

**CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE**  
**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 1**  
**BENEFIT PLANS AVAILABLE: A, B, F, HIGH DEDUCTIBLE F, G, N**

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A"  
 Some plans may not be available in your state.

**Basic Benefits:**

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-Approved expenses) or, co-payments for hospital outpatient services.

Plans K, L, and N require insureds to pay a portion of coinsurance or copayments

Blood: First three pints of blood each year.

Hospice-Part A coinsurance

A	B	C	D	F/F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$5560; paid at 100% after limit reached	Out-of-pocket limit \$2780; paid at 100% after limit reached		

\*Plans F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2300 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2300. 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.

**Continental Life Insurance Company of Brentwood, Tennessee**

Annual Premiums

For Use in ZIP Codes: 600-608

Female Rates

Rates Effective 05/1/2019

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N		Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,442	4,029	5,111	1,987	3,700	2,991	Under 65	3,824	4,478	5,678	2,205	4,110	3,325
65	1,350	1,581	2,003	779	1,452	1,027	65	1,500	1,755	2,227	866	1,613	1,142
66	1,350	1,581	2,003	779	1,452	1,057	66	1,500	1,755	2,227	866	1,613	1,175
67	1,350	1,581	2,003	779	1,452	1,086	67	1,500	1,755	2,227	866	1,613	1,207
68	1,365	1,599	2,029	789	1,468	1,129	68	1,517	1,777	2,255	876	1,632	1,254
69	1,395	1,633	2,071	805	1,500	1,184	69	1,550	1,816	2,301	895	1,667	1,314
70	1,432	1,677	2,127	827	1,541	1,246	70	1,591	1,861	2,363	920	1,712	1,383
71	1,477	1,727	2,191	852	1,585	1,282	71	1,640	1,919	2,435	945	1,762	1,425
72	1,525	1,784	2,263	879	1,638	1,324	72	1,694	1,982	2,514	976	1,821	1,472
73	1,577	1,846	2,341	909	1,695	1,371	73	1,753	2,052	2,601	1,010	1,884	1,523
74	1,638	1,918	2,432	945	1,761	1,424	74	1,819	2,131	2,704	1,052	1,956	1,582
75	1,706	1,997	2,533	985	1,833	1,484	75	1,897	2,219	2,815	1,094	2,037	1,647
76	1,775	2,078	2,634	1,025	1,908	1,543	76	1,971	2,308	2,927	1,137	2,120	1,715
77	1,842	2,155	2,733	1,062	1,978	1,601	77	2,045	2,395	3,037	1,181	2,198	1,778
78	1,905	2,230	2,829	1,099	2,048	1,657	78	2,118	2,479	3,144	1,221	2,276	1,840
79	1,970	2,307	2,924	1,136	2,118	1,713	79	2,190	2,562	3,249	1,262	2,352	1,902
80	2,031	2,380	3,017	1,172	2,184	1,766	80	2,257	2,644	3,353	1,302	2,427	1,962
81	2,097	2,453	3,112	1,211	2,253	1,822	81	2,329	2,726	3,457	1,344	2,504	2,024
82	2,162	2,531	3,210	1,247	2,322	1,879	82	2,401	2,812	3,567	1,386	2,581	2,090
83	2,228	2,609	3,308	1,286	2,395	1,936	83	2,477	2,899	3,675	1,429	2,661	2,152
84	2,297	2,689	3,411	1,324	2,469	1,996	84	2,552	2,987	3,788	1,472	2,742	2,218
85	2,377	2,782	3,528	1,371	2,554	2,066	85	2,641	3,091	3,921	1,523	2,837	2,297
86	2,445	2,862	3,628	1,411	2,627	2,125	86	2,717	3,180	4,033	1,569	2,919	2,361
87	2,514	2,944	3,732	1,451	2,702	2,186	87	2,794	3,271	4,148	1,612	3,002	2,429
88	2,585	3,024	3,838	1,491	2,778	2,246	88	2,874	3,360	4,263	1,657	3,086	2,496
89	2,656	3,111	3,943	1,533	2,855	2,310	89	2,952	3,456	4,380	1,702	3,172	2,567
90	2,730	3,194	4,052	1,575	2,933	2,373	90	3,033	3,551	4,502	1,749	3,260	2,636
91	2,804	3,283	4,163	1,617	3,013	2,436	91	3,116	3,647	4,624	1,797	3,347	2,709
92	2,879	3,371	4,275	1,661	3,095	2,503	92	3,199	3,744	4,749	1,845	3,439	2,780
93	2,957	3,460	4,389	1,705	3,177	2,569	93	3,285	3,845	4,877	1,894	3,530	2,855
94	3,035	3,552	4,505	1,749	3,261	2,637	94	3,372	3,948	5,004	1,945	3,623	2,931
95	3,113	3,645	4,622	1,797	3,346	2,707	95	3,459	4,049	5,135	1,996	3,718	3,007
96	3,193	3,739	4,742	1,843	3,433	2,775	96	3,549	4,154	5,269	2,049	3,813	3,084
97	3,275	3,835	4,863	1,890	3,521	2,847	97	3,639	4,260	5,402	2,099	3,911	3,163
98	3,358	3,931	4,985	1,936	3,609	2,919	98	3,731	4,368	5,540	2,152	4,011	3,243
99+	3,442	4,029	5,111	1,987	3,700	2,991	99+	3,824	4,478	5,678	2,205	4,110	3,325

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650

Monthly: 0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**Continental Life Insurance Company of Brentwood, Tennessee**

Annual Premiums

For Use in ZIP Codes: 600-608

Male Rates

Rates Effective 05/1/2019

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N		Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,957	4,634	5,877	2,284	4,254	3,440	Under 65	4,397	5,148	6,530	2,538	4,727	3,824
65	1,554	1,817	2,306	897	1,670	1,182	65	1,726	2,017	2,561	996	1,856	1,313
66	1,554	1,817	2,306	897	1,670	1,216	66	1,726	2,017	2,561	996	1,856	1,350
67	1,554	1,817	2,306	897	1,670	1,248	67	1,726	2,017	2,561	996	1,856	1,388
68	1,571	1,839	2,334	907	1,689	1,299	68	1,746	2,044	2,593	1,007	1,877	1,443
69	1,604	1,880	2,382	927	1,726	1,361	69	1,783	2,087	2,648	1,028	1,918	1,512
70	1,647	1,928	2,448	951	1,771	1,432	70	1,830	2,142	2,718	1,057	1,969	1,590
71	1,698	1,985	2,520	979	1,823	1,475	71	1,887	2,208	2,800	1,088	2,026	1,639
72	1,753	2,052	2,602	1,010	1,884	1,523	72	1,949	2,279	2,891	1,124	2,093	1,693
73	1,814	2,124	2,692	1,046	1,949	1,577	73	2,015	2,360	2,991	1,162	2,166	1,753
74	1,884	2,207	2,796	1,088	2,025	1,638	74	2,093	2,451	3,109	1,210	2,250	1,818
75	1,963	2,297	2,914	1,133	2,108	1,706	75	2,182	2,552	3,236	1,258	2,342	1,895
76	2,042	2,389	3,029	1,178	2,194	1,775	76	2,267	2,654	3,367	1,308	2,437	1,973
77	2,117	2,479	3,144	1,221	2,276	1,840	77	2,352	2,754	3,494	1,357	2,528	2,044
78	2,193	2,565	3,254	1,264	2,354	1,905	78	2,436	2,850	3,615	1,405	2,617	2,117
79	2,266	2,652	3,363	1,307	2,435	1,969	79	2,519	2,947	3,738	1,452	2,705	2,188
80	2,336	2,737	3,470	1,349	2,512	2,032	80	2,595	3,041	3,855	1,499	2,790	2,257
81	2,411	2,822	3,579	1,391	2,592	2,095	81	2,680	3,136	3,977	1,546	2,881	2,328
82	2,487	2,910	3,690	1,434	2,671	2,161	82	2,762	3,234	4,101	1,594	2,968	2,401
83	2,562	3,000	3,804	1,479	2,754	2,228	83	2,848	3,335	4,226	1,643	3,061	2,475
84	2,642	3,091	3,922	1,523	2,838	2,296	84	2,936	3,435	4,358	1,693	3,154	2,551
85	2,733	3,201	4,056	1,577	2,938	2,375	85	3,037	3,556	4,508	1,750	3,263	2,641
86	2,810	3,291	4,172	1,622	3,021	2,444	86	3,123	3,657	4,637	1,804	3,357	2,714
87	2,891	3,385	4,292	1,668	3,106	2,513	87	3,214	3,760	4,770	1,854	3,452	2,794
88	2,973	3,480	4,412	1,715	3,194	2,582	88	3,304	3,866	4,902	1,906	3,551	2,871
89	3,055	3,577	4,535	1,762	3,283	2,656	89	3,395	3,976	5,038	1,957	3,648	2,952
90	3,140	3,674	4,660	1,810	3,374	2,728	90	3,488	4,083	5,176	2,012	3,749	3,033
91	3,225	3,774	4,786	1,860	3,464	2,802	91	3,583	4,196	5,318	2,065	3,850	3,115
92	3,312	3,876	4,915	1,909	3,558	2,878	92	3,680	4,306	5,462	2,122	3,955	3,196
93	3,400	3,979	5,046	1,960	3,654	2,955	93	3,779	4,421	5,609	2,180	4,059	3,283
94	3,489	4,084	5,178	2,012	3,750	3,034	94	3,877	4,538	5,755	2,235	4,168	3,370
95	3,580	4,191	5,315	2,065	3,849	3,113	95	3,978	4,657	5,906	2,294	4,276	3,457
96	3,673	4,300	5,452	2,120	3,948	3,191	96	4,081	4,777	6,059	2,354	4,385	3,546
97	3,766	4,410	5,593	2,172	4,048	3,274	97	4,183	4,900	6,212	2,414	4,497	3,638
98	3,862	4,521	5,734	2,227	4,150	3,357	98	4,290	5,022	6,372	2,476	4,612	3,731
99+	3,957	4,634	5,877	2,284	4,254	3,440	99+	4,397	5,148	6,530	2,538	4,727	3,824

Modal Factors:

Semi-Annual: 0.5200

Quarterly: 0.2650

Monthly: 0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**Continental Life Insurance Company of Brentwood, Tennessee**

Annual Premiums  
For Use in: Rest of State  
Female Rates

Rates Effective 05/1/2019

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N		Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,942	3,444	4,368	1,698	3,162	2,556	Under 65	3,268	3,827	4,853	1,885	3,513	2,842
65	1,154	1,351	1,712	666	1,241	878	65	1,282	1,500	1,903	740	1,379	976
66	1,154	1,351	1,712	666	1,241	903	66	1,282	1,500	1,903	740	1,379	1,004
67	1,154	1,351	1,712	666	1,241	928	67	1,282	1,500	1,903	740	1,379	1,032
68	1,167	1,367	1,734	674	1,255	965	68	1,297	1,519	1,927	749	1,395	1,072
69	1,192	1,396	1,770	688	1,282	1,012	69	1,325	1,552	1,967	765	1,425	1,123
70	1,224	1,433	1,818	707	1,317	1,065	70	1,360	1,591	2,020	786	1,463	1,182
71	1,262	1,476	1,873	728	1,355	1,096	71	1,402	1,640	2,081	808	1,506	1,218
72	1,303	1,525	1,934	751	1,400	1,132	72	1,448	1,694	2,149	834	1,556	1,258
73	1,348	1,578	2,001	777	1,449	1,172	73	1,498	1,754	2,223	863	1,610	1,302
74	1,400	1,639	2,079	808	1,505	1,217	74	1,555	1,821	2,311	899	1,672	1,352
75	1,458	1,707	2,165	842	1,567	1,268	75	1,621	1,897	2,406	935	1,741	1,408
76	1,517	1,776	2,251	876	1,631	1,319	76	1,685	1,973	2,502	972	1,812	1,466
77	1,574	1,842	2,336	908	1,691	1,368	77	1,748	2,047	2,596	1,009	1,879	1,520
78	1,628	1,906	2,418	939	1,750	1,416	78	1,810	2,119	2,687	1,044	1,945	1,573
79	1,684	1,972	2,499	971	1,810	1,464	79	1,872	2,190	2,777	1,079	2,010	1,626
80	1,736	2,034	2,579	1,002	1,867	1,509	80	1,929	2,260	2,866	1,113	2,074	1,677
81	1,792	2,097	2,660	1,035	1,926	1,557	81	1,991	2,330	2,955	1,149	2,140	1,730
82	1,848	2,163	2,744	1,066	1,985	1,606	82	2,052	2,403	3,049	1,185	2,206	1,786
83	1,904	2,230	2,827	1,099	2,047	1,655	83	2,117	2,478	3,141	1,221	2,274	1,839
84	1,963	2,298	2,915	1,132	2,110	1,706	84	2,181	2,553	3,238	1,258	2,344	1,896
85	2,032	2,378	3,015	1,172	2,183	1,766	85	2,257	2,642	3,351	1,302	2,425	1,963
86	2,090	2,446	3,101	1,206	2,245	1,816	86	2,322	2,718	3,447	1,341	2,495	2,018
87	2,149	2,516	3,190	1,240	2,309	1,868	87	2,388	2,796	3,545	1,378	2,566	2,076
88	2,209	2,585	3,280	1,274	2,374	1,920	88	2,456	2,872	3,644	1,416	2,638	2,133
89	2,270	2,659	3,370	1,310	2,440	1,974	89	2,523	2,954	3,744	1,455	2,711	2,194
90	2,333	2,730	3,463	1,346	2,507	2,028	90	2,592	3,035	3,848	1,495	2,786	2,253
91	2,397	2,806	3,558	1,382	2,575	2,082	91	2,663	3,117	3,952	1,536	2,861	2,315
92	2,461	2,881	3,654	1,420	2,645	2,139	92	2,734	3,200	4,059	1,577	2,939	2,376
93	2,527	2,957	3,751	1,457	2,715	2,196	93	2,808	3,286	4,168	1,619	3,017	2,440
94	2,594	3,036	3,850	1,495	2,787	2,254	94	2,882	3,374	4,277	1,662	3,097	2,505
95	2,661	3,115	3,950	1,536	2,860	2,314	95	2,956	3,461	4,389	1,706	3,178	2,570
96	2,729	3,196	4,053	1,575	2,934	2,372	96	3,033	3,550	4,503	1,751	3,259	2,636
97	2,799	3,278	4,156	1,615	3,009	2,433	97	3,110	3,641	4,617	1,794	3,343	2,703
98	2,870	3,360	4,261	1,655	3,085	2,495	98	3,189	3,733	4,735	1,839	3,428	2,772
99+	2,942	3,444	4,368	1,698	3,162	2,556	99+	3,268	3,827	4,853	1,885	3,513	2,842

Modal Factors: Semi-Annual: 0.5200

Quarterly: 0.2650

Monthly: 0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

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If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**Continental Life Insurance Company of Brentwood, Tennessee**

Annual Premiums

For Use in: Rest of State

Male Rates

Rates Effective 05/1/2019

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N		Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	3,382	3,961	5,023	1,952	3,636	2,940	Under 65	3,758	4,400	5,581	2,169	4,040	3,268
65	1,328	1,553	1,971	767	1,427	1,010	65	1,475	1,724	2,189	851	1,586	1,122
66	1,328	1,553	1,971	767	1,427	1,039	66	1,475	1,724	2,189	851	1,586	1,154
67	1,328	1,553	1,971	767	1,427	1,067	67	1,475	1,724	2,189	851	1,586	1,186
68	1,343	1,572	1,995	775	1,444	1,110	68	1,492	1,747	2,216	861	1,604	1,233
69	1,371	1,607	2,036	792	1,475	1,163	69	1,524	1,784	2,263	879	1,639	1,292
70	1,408	1,648	2,092	813	1,514	1,224	70	1,564	1,831	2,323	903	1,683	1,359
71	1,451	1,697	2,154	837	1,558	1,261	71	1,613	1,887	2,393	930	1,732	1,401
72	1,498	1,754	2,224	863	1,610	1,302	72	1,666	1,948	2,471	961	1,789	1,447
73	1,550	1,815	2,301	894	1,666	1,348	73	1,722	2,017	2,556	993	1,851	1,498
74	1,610	1,886	2,390	930	1,731	1,400	74	1,789	2,095	2,657	1,034	1,923	1,554
75	1,678	1,963	2,491	968	1,802	1,458	75	1,865	2,181	2,766	1,075	2,002	1,620
76	1,745	2,042	2,589	1,007	1,875	1,517	76	1,938	2,268	2,878	1,118	2,083	1,686
77	1,809	2,119	2,687	1,044	1,945	1,573	77	2,010	2,354	2,986	1,160	2,161	1,747
78	1,874	2,192	2,781	1,080	2,012	1,628	78	2,082	2,436	3,090	1,201	2,237	1,809
79	1,937	2,267	2,874	1,117	2,081	1,683	79	2,153	2,519	3,195	1,241	2,312	1,870
80	1,997	2,339	2,966	1,153	2,147	1,737	80	2,218	2,599	3,295	1,281	2,385	1,929
81	2,061	2,412	3,059	1,189	2,215	1,791	81	2,291	2,680	3,399	1,321	2,462	1,990
82	2,126	2,487	3,154	1,226	2,283	1,847	82	2,361	2,764	3,505	1,362	2,537	2,052
83	2,190	2,564	3,251	1,264	2,354	1,904	83	2,434	2,850	3,612	1,404	2,616	2,115
84	2,258	2,642	3,352	1,302	2,426	1,962	84	2,509	2,936	3,725	1,447	2,696	2,180
85	2,336	2,736	3,467	1,348	2,511	2,030	85	2,596	3,039	3,853	1,496	2,789	2,257
86	2,402	2,813	3,566	1,386	2,582	2,089	86	2,669	3,126	3,963	1,542	2,869	2,320
87	2,471	2,893	3,668	1,426	2,655	2,148	87	2,747	3,214	4,077	1,585	2,950	2,388
88	2,541	2,974	3,771	1,466	2,730	2,207	88	2,824	3,304	4,190	1,629	3,035	2,454
89	2,611	3,057	3,876	1,506	2,806	2,270	89	2,902	3,398	4,306	1,673	3,118	2,523
90	2,684	3,140	3,983	1,547	2,884	2,332	90	2,981	3,490	4,424	1,720	3,204	2,592
91	2,756	3,226	4,091	1,590	2,961	2,395	91	3,062	3,586	4,545	1,765	3,291	2,662
92	2,831	3,313	4,201	1,632	3,041	2,460	92	3,145	3,680	4,668	1,814	3,380	2,732
93	2,906	3,401	4,313	1,675	3,123	2,526	93	3,230	3,779	4,794	1,863	3,469	2,806
94	2,982	3,491	4,426	1,720	3,205	2,593	94	3,314	3,879	4,919	1,910	3,562	2,880
95	3,060	3,582	4,543	1,765	3,290	2,661	95	3,400	3,980	5,048	1,961	3,655	2,955
96	3,139	3,675	4,660	1,812	3,374	2,727	96	3,488	4,083	5,179	2,012	3,748	3,031
97	3,219	3,769	4,780	1,856	3,460	2,798	97	3,575	4,188	5,309	2,063	3,844	3,109
98	3,301	3,864	4,901	1,903	3,547	2,869	98	3,667	4,292	5,446	2,116	3,942	3,189
99+	3,382	3,961	5,023	1,952	3,636	2,940	99+	3,758	4,400	5,581	2,169	4,040	3,268

Modal Factors:

Semi-Annual: 0.5200

Quarterly: 0.2650

Monthly: 0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.