



American Public Life Insurance Company

A member of the American Fidelity Group.

MEDlink®II Options

Ages 17-54

Rates are valid for effective dates of 2/1/07 and after.

| Employee Only | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 23.87 | 30.89 | 34.86 | 37.52 | 39.60 | 41.37 | 42.94 | 44.22 | 45.77 | \$4.62 |
| \$1,500 | 24.55 | 33.15 | 39.48 | 43.31 | 45.83 | 47.86 | 49.65 | 51.05 | 52.77 | |
| \$2,000 | 25.09 | 34.16 | 41.12 | 46.61 | 50.30 | 52.71 | 54.75 | 56.30 | 58.20 | |
| \$2,500 | 25.58 | 34.80 | 42.27 | 48.09 | 52.61 | 56.02 | 58.38 | 60.12 | 62.26 | |
| \$3,000 | 25.94 | 35.30 | 42.90 | 48.94 | 53.75 | 57.53 | 60.40 | 62.40 | 64.87 | |
| \$5,000 | 26.17 | 35.62 | 43.35 | 49.74 | 55.02 | 59.52 | 63.38 | 65.89 | 68.97 | |

| Employee & Spouse | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 54.90 | 71.06 | 80.18 | 86.30 | 91.08 | 95.15 | 98.78 | 101.71 | 105.28 | \$11.11 |
| \$1,500 | 56.49 | 76.25 | 90.82 | 99.61 | 105.40 | 110.10 | 114.21 | 117.43 | 121.35 | |
| \$2,000 | 57.73 | 78.55 | 94.58 | 107.21 | 115.69 | 121.25 | 125.91 | 129.49 | 133.86 | |
| \$2,500 | 58.83 | 80.06 | 97.23 | 110.59 | 121.01 | 128.84 | 134.26 | 138.27 | 143.20 | |
| \$3,000 | 59.65 | 81.18 | 98.67 | 112.56 | 123.61 | 132.33 | 138.91 | 143.53 | 149.20 | |
| \$5,000 | 60.20 | 81.93 | 99.72 | 114.40 | 126.56 | 136.91 | 145.77 | 151.55 | 158.64 | |

| Employee & Children | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 45.35 | 58.70 | 66.23 | 71.29 | 75.25 | 78.61 | 81.61 | 84.02 | 86.98 | \$11.88 |
| \$1,500 | 46.66 | 63.00 | 75.02 | 82.29 | 87.08 | 90.95 | 94.35 | 97.00 | 100.25 | |
| \$2,000 | 47.67 | 64.89 | 78.13 | 88.56 | 95.57 | 100.17 | 104.02 | 106.96 | 110.58 | |
| \$2,500 | 48.59 | 66.13 | 80.31 | 91.37 | 99.97 | 106.44 | 110.91 | 114.21 | 118.29 | |
| \$3,000 | 49.27 | 67.07 | 81.51 | 92.98 | 102.11 | 109.32 | 114.75 | 118.57 | 123.26 | |
| \$5,000 | 49.73 | 67.68 | 82.37 | 94.50 | 104.54 | 113.09 | 120.43 | 125.19 | 131.05 | |

| Employee & Family | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 81.16 | 105.04 | 118.53 | 127.56 | 134.65 | 140.66 | 146.04 | 150.35 | 155.64 | \$18.26 |
| \$1,500 | 83.49 | 112.73 | 134.26 | 147.25 | 155.83 | 162.75 | 168.84 | 173.58 | 179.39 | |
| \$2,000 | 85.32 | 116.12 | 139.82 | 158.48 | 171.02 | 179.23 | 186.12 | 191.42 | 197.89 | |
| \$2,500 | 86.96 | 118.35 | 143.74 | 163.49 | 178.88 | 190.48 | 198.47 | 204.39 | 211.68 | |
| \$3,000 | 88.18 | 120.01 | 145.86 | 166.39 | 182.72 | 195.61 | 205.35 | 212.17 | 220.56 | |
| \$5,000 | 89.00 | 121.11 | 147.41 | 169.11 | 187.09 | 202.38 | 215.50 | 224.03 | 234.51 | |

Rates valid for group sizes of 10+ eligible employees (excluding Government entities) and for all states where approved except DC, FL, KY, NC & SC. Contact AlterNet Benefits for rates for \$100 and \$250 Outpatient Hospital Benefit deductibles and for In-Hospital benefit amounts of \$6,000 to \$10,000

APS-2089

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American Public Life Insurance Company

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MEDlink®II Options

Ages 55+

Rates are valid for effective dates of 2/1/07 and after.

| Employee Only | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 42.97 | 55.61 | 62.74 | 67.53 | 71.28 | 74.46 | 77.31 | 79.60 | 82.39 | \$4.62 |
| \$1,500 | 44.21 | 59.68 | 71.08 | 77.95 | 82.50 | 86.15 | 89.39 | 91.89 | 94.97 | |
| \$2,000 | 45.18 | 61.47 | 74.02 | 83.90 | 90.54 | 94.89 | 98.54 | 101.33 | 104.75 | |
| \$2,500 | 46.04 | 62.66 | 76.10 | 86.56 | 94.70 | 100.84 | 105.07 | 108.21 | 112.07 | |
| \$3,000 | 46.68 | 63.54 | 77.22 | 88.09 | 96.73 | 103.57 | 108.71 | 112.33 | 116.78 | |
| \$5,000 | 47.11 | 64.12 | 78.05 | 89.54 | 99.04 | 107.14 | 114.09 | 118.60 | 124.15 | |

| Employee & Spouse | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 98.82 | 127.91 | 144.32 | 155.33 | 163.94 | 171.27 | 177.80 | 183.07 | 189.51 | \$11.11 |
| \$1,500 | 101.67 | 137.26 | 163.47 | 179.29 | 189.72 | 198.18 | 205.59 | 211.37 | 218.43 | |
| \$2,000 | 103.91 | 141.38 | 170.25 | 192.96 | 208.23 | 218.25 | 226.63 | 233.09 | 240.94 | |
| \$2,500 | 105.89 | 144.10 | 175.01 | 199.07 | 217.82 | 231.91 | 241.66 | 248.89 | 257.76 | |
| \$3,000 | 107.37 | 146.12 | 177.61 | 202.62 | 222.50 | 238.19 | 250.04 | 258.35 | 268.57 | |
| \$5,000 | 108.36 | 147.47 | 179.49 | 205.92 | 227.80 | 246.43 | 262.39 | 272.79 | 285.55 | |

| Employee & Children | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
| Underlying Plan Deductible | In-Hospital Benefit (Outpatient Hospital Benefit Rider is 50% of the In-Hospital Benefit- \$100 DEDUCTIBLE APPLIES TO OUTPATIENT HOSPITAL BENEFIT) | | | | | | | | | Optional Physician Outpatient Treatment Benefit |
| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 81.63 | 105.66 | 119.22 | 128.33 | 135.45 | 141.48 | 146.91 | 151.23 | 156.55 | \$11.88 |
| \$1,500 | 83.99 | 113.40 | 135.04 | 148.13 | 156.74 | 163.70 | 169.83 | 174.60 | 180.46 | |
| \$2,000 | 85.81 | 116.80 | 140.64 | 159.41 | 172.03 | 180.30 | 187.23 | 192.54 | 199.05 | |
| \$2,500 | 87.46 | 119.04 | 144.56 | 164.45 | 179.94 | 191.59 | 199.64 | 205.58 | 212.94 | |
| \$3,000 | 88.68 | 120.73 | 146.72 | 167.37 | 183.80 | 196.78 | 206.56 | 213.42 | 221.86 | |
| \$5,000 | 89.52 | 121.83 | 148.27 | 170.09 | 188.18 | 203.57 | 216.77 | 225.35 | 235.90 | |

| Employee & Family | | | | | | | | | | |
|----------------------------|--|---------|---------|---------|---------|---------|---------|---------|---------|---|
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| | \$1,000 | \$1,500 | \$2,000 | \$2,500 | \$3,000 | \$3,500 | \$4,000 | \$4,500 | \$5,000 | |
| \$1,000 | 146.08 | 189.07 | 213.35 | 229.60 | 242.37 | 253.19 | 262.87 | 270.62 | 280.15 | \$18.26 |
| \$1,500 | 150.28 | 202.91 | 241.66 | 265.05 | 280.48 | 292.94 | 303.91 | 312.44 | 322.91 | |
| \$2,000 | 153.57 | 209.01 | 251.67 | 285.25 | 307.82 | 322.62 | 335.02 | 344.56 | 356.20 | |
| \$2,500 | 156.52 | 213.03 | 258.72 | 294.28 | 321.98 | 342.85 | 357.26 | 367.91 | 381.03 | |
| \$3,000 | 158.72 | 216.02 | 262.55 | 299.49 | 328.90 | 352.11 | 369.62 | 381.91 | 397.01 | |
| \$5,000 | 160.20 | 218.00 | 265.33 | 304.40 | 336.77 | 364.29 | 387.89 | 403.25 | 422.11 | |

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