	306.29	355.96

(01/01/13)

Annual Premium				SELECT C	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,539.21	N/A	1,654.15	N/A	*Under 65 applying during open enrollment	131.60	N/A	141.43	N/A
2,132.69	2,478.55	2,404.96	2,794.95	Under 65	182.34	211.92	205.62	238.97
1,539.21	1,788.79	1,654.15	1,922.40	65	131.60	152.94	141.43	164.37
1,579.08	1,835.14	1,703.82	1,980.12	66	135.01	156.90	145.68	169.30
1,619.99	1,882.68	1,754.98	2,039.58	67	138.51	160.97	150.05	174.38
1,661.96	1,931.46	1,807.68	2,100.82	68	142.10	165.14	154.56	179.62
1,705.01	1,981.50	1,861.96	2,163.90	69	145.78	169.42	159.20	185.01
1,749.19	2,032.83	1,917.87	2,228.88	70	149.56	173.81	163.98	190.57
1,794.50	2,085.50	1,975.46	2,295.80	71	153.43	178.31	168.90	196.29
1,840.99	2,139.53	2,034.78	2,364.74	72	157.40	182.93	173.97	202.19
1,873.42	2,177.22	2,074.78	2,411.23	73	160.18	186.15	177.39	206.16
1,906.42	2,215.57	2,115.57	2,458.63	74	163.00	189.43	180.88	210.21
1,940.01	2,254.60	2,157.15	2,506.96	75	165.87	192.77	184.44	214.35
1,974.18	2,294.31	2,199.56	2,556.25	76	168.79	196.16	188.06	218.56
2,008.96	2,334.73	2,242.80	2,606.50	77	171.77	199.62	191.76	222.86
2,024.02	2,352.24	2,262.46	2,629.34	78	173.05	201.12	193.44	224.81
2,039.20	2,369.88	2,282.28	2,652.39	79	174.35	202.62	195.13	226.78
2,054.49	2,387.66	2,302.29	2,675.63	80	175.66	204.14	196.85	228.77
2,069.90	2,405.57	2,322.47	2,699.08	81	176.98	205.68	198.57	230.77
2,085.42	2,423.61	2,342.82	2,722.74	82	178.30	207.22	200.31	232.79
2,101.06	2,441.79	2,363.35	2,746.60	83	179.64	208.77	202.07	234.83
2,116.82	2,460.10	2,384.07	2,770.67	84	180.99	210.34	203.84	236.89
2,132.69	2,478.55	2,404.96	2,794.95	85 and above	182.34	211.92	205.62	238.97

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
 Rating Area I

(10/01/12)

Annual Premium				STD PLAN F WITH INNOVATIVE BENEFITS	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
2,116.26	N/A	2,274.31	N/A	*Under 65 applying during open enrollment	180.94	N/A	194.45	N/A
3,266.02	3,795.65	3,682.96	4,280.20	Under 65	279.24	324.53	314.89	365.96
2,116.26	2,459.44	2,274.31	2,643.12	65	180.94	210.28	194.45	225.99
2,180.85	2,534.51	2,353.14	2,734.73	66	186.46	216.70	201.19	233.82
2,247.41	2,611.86	2,434.70	2,829.51	67	192.15	223.31	208.17	241.92
2,316.00	2,691.58	2,519.09	2,927.58	68	198.02	230.13	215.38	250.31
2,386.69	2,773.72	2,606.40	3,029.05	69	204.06	237.15	222.85	258.98
2,459.53	2,858.38	2,696.73	3,134.04	70	210.29	244.39	230.57	267.96
2,534.60	2,945.62	2,790.20	3,242.66	71	216.71	251.85	238.56	277.25
2,611.96	3,035.52	2,886.91	3,355.05	72	223.32	259.54	246.83	286.86
2,672.62	3,106.01	2,959.88	3,439.86	73	228.51	265.56	253.07	294.11
2,734.68	3,178.14	3,034.70	3,526.80	74	233.82	271.73	259.47	301.54
2,798.19	3,251.95	3,111.40	3,615.95	75	239.25	278.04	266.02	309.16
2,863.17	3,327.47	3,190.05	3,707.35	76	244.80	284.50	272.75	316.98
2,929.66	3,404.74	3,270.68	3,801.06	77	250.49	291.11	279.64	324.99
2,994.04	3,479.56	3,349.27	3,892.39	78	255.99	297.50	286.36	332.80
3,059.83	3,556.03	3,429.74	3,985.92	79	261.62	304.04	293.24	340.80
3,266.02	3,795.65	3,682.96	4,280.20	80 and above	279.24	324.53	314.89	365.96

(10/01/12)

Annual Premium				SELECT PLAN F WITH INNOVATIVE BENEFITS	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,622.87	N/A	1,744.07	N/A	*Under 65 applying during open enrollment	138.76	N/A	149.12	N/A
2,239.35	2,602.48	2,525.22	2,934.72	Under 65	191.46	222.51	215.91	250.92
1,622.87	1,886.04	1,744.07	2,026.89	65	138.76	161.26	149.12	173.30
1,664.64	1,934.58	1,796.14	2,087.41	66	142.33	165.41	153.57	178.47
1,707.48	1,984.37	1,849.77	2,149.73	67	145.99	169.66	158.16	183.80
1,751.43	2,035.44	1,905.00	2,213.91	68	149.75	174.03	162.88	189.29
1,796.50	2,087.83	1,961.87	2,280.01	69	153.60	178.51	167.74	194.94
1,842.74	2,141.56	2,020.44	2,348.09	70	157.55	183.10	172.75	200.76
1,890.16	2,196.68	2,080.77	2,418.19	71	161.61	187.82	177.91	206.76
1,938.81	2,253.21	2,142.89	2,490.39	72	165.77	192.65	183.22	212.93
1,972.55	2,292.43	2,184.56	2,538.82	73	168.65	196.00	186.78	217.07
2,006.88	2,332.32	2,227.04	2,588.19	74	171.59	199.41	190.41	221.29
2,041.81	2,372.91	2,270.35	2,638.52	75	174.57	202.88	194.11	225.59
2,077.35	2,414.21	2,314.50	2,689.83	76	177.61	206.41	197.89	229.98
2,113.50	2,456.23	2,359.51	2,742.14	77	180.70	210.01	201.74	234.45
2,138.09	2,484.81	2,391.76	2,779.62	78	182.81	212.45	204.50	237.66
2,162.97	2,513.72	2,424.45	2,817.61	79	184.93	214.92	207.29	240.91
2,239.35	2,602.48	2,525.22	2,934.72	80 and above	191.46	222.51	215.91	250.92

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area I

(10/01/12)

Portion of Annual Premium for Annual Physical Examination				*STD/SELECT PLAN F WITH INNOVATIVE BENEFITS	Portion of Annual Premium for Preventive Dental Benefit			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
2.97	N/A	3.20	N/A	**Under 65 applying during open enrollment	98.02	N/A	105.35	N/A
3.87	4.49	4.36	5.07	Under 65	127.49	148.16	143.77	167.08
2.97	3.46	3.20	3.71	65	98.02	113.92	105.35	122.43
3.04	3.54	3.28	3.82	66	100.31	116.58	108.24	125.79
3.11	3.62	3.37	3.92	67	102.66	119.30	111.21	129.25
3.19	3.70	3.47	4.03	68	105.05	122.09	114.27	132.80
3.26	3.79	3.56	4.14	69	107.51	124.94	117.40	136.44
3.34	3.88	3.66	4.25	70	110.02	127.86	120.63	140.19
3.41	3.97	3.76	4.37	71	112.59	130.85	123.94	144.04
3.49	4.06	3.86	4.49	72	115.22	133.90	127.35	148.00
3.54	4.12	3.93	4.56	73	116.88	135.83	129.44	150.43
3.60	4.18	3.99	4.64	74	118.56	137.78	131.56	152.90
3.65	4.24	4.06	4.71	75	120.26	139.77	133.73	155.41
3.70	4.30	4.12	4.79	76	122.00	141.78	135.92	157.97
3.75	4.36	4.19	4.87	77	123.75	143.82	138.16	160.56
3.78	4.39	4.22	4.91	78	124.49	144.68	139.26	161.84
3.80	4.41	4.26	4.95	79	125.23	145.54	140.37	163.14
3.87	4.49	4.36	5.07	80 and above	127.49	148.16	143.77	167.08

(10/01/12)

Portion of Annual Premium for Routine Vision Care				*STD/SELECT PLAN F WITH INNOVATIVE BENEFITS	Portion of Annual Premium for Hearing Examination			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
7.93	N/A	8.52	N/A	**Under 65 applying during open enrollment	0.45	N/A	0.48	N/A
10.31	11.98	11.63	13.51	Under 65	0.59	0.68	0.66	0.77
7.93	9.21	8.52	9.90	65	0.45	0.52	0.48	0.56
8.11	9.43	8.75	10.17	66	0.46	0.54	0.50	0.58
8.30	9.65	9.00	10.45	67	0.47	0.55	0.51	0.59
8.50	9.87	9.24	10.74	68	0.48	0.56	0.53	0.61
8.70	10.11	9.50	11.04	69	0.49	0.57	0.54	0.63
8.90	10.34	9.76	11.34	70	0.51	0.59	0.55	0.64
9.11	10.58	10.02	11.65	71	0.52	0.60	0.57	0.66
9.32	10.83	10.30	11.97	72	0.53	0.62	0.59	0.68
9.45	10.99	10.47	12.17	73	0.54	0.62	0.59	0.69
9.59	11.14	10.64	12.37	74	0.54	0.63	0.60	0.70
9.73	11.30	10.82	12.57	75	0.55	0.64	0.61	0.71
9.87	11.47	10.99	12.78	76	0.56	0.65	0.62	0.73
10.01	11.63	11.17	12.99	77	0.57	0.66	0.63	0.74
10.07	11.70	11.26	13.09	78	0.57	0.66	0.64	0.74
10.13	11.77	11.35	13.19	79	0.58	0.67	0.65	0.75
10.31	11.98	11.63	13.51	80 and above	0.59	0.68	0.66	0.77

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*Innovative Benefits Annual Costs:

- a) Annual Physical Examination: Coverage for up to \$100 for one routine physical exam every year.
- b) Preventive Dental Benefit: Coverage for up to \$500 per calendar year for preventive dental care.
- c) Routine Vision Care: Coverage for up to \$100 for one routine eye examination every year.
- d) Routine Hearing Examination: Coverage for up to \$100 for one routine hearing test every year.

**If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area I

(01/01/13)

Annual Premium				STD G	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,882.44	N/A	2,023.02	N/A	*Under 65 applying during open enrollment	160.95	N/A	172.97	N/A
2,970.50	3,452.20	3,349.71	3,892.92	Under 65	253.98	295.16	286.40	332.84
1,882.44	2,187.69	2,023.02	2,351.07	65	160.95	187.05	172.97	201.02
1,941.76	2,256.64	2,095.16	2,434.91	66	166.02	192.94	179.14	208.18
2,002.96	2,327.76	2,169.87	2,521.74	67	171.25	199.02	185.52	215.61
2,066.09	2,401.12	2,247.25	2,611.66	68	176.65	205.30	192.14	223.30
2,131.20	2,476.80	2,327.38	2,704.79	69	182.22	211.77	198.99	231.26
2,198.37	2,554.86	2,410.38	2,801.25	70	187.96	218.44	206.09	239.51
2,267.65	2,635.38	2,496.33	2,901.14	71	193.88	225.32	213.44	248.05
2,339.12	2,718.44	2,585.35	3,004.59	72	199.99	232.43	221.05	256.89
2,396.19	2,784.76	2,653.74	3,084.07	73	204.87	238.10	226.89	263.69
2,454.65	2,852.70	2,723.94	3,165.65	74	209.87	243.91	232.90	270.66
2,514.53	2,922.29	2,795.99	3,249.39	75	214.99	249.86	239.06	277.82
2,575.88	2,993.59	2,869.95	3,335.35	76	220.24	255.95	245.38	285.17
2,638.72	3,066.62	2,945.87	3,423.58	77	225.61	262.20	251.87	292.72
2,678.08	3,112.36	2,993.56	3,479.00	78	228.98	266.11	255.95	297.45
2,718.02	3,158.78	3,042.02	3,535.32	79	232.39	270.08	260.09	302.27
2,758.56	3,205.89	3,091.26	3,592.56	80	235.86	274.10	264.30	307.16
2,799.70	3,253.70	3,141.31	3,650.72	81	239.37	278.19	268.58	312.14
2,841.46	3,302.23	3,192.16	3,709.82	82	242.94	282.34	272.93	317.19
2,883.84	3,351.48	3,243.84	3,769.87	83	246.57	286.55	277.35	322.32
2,926.85	3,401.47	3,296.35	3,830.90	84	250.25	290.83	281.84	327.54
2,970.50	3,452.20	3,349.71	3,892.92	85 and above	253.98	295.16	286.40	332.84

(01/01/13)

Annual Premium				SELECT G	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,396.45	N/A	1,500.71	N/A	*Under 65 applying during open enrollment	119.40	N/A	128.31	N/A
1,947.02	2,262.75	2,195.57	2,551.62	Under 65	166.47	193.47	187.72	218.16
1,396.45	1,622.88	1,500.71	1,744.09	65	119.40	138.76	128.31	149.12
1,432.99	1,665.34	1,546.17	1,796.92	66	122.52	142.39	132.20	153.64
1,470.48	1,708.92	1,593.00	1,851.34	67	125.73	146.11	136.20	158.29
1,508.96	1,753.64	1,641.25	1,907.41	68	129.02	149.94	140.33	163.08
1,548.44	1,799.52	1,690.96	1,965.18	69	132.39	153.86	144.58	168.02
1,588.95	1,846.61	1,742.18	2,024.70	70	135.86	157.89	148.96	173.11
1,630.53	1,894.93	1,794.94	2,086.02	71	139.41	162.02	153.47	178.35
1,673.19	1,944.51	1,849.31	2,149.20	72	143.06	166.26	158.12	183.76
1,703.20	1,979.39	1,886.26	2,192.14	73	145.62	169.24	161.28	187.43
1,733.75	2,014.90	1,923.94	2,235.94	74	148.24	172.27	164.50	191.17
1,764.85	2,051.04	1,962.38	2,280.62	75	150.89	175.36	167.78	194.99
1,796.51	2,087.83	2,001.59	2,326.18	76	153.60	178.51	171.14	198.89
1,828.73	2,125.28	2,041.58	2,372.66	77	156.36	181.71	174.56	202.86
1,843.11	2,142.00	2,060.22	2,394.32	78	157.59	183.14	176.15	204.71
1,857.61	2,158.84	2,079.03	2,416.19	79	158.83	184.58	177.76	206.58
1,872.22	2,175.82	2,098.02	2,438.25	80	160.07	186.03	179.38	208.47
1,886.95	2,192.94	2,117.18	2,460.51	81	161.33	187.50	181.02	210.37
1,901.79	2,210.19	2,136.51	2,482.98	82	162.60	188.97	182.67	212.29
1,916.75	2,227.57	2,156.02	2,505.65	83	163.88	190.46	184.34	214.23
1,931.83	2,245.09	2,175.70	2,528.53	84	165.17	191.96	186.02	216.19
1,947.02	2,262.75	2,195.57	2,551.62	85 and above	166.47	193.47	187.72	218.16

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area I

(01/01/13)

Annual Premium				STD K	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
937.46	N/A	1,007.49	N/A	*Under 65 applying during open enrollment	80.15	N/A	86.14	N/A
1,515.85	1,761.67	1,709.36	1,986.56	Under 65	129.61	150.62	146.15	169.85
937.46	1,089.50	1,007.49	1,170.85	65	80.15	93.15	86.14	100.11
968.05	1,125.04	1,044.53	1,213.90	66	82.77	96.19	89.31	103.79
999.63	1,161.74	1,082.94	1,258.54	67	85.47	99.33	92.59	107.61
1,032.24	1,199.64	1,122.76	1,304.82	68	88.26	102.57	96.00	111.56
1,065.92	1,238.77	1,164.04	1,352.80	69	91.14	105.91	99.53	115.66
1,100.70	1,279.19	1,206.85	1,402.54	70	94.11	109.37	103.19	119.92
1,136.61	1,320.92	1,251.22	1,454.12	71	97.18	112.94	106.98	124.33
1,173.69	1,364.01	1,297.23	1,507.59	72	100.35	116.62	110.91	128.90
1,203.84	1,399.05	1,333.23	1,549.43	73	102.93	119.62	113.99	132.48
1,234.77	1,435.00	1,370.23	1,592.42	74	105.57	122.69	117.15	136.15
1,266.49	1,471.86	1,408.25	1,636.62	75	108.28	125.84	120.41	139.93
1,299.03	1,509.68	1,447.33	1,682.03	76	111.07	129.08	123.75	143.81
1,332.40	1,548.46	1,487.50	1,728.71	77	113.92	132.39	127.18	147.80
1,354.06	1,573.63	1,513.58	1,759.02	78	115.77	134.55	129.41	150.40
1,376.07	1,599.21	1,540.11	1,789.85	79	117.65	136.73	131.68	153.03
1,398.44	1,625.21	1,567.11	1,821.23	80	119.57	138.96	133.99	155.72
1,421.17	1,651.63	1,594.58	1,853.16	81	121.51	141.21	136.34	158.45
1,444.27	1,678.48	1,622.53	1,885.64	82	123.49	143.51	138.73	161.22
1,467.75	1,705.76	1,650.97	1,918.70	83	125.49	145.84	141.16	164.05
1,491.60	1,733.49	1,679.91	1,952.33	84	127.53	148.21	143.63	166.92
1,515.85	1,761.67	1,709.36	1,986.56	85 and above	129.61	150.62	146.15	169.85

(01/01/13)

Annual Premium				SELECT K	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
654.67	N/A	703.57	N/A	*Under 65 applying during open enrollment	55.97	N/A	60.16	N/A
916.75	1,065.41	1,033.79	1,201.42	Under 65	78.38	91.09	88.39	102.72
654.67	760.83	703.57	817.65	65	55.97	65.05	60.16	69.91
671.92	780.88	725.00	842.56	66	57.45	66.77	61.99	72.04
689.62	801.45	747.09	868.23	67	58.96	68.52	63.88	74.23
707.79	822.56	769.85	894.68	68	60.52	70.33	65.82	76.50
726.44	844.23	793.30	921.94	69	62.11	72.18	67.83	78.83
745.58	866.47	817.47	950.03	70	63.75	74.08	69.89	81.23
765.22	889.30	842.38	978.97	71	65.43	76.04	72.02	83.70
785.38	912.73	868.04	1,008.80	72	67.15	78.04	74.22	86.25
799.64	929.30	885.58	1,029.18	73	68.37	79.46	75.72	87.99
814.16	946.18	903.47	1,049.98	74	69.61	80.90	77.25	89.77
828.95	963.36	921.72	1,071.19	75	70.88	82.37	78.81	91.59
844.00	980.86	940.34	1,092.84	76	72.16	83.86	80.40	93.44
859.33	998.67	959.34	1,114.92	77	73.47	85.39	82.02	95.33
866.31	1,006.78	968.34	1,125.38	78	74.07	86.08	82.79	96.22
873.34	1,014.95	977.43	1,135.94	79	74.67	86.78	83.57	97.12
880.43	1,023.19	986.61	1,146.60	80	75.28	87.48	84.36	98.03
887.58	1,031.50	995.87	1,157.36	81	75.89	88.19	85.15	98.95
894.78	1,039.88	1,005.22	1,168.22	82	76.50	88.91	85.95	99.88
902.04	1,048.32	1,014.65	1,179.19	83	77.12	89.63	86.75	100.82
909.37	1,056.83	1,024.18	1,190.25	84	77.75	90.36	87.57	101.77
916.75	1,065.41	1,033.79	1,201.42	85 and above	78.38	91.09	88.39	102.72

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area I

(01/01/13)

Annual Premium				STD N	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,590.18	N/A	1,708.93	N/A	*Under 65 applying during open enrollment	135.96	N/A	146.11	N/A
2,538.10	2,949.68	2,862.10	3,326.23	Under 65	217.01	252.20	244.71	284.39
1,590.18	1,848.03	1,708.93	1,986.05	65	135.96	158.01	146.11	169.81
1,641.11	1,907.23	1,770.76	2,057.90	66	140.31	163.07	151.40	175.95
1,693.68	1,968.32	1,834.82	2,132.35	67	144.81	168.29	156.88	182.32
1,747.93	2,031.37	1,901.20	2,209.49	68	149.45	173.68	162.55	188.91
1,803.92	2,096.44	1,969.98	2,289.43	69	154.24	179.25	168.43	195.75
1,861.70	2,163.60	2,041.25	2,372.26	70	159.18	184.99	174.53	202.83
1,921.34	2,232.90	2,115.09	2,458.08	71	164.27	190.91	180.84	210.17
1,982.88	2,304.43	2,191.61	2,547.01	72	169.54	197.03	187.38	217.77
2,032.46	2,362.04	2,250.91	2,615.93	73	173.78	201.95	192.45	223.66
2,083.27	2,421.10	2,311.82	2,686.71	74	178.12	207.00	197.66	229.71
2,135.36	2,481.62	2,374.37	2,759.41	75	182.57	212.18	203.01	235.93
2,188.75	2,543.67	2,438.62	2,834.07	76	187.14	217.48	208.50	242.31
2,243.47	2,607.26	2,504.60	2,910.76	77	191.82	222.92	214.14	248.87
2,278.34	2,647.79	2,546.72	2,959.71	78	194.80	226.39	217.74	253.06
2,313.76	2,688.95	2,589.55	3,009.49	79	197.83	229.91	221.41	257.31
2,349.72	2,730.74	2,633.11	3,060.10	80	200.90	233.48	225.13	261.64
2,386.24	2,773.19	2,677.39	3,111.57	81	204.02	237.11	228.92	266.04
2,423.33	2,816.30	2,722.42	3,163.90	82	207.19	240.79	232.77	270.51
2,461.00	2,860.07	2,768.20	3,217.11	83	210.42	244.54	236.68	275.06
2,499.25	2,904.53	2,814.76	3,271.21	84	213.69	248.34	240.66	279.69
2,538.10	2,949.68	2,862.10	3,326.23	85 and above	217.01	252.20	244.71	284.39

(01/01/13)

Annual Premium				SELECT N	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,148.78	N/A	1,234.56	N/A	*Under 65 applying during open enrollment	98.22	N/A	105.55	N/A
1,610.37	1,871.52	1,815.94	2,110.42	Under 65	137.69	160.01	155.26	180.44
1,148.78	1,335.07	1,234.56	1,434.78	65	98.22	114.15	105.55	122.67
1,179.09	1,370.30	1,272.23	1,478.56	66	100.81	117.16	108.78	126.42
1,210.21	1,406.46	1,311.05	1,523.67	67	103.47	120.25	112.09	130.27
1,242.15	1,443.57	1,351.05	1,570.16	68	106.20	123.43	115.51	134.25
1,274.93	1,481.67	1,392.28	1,618.06	69	109.01	126.68	119.04	138.34
1,308.57	1,520.76	1,434.76	1,667.43	70	111.88	130.02	122.67	142.57
1,343.11	1,560.89	1,478.54	1,718.30	71	114.84	133.46	126.42	146.91
1,378.55	1,602.08	1,523.65	1,770.73	72	117.87	136.98	130.27	151.40
1,403.66	1,631.26	1,554.52	1,806.60	73	120.01	139.47	132.91	154.46
1,429.22	1,660.97	1,586.01	1,843.20	74	122.20	142.01	135.60	157.59
1,455.26	1,691.23	1,618.14	1,880.54	75	124.42	144.60	138.35	160.79
1,481.76	1,722.03	1,650.92	1,918.64	76	126.69	147.23	141.15	164.04
1,508.75	1,753.40	1,684.36	1,957.51	77	129.00	149.92	144.01	167.37
1,521.09	1,767.75	1,700.27	1,976.00	78	130.05	151.14	145.37	168.95
1,533.54	1,782.21	1,716.33	1,994.67	79	131.12	152.38	146.75	170.54
1,546.08	1,796.80	1,732.55	2,013.51	80	132.19	153.63	148.13	172.16
1,558.73	1,811.50	1,748.91	2,032.53	81	133.27	154.88	149.53	173.78
1,571.48	1,826.32	1,765.43	2,051.73	82	134.36	156.15	150.94	175.42
1,584.34	1,841.26	1,782.11	2,071.11	83	135.46	157.43	152.37	177.08
1,597.30	1,856.33	1,798.95	2,090.67	84	136.57	158.72	153.81	178.75
1,610.37	1,871.52	1,815.94	2,110.42	85 and above	137.69	160.01	155.26	180.44

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
 Rating Area II

(01/01/13)

Annual Premium		Plan A	PAC Monthly Premium	
STD	SELECT	Attained Age	STD	SELECT
		*Under 65 applying during open enrollment		
1,376.52	1,205.04		117.69	103.03
1,906.45	1,631.05	Under 65	163.00	139.45
1,376.52	1,205.04	65	117.69	103.03
1,413.69	1,236.47	66	120.87	105.72
1,451.87	1,268.72	67	124.13	108.48
1,491.08	1,301.81	68	127.49	111.30
1,531.35	1,335.76	69	130.93	114.21
1,572.70	1,370.60	70	134.47	117.19
1,615.17	1,406.35	71	138.10	120.24
1,658.79	1,443.03	72	141.83	123.38
1,687.61	1,466.42	73	144.29	125.38
1,716.94	1,490.18	74	146.80	127.41
1,746.78	1,514.33	75	149.35	129.48
1,777.13	1,538.87	76	151.94	131.57
1,808.01	1,563.81	77	154.58	133.71
1,820.03	1,572.06	78	155.61	134.41
1,832.13	1,580.36	79	156.65	135.12
1,844.31	1,588.69	80	157.69	135.83
1,856.58	1,597.08	81	158.74	136.55
1,868.92	1,605.50	82	159.79	137.27
1,881.35	1,613.97	83	160.86	137.99
1,893.86	1,622.49	84	161.93	138.72
1,906.45	1,631.05	85 and above	163.00	139.45

(01/01/13)

Annual Premium		Plan B	PAC Monthly Premium	
STD	SELECT	Attained Age	STD	SELECT
		*Under 65 applying during open enrollment		
1,605.49	1,277.10		137.27	109.19
2,479.76	1,811.63	Under 65	212.02	154.89
1,605.49	1,277.10	65	137.27	109.19
1,656.23	1,312.84	66	141.61	112.25
1,708.57	1,349.58	67	146.08	115.39
1,762.56	1,387.35	68	150.70	118.62
1,818.26	1,426.18	69	155.46	121.94
1,875.72	1,466.09	70	160.37	125.35
1,935.00	1,507.12	71	165.44	128.86
1,996.15	1,549.30	72	170.67	132.47
2,042.10	1,578.12	73	174.60	134.93
2,089.11	1,607.48	74	178.62	137.44
2,137.20	1,637.38	75	182.73	140.00
2,186.40	1,667.84	76	186.94	142.60
2,236.73	1,698.86	77	191.24	145.25
2,265.76	1,712.56	78	193.72	146.42
2,295.16	1,726.38	79	196.24	147.61
2,324.94	1,740.30	80	198.78	148.80
2,355.11	1,754.34	81	201.36	150.00
2,385.67	1,768.49	82	203.97	151.21
2,416.63	1,782.75	83	206.62	152.43
2,447.99	1,797.13	84	209.30	153.65
2,479.76	1,811.63	85 and above	212.02	154.89

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area II

(01/01/13)

Annual Premium				STD C	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,678.21	N/A	1,803.54	N/A	*Under 65 applying during open enrollment	143.49	N/A	154.20	N/A
2,575.06	2,992.64	2,903.80	3,374.68	Under 65	220.17	255.87	248.27	288.54
1,678.21	1,950.36	1,803.54	2,096.01	65	143.49	166.76	154.20	179.21
1,729.00	2,009.39	1,865.59	2,168.12	66	147.83	171.80	159.51	185.37
1,781.33	2,070.20	1,929.77	2,242.71	67	152.30	177.00	165.00	191.75
1,835.24	2,132.85	1,996.16	2,319.87	68	156.91	182.36	170.67	198.35
1,890.79	2,197.40	2,064.83	2,399.68	69	161.66	187.88	176.54	205.17
1,948.01	2,263.91	2,135.87	2,482.24	70	166.55	193.56	182.62	212.23
2,006.97	2,332.42	2,209.35	2,567.63	71	171.60	199.42	188.90	219.53
2,067.71	2,403.01	2,285.36	2,655.97	72	176.79	205.46	195.40	227.09
2,115.10	2,458.08	2,342.43	2,722.29	73	180.84	210.17	200.28	232.76
2,163.57	2,514.42	2,400.92	2,790.27	74	184.99	214.98	205.28	238.57
2,213.16	2,572.04	2,460.88	2,859.95	75	189.23	219.91	210.41	244.53
2,263.88	2,630.99	2,522.33	2,931.37	76	193.56	224.95	215.66	250.63
2,315.77	2,691.29	2,585.32	3,004.57	77	198.00	230.11	221.04	256.89
2,346.70	2,727.23	2,623.14	3,048.52	78	200.64	233.18	224.28	260.65
2,378.04	2,763.66	2,661.51	3,093.11	79	203.32	236.29	227.56	264.46
2,409.79	2,800.57	2,700.44	3,138.35	80	206.04	239.45	230.89	268.33
2,441.98	2,837.97	2,739.94	3,184.25	81	208.79	242.65	234.26	272.25
2,474.59	2,875.87	2,780.01	3,230.83	82	211.58	245.89	237.69	276.24
2,507.64	2,914.28	2,820.68	3,278.08	83	214.40	249.17	241.17	280.28
2,541.12	2,953.20	2,861.94	3,326.03	84	217.27	252.50	244.70	284.38
2,575.06	2,992.64	2,903.80	3,374.68	85 and above	220.17	255.87	248.27	288.54

(01/01/13)

Annual Premium				SELECT C	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,360.66	N/A	1,462.28	N/A	*Under 65 applying during open enrollment	116.34	N/A	125.02	N/A
1,952.24	2,268.81	2,201.46	2,558.45	Under 65	166.92	193.98	188.22	218.75
1,360.66	1,581.29	1,462.28	1,699.41	65	116.34	135.20	125.02	145.30
1,397.89	1,624.57	1,508.33	1,752.92	66	119.52	138.90	128.96	149.87
1,436.14	1,669.02	1,555.82	1,808.12	67	122.79	142.70	133.02	154.59
1,475.44	1,714.69	1,604.81	1,865.06	68	126.15	146.61	137.21	159.46
1,515.81	1,761.61	1,655.34	1,923.78	69	129.60	150.62	141.53	164.48
1,557.28	1,809.82	1,707.47	1,984.36	70	133.15	154.74	145.99	169.66
1,599.89	1,859.34	1,761.23	2,046.85	71	136.79	158.97	150.59	175.01
1,643.67	1,910.22	1,816.69	2,111.30	72	140.53	163.32	155.33	180.52
1,675.58	1,947.30	1,855.68	2,156.61	73	143.26	166.49	158.66	184.39
1,708.11	1,985.11	1,895.50	2,202.89	74	146.04	169.73	162.07	188.35
1,741.27	2,023.65	1,936.18	2,250.16	75	148.88	173.02	165.54	192.39
1,775.08	2,062.93	1,977.74	2,298.45	76	151.77	176.38	169.10	196.52
1,809.54	2,102.98	2,020.18	2,347.77	77	154.72	179.80	172.73	200.73
1,826.79	2,123.03	2,042.00	2,373.13	78	156.19	181.52	174.59	202.90
1,844.21	2,143.27	2,064.05	2,398.76	79	157.68	183.25	176.48	205.09
1,861.79	2,163.70	2,086.34	2,424.66	80	159.18	185.00	178.38	207.31
1,879.54	2,184.32	2,108.87	2,450.85	81	160.70	186.76	180.31	209.55
1,897.45	2,205.14	2,131.65	2,477.32	82	162.23	188.54	182.26	211.81
1,915.54	2,226.17	2,154.67	2,504.07	83	163.78	190.34	184.22	214.10
1,933.80	2,247.39	2,177.94	2,531.11	84	165.34	192.15	186.21	216.41
1,952.24	2,268.81	2,201.46	2,558.45	85 and above	166.92	193.98	188.22	218.75

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area II

(10/01/12)

Annual Premium				STD PLAN F WITH INNOVATIVE BENEFITS	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,759.53	N/A	1,890.95	N/A	*Under 65 applying during open enrollment	150.44	N/A	161.68	N/A
2,674.32	3,107.99	3,015.72	3,504.76	Under 65	228.65	265.73	257.84	299.66
1,759.53	2,044.87	1,890.95	2,197.59	65	150.44	174.84	161.68	187.89
1,812.05	2,105.90	1,955.21	2,272.26	66	154.93	180.05	167.17	194.28
1,866.13	2,168.75	2,021.65	2,349.48	67	159.55	185.43	172.85	200.88
1,921.83	2,233.48	2,090.35	2,429.32	68	164.32	190.96	178.72	207.71
1,979.19	2,300.14	2,161.38	2,511.87	69	169.22	196.66	184.80	214.76
2,038.26	2,368.79	2,234.83	2,597.23	70	174.27	202.53	191.08	222.06
2,099.09	2,439.49	2,310.78	2,685.49	71	179.47	208.58	197.57	229.61
2,161.74	2,512.30	2,389.30	2,776.75	72	184.83	214.80	204.29	237.41
2,210.21	2,568.62	2,447.77	2,844.70	73	188.97	219.62	209.28	243.22
2,259.76	2,626.21	2,507.67	2,914.32	74	193.21	224.54	214.41	249.17
2,310.42	2,685.09	2,569.04	2,985.63	75	197.54	229.58	219.65	255.27
2,362.22	2,745.28	2,631.90	3,058.70	76	201.97	234.72	225.03	261.52
2,415.18	2,806.83	2,696.31	3,133.55	77	206.50	239.98	230.53	267.92
2,464.92	2,864.63	2,757.36	3,204.51	78	210.75	244.93	235.75	273.99
2,515.68	2,923.62	2,819.80	3,279.83	79	215.09	249.97	241.09	280.43
2,674.32	3,107.99	3,015.72	3,504.76	80 and above	228.65	265.73	257.84	299.66

(10/01/12)

Annual Premium				SELECT PLAN F WITH INNOVATIVE BENEFITS	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,447.31	N/A	1,555.39	N/A	*Under 65 applying during open enrollment	123.75	N/A	132.99	N/A
2,061.89	2,396.25	2,325.11	2,702.16	Under 65	176.29	204.88	198.80	231.03
1,447.31	1,682.00	1,555.39	1,807.63	65	123.75	143.81	132.99	154.55
1,486.48	1,727.53	1,603.91	1,864.00	66	127.09	147.70	137.13	159.37
1,526.71	1,774.28	1,653.93	1,922.14	67	130.53	151.70	141.41	164.34
1,568.03	1,822.30	1,705.51	1,982.09	68	134.07	155.81	145.82	169.47
1,610.46	1,871.62	1,758.71	2,043.91	69	137.69	160.02	150.37	174.75
1,654.05	1,922.27	1,813.56	2,107.65	70	141.42	164.35	155.06	180.20
1,698.81	1,974.30	1,870.12	2,173.39	71	145.25	168.80	159.90	185.82
1,744.79	2,027.73	1,928.45	2,241.17	72	149.18	173.37	164.88	191.62
1,778.02	2,066.35	1,969.13	2,288.45	73	152.02	176.67	168.36	195.66
1,811.89	2,105.71	2,010.66	2,336.72	74	154.92	180.04	171.91	199.79
1,846.40	2,145.82	2,053.07	2,386.01	75	157.87	183.47	175.54	204.00
1,881.57	2,186.69	2,096.38	2,436.34	76	160.87	186.96	179.24	208.31
1,917.41	2,228.34	2,140.60	2,487.73	77	163.94	190.52	183.02	212.70
1,945.47	2,260.95	2,176.29	2,529.21	78	166.34	193.31	186.07	216.25
1,973.95	2,294.04	2,212.58	2,571.38	79	168.77	196.14	189.18	219.85
2,061.89	2,396.25	2,325.11	2,702.16	80 and above	176.29	204.88	198.80	231.03

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area II

(10/01/12)

Portion of Annual Premium for Annual Physical Examination				*STD/SELECT PLAN F WITH INNOVATIVE BENEFITS	Portion of Annual Premium for Preventive Dental Benefit			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
2.97	N/A	3.20	N/A	**Under 65 applying during open enrollment	98.02	N/A	105.35	N/A
3.87	4.49	4.36	5.07	Under 65	127.49	148.16	143.77	167.08
2.97	3.46	3.20	3.71	65	98.02	113.92	105.35	122.43
3.04	3.54	3.28	3.82	66	100.31	116.58	108.24	125.79
3.11	3.62	3.37	3.92	67	102.66	119.30	111.21	129.25
3.19	3.70	3.47	4.03	68	105.05	122.09	114.27	132.80
3.26	3.79	3.56	4.14	69	107.51	124.94	117.40	136.44
3.34	3.88	3.66	4.25	70	110.02	127.86	120.63	140.19
3.41	3.97	3.76	4.37	71	112.59	130.85	123.94	144.04
3.49	4.06	3.86	4.49	72	115.22	133.90	127.35	148.00
3.54	4.12	3.93	4.56	73	116.88	135.83	129.44	150.43
3.60	4.18	3.99	4.64	74	118.56	137.78	131.56	152.90
3.65	4.24	4.06	4.71	75	120.26	139.77	133.73	155.41
3.70	4.30	4.12	4.79	76	122.00	141.78	135.92	157.97
3.75	4.36	4.19	4.87	77	123.75	143.82	138.16	160.56
3.78	4.39	4.22	4.91	78	124.49	144.68	139.26	161.84
3.80	4.41	4.26	4.95	79	125.23	145.54	140.37	163.14
3.87	4.49	4.36	5.07	80 and above	127.49	148.16	143.77	167.08

(10/01/12)

Portion of Annual Premium for Routine Vision Care				*STD/SELECT PLAN F WITH INNOVATIVE BENEFITS	Portion of Annual Premium for Hearing Examination			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
7.93	N/A	8.52	N/A	**Under 65 applying during open enrollment	0.45	N/A	0.48	N/A
10.31	11.98	11.63	13.51	Under 65	0.59	0.68	0.66	0.77
7.93	9.21	8.52	9.90	65	0.45	0.52	0.48	0.56
8.11	9.43	8.75	10.17	66	0.46	0.54	0.50	0.58
8.30	9.65	9.00	10.45	67	0.47	0.55	0.51	0.59
8.50	9.87	9.24	10.74	68	0.48	0.56	0.53	0.61
8.70	10.11	9.50	11.04	69	0.49	0.57	0.54	0.63
8.90	10.34	9.76	11.34	70	0.51	0.59	0.55	0.64
9.11	10.58	10.02	11.65	71	0.52	0.60	0.57	0.66
9.32	10.83	10.30	11.97	72	0.53	0.62	0.59	0.68
9.45	10.99	10.47	12.17	73	0.54	0.62	0.59	0.69
9.59	11.14	10.64	12.37	74	0.54	0.63	0.60	0.70
9.73	11.30	10.82	12.57	75	0.55	0.64	0.61	0.71
9.87	11.47	10.99	12.78	76	0.56	0.65	0.62	0.73
10.01	11.63	11.17	12.99	77	0.57	0.66	0.63	0.74
10.07	11.70	11.26	13.09	78	0.57	0.66	0.64	0.74
10.13	11.77	11.35	13.19	79	0.58	0.67	0.65	0.75
10.31	11.98	11.63	13.51	80 and above	0.59	0.68	0.66	0.77

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*Innovative Benefits Annual Costs:

- Annual Physical Examination: Coverage for up to \$100 for one routine physical exam every year.
- Preventive Dental Benefit: Coverage for up to \$500 per calendar year for preventive dental care.
- Routine Vision Care: Coverage for up to \$100 for one routine eye examination every year.
- Routine Hearing Examination: Coverage for up to \$100 for one routine hearing test every year.

**If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area II

(01/01/13)

Annual Premium				STD G	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,519.64	N/A	1,633.13	N/A	*Under 65 applying during open enrollment	129.93	N/A	139.63	N/A
2,368.74	2,752.88	2,671.14	3,104.31	Under 65	202.53	235.37	228.38	265.42
1,519.64	1,766.06	1,633.13	1,897.96	65	129.93	151.00	139.63	162.28
1,566.70	1,820.75	1,690.47	1,964.59	66	133.95	155.67	144.54	167.97
1,615.21	1,877.13	1,749.81	2,033.56	67	138.10	160.49	149.61	173.87
1,665.23	1,935.26	1,811.24	2,104.95	68	142.38	165.46	154.86	179.97
1,716.79	1,995.18	1,874.82	2,178.85	69	146.79	170.59	160.30	186.29
1,769.95	2,056.97	1,940.64	2,255.34	70	151.33	175.87	165.92	192.83
1,824.76	2,120.66	2,008.76	2,334.51	71	156.02	181.32	171.75	199.60
1,881.26	2,186.33	2,079.28	2,416.47	72	160.85	186.93	177.78	206.61
1,925.94	2,238.25	2,132.93	2,478.82	73	164.67	191.37	182.37	211.94
1,971.67	2,291.40	2,187.97	2,542.78	74	168.58	195.91	187.07	217.41
2,018.49	2,345.82	2,244.43	2,608.39	75	172.58	200.57	191.90	223.02
2,066.43	2,401.53	2,302.34	2,675.69	76	176.68	205.33	196.85	228.77
2,115.50	2,458.56	2,361.75	2,744.73	77	180.88	210.21	201.93	234.67
2,145.61	2,493.56	2,398.37	2,787.29	78	183.45	213.20	205.06	238.31
2,176.15	2,529.05	2,435.56	2,830.52	79	186.06	216.23	208.24	242.01
2,207.13	2,565.05	2,473.33	2,874.41	80	188.71	219.31	211.47	245.76
2,238.54	2,601.56	2,511.69	2,918.99	81	191.40	222.43	214.75	249.57
2,270.40	2,638.59	2,550.63	2,964.25	82	194.12	225.60	218.08	253.44
2,302.72	2,676.15	2,590.19	3,010.22	83	196.88	228.81	221.46	257.37
2,335.50	2,714.24	2,630.35	3,056.90	84	199.69	232.07	224.89	261.36
2,368.74	2,752.88	2,671.14	3,104.31	85 and above	202.53	235.37	228.38	265.42

(01/01/13)

Annual Premium				SELECT G	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,217.92	N/A	1,308.87	N/A	*Under 65 applying during open enrollment	104.13	N/A	111.91	N/A
1,766.55	2,053.02	1,992.07	2,315.11	Under 65	151.04	175.53	170.32	197.94
1,217.92	1,415.41	1,308.87	1,521.12	65	104.13	121.02	111.91	130.06
1,251.80	1,454.79	1,350.69	1,569.73	66	107.03	124.38	115.48	134.21
1,286.63	1,495.27	1,393.85	1,619.88	67	110.01	127.85	119.17	138.50
1,322.43	1,536.88	1,438.39	1,671.64	68	113.07	131.40	122.98	142.93
1,359.22	1,579.64	1,484.34	1,725.05	69	116.21	135.06	126.91	147.49
1,397.04	1,623.59	1,531.77	1,780.17	70	119.45	138.82	130.97	152.20
1,435.91	1,668.77	1,580.71	1,837.04	71	122.77	142.68	135.15	157.07
1,475.86	1,715.20	1,631.22	1,895.74	72	126.19	146.65	139.47	162.09
1,505.35	1,749.47	1,667.15	1,937.50	73	128.71	149.58	142.54	165.66
1,535.42	1,784.42	1,703.87	1,980.17	74	131.28	152.57	145.68	169.30
1,566.10	1,820.07	1,741.40	2,023.79	75	133.90	155.62	148.89	173.03
1,597.39	1,856.43	1,779.76	2,068.37	76	136.58	158.72	152.17	176.85
1,629.30	1,893.52	1,818.96	2,113.93	77	139.31	161.90	155.52	180.74
1,645.86	1,912.76	1,839.75	2,138.09	78	140.72	163.54	157.30	182.81
1,662.58	1,932.19	1,860.77	2,162.52	79	142.15	165.20	159.10	184.90
1,679.47	1,951.83	1,882.04	2,187.24	80	143.59	166.88	160.91	187.01
1,696.54	1,971.66	1,903.55	2,212.23	81	145.05	168.58	162.75	189.15
1,713.78	1,991.69	1,925.30	2,237.52	82	146.53	170.29	164.61	191.31
1,731.19	2,011.93	1,947.31	2,263.09	83	148.02	172.02	166.50	193.49
1,748.78	2,032.37	1,969.56	2,288.95	84	149.52	173.77	168.40	195.71
1,766.55	2,053.02	1,992.07	2,315.11	85 and above	151.04	175.53	170.32	197.94

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
 Rating Area II

(01/01/13)

Annual Premium				STD K	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
741.86	N/A	797.26	N/A	*Under 65 applying during open enrollment	63.43	N/A	68.17	N/A
1,173.58	1,363.89	1,323.41	1,538.00	Under 65	100.34	116.61	113.15	131.50
741.86	862.16	797.26	926.55	65	63.43	73.71	68.17	79.22
765.32	889.43	825.78	959.69	66	65.43	76.05	70.60	82.05
789.53	917.56	855.32	994.02	67	67.50	78.45	73.13	84.99
814.50	946.58	885.92	1,029.58	68	69.64	80.93	75.75	88.03
840.26	976.52	917.61	1,066.41	69	71.84	83.49	78.46	91.18
866.84	1,007.41	950.43	1,104.55	70	74.11	86.13	81.26	94.44
894.26	1,039.27	984.43	1,144.07	71	76.46	88.86	84.17	97.82
922.54	1,072.14	1,019.65	1,184.99	72	78.88	91.67	87.18	101.32
945.17	1,098.44	1,046.76	1,216.49	73	80.81	93.92	89.50	104.01
968.35	1,125.38	1,074.59	1,248.84	74	82.79	96.22	91.88	106.78
992.10	1,152.98	1,103.15	1,282.04	75	84.82	98.58	94.32	109.61
1,016.44	1,181.27	1,132.48	1,316.12	76	86.91	101.00	96.83	112.53
1,041.37	1,210.24	1,162.59	1,351.11	77	89.04	103.48	99.40	115.52
1,057.05	1,228.46	1,181.57	1,373.17	78	90.38	105.03	101.02	117.41
1,072.96	1,246.95	1,200.86	1,395.59	79	91.74	106.61	102.67	119.32
1,089.11	1,265.72	1,220.47	1,418.37	80	93.12	108.22	104.35	121.27
1,105.50	1,284.77	1,240.40	1,441.53	81	94.52	109.85	106.05	123.25
1,122.14	1,304.11	1,260.65	1,465.06	82	95.94	111.50	107.79	125.26
1,139.03	1,323.74	1,281.23	1,488.98	83	97.39	113.18	109.55	127.31
1,156.18	1,343.66	1,302.15	1,513.29	84	98.85	114.88	111.33	129.39
1,173.58	1,363.89	1,323.41	1,538.00	85 and above	100.34	116.61	113.15	131.50

(01/01/13)

Annual Premium				SELECT K	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
573.61	N/A	616.44	N/A	*Under 65 applying during open enrollment	49.04	N/A	52.71	N/A
838.00	973.90	944.97	1,098.22	Under 65	71.65	83.27	80.79	93.90
573.61	666.62	616.44	716.39	65	49.04	57.00	52.71	61.25
589.74	685.37	636.32	739.50	66	50.42	58.60	54.41	63.23
606.33	704.65	656.85	763.36	67	51.84	60.25	56.16	65.27
623.39	724.47	678.04	787.99	68	53.30	61.94	57.97	67.37
640.92	744.85	699.91	813.41	69	54.80	63.68	59.84	69.55
658.95	765.81	722.49	839.66	70	56.34	65.48	61.77	71.79
677.48	787.35	745.80	866.75	71	57.92	67.32	63.77	74.11
696.54	809.50	769.86	894.71	72	59.55	69.21	65.82	76.50
710.72	825.98	787.11	914.75	73	60.77	70.62	67.30	78.21
725.18	842.79	804.74	935.24	74	62.00	72.06	68.81	79.96
739.94	859.94	822.77	956.19	75	63.26	73.52	70.35	81.75
755.00	877.44	841.20	977.61	76	64.55	75.02	71.92	83.59
770.37	895.30	860.04	999.51	77	65.87	76.55	73.53	85.46
778.52	904.77	870.22	1,011.35	78	66.56	77.36	74.40	86.47
786.75	914.33	880.53	1,023.32	79	67.27	78.18	75.29	87.49
795.07	924.00	890.96	1,035.44	80	67.98	79.00	76.18	88.53
803.47	933.77	901.51	1,047.70	81	68.70	79.84	77.08	89.58
811.97	943.65	912.18	1,060.11	82	69.42	80.68	77.99	90.64
820.56	953.63	922.98	1,072.66	83	70.16	81.54	78.91	91.71
829.23	963.71	933.91	1,085.37	84	70.90	82.40	79.85	92.80
838.00	973.90	944.97	1,098.22	85 and above	71.65	83.27	80.79	93.90

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.

PREMIUM INFORMATION
Sterling Life Insurance Company
Rating Area II

(01/01/13)

Annual Premium				STD N	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,280.57	N/A	1,376.21	N/A	*Under 65 applying during open enrollment	109.49	N/A	117.67	N/A
2,018.54	2,345.87	2,276.23	2,645.35	Under 65	172.59	200.57	194.62	226.18
1,280.57	1,488.24	1,376.21	1,599.36	65	109.49	127.24	117.67	136.75
1,320.87	1,535.07	1,425.22	1,656.32	66	112.93	131.25	121.86	141.62
1,362.43	1,583.37	1,475.97	1,715.30	67	116.49	135.38	126.20	146.66
1,405.30	1,633.19	1,528.53	1,776.38	68	120.15	139.64	130.69	151.88
1,449.52	1,684.58	1,582.96	1,839.64	69	123.93	144.03	135.34	157.29
1,495.13	1,737.59	1,639.32	1,905.15	70	127.83	148.56	140.16	162.89
1,542.18	1,792.26	1,697.70	1,972.99	71	131.86	153.24	145.15	168.69
1,590.71	1,848.66	1,758.15	2,043.25	72	136.01	158.06	150.32	174.70
1,629.42	1,893.65	1,804.56	2,097.18	73	139.32	161.91	154.29	179.31
1,669.08	1,939.74	1,852.19	2,152.54	74	142.71	165.85	158.36	184.04
1,709.70	1,986.95	1,901.08	2,209.36	75	146.18	169.88	162.54	188.90
1,751.31	2,035.31	1,951.26	2,267.67	76	149.74	174.02	166.83	193.89
1,793.93	2,084.85	2,002.76	2,327.53	77	153.38	178.25	171.24	199.00
1,820.58	2,115.82	2,035.06	2,365.07	78	155.66	180.90	174.00	202.21
1,847.62	2,147.25	2,067.88	2,403.21	79	157.97	183.59	176.80	205.47
1,875.07	2,179.14	2,101.23	2,441.97	80	160.32	186.32	179.66	208.79
1,902.92	2,211.51	2,135.12	2,481.36	81	162.70	189.08	182.55	212.16
1,931.19	2,244.36	2,169.56	2,521.38	82	165.12	191.89	185.50	215.58
1,959.88	2,277.70	2,204.55	2,562.04	83	167.57	194.74	188.49	219.05
1,988.99	2,311.53	2,240.10	2,603.36	84	170.06	197.64	191.53	222.59
2,018.54	2,345.87	2,276.23	2,645.35	85 and above	172.59	200.57	194.62	226.18

(01/01/13)

Annual Premium				SELECT N	PAC Monthly Premium			
Female		Male			Female		Male	
Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Attained Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
1,005.14	N/A	1,080.21	N/A	*Under 65 applying during open enrollment	85.94	N/A	92.36	N/A
1,469.53	1,707.83	1,657.12	1,925.85	Under 65	125.64	146.02	141.68	164.66
1,005.14	1,168.14	1,080.21	1,255.38	65	85.94	99.88	92.36	107.33
1,033.45	1,201.04	1,115.09	1,295.92	66	88.36	102.69	95.34	110.80
1,062.55	1,234.86	1,151.10	1,337.77	67	90.85	105.58	98.42	114.38
1,092.47	1,269.64	1,188.27	1,380.97	68	93.41	108.55	101.60	118.07
1,123.24	1,305.39	1,226.64	1,425.56	69	96.04	111.61	104.88	121.89
1,154.88	1,342.15	1,266.25	1,471.60	70	98.74	114.75	108.26	125.82
1,187.40	1,379.95	1,307.13	1,519.12	71	101.52	117.99	111.76	129.88
1,220.84	1,418.81	1,349.34	1,568.17	72	104.38	121.31	115.37	134.08
1,245.73	1,447.74	1,379.62	1,603.36	73	106.51	123.78	117.96	137.09
1,271.14	1,477.26	1,410.58	1,639.33	74	108.68	126.31	120.60	140.16
1,297.05	1,507.38	1,442.23	1,676.11	75	110.90	128.88	123.31	143.31
1,323.50	1,538.12	1,474.59	1,713.72	76	113.16	131.51	126.08	146.52
1,350.49	1,569.48	1,507.68	1,752.17	77	115.47	134.19	128.91	149.81
1,364.83	1,586.14	1,525.60	1,772.99	78	116.69	135.61	130.44	151.59
1,379.31	1,602.98	1,543.73	1,794.06	79	117.93	137.05	131.99	153.39
1,393.96	1,620.00	1,562.07	1,815.38	80	119.18	138.51	133.56	155.21
1,408.75	1,637.19	1,580.63	1,836.96	81	120.45	139.98	135.14	157.06
1,423.71	1,654.57	1,599.42	1,858.79	82	121.73	141.47	136.75	158.93
1,438.82	1,672.14	1,618.43	1,880.88	83	123.02	142.97	138.38	160.82
1,454.09	1,689.89	1,637.66	1,903.23	84	124.32	144.49	140.02	162.73
1,469.53	1,707.83	1,657.12	1,925.85	85 and above	125.64	146.02	141.68	164.66

Annual premium conversion formulas: Semi-Annual X .5203, Quarterly X .2646, Monthly X .0900

All premiums are rounded to the nearest penny.

*If you are applying during an open enrollment or guarantee issue period you qualify for the non-tobacco rate.