

FINAL EXPENSE

Underwriting & Rate Handbook

Including Procedures, Rates, Medications,
and Underwriting Decisions

English

Security National

Family of Life Companies



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Pro Tip Use Ctrl + F (or Cmd + F on a Mac) to search this guide. Searching for a specific medication or ailment can help you find what you need faster!

Submitting New Business

SNL Provides Three Methods to Submit Applications:

1. Agent Portal Upload (Preferred Method)

Uploading applications from your computer or mobile device via our agent portal is the fastest and easiest way to submit business. Log in to our agent portal via **AgentPortal.Securitynational.com**. Click the **Uploads** button found in the **New Business** section of the homepage. If you are using a mobile device, take a photo of each page of the application. If you are using a computer, scan and attach each page of the application. Once all pages are attached, click next to proceed. Select New Business to submit your application to the New Business department. Enter your agent number, name, the insured's name, and any additional comments. Click next and review the information you entered. Click Finish to complete your upload. A message stating your upload was successful will appear at the bottom of the screen.

If you have problems logging in to our agent portal or uploading new business, call the agent hotline 1-(855)-SNL-4SNL and press 6 to reach our marketing department.

2. Mail

You may mail applications via USPS to:
Security National Life
New Business
PO Box 57220
Salt Lake City, UT 84157

3. Overnight

Via US Mail, UPS or FedEx
Security National Life
433 Ascension Way
Suite 600
Salt Lake City, UT 84123

****Please note – we do not allow applications to be submitted via email as this is not a secure way to transmit personal and confidential information.****

New Business must be received by 10:30 a.m. MST. Every piece of business that is received by 10:30 a.m. MST is guaranteed to be ENTERED and counted as received, but not necessarily issued.

- If you submit via UPS or FedEx, it is guaranteed to be ENTERED, but not necessarily issued.
- If it is submitted via express mail or priority mail through USPS, it is not guaranteed to be entered that day. It will depend on when it gets to the department.
- If you submit the application through secure online upload it is not necessary to mail in the originals. You may keep these for your records. If you are mailing in money and originals, please do not upload the business as well. There is a chance things will be duplicated.
- Corrections for policies that are pending due to problems must be received by 2:00 p.m. MST (12:00 p.m. (noon) MST on the last working day of the month) in order to issue the pending policy. The preferred way to send corrections is through our secure online upload.

General Underwriting Guidelines

General Underwriting Guidelines

1. Only the proposed insured may sign on the Proposed Insured signature line. No one else may sign the proposed insured's name. The proposed insured must be able to sign their own name. Insurance on those who cannot read or write and their signature is a "X" or if the signature is just initials, must be witnessed by another person of legal age other than the agent. If they sign with a "X" or initials, we will also need a copy of a picture id with their initials to be provided at the time of application. All application sections must be completed correctly, signed and dated by the agent (agent number must be written on application), proposed insured and the owner (if different than the applicant). Agent must meet in person with each person who signs and witness the signatures.
2. If the insured is a minor, we must have the parent or legal guardian sign for them. If there is a guardian, we will need a copy of the guardianship papers.
3. If the beneficiary is the estate or trust, they must have an estate or trust set up and we need copies of the estate or trust papers.
4. We need the payor's full address and signature. If the insured has a representative payee, paperwork is required.
5. Applications must be dated the day the application is completed and signed by the proposed insured. All applications are void 30 days after the written (signed) date; applications must be received by the home office before the 30-day deadline. If they are received after the deadline, they will be returned and the agent will need to re-meet and resign a new application.
6. Cash with application (CWA) must be submitted by the proposed insured/owner. Acceptable forms of payment are: EFT with completed information, personal check, credit or debit card (Visa, Master Card, American Express or Discover), or money order. Cash is not acceptable and a check from the agent is not acceptable unless the agent check is for their own personal policy. When a credit/debit card is used for CWA the direct bill premium rate applies. We require a premium with applications OR completed EFT/CC information to draft the first premium within 30 days of the application date. We will run the bank account information through our scrubber, if this comes back with "deny" or "insufficient information" we will require a voided check or a bank statement. If premium is being paid with a money order, payment must be mailed into the office.
7. A premium will be drafted on the same date each month. The acceptable draft dates are the 1st through the 28th of the month. They may also choose a specific day of the week for billing (for example the 3rd Wednesday.) If a specific draft date is not specified, the company will draft immediately upon the approval of the application and the application date will be the future draft date each month. Initial draft date must be within 30 days of the application date.
8. If the CWA is returned to us as non-sufficient funds (NSF) we will contact the agent to verify account information or collect different information to allow one additional attempt in collecting the CWA. The agent has 5 days to provide us this information. We will cancel the policy as "rescinded" if we don't hear from the agent.
9. Split commissions between agents are acceptable. Both agents need to sign the application, put their agent number and the percentage of the commission payable to each agent.
10. Maximum face amounts An insured can have multiple policies in-force as long as the total amount does not exceed the maximum face amount for the plan the insured is applying for. If the plan is changed at the time of underwriting, the maximum face amount will be determined based off the plan the insured is offered. The maximum face amount applies to the total amount of in-force coverage an insured has with Security National Family of Companies.

Medical Underwriting Guidelines

Medical Underwriting Guidelines

1. All medical questions on the application must be asked of the proposed insured and the complete information written on the application. Depending on how the medical questions are answered will determine which coverage will be issued. By following the application guidelines in the medical sections of the application, the agent will be able to determine which plan to offer the proposed insured.
2. Medication for medical conditions means the applicant is being treated for that medical condition, which means that medical questions for that condition must be marked "yes". Refer to the Medical Guidelines section for additional information, or call the Underwriting Department with your questions.
3. A full and complete list of medications the insured is being prescribed is required at the time of application. This list must include the name of the medication, ailment it is treating, dosage amount and the duration the medication has been prescribed. This is required even if all medical questions are answered as no. If this information is not provided at the time of application, it could cause delays in processing the application.
4. All insured applications require Rx search as part of the underwriting process. We need the applicants SSN and signature on the application to complete this process. If this information is not on the application, the application will be held for 30 days (from the application date) to allow the agent to get the necessary information. If the requirements are not met within this time, the application will be canceled.
5. Applications that require an Rx search will be issued/rated/declined upon underwriting review. If rated/declined the agent will be notified via email.
6. Applicant's that are incarcerated in any type of facility cannot be issued on any type of plan. Do not submit an application.
7. Any phone verification calls or underwriting clarification calls will be made by the underwriting department directly to the applicant.
8. If the proposed insured is currently pregnant, no plan will be offered. The application will need to be postponed until 6 weeks after the insured has given birth and the doctor has cleared them for regular activities.

More Helpful Underwriting Guidelines

1. These are helpful GUIDELINES for your assessment of the medical history on an application. Keep in mind that you actually visit with the insured, see them face to face and have an advantage over the Home Office. We rely on you for "field underwriting".
2. Please remember that not all medical conditions are listed. If the condition was serious enough to seek medical attention and medications were given in aid of this condition, they may not qualify for the fully insured plan. Exceptions are minor acute conditions such as colds, flu, allergies, and other minor conditions from which the applicant has fully recovered. As individual situations vary, so do underwriting decisions. Make certain that all of the medical questions are asked and fully answered, as the application becomes a part of any policy issued.
3. If the primary insured has seen a doctor and they are currently running tests or are awaiting further news from the doctor this policy is to not be written. We need to postpone until either the doctor has given a clean bill of health or a diagnosis has been made.

LOYALTY PLAN

	PREFERRED	STANDARD	MODIFIED												
DEATH BENEFIT/POLICY PROCEEDS	Provides full face amount coverage from day one.	Provides full face amount coverage from day one.	Provides coverage equal to premiums paid plus 10% interest for the first 2 years. After 2 years 100% of face amount is payable upon death.												
PREMIUMS	Level and Payable to Age 100														
MINIMUM FACE AMOUNT	\$2,500														
MAXIMUM FACE AMOUNT	Age 40-75 \$50,000 Age 76-80 \$15,000 Age 81-90 \$10,000	Age 40-75 \$25,000 Age 76-80 \$15,000 Age 81-90 \$10,000	Age 40-75 \$25,000 Age 76-80 \$15,000 Age 81-85 \$10,000												
AGE LIMITS	40-90 Age at Last Birthday		40-85 Age at Last Birthday												
UNDERWRITING CLASSES	Male & Female Non-Tobacco/Nicotine - Tobacco/Nicotine														
MODAL FACTORS	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">PAC/EFT</td> <td style="text-align: right;">0.085</td> </tr> <tr> <td>Credit/Debit Cards</td> <td style="text-align: right;">0.090</td> </tr> <tr> <td>Direct Bills</td> <td style="text-align: right;">0.090</td> </tr> <tr> <td>Quarterly</td> <td style="text-align: right;">0.265</td> </tr> <tr> <td>Semi-Annual</td> <td style="text-align: right;">0.520</td> </tr> <tr> <td>Annual</td> <td style="text-align: right;">1.000</td> </tr> </table>			PAC/EFT	0.085	Credit/Debit Cards	0.090	Direct Bills	0.090	Quarterly	0.265	Semi-Annual	0.520	Annual	1.000
PAC/EFT	0.085														
Credit/Debit Cards	0.090														
Direct Bills	0.090														
Quarterly	0.265														
Semi-Annual	0.520														
Annual	1.000														
POLICY FEE	This plan has a \$40.00 fee.														
LOANS	Loans are available if there is sufficient cash value. Loans will accrue interest. Loans will reduce the face amount.														
ADDED BENEFITS	None		Temporary Accidental Death Benefit Terminates at the end of the 2nd policy year												
RIDERS AVAILABLE*	Accidental Death Benefit Rider Dependant Child Rider														

* See table on following page for further information. Riders are not available in all states.

LOYALTY PLAN-RIDERS

	ACCIDENTAL DEATH BENEFIT (ADB) RIDER		
	PREFERRED	STANDARD	MODIFIED
DEATH BENEFIT/POLICY PROCEEDS	Provides Accidental Death Benefit plus Face Amount from day one.		Year 1-2 Accidental Death Benefit plus Current Death Benefit Year 3+ Accidental Death Benefit plus Face Amount
PREMIUMS	Based upon age and gender, see chart on page 23		
MINIMUM FACE AMOUNT	\$2,500		
MAXIMUM FACE AMOUNT	Death Benefit of Base Policy		
AGE LIMITS	40-90 Attained age (Age at last birthday)		40-85 Attained age (Age at last birthday)
EXPIRATION OF RIDER	Expires upon termination of Base Policy		
OTHER HELPFUL INFO	This must be sold with the initial application and cannot be added later		
	DEPENDENT CHILD RIDER		
	PREFERRED	STANDARD	MODIFIED
DEATH BENEFIT/POLICY PROCEEDS	Provides full face amount coverage from day one.		
PREMIUMS	Annual Premium is \$15.00 per thousand		
AGE LIMITS	Base insured must be between the ages of 40 to 60 Issue age of child: 0 (30 days) to age 17		
MINIMUM RIDER AMOUNT	\$1,000		
MAXIMUM RIDER AMOUNT	Rider cannot exceed the Base Plan or \$10,000, whichever is lower		
EXPIRATION OF RIDER	Coverage expires at age 25, end of payment plan, or base insured's 65th birthday; whichever comes first		
COVERAGE	Coverage is extended to each child born to, or legally adopted by, the Insured after the date of Application for this Rider if such child becomes 30 days old and, if adopted, such adopted child was under the age of 18 at the time of adoption.		
OTHER HELPFUL INFO	Child cannot be the grandchild. This must be sold with the initial application and cannot be added later Coverage may be on two applications (i.e. Coverage with both mother's and father's applications) but not to exceed \$10,000 per child.		

UNDERWRITING INFORMATION

Loyalty Plan Height and Weight Chart

The weight table below is a guideline that reflects the weight limits. If the insured exceeds the limit, they should then be placed on the next plan listed.

Height	Decline Underweight	Preferred	Standard	Modified	Decline Overweight
4' 8"	≤ 74	191	191	218	> 218
4' 9"	≤ 77	196	196	224	> 224
4' 10"	≤ 80	201	201	230	> 230
4' 11"	≤ 83	208	208	238	> 238
5' 0"	≤ 86	215	215	245	> 245
5' 1"	≤ 89	222	222	253	> 253
5' 2"	≤ 92	229	229	261	> 261
5' 3"	≤ 95	236	236	269	> 269
5' 4"	≤ 98	243	243	276	> 276
5' 5"	≤ 101	251	251	284	> 284
5' 6"	≤ 104	259	259	293	> 293
5' 7"	≤ 107	266	266	301	> 301
5' 8"	≤ 110	274	274	310	> 310
5' 9"	≤ 113	282	282	318	> 318
5' 10"	≤ 117	290	290	327	> 327
5' 11"	≤ 121	298	298	336	> 336
6' 0"	≤ 125	306	306	345	> 345
6' 1"	≤ 129	314	314	354	> 354
6' 2"	≤ 133	323	323	363	> 363
6' 3"	≤ 137	331	331	372	> 372
6' 4"	≤ 142	339	339	381	> 381
6' 5"	≤ 147	347	347	390	> 390
6' 6"	≤ 152	355	355	399	> 399
6' 7"	≤ 157	363	363	408	> 408

CALCULATING PREMIUM

How to Calculate Loyalty Plan Premiums

Loyalty Plan Premium Calculation

- a) Find the rate per thousand in the premium rate table Multiply by the number of units \$
- b) Find the rate per thousand in the ADB rider table Multiply by the number of units (+)
- c) Add in child rider (\$15.00 per thousand) (+)

Plan Grand Totals \$

- d) Add the annual policy fee (+) \$40.00

Total Annual Premium \$

- e) Multiply by the modal factor (X)

Modal premium amount \$

Premium Calculation Example

Loyalty Plan-Preferred; Monthly premium for Female, age 40, Non-Tobacco, EFT with \$25,000 Face Amount. \$25,000 ADB Rider; \$10,000 Child Rider

- a) Find the rate per thousand in the premium rate table Multiply by the number of units \$ 617.25
- b) Find the rate per thousand in the ADB rider table Multiply by the number of units (+) 31.25
- c) Add in child rider (\$15.00 per thousand) (+) 150.00

Plan Grand Totals \$ 798.50

- d) Add the annual policy fee (+) \$40.00

Total Annual Premium \$ 838.50

- e) Multiply by the modal factor (X) 0.085

Modal premium amount \$ 71.27

Modal Factors:

PAC/EFT	0.085	Quarterly	0.265
Credit/Debit Cards	0.090	Semi-Annual	0.520
Direct Bills	0.090	Annual	1.000

LOYALTY PLAN - Annual Premium Rates per thousand Face Amount

Issue Age	PREFERRED				STANDARD				MODIFIED			
	Male		Female		Male		Female		Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
40	30.71	39.02	24.69	32.06	39.02	41.22	32.06	33.89	80.43	84.45	75.87	79.66
41	31.70	40.18	25.55	33.11	40.18	42.43	33.11	35.00	81.78	85.87	76.80	80.64
42	32.68	41.34	26.44	34.16	41.34	43.65	34.16	36.09	84.35	88.57	77.03	80.88
43	33.67	42.49	27.31	35.19	42.49	44.87	35.19	37.18	86.92	91.27	78.18	82.09
44	34.65	43.66	28.19	36.23	43.66	46.09	36.23	38.28	89.47	93.94	79.34	83.31
45	35.63	44.81	29.06	37.28	44.81	47.31	37.28	39.38	92.04	96.64	80.49	84.51
46	37.06	46.67	30.16	38.55	46.67	49.26	38.55	40.72	93.65	98.33	83.15	84.88
47	38.48	48.52	31.25	39.83	48.52	51.22	39.83	42.06	95.16	99.31	85.72	87.70
48	39.91	50.38	32.35	41.11	50.38	53.18	41.11	43.41	96.59	103.78	88.15	90.52
49	41.32	52.23	33.44	42.38	52.23	55.12	42.38	44.75	97.92	108.25	88.18	93.34
50	42.76	54.09	34.54	43.66	54.09	57.07	43.66	46.09	98.03	112.72	88.21	96.16
51	44.85	56.64	36.08	45.28	56.64	59.76	45.28	47.80	98.14	114.88	88.24	96.78
52	46.91	59.19	37.61	46.90	59.19	62.45	46.90	49.51	98.25	117.04	88.34	97.41
53	49.00	61.73	39.14	48.52	61.73	65.12	48.52	51.22	98.36	119.20	88.45	98.03
54	51.08	64.29	40.67	50.26	64.29	67.81	50.26	53.04	100.89	121.36	88.57	98.66
55	53.16	66.84	42.21	52.35	66.84	70.49	52.35	55.25	103.41	123.52	88.68	99.28
56	55.46	69.62	43.96	54.67	69.62	73.42	54.67	57.69	105.94	124.89	88.79	101.42
57	57.77	72.40	45.59	56.97	72.40	76.35	56.97	60.11	108.46	126.26	88.90	103.55
58	60.07	77.27	47.14	59.30	77.27	81.47	59.30	62.56	110.98	127.62	89.02	105.69
59	62.37	79.58	48.59	61.60	79.58	83.91	61.60	64.98	113.51	128.99	89.14	107.82
60	64.66	85.38	50.14	63.92	85.38	90.02	63.92	67.42	116.03	130.36	89.24	109.96
61	67.61	91.17	53.04	68.19	91.17	96.11	68.19	71.92	118.55	134.44	90.66	112.48
62	70.58	97.56	55.94	72.47	98.13	103.44	72.47	76.42	121.08	138.52	93.17	115.12
63	73.06	101.58	58.84	76.75	105.08	110.75	76.75	80.93	123.60	142.48	94.91	117.64
64	75.08	105.61	61.73	81.81	112.03	118.07	81.90	86.35	126.12	146.56	97.00	120.28
65	77.22	109.63	64.63	85.72	118.99	125.40	87.70	92.45	128.65	150.64	99.06	122.80
66	81.62	114.32	68.90	89.53	125.94	132.71	94.65	99.77	131.32	157.12	102.70	128.20
67	86.01	119.00	73.18	93.31	134.06	141.25	102.76	108.31	139.82	163.60	109.21	133.60
68	90.29	123.69	77.34	97.10	142.17	149.80	110.88	116.85	148.32	170.20	116.48	139.00
69	94.67	128.37	81.62	100.89	150.29	158.34	120.15	126.61	156.83	176.68	123.78	144.40
70	99.08	133.06	85.89	104.69	159.56	168.09	130.58	137.59	165.32	184.89	131.06	149.80
71	107.87	142.35	92.07	111.90	169.99	179.07	141.01	148.57	173.77	200.46	140.64	154.76
72	116.66	151.52	98.13	119.25	181.57	191.27	151.44	159.55	182.23	216.03	150.24	159.72
73	125.57	160.83	104.31	126.45	193.17	203.47	161.87	170.53	190.70	231.60	159.82	164.67
74	134.36	169.99	110.37	133.80	205.92	216.89	173.47	182.74	199.16	247.17	168.25	169.63
75	143.14	179.28	116.54	141.01	219.83	231.54	186.22	196.16	208.62	262.74	173.16	174.59
76	157.29	188.94	127.00	148.84	234.89	247.40	200.12	210.79	234.89	280.95	200.12	189.44
77	171.55	198.60	137.45	156.67	251.11	264.47	215.19	226.65	251.11	299.16	215.19	204.77
78	182.04	208.39	144.89	164.49	269.66	283.99	231.41	243.73	269.66	317.37	231.41	220.11
79	196.02	218.05	155.14	172.31	290.52	305.95	248.80	262.03	290.52	335.58	248.80	235.44
80	209.88	227.71	165.39	180.13	313.70	330.35	268.50	282.78	313.70	353.79	268.50	250.77
81	247.08	321.64	201.42	290.52	321.64	338.71	290.52	305.95	321.64	368.40	290.52	278.56
82	264.41	330.93	222.40	301.15	330.93	348.49	301.15	317.15	342.52	383.02	301.15	306.35
83	282.74	340.22	245.56	311.79	340.22	358.27	311.79	328.35	358.27	397.63	311.79	334.15
84	302.09	349.51	271.15	322.41	349.51	368.05	322.41	339.52	368.05	412.25	322.41	361.94
85	322.55	358.80	299.39	333.04	358.80	377.82	333.04	350.71	377.82	426.86	335.82	389.73
86	328.49	361.03	301.74	337.65	369.49	401.64	333.48	352.22				
87	334.44	363.27	304.10	342.25	380.18	417.77	333.92	353.72				
88	340.38	365.50	306.45	346.86	418.67	449.57	334.36	390.56				
89	374.47	397.52	308.80	351.46	460.60	488.95	379.82	432.30				
90	412.60	430.03	348.67	389.34	507.50	528.94	428.86	478.89				

LOYALTY PLAN - Female EFT Monthly Premiums

PREFERRED							
FEMALE NON-TOBACCO							
Issue Age	\$5,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000
40	13.89	18.09	20.19	22.29	24.39	29.63	34.88
41	14.26	18.60	20.77	22.95	25.12	30.55	35.98
42	14.64	19.13	21.38	23.63	25.87	31.49	37.11
43	15.01	19.65	21.97	24.29	26.61	32.42	38.22
44	15.38	20.17	22.57	24.97	27.36	33.35	39.34
45	15.75	20.69	23.16	25.63	28.10	34.28	40.45
46	16.22	21.35	23.91	26.47	29.04	35.45	41.85
47	16.68	21.99	24.65	27.31	29.96	36.60	43.24
48	17.15	22.65	25.40	28.15	30.90	37.77	44.65
49	17.61	23.30	26.14	28.98	31.82	38.93	46.04
50	18.08	23.95	26.89	29.82	32.76	40.10	47.44
51	18.73	24.87	27.93	31.00	34.07	41.74	49.40
52	19.38	25.78	28.97	32.17	35.37	43.36	51.35
53	20.03	26.69	30.02	33.34	36.67	44.99	53.30
54	20.68	27.60	31.06	34.51	37.97	46.61	55.25
55	21.34	28.51	32.10	35.69	39.28	48.25	57.22
56	22.08	29.56	33.29	37.03	40.77	50.11	59.45
57	22.78	30.53	34.40	38.28	42.15	51.84	61.53
58	23.43	31.45	35.46	39.46	43.47	53.49	63.50
59	24.05	32.31	36.44	40.57	44.70	55.03	65.35
60	24.71	33.23	37.50	41.76	46.02	56.67	67.33
61	25.94	34.96	39.47	43.98	48.48	59.76	71.03
62	27.17	36.68	41.44	46.19	50.95	62.84	74.72
63	28.41	38.41	43.41	48.41	53.41	65.92	78.42
64	29.64	40.13	45.38	50.62	55.87	68.99	82.11
65	30.87	41.85	47.35	52.84	58.34	72.07	85.80
66	32.68	44.40	50.25	56.11	61.97	76.61	91.25
67	34.50	46.94	53.16	59.38	65.60	81.15	96.70
68	36.27	49.42	55.99	62.57	69.14	85.57	102.01
69	38.09	51.96	58.90	65.84	72.78	90.12	107.47
70	39.90	54.50	61.81	69.11	76.41	94.66	112.91
71	42.53	58.18	66.01	73.83	81.66	101.22	120.79
72	45.11	61.79	70.13	78.47	86.81	107.66	128.52
73	47.73	65.46	74.33	83.20	92.06	114.23	136.40
74	50.31	69.07	78.45	87.83	97.21	120.67	144.12
75	52.93	72.74	82.65	92.55	102.46	127.22	151.99
76	57.38	78.97	89.76	100.56	111.35	138.34	165.33
77	61.82	85.18	96.87	108.55	120.23	149.44	178.65
78	64.98	89.61	101.93	114.24	126.56	157.35	188.13
79	69.33	95.71	108.90	122.08	135.27	168.24	201.20
80	73.69	101.81	115.87	129.92	143.98	179.13	214.27
81	89.00	123.24	140.37	157.49	174.61		
82	97.92	135.73	154.63	173.54	192.44		
83	107.76	149.51	170.38	191.25	212.13		
84	118.64	164.73	187.78	210.83	233.88		
85	130.64	181.54	206.99	232.43	257.88		
86	131.64	182.94	208.58	234.23	259.88		
87	132.64	184.34	210.18	236.03	261.88		
88	133.64	185.74	211.78	237.83	263.88		
89	134.64	187.14	213.38	239.63	265.88		
90	151.58	210.86	240.50	270.13	299.77		

Table continued on next page

LOYALTY PLAN - Female EFT Monthly Premiums

PREFERRED							
FEMALE NON-TOBACCO							
Issue Age	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
40	45.37	55.87	66.36	76.85	87.35	97.84	108.33
41	46.84	57.69	68.55	79.41	90.27	101.13	111.99
42	48.35	59.59	70.82	82.06	93.30	104.53	115.77
43	49.83	61.43	73.04	84.65	96.25	107.86	119.47
44	51.32	63.30	75.28	87.27	99.25	111.23	123.21
45	52.80	65.15	77.50	89.85	102.20	114.55	126.91
46	54.67	67.49	80.31	93.13	105.94	118.76	131.58
47	56.53	69.81	83.09	96.37	109.65	122.93	136.21
48	58.40	72.14	85.89	99.64	113.39	127.14	140.89
49	60.25	74.46	88.67	102.88	117.10	131.31	145.52
50	62.12	76.80	91.48	106.16	120.84	135.52	150.20
51	64.74	80.07	95.40	110.74	126.07	141.41	156.74
52	67.34	83.32	99.31	115.29	131.27	147.26	163.24
53	69.94	86.57	103.21	119.84	136.48	153.11	169.75
54	72.54	89.82	107.11	124.39	141.68	158.96	176.25
55	75.16	93.10	111.04	128.97	146.91	164.85	182.79
56	78.13	96.82	115.50	134.18	152.86	171.55	190.23
57	80.90	100.28	119.65	139.03	158.41	177.78	197.16
58	83.54	103.57	123.61	143.64	163.68	183.71	203.75
59	86.00	106.65	127.30	147.96	168.61	189.26	209.91
60	88.64	109.95	131.26	152.57	173.88	195.19	216.50
61	93.57	116.11	138.65	161.19	183.74	206.28	228.82
62	98.50	122.27	146.05	169.82	193.60	217.37	241.15
63	103.43	128.44	153.44	178.45	203.46	228.46	253.47
64	108.34	134.58	160.81	187.05	213.28	239.52	265.75
65	113.27	140.74	168.21	195.67	223.14	250.61	278.08
66	120.53	149.81	179.10	208.38	237.66	266.94	296.23
67	127.81	158.91	190.01	221.11	252.21	283.31	314.42
68	134.88	167.75	200.62	233.49	266.36	299.23	332.10
69	142.15	176.84	211.53	246.22	280.91	315.60	350.29
70	149.41	185.92	222.42	258.92	295.43	331.93	368.43
71	159.92	199.05	238.18	277.31	316.44	355.57	394.70
72	170.22	211.93	253.63	295.34	337.04	378.75	420.45
73	180.73	225.06	269.39	313.72	358.05	402.39	446.72
74	191.03	237.94	284.84	331.75	378.66	425.57	472.47
75	201.52	251.05	300.58	350.11	399.64	449.17	498.70

LOYALTY PLAN - Female EFT Monthly Premiums

PREFERRED							
FEMALE TOBACCO							
Issue Age	\$5,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000
40	17.03	22.48	25.20	27.93	30.65	37.46	44.28
41	17.47	23.10	25.91	28.73	31.54	38.58	45.62
42	17.92	23.73	26.63	29.53	32.44	39.70	46.95
43	18.36	24.34	27.33	30.32	33.31	40.79	48.27
44	18.80	24.96	28.04	31.12	34.20	41.89	49.59
45	19.24	25.58	28.75	31.92	35.09	43.01	50.93
46	19.78	26.34	29.61	32.89	36.17	44.36	52.55
47	20.33	27.10	30.48	33.87	37.26	45.72	54.18
48	20.87	27.86	31.35	34.85	38.34	47.08	55.82
49	21.41	28.62	32.22	35.82	39.42	48.43	57.43
50	21.96	29.38	33.09	36.80	40.51	49.79	59.07
51	22.64	30.34	34.19	38.04	41.89	51.51	61.13
52	23.33	31.31	35.29	39.28	43.27	53.23	63.20
53	24.02	32.27	36.39	40.52	44.64	54.95	65.26
54	24.76	33.30	37.58	41.85	46.12	56.80	67.48
55	25.65	34.55	39.00	43.45	47.90	59.02	70.15
56	26.63	35.93	40.58	45.22	49.87	61.49	73.10
57	27.61	37.30	42.14	46.98	51.82	63.93	76.04
58	28.60	38.68	43.72	48.76	53.81	66.41	79.01
59	29.58	40.05	45.29	50.52	55.76	68.85	81.94
60	30.57	41.43	46.87	52.30	57.73	71.32	84.90
61	32.38	43.97	49.77	55.57	61.36	75.85	90.34
62	34.20	46.52	52.68	58.84	65.00	80.40	95.80
63	36.02	49.07	55.59	62.11	68.64	84.95	101.26
64	38.17	52.08	59.03	65.98	72.94	90.32	107.71
65	39.83	54.40	61.69	68.98	76.26	94.48	112.69
66	41.45	56.67	64.28	71.89	79.50	98.53	117.55
67	43.06	58.92	66.85	74.78	82.71	102.54	122.37
68	44.67	61.17	69.43	77.68	85.94	106.57	127.20
69	46.28	63.43	72.01	80.58	89.16	110.60	132.03
70	47.89	65.69	74.59	83.49	92.39	114.63	136.88
71	50.96	69.98	79.49	89.00	98.52	122.29	146.07
72	54.08	74.35	84.49	94.63	104.76	130.10	155.44
73	57.14	78.64	89.39	100.13	110.88	137.75	164.62
74	60.27	83.01	94.38	105.76	117.13	145.56	174.00
75	63.33	87.30	99.29	111.27	123.26	153.22	183.19
76	66.66	91.96	104.61	117.26	129.91	161.54	193.17
77	69.98	96.62	109.94	123.25	136.57	169.86	203.15
78	73.31	101.27	115.25	129.23	143.22	178.17	213.12
79	76.63	105.92	120.57	135.22	149.86	186.48	223.10
80	79.96	110.58	125.89	141.20	156.51	194.79	233.07
81	126.87	176.26	200.95	225.65	250.34		
82	131.39	182.58	208.18	233.78	259.38		
83	135.91	188.92	215.42	241.92	268.42		
84	140.42	195.23	222.64	250.04	277.45		
85	144.94	201.56	229.87	258.18	286.48		
86	146.90	204.30	233.00	261.70	290.40		
87	148.86	207.04	236.13	265.22	294.31		
88	150.81	209.78	239.26	268.74	298.23		
89	152.77	212.52	242.39	272.27	302.14		
90	168.87	235.06	268.15	301.25	334.34		

LOYALTY PLAN - Female EFT Monthly Premiums

PREFERRED							
FEMALE TOBACCO							
Issue Age	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
40	57.90	71.53	85.15	98.78	112.40	126.03	139.66
41	59.69	73.76	87.83	101.90	115.97	130.05	144.12
42	61.47	75.99	90.51	105.03	119.54	134.06	148.58
43	63.22	78.18	93.13	108.09	123.05	138.00	152.96
44	64.99	80.39	95.79	111.18	126.58	141.98	157.38
45	66.78	82.62	98.46	114.31	130.15	146.00	161.84
46	68.94	85.32	101.70	118.09	134.47	150.85	167.24
47	71.11	88.04	104.97	121.89	138.82	155.75	172.68
48	73.29	90.76	108.23	125.70	143.17	160.65	178.12
49	75.45	93.46	111.47	129.48	147.49	165.50	183.52
50	77.62	96.18	114.73	133.29	151.84	170.40	188.96
51	80.38	99.62	118.86	138.11	157.35	176.60	195.84
52	83.13	103.06	123.00	142.93	162.86	182.79	202.73
53	85.88	106.51	127.13	147.75	168.37	188.99	209.61
54	88.84	110.20	131.56	152.92	174.28	195.64	217.01
55	92.40	114.64	136.89	159.14	181.39	203.64	225.89
56	96.34	119.57	142.81	166.04	189.28	212.51	235.75
57	100.25	124.46	148.67	172.89	197.10	221.31	245.52
58	104.21	129.41	154.62	179.82	205.02	230.22	255.43
59	108.12	134.30	160.48	186.66	212.84	239.02	265.20
60	112.06	139.23	166.40	193.56	220.73	247.89	275.06
61	119.32	148.30	177.28	206.27	235.25	264.23	293.21
62	126.60	157.40	188.20	219.00	249.80	280.60	311.40
63	133.88	166.49	199.11	231.73	264.35	296.97	329.59
64	142.48	177.25	212.02	246.78	281.55	316.32	351.09
65	149.12	185.56	221.99	258.42	294.85	331.28	367.71
66	155.60	193.65	231.70	269.75	307.80	345.85	383.90
67	162.03	201.68	241.34	281.00	320.65	360.31	399.97
68	168.47	209.74	251.01	292.27	333.54	374.81	416.08
69	174.91	217.79	260.67	303.55	346.43	389.30	432.18
70	181.37	225.87	270.36	314.85	359.35	403.84	448.33
71	193.63	241.19	288.75	336.30	383.86	431.42	478.98
72	206.13	256.81	307.49	358.17	408.85	459.53	510.21
73	218.37	272.11	325.85	379.59	433.33	487.07	540.81
74	230.86	287.73	344.59	401.46	458.32	515.19	572.05
75	243.12	303.05	362.98	422.90	482.83	542.76	602.69

LOYALTY PLAN - Female EFT Monthly Premiums

STANDARD

FEMALE NON-TOBACCO

Issue Age	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
	40	17.03	19.75	22.48	25.20	27.93	30.65	37.46	44.28	51.09	57.90
41	17.47	20.29	23.10	25.91	28.73	31.54	38.58	45.62	52.65	59.69	73.76
42	17.92	20.82	23.73	26.63	29.53	32.44	39.70	46.95	54.21	61.47	75.99
43	18.36	21.35	24.34	27.33	30.32	33.31	40.79	48.27	55.75	63.22	78.18
44	18.80	21.88	24.96	28.04	31.12	34.20	41.89	49.59	57.29	64.99	80.39
45	19.24	22.41	25.58	28.75	31.92	35.09	43.01	50.93	58.85	66.78	82.62
46	19.78	23.06	26.34	29.61	32.89	36.17	44.36	52.55	60.74	68.94	85.32
47	20.33	23.71	27.10	30.48	33.87	37.26	45.72	54.18	62.65	71.11	88.04
48	20.87	24.37	27.86	31.35	34.85	38.34	47.08	55.82	64.55	73.29	90.76
49	21.41	25.01	28.62	32.22	35.82	39.42	48.43	57.43	66.44	75.45	93.46
50	21.96	25.67	29.38	33.09	36.80	40.51	49.79	59.07	68.34	77.62	96.18
51	22.64	26.49	30.34	34.19	38.04	41.89	51.51	61.13	70.75	80.38	99.62
52	23.33	27.32	31.31	35.29	39.28	43.27	53.23	63.20	73.16	83.13	103.06
53	24.02	28.15	32.27	36.39	40.52	44.64	54.95	65.26	75.57	85.88	106.51
54	24.76	29.03	33.30	37.58	41.85	46.12	56.80	67.48	78.16	88.84	110.20
55	25.65	30.10	34.55	39.00	43.45	47.90	59.02	70.15	81.27	92.40	114.64
56	26.63	31.28	35.93	40.58	45.22	49.87	61.49	73.10	84.72	96.34	119.57
57	27.61	32.45	37.30	42.14	46.98	51.82	63.93	76.04	88.14	100.25	124.46
58	28.60	33.64	38.68	43.72	48.76	53.81	66.41	79.01	91.61	104.21	129.41
59	29.58	34.82	40.05	45.29	50.52	55.76	68.85	81.94	95.03	108.12	134.30
60	30.57	36.00	41.43	46.87	52.30	57.73	71.32	84.90	98.48	112.06	139.23
61	32.38	38.18	43.97	49.77	55.57	61.36	75.85	90.34	104.83	119.32	148.30
62	34.20	40.36	46.52	52.68	58.84	65.00	80.40	95.80	111.20	126.60	157.40
63	36.02	42.54	49.07	55.59	62.11	68.64	84.95	101.26	117.57	133.88	166.49
64	38.21	45.17	52.13	59.09	66.05	73.02	90.42	107.82	125.23	142.63	177.44
65	40.67	48.13	55.58	63.04	70.49	77.95	96.58	115.22	133.85	152.49	189.76
66	43.63	51.67	59.72	67.76	75.81	83.85	103.97	124.08	144.19	164.31	204.53
67	47.07	55.81	64.54	73.28	82.01	90.75	112.58	134.42	156.26	178.09	221.77
68	50.52	59.95	69.37	78.80	88.22	97.65	121.21	144.77	168.33	191.90	239.02
69	54.46	64.68	74.89	85.10	95.31	105.53	131.06	156.59	182.12	207.66	258.72
70	58.90	70.00	81.10	92.19	103.29	114.39	142.14	169.89	197.64	225.39	280.88
71	63.33	75.32	87.30	99.29	111.27	123.26	153.22	183.19	213.15	243.12	303.05
72	67.76	80.63	93.51	106.38	119.25	132.12	164.31	196.49	228.67	260.85	325.21
73	72.19	85.95	99.71	113.47	127.23	140.99	175.39	209.78	244.18	278.58	347.37
74	77.12	91.87	106.61	121.36	136.10	150.85	187.71	224.57	261.44	298.30	372.02
75	82.54	98.37	114.20	130.03	145.86	161.69	201.26	240.83	280.40	319.97	399.12
76	88.45	105.46	122.47	139.48	156.49	173.50	216.03	258.55			
77	94.86	113.15	131.44	149.73	168.02	186.31	232.04	277.77			
78	101.75	121.42	141.09	160.76	180.43	200.10	249.27	298.45			
79	109.14	130.29	151.44	172.58	193.73	214.88	267.75	320.62			
80	117.51	140.34	163.16	185.98	208.80	231.63	288.68	345.74			
81	126.87	151.57	176.26	200.95	225.65	250.34					
82	131.39	156.99	182.58	208.18	233.78	259.38					
83	135.91	162.41	188.92	215.42	241.92	268.42					
84	140.42	167.83	195.23	222.64	250.04	277.45					
85	144.94	173.25	201.56	229.87	258.18	286.48					
86	145.13	173.47	201.82	230.17	258.51	286.86					
87	145.32	173.70	202.08	230.47	258.85	287.23					
88	145.50	173.92	202.34	230.76	259.19	287.61					
89	164.82	197.11	229.39	261.68	293.96	326.25					
90	185.67	222.12	258.57	295.02	331.48	367.93					

LOYALTY PLAN - Female EFT Monthly Premiums

STANDARD											
FEMALE TOBACCO											
Issue Age	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	17.80	20.68	23.56	26.45	29.33	32.21	39.41	46.61	53.81	61.01	75.42
41	18.28	21.25	24.23	27.20	30.18	33.15	40.59	48.03	55.46	62.90	77.78
42	18.74	21.81	24.87	27.94	31.01	34.08	41.75	49.41	57.08	64.75	80.09
43	19.20	22.36	25.52	28.68	31.84	35.00	42.90	50.80	58.71	66.61	82.41
44	19.67	22.92	26.18	29.43	32.68	35.94	44.07	52.21	60.34	68.48	84.75
45	20.14	23.48	26.83	30.18	33.53	36.87	45.24	53.61	61.98	70.35	87.08
46	20.71	24.17	27.63	31.09	34.55	38.01	46.67	55.32	63.97	72.62	89.93
47	21.28	24.85	28.43	32.00	35.58	39.15	48.09	57.03	65.96	74.90	92.78
48	21.85	25.54	29.23	32.92	36.61	40.30	49.52	58.75	67.97	77.20	95.65
49	22.42	26.22	30.03	33.83	37.63	41.44	50.95	60.46	69.97	79.48	98.49
50	22.99	26.91	30.82	34.74	38.66	42.58	52.37	62.16	71.96	81.75	101.34
51	23.72	27.78	31.84	35.90	39.97	44.03	54.19	64.35	74.50	84.66	104.98
52	24.44	28.65	32.86	37.07	41.28	45.48	56.00	66.53	77.05	87.57	108.61
53	25.17	29.52	33.88	38.23	42.58	46.94	57.82	68.71	79.59	90.47	112.24
54	25.94	30.45	34.96	39.47	43.98	48.48	59.76	71.03	82.30	93.57	116.11
55	26.88	31.58	36.27	40.97	45.67	50.36	62.10	73.84	85.58	97.33	120.81
56	27.92	32.82	37.73	42.63	47.53	52.44	64.70	76.95	89.21	101.47	125.99
57	28.95	34.06	39.17	44.27	49.38	54.49	67.27	80.04	92.81	105.59	131.13
58	29.99	35.31	40.62	45.94	51.26	56.58	69.87	83.16	96.46	109.75	136.34
59	31.02	36.54	42.06	47.59	53.11	58.63	72.44	86.25	100.06	113.87	141.48
60	32.05	37.78	43.51	49.25	54.98	60.71	75.03	89.36	103.69	118.01	146.67
61	33.97	40.08	46.19	52.31	58.42	64.53	79.82	95.10	110.38	125.66	156.23
62	35.88	42.37	48.87	55.37	61.86	68.36	84.60	100.84	117.07	133.31	165.79
63	37.80	44.67	51.55	58.43	65.31	72.19	89.39	106.59	123.78	140.98	175.38
64	40.10	47.44	54.78	62.12	69.46	76.80	95.15	113.50	131.85	150.20	186.89
65	42.69	50.55	58.41	66.27	74.12	81.98	101.63	121.27	140.92	160.57	199.86
66	45.80	54.28	62.76	71.24	79.72	88.20	109.41	130.61	151.81	173.01	215.41
67	49.43	58.64	67.84	77.05	86.26	95.46	118.48	141.50	164.51	187.53	233.56
68	53.06	62.99	72.93	82.86	92.79	102.72	127.55	152.38	177.21	202.05	251.71
69	57.21	67.97	78.73	89.49	100.26	111.02	137.92	164.83	191.73	218.64	272.45
70	61.88	73.57	85.27	96.96	108.66	120.35	149.59	178.83	208.07	237.30	295.78
71	66.54	79.17	91.80	104.43	117.06	129.68	161.26	192.83	224.40	255.97	319.11
72	71.21	84.77	98.33	111.89	125.46	139.02	172.92	206.83	240.73	274.64	342.44
73	75.88	90.37	104.87	119.36	133.86	148.35	184.59	220.83	257.06	293.30	365.78
74	81.06	96.60	112.13	127.66	143.20	158.73	197.56	236.39	275.23	314.06	391.72
75	86.77	103.44	120.12	136.79	153.46	170.14	211.82	253.50	295.19	336.87	420.24
76	92.99	110.90	128.82	146.74	164.65	182.57	227.36	272.16			
77	99.73	118.99	138.26	157.52	176.79	196.05	244.22	292.38			
78	106.99	127.70	148.42	169.14	189.85	210.57	262.36	314.16			
79	114.76	137.04	159.31	181.58	203.85	226.13	281.81	337.49			
80	123.58	147.62	171.65	195.69	219.73	243.76	303.85	363.94			
81	133.43	159.43	185.44	211.45	237.45	263.46					
82	138.19	165.15	192.10	219.06	246.02	272.98					
83	142.95	170.86	198.77	226.68	254.59	282.50					
84	147.70	176.56	205.41	234.27	263.13	291.99					
85	152.45	182.26	212.07	241.88	271.69	301.50					
86	153.09	183.03	212.97	242.91	272.84	302.78					
87	153.73	183.80	213.86	243.93	274.00	304.06					
88	169.39	202.59	235.78	268.98	302.18	335.38					
89	187.13	223.87	260.62	297.36	334.11	370.86					
90	206.93	247.63	288.34	329.05	369.75	410.46					

LOYALTY PLAN - Female EFT Monthly Premiums

MODIFIED											
FEMALE NON-TOBACCO											
Issue Age	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	35.64	42.09	48.54	54.99	61.44	67.89	84.01	100.13	116.26	132.38	164.62
41	36.04	42.57	49.10	55.62	62.15	68.68	85.00	101.32	117.64	133.96	166.60
42	36.14	42.69	49.23	55.78	62.33	68.88	85.24	101.61	117.98	134.35	167.09
43	36.63	43.27	49.92	56.56	63.21	69.85	86.47	103.08	119.69	136.31	169.53
44	37.12	43.86	50.61	57.35	64.10	70.84	87.70	104.56	121.42	138.28	172.00
45	37.61	44.45	51.29	58.13	64.97	71.82	88.92	106.02	123.13	140.23	174.44
46	38.74	45.81	52.87	59.94	67.01	74.08	91.75	109.42	127.09	144.76	180.09
47	39.83	47.12	54.40	61.69	68.98	76.26	94.48	112.69	130.91	149.12	185.56
48	40.86	48.36	55.85	63.34	70.83	78.33	97.06	115.79	134.52	153.26	190.72
49	40.88	48.37	55.87	63.36	70.86	78.35	97.09	115.83	134.57	153.31	190.78
50	40.89	48.39	55.88	63.38	70.88	78.38	97.12	115.87	134.61	153.36	190.85
51	40.90	48.40	55.90	63.40	70.90	78.40	97.16	115.91	134.66	153.41	190.91
52	40.94	48.45	55.96	63.47	70.98	78.49	97.26	116.03	134.81	153.58	191.12
53	40.99	48.51	56.03	63.55	71.06	78.58	97.38	116.17	134.97	153.77	191.36
54	41.04	48.57	56.10	63.63	71.16	78.68	97.51	116.33	135.15	153.97	191.61
55	41.09	48.63	56.16	63.70	71.24	78.78	97.62	116.47	135.31	154.16	191.85
56	41.14	48.68	56.23	63.78	71.32	78.87	97.74	116.61	135.48	154.34	192.08
57	41.18	48.74	56.30	63.85	71.41	78.97	97.86	116.75	135.64	154.53	192.31
58	41.23	48.80	56.37	63.93	71.50	79.07	97.98	116.90	135.82	154.73	192.57
59	41.28	48.86	56.44	64.02	71.59	79.17	98.11	117.05	136.00	154.94	192.82
60	41.33	48.91	56.50	64.08	71.67	79.25	98.22	117.18	136.14	155.11	193.04
61	41.93	49.64	57.34	65.05	72.75	80.46	99.73	118.99	138.26	157.52	196.05
62	43.00	50.92	58.84	66.76	74.68	82.59	102.39	122.19	141.99	161.79	201.39
63	43.74	51.80	59.87	67.94	76.01	84.07	104.24	124.41	144.58	164.75	205.08
64	44.63	52.87	61.12	69.36	77.61	85.85	106.46	127.08	147.69	168.30	209.53
65	45.50	53.92	62.34	70.76	79.18	87.60	108.65	129.70	150.75	171.80	213.90
66	47.05	55.78	64.51	73.24	81.97	90.70	112.52	134.34	156.17	177.99	221.64
67	49.81	59.10	68.38	77.66	86.95	96.23	119.44	142.64	165.85	189.06	235.47
68	52.90	62.80	72.71	82.61	92.51	102.41	127.16	151.91	176.66	201.42	250.92
69	56.01	66.53	77.05	87.57	98.09	108.61	134.92	161.22	187.52	213.83	266.43
70	59.10	70.24	81.38	92.52	103.66	114.80	142.65	170.50	198.35	226.20	281.90
71	63.17	75.13	87.08	99.04	110.99	122.94	152.83	182.72	212.60	242.49	302.26
72	67.25	80.02	92.79	105.56	118.33	131.10	163.03	194.96	226.88	258.81	322.66
73	71.32	84.91	98.49	112.08	125.66	139.25	173.21	207.17	241.13	275.09	343.02
74	74.91	89.21	103.51	117.81	132.11	146.41	182.17	217.92	253.67	289.43	360.93
75	76.99	91.71	106.43	121.15	135.87	150.59	187.38	224.18	260.98	297.77	371.37
76	88.45	105.46	122.47	139.48	156.49	173.50	216.03	258.55			
77	94.86	113.15	131.44	149.73	168.02	186.31	232.04	277.77			
78	101.75	121.42	141.09	160.76	180.43	200.10	249.27	298.45			
79	109.14	130.29	151.44	172.58	193.73	214.88	267.75	320.62			
80	117.51	140.34	163.16	185.98	208.80	231.63	288.68	345.74			
81	126.87	151.57	176.26	200.95	225.65	250.34					
82	131.39	156.99	182.58	208.18	233.78	259.38					
83	135.91	162.41	188.92	215.42	241.92	268.42					
84	140.42	167.83	195.23	222.64	250.04	277.45					
85	146.12	174.67	203.21	231.76	260.30	288.85					

LOYALTY PLAN - Female EFT Monthly Premiums

MODIFIED											
FEMALE TOBACCO											
Issue Age	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	37.26	44.03	50.80	57.57	64.34	71.11	88.04	104.97	121.89	138.82	172.68
41	37.67	44.53	51.38	58.24	65.09	71.94	89.08	106.22	123.35	140.49	174.76
42	37.77	44.65	51.52	58.40	65.27	72.15	89.34	106.52	123.71	140.90	175.27
43	38.29	45.27	52.24	59.22	66.20	73.18	90.62	108.06	125.51	142.95	177.84
44	38.81	45.89	52.97	60.05	67.13	74.21	91.92	109.62	127.32	145.03	180.43
45	39.32	46.50	53.68	60.87	68.05	75.23	93.19	111.15	129.11	147.07	182.98
46	39.47	46.69	53.90	61.12	68.33	75.55	93.59	111.62	129.66	147.70	183.77
47	40.67	48.13	55.58	63.04	70.49	77.95	96.58	115.22	133.85	152.49	189.76
48	41.87	49.57	57.26	64.95	72.65	80.34	99.58	118.81	138.05	157.28	195.76
49	43.07	51.00	58.94	66.87	74.81	82.74	102.57	122.41	142.24	162.08	201.75
50	44.27	52.44	60.62	68.79	76.96	85.14	105.57	126.00	146.44	166.87	207.74
51	44.53	52.76	60.98	69.21	77.44	85.66	106.23	126.79	147.36	167.93	209.06
52	44.80	53.08	61.36	69.64	77.92	86.20	106.90	127.60	148.30	169.00	210.40
53	45.06	53.40	61.73	70.06	78.39	86.73	107.56	128.39	149.22	170.05	211.71
54	45.33	53.72	62.10	70.49	78.87	87.26	108.23	129.19	150.16	171.12	213.05
55	45.59	54.03	62.47	70.91	79.35	87.79	108.89	129.98	151.08	172.18	214.37
56	46.50	55.12	63.74	72.37	80.99	89.61	111.16	132.71	154.26	175.81	218.92
57	47.41	56.21	65.01	73.81	82.62	91.42	113.42	135.43	157.43	179.44	223.44
58	48.32	57.30	66.29	75.27	84.25	93.24	115.70	138.15	160.61	183.07	227.99
59	49.22	58.39	67.55	76.72	85.88	95.05	117.96	140.87	163.78	186.69	232.52
60	50.13	59.48	68.83	78.17	87.52	96.87	120.23	143.60	166.97	190.33	237.07
61	51.20	60.76	70.33	79.89	89.45	99.01	122.91	146.81	170.71	194.62	242.42
62	52.33	62.11	71.90	81.68	91.47	101.25	125.72	150.18	174.64	199.10	248.03
63	53.40	63.40	73.40	83.40	93.39	103.39	128.39	153.39	178.39	203.39	253.39
64	54.52	64.74	74.97	85.19	95.41	105.64	131.20	156.76	182.32	207.88	259.00
65	55.59	66.03	76.47	86.90	97.34	107.78	133.88	159.97	186.07	212.16	264.35
66	57.89	68.78	79.68	90.58	101.47	112.37	139.61	166.86	194.10	221.34	275.83
67	60.18	71.54	82.89	94.25	105.60	116.96	145.35	173.74	202.13	230.52	287.30
68	62.48	74.29	86.11	97.92	109.74	121.55	151.09	180.63	210.16	239.70	298.78
69	64.77	77.04	89.32	101.59	113.87	126.14	156.83	187.51	218.20	248.88	310.25
70	67.07	79.80	92.53	105.26	118.00	130.73	162.56	194.40	226.23	258.06	321.73
71	69.17	82.33	95.48	108.64	121.79	134.95	167.83	200.72	233.61	266.49	332.27
72	71.28	84.86	98.43	112.01	125.59	139.16	173.10	207.04	240.98	274.92	342.81
73	73.38	87.38	101.38	115.38	129.37	143.37	178.36	213.35	248.35	283.34	353.32
74	75.49	89.91	104.33	118.75	133.17	147.59	183.63	219.68	255.72	291.77	363.86
75	77.60	92.44	107.28	122.12	136.96	151.80	188.90	226.00	263.10	300.20	374.40
76	83.91	100.01	116.12	132.22	148.32	164.42	204.68	244.94			
77	90.43	107.83	125.24	142.64	160.05	177.45	220.97	264.48			
78	96.95	115.66	134.37	153.07	171.78	190.49	237.27	284.04			
79	103.46	123.47	143.49	163.50	183.51	203.52	253.56	303.59			
80	109.98	131.29	152.61	173.92	195.24	216.55	269.84	323.13			
81	121.79	145.47	169.14	192.82	216.50	240.18					
82	133.60	159.64	185.68	211.72	237.76	263.80					
83	145.41	173.82	202.22	230.62	259.02	287.43					
84	157.22	187.99	218.75	249.52	280.28	311.05					
85	169.04	202.16	235.29	268.42	301.54	334.67					

LOYALTY PLAN - Male EFT Monthly Premiums

PREFERRED							
MALE NON-TOBACCO							
Issue Age	\$5,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000
40	16.45	21.67	24.28	26.89	29.50	36.03	42.56
41	16.87	22.26	24.96	27.65	30.35	37.08	43.82
42	17.29	22.84	25.62	28.40	31.18	38.12	45.07
43	17.71	23.43	26.30	29.16	32.02	39.17	46.33
44	18.13	24.02	26.96	29.91	32.85	40.22	47.58
45	18.54	24.60	27.63	30.66	33.69	41.26	48.83
46	19.15	25.45	28.60	31.75	34.90	42.78	50.65
47	19.75	26.30	29.57	32.84	36.11	44.29	52.46
48	20.36	27.15	30.54	33.93	37.32	45.80	54.29
49	20.96	27.99	31.50	35.01	38.52	47.30	56.08
50	21.57	28.84	32.48	36.11	39.75	48.83	57.92
51	22.46	30.09	33.90	37.71	41.52	51.05	60.58
52	23.34	31.31	35.30	39.29	43.27	53.24	63.21
53	24.23	32.56	36.72	40.89	45.05	55.46	65.88
54	25.11	33.79	38.13	42.48	46.82	57.67	68.53
55	25.99	35.03	39.55	44.07	48.59	59.88	71.18
56	26.97	36.40	41.11	45.83	50.54	62.33	74.11
57	27.95	37.77	42.68	47.59	52.50	64.78	77.06
58	28.93	39.14	44.25	49.35	54.46	67.22	79.99
59	29.91	40.51	45.81	51.11	56.41	69.67	82.92
60	30.88	41.87	47.37	52.86	58.36	72.10	85.84
61	32.13	43.63	49.37	55.12	60.87	75.24	89.60
62	33.40	45.40	51.39	57.39	63.39	78.39	93.39
63	34.45	46.87	53.08	59.29	65.50	81.03	96.55
64	35.31	48.07	54.45	60.84	67.22	83.17	99.13
65	36.22	49.35	55.91	62.47	69.04	85.45	101.86
66	38.09	51.96	58.90	65.84	72.78	90.12	107.47
67	39.95	54.58	61.89	69.20	76.51	94.79	113.06
68	41.77	57.12	64.80	72.47	80.15	99.33	118.52
69	43.63	59.73	67.78	75.82	83.87	103.99	124.10
70	45.51	62.35	70.77	79.20	87.62	108.67	129.73
71	49.24	67.58	76.75	85.92	95.09	118.01	140.93
72	52.98	72.81	82.73	92.64	102.56	127.35	152.14
73	56.77	78.11	88.79	99.46	110.13	136.82	163.50
74	60.50	83.34	94.76	106.19	117.61	146.16	174.71
75	64.23	88.57	100.74	112.90	125.07	155.49	185.90
76	70.25	96.99	110.36	123.73	137.10	170.52	203.94
77	76.31	105.47	120.05	134.64	149.22	185.67	222.13
78	80.77	111.71	127.19	142.66	158.13	196.82	235.50
79	86.71	120.03	136.69	153.36	170.02	211.67	253.33
80	92.60	128.28	146.12	163.96	181.80	226.40	271.00
81	108.41	150.41	171.41	192.42	213.42		
82	115.77	160.72	183.20	205.67	228.15		
83	123.56	171.63	195.66	219.70	243.73		
84	131.79	183.14	208.82	234.50	260.18		
85	140.48	195.32	222.73	250.15	277.57		
86	143.01	198.85	226.78	254.70	282.62		
87	145.54	202.39	230.82	259.24	287.67		
88	148.06	205.93	234.86	263.79	292.72		
89	162.55	226.21	258.04	289.87	321.70		
90	178.76	248.90	283.97	319.04	354.11		

LOYALTY PLAN - Male EFT Monthly Premiums

PREFERRED							
MALE NON-TOBACCO							
Issue Age	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
40	55.61	68.66	81.71	94.76	107.81	120.87	133.92
41	57.29	70.76	84.24	97.71	111.18	124.65	138.13
42	58.96	72.85	86.73	100.62	114.51	128.40	142.29
43	60.64	74.95	89.26	103.57	117.88	132.19	146.50
44	62.31	77.03	91.76	106.48	121.21	135.94	150.66
45	63.97	79.11	94.26	109.40	124.54	139.68	154.83
46	66.40	82.15	97.90	113.65	129.40	145.15	160.91
47	68.82	85.17	101.52	117.88	134.23	150.59	166.94
48	71.25	88.21	105.17	122.13	139.09	156.06	173.02
49	73.64	91.21	108.77	126.33	143.89	161.45	179.01
50	76.09	94.27	112.44	130.61	148.78	166.96	185.13
51	79.65	98.71	117.77	136.83	155.89	174.95	194.01
52	83.15	103.08	123.02	142.96	162.89	182.83	202.77
53	86.70	107.53	128.35	149.18	170.00	190.83	211.65
54	90.24	111.95	133.65	155.36	177.07	198.78	220.49
55	93.77	116.37	138.96	161.55	184.14	206.74	229.33
56	97.68	121.25	144.82	168.39	191.96	215.53	239.11
57	101.61	126.16	150.71	175.27	199.82	224.37	248.92
58	105.52	131.05	156.58	182.11	207.64	233.17	258.70
59	109.43	135.94	162.44	188.95	215.46	241.97	268.47
60	113.32	140.80	168.28	195.76	223.24	250.72	278.21
61	118.34	147.07	175.81	204.54	233.27	262.01	290.74
62	123.39	153.38	183.38	213.38	243.37	273.37	303.37
63	127.60	158.65	189.70	220.75	251.80	282.85	313.91
64	131.04	162.95	194.85	226.76	258.67	290.58	322.49
65	134.67	167.49	200.31	233.13	265.95	298.77	331.59
66	142.15	176.84	211.53	246.22	280.91	315.60	350.29
67	149.62	186.17	222.73	259.28	295.83	332.39	368.94
68	156.89	195.27	233.64	272.01	310.39	348.76	387.13
69	164.34	204.57	244.81	285.04	325.28	365.51	405.75
70	171.84	213.95	256.05	298.16	340.27	382.38	424.49
71	186.78	232.62	278.47	324.31	370.16	416.00	461.85
72	201.72	251.30	300.88	350.46	400.04	449.62	499.21
73	216.87	270.24	323.60	376.97	430.34	483.71	537.07
74	231.81	288.92	346.02	403.12	460.22	517.33	574.43
75	246.74	307.57	368.41	429.24	490.08	550.91	611.75

LOYALTY PLAN - Male EFT Monthly Premiums

PREFERRED							
MALE TOBACCO							
Issue Age	\$5,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000
40	19.98	26.62	29.93	33.25	36.57	44.86	53.15
41	20.48	27.31	30.72	34.14	37.55	46.09	54.63
42	20.97	28.00	31.51	35.03	38.54	47.32	56.11
43	21.46	28.68	32.29	35.90	39.52	48.55	57.57
44	21.96	29.38	33.09	36.80	40.51	49.79	59.07
45	22.44	30.06	33.87	37.68	41.49	51.01	60.53
46	23.23	31.17	35.14	39.10	43.07	52.99	62.90
47	24.02	32.27	36.39	40.52	44.64	54.95	65.26
48	24.81	33.38	37.66	41.94	46.22	56.93	67.63
49	25.60	34.48	38.92	43.36	47.80	58.89	69.99
50	26.39	35.58	40.18	44.78	49.38	60.87	72.36
51	27.47	37.10	41.92	46.73	51.54	63.58	75.62
52	28.56	38.62	43.65	48.68	53.71	66.29	78.87
53	29.64	40.13	45.38	50.62	55.87	68.99	82.11
54	30.72	41.65	47.12	52.58	58.05	71.71	85.37
55	31.81	43.17	48.85	54.53	60.21	74.42	88.62
56	32.99	44.82	50.74	56.66	62.58	77.37	92.17
57	34.17	46.48	52.63	58.79	64.94	80.33	95.71
58	36.24	49.38	55.94	62.51	69.08	85.50	101.92
59	37.22	50.75	57.51	64.28	71.04	87.95	104.86
60	39.69	54.20	61.46	68.72	75.97	94.12	112.26
61	42.15	57.65	65.40	73.15	80.89	100.27	119.64
62	44.86	61.45	69.74	78.03	86.33	107.06	127.79
63	46.57	63.84	72.47	81.11	89.74	111.33	132.91
64	48.28	66.24	75.21	84.19	93.17	115.61	138.05
65	49.99	68.63	77.95	87.27	96.59	119.88	143.18
66	51.99	71.42	81.14	90.85	100.57	124.87	149.16
67	53.98	74.21	84.32	94.44	104.55	129.84	155.13
68	55.97	77.00	87.51	98.02	108.54	134.82	161.10
69	57.96	79.78	90.69	101.60	112.51	139.79	167.07
70	59.95	82.57	93.88	105.19	116.50	144.78	173.05
71	63.90	88.10	100.20	112.30	124.40	154.65	184.90
72	67.80	93.55	106.43	119.31	132.19	164.39	196.59
73	71.75	99.09	112.76	126.43	140.11	174.28	208.46
74	75.65	104.54	118.99	133.44	147.89	184.01	220.14
75	79.59	110.07	125.31	140.55	155.79	193.89	231.98
76	83.70	115.82	131.88	147.94	164.00	204.15	244.30
77	87.81	121.57	138.45	155.33	172.21	214.41	256.62
78	91.97	127.39	145.11	162.82	180.53	224.81	269.10
79	96.07	133.14	151.67	170.21	188.74	235.08	281.41
80	100.18	138.89	158.24	177.60	196.95	245.34	293.73
81	140.10	194.78	222.12	249.45	276.79		
82	144.05	200.30	228.43	256.56	284.69		
83	147.99	205.83	234.75	263.67	292.59		
84	151.94	211.36	241.07	270.78	300.48		
85	155.89	216.89	247.38	277.88	308.38		
86	156.84	218.21	248.90	279.59	310.28		
87	157.79	219.54	250.42	281.30	312.18		
88	158.74	220.87	251.94	283.01	314.08		
89	172.35	239.92	273.71	307.50	341.29		
90	186.16	259.27	295.82	332.37	368.93		

LOYALTY PLAN - Male EFT Monthly Premiums

PREFERRED							
MALE TOBACCO							
Issue Age	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
40	69.73	86.32	102.90	119.48	136.07	152.65	169.24
41	71.71	88.78	105.86	122.94	140.01	157.09	174.17
42	73.68	91.25	108.82	126.39	143.96	161.53	179.10
43	75.63	93.69	111.75	129.81	147.87	165.92	183.98
44	77.62	96.18	114.73	133.29	151.84	170.40	188.96
45	79.58	98.62	117.67	136.71	155.75	174.80	193.84
46	82.74	102.57	122.41	142.24	162.08	181.91	201.75
47	85.88	106.51	127.13	147.75	168.37	188.99	209.61
48	89.05	110.46	131.87	153.28	174.69	196.10	217.52
49	92.19	114.39	136.59	158.78	180.98	203.18	225.38
50	95.35	118.34	141.33	164.32	187.31	210.29	233.28
51	99.69	123.76	147.83	171.90	195.98	220.05	244.12
52	104.02	129.18	154.33	179.49	204.65	229.80	254.96
53	108.34	134.58	160.81	187.05	213.28	239.52	265.75
54	112.69	140.02	167.34	194.66	221.99	249.31	276.63
55	117.03	145.44	173.84	202.25	230.66	259.06	287.47
56	121.75	151.34	180.93	210.52	240.11	269.70	299.29
57	126.48	157.25	188.02	218.79	249.56	280.33	311.10
58	134.76	167.60	200.44	233.28	266.12	298.96	331.80
59	138.69	172.51	206.33	240.15	273.97	307.79	341.62
60	148.55	184.83	221.12	257.41	293.69	329.98	366.27
61	158.39	197.14	235.88	274.63	313.38	352.13	390.87
62	169.25	210.72	252.18	293.64	335.10	376.57	418.03
63	176.09	219.26	262.43	305.60	348.77	391.94	435.12
64	182.94	227.82	272.71	317.59	362.47	407.36	452.24
65	189.77	236.36	282.96	329.55	376.14	422.73	469.33
66	197.74	246.33	294.92	343.50	392.09	440.67	489.26
67	205.70	256.28	306.85	357.43	408.00	458.58	509.15
68	213.67	266.24	318.81	371.38	423.95	476.51	529.08
69	221.63	276.19	330.74	385.30	439.86	494.42	548.97
70	229.60	286.15	342.70	399.25	455.80	512.35	568.91
71	245.40	305.89	366.39	426.89	487.39	547.89	608.39
72	260.98	325.38	389.78	454.17	518.57	582.96	647.36
73	276.81	345.16	413.52	481.87	550.22	618.57	686.93
74	292.38	364.63	436.87	509.12	581.37	653.61	725.86
75	308.18	384.37	460.56	536.76	612.95	689.15	765.34

LOYALTY PLAN - Male EFT Monthly Premiums

Issue Age	STANDARD										
	MALE NON-TOBACCO										
	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	19.98	23.30	26.62	29.93	33.25	36.57	44.86	53.15	61.44	69.73	86.32
41	20.48	23.89	27.31	30.72	34.14	37.55	46.09	54.63	63.17	71.71	88.78
42	20.97	24.48	28.00	31.51	35.03	38.54	47.32	56.11	64.89	73.68	91.25
43	21.46	25.07	28.68	32.29	35.90	39.52	48.55	57.57	66.60	75.63	93.69
44	21.96	25.67	29.38	33.09	36.80	40.51	49.79	59.07	68.34	77.62	96.18
45	22.44	26.25	30.06	33.87	37.68	41.49	51.01	60.53	70.05	79.58	98.62
46	23.23	27.20	31.17	35.14	39.10	43.07	52.99	62.90	72.82	82.74	102.57
47	24.02	28.15	32.27	36.39	40.52	44.64	54.95	65.26	75.57	85.88	106.51
48	24.81	29.09	33.38	37.66	41.94	46.22	56.93	67.63	78.34	89.05	110.46
49	25.60	30.04	34.48	38.92	43.36	47.80	58.89	69.99	81.09	92.19	114.39
50	26.39	30.99	35.58	40.18	44.78	49.38	60.87	72.36	83.86	95.35	118.34
51	27.47	32.29	37.10	41.92	46.73	51.54	63.58	75.62	87.65	99.69	123.76
52	28.56	33.59	38.62	43.65	48.68	53.71	66.29	78.87	91.45	104.02	129.18
53	29.64	34.88	40.13	45.38	50.62	55.87	68.99	82.11	95.22	108.34	134.58
54	30.72	36.19	41.65	47.12	52.58	58.05	71.71	85.37	99.03	112.69	140.02
55	31.81	37.49	43.17	48.85	54.53	60.21	74.42	88.62	102.82	117.03	145.44
56	32.99	38.91	44.82	50.74	56.66	62.58	77.37	92.17	106.96	121.75	151.34
57	34.17	40.32	46.48	52.63	58.79	64.94	80.33	95.71	111.10	126.48	157.25
58	36.24	42.81	49.38	55.94	62.51	69.08	85.50	101.92	118.34	134.76	167.60
59	37.22	43.99	50.75	57.51	64.28	71.04	87.95	104.86	121.78	138.69	172.51
60	39.69	46.94	54.20	61.46	68.72	75.97	94.12	112.26	130.40	148.55	184.83
61	42.15	49.90	57.65	65.40	73.15	80.89	100.27	119.64	139.02	158.39	197.14
62	45.11	53.45	61.79	70.13	78.47	86.81	107.66	128.52	149.37	170.22	211.93
63	48.06	56.99	65.92	74.85	83.79	92.72	115.05	137.38	159.71	182.04	226.70
64	51.01	60.54	70.06	79.58	89.10	98.63	122.43	146.24	170.04	193.85	241.46
65	53.97	64.08	74.20	84.31	94.43	104.54	129.83	155.11	180.40	205.68	256.25
66	56.92	67.63	78.33	89.04	99.74	110.45	137.21	163.97	190.74	217.50	271.02
67	60.38	71.77	83.17	94.56	105.96	117.35	145.84	174.33	202.81	231.30	288.28
68	63.82	75.91	87.99	100.08	112.16	124.24	154.46	184.67	214.88	245.09	305.51
69	67.27	80.05	92.82	105.60	118.37	131.15	163.08	195.02	226.96	258.89	322.77
70	71.21	84.78	98.34	111.90	125.46	139.03	172.93	206.84	240.75	274.65	342.47
71	75.65	90.09	104.54	118.99	133.44	147.89	184.01	220.14	256.26	292.38	364.63
72	80.57	96.00	111.43	126.87	142.30	157.73	196.32	234.90	273.49	312.07	389.24
73	85.50	101.92	118.34	134.76	151.18	167.59	208.64	249.69	290.74	331.79	413.89
74	90.92	108.42	125.92	143.43	160.93	178.43	222.19	265.95	309.71	353.46	440.98
75	96.83	115.51	134.20	152.88	171.57	190.26	236.97	283.68	330.40	377.11	470.54
76	103.23	123.19	143.16	163.13	183.09	203.06	252.97	302.88			
77	110.12	131.47	152.81	174.15	195.50	216.84	270.20	323.57			
78	118.01	140.93	163.85	186.77	209.69	232.61	289.91	347.22			
79	126.87	151.57	176.26	200.95	225.65	250.34	312.08	373.81			
80	136.72	163.39	190.05	216.72	243.38	270.05	336.71	403.37			
81	140.10	167.44	194.78	222.12	249.45	276.79					
82	144.05	172.17	200.30	228.43	256.56	284.69					
83	147.99	176.91	205.83	234.75	263.67	292.59					
84	151.94	181.65	211.36	241.07	270.78	300.48					
85	155.89	186.39	216.89	247.38	277.88	308.38					
86	160.43	191.84	223.25	254.65	286.06	317.47					
87	164.98	197.29	229.61	261.92	294.24	326.55					
88	181.33	216.92	252.51	288.10	323.68	359.27					
89	199.16	238.31	277.46	316.61	355.76	394.91					
90	219.09	262.23	305.36	348.50	391.64	434.78					

LOYALTY PLAN - Male EFT Monthly Premiums

Issue Age	STANDARD										
	MALE TOBACCO										
	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	20.92	24.42	27.93	31.43	34.93	38.44	47.20	55.96	64.71	73.47	90.99
41	21.43	25.04	28.65	32.25	35.86	39.47	48.48	57.50	66.51	75.53	93.56
42	21.95	25.66	29.37	33.08	36.79	40.50	49.78	59.05	68.33	77.61	96.16
43	22.47	26.28	30.10	33.91	37.73	41.54	51.07	60.61	70.14	79.68	98.75
44	22.99	26.91	30.82	34.74	38.66	42.58	52.37	62.16	71.96	81.75	101.34
45	23.51	27.53	31.55	35.57	39.59	43.61	53.67	63.72	73.77	83.83	103.93
46	24.34	28.52	32.71	36.90	41.08	45.27	55.74	66.21	76.67	87.14	108.08
47	25.17	29.52	33.88	38.23	42.58	46.94	57.82	68.71	79.59	90.47	112.24
48	26.00	30.52	35.04	39.56	44.08	48.60	59.90	71.20	82.51	93.81	116.41
49	26.83	31.51	36.20	40.88	45.57	50.25	61.97	73.68	85.39	97.10	120.53
50	27.65	32.51	37.36	42.21	47.06	51.91	64.04	76.16	88.29	100.42	124.67
51	28.80	33.88	38.96	44.04	49.12	54.20	66.90	79.59	92.29	104.99	130.39
52	29.94	35.25	40.56	45.87	51.17	56.48	69.75	83.02	96.29	109.57	136.11
53	31.08	36.61	42.15	47.68	53.22	58.75	72.59	86.43	100.27	114.10	141.78
54	32.22	37.98	43.75	49.51	55.27	61.04	75.45	89.86	104.27	118.68	147.50
55	33.36	39.35	45.34	51.33	57.32	63.32	78.30	93.27	108.25	123.23	153.19
56	34.60	40.84	47.08	53.33	59.57	65.81	81.41	97.01	112.61	128.21	159.42
57	35.85	42.34	48.83	55.32	61.81	68.30	84.52	100.75	116.97	133.20	165.64
58	38.02	44.95	51.87	58.80	65.72	72.65	89.96	107.27	124.59	141.90	176.52
59	39.06	46.19	53.33	60.46	67.59	74.72	92.55	110.39	128.22	146.05	181.71
60	41.66	49.31	56.96	64.61	72.27	79.92	99.05	118.18	137.30	156.43	194.69
61	44.25	52.42	60.59	68.75	76.92	85.09	105.52	125.94	146.36	166.79	207.63
62	47.36	56.15	64.95	73.74	82.53	91.32	113.31	135.29	157.27	179.25	223.21
63	50.47	59.88	69.30	78.71	88.12	97.54	121.07	144.61	168.14	191.68	238.74
64	53.58	63.62	73.65	83.69	93.72	103.76	128.85	153.94	179.03	204.12	254.30
65	56.70	67.35	78.01	88.67	99.33	109.99	136.64	163.29	189.93	216.58	269.88
66	59.80	71.08	82.36	93.64	104.92	116.20	144.40	172.61	200.81	229.01	285.41
67	63.43	75.44	87.44	99.45	111.46	123.46	153.48	183.49	213.51	243.53	303.56
68	67.07	79.80	92.53	105.26	118.00	130.73	162.56	194.40	226.23	258.06	321.73
69	70.69	84.15	97.61	111.07	124.53	137.99	171.64	205.28	238.93	272.58	339.87
70	74.84	89.13	103.41	117.70	131.99	146.28	182.00	217.71	253.43	289.15	360.59
71	79.50	94.73	109.95	125.17	140.39	155.61	193.66	231.71	269.77	307.82	383.92
72	84.69	100.95	117.21	133.46	149.72	165.98	206.62	247.27	287.91	328.56	409.85
73	89.87	107.17	124.46	141.76	159.05	176.35	219.59	262.82	306.06	349.30	435.77
74	95.58	114.01	132.45	150.89	169.32	187.76	233.85	279.93	326.02	372.11	464.29
75	101.80	121.49	141.17	160.85	180.53	200.21	249.41	298.61	347.82	397.02	495.42
76	108.55	129.57	150.60	171.63	192.66	213.69	266.26	318.84			
77	115.80	138.28	160.76	183.24	205.72	228.20	284.40	340.60			
78	124.10	148.23	172.37	196.51	220.65	244.79	305.14	365.49			
79	133.43	159.43	185.44	211.45	237.45	263.46	328.47	393.49			
80	143.80	171.88	199.96	228.04	256.12	284.20	354.40	424.60			
81	147.35	176.14	204.93	233.72	262.51	291.30					
82	151.51	181.13	210.75	240.37	269.99	299.62					
83	155.66	186.12	216.57	247.02	277.48	307.93					
84	159.82	191.11	222.39	253.67	284.96	316.24					
85	163.97	196.09	228.20	260.32	292.43	324.55					
86	174.10	208.24	242.38	276.52	310.65	344.79					
87	180.95	216.46	251.97	287.48	322.99	358.50					
88	194.47	232.68	270.89	309.11	347.32	385.53					
89	211.20	252.76	294.33	335.89	377.45	419.01					
90	228.20	273.16	318.12	363.08	408.04	453.00					

LOYALTY PLAN - Male EFT Monthly Premiums

Issue Age	MODIFIED										
	MALE NON-TOBACCO										
	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	37.58	44.42	51.26	58.09	64.93	71.77	88.86	105.95	123.04	140.13	174.31
41	38.16	45.11	52.06	59.01	65.96	72.91	90.29	107.67	125.05	142.43	177.18
42	39.25	46.42	53.59	60.76	67.93	75.10	93.02	110.95	128.87	146.80	182.64
43	40.34	47.73	55.12	62.51	69.89	77.28	95.75	114.22	132.69	151.16	188.11
44	41.42	49.03	56.63	64.24	71.84	79.45	98.46	117.47	136.49	155.50	193.52
45	42.52	50.34	58.16	65.99	73.81	81.63	101.19	120.75	140.31	159.87	198.99
46	43.20	51.16	59.12	67.08	75.04	83.00	102.90	122.80	142.70	162.61	202.41
47	43.84	51.93	60.02	68.11	76.20	84.29	104.51	124.73	144.95	165.17	205.62
48	44.45	52.66	60.87	69.08	77.29	85.50	106.03	126.55	147.08	167.60	208.65
49	45.02	53.34	61.66	69.99	78.31	86.63	107.44	128.25	149.06	169.86	211.48
50	45.06	53.40	61.73	70.06	78.39	86.73	107.56	128.39	149.22	170.05	211.71
51	45.11	53.45	61.79	70.14	78.48	86.82	107.67	128.53	149.38	170.24	211.95
52	45.16	53.51	61.86	70.21	78.56	86.91	107.79	128.67	149.55	170.43	212.18
53	45.20	53.56	61.92	70.28	78.65	87.01	107.91	128.81	149.71	170.61	212.42
54	46.28	54.85	63.43	72.01	80.58	89.16	110.60	132.03	153.47	174.91	217.79
55	47.35	56.14	64.93	73.72	82.51	91.30	113.27	135.25	157.22	179.20	223.15
56	48.42	57.43	66.43	75.44	84.44	93.45	115.96	138.47	160.99	183.50	228.52
57	49.50	58.71	67.93	77.15	86.37	95.59	118.64	141.69	164.73	187.78	233.88
58	50.57	60.00	69.43	78.87	88.30	97.73	121.32	144.90	168.48	192.07	239.23
59	51.64	61.29	70.94	80.59	90.24	99.88	124.00	148.13	172.25	196.37	244.61
60	52.71	62.58	72.44	82.30	92.16	102.03	126.68	151.34	175.99	200.65	249.96
61	53.78	63.86	73.94	84.01	94.09	104.17	129.36	154.55	179.74	204.94	255.32
62	54.86	65.15	75.44	85.73	96.03	106.32	132.05	157.78	183.51	209.24	260.70
63	55.93	66.44	76.94	87.45	97.95	108.46	134.73	160.99	187.26	213.52	266.05
64	57.00	67.72	78.44	89.16	99.88	110.60	137.40	164.20	191.00	217.80	271.41
65	58.08	69.01	79.95	90.88	101.82	112.75	140.09	167.43	194.77	222.11	276.78
66	59.21	70.37	81.54	92.70	103.86	115.02	142.93	170.83	198.74	226.64	282.46
67	62.82	74.71	86.59	98.48	110.36	122.25	151.96	181.67	211.38	241.09	300.52
68	66.44	79.04	91.65	104.26	116.86	129.47	160.99	192.51	224.03	255.54	318.58
69	70.05	83.38	96.71	110.04	123.37	136.71	170.03	203.36	236.68	270.01	336.66
70	73.66	87.71	101.77	115.82	129.87	143.92	179.05	214.18	249.31	284.44	354.71
71	77.25	92.02	106.79	121.56	136.33	151.10	188.03	224.96	261.88	298.81	372.66
72	80.85	96.34	111.83	127.32	142.81	158.30	197.02	235.74	274.47	313.19	390.64
73	84.45	100.66	116.87	133.08	149.29	165.50	206.02	246.54	287.07	327.59	408.64
74	88.04	104.97	121.90	138.83	155.76	172.69	215.01	257.33	299.65	341.97	426.62
75	92.06	109.80	127.53	145.26	162.99	180.73	225.06	269.39	313.72	358.05	446.72
76	103.23	123.19	143.16	163.13	183.09	203.06	252.97	302.88			
77	110.12	131.47	152.81	174.15	195.50	216.84	270.20	323.57			
78	118.01	140.93	163.85	186.77	209.69	232.61	289.91	347.22			
79	126.87	151.57	176.26	200.95	225.65	250.34	312.08	373.81			
80	136.72	163.39	190.05	216.72	243.38	270.05	336.71	403.37			
81	140.10	167.44	194.78	222.12	249.45	276.79					
82	148.97	178.09	207.20	236.31	265.43	294.54					
83	155.66	186.12	216.57	247.02	277.48	307.93					
84	159.82	191.11	222.39	253.67	284.96	316.24					
85	163.97	196.09	228.20	260.32	292.43	324.55					

LOYALTY PLAN - Male EFT Monthly Premiums

Issue Age	MODIFIED										
	MALE TOBACCO										
	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$25,000
40	39.29	46.47	53.65	60.83	68.00	75.18	93.13	111.07	129.02	146.97	182.86
41	39.89	47.19	54.49	61.79	69.09	76.39	94.64	112.88	131.13	149.38	185.87
42	41.04	48.57	56.10	63.63	71.16	78.68	97.51	116.33	135.15	153.97	191.61
43	42.19	49.95	57.71	65.46	73.22	80.98	100.37	119.77	139.16	158.56	197.35
44	43.32	51.31	59.29	67.28	75.26	83.25	103.21	123.17	143.14	163.10	203.02
45	44.47	52.69	60.90	69.12	77.33	85.54	106.08	126.62	147.15	167.69	208.76
46	45.19	53.55	61.91	70.26	78.62	86.98	107.88	128.77	149.67	170.56	212.35
47	45.61	54.05	62.49	70.93	79.37	87.81	108.92	130.02	151.12	172.23	214.43
48	47.51	56.33	65.15	73.97	82.79	91.61	113.67	135.72	157.77	179.83	223.93
49	49.41	58.61	67.81	77.01	86.21	95.41	118.42	141.42	164.42	187.43	233.43
50	51.31	60.89	70.47	80.05	89.63	99.21	123.17	147.12	171.07	195.02	242.93
51	52.22	61.99	71.75	81.52	91.28	101.05	125.46	149.87	174.28	198.70	247.52
52	53.14	63.09	73.04	82.99	92.94	102.88	127.76	152.63	177.50	202.37	252.11
53	54.06	64.19	74.32	84.46	94.59	104.72	130.05	155.38	180.71	206.04	256.70
54	54.98	65.29	75.61	85.92	96.24	106.56	132.35	158.13	183.92	209.71	261.29
55	55.90	66.40	76.89	87.39	97.89	108.39	134.64	160.89	187.14	213.38	265.88
56	56.48	67.09	77.71	88.33	98.94	109.56	136.10	162.63	189.17	215.71	268.79
57	57.06	67.79	78.52	89.26	99.99	110.72	137.55	164.38	191.21	218.04	271.70
58	57.64	68.49	79.33	90.18	101.03	111.88	139.00	166.12	193.23	220.35	274.59
59	58.22	69.18	80.15	91.11	102.08	113.04	140.45	167.86	195.27	222.68	277.50
60	58.80	69.88	80.96	92.04	103.13	114.21	141.91	169.61	197.31	225.01	280.42
61	60.54	71.96	83.39	94.82	106.25	117.67	146.24	174.81	203.38	231.95	289.09
62	62.27	74.05	85.82	97.59	109.37	121.14	150.58	180.01	209.45	238.88	297.76
63	63.95	76.06	88.18	100.29	112.40	124.51	154.79	185.06	215.34	245.62	306.17
64	65.69	78.15	90.60	103.06	115.52	127.98	159.12	190.26	221.41	252.55	314.84
65	67.42	80.23	93.03	105.84	118.64	131.44	163.46	195.47	227.48	259.49	323.51
66	70.18	83.53	96.89	110.24	123.60	136.95	170.34	203.73	237.12	270.50	337.28
67	72.93	86.84	100.74	114.65	128.55	142.46	177.23	211.99	246.76	281.52	351.05
68	75.74	90.20	104.67	119.14	133.60	148.07	184.24	220.41	256.57	292.74	365.08
69	78.49	93.51	108.52	123.54	138.56	153.58	191.12	228.67	266.21	303.76	378.85
70	81.98	97.69	113.41	129.13	144.84	160.56	199.85	239.13	278.42	317.71	396.29
71	88.60	105.63	122.67	139.71	156.75	173.79	216.39	258.99	301.58	344.18	429.38
72	95.21	113.58	131.94	150.30	168.66	187.03	232.93	278.84	324.74	370.65	462.46
73	101.83	121.52	141.20	160.89	180.57	200.26	249.48	298.69	347.91	397.12	495.55
74	108.45	129.46	150.47	171.48	192.49	213.49	266.02	318.54	371.07	423.59	528.64
75	115.06	137.40	159.73	182.06	204.40	226.73	282.56	338.39	394.23	450.06	561.72
76	122.80	146.68	170.57	194.45	218.33	242.21	301.91	361.61			
77	130.54	155.97	181.40	206.83	232.26	257.69	321.26	384.83			
78	138.28	165.26	192.24	219.21	246.19	273.16	340.61	408.05			
79	146.02	174.55	203.07	231.59	260.12	288.64	359.95	431.26			
80	153.76	183.83	213.91	243.98	274.05	304.12	379.30	454.48			
81	159.97	191.28	222.60	253.91	285.23	316.54					
82	166.18	198.74	231.30	263.85	296.41	328.97					
83	172.39	206.19	239.99	273.79	307.59	341.39					
84	178.61	213.65	248.69	283.73	318.77	353.81					
85	184.82	221.10	257.38	293.66	329.95	366.23					

Loyalty Plan - Accidental Death Benefit Annual Premium Rates Per Thousand Face Amount

Issue Age	Whole Life ADB Premium	
	Male	Female
40	2.00	1.25
41	2.00	1.25
42	2.00	1.25
43	2.00	1.25
44	2.00	1.25
45	2.00	1.25
46	2.00	1.25
47	2.00	1.25
48	2.00	1.25
49	2.00	1.25
50	2.00	1.25
51	2.00	1.25
52	2.00	1.25
53	2.00	1.25
54	2.25	1.25
55	2.25	1.25
56	2.25	1.50
57	2.50	1.50
58	2.50	1.50
59	2.75	1.50
60	2.75	1.75
61	3.00	1.75
62	3.00	1.75
63	3.25	2.00
64	3.25	2.00

Issue Age	Whole Life ADB Premium	
	Male	Female
65	3.50	2.00
66	3.50	2.25
67	3.75	2.25
68	4.00	2.50
69	4.25	2.50
70	4.50	2.75
71	4.75	2.75
72	5.00	3.00
73	5.25	3.25
74	5.50	3.50
75	6.00	3.75
76	6.50	4.00
77	7.00	4.25
78	7.75	4.75
79	9.00	5.50
80	10.25	6.75
81	11.50	8.00
82	13.00	9.25
83	14.50	10.75
84	16.00	12.25
85	17.75	13.75
86	19.50	15.50
87	21.25	17.25
88	23.00	19.00
89	25.00	21.00
90	27.00	23.00

Child Rider Information

The cost of the Child Rider is \$15.00 per unit/thousand with a max of 10 units or \$10,000. More information can be found on page 7.

GUARDIAN PLAN

Plan not available in all states	PREFERRED	STANDARD	MODIFIED
DEATH BENEFIT/ POLICY PROCEEDS	Provides full face amount coverage from day one.		Policy Year 1 25% Benefit Policy Year 2 50% Benefit Policy Year 3 75% Benefit Policy Year 4 100% Benefit
PREMIUMS	Level and Payable to Age 100		
AGE LIMITS	0 (30 days) to 39 years Attained age (Age at last birthday)		
MINIMUM FACE AMOUNT	\$1,000		
MAXIMUM FACE AMOUNT	\$25,000.00	\$20,000.00	
PAYMENT PLAN OPTIONS	Whole Life, 10 year, 20 year		
MODAL FACTORS	PAC/EFT	0.086	
	Credit/Debit Cards	0.100	
	Direct Bills	0.100	
	Quarterly	0.265	
	Semi-Annual	0.520	
	Annual	1.000	
ADDED BENEFITS	Accidental Death Benefit Terminates at the end of the 10th policy year		
RIDERS AVAILABLE *	Accidental Death Benefit Rider Dependent Child Rider		
LOANS	Loans are available if there is sufficient cash value. Loans will accrue interest. Loans will reduce the policy proceeds.		
POLICY FEE	This plan has a \$25.00 fee.		

* See table on next page for further information.

GUARDIAN PLAN-RIDERS

	ACCIDENTAL DEATH BENEFIT (ADB) RIDER		
	PREFERRED	STANDARD	MODIFIED
DEATH BENEFIT/POLICY PROCEEDS	Provides Accidental Death Benefit plus Face Amount from day one.		Year 1-3 Accidental Death Benefit plus Current Death Benefit Year 4+ Accidental Death Benefit plus Face Amount
PREMIUMS	Based upon age, see chart on page 32		
AGE LIMITS	Based off payment plan. Whole Life - 0 (30 days) to 39 years 10 & 20 Years - 0 (30 days) to 39 years		
MINIMUM FACE AMOUNT	\$1,000		
MAXIMUM FACE AMOUNT	Death Benefit of Base Policy		
EXPIRATION OF RIDER	Expires upon termination of Base Policy		
OTHER HELPFUL INFO	This must be sold with the initial application and cannot be added later		
	DEPENDENT CHILD RIDER		
	PREFERRED	STANDARD	MODIFIED
DEATH BENEFIT/POLICY PROCEEDS	Provides full face amount coverage from day one.		
PREMIUMS	Annual Premium is \$15.00 per thousand		
AGE LIMITS	Base insured must be between the ages of 18 to 39 Issue age of child: 0 (30 days) to age 17		
MINIMUM RIDER AMOUNT	\$1,000		
MAXIMUM RIDER AMOUNT	Rider cannot exceed the Base Plan or \$10,000, whichever is lower		
EXPIRATION OF RIDER	Coverage expires at age 25, end of payment plan, or base insured's 65th birthday; whichever comes first		
COVERAGE	Coverage is extended to each child born to, or legally adopted by, the Insured after the date of Application for this Rider if such child becomes 30 days old and, if adopted, such adopted child was under the age of 18 at the time of adoption.		
OTHER HELPFUL INFO	Child cannot be the grandchild. This must be sold with the initial application and cannot be added later Coverage may be on two applications (i.e. Coverage with both mother's and father's applications) but not to exceed \$10,000 per child.		

UNDERWRITING INFORMATION

Guardian Plan Height and Weight Chart

The weight table below is a guideline that reflects the weight limits. If the insured exceeds the limit, they should then be placed on the next plan listed.

Height	Preferred	Standard	Modified	Decline
4' 8"	164	196	296	297+
4' 9"	169	200	300	301+
4' 10"	173	204	304	305+
4' 11"	177	208	308	309+
5' 0"	181	212	312	313+
5' 1"	184	216	316	317+
5' 2"	187	221	321	322+
5' 3"	191	226	326	327+
5' 4"	196	231	331	332+
5' 5"	201	237	337	338+
5' 6"	207	243	343	344+
5' 7"	212	249	349	350+
5' 8"	219	255	355	356+
5' 9"	226	262	362	363+
5' 10"	232	269	369	370+
5' 11"	239	276	376	377+
6' 0"	245	284	384	385+
6' 1"	251	291	391	392+
6' 2"	257	299	399	400+
6' 3"	263	307	407	408+
6' 4"	270	315	415	416+
6' 5"	277	323	423	424+
6' 6"	284	331	431	432+
6' 7"	290	340	440	441+

UNDERWRITING INFORMATION

Refer to **General Underwriting Guidelines** on page 3 of this rate book.

Application Guidelines:

These plans are Whole Life policies with payment plan options.

- These are NOT guaranteed issue plans and all questions must be answered. These are insured plans and require medical underwriting - all health questions and information need to be listed on the application.
- The applicant must sign the application.
- Please fill out the application completely with full Address, Social Security Number, Date of Birth and the Height & Weight of the applicant. List the beneficiary.
- Coverage is underwritten from the information provided on the application. All "Yes" answers must have complete explanations, including medications prescribed.

Application Health Questions(Quick Summary):

If all questions in all sections are answered NO (and height and weight within range on the Height and Weight Table) a Preferred rate may be issued.

- **Section I questions 1-11**
Any part answered Yes Decline
- **Section II questions 12-16**
Any part answered Yes Standard
- **Section III questions 17-25**
Any part answered Yes Modified

Underwriting Hints:

- The Medical Questions on the application are not inclusive. Limited space prevents us from asking more comprehensive medical questions. Conditions not listed in the application may have a negative effect on the insurability of the applicant. As a field underwriter, we rely on you to identify serious medical conditions in the applicant and bring them to our attention.
- For more comprehensive underwriting information regarding an ailment or plan selection refer to the Field Underwriting Guide.

CALCULATING PREMIUM

How to Calculate Guardian Plan Premiums

Guardian Plan Premium Calculation

- | | | |
|---|-----|--|
| a) Find the rate per thousand in the premium rate table Multiply by the number of units | \$ | |
| b) Find the rate per thousand in the ADB rider table Multiply by the number of units | (+) | |
| c) Add in child rider (\$15.00 per thousand) | (+) | |

Plan Grand Totals	\$	
	(+)	\$25.00

- | | | |
|------------------------------|-----|---------|
| d) Add the annual policy fee | (+) | \$25.00 |
|------------------------------|-----|---------|

Total Annual Premium	\$	
	(X)	

- | | | |
|---------------------------------|-----|--|
| e) Multiply by the modal factor | (X) | |
|---------------------------------|-----|--|

Modal premium amount	\$	
-----------------------------	-----------	--

Premium Calculation Example

Guardian Plan: Monthly premium for Female for age 25 Preferred class, Whole life, EFT with \$5,000 Face Amount, \$5,000 ADB Rider, \$5,000 Child Rider

- | | | |
|---|-----|-------|
| a) Find the rate per thousand in the premium rate table Multiply by the number of units | \$ | 81.95 |
| b) Find the rate per thousand in the ADB rider table Multiply by the number of units | (+) | 10.00 |
| c) Add in child rider (\$15.00 per thousand) | (+) | 75.00 |

Plan Grand Totals	\$	166.95
	(+)	\$25.00

- | | | |
|------------------------------|-----|---------|
| d) Add the annual policy fee | (+) | \$25.00 |
|------------------------------|-----|---------|

Total Annual Premium	\$	191.95
	(X)	0.086

- | | | |
|---------------------------------|-----|-------|
| e) Multiply by the modal factor | (X) | 0.086 |
|---------------------------------|-----|-------|

Modal premium amount	\$	16.51
-----------------------------	-----------	--------------

Modal Factors:

PAC/EFT	0.086
Credit/Debit Cards	0.100
Direct Bills	0.100
Quarterly	0.265
Semi-Annual	0.520
Annual	1.000

GUARDIAN PLAN - Annual Premium Rates per thousand Face Amount

Issue Age	PREFERRED			STANDARD			MODIFIED		
	Whole Life	10-Pay	20-Pay	Whole Life	10-Pay	20-Pay	Whole Life	10-Pay	20-Pay
0	7.91	21.34	15.24	11.00	25.81	21.20	12.10	28.39	23.32
1	8.05	21.71	15.53	11.21	26.26	21.60	12.33	28.89	23.76
2	8.24	22.18	15.90	11.46	26.82	22.11	12.61	29.50	24.32
3	8.44	22.67	16.29	11.74	27.41	22.65	12.91	30.15	24.92
4	8.64	23.17	16.69	12.01	28.01	23.19	13.21	30.81	25.51
5	8.86	23.71	17.12	12.32	28.67	23.82	13.55	31.54	26.20
6	9.09	23.95	17.51	12.64	28.95	24.38	13.90	31.85	26.82
7	9.35	24.22	17.99	13.01	29.29	25.03	14.31	32.22	27.53
8	9.65	24.53	18.50	13.42	29.67	25.74	14.76	32.64	28.31
9	9.93	24.83	19.00	13.81	30.02	26.42	15.19	33.02	29.06
10	10.25	25.16	19.56	14.25	30.43	27.19	15.68	33.47	29.91
11	10.57	25.49	20.12	14.69	30.83	27.96	16.16	33.91	30.76
12	10.90	25.83	20.70	15.15	31.25	28.77	16.67	34.38	31.65
13	11.25	26.20	21.33	15.64	31.70	29.63	17.20	34.87	32.59
14	11.59	26.57	21.93	16.13	32.14	30.47	17.74	35.35	33.52
15	11.96	26.94	22.53	16.63	32.58	31.34	18.29	35.84	34.47
16	12.31	27.29	22.85	17.13	33.00	31.78	18.84	36.30	34.96
17	12.66	27.64	23.17	17.62	33.42	32.22	19.38	36.76	35.44
18	13.06	28.03	23.52	18.16	33.89	32.70	19.98	37.28	35.97
19	13.45	28.41	23.87	18.70	34.36	33.19	20.57	37.80	36.51
20	13.86	28.81	24.23	19.26	34.85	33.69	21.19	38.34	37.06
21	14.31	29.26	24.64	19.89	35.39	34.27	21.88	38.93	37.70
22	14.77	29.72	25.06	20.54	35.95	34.85	22.59	39.55	38.34
23	15.27	30.21	25.50	21.22	36.54	35.46	23.34	40.19	39.01
24	15.81	30.75	25.98	21.98	37.19	36.15	24.18	40.91	39.77
25	16.39	31.33	26.51	22.79	37.88	36.87	25.07	41.67	40.56
26	16.91	32.08	27.07	23.50	38.81	37.62	25.85	42.69	41.38
27	17.47	32.89	27.68	24.26	39.81	38.42	26.69	43.79	42.26
28	18.07	33.77	28.33	25.07	40.89	39.29	27.58	44.98	43.22
29	18.70	34.67	29.01	25.92	42.00	40.18	28.51	46.20	44.20
30	19.39	35.67	29.76	26.84	43.23	41.17	29.52	47.55	45.29
31	20.12	36.72	30.54	27.81	44.52	42.21	30.59	48.97	46.43
32	20.90	37.84	31.37	28.85	45.89	43.32	31.74	50.48	47.65
33	21.71	39.03	32.25	29.95	47.34	44.48	32.95	52.07	48.93
34	22.59	40.30	33.21	31.14	48.92	45.75	34.25	53.81	50.33
35	23.53	41.66	34.22	32.38	50.58	47.08	35.62	55.64	51.79
36	24.32	42.91	35.06	33.44	52.13	48.18	36.78	57.34	53.00
37	25.18	44.26	35.96	34.58	53.79	49.36	38.04	59.17	54.30
38	26.08	45.68	36.91	35.78	55.54	50.60	39.36	61.09	55.66
39	27.05	47.21	37.93	37.07	57.42	51.93	40.78	63.16	57.12

Guardian Plan - Accidental Death Benefit Rider

Annual Premium Rates Per Thousand Face Amount

Issue Age	Payment Plan		
	Whole Life	10 Year	20 Year
0	2.00	1.25	1.25
1	2.00	1.25	1.25
2	2.00	1.25	1.25
3	2.00	1.25	1.25
4	2.00	1.25	1.25
5	2.00	1.25	1.25
6	2.00	1.25	1.25
7	2.00	1.25	1.25
8	2.00	1.25	1.25
9	2.00	1.25	1.25
10	2.00	1.25	1.25
11	2.00	1.25	1.25
12	2.00	1.25	1.25
13	2.00	1.25	1.25
14	2.00	1.25	1.25
15	2.00	1.25	1.25
16	2.00	1.25	1.25
17	2.00	1.25	1.25
18	2.00	1.25	1.25
19	2.00	1.25	1.25
20	2.00	1.25	1.25
21	2.00	1.25	1.25
22	2.00	1.25	1.25
23	2.00	1.25	1.25
24	2.00	1.25	1.25
25	2.00	1.25	1.25
26	2.00	1.25	1.25
27	2.00	1.25	1.25
28	2.00	1.25	1.25
29	2.00	1.25	1.25
30	2.00	1.25	1.25
31	2.00	1.25	1.25
32	2.00	1.25	1.25
33	2.00	1.25	1.25
34	2.00	1.25	1.25
35	2.00	1.25	1.25
36	2.00	1.25	1.25
37	2.00	1.25	1.25
38	2.00	1.25	1.25
39	2.00	1.25	1.25

iCARE PLAN

DEATH BENEFIT/ POLICY PROCEEDS	Provides full face amount coverage from day one.												
PREMIUMS	Level and Payable to Age 100												
AGE LIMITS	25 years to 70 years Attained age (Age at last birthday)												
MINIMUM FACE AMOUNT	\$25,000												
MAXIMUM FACE AMOUNT	\$30,000												
UNDERWRITING CLASSES	Male & Female Non-Tobacco/Nicotine - Tobacco/Nicotine												
PAYMENT PLAN OPTIONS	Whole Life												
MODAL FACTORS	<table> <tr> <td>PAC/EFT</td> <td>0.092</td> </tr> <tr> <td>Credit/Debit Cards</td> <td>0.100</td> </tr> <tr> <td>Direct Bills</td> <td>0.100</td> </tr> <tr> <td>Quarterly</td> <td>0.265</td> </tr> <tr> <td>Semi-Annual</td> <td>0.520</td> </tr> <tr> <td>Annual</td> <td>1.000</td> </tr> </table>	PAC/EFT	0.092	Credit/Debit Cards	0.100	Direct Bills	0.100	Quarterly	0.265	Semi-Annual	0.520	Annual	1.000
PAC/EFT	0.092												
Credit/Debit Cards	0.100												
Direct Bills	0.100												
Quarterly	0.265												
Semi-Annual	0.520												
Annual	1.000												
RIDERS AVAILABLE *	Accidental Death Benefit Rider Dependent Child Rider Waiver of Premium Rider												
LOANS	Loans are available if there is sufficient cash value. Loans will accrue interest. Loans will reduce the policy proceeds.												
POLICY FEE	This plan has a \$78 policy fee.												
OTHER HELPFUL INFO	This plan is intended for “Healthy People” with no major ailments. Height and Weight are also taken into account. If the applicant is on prescription medication they may not qualify for this plan.												

* See table on next page for further information.

Plan not available in all states.

iCARE PLAN-RIDERS

	ACCIDENTAL DEATH BENEFIT (ADB) RIDER
DEATH BENEFIT/POLICY PROCEEDS	Provides Accidental Death Benefit plus Face Amount from day one.
PREMIUMS	Based upon age and gender, see chart on page 38-39
AGE LIMITS	25 years to 60 years Attained age (Age at last birthday)
MINIMUM FACE AMOUNT	\$25,000
MAXIMUM FACE AMOUNT	Death Benefit of Base Policy
EXPIRATION OF RIDER	Base Insured's 65th birthday
OTHER HELPFUL INFO	'This must be sold with the initial application and cannot be added later
	DEPENDENT CHILD RIDER
DEATH BENEFIT/ POLICY PROCEEDS	Provides full face amount coverage from day one.
PREMIUMS	Annual Premium is \$15.00 per thousand
AGE LIMITS	Base insured must be between the ages of 25 to 55 Issue age of child: 0 (30 days) to age 17
MINIMUM RIDER AMOUNT	\$1,000
MAXIMUM RIDER AMOUNT	\$10,000
EXPIRATION OF RIDER	Coverage expires at age 25, end of payment plan, or base insured's 65th birthday; whichever comes first
COVERAGE	Coverage is extended to each child born to, or legally adopted by, the Insured after the date of application for this Rider if such child becomes 30 days old and, if adopted, such adopted child was under the age of 18 at the time of adoption.
OTHER HELPFUL INFO	Child cannot be the grandchild. This must be sold with the initial application and cannot be added later Coverage may be on two applications (i.e. Coverage with both mother's and father's applications) but not to exceed \$10,000 per child.

iCARE PLAN-RIDERS

	WAIVER OF PREMIUM RIDER
PREMIUMS	<p>Base Annual Premium see chart on page 38-39 Accidental Death Benefit Rider Annual Premium is \$0.06 per thousand Dependent Child Rider Annual Premium is \$0.40 per thousand</p>
AGE LIMITS	<p>25 years to 55 years Attained age (Age at last birthday)</p>
EXPIRATION OF RIDER	<p>Coverage expires at end of payment plan or base insured's 65th birthday; whichever comes first</p>
COVERAGE	<p>Coverage is for the base policy and each rider that is added to the plan. If the Insured becomes Totally and Permanently disabled due to accidental bodily injury or sickness, we will waive the payment of all premiums falling due under the Policy during the continuation of such Total Disability</p>
OTHER HELPFUL INFO	<p>This must be sold with the initial application and cannot be added later</p>

UNDERWRITING INFORMATION

iCare Plan Height and Weight Chart

The weight table below is a guideline that reflects the weight limits. If the insured is above or below the limit, they will be declined for this plan.

Height	Decline Under	Underweight	Average	Overweight	Decline Over
4' 8"	≤ 74	75	107	150	151+
4' 9"	≤ 77	78	111	155	156+
4' 10"	≤ 80	81	115	161	162+
4' 11"	≤ 82	83	119	167	168+
5' 0"	≤ 85	86	123	173	174+
5' 1"	≤ 89	90	129	181	182+
5' 2"	≤ 94	95	135	189	190+
5' 3"	≤ 98	99	143	197	198+
5' 4"	≤ 102	103	147	206	207+
5' 5"	≤ 106	107	153	214	215+
5' 6"	≤ 110	111	159	223	224+
5' 7"	≤ 115	116	165	231	232+
5' 8"	≤ 119	120	171	239	240+
5' 9"	≤ 123	124	177	248	249+
5' 10"	≤ 125	126	183	256	257+
5' 11"	≤ 131	132	189	265	266+
6' 0"	≤ 136	137	195	273	274+
6' 1"	≤ 139	140	200	280	281+
6' 2"	≤ 143	144	205	287	288+
6' 3"	≤ 146	147	210	294	295+
6' 4"	≤ 150	151	215	301	302+
6' 5"	≤ 153	154	220	308	309+
6' 6"	≤ 157	158	225	315	316+

If the insured weight is:

Below the "Underweight" or above the "Overweight" they will not qualify for this plan.

"Average weight" weight is normal if it is within the Underweight to Overweight range.

CALCULATING PREMIUM

How to Calculate iCare Plan Premiums

iCare Plan Premium Calculation

- a) Find the rate per thousand in the premium rate table Multiply by the number of units \$
- b) Waiver of premium per thousand on base from rate table Multiply by the number of units (\$1.03 per thousand) (+)
- c) Find the rate per thousand in the ADB rider table Multiply by the number of units (+)
- d) Waiver of premium on ADB rider Multiply by the number of units (\$0.06 per thousand) (+)
- e) Child rider Multiply by the number of units (\$15.00 per thousand) (+)
- f) Waiver of premium on child rider Multiply by the number of units (\$0.40 per thousand) (+)

Plan Grand Totals	\$	
d) Add the annual policy fee	(+)	\$78.00
Total Annual Premium	\$	
e) Multiply by the modal factor	(X)	
Modal premium amount	\$	

Premium Calculation Example

ICARE Plan: Monthly premium for Male age 35, Non Smoker, EFT with \$30,000 Face Amount. \$30,000 ADB Rider, \$5,000 Child Rider, Waiver of Premium Rider

- a) Find the rate per thousand in the premium rate table Multiply by the number of units \$ 362.10
- b) Waiver of premium on base Multiply by the number of units (\$1.03 per thousand) (+) 30.90
- c) Find the rate per thousand in the ADB rider table Multiply by the number of units (+) 31.80
- d) Waiver of premium on ADB rider Multiply by the number of units (\$0.06 per thousand) (+) 1.80
- e) Child rider Multiply by the number of units (\$15.00 per thousand) (+) 75.00
- f) Waiver of premium on child rider Multiply by the number of units (\$0.40 per thousand) (+) 2.00

Plan Grand Totals	\$	503.60
d) Add the annual policy fee	(+)	\$78.00
Total Annual Premium	\$	581.60
e) Multiply by the modal factor	(X)	0.092
Modal premium amount	\$	53.51

Modal Factors:

PAC/EFT	0.092	Quarterly	0.265
Credit/Debit Cards	0.100	Semi-Annual	0.520
Direct Bills	0.100	Annual	1.000

iCare - Whole Life Select Class Premiums - FEMALE

Rates per \$1,000 *** \$78 Policy Fee					
Band 2 Rates \$25,000-\$30,000					
Base Policy Rates			W/P for Base Policy		ADB
Issue Age	Non-Smoker	Smoker	Non-Smoker	Smoker	ADB
25	6.85	8.43	0.64	0.79	1.05
26	7.14	8.76	0.69	0.85	1.05
27	7.42	9.11	0.74	0.91	1.05
28	7.74	9.48	0.80	0.98	1.05
29	8.04	9.87	0.86	1.06	1.05
30	8.38	10.27	0.93	1.14	1.05
31	8.74	10.70	1.00	1.22	1.05
32	9.12	11.15	1.07	1.31	1.05
33	9.52	11.64	1.15	1.41	1.05
34	9.94	12.14	1.24	1.51	1.05
35	10.38	12.68	1.33	1.62	1.06
36	10.86	13.23	1.43	1.74	1.07
37	11.33	13.81	1.53	1.87	1.09
38	11.86	14.43	1.64	2.00	1.11
39	12.39	15.08	1.76	2.14	1.13
40	12.96	15.75	1.89	2.29	1.16
41	13.55	16.44	2.02	2.45	1.18
42	14.18	17.17	2.16	2.62	1.21
43	14.84	17.93	2.32	2.80	1.24
44	15.53	18.73	2.48	2.99	1.27
45	16.26	19.58	2.65	3.19	1.31
46	17.04	20.47	2.84	3.41	1.34
47	17.87	21.40	3.04	3.64	1.37
48	18.74	22.38	3.25	3.89	1.39
49	19.66	23.41	3.48	4.15	1.41
50	20.63	24.52	3.73	4.43	1.44
51	21.66	25.67	3.99	4.72	1.46
52	22.77	26.90	4.27	5.05	1.49
53	23.93	28.18	4.57	5.38	1.54
54	25.16	29.54	4.90	5.75	1.52
55	26.48	30.99	5.24	6.14	1.60
56	27.88	32.53			1.62
57	29.39	34.17			1.62
58	31.01	35.93			1.64
59	32.74	37.84			1.67
60	34.63	39.88			1.68
61	36.65	42.10			
62	38.82	44.45			
63	41.13	46.96			
64	43.61	49.63			
65	46.28	52.48			
66	49.15	55.53			
67	52.26	58.82			
68	55.65	62.42			
69	59.35	66.34			
70	63.40	70.64			

iCare - Whole Life Select Class Premiums - MALE

Rates per \$1,000 *** \$78 Policy Fee					
Band 2 Rates \$25,000 - \$30,000					
Base Policy Rates			W/P for Base Policy		ADB
Issue Age	Non-Smoker	Smoker	Non-Smoker	Smoker	ADB
25	7.88	10.61	0.64	0.79	1.05
26	8.20	11.04	0.69	0.85	1.05
27	8.53	11.49	0.74	0.91	1.05
28	8.90	11.99	0.80	0.98	1.05
29	9.27	12.49	0.86	1.06	1.05
30	9.68	13.04	0.93	1.14	1.05
31	10.10	13.63	1.00	1.22	1.05
32	10.56	14.24	1.07	1.31	1.05
33	11.04	14.90	1.15	1.41	1.05
34	11.55	15.59	1.24	1.51	1.05
35	12.07	16.34	1.33	1.62	1.06
36	12.64	17.11	1.43	1.74	1.07
37	13.24	17.92	1.53	1.87	1.09
38	13.86	18.79	1.64	2.00	1.11
39	14.54	19.69	1.76	2.14	1.13
40	15.23	20.65	1.89	2.29	1.16
41	15.98	21.67	2.02	2.45	1.18
42	16.76	22.74	2.16	2.62	1.21
43	17.60	23.87	2.32	2.80	1.24
44	18.49	25.06	2.48	2.99	1.27
45	19.44	26.32	2.65	3.19	1.31
46	20.44	27.66	2.84	3.41	1.34
47	21.49	29.06	3.04	3.64	1.37
48	22.62	30.55	3.25	3.89	1.39
49	23.82	32.14	3.48	4.15	1.41
50	25.10	33.80	3.73	4.43	1.44
51	26.47	35.59	3.99	4.72	1.46
52	27.91	37.47	4.27	5.05	1.49
53	29.46	39.46	4.57	5.38	1.54
54	31.11	41.57	4.90	5.75	1.52
55	32.87	43.78	5.24	6.14	1.60
56	34.74	46.13			1.62
57	36.74	48.64			1.62
58	38.87	51.30			1.64
59	41.18	54.13			1.67
60	43.63	57.15			1.68
61	46.27	60.36			
62	49.06	63.76			
63	52.09	67.35			
64	55.29	71.14			
65	58.74	75.16			
66	62.43	79.42			
67	66.39	83.96			
68	70.67	88.79			
69	75.28	93.97			
70	80.25	99.51			

MIB PLAN

DEATH BENEFIT/POLICY PROCEEDS	Amount paid in plus bump (bump based off age at issue)
PREMIUMS	Monthly payment premiums
AGE LIMITS	0 (30 days) to 85 years Attained age (Age at last birthday)
MINIMUM FACE AMOUNT	\$2,000
MAXIMUM FACE AMOUNT	\$10,000
PAYMENT PLAN OPTIONS	3 pay, 5 pay, 10 pay Not all payment options available in all states
ADDED BENEFITS *	Decreasing Accidental Death Benefit (ADB decreases as the death benefit increases) Terminates at the end of the payment period
RIDERS AVAILABLE	None available
LOANS	Loans are available if there is sufficient cash value. Loans will accrue interest. Loans will reduce the policy proceeds.
POLICY FEE	None
OTHER HELPFUL INFO	'This plan is intended for "Unhealthy People" who cannot qualify for an insured plan

* If the insured's death is due to an Accident during the premium payment time the ADB and the Current Death Benefit will equal the Face amount.

MONTHLY INCREASING (MIB) PLAN

Monthly Premiums Calculated based on Face Amount

Age Group	0-54 42.8 % Bump		
Face amount	3 Pay	5 Pay	10 Pay
2,000.00	38.88	23.33	11.67
3,000.00	58.33	35.00	17.50
4,000.00	77.77	46.67	23.33
5,000.00	97.21	58.33	29.17
6,000.00	116.65	70.00	35.00
7,000.00	136.09	81.67	40.83
8,000.00	155.53	93.33	46.67
9,000.00	174.98	105.00	52.50
10,000.00	194.42	116.67	58.33

Age Group	55-64 25 % Bump		
Face amount	3 Pay	5 Pay	10 Pay
2,000.00	44.55	26.67	13.33
3,000.00	66.68	40.00	20.00
4,000.00	88.90	53.33	26.67
5,000.00	111.13	66.67	33.33
6,000.00	133.35	80.00	40.00
7,000.00	155.58	93.33	46.67
8,000.00	177.80	106.67	53.33
9,000.00	200.03	120.00	60.00
10,000.00	222.25	133.33	66.67

Age Group	65-74 11% Bump		
Face amount	3 Pay	5 Pay	10 Pay
2,000.00	50.00	30.00	15.00
3,000.00	75.00	45.00	22.50
4,000.00	100.00	60.00	30.00
5,000.00	125.00	75.00	37.50
6,000.00	150.00	90.00	45.00
7,000.00	175.00	105.00	52.50
8,000.00	200.00	120.00	60.00
9,000.00	225.00	135.00	67.50
10,000.00	250.00	150.00	75.00

Age Group	75-85 2.5 % Bump		
Face amount	3 Pay	5 Pay	10 Pay
2,000.00	54.17	32.50	16.25
3,000.00	81.25	48.75	24.38
4,000.00	108.33	65.00	32.50
5,000.00	135.42	81.25	40.63
6,000.00	162.50	97.50	48.75
7,000.00	189.58	113.75	56.88
8,000.00	216.67	130.00	65.00
9,000.00	243.75	146.25	73.13
10,000.00	270.83	162.50	81.25

**5 pay and 10 pay not available in AK, DC, HI, ID, IL, KS, MD, MN, MO, NE, OR, PA, VA, WY.
For LA, 5 and 10 pay are only available for FGI

Loyalty Plan Field Underwriter's Guide

This guide is set up to define some of the most common ailments that you may run into. This is not inclusive and you may run across ailments that are not in the guide. If so, please call the home office and we will be glad to help you with a risk assessment.

Ailments in Alphabetical Order	Loyalty Plan
Addison's Disease	Decline
ADL's (Acts of Daily Living) Need assistance or supervision with dressing, eating, personal hygiene (bathing or toilet), or transferring to and from a bed or chair	Decline
AIDS or AIDS related complex (ARC)	Decline
ALS (Lou Gehrig's Disease)	Decline
Alcoholism - Excessive use of alcohol <ul style="list-style-type: none"> • Current use, in rehab or within 90 days of recovery • Within 2 years of recovery • Over 2 years of recovery 	Decline Modified Preferred
Alzheimer's Disease or Dementia	Decline
Amputation – Loss of a limb or body part <ul style="list-style-type: none"> • Amputation related to illness or disease • Amputation related to accident <ul style="list-style-type: none"> ◦ Within 2 years of accident or with complications ◦ Over 2 years with no complications 	Modified Modified Preferred
Asthma	Preferred
Brain Aneurysm <ul style="list-style-type: none"> • Surgically Corrected • Non-Corrected 	Modified Decline
Bronchitis <ul style="list-style-type: none"> • Acute • Chronic or with oxygen 	Preferred Modified
Cancer <ul style="list-style-type: none"> • Most types of internal cancer and malignant tumors <ul style="list-style-type: none"> ◦ Within 90 days of cancer free date ◦ 91+ days cancer free ◦ Over 2 years cancer free • Basal Cell Carcinoma (skin cancer) • Leukemia • Cancers of the blood or bone marrow • Hodgkin's Lymphoma, Non-Hodgkin's Lymphoma, Hodgkin's Disease 	Decline Modified Preferred Preferred Decline Decline Decline
Cerebral Palsy	Modified
Chron's Disease	Preferred
Chronic Obstructive Pulmonary Disease (COPD) <ul style="list-style-type: none"> • Without oxygen use and non-smoker for 12+ months • With oxygen or smoker 	Standard Modified

Ailments in Alphabetical Order	Loyalty Plan
Cirrhosis of the Liver	Decline
Congestive Heart Failure (CHF)	Modified
Cystic Fibrosis	Decline
Deep Vein Thrombosis (DVT)	Modified
Depression	
• Minor depression with no suicide attempts	Preferred
• Major depressive disorder or hospitalization due to depression	Modified
Diabetes	
• With oral medication and no complications	Preferred
• With insulin medication and no complications	
o 0-99 units in a 24-hour period	Preferred
o 100-120 units in a 24-hour period	Standard
o 121+ units in a 24-hour period	Modified
o Insulin use prior to age 40	Modified
• With complications, except Neuropathy	Modified
Diabetic Neuropathy	Standard
Dialysis Treatment	Decline
Diverticulitis	Preferred
Down's Syndrome	Modified
Drug abuse or dependency – includes use of illegal drugs or abuse of prescription drugs	
• Current use, in rehab or within 90 days of recovery	Decline
• Within 2 years of recovery	Modified
• Over 2 years of recovery	Preferred
Emphysema	Modified
Epilepsy/Seizure Disorders	
• Over 2 years without seizure and no maintenance medication	Preferred
• Over 2 years without seizure and taking maintenance medication	Standard
• Less than 2 years from last seizure	Modified
• 30 days or less from last seizure	Decline
Heart Disease	
• Angioplasty, stent implant, bypass surgery, heart valve surgery or pacemaker	
o Over 2 years since treatment	Preferred
o Less than 2 years since treatment	Modified
• Heart Attack	
o Over 2 years with no complications or further treatment	Preferred
o Less than 2 years	Modified
• High Blood Pressure	Preferred
• Angina	Modified
• Circulatory Disorder	Modified
• Congestive Heart Failure (CHF)	Modified
• Coronary Artery Disease (CAD)	Modified
• Enlarged Heart	Modified
• Peripheral Vascular Disease (PVD)	Modified
Hepatitis	
• Hepatitis A	Preferred
• Hepatitis B	
o Over 2 years since treatment	Preferred
o Less than 2 years since treatment	Modified

Ailments in Alphabetical Order	Loyalty Plan
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- Hepatitis C
 - Diagnosed in the past 6 months Decline
 - Diagnosed and not completed treatment Decline
 - Diagnosed and less than 90 days since completion of treatment Decline
 - Diagnosed, completed treatment over 90 days but less than 2 years and have a "0" HCV test result Modified
 - Diagnosed, completed treatment over 2 years and have a "0" HCV test result Preferred

HIV Positive	Decline
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Hodgkin's lymphoma, non-Hodgkin's lymphoma, Hodgkin's disease Decline

Hospice Care	Decline
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Huntington's Disease Decline

Institution Care or Incarcerated	Decline
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Kidney Disease or Failure

- Chronic Kidney Disease (CKD) Modified
- Dialysis Decline
- Kidney Stones Preferred
- Kidney Failure Modified
- Polycystic Kidney Disease (PKD) Decline

Leukemia	Decline
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Liver Disease or Disorder

- Fatty Liver Modified
- Cirrhosis Decline
- Cystic Disease Decline

Lung Disease or Disorder	
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- Asthma, including seasonal allergies Preferred
- Bronchitis
 - Acute Preferred
 - Chronic or with oxygen Modified
- Chronic Obstructive Pulmonary Disease (COPD)
 - Without oxygen use and non-smoker for 12+ months Standard
 - With oxygen or smoker Modified
- Emphysema Modified
- Sarcoidosis
 - Stage 1 or 2 Modified
 - Stage 3 or 4 Decline
- Tuberculosis
 - Over 2 years remission without oxygen use Preferred
 - Less than 2 years or oxygen use Modified

Lupus

- Discoid Lupus Preferred
- Systemic Lupus Erythematosus (SLE) Modified

Medical Appliance Use	Modified
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Dependent on the use of medical appliance such as wheelchair, walker hospital bed or oxygen

Mental Disorder or Disease

- Bi-Polar Preferred
- Major Depressive Disorder Modified
- Mania Modified
- Paranoia Modified
- Schizophrenia Modified

Ailments in Alphabetical Order	Loyalty Plan
Multiple Sclerosis (MS)	Modified
Muscular Dystrophy (MD)	Modified
Myasthenia Gravis	Modified
Organ Failure or Disease	Modified
Organ Transplants	
• Recipients Only	Decline
• Donor	Preferred
Pancreas Disease or Disorder	Modified
Paralysis	
These rated based on their ability to perform ADL's and other conditions. Below are 4 types of paralysis and the best plan that could be offered.	
• Monoplegia – paralysis of single area, usually a limb	Modified
• Hemiplegia – paralysis of one arm and leg on same side of body	Modified
• Paraplegic – paralysis below the waist	Modified
• Quadriplegia – paralysis below the neck	Decline
Parkinson's Disease	Modified
Pregnancy	
• If the proposed insured is currently pregnant, no plan will be offered. The application will need to be postponed until 6 weeks after the insured has given birth and the doctor has cleared them for regular activities.	Postpone
Renal Failure or Insufficiency	Modified
Sickle Cell Anemia or Sickle Cell Trait	Decline
Stroke, including TIA (mini stroke)	
• Over 2 years, no complications	Preferred
• Less than 2 years or with complications	Modified
Thyroid Disease – most types	Preferred
Thrombocytopenia	Decline
Trachostomy	Decline

Guardian Plan Field Underwriter's Guide

This guide is set up to define some of the most common ailments that you may run into. This is not inclusive and you may run across ailments that are not in the guide. If so, please call the home office and we will be glad to help you with a risk assessment.

Ailments in Alphabetical Order	Guardian Plan
Addison's Disease	Decline
ADL's (Acts of Daily Living) Need assistance or supervision with dressing, eating, personal hygiene (bathing or toilet), or transferring to and from a bed or chair	Decline
AIDS or AIDS related complex (ARC)	Decline
ALS (Lou Gehrig's Disease)	Decline
Alcoholism - Excessive use of alcohol <ul style="list-style-type: none"> • Current use, in rehab or within 90 days of recovery • Within 5-10 years of recovery • Over 10 years of recovery 	Decline Standard Preferred
Alzheimer's Disease or Dementia	Decline
Amputation – Loss of a limb or body part <ul style="list-style-type: none"> • Amputation related to illness or disease • Amputation related to accident <ul style="list-style-type: none"> ◦ Within 5 years of accident or with complications ◦ Over 5 years with no complications 	Modified Modified Preferred
Asthma	Standard
Brain Aneurysm <ul style="list-style-type: none"> • Surgically Corrected • Non-Corrected 	Modified Decline
Bronchitis <ul style="list-style-type: none"> • Acute • Chronic or with oxygen 	Preferred Modified
Cancer <ul style="list-style-type: none"> • Most types of internal cancer and malignant tumors <ul style="list-style-type: none"> ◦ Within 2 years of cancer free date ◦ 2-5 years cancer free ◦ Over 5 years cancer free • Basal Cell Carcinoma (skin cancer) • Leukemia • Cancers of the blood or bone marrow • Hodgkin's Lymphoma, Non-Hodgkin's Lymphoma, Hodgkin's Disease 	Decline Standard Preferred Preferred Decline Decline Decline
Cerebral Palsy	Modified
Chron's Disease	Preferred
Chronic Obstructive Pulmonary Disease (COPD)	Modified
Cirrhosis of the Liver	Decline

Ailments in Alphabetical Order	Guardian Plan
Congestive Heart Failure (CHF)	
• Within 2 years of diagnosis	Decline
• 2+ years since diagnoses	Modified
Cystic Fibrosis	Decline
Deep Vein Thrombosis (DVT)	Modified
Depression	
• Minor depression with no suicide attempts	Preferred
• Major depressive disorder or hospitalization due to depression	Modified
Diabetes	Modified
Diabetic Neuropathy	Modified
Dialysis Treatment	Decline
Diverticulitis	Preferred
Down's Syndrome	Modified
Drug abuse or dependency – includes use of illegal drugs or abuse of prescription drugs	
• Current use, in rehab or within 5 years of recovery	Decline
• Within 5-10 years of recovery	Standard
• Over 10 years of recovery	Preferred
Emphysema	Modified
Epilepsy/Seizure Disorders	
• Over 5 years without seizure and no maintenance medication	Preferred
• Over 5 years without seizure and taking maintenance medication	Standard
• Less than 5 years from last seizure	Modified
• 30 days or less from last seizure	Decline
Heart Disease	
• Angioplasty, stent implant, bypass surgery, heart valve surgery or pacemaker	
o Less than 2 years since treatment	Decline
o Over 2 years since treatment	Preferred
• Heart Attack	
o Less than 2 years	Decline
o 2-5 years with no complications or further treatment	Standard
o 2-5 years with complications	Modified
• Complications could include, but are not limited to, arrhythmias, cardiogenic shock, heart failure, heart rupture and valve problems	
• High Blood Pressure	Preferred
• Angina	Modified
• Arrhythmia	Modified
• Circulatory Disorder	Modified
• Congestive Heart Failure (CHF)	Modified
• Coronary Artery Disease (CAD)	Modified
• Enlarged Heart	Modified
• Heart Failure	Modified
• Heart Rupture	Modified
• Peripheral Vascular Disease (PVD)	Modified
Hepatitis	
• Hepatitis A	Preferred
• Hepatitis B	
o Over 5 years since treatment	Preferred
o Less than 5 years since treatment	Modified

Ailments in Alphabetical Order	Guardian Plan
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- Hepatitis C
 - Diagnosed in the past 6 months Decline
 - Diagnosed and not completed treatment Decline
 - Diagnosed and less than 90 days since completion of treatment Decline
 - Diagnosed, completed treatment over 90 days but less than 5 years and have a "0" HCV test result Modified
 - Diagnosed, completed treatment over 5 years and have a "0" HCV test result Preferred

HIV Positive	Decline
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Hodgkin's lymphoma, non-Hodgkin's lymphoma, Hodgkin's disease Decline

Hospice Care	Decline
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Huntington's Disease Decline

Institution Care or Incarcerated	Decline
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Kidney Disease or Failure

- Chronic Kidney Disease (CKD) Modified
- Dialysis Decline
- Kidney Stones Preferred
- Kidney Failure Modified
- Polycystic Kidney Disease (PKD) Decline

Leukemia	Decline
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Liver Disease or Disorder

- Fatty Liver Modified
- Cirrhosis Decline
- Cystic Disease Decline

Lung Disease or Disorder	
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- Asthma Standard
- Bronchitis
 - Acute Preferred
 - Chronic or with oxygen Modified
- Chronic Obstructive Pulmonary Disease (COPD) Modified
- Emphysema Modified
- Sarcoidosis
 - Stage 1 or 2 Modified
 - Stage 3 or 4 Decline
- Tuberculosis
 - Over 5 years remission without oxygen use Preferred
 - Less than 5 years or oxygen use Modified

Lupus

- Discoid Lupus Preferred
- Systemic Lupus Erythematosus (SLE) Modified

Medical Appliance Use	Modified
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Dependent on the use of medical appliance such as wheelchair, walker hospital bed or oxygen

Mental Disorder or Disease

- Bi-Polar Preferred
- Major Depressive Disorder Modified
- Mania Modified
- Paranoia Modified
- Schizophrenia Modified

Ailments in Alphabetical Order	Guardian Plan
Multiple Sclerosis (MS)	Modified
Muscular Dystrophy (MD)	Modified
Myasthenia Gravis	Modified
Organ Failure or Disease	Modified
Organ Transplants	
• Recipients Only	Decline
• Donor	Preferred
Pancreas Disease or Disorder	Modified
Paralysis	
These rated based on their ability to perform ADL's and other conditions. Below are 4 types of paralysis and the best plan that could be offered.	
• Monoplegia – paralysis of single area, usually a limb	Modified
• Hemiplegia – paralysis of one arm and leg on same side of body	Modified
• Paraplegic – paralysis below the waist	Modified
• Quadriplegia – paralysis below the neck	Decline
Parkinson's Disease	Modified
Renal Failure or Insufficiency	Modified
Sickle Cell Anemia or Sickle Cell Trait	Decline
Stroke, including TIA (mini stroke)	
• Less than 2 years	Decline
• 2-5 years since last stroke	Modified
• 5+ years , no complications	Preferred
• 5+ years with complications	Modified
Thyroid Disease – most types	Preferred
Thrombocytopenia	Decline
Trachostomy	Decline

Medications and Underwriting Decisions by Plan Type

Use this chart to choose how medications should be rated at on your new applications.

Disclosures:

1. This list is not all inclusive and is intended as a guide only. All cases subject to review.
2. This list only identifies some uses for the medications. There may be other uses that could positively or negatively impact the final classification of the case being reviewed.
3. If a medication is being taken for a reason other than what is listed, please document the medication and reason taking on the Application as well as the duration and dosage information.

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Abacavir				
HIV	Decline	Decline	Decline	Decline
Abbokinase				
Ischaemic Heart Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Abilify				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Acarbos				
Diabetes	Preferred	Modified	Decline	MIB
Accupril				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Accuretic				
Hypertension	Preferred,	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Acebutolol Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Aceon				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Acetaminophen				
Pain	Preferred	Preferred	Icare	MIB
Acetohexamide				
Diabetes	Preferred	Modified	Decline	MIB
Actiq				
Severe Pain	Modified	Modified	Decline	MIB
Activase				
Topical Cream - Acne	Preferred	Preferred	Icare	MIB
Stroke	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
TIA	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Actoplus Met				
Diabetes	Preferred	Modified	Decline	MIB
Actos				
Diabetes	Preferred	Modified	Decline	MIB
Adcetris				
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Adcirca				
Hypertension	Preferred	Preferred	Decline	MIB
Adlyxin				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Advair Diskus				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Advicor				
Cholesterol	Preferred	Preferred	Decline	MIB
Afinitor				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Afstyla				
Hemophilia A	Decline	Decline	Decline	MIB
Agenerase				
HIV	Decline	Decline	Decline	Decline
Aggrenox				
Stroke	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Agrylin				
Thrombocythemia	Decline	Decline	Decline	MIB
Akineton				
Parkinson's Disease	Modified	Modified	Decline	MIB
Albuterol				
Asthma	Preferred	Standard	Decline	MIB
Bronchitis	Preferred	Preferred	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Aldactone				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Aldoclor				
Hypertension	Preferred	Preferred	Decline	MIB
Aldomet				
Hypertension	Preferred	Preferred	Decline	MIB
Alecensa				
Lung Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Lung Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Lung Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Alkeran				
Ovarian Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Ovarian Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Ovarian Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Allopurinol				
Gout	Preferred	Preferred	Decline	MIB
Alprazolam				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Alprolix				
Hemophilia B	Decline	Decline	Decline	MIB
Altace				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Alupent				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Amantadine Hcl				
Parkinson's Disease	Modified	Modified	Decline	MIB
Amaryl				
Diabetes	Preferred	Modified	Decline	MIB
Amiloride Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Amiloride/Hydrochlorothia				
Hypertension	Preferred	Preferred	Decline	MIB
Aminophylline				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Amiodarone Hcl				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Amitriptyline Hcl				
Depression	Preferred	Preferred	Decline	MIB
Amlodipine Besylate				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Amphetamine/Dextroamphetamine				
Attention Deficit Disorder	Preferred	Preferred	Icare	MIB
Narcolepsy	Preferred	Preferred	Decline	MIB
Ampyra				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Amturide				
Hypertension	Preferred	Preferred	Decline	MIB
Amyl Nitrite				
Heart Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Anastrozole				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Anoro Ellipta				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Antabuse				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Apidra				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Aplenzin				
Depression	Preferred	Preferred	Decline	MIB
Apokyn				
Parkinson's Disease	Modified	Modified	Decline	MIB
Apresoline				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Aptiom				
Seizure	See Seizures in Field Guide	See Seizures in Field Guide	Decline	MIB
Aptivus				
HIV	Decline	Decline	Decline	Decline
Aquatensen				
Hypertension	Preferred	Preferred	Decline	MIB
Heart Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Aralast				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Aranesp				
Kidney Disease	Modified	Modified	Decline	MIB
Arcapta Neohaler				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Argatroban				
Circulatory Disorder	Modified	Modified	Decline	MIB
Aricept				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Arimidex				
Breast Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Breast Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Breast Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Aristada				
Schizophrenia	Modified	Modified	Decline	MIB
Arixtra				
Deep Vein Thrombosis (DVT)	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Aromasin				
Breast Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Breast Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Breast Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Arzerra				
Chronic Lymphocytic Leukemia	Decline	Decline	Decline	MIB
Atacand				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Atamet				
Parkinson's Disease	Modified	Modified	Decline	MIB
Atarax				
Allergies	Preferred	Preferred	Icare	MIB
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Atenolol				
Hypertension	Preferred	Preferred	Decline	MIB
Atgam				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Ativan				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Atorvastatin Calcium				
Cholesterol	Preferred	Preferred	Decline	MIB
Atripla				
HIV/AIDS	Decline	Decline	Decline	Decline
Atrovent/ Atrovent Hfa				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Aubagio				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Autoplex T				
Hemophilia B	Decline	Decline	Decline	MIB
Avalide				
Hypertension	Preferred	Preferred	Decline	MIB
Avandamet				
Diabetes	Preferred	Modified	Decline	MIB
Avandaryl				
Diabetes	Preferred	Modified	Decline	MIB
Avandia				
Diabetes	Preferred	Modified	Decline	MIB
Avapro				
Hypertension	Preferred	Preferred	Decline	MIB
Nephropathy	Standard	Modified	Decline	MIB
Avastin				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Avonex				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Azasan				
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Azathioprine				
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Azilect				
Parkinson's Disease	Modified	Modified	Decline	MIB
Azmacort				
Asthma	Preferred	Standard	Decline	MIB
Azor				
Hypertension	Preferred	Preferred	Decline	MIB
Baraclude				
Liver Disorder	Modified	Modified	Decline	MIB
Belbuca				
Opioid Dependence	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Beleodaq				
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Non-Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Benazepril Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Bendroflumethiazide				
Hypertension	Preferred	Preferred	Decline	MIB
Benicar				
Hypertension	Preferred	Preferred	Decline	MIB
Benlysta				
Lupus	Modified	Modified	Decline	MIB
Benzotropine Mesylate				
Parkinson's Disease	Modified	Modified	Decline	MIB
Betaseron				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Betaxolol Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Bevespi Aerosphere				
Chronic Bronchitis	Modified	Modified	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Emphysema	Modified	Modified	Decline	MIB
Bicalutamide				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Bicnu				
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Non-Hodgkin's Lymphoma	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Bidil				
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Bisoprolol Fumarate/Hydro				
Hypertension	Preferred	Preferred	Decline	MIB
Bosulif				
Leukemia	Decline	Decline	Decline	Decline
Breo Ellipta				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Bretylium Tosylate				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Brevibloc				
Hypertension	Preferred	Preferred	Decline	MIB
Tachycardia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Brilinta				
Acute Coronary Syndrome	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Brintellix				
Major Depressive Disorder	Modified	Modified	Decline	MIB
Briviact				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Bromocriptine				
Diabetes	Preferred	Modified	Decline	MIB
Parkinson's Disease	Modified	Modified	Decline	MIB
Bumetanide				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Bumex				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Buproban				
Nicotine Dependence	Preferred	Preferred	Icare	MIB
Bupirone Hcl				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Bydureon				
Diabetes - Non Insulin Injectable	Preferred	Modified	Decline	MIB
Byetta				
Diabetes - Non Insulin Injectable	Preferred	Modified	Decline	MIB
Bystolic				
Hypertension	Preferred	Preferred	Decline	MIB
Byvalson				
Hypertension	Preferred	Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Caduet				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Calan				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Campral				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Drug Addiction	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Capozide				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Caprelsa				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Capsaicin				
Neuropathy	Standard	Modified	Decline	MIB
Captopril				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Captopril/Hydrochlorothiazide				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Carbamazepine				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Carbidopa/Levodopa/ Entaca				
Parkinson's Disease	Modified	Modified	Decline	MIB
Cardene				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Cardiovid Plus				
Cardiovascular Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Cardizem Cd				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Cardura				
Hypertension	Preferred	Preferred	Decline	MIB
Carnitor				
Kidney Disease	Modified	Modified	Decline	MIB
Liver Disorder	Modified	Modified	Decline	MIB
Cartia				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Cartrol				
Hypertension	Preferred	Preferred	Decline	MIB
Carvedilol				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Casodex				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Catapres				
Hypertension	Preferred	Preferred	Decline	MIB
Cayston				
Cystic Fibrosis	Decline	Decline	Decline	MIB
Ceenu				
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Celebrex				
Arthritis	Preferred	Preferred	Decline	MIB
Celexa				
Depression	Preferred	Preferred	Decline	MIB
Cellcept				
Lupus	Modified	Modified	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Celontin				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Cerebyx				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Ceredase				
Gaucher's Disease	Decline	Decline	Decline	MIB
Cerezyme				
Gaucher's Disease	Decline	Decline	Decline	MIB
Chantix				
Smoking Cessation	Preferred	Preferred	Decline	MIB
Chlorambucil				
Leukemia	Decline	Decline	Decline	Decline
Chlordiazepoxide				
Anxiety Disorder	Preferred	Preferred	Icare	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Chlorothiazide				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Chlorpromazine Hcl				
Schizophrenia	Modified	Modified	Decline	MIB
Chlorpropamide				
Diabetes	Preferred	Modified	Decline	MIB
Chlorthalidone				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Cilostazol				
Circulatory Disorder	Modified	Modified	Decline	MIB
Citalopram Hydrobromide				
Depression	Preferred	Preferred	Decline	MIB
Cleviprex				
Hypertension	Preferred	Preferred	Decline	MIB
Clonazepam				
Panic Disorder	Preferred	Preferred	Icare	MIB
Epilepsy	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Clonidine Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Clopidogrel				
Blood Thinner	≤ 2 Years Modified Over 2 Years Preferred	≤ 5 Years Standard Over 5 Years Preferred	Decline	MIB
Clorpres				
Hypertension	Preferred	Preferred	Decline	MIB
Clozapine				
Schizophrenia	Modified	Modified	Decline	MIB
Cogentin				
Parkinson's Disease	Modified	Modified	Decline	MIB
Cognex				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Combivent				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Combivir				
HIV	Decline	Decline	Decline	Decline
Complera				
HIV	Decline	Decline	Decline	Decline
Comtan				
Parkinson's Disease	Modified	Modified	Decline	MIB
Conzip				
Pain	Preferred	Preferred	Icare	MIB
Copaxone				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Copegus				
Liver Disorder	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Coreg				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Corgard				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Corlanor				
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Corlopam				
Hypertension	Preferred	Preferred	Decline	MIB
Corvert				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Coumadin				
Blood Thinner	Modified	Standard	Decline	MIB
Covera-Hs				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Cozaar				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Creon				
Pancreatic Insufficiency	Modified	Modified	Decline	MIB
Crestor				
Cholesterol	Preferred	Preferred	Decline	MIB
Crixivan				
HIV	Decline	Decline	Decline	Decline
Cyclobenzaprine Hcl				
Muscle Spasm	Preferred	Preferred	Decline	MIB
Cyclosporine				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Cyclosporine A				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Cyclosporine Modified				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Cymbalta				
Depression	Preferred	Preferred	Decline	MIB
Cystagon				
Kidney Disease	Modified	Modified	Decline	MIB
Cytogam				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Cytovene				
Organ Transplant Rejection	Decline	Decline	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Dacarbazine				
Skin Cancer	Preferred	Preferred	Decline	MIB
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Dacogen				
Myelodysplastic Syndromes (MDS)	Decline	Decline	Decline	MIB
Daklinza				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Daliresp				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Demdex				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Kidney Disease	Modified	Modified	Decline	MIB
Liver Disorder	Modified	Modified	Decline	MIB
Depacon				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Depade				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Drug Addiction	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Depakene				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Depakote				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Migraine	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Descovy				
HIV	Decline	Decline	Decline	Decline
HIV PrEP	Preferred	Preferred	Icare	MIB
Desvenlafaxine Er				
Major Depressive Disorder	Modified	Modified	Decline	MIB
Diabeta				
Diabetes	Preferred	Modified	Decline	MIB
Diazepam				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Dicyclomine Hcl				
Irritable Bowel Syndrome	Preferred	Preferred	Decline	MIB
Didanosine				
HIV	Decline	Decline	Decline	Decline
Digitek				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Digox				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Digoxin				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Dilantin				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Dilatrate Sr				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Coronary Artery Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Diltiazem				
Hypertension	Preferred	Preferred	Decline	MIB
Diovan				
Hypertension	Preferred	Preferred	Decline	MIB
Dipyridamole				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Disopyramide Phosphate				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Disulfiram				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Drug Addiction	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Diuril				
Hypertension	Preferred	Preferred	Decline	MIB
Divalproex				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Migraine	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Dobutamine Hcl				
Cardiac Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Dolophine				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Donepezil Hcl				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Dronabinol				
Nausea medication containing delta-9 THC	Decline	Decline	Decline	Decline
Droxia				
Sickle Cell Anemia	Decline	Decline	Decline	MIB
Duetact				
Diabetes	Preferred	Modified	Decline	MIB
Dulaglutide				
Diabetes - Non Insulin Injectable	Preferred	Modified	Declined	MIB
Dulera				
Asthma	Preferred	Standard	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Duoneb				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Duragesic				
Severe Pain	Modified	Modified	Decline	MIB
Dyazide				
Hypertension	Preferred	Preferred	Decline	MIB
Edarbi				
Hypertension	Preferred	Preferred	Decline	MIB
Edarbyclor				
Hypertension	Preferred	Preferred	Decline	MIB
Edecrin				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Edurant				
HIV	Decline	Decline	Decline	Decline
Effexor				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Depression	Preferred	Preferred	Decline	MIB
Effient				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Elavil				
Depression	Preferred	Preferred	Decline	MIB
Eldepryl				
Parkinson's Disease	Modified	Modified	Decline	MIB
Eligard				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Eliquis				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Emcyt				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Emend				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Emtriva				
HIV	Decline	Decline	Decline	Decline
Enalapril Maleate				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Enalaprilat				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Enduron				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Liver Disorder	Modified	Modified	Decline	MIB
Enduronyl				
Hypertension	Preferred	Preferred	Decline	MIB
Entacapone				
Parkinson's Disease	Modified	Modified	Decline	MIB
Entresto				
Cardiac Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Epclusa				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Ephedrine Hcl				
Hypotension	Preferred	Preferred	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Epivir				
HIV	Decline	Decline	Decline	Decline
Eplerenone				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Eptifibatide				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Epzicom				
HIV	Decline	Decline	Decline	Decline
Equetro				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Esbriet				
Idiopathic Pulmonary Fibrosis	Decline	Decline	Decline	MIB
Escitalopram Oxalate				
Depression	Preferred	Preferred	Decline	MIB
Eskalith				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Ethmozine				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Ethosuximide				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Etopophos				
Leukemia	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Eulexin				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Evista				
Osteoporosis	Preferred	Preferred	Icare	MIB
Evotaz				
HIV	Decline	Decline	Decline	Decline
Exelon				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Exemestane				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Exenatide				
Diabetes - Non Insulin Injectable	Preferred	Modified	Decline	MIB
Exforge				
Hypertension	Preferred	Preferred	Decline	MIB
Exondys 51				
Muscular Dystrophy	Modified	Modified	Decline	MIB
Extavia				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Fanapt				
Schizophrenia	Modified	Modified	Decline	MIB
Fareston				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Farxiga				
Diabetes	Preferred	Modified	Decline	MIB
Felbamate				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Felbatol				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Felodipine				
Hypertension	Preferred	Preferred	Decline	MIB
Fentanyl				
Severe Pain	Modified	Modified	Decline	MIB
Fetzima				
Major Depressive Disorder	Modified	Modified	Decline	MIB
Flecainide Acetate				
Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Flomax				
Enlarged Prostate	Preferred	Preferred	Decline	MIB
Flovent				
Asthma	Preferred	Standard	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Fluoxetine				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Fluphenazine Hcl				
Psychosis	Modified	Modified	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Flutamide				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Foradil Aerolizer				
Asthma	Preferred	Standard	Decline	MIB
Bronchitis	Preferred	Preferred	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Fortamet				
Diabetes	Preferred	Modified	Decline	MIB
Fortovase				
HIV	Decline	Decline	Decline	Decline
Fosamax Plus D				
Osteoporosis	Preferred	Preferred	Icare	MIB
Fosinopril Sodium				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Fosphenytoin Sodium				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Fragmin				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Deep Vein Thrombosis (DVT)	Modified	Modified	Decline	MIB
Furosemide				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Fuzeon				
HIV	Decline	Decline	Decline	Decline
Fycompa				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Gabapentin				
Pain	Preferred	Preferred	Icare	MIB
Neuropathy	Standard	Modified	Decline	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Gabitril				
Epilepsy	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Gablofen				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Galantamine				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Gemfibrozil				
Cholesterol	Preferred	Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Gengraf				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Genvoya				
HIV	Decline	Decline	Decline	Decline
Geodon				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Gilenya				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Gilotrif				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Glassia				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Gleevec				
Leukemia	Decline	Decline	Decline	Decline
Gleostine				
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Glimepiride				
Diabetes	Preferred	Modified	Decline	MIB
Glipizide				
Diabetes	Preferred	Modified	Decline	MIB
Glucophage				
Diabetes	Preferred	Modified	Decline	MIB
Glyburide				
Diabetes	Preferred	Modified	Decline	MIB
Granisetron Hcl				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Granix				
Neutropenia	Decline	Decline	Decline	Decline
Guanabenz Acetate				
Hypertension	Preferred	Preferred	Decline	MIB
Guanfacine Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Haldo				
Schizophrenia	Modified	Modified	Decline	MIB
Haloperidol				
Schizophrenia	Modified	Modified	Decline	MIB
Harvoni				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Hctz				
Hypertension	Preferred	Preferred	Decline	MIB
Hecoria				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Hectorol				
Kidney Disease	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Heparin				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Hepsera				
Hepatitis B	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Hexalen				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Horizant				
Restless Leg Syndrome	Preferred	Preferred	Decline	MIB
Humalog				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Humira				
Arthritis	Preferred	Preferred	Decline	MIB
Chron's Disease	Preferred	Preferred	Decline	MIB
Psoriasis	Preferred	Preferred	Decline	MIB
Ulcerative Colitis	Preferred	Preferred	Decline	MIB
Humulin 70/30				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Hycamtin				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Hydralazine				
Hypertension	Preferred	Preferred	Decline	MIB
Hydralazine				
Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Hydrea				
Cancer	Decline	Decline	Decline	Decline
Leukemia	Decline	Decline	Decline	Decline
Hydrochlorothi				
Hypertension	Preferred	Preferred	Decline	MIB
Hydrochlorothiazide				
Hypertension	Preferred	Preferred	Decline	MIB
Hydrocodone				
Pain	Preferred	Preferred	Icare	MIB
Hydromorphone Hcl				
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Hydroxychloroquine Sulfate				
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Lupus	Modified	Modified	Decline	MIB
Hydroxyurea				
Cancer	Decline	Decline	Decline	Decline
Leukemia	Decline	Decline	Decline	Decline
Hydroxyzine				
Allergies	Preferred	Preferred	Icare	MIB
Anxiety Disorder	Preferred	Preferred	Icare	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Hytrin				
Enlarged Prostate	Preferred	Preferred	Decline	MIB
Hypertension	Preferred	Preferred	Decline	MIB
Hyzaar				
Hypertension	Preferred	Preferred	Decline	MIB
Ibutilide Fumarate				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Iclusig				
Leukemia	Decline	Decline	Decline	Decline
Idelvion				
Hemophilia B	Decline	Decline	Decline	MIB
Imatinib				
Leukemia	Decline	Decline	Decline	Decline
Imbruvica				
Leukemia	Decline	Decline	Decline	Decline
Imuran				
Rhumatoid Arthritis	Preferred	Preferred	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Inamrinone				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Incivek				
Liver Disorder	Modified	Modified	Decline	MIB
Incruse Ellipta				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Indapamide				
Hypertension	Preferred	Preferred	Decline	MIB
Inderal				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Infergen				
Liver Disorder	Modified	Modified	Decline	MIB
Inlyta				
Kidney Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Kidney Cancer	91+ days free Modified	2- 5 years free Standard	Decline	MIB
Kidney Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Innopran XL				
Hypertension	Preferred	Preferred	Decline	MIB
Inspira				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Insulin				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Intelence				
HIV	Decline	Decline	Decline	Decline
Invega				
Schizophrenia	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Invirase				
HIV	Decline	Decline	Decline	Decline
Invokamet				
Diabetes	Preferred	Modified	Decline	MIB
Invokana				
Diabetes	Preferred	Modified	Decline	MIB
Ipratropium Bromide				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Irbesartan Avapro				
Hypertension	Preferred	Preferred	Decline	MIB
Kidney Disease	Modified	Modified	Decline	MIB
Nephropathy	Standard	Modified	Decline	MIB
Irbesartan/Hydrochlorothi				
Hypertension	Preferred	Preferred	Decline	MIB
Iressa				
Lung Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Lung Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Lung Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Isentress				
HIV	Decline	Decline	Decline	Decline
Isochron				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Isoniazid				
Tuberculosis	Modified	Modified	Decline	MIB
Isoptin				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Isosorbide				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Heart	Modified	Modified	Decline	MIB
Isradipine				
Hypertension	Preferred	Preferred	Decline	MIB
Jantoven				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Jantoven (Warfarin)				
Blood Thinner	Modified	Standard	Decline	MIB
Janumet				
Diabetes	Preferred	Modified	Decline	MIB
Januvia				
Diabetes	Preferred	Modified	Decline	MIB
Jardiance				
Diabetes	Preferred	Modified	Decline	MIB
Kaletra				
HIV	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Kalydeco				
Cystic Fibrosis	Decline	Decline	Decline	MIB
Kemadrin				
Parkinson's Disease	Modified	Modified	Decline	MIB
Kepra				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Kerlone				
Hypertension	Preferred	Preferred	Decline	MIB
Klonopin				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Klonopin Wafers				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Kombiglyze Xr				
Diabetes	Preferred	Modified	Decline	MIB
Labetalol Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Lamictal				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Lamivudine				
HIV	Decline	Decline	Decline	Decline
Lamotrigine				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Lanoxin				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Lantus				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Lasix				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Latuda				
Schizophrenia	Modified	Modified	Decline	MIB
Lemtrada				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Letrozole				
Breast Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Breast Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Breast Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Leuprolide Acetate				
Endometriosis	Preferred	Preferred	Decline	MIB
Levatol				
Hypertension	Preferred	Preferred	Decline	MIB
Levemir Flexpen				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Levetiracetam				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Levocarnitine				
Liver Disorder	Modified	Modified	Decline	MIB
Levodopa				
Parkinson's Disease	Modified	Modified	Decline	MIB
Levothyroxine				
Hypothyroidism	Preferred	Preferred	Decline	MIB
Lexapro				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Depression	Preferred	Preferred	Decline	MIB
Lexiva				
HIV	Decline	Decline	Decline	Decline
Lexxel				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Lipitor				
Cholesterol	Preferred	Preferred	Decline	MIB
Lisinopril				
Hypertension	Preferred	Preferred	Decline	MIB
Lithium Carbonate				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Lodosyn				
Parkinson's Disease	Modified	Modified	Decline	MIB
Lopid				
Cholesterol	Preferred	Preferred	Decline	MIB
Lopressor				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Lorazepam				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Losartan Potassium				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Lovastatin				
Cholesterol	Preferred	Preferred	Decline	MIB
Lovenox				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Loxapine				
Schizophrenia	Modified	Modified	Decline	MIB
Loxapine Succinate				
Schizophrenia	Modified	Modified	Decline	MIB
Loxitane				
Schizophrenia	Modified	Modified	Decline	MIB
Lozol				
Hypertension	Preferred	Preferred	Decline	MIB
Lupron				
Endometriosis	Preferred	Preferred	Decline	MIB
Advanced Prostate Cancer	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Lyrica				
Fibromyalgia Syndrome	Preferred	Preferred	Decline	MIB
Neuropathy	Standard	Modified	Decline	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Megace Oral				
Menopausal Symptoms	Preferred	Preferred	Icare	MIB
Nausea	Preferred	Preferred	Icare	MIB
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Cachexia/Wasting Syndrome	Decline	Decline	Decline	MIB
Megestrol				
Menopausal Symptoms	Preferred	Preferred	Icare	MIB
Nausea	Preferred	Preferred	Icare	MIB
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Cachexia/Wasting Syndrome	Decline	Decline	Decline	MIB
Mellaril				
Schizophrenia	Modified	Modified	Decline	MIB
Mepron				
AIDS	Decline	Decline	Decline	Decline
Mercaptopurine				
Leukemia	Decline	Decline	Decline	Decline
Metformin				
Diabetes	Preferred	Modified	Decline	MIB
Methadone				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Drug Overdose	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Methotrexate				
Arthritis	Preferred	Preferred	Decline	MIB
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Methyclothiazide				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Methyldopa				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Metolazone				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Metoprolol				
Hypertension	Preferred	Preferred	Decline	MIB
Metoprolol Succinate Er				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Mexiletine Hcl				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Micardis				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Microzide				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Migranal				
Migraine	Preferred	Preferred	Icare	MIB
Milrinone				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Minitran				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Minizide				
Hypertension	Preferred	Preferred	Decline	MIB
Minoxidil				
Hypertension	Preferred	Preferred	Decline	MIB
Mirapex				
Restless Leg Syndrome	Preferred	Preferred	Decline	MIB
Parkinson's Disease	Modified	Modified	Decline	MIB
Mircera				
Renal Failure	Modified	Modified	Decline	MIB
Mirtazapine				
Depression	Preferred	Preferred	Decline	MIB
Major Depressive Disorder	Modified	Modified	Decline	MIB
Mitomycin				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Moban				
Schizophrenia	Modified	Modified	Decline	MIB
Moexipril Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Monopril				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Morphine Sulfate Er				
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Multaq				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Mustargen				
Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Mycobutin				
AIDS	Decline	Decline	Decline	Decline
Mycophenolate Mofetil				
Lupus	Modified	Modified	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Myfortic				
Lupus	Modified	Modified	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Mykrox				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Myleran				
Leukemia	Decline	Decline	Decline	Decline
Mylocel				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Leukemia	Decline	Decline	Decline	Decline
Mysoline				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Nadolol				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Naloxone Hcl				
Drug Overdose	Preferred	Preferred	Decline	MIB
Naltrexone				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Namenda				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Namzaric				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Nateglinide				
Diabetes	Preferred	Modified	Decline	MIB
Natrecor				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Navane				
Schizophrenia	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Nembutal				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Insomnia	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Neoral				
Psoriasis	Preferred	Preferred	Icare	MIB
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Neosar				
Leukemia	Decline	Decline	Decline	Decline
Neupro				
Restless Leg Syndrome	Preferred	Preferred	Decline	MIB
Parkinson's Disease	Modified	Modified	Decline	MIB
Neurontin				
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Neuropathy	Standard	Modified	Decline	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Nevirapine				
HIV	Decline	Decline	Decline	Decline
Nexavar				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Nexiclon Xr				
Hypertension	Preferred	Preferred	Decline	MIB
Nicardipine Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nifedical XI				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nifedipine				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nilandron				
Prostate Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Prostate Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Prostate Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Nimodipine				
Ischemic Heart Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Brain Aneurysm	Corrected Modified Uncorrected Decline	Corrected Modified, Uncorrected Decline	Decline	MIB
Nisoldipine Er				
Hypertension	Preferred	Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Nitrek				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nitro-Bid				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nitroglycerin				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nitropress				
Hypertension	Preferred	Preferred	Decline	MIB
Nitrostat				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Normodyne				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Nortriptyline Hcl				
Depression	Preferred	Preferred	Decline	MIB
Norvasc				
Hypertension	Preferred	Preferred	Decline	MIB
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Norvir				
HIV	Decline	Decline	Decline	Decline
Novantrone				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Novolin				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Novolog				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Nulojix				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Nuplazid				
Parkinson's Disease	Modified	Modified	Decline	MIB
Psychosis	Modified	Modified	Decline	MIB
Odefsey				
HIV	Decline	Decline	Decline	Decline
Olanzapine				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Olysio				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Ondansetron				
Nausea	Preferred	Preferred	Icare	MIB
Onglyza				
Diabetes	Preferred	Modified	Decline	MIB
Orenitram				
Pulmonary Hypertension	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Oretic				
Hypertension	Preferred	Preferred	Decline	MIB
Orkambi				
Cystic Fibrosis	Decline	Decline	Decline	MIB
Orlaam				
Opioid Dependence	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Orthoclone Okt3				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Oxcarbazepine				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Oxtellar Xr				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Oxycodone Hcl				
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Papaverine Hcl				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Peripheral Vascular Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Parlodel				
Parkinson's Disease	Modified	Modified	Decline	MIB
Paroxetine Hcl				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Paser				
Tuberculosis	Modified	Modified	Decline	MIB
Paxil				
Depression	Preferred	Preferred	Decline	MIB
Paxipam				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Peganone				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Pegasys				
Hepatitis B	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Peg-Intron				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Pentoxifylline Er				
Intermittent Claudication	Modified	Modified	Decline	MIB
Perforomist				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Pergolide Mesylate				
Parkinson's Disease	Modified	Modified	Decline	MIB
Perindopril Erbumine				
Hypertension	Preferred	Preferred	Decline	MIB
Coronary Artery Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Permax				
Parkinson's Disease	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Perphenazine				
Psychosis	Modified	Modified	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Phenobarbital				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Phenurone				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Phenytoin Sodium				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Pindolol				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Pioglitazone Hcl				
Diabetes	Preferred	Modified	Decline	MIB
Plaquenil				
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Lupus	Modified	Modified	Decline	MIB
Plavix				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Plegridy				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Plendil				
Hypertension	Preferred	Preferred	Decline	MIB
Pletal				
Intermittent Claudication	Modified	Modified	Decline	MIB
Pradaxa				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Pramipexole Dihydrochlori				
Restless Leg Syndrome	Preferred	Preferred	Decline	MIB
Parkinson's Disease	Modified	Modified	Decline	MIB
Pravachol				
Cholesterol	Preferred	Preferred	Decline	MIB
Pravastatin Sodium				
Cholesterol	Preferred	Preferred	Decline	MIB
Prazosin Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Premarin				
Menopausal Symptoms	Preferred	Preferred	Icare	MIB
Breast And Prostate Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Breast And Prostate Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Breast And Prostate Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Prestalia				
Hypertension	Preferred	Preferred	Decline	MIB
Prezcobix				
HIV	Decline	Decline	Decline	Decline
Prezista				
HIV	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Priftin				
Tuberculosis	Modified	Modified	Decline	MIB
Primacor				
Heart Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Primidone				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Prinzide				
Hypertension	Preferred	Preferred	Decline	MIB
Priscoline				
Pulmonary Hypertension	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Proair Hfa				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Procainamide Hcl				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Prograf				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Prolastin				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Prolixin				
Psychosis	Modified	Modified	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Propafenone Hcl				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Propranolol				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Propranolol Hcl				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Protriptyline Hcl				
Depression	Preferred	Preferred	Decline	MIB
Proventil				
Asthma	Preferred	Standard	Decline	MIB
Bronchitis	Preferred	Preferred	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Prozac				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Panic Disorder	Preferred	Preferred	Icare	MIB
Pulmozyme				
Cystic Fibrosis	Decline	Decline	Decline	MIB
Purinethol				
Leukemia	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Pyrazinamide				
Tuberculosis	Modified	Modified	Decline	MIB
Quetiapine Fumarate				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Manic Depression	Modified	Modified	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Quinapril				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Quinaretic				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Quinidine Gluconate Cr				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Ventricular Arrhythmias	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Qvar				
Asthma	Preferred	Standard	Decline	MIB
Ramipril				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Ranexa				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Rapamune				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Razadyne Er				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Rebetron				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Relpax				
Migraine	Preferred	Preferred	Icare	MIB
Reminyl				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Remodulin				
Pulmonary Hypertension	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Renagel				
Renal Disease With Dialysis Patients	Decline	Decline	Decline	MIB
Renese				
Hypertension	Preferred	Preferred	Decline	MIB
Renvela				
Dialysis	Decline	Decline	Decline	MIB
Requip				
Restless Leg Syndrome	Preferred	Preferred	Decline	MIB
Parkinson's Disease	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Rescriptor				
HIV	Decline	Decline	Decline	Decline
Reserpine				
Hypertension	Preferred	Preferred	Decline	MIB
Retavase				
Heart	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Revia				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Drug Addiction	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Rexulti				
Major Depressive Disorder	Modified	Modified	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Reyataz				
HIV	Decline	Decline	Decline	Decline
Ribasphere				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Rifamate				
Tuberculosis	Modified	Modified	Decline	MIB
Rilutek				
ALS (Lou Gherig's Disease)	Decline	Decline	Decline	MIB
Riluzole				
ALS (Lou Gherig's Disease)	Decline	Decline	Decline	MIB
Risperdal				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Risperidone				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Rituxan				
Rheumatoid Arthritis	Preferred	Preferred	Decline	MIB
Chronic Lymphocytic Leukemia	Decline	Decline	Decline	MIB
Non-Hodgkin's Lymphoma	Decline	Decline	Decline	Decline
Rivastigmine Tartrate				
Alzheimer's/Dementia	Decline	Decline	Decline	MIB
Ropinirole				
Restless Leg Syndrome	Preferred	Preferred	Decline	MIB
Parkinson's Disease	Modified	Modified	Decline	MIB
Rybix Odt				
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Ryzolt				
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Sabril				
Epilepsy	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Saluron				
Hypertension	Preferred	Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Saphris				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Savaysa				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Savella				
Fibromyalgia Syndrome	Preferred	Preferred	Decline	MIB
Selegiline				
Parkinson's Disease	Modified	Modified	Decline	MIB
Selzentry				
HIV/AIDS	Decline	Decline	Decline	Decline
Serevent Diskus				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Emphysema	Modified	Modified	Decline	MIB
Seromycin				
Tuberculosis	Modified	Modified	Decline	MIB
Seroquel				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Depression	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Sertraline				
Depression	Preferred	Preferred	Icare	MIB
Sertraline Hcl				
Panic Disorder	Preferred	Preferred	Icare	MIB
Simulect				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Simvastatin				
Cholesterol	Preferred	Preferred	Decline	MIB
Sinemet				
Parkinson's Disease	Modified	Modified	Decline	MIB
Sirturo				
Tuberculosis	Modified	Modified	Decline	MIB
Soltamox				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Sotalol Hcl				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Sovaldi				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Spiriva Handihaler				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Spiriva Respimat				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Spirolactone				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Stalevo				
Parkinson's Disease	Modified	Modified	Decline	MIB
Starlix				
Diabetes	Preferred	Modified	Decline	MIB
Stavudine				
HIV	Decline	Decline	Decline	Decline
Stiolto Respimat				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Stivarga				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Stribild				
HIV	Decline	Decline	Decline	Decline
Striverdi Respimat				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Suboxone				
Opioid Dependence	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Subsys				
Severe Pain	Modified	Modified	Decline	MIB
Sulfapyrazone				
Gout	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Cardiovascular Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Sumatriptan				
Migraine	Preferred	Preferred	Icare	MIB
Sustiva				
HIV	Decline	Decline	Decline	Decline
Sutent				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Symbicort				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Symbyax				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Depression	Preferred	Preferred	Decline	MIB
Symmetrel				
Parkinson's Disease	Modified	Modified	Decline	MIB
Synthroid				
Hypothyroidism	Preferred	Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Synribo				
Chronic Myeloid Leukemia	Decline	Decline	Decline	MIB
Tabloid				
Leukemia	Decline	Decline	Decline	Decline
Tacrolimus				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Tagrisso				
Lung Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Lung Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Lung Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Tambocor				
Heart Disease	Modified	Modified	Decline	MIB
Tamoxifen Citrate				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Tamsulosin Hcl				
Enlarged Prostate	Preferred	Preferred	Decline	MIB
Tanzeum				
Diabetes - Non Insulin Injectable	Preferred	Modified	Decline	MIB
Tarceva				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Tarka				
Hypertension	Preferred	Preferred	Decline	MIB
Tasigna				
Leukemia	Decline	Decline	Decline	Decline
Tasmar				
Parkinson's Disease	Modified	Modified	Decline	MIB
Tecfidera				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Technivie				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Tekamlo				
Hypertension	Preferred	Preferred	Decline	MIB
Tekturna				
Hypertension	Preferred	Preferred	Decline	MIB
Teniposide				
Acute Lymphocytic Leukemia	Decline	Decline	Decline	Decline
Tenormin				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Terazosin Hcl				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Teveten				
Hypertension	Preferred	Preferred	Decline	MIB
Thalitone				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Theophylline Er				
Asthma	Preferred	Standard	Decline	MIB
COPD	See COPD in Field Guide	Modified	Decline	MIB
Emphysema	Modified	Modified	Decline	MIB
Thioridazine				
Schizophrenia	Modified	Modified	Decline	MIB
Thiothixene				
Schizophrenia	Modified	Modified	Decline	MIB
Thorazine				
Schizophrenia	Modified	Modified	Decline	MIB
Tiagabine Hydrochloride				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Ticlid				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Ticlopidine Hcl				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Tikosyn				
Atrial Fibrillation	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Timolide				
Hypertension	Preferred	Preferred	Decline	MIB
Tivicay				
HIV	Decline	Decline	Decline	Decline
Tobi				
Cystic Fibrosis	Decline	Decline	Decline	MIB
Tolazamide				
Diabetes	Preferred	Modified	Decline	MIB
Tolbutamide				
Diabetes	Preferred	Modified	Decline	MIB
Tolinase				
Diabetes	Preferred	Modified	Decline	MIB
Tonocard				
Ventricular Arrhythmia	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Topamax				
Migraine	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Topiragen				
Migraine	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Topiramate				
Migraine	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Toposar				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Toprol				
Hypertension	Preferred	Preferred	Decline	MIB
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Toprol XI				
Congestive Heart Failure	Modified	Modified	Decline	MIB
Torsemide				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	Modified	Decline	MIB
Tracleer				
Pulmonary Hypertension	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Tradjenta				
Diabetes	Preferred	Modified	Decline	MIB
Tramadol				
Pain	Preferred	Preferred	Icare	MIB
Trandate				
Hypertension	Preferred	Preferred	Decline	MIB
Trandolapril/Verapamil Hc				
Hypertension	Preferred	Preferred	Decline	MIB
Trazodone Hcl				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Major Depressive Disorder	Modified	Modified	Decline	MIB
Treanda				
Chronic Lymphocytic Leukemia	Decline	Decline	Decline	MIB
Tresiba Flextouch				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Tretinoin				
Topical Cream - Eczema	Preferred	Preferred	Icare	MIB
Oral pill - Leukemia	Decline	Decline	Decline	Decline
Triamterene/ Hydrochlorothiazide				
Hypertension	Preferred	Preferred	Decline	MIB
Tribenzor				
Hypertension	Preferred	Preferred	Decline	MIB
Trihexyphenidyl Hcl				
Parkinson's Disease	Modified	Modified	Decline	MIB
Trileptal				
Epilepsy	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Triumeq				
HIV	Decline	Decline	Decline	Decline
Trizivir				
HIV	Decline	Decline	Decline	Decline
Trulicity				
Diabetes - Non Insulin Injectable	Preferred	Modified	Decline	MIB
Truvada				
HIV	Decline	Decline	Decline	Decline
HIV PrEP	Preferred	Preferred	Icare	MIB
Tubersol				
Tuberculosis	Modified	Modified	Decline	MIB
Tudorza Pressair				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Twynsta				
Hypertension	Preferred	Preferred	Decline	MIB
Tybost				
HIV	Decline	Decline	Decline	Decline
Tykerb				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2-5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Tyzeka				
Hepatitis B	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Ultram				
Pain	Preferred	Preferred	Icare	MIB
Moderate To Severe Pain	Modified	Modified	Decline	MIB
Uniretic				
Hypertension	Preferred	Preferred	Decline	MIB
Univasc				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Ursodiol				
Gallstones	Preferred	Preferred	Icare	MIB
Primary Biliary Cirrhosis	Decline	Decline	Decline	MIB
Valproic Acid				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Migraine	Preferred	Preferred	Icare	MIB
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Valturna				
Hypertension	Preferred	Preferred	Decline	MIB
Vanatrip				
Depression	Preferred	Preferred	Decline	MIB
Vandetanib				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Vascazen				
Cardiovascular Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Vascor				
Angina	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Vasodilan				
Circulatory Disorder	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Vasotec				
Hypertension	Preferred	Preferred	Decline	MIB
Heart Disease	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Veletri				
Pulmonary Hypertension	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Velosulin Br				
Diabetes - Injectable	See Diabetes in Field Guide	Modified	Decline	MIB
Velphoro				
Renal Insufficiency	Modified	Modified	Decline	MIB
Vemlidy				
Hepatitis B	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Venclexta				
Chronic Lymphocytic Leukemia	Decline	Decline	Decline	MIB
Venlafaxine Hcl Er				
Anxiety Disorder	Preferred	Preferred	Icare	MIB
Depression	Preferred	Preferred	Decline	MIB
Major Depressive Disorder	Modified	Modified	Decline	MIB
Ventavis				
Pulmonary Hypertension	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Verapamil				
Hypertension	Preferred	Preferred	Decline	MIB
Vesanoid				
Leukemia	Decline	Decline	Decline	Decline
Victoza				
Diabetes - Non Insulin Injectable	Preferred	Modified	Decline	MIB
Victrelis				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Videx				
HIV	Decline	Decline	Decline	Decline
Viekira Pak				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Viibryd				
Depression	Preferred	Preferred	Decline	MIB
Vimpat				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Viracept				
HIV	Decline	Decline	Decline	Decline

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Viramune				
HIV	Decline	Decline	Decline	Decline
Viread				
Hepatitis B	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
HIV	Decline	Decline	Decline	Decline
Visken				
Hypertension	Preferred	Preferred	Decline	MIB
Vitekta				
HIV	Decline	Decline	Decline	Decline
Vivitrol				
Alcoholism	Modified	≤ 5 years Decline, 5+ Standard	Decline	MIB
Drug Overdose	Preferred	≤ 5 years Decline, 5+ Standard	Decline	MIB
Vraylar				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Warfarin				
Blood Thinner	Modified	Standard	Decline	MIB
Xalkori				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Xarelto				
Blood Thinner	≤ 2 years Modified, 2+ Preferred	≤ 5 years Standard, 5+ Preferred	Decline	MIB
Xeloda				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Xenazine				
Huntington's Chorea	Decline	Decline	Decline	MIB
Xigduo Xr				
Diabetes	Preferred	Modified	Decline	MIB
Zafirlukast				
Asthma	Preferred	Standard	Decline	MIB
Zarontin				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Zaroxolyn				
Hypertension	Preferred	Preferred	Decline	MIB
Congestive Heart Failure	Modified	≤ 2 years Decline, 2+ Modified	Decline	MIB
Zarxio				
Neutropenia	Decline	Decline	Decline	Decline
Zavesca				
Gaucher's Disease	Decline	Decline	Decline	MIB
Zelapar				
Parkinson's Disease	Modified	Modified	Decline	MIB

Medication/Indication	Loyalty Plan	Guardian Plan	iCare	MIB
Zemaira				
COPD	See COPD in Field Guide	Modified	Decline	MIB
Emphysema	Modified	Modified	Decline	MIB
Zemplar				
Chronic Kidney Disease	Modified	Modified	Decline	MIB
Dialysis	Decline	Decline	Decline	MIB
Zenapax				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Zepatier				
Hepatitis C	See Hepatitis in Field Guide	See Hepatitis in Field Guide	Decline	MIB
Zerit				
HIV	Decline	Decline	Decline	Decline
Zestoretic				
Hypertension	Preferred	Preferred	Decline	MIB
Zetia				
Cholesterol	Preferred	Preferred	Decline	MIB
Ziac				
Hypertension	Preferred	Preferred	Decline	MIB
Zinbryta				
Multiple Sclerosis	Modified	Modified	Decline	MIB
Ziprasidone Hcl				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Zocor				
Cholesterol	Preferred	Preferred	Decline	MIB
Zofran				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Zoloft				
Depression	Preferred	Preferred	Decline	MIB
Zonegran				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Zonisamide				
Seizure	See Seizure in Field Guide	See Seizure in Field Guide	Decline	MIB
Zortress				
Organ Transplant Rejection	Decline	Decline	Decline	MIB
Zyprexa				
Bipolar Disorder	Preferred	Preferred	Decline	MIB
Schizophrenia	Modified	Modified	Decline	MIB
Zytiga				
Cancer	Current or < 90 days free Decline	Current or ≤ 2 years free Decline	Decline	Decline
Cancer	91+ days free Modified	2 - 5 years free Standard	Decline	MIB
Cancer	2+ years free Preferred	5+ years free Preferred	Decline	MIB
Prostate Cancer	Decline	Decline	Decline	Decline

Uninsurable Conditions

This list is not inclusive, but more comprehensive than the application. This lists conditions that we consider uninsurable.

- Addison Disease – Auto-Immune disorder/atrophy of the adrenal cortex
- AIDS or AIDS related complex
- ALS (Lou Gehrig's Disease) – Disorder of the motor neurons
- Alzheimer's
- Anemia(s) – Sickle Cell Anemia, Thalassemia Major, Pernicious, Sickle Cell Trait
- Anorexia
- Ascites – Edema of the peritoneal space effecting the liver, heart, and kidneys
- Cancer of the blood or bone marrow, not insurable at any time
- Cirrhosis – Liver disorder
- Cystic Fibrosis – Normal tissue is replaced with fibrous tissue
- Dementia
- Dialysis
- HIV+
- Hodgkin's lymphoma, Non Hodgkin's lymphoma, Hodgkin's disease
- Huntington's Disease
- Leukemia
- Non-corrected Brain Aneurysm
- Organ Transplant
- Polycystic Kidney Disease (PKD)
- Polymyositis
- Pregnancy – If the proposed insured is currently pregnant, no plan will be offered. The application will need to be postponed until 6 weeks after the insured has given birth and the doctor has cleared them for regular activities
- Sarcoidosis (If in Stage 3 or 4)
- Suicidal behavior within 2 years
- Thrombocytopenia
- Trachostomy
- Need assistance or supervision with dressing, eating, personal hygiene (bathing or toilet), or transferring to and from a bed or chair
- Under hospice care, institutional care, or incarcerated

Security National

Family of Life Companies



P. O. Box 57220, Salt Lake City, UT 84157
433 Ascension Way, Suite 600, Salt Lake City, UT 84123

NON-DISCLOSURE AND NON-SOLICITATION AGREEMENT

You acknowledge that all policyholder lists, applications for insurance, policyholder information, and all other business records, memoranda, and other materials and information contained herein are the property of Security National Life Insurance Company and its subsidiaries and are confidential, and that they and the information contained therein shall not be used or disclosed without the specific written authorization of the Company.

You hereby agree to NOT induce or attempt to induce, or cause or aid in any manner whatsoever any other agent or other person to induce or attempt to induce, any policyholder to terminate any policy issued by SNLIC. You further agree to NOT solicit, or cause or aid any other person to solicit, any policyholders of SNLIC to purchase policies of another life insurance company. These restrictions shall continue for a period of two (2) years after the termination of Your authority.

You agree that any engagement in activities described in the preceding four paragraphs will result in irreparable injury to SNLIC, for which there is no adequate remedy at law. Thus, You agree that in the event You breach any of said paragraphs, SNLIC may apply for and obtain immediate and continuing injunctive relief prohibiting further or continued breach of Your obligations, and You further agree to liquidated damages in the amount of two (2) years of annual premium for all policies which are terminated as a result of Your activities, and in the amount of the commissions for the preceding 365 days for any agents who terminate or reduce their activity as a result of Your activities.