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MEDlink® II Options **InPatient Only**

Ages 17-54

Employee Only														
Underlying Plan Deductible	In-Hospital Benefit Only													
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$500	6.93	9.28	11.23	12.82	14.17	15.44	16.71	17.85	19.24	21.72	24.16	26.54	28.89	31.18
\$1,000	7.33	9.96	12.09	13.86	15.30	16.60	17.86	19.01	20.39	22.88	25.31	27.70	30.04	32.34
\$1,500	7.59	10.71	13.12	15.11	16.73	18.11	19.43	20.59	22.01	24.56	27.05	29.48	31.87	34.21
\$2,000	7.76	11.22	13.96	16.19	18.04	19.55	20.90	22.10	23.55	26.16	28.70	31.18	33.62	36.00
\$2,500	7.91	11.44	14.60	17.09	19.16	20.83	22.28	23.50	24.99	27.65	30.26	32.81	35.31	37.75
\$3,000	8.02	11.60	14.83	17.51	19.81	21.80	23.53	24.87	26.51	29.42	32.27	35.07	37.81	40.49
\$4,000	8.05	11.65	14.93	17.76	20.31	22.58	24.60	26.04	27.81	30.95	34.03	37.06	40.02	42.91
\$5,000	8.10	11.70	15.03	18.02	20.79	23.35	25.66	27.21	29.11	32.49	35.80	39.05	42.23	45.34

Employee & Spouse														
Underlying Plan Deductible	In-Hospital Benefit Only													
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$500	15.95	21.36	25.84	29.49	32.59	35.54	38.46	41.06	44.28	49.97	55.56	61.05	66.44	71.73
\$1,000	16.85	22.90	27.82	31.89	35.20	38.19	41.10	43.71	46.93	52.62	58.21	63.70	69.09	74.38
\$1,500	17.48	24.66	30.18	34.76	38.49	41.67	44.68	47.37	50.64	56.50	62.22	67.80	73.29	78.68
\$2,000	17.86	25.83	32.13	37.27	41.50	44.97	48.09	50.83	54.19	60.16	66.01	71.73	77.32	82.81
\$2,500	18.20	26.32	33.58	39.32	44.08	47.94	51.24	54.04	57.49	63.60	69.60	75.47	81.21	86.83
\$3,000	18.46	26.70	34.13	40.28	45.60	50.16	54.13	57.20	60.98	67.68	74.23	80.65	86.96	93.13
\$4,000	18.55	26.82	34.35	40.86	46.71	51.94	56.58	59.90	63.98	71.20	78.29	85.24	92.04	98.70
\$5,000	18.63	26.94	34.58	41.46	47.82	53.74	59.03	62.59	66.97	74.73	82.36	89.82	97.13	104.29

Employee & Children														
Underlying Plan Deductible	In-Hospital Benefit Only													
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$500	13.18	17.64	21.35	24.36	26.93	29.36	31.77	33.92	36.58	41.28	45.89	50.44	54.88	59.26
\$1,000	13.92	18.92	22.98	26.34	29.08	31.55	33.96	36.11	38.76	43.47	48.09	52.62	57.08	61.45
\$1,500	14.44	20.37	24.94	28.72	31.80	34.42	36.92	39.13	41.84	46.67	51.39	56.01	60.54	65.00
\$2,000	14.75	21.33	26.54	30.79	34.29	37.15	39.73	41.99	44.77	49.70	54.53	59.26	63.87	68.41
\$2,500	15.04	21.75	27.74	32.48	36.41	39.60	42.33	44.64	47.49	52.55	57.50	62.35	67.09	71.73
\$3,000	15.25	22.06	28.19	33.28	37.66	41.44	44.72	47.26	50.38	55.91	61.32	66.63	71.83	76.93
\$4,000	15.32	22.15	28.38	33.76	38.59	42.91	46.74	49.48	52.84	58.83	64.68	70.41	76.03	81.54
\$5,000	15.39	22.25	28.57	34.24	39.50	44.38	48.76	51.71	55.32	61.74	68.04	74.20	80.23	86.15

Employee & Family														
Underlying Plan Deductible	In-Hospital Benefit Only													
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$500	23.57	31.57	38.20	43.60	48.18	52.55	56.85	60.70	65.45	73.86	82.13	90.24	98.21	106.03
\$1,000	24.90	33.86	41.13	47.14	52.04	56.45	60.76	64.62	69.37	77.79	86.05	94.17	102.14	109.96
\$1,500	25.84	36.45	44.63	51.39	56.90	61.59	66.06	70.02	74.87	83.51	91.97	100.23	108.35	116.31
\$2,000	26.40	38.17	47.50	55.09	61.36	66.47	71.09	75.14	80.11	88.94	97.58	106.03	114.29	122.41
\$2,500	26.91	38.92	49.65	58.14	65.15	70.87	75.75	79.88	84.99	94.03	102.88	111.56	120.05	128.36
\$3,000	27.29	39.46	50.46	59.54	67.40	74.15	80.02	84.56	90.14	100.04	109.74	119.23	128.55	137.66
\$4,000	27.41	39.64	50.79	60.41	69.05	76.79	83.64	88.55	94.57	105.26	115.73	126.00	136.06	145.92
\$5,000	27.54	39.82	51.13	61.28	70.70	79.43	87.26	92.53	98.99	110.48	121.74	132.77	143.58	154.16

Rates valid for group sizes of 10+ eligible employees (excluding Government entities) and for all states where approved except DC, FL, KY, NC & SC. Rates for Government entities, group sizes of 5-9 eligible employees, and rates that include Outpatient Benefit Rider available upon request. Contact AlterNet Benefits at 877-815-2121 for more information.

APS-2087

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**American Public Life
Insurance Company**

A member of the American Fidelity Group.

MEDlink® II Options InPatient Only

Ages 55+

<u>Employee Only</u>														
Underlying Plan	In-Hospital Benefit Only													
	Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000
\$500	12.48	16.72	20.23	23.08	25.51	27.82	30.10	32.13	34.65	39.10	43.48	49.77	52.00	56.13
\$1,000	13.19	17.92	21.77	24.95	27.54	29.89	32.16	34.21	36.72	41.18	45.56	49.85	54.08	58.21
\$1,500	13.68	19.29	23.63	27.20	30.13	32.60	34.97	37.07	39.63	44.21	48.69	53.06	57.36	61.58
\$2,000	13.98	20.21	25.15	29.16	32.48	35.19	37.64	39.78	42.40	47.08	51.66	56.13	60.51	64.80
\$2,500	14.24	20.60	26.29	30.78	34.50	37.52	40.10	42.30	44.99	49.78	54.47	59.06	63.56	67.96
\$3,000	14.44	20.89	26.71	31.53	35.68	39.26	42.36	44.77	47.73	52.96	58.09	63.12	68.06	72.89
\$4,000	14.51	20.99	26.88	31.99	36.55	40.66	44.29	46.88	50.06	55.73	61.27	66.70	72.03	77.25
\$5,000	14.58	21.09	27.07	32.45	37.42	42.05	46.20	48.98	52.40	58.49	64.45	70.29	76.01	81.62

<u>Employee & Spouse</u>														
Underlying Plan	In-Hospital Benefit Only													
	Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000
\$500	28.71	38.46	46.51	53.09	58.66	63.98	69.22	73.91	79.70	89.95	100.01	109.89	119.59	129.12
\$1,000	30.34	41.23	50.07	57.40	63.36	68.75	73.98	78.68	84.47	94.72	104.79	114.66	124.37	133.89
\$1,500	31.46	44.40	54.33	62.57	69.28	75.00	80.43	85.26	91.16	101.70	111.99	122.04	131.92	141.62
\$2,000	32.15	46.49	57.84	67.08	74.70	80.94	86.57	91.50	97.54	108.28	118.82	129.12	139.17	149.05
\$2,500	32.77	47.38	60.44	70.78	79.34	86.28	92.22	97.27	103.48	114.49	125.28	135.85	146.18	156.30
\$3,000	33.22	48.06	61.44	72.51	82.07	90.29	97.44	102.96	109.77	121.82	133.61	145.18	156.52	167.63
\$4,000	33.38	48.27	61.83	73.56	84.07	93.50	101.85	107.81	115.16	128.16	140.92	153.43	165.67	177.66
\$5,000	33.54	48.49	62.25	74.62	86.08	96.72	106.25	112.66	120.54	134.52	148.25	161.67	174.83	187.73

<u>Employee & Children</u>														
Underlying Plan	In-Hospital Benefit Only													
	Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000
\$500	23.72	31.76	38.43	43.86	48.47	52.84	57.18	61.06	65.84	74.30	82.61	90.78	98.78	106.67
\$1,000	25.05	34.06	41.36	47.42	52.35	56.78	61.13	65.00	69.77	78.25	86.57	94.72	102.74	110.60
\$1,500	25.99	36.67	44.89	51.70	57.24	61.95	66.45	70.43	75.32	84.01	92.51	100.83	108.98	117.00
\$2,000	26.55	38.39	47.77	55.42	61.72	66.87	71.52	75.58	80.59	89.45	98.15	106.67	114.96	123.13
\$2,500	27.07	39.15	49.94	58.46	65.54	71.28	76.19	80.34	85.48	94.59	103.50	112.22	120.76	129.12
\$3,000	27.44	39.70	50.74	59.90	67.79	74.59	80.49	85.06	90.68	100.64	110.38	119.93	129.29	138.48
\$4,000	27.58	39.88	51.08	60.76	69.45	77.24	84.13	89.06	95.12	105.89	116.42	126.74	136.86	146.77
\$5,000	27.70	40.05	51.42	61.63	71.10	79.89	87.77	93.08	99.57	111.13	122.46	133.55	144.42	155.08

<u>Employee & Family</u>														
Underlying Plan	In-Hospital Benefit Only													
	Deductible	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000
\$500	42.43	56.83	68.76	78.48	86.72	94.59	102.32	109.25	117.81	132.96	147.83	162.44	176.77	190.85
\$1,000	44.82	60.94	74.03	84.84	93.68	101.62	109.37	116.32	124.86	140.03	154.89	169.51	183.84	197.92
\$1,500	46.51	65.62	80.33	92.51	102.42	110.86	118.90	126.03	134.76	150.33	165.55	180.42	195.03	209.36
\$2,000	47.52	68.71	85.49	99.15	110.44	119.65	127.96	135.26	144.20	160.08	175.65	190.85	205.72	220.33
\$2,500	48.43	70.05	89.38	104.64	117.27	127.57	136.34	143.79	152.98	169.25	185.18	200.82	216.10	231.04
\$3,000	49.13	71.03	90.83	107.17	121.32	133.47	144.04	152.21	162.26	180.08	197.53	214.61	231.38	247.80
\$4,000	49.35	71.36	91.42	108.75	124.29	138.23	150.56	159.39	170.22	189.46	208.32	226.81	244.90	262.65
\$5,000	49.58	71.68	92.03	110.31	127.26	142.98	157.07	166.56	178.18	198.87	219.13	238.99	258.44	277.50

Rates valid for group sizes of 10+ eligible employees (excluding Government entities) and for all states where approved except DC, FL, KY, NC & SC. Rates for Government entities, group sizes of 5-9 eligible employees, and rates that include Outpatient Benefit Rider available upon request. Contact AlterNet Benefits at 877-815-2121 for more information.

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