Monumental Life Insurance Company
Pre-Standardized Group Medicare Supplement
State of New York

Exhibit A --- Coverage Codes and Rates

Benefit	Description		MS04	MS06	MS07	MS12	MS14	MS36	MS51	MS53	MS82
Part A Basic	ALL	5.26	5.26	5.26	5.26	5.26	5.26	5.26	5.26	5.26	5.26
Initial Part A Ded	STANDARD	35.37	35.37	35.37	35.37	35.37	35.37		35.37	35.37	35.37
Part B Deductible	$100 Deductible payable I/P Surg exp only	4.45								4.45	
	$100 Deductible Payable	12.05									
Part B coinsurance	20% after $100 med ded O/P, $0 I/P	79.58									
	20% after $100 Medicare Ded	77.09	77.09	77.09	77.09	77.09		77.09	77.09	77.09	77.09
	20% after $100 Med Ded & $100 Pol Ded	63.57					63.57				
	20% with no Med Ded, I/P coverage only	40.40									
Foreign Travel	80%/$50/$10,000 - Standard	0.53	0.53	0.53	0.53	0.53	0.53	0.53		0.53	0.53
Private Duty Nursing	$30/30	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19
Immunization	100% act exp $100/yr - Standard	0.19	0.19	0.19	0.19	0.19	0.19	0.19			0.19
Skilled Nursing	1/8 days 21 - 100	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49
	1/8 days 101 - 365	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94		1.94
	1/4 days 21 - 100	9.00									
	1/4 days 101 - 365	3.86								3.86	
Outpatient Prescription Drugs	50%/$100/$300 - Standard	21.12	21.12								21.12
	50%/$100/$500	30.60							30.60		
	80%/$100/$500	34.90		34.90							
	50%/$100/$1,000	69.03								69.03	
	20% of Actual Charges	37.81									
Ambulance	100% of 1st $60 then 20%	4.22									4.22
Actual Charges	100% DIF. U&C	16.73				16.73				16.73	
Convalescent Care		12.50								12.50	

2014 Premium by Plan:

2014 proposed premium without premium load/discount:	146.17	159.94	125.05	141.77	111.53	89.68	154.93	229.47	150.39
Current Premium Load:	**0.984**	**0.984**	**0.984**	**0.984**	**0.984**	**0.984**	**0.984**	**0.984**	**0.984**
2014 proposed premium with premium load/discount of 0.984:	143.83	157.39	123.05	139.51	109.74	88.24	152.45	225.80	147.98