

SERFF Tracking Number: RNIC-126405423 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number: 44297  
Company Tracking Number:  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010  
Product Name: 2010 Medicare Supplement Standard Benefit Plans  
Project Name/Number: 2010 Medicare Supplement Standard Benefit Plans A, C and N/

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: 2010 Medicare Supplement SERFF Tr Num: RNIC-126405423 State: Arkansas  
Standard Benefit Plans

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved State Tr Num: 44297  
Standard Plans 2010

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Stephanie Fowler

Authors: Kyle Conrad, Brenda  
Ingram

Disposition Date: 01/15/2010

Date Submitted: 12/10/2009

Disposition Status: Approved

Implementation Date Requested:

Implementation Date: 06/01/2010

State Filing Description:

## General Information

Project Name: 2010 Medicare Supplement Standard Benefit Plans A, C Status of Filing in Domicile: Pending  
and N

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/15/2010

Explanation for Other Group Market Type:

State Status Changed: 01/15/2010

Deemer Date:

Created By: Brenda Ingram

Submitted By: Brenda Ingram

Corresponding Filing Tracking Number:

Filing Description:

December 10, 2009

Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

SERFF Tracking Number: RNIC-126405423 State: Arkansas  
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Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453  
Form MCS-10-A – Standardized Medicare Supplement Benefit Plan A (Individual)  
Form MCS-10-C – Standardized Medicare Supplement Benefit Plan C (Individual)  
Form MCS-10-N – Standardized Medicare Supplement Benefit Plan N (Individual)  
Form AR-INP (11/09) – Important Notice  
Form MCS-PEB-91 – Pre-Existing Benefit Endorsement  
Form UAP-1 AR (1/09) – General A&H Application  
Form Q-MCS (6/10) – Questions for Applicant for Medicare Supplement Insurance  
Form OC MCS-10 AR (6/10) – Outline of Coverage  
Form RP-MCS-10 – Notice to Applicant Regarding Replacement

Dear Ms. Minor:

We are submitting copies of the above-referenced forms, which we request you consider for approval. This is a new filing not previously submitted.

Form MCS-10-A provides the benefits of 2010 Standardized Medicare Supplement Benefit Plan A. Form MCS-10-C provides the benefits of 2010 Standardized Medicare Supplement Benefit Plan C. Form MCS-10-N provides the benefits of 2010 Standardized Medicare Supplement Benefit Plan N. These individual policy forms have been drafted to comply with your state's version of the NAIC Model Medicare Supplement Regulation, as amended by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA). These policy forms will be used for new business sales with coverage effective dates of June 1, 2010, and later.

Form AR-INP (11/09) – Important Notice, which will be included with each policy issued.

Form MCS-PEB-91 – Pre-Existing Benefit Endorsement, which provides for the complete waiver of the six-month waiting period for coverage of pre-existing conditions, will be issued with each policy in each case where our policy is replacing existing Medicare supplement coverage or where it is necessary under applicable law to reflect a waiver of the waiting period for coverage of pre-existing conditions. If an applicant has any "creditable coverage" and applies for one of our Medicare supplement policies within 63 days of the termination of such "creditable coverage," we will completely waive the six-month waiting period for coverage of pre-existing conditions. Form MCS-PEB-91 was previously approved by your office.

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Form UAP-1 AR (1/09) – General A&H Application, which will be used as the application for these policies. This form was previously approved by your office.

Form Q-MCS (6/10) – Questions for Applicant for Medicare Supplement Insurance, which will be used in connection with each application for these policies to determine (a) whether an applicant has existing Medicare supplement insurance, (b) whether an applicant may be entitled to guaranteed issuance of coverage or (c) whether an applicant has any creditable coverage.

Form OC MCS-10 AR (6/10) – Outline of Coverage, will be used in connection with the above-referenced policy forms.

RP-MCS-10 – Notice to Applicant Regarding Replacement, which will be used in all situations where any of these policies replaces existing Medicare supplement coverage.

Any variable text within these forms is shown in brackets.

The premium rates and an accompanying actuarial memorandum are also being submitted.

If this filing meets with your approval, please send us evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at [kconrad@unitrin.com](mailto:kconrad@unitrin.com).

Sincerely,

Kyle D. Conrad  
Senior Vice President  
and Associate Corporate Counsel

## Company and Contact

### Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel  
6100 N. W. Grand Blvd  
[kconrad@unitrin.com](mailto:kconrad@unitrin.com)  
800-874-1431 [Phone] 549 [Ext]

SERFF Tracking Number: RNIC-126405423 State: Arkansas  
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Oklahoma City, OK 73118

**Filing Company Information**

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
6100 N.W. Grand Boulevard	Group Code: 215	Company Type: Life and Health
Oklahoma City, OK 73118	Group Name: Reserve National	State ID Number:
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$210.00  
 Retaliatory? No  
 Fee Explanation: 3 Policies @ \$50.00  
 3 Forms @ 20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$210.00	12/10/2009	32673854

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	01/15/2010	01/15/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	01/14/2010	01/14/2010	Brenda Ingram	01/14/2010	01/14/2010



SERFF Tracking Number: RNIC-126405423 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 44297  
 Company Tracking Number:  
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: 2010 Medicare Supplement Standard Benefit Plans  
 Project Name/Number: 2010 Medicare Supplement Standard Benefit Plans A, C and N/

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Flesch Certification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	No
<b>Supporting Document (revised)</b>	Outline of Coverage	Approved	Yes
<b>Supporting Document</b>	Outline of Coverage	Disapproved	Yes
<b>Form</b>	Standardized Medicare Supplement Policy Benefit Plan A	Approved	Yes
<b>Form</b>	Standardized Medicare Supplement Policy Benefit Plan C	Approved	Yes
<b>Form</b>	Standardized Medicare Supplement Policy Benefit Plan N	Approved	Yes
<b>Form</b>	Important Notice	Approved	Yes
<b>Form</b>	Pre-Existing Benefit Endorsement	Approved	Yes
<b>Form</b>	General A&H Application	Approved	Yes
<b>Form</b>	Questions for Applicant for Medicare Supplement Insurance	Approved	Yes
<b>Form (revised)</b>	Outline of Coverage	Approved	Yes
<b>Form</b>	Outline of Coverage	Disapproved	Yes
<b>Form</b>	Notice to Applicant Regarding Replacement	Approved	Yes
<b>Rate</b>	Rate Sheets	Approved	Yes
<b>Rate</b>	Rate Sheets	Approved	Yes
<b>Rate</b>	Rate Sheets	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 01/14/2010  
Submitted Date 01/14/2010  
Respond By Date 02/15/2010

Dear Kyle Conrad,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Outline of Coverage, OC MCS-10 AR (6/10) (Form)

Comment: AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 01/14/2010  
Submitted Date 01/14/2010

Dear Stephanie Fowler,

### Comments:

Per your request.

### Response 1

Comments: We have deleted all references to the policy fee in the outline of coverage.

### Related Objection 1

Applies To:

- Outline of Coverage, OC MCS-10 AR (6/10) (Form)

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**Comment:**

AR Rule and Regulation 27 s6(C) states "No Medicare supplement policy or certificate may include a policy fee or any other similar charge. Applicants cannot be required to pay any fee other than the approved premium".

Please revise this filing to comply.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Outline of Coverage

Comment:

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Outline of Coverage	OC MCS-10 AR (6/10)		Outline of Coverage	Initial			OC MCS-10 AR (6 10).pdf
<b>Previous Version</b>							
Outline of Coverage	OC MCS-10 AR (6/10)		Outline of Coverage	Initial			OC MCS-10 AR (6 10).pdf

No Rate/Rule Schedule items changed.

Thank you for your consideration in this matter.

Sincerely,  
 Brenda Ingram, Kyle Conrad

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/15/2010	MCS-10-A	Policy/Contract	Standardized Fraternal Medicare Supplement Policy Certificate: Benefit Plan A Amendment, Insert Page, Endorsement or Rider	Initial		72.172	MCS-10-A ARKANSAS Policy.pdf
Approved 01/15/2010	MCS-10-C	Policy/Contract	Standardized Fraternal Medicare Supplement Policy Certificate: Benefit Plan C Amendment, Insert Page, Endorsement or Rider	Initial		70.265	MCS-10-C ARKANSAS Policy.pdf
Approved 01/15/2010	MCS-10-N	Policy/Contract	Standardized Fraternal Medicare Supplement Policy Certificate: Benefit Plan N Amendment, Insert Page, Endorsement or Rider	Initial		69.327	MCS-10-N ARKANSAS Policy.pdf
Approved 01/15/2010 (11/09)	AR-INP	Policy/Contract	Important Notice Fraternal	Initial			

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Approved MCS-PEB- Policy/Cont Pre-Existing Benefit Other Other Explanation:  
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 nt or Rider

Approved UAP-1 AR Application/General A&H Other Other Explanation: UAP-1 AR  
 01/15/2010 (1/09) Enrollment Application Previously approved 1.09.pdf  
 Form

Approved Q-MCS Other Questions for Initial Q-MCS 6  
 01/15/2010 (6/10) Applicant for Medicare Supplement Insurance 10.pdf

Approved OC MCS- Outline of Outline of Coverage Initial OC MCS-10  
 01/15/2010 10 AR Coverage AR (6 10).pdf  
 (6/10)

Approved RP-MCS- Other Notice to Applicant Initial RP-MCS-  
 01/15/2010 10 Regarding Replacement 10.pdf

## MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN A

This Policy, in accordance with its terms, provides benefits which supplement Medicare. It is guaranteed renewable. Premiums may be changed.



*When we use “we,” “us,” “our,” “Company” or “Reserve National” we mean Reserve National Insurance Company. When we use “you” or “your” we mean the Insured who is covered by this Policy.*

### INSURING AGREEMENT

This Policy is designed to supplement certain benefits provided by Medicare. Medicare is the “Health Insurance for the Aged Act,” Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended. This Policy is issued in consideration of the application and payment of the initial premium. The application is a part of this Policy. The Insured is named in the application and is referred to as “you” in this Policy. This Policy becomes effective on the Effective Date shown on the Insured Schedule. The initial premium is for the policy term shown on the Insured Schedule. The renewal premium for later policy terms is due on the first day of the next policy term. This Policy will end if the renewal premium in effect is not paid when due or within the 31-day grace period. Each policy term will begin and end at 12:01 A.M. Termination of this Policy shall be without prejudice to any loss which commenced while this Policy was in force.

**GUARANTEED RENEWABLE - THE PREMIUM CAN BE CHANGED:** You may keep this Policy in force for as long as you live if you pay the premiums as they become due or within the grace period. We cannot cancel, refuse to renew or change this Policy except as provided in the Benefit and Premium Adjustment provision. We can change the premiums for this Policy on an annual basis. This is in addition to the changes provided for in the Benefit and Premium Adjustment provision. No change in premium under this provision will be effective before the first policy anniversary. Any changes will apply to future premiums for all policies with the same form number as this Policy issued by us to persons residing in the state where you live. We will give you 31 days notice before any premium change under this provision.

**BENEFIT AND PREMIUM ADJUSTMENT:** The benefits provided by Medicare have changed many times since their inception in 1965. It is likely that changes will continue in the future. The benefits of this Policy change when Medicare benefits change. This Policy will continue to supplement Medicare in the same manner after the change as it did before the change. When changes occur your premium may change.

### IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at 601 East Britton Road, Oklahoma City, Oklahoma 73114-7710, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out. The application is part of this Policy which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

### THIRTY-DAY RIGHT TO EXAMINE POLICY

You are granted a period of 30 days from the date of delivery of this Policy to examine it. If you are not satisfied for any reason, this Policy may be returned within said 30-day period to us at our Home Office, any branch office or to the writing agent. We will then refund the premium paid. Then this Policy shall be void from its beginning and you and the Company will be in the same position as if it had never been issued.

**NOTICE TO BUYER: This Policy may not cover all of your medical expenses.**

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## INSURED SCHEDULE

		<u>Renewal Premium</u>	
Policy Number	[00-00-000000]	Monthly	
Effective Date	[June 1, 2010]	Bank Draft	[\$00.00]
Initial Term Expires	[June 1, 2010]	Regular	[\$00.00]
Initial Premium	[\$00.00]	Quarterly	[\$00.00]
Insured	[JOHN DOE]	Semi Annual	[\$00.00]
Dependent	[JANE DOE]	Annual	[\$00.00]
		Agent	[RESERVE NATIONAL AGENT]

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### POLICY BENEFITS

Hospital Benefits  
Blood Transfusion Expense Benefit  
Medical and Physician Care Benefit  
Hospice Care Benefit

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#### COVERAGE ENDORSEMENTS

[MCS-PEB-91]

#### AMENDING ENDORSEMENTS

AR-INP (11/09)

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--HOME OFFICE--  
RESERVE NATIONAL INSURANCE COMPANY  
601 EAST BRITTON ROAD \* OKLAHOMA CITY, OKLAHOMA

## DEFINITIONS

The following terms in this Policy are defined as follows:

**INJURY:** "Injury" means accidental bodily Injury resulting directly and independently of all other causes from an accident sustained by you which occurs while you are covered under this Policy, and which causes loss while this Policy is in force. "Injury" shall be deemed to include all injuries resulting from any one accident. Payment may be made for either a "Sickness" or an "Injury," but not for both, during the same period of Hospital confinement.

**SICKNESS:** "Sickness" means illness or disease sustained by you which first manifests itself after the Effective Date of this Policy, and which causes loss while this Policy is in force. "Sickness" shall also include all Sicknesses or diseases suffered concurrently.

**HOSPITAL:** "Hospital" means only an institution or that part of an institution which meets all of these tests: (a) is operated pursuant to law; (b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a pre-arranged basis and under the supervision of a staff of duly licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and (c) provides 24-hour nursing services by or under the supervision of registered graduate professional nurses (R.N.s); (d) the term "Hospital" shall not include: (1) convalescent, rest or nursing facilities; or (2) facilities primarily affording custodial, educational or rehabilitative care; or (3) facilities for the aged, drug addicts or alcoholics; or (4) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, unless required by law. However, benefits otherwise payable under this Policy will not be denied for treatment, care or service in an institution determined to be a "Hospital" under the Medicare program.

**PHYSICIAN:** "Physician" means any person (other than a relative of the Insured) who is a legally qualified and licensed practitioner, practicing within the scope of his or her authority and license. However, benefits otherwise payable under this Policy will not be denied for treatment, care or service by an individual determined to be a "Physician" under the Medicare program.

**SKILLED NURSING FACILITY:** "Skilled Nursing Facility" means an institution, or that part of a Hospital, which meets all of these tests: (a) is operated pursuant to law; (b) is approved for payment of Medicare benefits, or is qualified to receive such approval if so requested; (c) is primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician; (d) provides continuous 24-hour nursing services by or under the supervision of a registered graduate professional nurse (R.N.); and (e) maintains a daily medical record of each patient; (f) the term "skilled nursing facility" shall not include: (1) any home, facility or part thereof used primarily for rest; or (2) a home or facility for the aged or for the care of drug addicts or alcoholics; or (3) a home or facility primarily used for the care and treatment of mental diseases or disorders, or custodial or educational care. However, benefits otherwise payable under this Policy will not be denied if an institution is determined to be a "Skilled Nursing Facility" under the Medicare program.

**PART A DEDUCTIBLE:** "Part A Deductible" means the amount of Part A Medicare eligible expenses equal to the amount of the "inpatient Hospital deductible" under Part A of Medicare. The expenses must be incurred while you are covered under this Policy.

**MEDICARE:** "Medicare" means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

**PART B DEDUCTIBLE:** "Part B Deductible" means the amount of Part B Medicare eligible expenses (excluding outpatient prescription drug expenses) equal to the amount of the deductible under Part B of Medicare. The expenses must be incurred while you are covered under this Policy.

**MEDICARE ELIGIBLE EXPENSES:** "Medicare Eligible Expenses" means expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**BENEFIT PERIOD:** "Benefit Period" means a period which begins after this Policy's Effective Date with the first day you are confined in a Hospital as an inpatient as a result of an Injury or Sickness. It ends at the close of 60 consecutive days on each of which you were not confined in a Hospital or Skilled Nursing Facility.

**LIFETIME RESERVE DAYS:** "Lifetime Reserve Days" means the 60-day lifetime reserve you have under Part A of Medicare.

## DEFINITIONS (Continued)

**PRE-EXISTING CONDITION:** “Pre-existing Condition” means a condition for which medical advice was given to you or treatment recommended by or received from a Physician within the six months immediately preceding this Policy’s Effective Date.

**CREDITABLE COVERAGE:** “Creditable Coverage” means (a) a group health plan; (b) health insurance coverage; (c) Part A or B of Medicare; (d) Medicaid; (e) CHAMPUS; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) the Federal Employees Health Benefits Program; (i) a public health plan; (j) a health benefit plan under the Peace Corps Act; and (k) any other coverage that is considered “Creditable Coverage” under applicable law. “Creditable Coverage” does not include (1) accident-only or disability income coverage, coverage issued as a supplement to liability insurance, liability insurance, workers’ compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics and other similar insurance under which medical care benefits are secondary or incidental to other insurance; (2) limited scope dental or vision benefits and long-term care, nursing home care, home health care or community-based care benefits and other similar limited benefits insurance, if provided under a separate policy; (3) specified disease coverage and hospital indemnity or other fixed indemnity insurance, if offered as independent, non-coordinated benefits; (4) Medicare supplement insurance, CHAMPUS supplement insurance or similar supplemental coverage under a group health plan, if offered as a separate policy; or (5) any other coverage that is not considered “Creditable Coverage” under applicable law.

## BENEFIT PROVISIONS

### BASIC BENEFITS

**HOSPITAL BENEFITS:** If, for a loss commencing while this Policy is in force, you are confined in a Hospital as an inpatient as a result of an Injury or Sickness at the direction and under the care of a physician, we will pay for the items of Medicare Eligible Expenses incurred as a result of any such Injury or Sickness as follows:

(a) If you, after having been confined for 60 days in a Hospital during a benefit period, continue to be so confined, we will pay for each day of confinement beginning with the 61st day and continuing through the 90th day of such confinement. We will pay the Medicare eligible expenses actually incurred for Hospital room and board in excess of the benefit provided by Medicare.

(b) If you, after having been confined for 90 days in a Hospital during a benefit period, continue to be so confined and where you are utilizing your lifetime reserve days, we will pay for each day of confinement beginning with the 91st day and continuing through the 150th day of such confinement. We will pay the Medicare eligible expenses actually incurred for Hospital room and board in excess of the benefit provided by Medicare.

(c) When you exhaust all Medicare Hospital inpatient coverage, including the Medicare Part A 60-day lifetime reserve, we will pay 100% of Part A Medicare Eligible Expenses for Hospitalization at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, for each day of your continued confinement in a Hospital. We will pay such benefits subject to a lifetime maximum benefit of an additional 365 days. The provider will accept our payment as payment in full and may not bill you for any balance.

**BLOOD TRANSFUSION EXPENSE BENEFIT:** If, for a loss commencing while this Policy is in force, you require a blood transfusion for any one Injury or Sickness, we will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) in a calendar year under Medicare Parts A and B.

**MEDICAL AND PHYSICIAN CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you incur Medicare Eligible Expenses in excess of the Part B Deductible for the services of a Physician or other services and supplies covered by Medicare Part B for the treatment of an Injury or Sickness, regardless of Hospital confinement, we will pay 20% (or in the case of Hospital outpatient department services, the copayment amount) of Medicare Eligible Expenses incurred by you for which no payment is made by Medicare. In determining the amount of benefits payable, we will consider you to be enrolled in and eligible for benefits under Medicare Part B.

## **BENEFIT PROVISIONS (Continued)**

### **BASIC BENEFITS (Continued)**

**HOSPICE CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you incur Part A Medicare Eligible Expenses for hospice care and respite care, we will pay the Medicare copayment and coinsurance amounts not paid by Medicare. You must meet Medicare's requirements, including a doctor's certification of terminal illness.

### **EXCLUSIONS**

- (a) Unless specifically stated otherwise, this Policy does not cover expenses incurred which are not Medicare Eligible Expenses.
- (b) In no event will benefit payments under this Policy duplicate any amounts payable under Medicare.

### **PRE-EXISTING CONDITIONS LIMITATIONS**

- (a) Except as provided in paragraph (b) below, Pre-Existing Conditions are not covered under this Policy until it has been in force for a period of six months.
- (b) If you are an Eligible Person, as defined by applicable law, or if you had any Creditable Coverage that was in effect within 63 days of the date of your application for this Policy, Pre-Existing Conditions will be covered under this Policy as of its Effective Date.

### **SUSPENSION OF POLICY BENEFITS AND PREMIUMS**

#### **Suspension Due to Medicaid Entitlement:**

(a) Benefits and premiums under this Policy shall be suspended at your request for a period not to exceed 24 months in which you have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act (Medicaid). You may suspend this Policy only if you notify us within 90 days after you become entitled to such assistance. When we receive your timely notice, we will return to you the portion of your paid premium attributable to the period you are eligible for Medicaid, subject to adjustment for claims paid. No benefits will be paid and no premiums will be due during the period this Policy is suspended.

(b) If you suspend this Policy and later lose entitlement to such medical assistance, we will automatically reinstitute this Policy effective on the date such entitlement terminates if you notify us within 90 days after you lose such entitlement and pay the premium attributable to the period of suspension, effective as of the date of termination of enrollment. Upon reinstatement, all provisions of this Policy and the premium classification shall be the same as if this Policy had not been suspended.

#### **Suspension Due to Group Health Plan Coverage:**

(a) Benefit and premiums under this Policy shall be suspended at your request for any period provided by federal regulation if you are entitled to Medicare under Section 226 (b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act (group health insurance with an employer that has 20 or more employees).

(b) If you suspend this Policy and later lose entitlement to such group health coverage, we will automatically reinstitute this Policy effective on the date such group health coverage terminates if you notify us within 90 days after you lose such entitlement and pay the premium attributable to the period of suspension, effective as of the date of termination of enrollment in the group plan. Upon reinstatement, all provisions of this Policy and the premium classification shall be the same as if this Policy had not been suspended.

## UNIFORM PROVISIONS

**1. ENTIRE CONTRACT; CHANGES:** This Policy with any endorsements or attachments is the entire contract of insurance. Only one of our executive officers can approve a change. Such approval must be endorsed on or attached to this Policy. It may not be changed in any way by any agent.

**2. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this Policy, no misstatement of an Insured, except a fraudulent misstatement made in the application, shall be used to void this Policy. After two years from the Effective Date of the coverage with respect to any claim which is made, no misstatement of any Insured eligible for coverage under this Policy, except a fraudulent misstatement contained in a written instrument signed by the Insured, shall be used to deny a claim for loss incurred commencing after expiration of such two years. (b) We shall not deny or reduce a claim for loss incurred after six months from the Effective Date of this Policy on the ground that a disease or physical condition on the date of loss had existed before said Effective Date.

**3. GRACE PERIOD:** There will be a grace period for payment of each renewal premium. It will be 31 days from the date the premium is due. This Policy will stay in force during the grace period. The grace period is subject to the renewal provision.

**4. REINSTATEMENT:** (a) This Policy shall lapse if you do not pay the premium before the end of the grace period. If the Company or any agent authorized by us to accept premium later accepts it and does not require an application for reinstatement, such acceptance shall reinstate this Policy. (b) If the Company or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, this Policy shall be reinstated upon our approval of such application. If we do not approve it, this Policy shall be reinstated on the 45th day of such conditional receipt, unless we give you prior written notice of disapproval. The reinstated Policy shall cover only loss due to an Injury occurring after the date of reinstatement or a Sickness beginning more than 10 days from such date. In all other respects you and the Company shall have the same rights under this Policy as were in effect before it lapsed unless special conditions are added in connection with the reinstatement. Premium accepted in connection with this provision shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

**5. NOTICE OF CLAIM:** You must give us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and policy number. Notice should be mailed to us at our home office or to any authorized agent.

**6. CLAIM FORMS:** When we receive your notice, we will send you forms for filing proof of loss. If we do not send them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. This statement should include the type of and extent of the loss you incurred. We must receive this statement within the time given for filing proof of loss.

**7. PROOF OF LOSS:** You must give us written proof of your loss within 90 days after the date of loss or as soon as you reasonably can. Proof must, however, be furnished within 12 months except in the absence of legal capacity.

**8. TIME OF PAYMENT OF CLAIMS:** We will pay you immediately upon receipt of due written proof of loss for benefits provided under this Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, shall be paid monthly. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof of loss.

**9. PAYMENT OF CLAIMS:** Subject to the Direct Payment of Hospital, Medical Services provision, benefits will be paid to you. Loss-of-life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to your estate. Any other benefits unpaid at death may be paid, at our option, either to your beneficiary or estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1000.00 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**10. LEGAL ACTIONS:** No legal action at law or in equity may be brought to recover on this Policy within 60 days after written proof of such loss has been given as required by the Policy. No such action may be brought after 3 years have passed from the time written proof of loss is required to be given.

## POLICY PROVISIONS

- 1. MISSTATEMENT OF AGE:** If the age of a covered person has been misstated, all benefits payable to that person shall be in the amount the premium paid would have purchased at the correct age.
- 2. UNPAID PREMIUM:** Any due and unpaid premium for this Policy may be deducted from its benefits then payable.
- 3. CANCELLATION:** This Policy may not be cancelled by us, nor by you, except as provided in the Suspension of Policy Benefits and Premiums provision, during a period for which the premium has been paid and officially accepted by us.
- 4. CONFORMITY WITH STATE STATUTES:** The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.
- 5. DIRECT PAYMENT OF HOSPITAL, MEDICAL SERVICES:** All or any portion of any indemnities provided hereunder on account of Hospital, nursing, medical or surgical services may, at our option, be paid directly to the Hospital or person rendering such services. You may request otherwise, however, in writing, no later than the time of filing proofs of such loss.
- 6. REFUND OF UNEARNED PREMIUM UPON DEATH:** Upon an Insured's death, any benefits payable to his/her estate shall include any premium paid for any period beyond such Insured's death. Such unearned premium shall be paid in a lump sum within 30 days after our receipt of written proof of death.
- 7. CONTINUATION OF COVERAGE UPON DIVORCE:** If an Insured ceases to be covered under this Policy due to divorce, such Insured may continue his/her coverage under a separate policy identical to this Policy, subject to the following: (a) such Insured must give written notice to us within 30 day of the divorce that he/she desires to continue coverage; (b) the continuation policy will be issued without evidence of insurability; (c) the premium for the continuation policy will be no more than the premium that would be charged to such Insured had the divorce not occurred; and (d) any waiting periods will be considered satisfied under the continuation policy to the extent satisfied under this Policy.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Policy to be issued as of the Effective Date, and to be executed by its President and Secretary at its Home Office at 601 East Britton Road, in the City of Oklahoma City, Oklahoma.

  
Secretary

  
President

## **IMPORTANT NOTICE**

### **Customer Service Department of Reserve National Insurance Company:**

601 East Britton Road  
Oklahoma City, Oklahoma 73114  
Telephone # 1-800-654-9106.

If we at Reserve National Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

### **Arkansas Insurance Department**

Consumer Services Division  
200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone (501) 371-2640  
Toll Free Telephone (800) 852-5494

**RESERVE NATIONAL INSURANCE COMPANY**  
**Of Oklahoma City, Oklahoma**

**PRE-EXISTING BENEFIT ENDORSEMENT**

The policy to which this Endorsement is attached is hereby amended to provide coverage from its Effective Date for "Pre-existing Conditions" as defined in the definitions section of the Policy.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Endorsement to be effective as of the date of the Policy to which it is attached.

  
Secretary

  
President

**ENDORSEMENT AND PHOTOCOPY OF APPLICATION ATTACHED  
HERETO CONSTITUTE PART OF THE CONTRACT**

[NO TEXT WILL BE PRINTED IN THIS BLANK SPACE]



601 East Britton Road • Oklahoma City, OK 73114

## **MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN A**

**This policy, in accordance with its terms, provides benefits which supplement Medicare.  
It is guaranteed renewable. Premiums may be changed.**

MCS-10-A

## MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN C

This Policy, in accordance with its terms, provides benefits which supplement Medicare. It is guaranteed renewable. Premiums may be changed.



*When we use “we,” “us,” “our,” “Company” or “Reserve National” we mean Reserve National Insurance Company. When we use “you” or “your” we mean the Insured who is covered by this Policy.*

### INSURING AGREEMENT

This Policy is designed to supplement certain benefits provided by Medicare. Medicare is the “Health Insurance for the Aged Act,” Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended. This Policy is issued in consideration of the application and payment of the initial premium. The application is a part of this Policy. The Insured is named in the application and is referred to as “you” in this Policy. This Policy becomes effective on the Effective Date shown on the Insured Schedule. The initial premium is for the policy term shown on the Insured Schedule. The renewal premium for later policy terms is due on the first day of the next policy term. This Policy will end if the renewal premium in effect is not paid when due or within the 31-day grace period. Each policy term will begin and end at 12:01 A.M. Termination of this Policy shall be without prejudice to any loss which commenced while this Policy was in force.

**GUARANTEED RENEWABLE - THE PREMIUM CAN BE CHANGED:** You may keep this Policy in force for as long as you live if you pay the premiums as they become due or within the grace period. We cannot cancel, refuse to renew or change this Policy except as provided in the Benefit and Premium Adjustment provision. We can change the premiums for this Policy on an annual basis. This is in addition to the changes provided for in the Benefit and Premium Adjustment provision. No change in premium under this provision will be effective before the first policy anniversary. Any changes will apply to future premiums for all policies with the same form number as this Policy issued by us to persons residing in the state where you live. We will give you 31 days notice before any premium change under this provision.

**BENEFIT AND PREMIUM ADJUSTMENT:** The benefits provided by Medicare have changed many times since their inception in 1965. It is likely that changes will continue in the future. The benefits of this Policy change when Medicare benefits change. This Policy will continue to supplement Medicare in the same manner after the change as it did before the change. When changes occur your premium may change.

### IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at 601 East Britton Road, Oklahoma City, Oklahoma 73114-7710, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out. The application is part of this Policy which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

### THIRTY-DAY RIGHT TO EXAMINE POLICY

You are granted a period of 30 days from the date of delivery of this Policy to examine it. If you are not satisfied for any reason, this Policy may be returned within said 30-day period to us at our Home Office, any branch office or to the writing agent. We will then refund the premium paid. Then this Policy shall be void from its beginning and you and the Company will be in the same position as if it had never been issued.

**NOTICE TO BUYER: This Policy may not cover all of your medical expenses.**

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## INSURED SCHEDULE

		<u>Renewal Premium</u>	
		Monthly	
Policy Number	[00-00-000000]	Bank Draft	[\$00.00]
Effective Date	[June 1, 2010]	Regular	[\$00.00]
Initial Term Expires	[June 1, 2010]	Quarterly	[\$00.00]
Initial Premium	[\$00.00]	Semi Annual	[\$00.00]
Insured	[JOHN DOE]	Annual	[\$00.00]
Dependent	[JANE DOE]	Agent	[RESERVE NATIONAL AGENT]

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### POLICY BENEFITS

Hospital Benefits

Blood Transfusion Expense Benefit

Medical and Physician Care Benefit

Hospice Care Benefit

Post-Hospital Skilled Nursing Facility Care Benefit

Part A Deductible Benefit

Part B Deductible Benefit

Medically Necessary Emergency Care in a Foreign Country Benefit

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### COVERAGE ENDORSEMENTS

[MCS-PEB-91]

### AMENDING ENDORSEMENTS

AR-INP (11/09)

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--HOME OFFICE--  
RESERVE NATIONAL INSURANCE COMPANY  
601 EAST BRITTON ROAD \* OKLAHOMA CITY, OKLAHOMA

## DEFINITIONS

The following terms in this Policy are defined as follows:

**INJURY:** "Injury" means accidental bodily Injury resulting directly and independently of all other causes from an accident sustained by you which occurs while you are covered under this Policy, and which causes loss while this Policy is in force. "Injury" shall be deemed to include all injuries resulting from any one accident. Payment may be made for either a "Sickness" or an "Injury," but not for both, during the same period of Hospital confinement.

**SICKNESS:** "Sickness" means illness or disease sustained by you which first manifests itself after the Effective Date of this Policy, and which causes loss while this Policy is in force. "Sickness" shall also include all Sicknesses or diseases suffered concurrently.

**HOSPITAL:** "Hospital" means only an institution or that part of an institution which meets all of these tests: (a) is operated pursuant to law; (b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a pre-arranged basis and under the supervision of a staff of duly licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and (c) provides 24-hour nursing services by or under the supervision of registered graduate professional nurses (R.N.s); (d) the term "Hospital" shall not include: (1) convalescent, rest or nursing facilities; or (2) facilities primarily affording custodial, educational or rehabilitatory care; or (3) facilities for the aged, drug addicts or alcoholics; or (4) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, unless required by law. However, benefits otherwise payable under this Policy will not be denied for treatment, care or service in an institution determined to be a "Hospital" under the Medicare program.

**PHYSICIAN:** "Physician" means any person (other than a relative of the Insured) who is a legally qualified and licensed practitioner, practicing within the scope of his or her authority and license. However, benefits otherwise payable under this Policy will not be denied for treatment, care or service by an individual determined to be a "Physician" under the Medicare program.

**SKILLED NURSING FACILITY:** "Skilled Nursing Facility" means an institution, or that part of a Hospital, which meets all of these tests: (a) is operated pursuant to law; (b) is approved for payment of Medicare benefits, or is qualified to receive such approval if so requested; (c) is primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician; (d) provides continuous 24-hour nursing services by or under the supervision of a registered graduate professional nurse (R.N.); and (e) maintains a daily medical record of each patient; (f) the term "skilled nursing facility" shall not include: (1) any home, facility or part thereof used primarily for rest; or (2) a home or facility for the aged or for the care of drug addicts or alcoholics; or (3) a home or facility primarily used for the care and treatment of mental diseases or disorders, or custodial or educational care. However, benefits otherwise payable under this Policy will not be denied if an institution is determined to be a "Skilled Nursing Facility" under the Medicare program.

**PART A DEDUCTIBLE:** "Part A Deductible" means the amount of Part A Medicare eligible expenses equal to the amount of the "inpatient Hospital deductible" under Part A of Medicare. The expenses must be incurred while you are covered under this Policy.

**MEDICARE:** "Medicare" means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

**PART B DEDUCTIBLE:** "Part B Deductible" means the amount of Part B Medicare eligible expenses (excluding outpatient prescription drug expenses) equal to the amount of the deductible under Part B of Medicare. The expenses must be incurred while you are covered under this Policy.

**MEDICARE ELIGIBLE EXPENSES:** "Medicare Eligible Expenses" means expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**BENEFIT PERIOD:** "Benefit Period" means a period which begins after this Policy's Effective Date with the first day you are confined in a Hospital as an inpatient as a result of an Injury or Sickness. It ends at the close of 60 consecutive days on each of which you were not confined in a Hospital or Skilled Nursing Facility.

**LIFETIME RESERVE DAYS:** "Lifetime Reserve Days" means the 60-day lifetime reserve you have under Part A of Medicare.

## DEFINITIONS (Continued)

**PRE-EXISTING CONDITION:** “Pre-existing Condition” means a condition for which medical advice was given to you or treatment recommended by or received from a Physician within the six months immediately preceding this Policy’s Effective Date.

**CREDITABLE COVERAGE:** “Creditable Coverage” means (a) a group health plan; (b) health insurance coverage; (c) Part A or B of Medicare; (d) Medicaid; (e) CHAMPUS; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) the Federal Employees Health Benefits Program; (i) a public health plan; (j) a health benefit plan under the Peace Corps Act; and (k) any other coverage that is considered “Creditable Coverage” under applicable law. “Creditable Coverage” does not include (1) accident-only or disability income coverage, coverage issued as a supplement to liability insurance, liability insurance, workers’ compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics and other similar insurance under which medical care benefits are secondary or incidental to other insurance; (2) limited scope dental or vision benefits and long-term care, nursing home care, home health care or community-based care benefits and other similar limited benefits insurance, if provided under a separate policy; (3) specified disease coverage and hospital indemnity or other fixed indemnity insurance, if offered as independent, non-coordinated benefits; (4) Medicare supplement insurance, CHAMPUS supplement insurance or similar supplemental coverage under a group health plan, if offered as a separate policy; or (5) any other coverage that is not considered “Creditable Coverage” under applicable law.

## BENEFIT PROVISIONS

### BASIC BENEFITS

**HOSPITAL BENEFITS:** If, for a loss commencing while this Policy is in force, you are confined in a Hospital as an inpatient as a result of an Injury or Sickness at the direction and under the care of a physician, we will pay for the items of Medicare Eligible Expenses incurred as a result of any such Injury or Sickness as follows:

(a) If you, after having been confined for 60 days in a Hospital during a benefit period, continue to be so confined, we will pay for each day of confinement beginning with the 61st day and continuing through the 90th day of such confinement. We will pay the Medicare eligible expenses actually incurred for Hospital room and board in excess of the benefit provided by Medicare.

(b) If you, after having been confined for 90 days in a Hospital during a benefit period, continue to be so confined and where you are utilizing your lifetime reserve days, we will pay for each day of confinement beginning with the 91st day and continuing through the 150th day of such confinement. We will pay the Medicare eligible expenses actually incurred for Hospital room and board in excess of the benefit provided by Medicare.

(c) When you exhaust all Medicare Hospital inpatient coverage, including the Medicare Part A 60-day lifetime reserve, we will pay 100% of Part A Medicare Eligible Expenses for Hospitalization at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, for each day of your continued confinement in a Hospital. We will pay such benefits subject to a lifetime maximum benefit of an additional 365 days. The provider will accept our payment as payment in full and may not bill you for any balance.

**BLOOD TRANSFUSION EXPENSE BENEFIT:** If, for a loss commencing while this Policy is in force, you require a blood transfusion for any one Injury or Sickness, we will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) in a calendar year under Medicare Parts A and B.

**MEDICAL AND PHYSICIAN CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you incur Medicare Eligible Expenses in excess of the Part B Deductible for the services of a Physician or other services and supplies covered by Medicare Part B for the treatment of an Injury or Sickness, regardless of Hospital confinement, we will pay 20% (or in the case of Hospital outpatient department services, the copayment amount) of Medicare Eligible Expenses incurred by you for which no payment is made by Medicare. In determining the amount of benefits payable, we will consider you to be enrolled in and eligible for benefits under Medicare Part B.

## **BENEFIT PROVISIONS (Continued)**

### **BASIC BENEFITS (Continued)**

**HOSPICE CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you incur Part A Medicare Eligible Expenses for hospice care and respite care, we will pay the Medicare copayment and coinsurance amounts not paid by Medicare. You must meet Medicare's requirements, including a doctor's certification of terminal illness.

### **ADDITIONAL BENEFITS**

**POST- HOSPITAL SKILLED NURSING FACILITY CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you are under the care of a physician, and confined in a skilled nursing facility commencing within 30 days of discharge from a Hospital after at least three consecutive days of confinement, we will pay the Medicare eligible expenses incurred which are in excess of the benefit payable by Medicare. We will pay such benefits commencing with the 21st consecutive day of confinement through the 100th consecutive day of confinement.

**PART A DEDUCTIBLE BENEFIT:** If, while this Policy is in force, you incur Part A Medicare eligible expenses applicable toward the Part A Deductible in any one benefit period, we will reimburse you for those expenses.

**PART B DEDUCTIBLE BENEFIT:** If, while this Policy is in force, you incur Part B Medicare eligible expenses applicable toward the Part B Deductible in any one calendar year, we will reimburse you for those expenses.

**MEDICALLY NECESSARY EMERGENCY CARE IN A FOREIGN COUNTRY BENEFIT:** If, for a loss commencing while this Policy is in force, you incur expenses in a foreign country for medically necessary emergency Hospital, physician and medical care, in excess of \$250.00 in any calendar year, and such expenses would be Medicare eligible expenses if such care had been provided in the United States, we will pay, to the extent not covered by Medicare, 80% of the expenses incurred by you during the first 60 consecutive days of each trip outside the United States. The maximum lifetime benefit for each Insured is \$50,000.00. For purposes of this benefit, the term "emergency care" means care needed immediately because of an Injury or Sickness of sudden and unexpected onset.

### **EXCLUSIONS**

- (a) Unless specifically stated otherwise, this Policy does not cover expenses incurred which are not Medicare Eligible Expenses.
- (b) In no event will benefit payments under this Policy duplicate any amounts payable under Medicare.

### **PRE-EXISTING CONDITIONS LIMITATIONS**

- (a) Except as provided in paragraph (b) below, Pre-Existing Conditions are not covered under this Policy until it has been in force for a period of six months.
- (b) If you are an Eligible Person, as defined by applicable law, or if you had any Creditable Coverage that was in effect within 63 days of the date of your application for this Policy, Pre-Existing Conditions will be covered under this Policy as of its Effective Date.

## SUSPENSION OF POLICY BENEFITS AND PREMIUMS

### Suspension Due to Medicaid Entitlement:

(a) Benefits and premiums under this Policy shall be suspended at your request for a period not to exceed 24 months in which you have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act (Medicaid). You may suspend this Policy only if you notify us within 90 days after you become entitled to such assistance. When we receive your timely notice, we will return to you the portion of your paid premium attributable to the period you are eligible for Medicaid, subject to adjustment for claims paid. No benefits will be paid and no premiums will be due during the period this Policy is suspended.

(b) If you suspend this Policy and later lose entitlement to such medical assistance, we will automatically reinstate this Policy effective on the date such entitlement terminates if you notify us within 90 days after you lose such entitlement and pay the premium attributable to the period of suspension, effective as of the date of termination of enrollment. Upon reinstatement, all provisions of this Policy and the premium classification shall be the same as if this Policy had not been suspended.

### Suspension Due to Group Health Plan Coverage:

(a) Benefit and premiums under this Policy shall be suspended at your request for any period provided by federal regulation if you are entitled to Medicare under Section 226 (b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act (group health insurance with an employer that has 20 or more employees).

(b) If you suspend this Policy and later lose entitlement to such group health coverage, we will automatically reinstate this Policy effective on the date such group health coverage terminates if you notify us within 90 days after you lose such entitlement and pay the premium attributable to the period of suspension, effective as of the date of termination of enrollment in the group plan. Upon reinstatement, all provisions of this Policy and the premium classification shall be the same as if this Policy had not been suspended.

## UNIFORM PROVISIONS

**1. ENTIRE CONTRACT; CHANGES:** This Policy with any endorsements or attachments is the entire contract of insurance. Only one of our executive officers can approve a change. Such approval must be endorsed on or attached to this Policy. It may not be changed in any way by any agent.

**2. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this Policy, no misstatement of an Insured, except a fraudulent misstatement made in the application, shall be used to void this Policy. After two years from the Effective Date of the coverage with respect to any claim which is made, no misstatement of any Insured eligible for coverage under this Policy, except a fraudulent misstatement contained in a written instrument signed by the Insured, shall be used to deny a claim for loss incurred commencing after expiration of such two years. (b) We shall not deny or reduce a claim for loss incurred after six months from the Effective Date of this Policy on the ground that a disease or physical condition on the date of loss had existed before said Effective Date.

**3. GRACE PERIOD:** There will be a grace period for payment of each renewal premium. It will be 31 days from the date the premium is due. This Policy will stay in force during the grace period. The grace period is subject to the renewal provision.

**4. REINSTATEMENT:** (a) This Policy shall lapse if you do not pay the premium before the end of the grace period. If the Company or any agent authorized by us to accept premium later accepts it and does not require an application for reinstatement, such acceptance shall reinstate this Policy. (b) If the Company or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, this Policy shall be reinstated upon our approval of such application. If we do not approve it, this Policy shall be reinstated on the 45th day of such conditional receipt, unless we give you prior written notice of disapproval. The reinstated Policy shall cover only loss due to an Injury occurring after the date of reinstatement or a Sickness beginning more than 10 days from such date. In all other respects you and the Company shall have the same rights under this Policy as were in effect before it lapsed unless special conditions are added in connection with the reinstatement. Premium accepted in connection with this provision shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

## UNIFORM PROVISIONS (Continued)

**5. NOTICE OF CLAIM:** You must give us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and policy number. Notice should be mailed to us at our home office or to any authorized agent.

**6. CLAIM FORMS:** When we receive your notice, we will send you forms for filing proof of loss. If we do not send them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. This statement should include the type of and extent of the loss you incurred. We must receive this statement within the time given for filing proof of loss.

**7. PROOF OF LOSS:** You must give us written proof of your loss within 90 days after the date of loss or as soon as you reasonably can. Proof must, however, be furnished within 12 months except in the absence of legal capacity.

**8. TIME OF PAYMENT OF CLAIMS:** We will pay you immediately upon receipt of due written proof of loss for benefits provided under this Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, shall be paid monthly. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof of loss.

**9. PAYMENT OF CLAIMS:** Subject to the Direct Payment of Hospital, Medical Services provision, benefits will be paid to you. Loss-of-life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to your estate. Any other benefits unpaid at death may be paid, at our option, either to your beneficiary or estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1000.00 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**10. LEGAL ACTIONS:** No legal action at law or in equity may be brought to recover on this Policy within 60 days after written proof of such loss has been given as required by the Policy. No such action may be brought after 3 years have passed from the time written proof of loss is required to be given.

## POLICY PROVISIONS

**1. MISSTATEMENT OF AGE:** If the age of a covered person has been misstated, all benefits payable to that person shall be in the amount the premium paid would have purchased at the correct age.

**2. UNPAID PREMIUM:** Any due and unpaid premium for this Policy may be deducted from its benefits then payable.

**3. CANCELLATION:** This Policy may not be cancelled by us, nor by you, except as provided in the Suspension of Policy Benefits and Premiums provision, during a period for which the premium has been paid and officially accepted by us.

**4. CONFORMITY WITH STATE STATUTES:** The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.

**5. DIRECT PAYMENT OF HOSPITAL, MEDICAL SERVICES:** All or any portion of any indemnities provided hereunder on account of Hospital, nursing, medical or surgical services may, at our option, be paid directly to the Hospital or person rendering such services. You may request otherwise, however, in writing, no later than the time of filing proofs of such loss.

**6. REFUND OF UNEARNED PREMIUM UPON DEATH:** Upon an Insured's death, any benefits payable to his/her estate shall include any premium paid for any period beyond such Insured's death. Such unearned premium shall be paid in a lump sum within 30 days after our receipt of written proof of death.

**7. CONTINUATION OF COVERAGE UPON DIVORCE:** If an Insured ceases to be covered under this Policy due to divorce, such Insured may continue his/her coverage under a separate policy identical to this Policy, subject to the following: (a) such Insured must give written notice to us within 30 day of the divorce that he/she desires to continue coverage; (b) the continuation policy will be issued without evidence of insurability; (c) the premium for the continuation policy will be no more than the premium that would be charged to such Insured had the divorce not occurred; and (d) any waiting periods will be considered satisfied under the continuation policy to the extent satisfied under this Policy.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Policy to be issued as of the Effective Date, and to be executed by its President and Secretary at its Home Office at 601 East Britton Road, in the City of Oklahoma City, Oklahoma.

  
Secretary

  
President

## **IMPORTANT NOTICE**

### **Customer Service Department of Reserve National Insurance Company:**

601 East Britton Road  
Oklahoma City, Oklahoma 73118-1082  
Telephone # 1-800-654-9106.

If we at Reserve National Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

### **Arkansas Insurance Department**

Consumer Services Division  
200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone (501) 371-2640  
Toll Free Telephone (800) 852-5494

**RESERVE NATIONAL INSURANCE COMPANY**  
**Of Oklahoma City, Oklahoma**

**PRE-EXISTING BENEFIT ENDORSEMENT**

The policy to which this Endorsement is attached is hereby amended to provide coverage from its Effective Date for "Pre-existing Conditions" as defined in the definitions section of the Policy.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Endorsement to be effective as of the date of the Policy to which it is attached.

  
Secretary

  
President

**ENDORSEMENT AND PHOTOCOPY OF APPLICATION ATTACHED  
HERETO CONSTITUTE PART OF THE CONTRACT**

[NO TEXT WILL BE PRINTED IN THIS BLANK SPACE]



601 East Britton Road • Oklahoma City, OK 73114

## **MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN C**

**This policy, in accordance with its terms, provides benefits which supplement Medicare.  
It is guaranteed renewable. Premiums may be changed.**

MCS-10-C

## MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN N

This Policy, in accordance with its terms, provides benefits which supplement Medicare. It is guaranteed renewable. Premiums may be changed.



*When we use “we,” “us,” “our,” “Company” or “Reserve National” we mean Reserve National Insurance Company. When we use “you” or “your” we mean the Insured who is covered by this Policy.*

### INSURING AGREEMENT

This Policy is designed to supplement certain benefits provided by Medicare. Medicare is the “Health Insurance for the Aged Act,” Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended. This Policy is issued in consideration of the application and payment of the initial premium. The application is a part of this Policy. The Insured is named in the application and is referred to as “you” in this Policy. This Policy becomes effective on the Effective Date shown on the Insured Schedule. The initial premium is for the policy term shown on the Insured Schedule. The renewal premium for later policy terms is due on the first day of the next policy term. This Policy will end if the renewal premium in effect is not paid when due or within the 31-day grace period. Each policy term will begin and end at 12:01 A.M. Termination of this Policy shall be without prejudice to any loss which commenced while this Policy was in force.

**GUARANTEED RENEWABLE - THE PREMIUM CAN BE CHANGED:** You may keep this Policy in force for as long as you live if you pay the premiums as they become due or within the grace period. We cannot cancel, refuse to renew or change this Policy except as provided in the Benefit and Premium Adjustment provision. We can change the premiums for this Policy on an annual basis. This is in addition to the changes provided for in the Benefit and Premium Adjustment provision. No change in premium under this provision will be effective before the first policy anniversary. Any changes will apply to future premiums for all policies with the same form number as this Policy issued by us to persons residing in the state where you live. We will give you 31 days notice before any premium change under this provision.

**BENEFIT AND PREMIUM ADJUSTMENT:** The benefits provided by Medicare have changed many times since their inception in 1965. It is likely that changes will continue in the future. The benefits of this Policy change when Medicare benefits change. This Policy will continue to supplement Medicare in the same manner after the change as it did before the change. When changes occur your premium may change.

### IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company at 601 East Britton Road, Oklahoma City, Oklahoma 73114-7710, within 10 days, if any information shown on it is not correct and complete, or if any past medical history has been left out. The application is part of this Policy which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

### THIRTY-DAY RIGHT TO EXAMINE POLICY

You are granted a period of 30 days from the date of delivery of this Policy to examine it. If you are not satisfied for any reason, this Policy may be returned within said 30-day period to us at our Home Office, any branch office or to the writing agent. We will then refund the premium paid. Then this Policy shall be void from its beginning and you and the Company will be in the same position as if it had never been issued.

**NOTICE TO BUYER: This Policy may not cover all of your medical expenses.**

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## INSURED SCHEDULE

		<u>Renewal Premium</u>	
		Monthly	
Policy Number	[00-00-000000]	Bank Draft	[\$00.00]
Effective Date	[June 1, 2010]	Regular	[\$00.00]
Initial Term Expires	[June 1, 2010]	Quarterly	[\$00.00]
Initial Premium	[\$00.00]	Semi Annual	[\$00.00]
Insured	[JOHN DOE]	Annual	[\$00.00]
Dependent	[JANE DOE]	Agent	[RESERVE NATIONAL AGENT]

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## POLICY BENEFITS

Hospital Benefits

Blood Transfusion Expense Benefit

Medical and Physician Care Benefit

Hospice Care Benefit

Post-Hospital Skilled Nursing Facility Care Benefit

Part A Deductible Benefit

Medically Necessary Emergency Care in a Foreign Country Benefit

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### COVERAGE ENDORSEMENTS

[MCS-PEB-91]

### AMENDING ENDORSEMENTS

AR-INP (11/09)

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--HOME OFFICE--  
RESERVE NATIONAL INSURANCE COMPANY  
601 EAST BRITTON ROAD \* OKLAHOMA CITY, OKLAHOMA

## DEFINITIONS

The following terms in this Policy are defined as follows:

**INJURY:** "Injury" means accidental bodily Injury resulting directly and independently of all other causes from an accident sustained by you which occurs while you are covered under this Policy, and which causes loss while this Policy is in force. "Injury" shall be deemed to include all injuries resulting from any one accident. Payment may be made for either a "Sickness" or an "Injury," but not for both, during the same period of Hospital confinement.

**SICKNESS:** "Sickness" means illness or disease sustained by you which first manifests itself after the Effective Date of this Policy, and which causes loss while this Policy is in force. "Sickness" shall also include all Sicknesses or diseases suffered concurrently.

**HOSPITAL:** "Hospital" means only an institution or that part of an institution which meets all of these tests: (a) is operated pursuant to law; (b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a pre-arranged basis and under the supervision of a staff of duly licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and (c) provides 24-hour nursing services by or under the supervision of registered graduate professional nurses (R.N.s); (d) the term "Hospital" shall not include: (1) convalescent, rest or nursing facilities; or (2) facilities primarily affording custodial, educational or rehabilitative care; or (3) facilities for the aged, drug addicts or alcoholics; or (4) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, unless required by law. However, benefits otherwise payable under this Policy will not be denied for treatment, care or service in an institution determined to be a "Hospital" under the Medicare program.

**PHYSICIAN:** "Physician" means any person (other than a relative of the Insured) who is a legally qualified and licensed practitioner, practicing within the scope of his or her authority and license. However, benefits otherwise payable under this Policy will not be denied for treatment, care or service by an individual determined to be a "Physician" under the Medicare program.

**SKILLED NURSING FACILITY:** "Skilled Nursing Facility" means an institution, or that part of a Hospital, which meets all of these tests: (a) is operated pursuant to law; (b) is approved for payment of Medicare benefits, or is qualified to receive such approval if so requested; (c) is primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician; (d) provides continuous 24-hour nursing services by or under the supervision of a registered graduate professional nurse (R.N.); and (e) maintains a daily medical record of each patient; (f) the term "skilled nursing facility" shall not include: (1) any home, facility or part thereof used primarily for rest; or (2) a home or facility for the aged or for the care of drug addicts or alcoholics; or (3) a home or facility primarily used for the care and treatment of mental diseases or disorders, or custodial or educational care. However, benefits otherwise payable under this Policy will not be denied if an institution is determined to be a "Skilled Nursing Facility" under the Medicare program.

**PART A DEDUCTIBLE:** "Part A Deductible" means the amount of Part A Medicare eligible expenses equal to the amount of the "inpatient Hospital deductible" under Part A of Medicare. The expenses must be incurred while you are covered under this Policy.

**MEDICARE:** "Medicare" means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

**PART B DEDUCTIBLE:** "Part B Deductible" means the amount of Part B Medicare eligible expenses (excluding outpatient prescription drug expenses) equal to the amount of the deductible under Part B of Medicare. The expenses must be incurred while you are covered under this Policy.

**MEDICARE ELIGIBLE EXPENSES:** "Medicare Eligible Expenses" means expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

**BENEFIT PERIOD:** "Benefit Period" means a period which begins after this Policy's Effective Date with the first day you are confined in a Hospital as an inpatient as a result of an Injury or Sickness. It ends at the close of 60 consecutive days on each of which you were not confined in a Hospital or Skilled Nursing Facility.

**LIFETIME RESERVE DAYS:** "Lifetime Reserve Days" means the 60-day lifetime reserve you have under Part A of Medicare.

## DEFINITIONS (Continued)

**PRE-EXISTING CONDITION:** “Pre-existing Condition” means a condition for which medical advice was given to you or treatment recommended by or received from a Physician within the six months immediately preceding this Policy’s Effective Date.

**CREDITABLE COVERAGE:** “Creditable Coverage” means (a) a group health plan; (b) health insurance coverage; (c) Part A or B of Medicare; (d) Medicaid; (e) CHAMPUS; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) the Federal Employees Health Benefits Program; (i) a public health plan; (j) a health benefit plan under the Peace Corps Act; and (k) any other coverage that is considered “Creditable Coverage” under applicable law. “Creditable Coverage” does not include (1) accident-only or disability income coverage, coverage issued as a supplement to liability insurance, liability insurance, workers’ compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics and other similar insurance under which medical care benefits are secondary or incidental to other insurance; (2) limited scope dental or vision benefits and long-term care, nursing home care, home health care or community-based care benefits and other similar limited benefits insurance, if provided under a separate policy; (3) specified disease coverage and hospital indemnity or other fixed indemnity insurance, if offered as independent, non-coordinated benefits; (4) Medicare supplement insurance, CHAMPUS supplement insurance or similar supplemental coverage under a group health plan, if offered as a separate policy; or (5) any other coverage that is not considered “Creditable Coverage” under applicable law.

## BENEFIT PROVISIONS

### BASIC BENEFITS

**HOSPITAL BENEFITS:** If, for a loss commencing while this Policy is in force, you are confined in a Hospital as an inpatient as a result of an Injury or Sickness at the direction and under the care of a physician, we will pay for the items of Medicare Eligible Expenses incurred as a result of any such Injury or Sickness as follows:

(a) If you, after having been confined for 60 days in a Hospital during a benefit period, continue to be so confined, we will pay for each day of confinement beginning with the 61st day and continuing through the 90th day of such confinement. We will pay the Medicare eligible expenses actually incurred for Hospital room and board in excess of the benefit provided by Medicare.

(b) If you, after having been confined for 90 days in a Hospital during a benefit period, continue to be so confined and where you are utilizing your lifetime reserve days, we will pay for each day of confinement beginning with the 91st day and continuing through the 150th day of such confinement. We will pay the Medicare eligible expenses actually incurred for Hospital room and board in excess of the benefit provided by Medicare.

(c) When you exhaust all Medicare Hospital inpatient coverage, including the Medicare Part A 60-day lifetime reserve, we will pay 100% of Part A Medicare Eligible Expenses for Hospitalization at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, for each day of your continued confinement in a Hospital. We will pay such benefits subject to a lifetime maximum benefit of an additional 365 days. The provider will accept our payment as payment in full and may not bill you for any balance.

**BLOOD TRANSFUSION EXPENSE BENEFIT:** If, for a loss commencing while this Policy is in force, you require a blood transfusion for any one Injury or Sickness, we will pay for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) in a calendar year under Medicare Parts A and B.

## **BENEFIT PROVISIONS (Continued)**

### **BASIC BENEFITS (Continued)**

**MEDICAL AND PHYSICIAN CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you incur Medicare Eligible Expenses in excess of the Part B Deductible for the services of a Physician or other services and supplies covered by Medicare Part B for the treatment of an Injury or Sickness, regardless of Hospital confinement, we will pay 20% (or in the case of Hospital outpatient department services, the copayment amount) of Medicare Eligible Expenses incurred by you for which no payment is made by Medicare, other than the following copayments that you are responsible for paying:

(a) the lesser of \$[20.00] or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and

(b) the lesser of \$[50.00] or the Medicare Part B coinsurance or copayment for each covered emergency room visit; however, this copayment shall be waived if you are admitted to any Hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

In determining the amount of benefits payable, we will consider you to be enrolled in and eligible for benefits under Medicare Part B.

**HOSPICE CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you incur Part A Medicare Eligible Expenses for hospice care and respite care, we will pay the Medicare copayment and coinsurance amounts not paid by Medicare. You must meet Medicare's requirements, including a doctor's certification of terminal illness.

### **ADDITIONAL BENEFITS**

**POST- HOSPITAL SKILLED NURSING FACILITY CARE BENEFIT:** If, for a loss commencing while this Policy is in force, you are under the care of a physician, and confined in a skilled nursing facility commencing within 30 days of discharge from a Hospital after at least three consecutive days of confinement, we will pay the Medicare eligible expenses incurred which are in excess of the benefit payable by Medicare. We will pay such benefits commencing with the 21st consecutive day of confinement through the 100th consecutive day of confinement.

**PART A DEDUCTIBLE BENEFIT:** If, while this Policy is in force, you incur Part A Medicare eligible expenses applicable toward the Part A Deductible in any one benefit period, we will reimburse you for those expenses.

**MEDICALLY NECESSARY EMERGENCY CARE IN A FOREIGN COUNTRY BENEFIT:** If, for a loss commencing while this Policy is in force, you incur expenses in a foreign country for medically necessary emergency Hospital, physician and medical care, in excess of \$250.00 in any calendar year, and such expenses would be Medicare eligible expenses if such care had been provided in the United States, we will pay, to the extent not covered by Medicare, 80% of the expenses incurred by you during the first 60 consecutive days of each trip outside the United States. The maximum lifetime benefit for each Insured is \$50,000.00. For purposes of this benefit, the term "emergency care" means care needed immediately because of an Injury or Sickness of sudden and unexpected onset.

### **EXCLUSIONS**

(a) Unless specifically stated otherwise, this Policy does not cover expenses incurred which are not Medicare Eligible Expenses.

(b) In no event will benefit payments under this Policy duplicate any amounts payable under Medicare.

### **PRE-EXISTING CONDITIONS LIMITATIONS**

(a) Except as provided in paragraph (b) below, Pre-Existing Conditions are not covered under this Policy until it has been in force for a period of six months.

(b) If you are an Eligible Person, as defined by applicable law, or if you had any Creditable Coverage that was in effect within 63 days of the date of your application for this Policy, Pre-Existing Conditions will be covered under this Policy as of its Effective Date.

## SUSPENSION OF POLICY BENEFITS AND PREMIUMS

### Suspension Due to Medicaid Entitlement:

(a) Benefits and premiums under this Policy shall be suspended at your request for a period not to exceed 24 months in which you have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act (Medicaid). You may suspend this Policy only if you notify us within 90 days after you become entitled to such assistance. When we receive your timely notice, we will return to you the portion of your paid premium attributable to the period you are eligible for Medicaid, subject to adjustment for claims paid. No benefits will be paid and no premiums will be due during the period this Policy is suspended.

(b) If you suspend this Policy and later lose entitlement to such medical assistance, we will automatically reinstate this Policy effective on the date such entitlement terminates if you notify us within 90 days after you lose such entitlement and pay the premium attributable to the period of suspension, effective as of the date of termination of enrollment. Upon reinstatement, all provisions of this Policy and the premium classification shall be the same as if this Policy had not been suspended.

### Suspension Due to Group Health Plan Coverage:

(a) Benefit and premiums under this Policy shall be suspended at your request for any period provided by federal regulation if you are entitled to Medicare under Section 226 (b) of the Social Security Act (disabled under age 65) and are covered under a group health plan as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act (group health insurance with an employer that has 20 or more employees).

(b) If you suspend this Policy and later lose entitlement to such group health coverage, we will automatically reinstate this Policy effective on the date such group health coverage terminates if you notify us within 90 days after you lose such entitlement and pay the premium attributable to the period of suspension, effective as of the date of termination of enrollment in the group plan. Upon reinstatement, all provisions of this Policy and the premium classification shall be the same as if this Policy had not been suspended.

## UNIFORM PROVISIONS

**1. ENTIRE CONTRACT; CHANGES:** This Policy with any endorsements or attachments is the entire contract of insurance. Only one of our executive officers can approve a change. Such approval must be endorsed on or attached to this Policy. It may not be changed in any way by any agent.

**2. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this Policy, no misstatement of an Insured, except a fraudulent misstatement made in the application, shall be used to void this Policy. After two years from the Effective Date of the coverage with respect to any claim which is made, no misstatement of any Insured eligible for coverage under this Policy, except a fraudulent misstatement contained in a written instrument signed by the Insured, shall be used to deny a claim for loss incurred commencing after expiration of such two years. (b) We shall not deny or reduce a claim for loss incurred after six months from the Effective Date of this Policy on the ground that a disease or physical condition on the date of loss had existed before said Effective Date.

**3. GRACE PERIOD:** There will be a grace period for payment of each renewal premium. It will be 31 days from the date the premium is due. This Policy will stay in force during the grace period. The grace period is subject to the renewal provision.

**4. REINSTATEMENT:** (a) This Policy shall lapse if you do not pay the premium before the end of the grace period. If the Company or any agent authorized by us to accept premium later accepts it and does not require an application for reinstatement, such acceptance shall reinstate this Policy. (b) If the Company or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, this Policy shall be reinstated upon our approval of such application. If we do not approve it, this Policy shall be reinstated on the 45th day of such conditional receipt, unless we give you prior written notice of disapproval. The reinstated Policy shall cover only loss due to an Injury occurring after the date of reinstatement or a Sickness beginning more than 10 days from such date. In all other respects you and the Company shall have the same rights under this Policy as were in effect before it lapsed unless special conditions are added in connection with the reinstatement. Premium accepted in connection with this provision shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days before the date of reinstatement.

## UNIFORM PROVISIONS (Continued)

**5. NOTICE OF CLAIM:** You must give us written notice of claim. It must be given within 20 days after a covered loss occurs or starts, or as soon as you reasonably can. You may give the notice or you may have someone do it for you. Such notice should give your name and policy number. Notice should be mailed to us at our home office or to any authorized agent.

**6. CLAIM FORMS:** When we receive your notice, we will send you forms for filing proof of loss. If we do not send them within 15 days, you can meet the proof of loss requirement by giving us a written statement of what happened. This statement should include the type of and extent of the loss you incurred. We must receive this statement within the time given for filing proof of loss.

**7. PROOF OF LOSS:** You must give us written proof of your loss within 90 days after the date of loss or as soon as you reasonably can. Proof must, however, be furnished within 12 months except in the absence of legal capacity.

**8. TIME OF PAYMENT OF CLAIMS:** We will pay you immediately upon receipt of due written proof of loss for benefits provided under this Policy. However, a benefit that is payable by periodic payments, subject to due written proof of loss, shall be paid monthly. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof of loss.

**9. PAYMENT OF CLAIMS:** Subject to the Direct Payment of Hospital, Medical Services provision, benefits will be paid to you. Loss-of-life benefits, if any, are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to your estate. Any other benefits unpaid at death may be paid, at our option, either to your beneficiary or estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we can pay benefits up to \$1000.00 to someone related to you or your beneficiary by blood or marriage whom we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**10. LEGAL ACTIONS:** No legal action at law or in equity may be brought to recover on this Policy within 60 days after written proof of such loss has been given as required by the Policy. No such action may be brought after 3 years have passed from the time written proof of loss is required to be given.

## POLICY PROVISIONS

**1. MISSTATEMENT OF AGE:** If the age of a covered person has been misstated, all benefits payable to that person shall be in the amount the premium paid would have purchased at the correct age.

**2. UNPAID PREMIUM:** Any due and unpaid premium for this Policy may be deducted from its benefits then payable.

**3. CANCELLATION:** This Policy may not be cancelled by us, nor by you, except as provided in the Suspension of Policy Benefits and Premiums provision, during a period for which the premium has been paid and officially accepted by us.

**4. CONFORMITY WITH STATE STATUTES:** The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.

**5. DIRECT PAYMENT OF HOSPITAL, MEDICAL SERVICES:** All or any portion of any indemnities provided hereunder on account of Hospital, nursing, medical or surgical services may, at our option, be paid directly to the Hospital or person rendering such services. You may request otherwise, however, in writing, no later than the time of filing proofs of such loss.

**6. REFUND OF UNEARNED PREMIUM UPON DEATH:** Upon an Insured's death, any benefits payable to his/her estate shall include any premium paid for any period beyond such Insured's death. Such unearned premium shall be paid in a lump sum within 30 days after our receipt of written proof of death.

**7. CONTINUATION OF COVERAGE UPON DIVORCE:** If an Insured ceases to be covered under this Policy due to divorce, such Insured may continue his/her coverage under a separate policy identical to this Policy, subject to the following: (a) such Insured must give written notice to us within 30 day of the divorce that he/she desires to continue coverage; (b) the continuation policy will be issued without evidence of insurability; (c) the premium for the continuation policy will be no more than the premium that would be charged to such Insured had the divorce not occurred; and (d) any waiting periods will be considered satisfied under the continuation policy to the extent satisfied under this Policy.

IN WITNESS WHEREOF, Reserve National Insurance Company has caused this Policy to be issued as of the Effective Date, and to be executed by its President and Secretary at its Home Office at 601 East Britton Road, in the City of Oklahoma City, Oklahoma.

  
Secretary

  
President

## **IMPORTANT NOTICE**

### **Customer Service Department of Reserve National Insurance Company:**

601 East Britton Road  
Oklahoma City, Oklahoma 73114  
Telephone # 1-800-654-9106.

If we at Reserve National Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

### **Arkansas Insurance Department**

Consumer Services Division  
200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone (501) 371-2640  
Toll Free Telephone (800) 852-5494

**RESERVE NATIONAL INSURANCE COMPANY**  
**Of Oklahoma City, Oklahoma**

**PRE-EXISTING BENEFIT ENDORSEMENT**

The policy to which this Endorsement is attached is hereby amended to provide coverage from its Effective Date for "Pre-existing Conditions" as defined in the definitions section of the Policy.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Endorsement to be effective as of the date of the Policy to which it is attached.

  
Secretary

  
President

**ENDORSEMENT AND PHOTOCOPY OF APPLICATION ATTACHED  
HERETO CONSTITUTE PART OF THE CONTRACT**

[NO TEXT WILL BE PRINTED IN THIS BLANK SPACE]



601 East Britton Road • Oklahoma City, OK 73114

## **MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN N**

**This policy, in accordance with its terms, provides benefits which supplement Medicare.  
It is guaranteed renewable. Premiums may be changed.**

MCS-10-N

AGENT CODE _____	POLICY NUMBER(S): _____	EFFECTIVE DATE		
MGR CODE _____		Month	Day	Year

1. Full Name of Each Applicant				Social Security No.	Relation To Proposed Insured	BIRTH DATE			Age	Ht.	Wt.	Sex
First	Middle Initial	Last	Mo.			Day	Yr.					
1					Proposed Insured							
2												
3												
4												

**Check policy/policies applied for (availability of policies varies by state):**

<input type="checkbox"/> Scheduled Benefit Hospital, Medical, Surgical Expense Policy RN-50 <input type="checkbox"/> Scheduled Benefit Hospital, Medical, Surgical Expense Policy PS-1 <input type="checkbox"/> Limited Benefit Hospital and Surgical Expense Policy LHS <input type="checkbox"/> Scheduled Benefit Accident-Only Policy SA-1 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Benefit %</th> <th>Deductible \$</th> <th>Daily Room Max. \$</th> <th>Hospital Misc. Max. \$</th> <th>PEB Table</th> <th>Total Monthly Premium</th> </tr> </thead> <tbody> <tr> <td>Basic</td> <td colspan="3">List Endorsements &amp; Rates</td> <td></td> <td></td> </tr> <tr> <td>App't #</td> <td>Mthly. Rt.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">Total</td> <td></td> </tr> </tbody> </table>	Benefit %	Deductible \$	Daily Room Max. \$	Hospital Misc. Max. \$	PEB Table	Total Monthly Premium	Basic	List Endorsements & Rates					App't #	Mthly. Rt.					1						2						3						4						Total						<input type="checkbox"/> Supplemental First Diagnosis Heart Attack and First Major Heart Surgery Indemnity Policy HRT-98 First Diagnosis Heart Attack _____ First Major Heart Surgery Benefit (after 30 days) \$ _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Basic</th> <th colspan="3">List Endorsements &amp; Rates</th> <th>PEB Table</th> <th>Total Monthly Premium</th> </tr> </thead> <tbody> <tr> <td>App't #</td> <td>Mthly. Rt.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">Total</td> <td></td> </tr> </tbody> </table>	Basic	List Endorsements & Rates			PEB Table	Total Monthly Premium	App't #	Mthly. Rt.					1						2						3						4						Total					
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<input type="checkbox"/> Hospital Indemnity Policy HDI <input type="checkbox"/> Fixed Indemnity Policy SIP-1* Daily Indemnity Amount First 10 Days _____ Next 21 Days _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Basic</th> <th colspan="3">List Endorsements &amp; Rates</th> <th>PEB Table</th> <th>Total Monthly Premium</th> </tr> </thead> <tbody> <tr> <td>App't #</td> <td>Mthly. Rt.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">*Elimination Period Before Daily Indemnity is Payable: _____ Days</td> <td>Total _____</td> </tr> </tbody> </table>	Basic	List Endorsements & Rates			PEB Table	Total Monthly Premium	App't #	Mthly. Rt.					1						2						3						4						*Elimination Period Before Daily Indemnity is Payable: _____ Days					Total _____	<input type="checkbox"/> Home Health Care Indemnity Policy HHC-95 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Basic</th> <th colspan="3">List Endorsements &amp; Rates</th> <th>Total Monthly Premium</th> </tr> </thead> <tbody> <tr> <td>App't #</td> <td>Mthly. Rt.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">Total</td> <td></td> </tr> </tbody> </table>	Basic	List Endorsements & Rates			Total Monthly Premium	App't #	Mthly. Rt.				1					2					3					4					Total				
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Cancer Policy <input type="checkbox"/> CFO-95-First Occurrence Cancer Benefit After 180 Days \$ _____ <input type="checkbox"/> CC-74 <input type="checkbox"/> CC-91 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>App't #</th> <th>Total Monthly Prem.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> </tr> <tr> <td>2</td> <td>_____</td> </tr> <tr> <td>3</td> <td>_____</td> </tr> <tr> <td>4</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total _____</td> </tr> </tbody> </table>	App't #	Total Monthly Prem.	1	_____	2	_____	3	_____	4	_____	Total _____		<input type="checkbox"/> Cancer Policy ICD-2000 Daily Benefit: First 300 Days _____ Next 200 Days _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>App't #</th> <th>Total Monthly Prem.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> </tr> <tr> <td>2</td> <td>_____</td> </tr> <tr> <td>3</td> <td>_____</td> </tr> <tr> <td>4</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total _____</td> </tr> </tbody> </table>	App't #	Total Monthly Prem.	1	_____	2	_____	3	_____	4	_____	Total _____		<input type="checkbox"/> Critical Illness and Accidental Death Indemnity Policy CRI Benefit for 1st Diagnosis Covered Critical Illness (after 180 days)/Accidental Death \$ _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>App't #</th> <th>Total Monthly Prem.</th> <th>PEB Table</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total _____</td> </tr> </tbody> </table> <p>Note: One applicant per policy for CRI.</p>	App't #	Total Monthly Prem.	PEB Table	1	_____	_____	Total _____		
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2. Residence of Proposed Insured \_\_\_\_\_  
 Street No. / Rural Route and/or Box Number City State Zip Code

3. Residence Telephone No. area code (\_\_\_\_\_) No: \_\_\_\_\_ Business or alternate area code (\_\_\_\_\_) No: \_\_\_\_\_

3.(a) E-mail address \_\_\_\_\_ 3.(b) Name, Address and Telephone No. of payor, if different from above \_\_\_\_\_

3.(c) Each Applicant's State of Birth \_\_\_\_\_

4.(a) Applicant's Occupation(s) (state duties) \_\_\_\_\_ (b) Spouse's Occupation(s) (state duties) \_\_\_\_\_

5. Full Name of Beneficiary(ies) and Relationship \_\_\_\_\_

**Without a Beneficiary Designation, benefits that are not assigned shall be paid to the Proposed Insured first named above if living, otherwise to the deceased's estate.**

6. If submitted for purposes other than a new insurance application, please indicate:  Policy Change  Conversion  Reinstatement:  
 Policy(ies) Number(s) \_\_\_\_\_ What benefit(s) are being requested? \_\_\_\_\_

7. If this application is for a Medicare supplement, are applicant(s) enrolled in Medicare Part A?  Yes  No Part B?  Yes  No  
 If yes, enrollment date(s) \_\_\_\_\_  
 If no, which applicant(s)? \_\_\_\_\_

8. Does any applicant have any Medicare supplement, hospital, medical or surgical insurance in force at the time of this application?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

9. Does any applicant intend the replacement or change of any of his/her existing insurance policy(ies) in connection with this application for insurance?  Yes  No If yes, which applicant(s), company and amount? \_\_\_\_\_  
 \_\_\_\_\_ (Complete replacement of insurance form.)

**THE FOLLOWING QUESTIONS, #10 - #48, ARE TO BE ANSWERED WITH RESPECT TO EACH APPLICANT LISTED ABOVE. HOWEVER, THESE QUESTIONS ARE NOT REQUIRED FOR AN APPLICANT WHO IS APPLYING FOR ONLY A MEDICARE SUPPLEMENT WITHIN 6 MONTHS AFTER THE FIRST DAY HE/SHE IS 65 OR OLDER AND ENROLLED IN PART B.**

10. Has any applicant smoked tobacco or used tobacco orally within the past year?  Yes  No Within the past 3 years?  Yes  No  
 If either are yes, which applicant(s)? \_\_\_\_\_

11. Does any applicant participate or contemplate participating in any type of aviation, other than as a passenger on a regularly scheduled airline?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

12. In the last 5 years has any applicant participated in or does any applicant contemplate participating in any motorized vehicle racing, scuba or skin diving, sky diving, hang gliding, mountain climbing, rodeos, cliff diving, ballooning, parasailing and/or any professional or semi-professional athletics?  Yes  No Which applicant(s) and details? \_\_\_\_\_

13. Has any applicant been convicted of a felony or had his or her drivers license suspended or revoked?  Yes  No Which applicant(s) and details? \_\_\_\_\_

14. In the last 5 years, has any applicant had life, disability or health insurance declined, rated, modified, cancelled or not re-newed?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

15. Has any applicant ever requested or received a pension, benefits or payment because of an injury, sickness or disability?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

16. Has any applicant applied for or is any applicant currently receiving Social Security disability benefits?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

17. Does any applicant use a catheter, oxygen, respirator, dialysis machine, walker, wheelchair or similar medical equipment or appliance?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

18. Is any applicant using any medication or drugs?  Yes  No If yes, which applicant(s) and name of medication? \_\_\_\_\_

**HAVE YOU, OR ANY APPLICANT, EVER HAD OR BEEN TOLD THAT YOU HAD, OR BEEN TREATED BY A PHYSICIAN OR OTHER PRACTITIONER FOR ANY OF THE FOLLOWING? (If "YES" circle the condition(s).)**

19. Disorder of eyes, ears, nose, throat or glands? ... <input type="checkbox"/> Yes <input type="checkbox"/> No	or disorder, cerebral palsy, muscular dystrophy, multiple sclerosis,
20. Dizzy or fainting spells, seizures or convulsions or recurrent headache? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Lou Gehrig's disease, neurologic or muscular wasting disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Paralysis, transient ischemic attack, stroke, cerebrovascular disease or insufficiency or hemorrhage, or any residuals thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Persistent shortness of breath, cough, blood spitting, bronchitis, asthma, allergies, emphysema, tuberculosis, pneumonia or other lung or respiratory disorder(s)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Mental, nervous, psychiatric disorder ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Senility disorder, Alzheimer's disease, organic brain syndrome	

(Continued at top of next page)



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR HOME OFFICE USE**

IT IS AGREED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE AS WRITTEN AND ARE CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto shall form the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 2. The insurance applied for in this application shall not be considered in force until issued by the Company and the first premium paid. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. In connection with an application for insurance currently made to Reserve National Insurance Company, **I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility or insurance company or MIB, INC. ("MIB")**, that has any records or knowledge of me or any of the members of my family named in said application or of my health, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I understand that (a) an investigative consumer report may be obtained as to my insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living; (b) this information will be obtained

through personal interviews with my friends, neighbors and associates; and (c) additional information as to the nature and scope of any investigation requested will be furnished to me upon my written request made within a reasonable time after this application is completed.

I have paid to Reserve National Insurance Company the sum of \$ \_\_\_\_\_ which is a  Monthly  Quarterly  Semi-Annual  Annual premium, and I hold a receipt for that amount made up without alteration bearing the same date as this application.

If accepted by the Company the applicant requests coverage to be effective: A.  Date of application, applicable only on quarterly or longer modes. B.  Date of issue C.  Other \_\_\_\_\_

SEND POLICY TO APPLICANT OR  AGENT TO DELIVER.

I acknowledge receipt of an outline of coverage for which this application is made. ....  Yes  No.

I am 65 years old or older, or eligible for Medicare, and acknowledge receipt of a "Guide to Health Insurance for People with Medicare." .....  Yes  No.

**NOTICE:** The proposed insured certifies that no person to be covered under the policy applied for is covered by Medicaid or any other Title XIX program. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**SPECIAL NOTICE:** I UNDERSTAND THAT THE RESERVE NATIONAL INSURANCE COMPANY POLICY I HAVE APPLIED FOR IS A SCHEDULED BENEFIT POLICY WITH LIMITS FOR EACH COVERED EXPENSE. IT IS NOT CONSIDERED MAJOR MEDICAL COVERAGE BECAUSE THERE ARE LIMITATIONS ON THE AMOUNT OF BENEFITS PAYABLE FOR EACH COVERED EXPENSE.

Town and State where signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

\_\_\_\_\_  
Signature of Proposed Insured/Applicant

The undersigned agent (a) represents Reserve National Insurance Company in connection with the insurance applied for; (b) will receive compensation from the Company if coverage is issued; and (c) may provide services to policyholders on behalf of the Company, subject to the Company's approval. The agent does not have authority to bind the Company.

I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon. \_\_\_\_\_

UAP-1 AR (1/09)

\_\_\_\_\_  
Signature of Agent



**Another easy way to pay your premium is with your VISA, Mastercard or DISCOVER card.**

Please charge to my:



ACCOUNT# AS SHOWN ON CARD

□□□□ - □□□□ - □□□□ - □□□□

EXPIRATION DATE \_\_\_\_\_

**PLEASE SELECT**

Please charge my credit card for the initial premium.

Please charge my credit card for all future renewal premiums. I understand this authorization will remain in effect until revoked by me or until my credit card expires:  Monthly Payment  Quarterly Payment

Amount authorized \$ \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_  
(PLEASE PRINT NAME AS SHOWN ON CARD)

AUTHORIZED SIGNATURE \_\_\_\_\_  
(PLEASE SIGN HERE)

DATE AUTHORIZED \_\_\_\_\_

## QUESTIONS FOR APPLICANT FOR MEDICARE SUPPLEMENT INSURANCE

A. Are you an “Eligible Person” (see definition on reverse side) who is applying for this policy not later than 63 days after the date of termination or disenrollment in an employee welfare benefits plan, a Medicare Advantage plan, a Medicare risk or cost plan, a health care prepayment plan, a Medicare Select plan, a Medicare HMO plan or a Medicare supplement policy? ..... Yes  No

If “yes”:

(1) Provide details

---

(2) Furnish evidence of termination or disenrollment.

B. Are you applying for this policy not later than 63 days of the date you had any “Creditable Coverage” (see definition on reverse side) ..... Yes  No

If “yes”, provide carrier’s name, type of coverage, policy number, effective date and termination date.

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C. Statements to Applicant:

(1) You do not need more than one Medicare supplement policy.

(2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

(3) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

(4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.

5) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstance, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within ninety (90) days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

(6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS.

D. To the best of your knowledge:

(1) (a) Did you turn 65 in the last 6 months? ..... Yes  No

(b) Did you enroll in Medicare Part B in the last 6 months? ..... Yes  No

(c) If so, what is the effective date? \_\_\_\_\_

(2) Are you covered for medical assistance through the state Medicaid program? ..... Yes  No

[NOTE TO APPLICANT: If you are participating in a “Spend-Down Program” and have not met your “Share of Cost,” please answer NO to this question.] If YES:

(a) Will Medicaid pay your premiums for this Medicare supplement policy? ..... Yes  No

(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?..... Yes  No

(3) (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave “END” blank. START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

- (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?.....Yes  No
- (c) Was this your first time in this type of Medicare plan?..... Yes  No
- (d) Did you drop a Medicare supplement policy to enroll in the Medicare plan? .....Yes  No
- (4)(a) Do you have another Medicare supplement policy in force?.....Yes  No
- (b) If so, with what company, and what plan do you have? \_\_\_\_\_
- (c) If so, do you intend to replace your current Medicare supplement policy with this policy? .....Yes  No
- (5) Have you had coverage under any other health insurance within the past 63 days? (For example an employer, union or individual plan).....Yes  No
- (a) If so, with what company and what kind of policy? \_\_\_\_\_
- (b) What are your dates of coverage under the other policy? START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_ (If you are still covered under the other policy, leave "END" blank.)

E. Agents shall list any other health insurance policies they have sold to the applicant.

(1) List policies sold which are still in force.

\_\_\_\_\_  
 (2) List policies sold in the past five (5) years which are no longer in force.

IT IS AGREED THAT ALL STATEMENTS AND ANSWERS CONTAINED ON THIS FORM ARE FULL, COMPLETE AND TRUE AS WRITTEN AND ARE CORRECTLY RECORDED.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Proposed Insured or Applicant

I CERTIFY THAT I ASKED EACH QUESTION OF THE APPLICANT PERSONALLY AND THE ANSWERS HAVE BEEN ACCURATELY RECORDED HEREON.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Agent

**AN ELIGIBLE INDIVIDUAL IS ONE WHO:** (1) Enrolled under an employee welfare benefit plan that supplements Medicare, and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual; or (2) Enrolled with a Medicare Advantage organization under a Medicare Advantage plan, or he/she is age 65 or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider, and specific circumstances permit discontinuance including, but not limited to, the organization’s or plan’s certification is terminated, the plan is terminated within a residence area, he/she is no longer eligible due to a residence change, the organization violated a material contract provision, a material misrepresentation was made to the individual or other exceptional conditions provided by regulation; or (3) Enrolled with a Medicare cost contract or similar organization, a health prepayment plan or an organization under a Medicare Select policy and the enrollment ceases under the same circumstances that would permit discontinuance under the preceding item (2); or (4) Enrolled under a Medicare supplement policy and coverage discontinues due to the insolvency or the issuer or bankruptcy of the nonissuer organization, the issuer substantially violated a material policy provision or the issuer or agent or other entity acting on the issuer’s behalf materially misrepresented the policy’s provision in marketing the policy; or (5) Enrolled under a Medicare supplement policy and terminates enrollment, and enrolls for the first time in a Medicare Advantage plan, a Medicare cost contract, a similar organization, with a PACE provider or in a Medicare Select policy, and then that enrollment is terminated within 12 months; or (6) Upon first becoming eligible for benefit under Medicare Part A at age 65, enrolls in a Medicare Advantage plan, or with a PACE provider, and then disenrolls within 12 months; or (7) Enrolls in a Medicare Part D plan during the initial enrollment period and, at that time, had a Medicare supplement policy that covers outpatient prescription drugs and he/she terminates the Medicare supplement policy and submits evidence of enrollment in Medicare Part D along with an application for Plans A, B or F.

**CREDITABLE COVERAGE IS DEFINED AS:** (1) a group health plan; (2) health insurance coverage; (3) Part A or B of Medicare; (4) Medicaid; (5) CHAMPUS; (6) a medical care program of the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) the Federal Employees Health Benefits Program; (9) a public health plan; (10) a health benefit plan under the Peace Corps Act; and (11) any other coverage that is considered “Creditable Coverage” under applicable law. **CREDITABLE COVERAGE DOES NOT INCLUDE:** (A) accident-only or disability income coverage, coverage issued as a supplement to liability insurance, liability insurance, workers’ compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics and other similar insurance under which medical care benefits are secondary or incidental to other insurance; (B) limited scope dental or vision benefits and long-term care, nursing home care, home health care or community-based care benefits and other similar limited benefits insurance, if provided under a separate policy; (C) specified disease coverage and hospital indemnity or other fixed indemnity insurance, if offered as independent, non-coordinated benefits; (D) Medicare supplement insurance, CHAMPUS supplement insurance or similar supplemental coverage under a group health plan, if offered as a separate policy; or (E) any other coverage that is not considered “Creditable Coverage” under applicable law.



**Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010  
Benefit Plans A, C and N are offered by Reserve National Insurance Company**

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

**BASIC BENEFITS:**

- Hospitalization—Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plan K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood: First three pints of blood each year.
- Hospice—Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance			
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible		Part B Deductible		
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached	Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached		

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

# OUTLINE OF COVERAGE

## PREMIUM INFORMATION

We, Reserve National Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

### PLAN A Preferred Rates Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
66	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
67	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
68	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
69	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
70	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
71	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
72	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
73	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
74	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
75	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
76	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
77	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
78	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
79	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
80	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
81	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
82	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
83	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
84	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
85	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
86	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
87	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
88	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
89	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
90	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
91	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
92	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
93	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
94	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
95	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
96	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
97	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
98	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
99+	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30

**PLAN A Preferred Rates  
Tobacco Users**

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Tobacco Users

<u>Attained Age</u>	<u>Regular Monthly</u>	<u>Bank Draft Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
66	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
67	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
68	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
69	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
70	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
71	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
72	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
73	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
74	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
75	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
76	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
77	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
78	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
79	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
80	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
81	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
82	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
83	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
84	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
85	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
86	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
87	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
88	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
89	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
90	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
91	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
92	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
93	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
94	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
95	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
96	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
97	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
98	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
99+	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
66	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
67	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
68	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
69	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
70	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
71	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
72	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
73	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
74	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
75	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
76	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
77	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
78	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
79	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
80	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
81	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
82	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
83	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
84	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
85	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
86	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
87	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
88	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
89	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
90	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
91	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
92	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
93	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
94	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
95	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
96	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
97	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
98	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
99+	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
66	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
67	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
68	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
69	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
70	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
71	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
72	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
73	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
74	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
75	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
76	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
77	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
78	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
79	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
80	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
81	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
82	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
83	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
84	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
85	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
86	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
87	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
88	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
89	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
90	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
91	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
92	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
93	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
94	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
95	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
96	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
97	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
98	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
99+	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
66	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
67	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
68	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
69	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
70	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
71	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
72	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
73	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
74	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
75	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
76	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
77	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
78	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
79	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
80	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
81	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
82	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
83	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
84	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
85	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
86	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
87	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
88	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
89	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
90	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
91	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
92	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
93	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
94	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
95	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
96	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
97	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
98	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
99+	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60

The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
66	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
67	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
68	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
69	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
70	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
71	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
72	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
73	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
74	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
75	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
76	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
77	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
78	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
79	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
80	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
81	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
82	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
83	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
84	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
85	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
86	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
87	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
88	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
89	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
90	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
91	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
92	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
93	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
94	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
95	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
96	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
97	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
98	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
99+	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Reserve National Insurance Company, 601 East Britton Road, Oklahoma City, OK 73114. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs.

Neither Reserve National Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**OUTLINE OF COVERAGE  
PLAN A**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but [\$1,100]  All but \$[275] a day  All but \$[550] a day \$0 \$0	\$0  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	[\$1,100] (Part A Deductible)  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[137.50] a day  \$0	\$0  \$0  \$0	\$0  Up to \$[137.50] a day  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN A**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OUTLINE OF COVERAGE  
PLAN C**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,100] Deductible)  All but \$[275] a day  All but \$[550] a day  \$0  \$0	\$[1,100] (Part A  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN C**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	[\$155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS--NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 life-time maximum

**OUTLINE OF COVERAGE  
PLAN N**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th days</p> <p>91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days</p> <p>--Beyond the Additional 365 days</p>	<p>All but \$[1,100]</p> <p>All but \$[275] a day</p> <p>All but \$[550] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,100] (Part A Deductible)</p> <p>\$[275] a day</p> <p>\$[550] a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th days</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[137.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[137.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN N**

**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[155] (Part B Deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[155] of Medicare Approved Approved Amounts*  Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[155] (Part B deductible) \$0
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**PLAN N**

**OTHER BENEFITS—NO COVERED BY MEDICARE**

<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum







**NOTICE TO APPLICANT REGARDING REPLACEMENT OF  
MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE  
SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE!**

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by Reserve National Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY ISSUER AND AGENT:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
  - No change in benefits, but lower premiums.
  - Fewer benefits and lower premiums.
  - My plan has outpatient prescription drug coverage and I am enrolling in Part D.
  - Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.
- 
- Other. (please specify) \_\_\_\_\_
- 

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Agent's Signature)

\_\_\_\_\_  
(Applicant's Signature)

Reserve National Insurance Company Home Office:  
601 East Britton Road  
Oklahoma City, Oklahoma 73114

\_\_\_\_\_  
(Date)

SERFF Tracking Number: RNIC-126405423 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 44297  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: 2010 Medicare Supplement Standard Benefit Plans  
 Project Name/Number: 2010 Medicare Supplement Standard Benefit Plans A, C and N/

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/15/2010	Rate Sheets	MCS-10-A	New		MCS-10-A Rate Sheets AR.pdf
Approved 01/15/2010	Rate Sheets	MCS-10-C	New		MCS-10-C Rate Sheets AR.pdf
Approved 01/15/2010	Rate Sheets	MCS-10-N	New		MCS-10-N Rate Sheets AR.pdf

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-A**

Preferred Rates

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
65	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
66	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
67	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
68	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
69	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
70	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
71	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
72	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
73	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
74	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
75	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
76	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
77	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
78	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
79	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
80	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
81	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
82	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
83	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
84	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
85	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
86	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
87	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
88	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
89	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
90	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
91	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
92	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
93	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
94	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
95	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
96	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
97	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
98	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
99+	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-A**

Preferred Rates

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

Monthly Bank Draft = Monthly Rate X .92

Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94

Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-A**

Standard Rates

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-A**

Standard Rates

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
65	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
66	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
67	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
68	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
69	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
70	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
71	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
72	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
73	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
74	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
75	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
76	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
77	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
78	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
79	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
80	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
81	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
82	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
83	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
84	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
85	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
86	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
87	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
88	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
89	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
90	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
91	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
92	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
93	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
94	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
95	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
96	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
97	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
98	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
99+	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05

Monthly Bank Draft = Monthly Rate X .92

Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94

Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-C**

Preferred Rates

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
65	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
66	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
67	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
68	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
69	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
70	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
71	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
72	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
73	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
74	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
75	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
76	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
77	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
78	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
79	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
80	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
81	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
82	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
83	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
84	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
85	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
86	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
87	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
88	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
89	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
90	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
91	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
92	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
93	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
94	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
95	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
96	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
97	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
98	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
99+	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-C**

Preferred Rates

Arkansas

Tobacco

Attained Age	Regular	Bank Draft	Quarterly	Semi-Annual	Annual
	Monthly	Monthly			
Under 65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

Monthly Bank Draft = Monthly Rate X .92  
 Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
 Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-C**

Standard Rates

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

## Medicare Supplement Policy

### Step Rated Premiums

#### Form MCS-10-C

#### Standard Rates

#### Arkansas

#### Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
65	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
66	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
67	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
68	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
69	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
70	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
71	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
72	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
73	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
74	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
75	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
76	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
77	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
78	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
79	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
80	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
81	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
82	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
83	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
84	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
85	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
86	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
87	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
88	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
89	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
90	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
91	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
92	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
93	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
94	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
95	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
96	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
97	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
98	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
99+	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Step Rated Premiums

Form MCS-10-N

Preferred Rates

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
65	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
66	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
67	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
68	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
69	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
70	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
71	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
72	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
73	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
74	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
75	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
76	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
77	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
78	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
79	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
80	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
81	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
82	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
83	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
84	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
85	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
86	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
87	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
88	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
89	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
90	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
91	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
92	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
93	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
94	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
95	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
96	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
97	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
98	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
99+	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

## Medicare Supplement Policy

### Step Rated Premiums

#### Form MCS-10-N

#### Preferred Rates

#### Arkansas

#### Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Step Rated Premiums

Form MCS-10-N

Standard Rates

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

Monthly Bank Draft = Monthly Rate X .92  
Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94  
Annual Rate = Monthly Rate X 11.04

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy

Step Rated Premiums

**Form MCS-10-N**

Standard Rates

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
Under 65	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
65	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
66	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
67	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
68	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
69	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
70	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
71	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
72	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
73	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
74	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
75	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
76	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
77	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
78	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
79	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
80	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
81	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
82	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
83	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
84	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
85	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
86	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
87	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
88	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
89	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
90	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
91	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
92	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
93	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
94	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
95	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
96	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
97	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
98	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
99+	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95

Monthly Bank Draft = Monthly Rate X .92

Semi-Annual Rate = Monthly Rate X 5.82

Quarterly Rate = Monthly Rate X 2.94

Annual Rate = Monthly Rate X 11.04

SERFF Tracking Number: RNIC-126405423 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 44297  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: 2010 Medicare Supplement Standard Benefit Plans  
 Project Name/Number: 2010 Medicare Supplement Standard Benefit Plans A, C and N/

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Accepted for Informational Purposes	01/15/2010

**Comments:**

**Attachments:**

MCS-10-A Policy Readability Certificate.pdf  
 MCS-10-C Policy Readability Certificate.pdf  
 MCS-10-N Policy Readability Certificate.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	Approved	01/15/2010

**Comments:**

**Attachment:**

UAP-1 AR 1.09.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Outline of Coverage	Approved	01/15/2010

**Comments:**

**Attachment:**

OC MCS-10 AR (6 10).pdf



## READABILITY CERTIFICATION

### FORM NUMBER: MCS-10-A Medicare Supplement Policy – Benefit Plan A

The words, sentences, and syllables of Form **MCS-10-A** were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS:	2,417
SENTENCES:	132
SYLLABLES:	3,316

This resulted in a Flesch Readability score of **72.178**.

---

KYLE D. CONRAD  
Senior Vice President  
and Associate Corporate Counsel



## READABILITY CERTIFICATION

### FORM NUMBER: MCS-10-C Medicare Supplement Policy – Benefit Plan C

The words, sentences, and syllables of Form **MCS-10-C** were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS:	2,626
SENTENCES:	138
SYLLABLES:	3,639

This resulted in a Flesch Readability score of **70.265**.

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KYLE D. CONRAD  
Senior Vice President  
and Associate Corporate Counsel



## READABILITY CERTIFICATION

### FORM NUMBER: MCS-10-N Medicare Supplement Policy – Benefit Plan N

The words, sentences, and syllables of Form **MCS-10-N** were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS:	2,644
SENTENCES:	142
SYLLABLES:	3,706

This resulted in a Flesch Readability score of **69.327**.

---

KYLE D. CONRAD  
Senior Vice President  
and Associate Corporate Counsel

AGENT CODE _____	POLICY NUMBER(S): _____	EFFECTIVE DATE		
MGR CODE _____		Month	Day	Year

1. Full Name of Each Applicant				Social Security No.	Relation To Proposed Insured	BIRTH DATE			Age	Ht.	Wt.	Sex
First	Middle Initial	Last	Mo.			Day	Yr.					
1					Proposed Insured							
2												
3												
4												

**Check policy/policies applied for (availability of policies varies by state):**

<input type="checkbox"/> Scheduled Benefit Hospital, Medical, Surgical Expense Policy RN-50 <input type="checkbox"/> Scheduled Benefit Hospital, Medical, Surgical Expense Policy PS-1 <input type="checkbox"/> Limited Benefit Hospital and Surgical Expense Policy LHS <input type="checkbox"/> Scheduled Benefit Accident-Only Policy SA-1					<input type="checkbox"/> Supplemental First Diagnosis Heart Attack and First Major Heart Surgery Indemnity Policy HRT-98 First Diagnosis Heart Attack _____ First Major Heart Surgery Benefit (after 30 days) \$ _____ Benefit (after 30 days) \$ _____									
Benefit %	Deductible \$	Daily Room Max. \$	Hospital Misc. Max. \$	PEB Table	Total Monthly Premium	Basic	List Endorsements & Rates	PEB Table	Total Monthly Premium	App't #	Mthly. Rt.			
1										1				
2										2				
3										3				
4										4				
Total _____					Total _____									

Accident Policy  
 AP-79  AP-02-79  
 AP-91  AP-91-70

App't #	Total Monthly Prem.
1	_____
2	_____
3	_____
4	_____
Total	_____

Medicare Supplement Policy Standard Plan \_\_\_\_\_

App't #	Total Monthly Prem.
1	_____
2	_____
3	_____
4	_____
Total	_____

Supplemental Outpatient Expense Policy Deductible \$ \_\_\_\_\_  
 OS-99  OP-2000

App't #	Mthly. Rt.	Basic	List Endorsements & Rates	PEB Table	Total Monthly Premium
1					
2					
3					
4					
Total					

Hospital Indemnity Policy HDI  Fixed Indemnity Policy SIP-1\*  
 Daily Indemnity Amount First 10 Days \_\_\_\_\_ Next 21 Days \_\_\_\_\_

App't #	Mthly. Rt.	Basic	List Endorsements & Rates	PEB Table	Total Monthly Premium
1					
2					
3					
4					
Total					

\*Elimination Period Before Daily Indemnity is Payable: \_\_\_\_\_ Days

Home Health Care Indemnity Policy HHC-95

App't #	Mthly. Rt.	Basic	List Endorsements & Rates	Total Monthly Premium
1				
2				
3				
4				
Total				

Cancer Policy  
 CFO-95-First Occurrence Cancer Benefit After 180 Days \$ \_\_\_\_\_  
 CC-74  CC-91

App't #	Total Monthly Prem.
1	_____
2	_____
3	_____
4	_____
Total	_____

Cancer Policy ICD-2000  
 Daily Benefit: First 300 Days \_\_\_\_\_ Next 200 Days \_\_\_\_\_

App't #	Total Monthly Prem.
1	_____
2	_____
3	_____
4	_____
Total	_____

Critical Illness and Accidental Death Indemnity Policy CRI  
 Benefit for 1st Diagnosis Covered Critical Illness (after 180 days)/Accidental Death \$ \_\_\_\_\_

App't #	Total Monthly Prem.	PEB Table
1	_____	_____
Total	_____	_____

Note: One applicant per policy for CRI.

2. Residence of Proposed Insured \_\_\_\_\_  
 Street No. / Rural Route and/or Box Number City State Zip Code

3. Residence Telephone No. area code (\_\_\_\_\_) No: \_\_\_\_\_ Business or alternate area code (\_\_\_\_\_) No: \_\_\_\_\_

3.(a) E-mail address \_\_\_\_\_ 3.(b) Name, Address and Telephone No. of payor, if different from above \_\_\_\_\_

3.(c) Each Applicant's State of Birth \_\_\_\_\_

4.(a) Applicant's Occupation(s) (state duties) \_\_\_\_\_ (b) Spouse's Occupation(s) (state duties) \_\_\_\_\_

5. Full Name of Beneficiary(ies) and Relationship \_\_\_\_\_

**Without a Beneficiary Designation, benefits that are not assigned shall be paid to the Proposed Insured first named above if living, otherwise to the deceased's estate.**

6. If submitted for purposes other than a new insurance application, please indicate:  Policy Change  Conversion  Reinstatement:  
 Policy(ies) Number(s) \_\_\_\_\_ What benefit(s) are being requested? \_\_\_\_\_

7. If this application is for a Medicare supplement, are applicant(s) enrolled in Medicare Part A?  Yes  No Part B?  Yes  No  
 If yes, enrollment date(s) \_\_\_\_\_  
 If no, which applicant(s)? \_\_\_\_\_

8. Does any applicant have any Medicare supplement, hospital, medical or surgical insurance in force at the time of this application?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

9. Does any applicant intend the replacement or change of any of his/her existing insurance policy(ies) in connection with this application for insurance?  Yes  No If yes, which applicant(s), company and amount? \_\_\_\_\_  
 \_\_\_\_\_ (Complete replacement of insurance form.)

**THE FOLLOWING QUESTIONS, #10 - #48, ARE TO BE ANSWERED WITH RESPECT TO EACH APPLICANT LISTED ABOVE. HOWEVER, THESE QUESTIONS ARE NOT REQUIRED FOR AN APPLICANT WHO IS APPLYING FOR ONLY A MEDICARE SUPPLEMENT WITHIN 6 MONTHS AFTER THE FIRST DAY HE/SHE IS 65 OR OLDER AND ENROLLED IN PART B.**

10. Has any applicant smoked tobacco or used tobacco orally within the past year?  Yes  No Within the past 3 years?  Yes  No  
 If either are yes, which applicant(s)? \_\_\_\_\_

11. Does any applicant participate or contemplate participating in any type of aviation, other than as a passenger on a regularly scheduled airline?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

12. In the last 5 years has any applicant participated in or does any applicant contemplate participating in any motorized vehicle racing, scuba or skin diving, sky diving, hang gliding, mountain climbing, rodeos, cliff diving, ballooning, parasailing and/or any professional or semi-professional athletics?  Yes  No Which applicant(s) and details? \_\_\_\_\_

13. Has any applicant been convicted of a felony or had his or her drivers license suspended or revoked?  Yes  No Which applicant(s) and details? \_\_\_\_\_

14. In the last 5 years, has any applicant had life, disability or health insurance declined, rated, modified, cancelled or not re-newed?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

15. Has any applicant ever requested or received a pension, benefits or payment because of an injury, sickness or disability?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

16. Has any applicant applied for or is any applicant currently receiving Social Security disability benefits?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

17. Does any applicant use a catheter, oxygen, respirator, dialysis machine, walker, wheelchair or similar medical equipment or appliance?  Yes  No If yes, which applicant(s) and details? \_\_\_\_\_

18. Is any applicant using any medication or drugs?  Yes  No If yes, which applicant(s) and name of medication? \_\_\_\_\_

**HAVE YOU, OR ANY APPLICANT, EVER HAD OR BEEN TOLD THAT YOU HAD, OR BEEN TREATED BY A PHYSICIAN OR OTHER PRACTITIONER FOR ANY OF THE FOLLOWING? (If "YES" circle the condition(s).)**

19. Disorder of eyes, ears, nose, throat or glands? ... <input type="checkbox"/> Yes <input type="checkbox"/> No	or disorder, cerebral palsy, muscular dystrophy, multiple sclerosis,
20. Dizzy or fainting spells, seizures or convulsions or recurrent headache? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Lou Gehrig's disease, neurologic or muscular wasting disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Paralysis, transient ischemic attack, stroke, cerebrovascular disease or insufficiency or hemorrhage, or any residuals thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Persistent shortness of breath, cough, blood spitting, bronchitis, asthma, allergies, emphysema, tuberculosis, pneumonia or other lung or respiratory disorder(s)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Mental, nervous, psychiatric disorder ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Senility disorder, Alzheimer's disease, organic brain syndrome	

(Continued at top of next page)



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR HOME OFFICE USE**

IT IS AGREED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND TRUE AS WRITTEN AND ARE CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto shall form the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 2. The insurance applied for in this application shall not be considered in force until issued by the Company and the first premium paid. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. In connection with an application for insurance currently made to Reserve National Insurance Company, **I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility or insurance company or MIB, INC. ("MIB")**, that has any records or knowledge of me or any of the members of my family named in said application or of my health, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I understand that (a) an investigative consumer report may be obtained as to my insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living; (b) this information will be obtained

through personal interviews with my friends, neighbors and associates; and (c) additional information as to the nature and scope of any investigation requested will be furnished to me upon my written request made within a reasonable time after this application is completed.

I have paid to Reserve National Insurance Company the sum of \$ \_\_\_\_\_ which is a  Monthly  Quarterly  Semi-Annual  Annual premium, and I hold a receipt for that amount made up without alteration bearing the same date as this application.

If accepted by the Company the applicant requests coverage to be effective: A.  Date of application, applicable only on quarterly or longer modes. B.  Date of issue C.  Other \_\_\_\_\_

SEND POLICY TO APPLICANT OR  AGENT TO DELIVER.

I acknowledge receipt of an outline of coverage for which this application is made. ....  Yes  No.

I am 65 years old or older, or eligible for Medicare, and acknowledge receipt of a "Guide to Health Insurance for People with Medicare." .....  Yes  No.

**NOTICE:** The proposed insured certifies that no person to be covered under the policy applied for is covered by Medicaid or any other Title XIX program. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**SPECIAL NOTICE:** I UNDERSTAND THAT THE RESERVE NATIONAL INSURANCE COMPANY POLICY I HAVE APPLIED FOR IS A SCHEDULED BENEFIT POLICY WITH LIMITS FOR EACH COVERED EXPENSE. IT IS NOT CONSIDERED MAJOR MEDICAL COVERAGE BECAUSE THERE ARE LIMITATIONS ON THE AMOUNT OF BENEFITS PAYABLE FOR EACH COVERED EXPENSE.

Town and State where signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

\_\_\_\_\_  
Signature of Proposed Insured/Applicant

The undersigned agent (a) represents Reserve National Insurance Company in connection with the insurance applied for; (b) will receive compensation from the Company if coverage is issued; and (c) may provide services to policyholders on behalf of the Company, subject to the Company's approval. The agent does not have authority to bind the Company.

I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon. \_\_\_\_\_

UAP-1 AR (1/09)

\_\_\_\_\_  
Signature of Agent



**Another easy way to pay your premium is with your VISA, Mastercard or DISCOVER card.**

Please charge to my:



ACCOUNT# AS SHOWN ON CARD

□□□□ - □□□□ - □□□□ - □□□□

EXPIRATION DATE \_\_\_\_\_

**PLEASE SELECT**

Please charge my credit card for the initial premium.

Please charge my credit card for all future renewal premiums. I understand this authorization will remain in effect until revoked by me or until my credit card expires:  Monthly Payment  Quarterly Payment

Amount authorized \$ \_\_\_\_\_

NAME OF CARDHOLDER \_\_\_\_\_  
(PLEASE PRINT NAME AS SHOWN ON CARD)

AUTHORIZED SIGNATURE \_\_\_\_\_  
(PLEASE SIGN HERE)

DATE AUTHORIZED \_\_\_\_\_



**Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010  
Benefit Plans A, C and N are offered by Reserve National Insurance Company**

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

**BASIC BENEFITS:**

- Hospitalization—Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plan K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood: First three pints of blood each year.
- Hospice—Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance			
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached	Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached		

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

# OUTLINE OF COVERAGE

## PREMIUM INFORMATION

We, Reserve National Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

### PLAN A Preferred Rates Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
66	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
67	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
68	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
69	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
70	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
71	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
72	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
73	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
74	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
75	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
76	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
77	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
78	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
79	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
80	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
81	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
82	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
83	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
84	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
85	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
86	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
87	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
88	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
89	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
90	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
91	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
92	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
93	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
94	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
95	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
96	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
97	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
98	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
99+	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30

**PLAN A Preferred Rates  
Tobacco Users**

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
66	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
67	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
68	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
69	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
70	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
71	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
72	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
73	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
74	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
75	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
76	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
77	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
78	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
79	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
80	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
81	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
82	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
83	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
84	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
85	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
86	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
87	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
88	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
89	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
90	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
91	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
92	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
93	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
94	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
95	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
96	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
97	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
98	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
99+	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
66	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
67	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
68	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
69	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
70	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
71	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
72	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
73	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
74	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
75	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
76	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
77	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
78	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
79	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
80	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
81	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
82	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
83	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
84	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
85	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
86	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
87	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
88	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
89	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
90	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
91	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
92	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
93	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
94	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
95	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
96	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
97	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
98	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
99+	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
66	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
67	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
68	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
69	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
70	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
71	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
72	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
73	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
74	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
75	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
76	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
77	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
78	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
79	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
80	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
81	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
82	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
83	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
84	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
85	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
86	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
87	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
88	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
89	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
90	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
91	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
92	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
93	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
94	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
95	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
96	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
97	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
98	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
99+	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Non-Tobacco Users**

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
66	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
67	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
68	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
69	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
70	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
71	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
72	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
73	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
74	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
75	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
76	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
77	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
78	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
79	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
80	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
81	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
82	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
83	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
84	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
85	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
86	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
87	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
88	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
89	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
90	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
91	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
92	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
93	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
94	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
95	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
96	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
97	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
98	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
99+	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60

The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
66	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
67	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
68	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
69	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
70	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
71	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
72	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
73	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
74	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
75	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
76	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
77	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
78	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
79	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
80	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
81	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
82	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
83	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
84	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
85	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
86	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
87	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
88	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
89	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
90	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
91	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
92	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
93	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
94	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
95	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
96	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
97	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
98	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
99+	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95

The Company can only raise your premium above the amounts shown in the above schedules if we raise the premiums for all policies like yours in this State.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Reserve National Insurance Company, 601 East Britton Road, Oklahoma City, OK 73114. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs.

Neither Reserve National Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**OUTLINE OF COVERAGE  
PLAN A**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but [\$1,100]  All but \$[275] a day  All but \$[550] a day \$0 \$0	\$0  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	[\$1,100] (Part A Deductible)  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[137.50] a day  \$0	\$0  \$0  \$0	\$0  Up to \$[137.50] a day  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN A**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OUTLINE OF COVERAGE  
PLAN C**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,100] Deductible)  All but \$[275] a day  All but \$[550] a day  \$0  \$0	\$[1,100] (Part A  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts  All but \$[137.50] a day  \$0	\$0  Up to \$[137.50] a day  \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN C**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	[\$155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS--NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 life-time maximum

**OUTLINE OF COVERAGE  
PLAN N**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,100]  All but \$[275] a day  All but \$[550] a day  \$0  \$0	\$[1,100] (Part A Deductible)  \$[275] a day  \$[550] a day  100% of Medicare eligible expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN N**

**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[155] (Part B Deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[155] of Medicare Approved Approved Amounts*  Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[155] (Part B deductible) \$0
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**PLAN N**

**OTHER BENEFITS—NO COVERED BY MEDICARE**

<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum





SERFF Tracking Number: RNIC-126405423 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 44297  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: 2010 Medicare Supplement Standard Benefit Plans  
 Project Name/Number: 2010 Medicare Supplement Standard Benefit Plans A, C and N/

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/10/2009	Form	Outline of Coverage	01/14/2010	OC MCS-10 AR (6 10).pdf (Superseded)
12/02/2009	Supporting Document	Outline of Coverage	01/14/2010	OC MCS-10 AR (6 10).pdf (Superseded)



**Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010  
Benefit Plans A, C and N are offered by Reserve National Insurance Company**

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

**BASIC BENEFITS:**

- Hospitalization—Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plan K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood: First three pints of blood each year.
- Hospice—Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance			
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible		Part B Deductible		
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached	Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached		

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

# OUTLINE OF COVERAGE

## PREMIUM INFORMATION

We, Reserve National Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

### PLAN A Preferred Rates Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
66	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
67	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
68	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
69	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
70	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
71	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
72	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
73	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
74	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
75	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
76	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
77	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
78	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
79	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
80	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
81	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
82	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
83	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
84	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
85	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
86	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
87	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
88	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
89	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
90	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
91	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
92	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
93	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
94	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
95	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
96	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
97	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
98	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
99+	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30

**PLAN A Preferred Rates  
Tobacco Users**

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Tobacco Users

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
66	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
67	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
68	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
69	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
70	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
71	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
72	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
73	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
74	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
75	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
76	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
77	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
78	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
79	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
80	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
81	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
82	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
83	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
84	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
85	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
86	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
87	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
88	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
89	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
90	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
91	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
92	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
93	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
94	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
95	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
96	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
97	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
98	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
99+	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Non-Tobacco Users

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
66	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
67	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
68	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
69	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
70	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
71	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
72	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
73	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
74	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
75	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
76	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
77	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
78	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
79	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
80	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
81	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
82	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
83	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
84	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
85	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
86	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
87	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
88	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
89	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
90	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
91	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
92	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
93	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
94	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
95	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
96	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
97	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
98	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
99+	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
66	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
67	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
68	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
69	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
70	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
71	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
72	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
73	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
74	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
75	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
76	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
77	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
78	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
79	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
80	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
81	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
82	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
83	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
84	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
85	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
86	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
87	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
88	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
89	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
90	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
91	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
92	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
93	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
94	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
95	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
96	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
97	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
98	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
99+	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
66	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
67	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
68	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
69	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
70	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
71	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
72	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
73	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
74	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
75	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
76	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
77	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
78	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
79	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
80	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
81	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
82	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
83	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
84	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
85	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
86	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
87	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
88	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
89	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
90	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
91	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
92	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
93	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
94	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
95	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
96	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
97	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
98	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
99+	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
66	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
67	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
68	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
69	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
70	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
71	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
72	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
73	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
74	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
75	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
76	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
77	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
78	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
79	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
80	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
81	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
82	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
83	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
84	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
85	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
86	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
87	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
88	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
89	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
90	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
91	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
92	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
93	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
94	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
95	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
96	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
97	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
98	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
99+	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Reserve National Insurance Company, 601 East Britton Road, Oklahoma City, OK 73114. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs.

Neither Reserve National Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**OUTLINE OF COVERAGE  
PLAN A**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but [\$1,100]  All but \$[275] a day  All but \$[550] a day \$0 \$0	\$0  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	[\$1,100] (Part A Deductible)  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[137.50] a day  \$0	\$0  \$0  \$0	\$0  Up to \$[137.50] a day  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN A**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OUTLINE OF COVERAGE  
PLAN C**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,100] Deductible)  All but \$[275] a day  All but \$[550] a day  \$0  \$0	\$[1,100] (Part A  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN C**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	[\$155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS--NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 life-time maximum

**OUTLINE OF COVERAGE  
PLAN N**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,100]  All but \$[275] a day  All but \$[550] a day  \$0  \$0	\$[1,100] (Part A Deductible)  \$[275] a day  \$[550] a day  100% of Medicare eligible expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN N**

**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[155] (Part B Deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[155] of Medicare Approved Approved Amounts*  Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[155] (Part B deductible) \$0
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**PLAN N**

**OTHER BENEFITS—NO COVERED BY MEDICARE**

<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum







**Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010**  
**Benefit Plans A, C and N are offered by Reserve National Insurance Company**

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

**BASIC BENEFITS:**

- Hospitalization—Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses—Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plan K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood: First three pints of blood each year.
- Hospice—Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance			
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible		Part B Deductible		
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached	Out-of-pocket Limit \$[4,140]; paid at 100% after limit reached		

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**OUTLINE OF COVERAGE**  
**PREMIUM INFORMATION**

We, Reserve National Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

**PLAN A Preferred Rates**  
**Non-Tobacco Users**

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
66	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
67	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
68	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
69	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
70	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
71	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
72	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
73	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
74	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
75	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
76	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
77	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
78	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
79	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
80	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
81	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
82	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
83	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
84	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
85	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
86	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
87	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
88	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
89	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
90	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
91	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
92	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
93	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
94	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
95	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
96	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
97	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
98	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30
99+	\$132.00	\$121.45	\$388.10	\$768.25	\$1,457.30

**PLAN A Preferred Rates  
Tobacco Users**

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
66	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
67	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
68	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
69	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
70	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
71	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
72	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
73	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
74	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
75	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
76	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
77	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
78	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
79	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
80	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
81	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
82	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
83	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
84	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
85	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
86	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
87	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
88	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
89	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
90	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
91	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
92	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
93	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
94	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
95	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
96	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
97	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
98	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85
99+	\$151.80	\$139.65	\$446.30	\$883.50	\$1,675.85

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN A Standard Rates

### Tobacco Users

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
66	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
67	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
68	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
69	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
70	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
71	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
72	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
73	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
74	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
75	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
76	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
77	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
78	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
79	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
80	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
81	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
82	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
83	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
84	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
85	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
86	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
87	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
88	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
89	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
90	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
91	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
92	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
93	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
94	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
95	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
96	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
97	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
98	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05
99+	\$174.55	\$160.60	\$513.20	\$1,015.90	\$1,927.05

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Non-Tobacco Users

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
66	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
67	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
68	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
69	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
70	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
71	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
72	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
73	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
74	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
75	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
76	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
77	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
78	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
79	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
80	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
81	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
82	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
83	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
84	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
85	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
86	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
87	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
88	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
89	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
90	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
91	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
92	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
93	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
94	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
95	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
96	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
97	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
98	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05
99+	\$191.40	\$176.10	\$562.70	\$1,113.95	\$2,113.05

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Preferred Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Non-Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
66	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
67	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
68	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
69	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
70	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
71	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
72	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
73	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
74	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
75	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
76	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
77	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
78	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
79	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
80	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
81	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
82	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
83	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
84	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
85	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
86	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
87	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
88	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
89	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
90	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
91	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
92	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
93	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
94	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
95	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
96	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
97	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
98	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90
99+	\$220.10	\$202.50	\$647.10	\$1,281.00	\$2,429.90

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN C Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
66	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
67	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
68	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
69	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
70	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
71	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
72	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
73	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
74	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
75	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
76	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
77	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
78	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
79	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
80	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
81	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
82	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
83	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
84	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
85	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
86	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
87	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
88	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
89	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
90	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
91	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
92	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
93	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
94	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
95	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
96	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
97	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
98	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20
99+	\$253.10	\$232.85	\$744.10	\$1,473.05	\$2,794.20

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates  
Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
66	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
67	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
68	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
69	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
70	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
71	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
72	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
73	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
74	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
75	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
76	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
77	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
78	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
79	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
80	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
81	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
82	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
83	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
84	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
85	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
86	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
87	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
88	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
89	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
90	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
91	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
92	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
93	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
94	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
95	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
96	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
97	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
98	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60
99+	\$135.20	\$124.40	\$397.50	\$786.85	\$1,492.60

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

**PLAN N Preferred Rates**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Non-Tobacco Users

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
66	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
67	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
68	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
69	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
70	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
71	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
72	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
73	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
74	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
75	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
76	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
77	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
78	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
79	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
80	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
81	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
82	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
83	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
84	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
85	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
86	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
87	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
88	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
89	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
90	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
91	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
92	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
93	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
94	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
95	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
96	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
97	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
98	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70
99+	\$155.50	\$143.05	\$457.15	\$905.00	\$1,716.70

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## PLAN N Standard Rates

### Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
66	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
67	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
68	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
69	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
70	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
71	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
72	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
73	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
74	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
75	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
76	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
77	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
78	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
79	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
80	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
81	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
82	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
83	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
84	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
85	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
86	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
87	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
88	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
89	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
90	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
91	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
92	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
93	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
94	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
95	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
96	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
97	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
98	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95
99+	\$178.80	\$164.50	\$525.65	\$1,040.60	\$1,973.95

There will be a one-time policy fee of [\$15.00] added to the first premium.  
The Company can only raise your premium above the amounts shown in the above schedules  
if we raise the premiums for all policies like yours in this State.

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I and J are no longer available for sale.

### **READ YOUR POLICY VERY CAREFULLY**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to Reserve National Insurance Company, 601 East Britton Road, Oklahoma City, OK 73114. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs.

Neither Reserve National Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**OUTLINE OF COVERAGE  
PLAN A**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but [\$1,100]  All but \$[275] a day  All but \$[550] a day \$0 \$0	\$0  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	[\$1,100] (Part A Deductible)  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[137.50] a day  \$0	\$0  \$0  \$0	\$0  Up to \$[137.50] a day  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN A**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	\$0	\$[155] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OUTLINE OF COVERAGE  
PLAN C**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,100] Deductible)  All but \$[275] a day  All but \$[550] a day  \$0  \$0	\$[1,100] (Part A  \$[275] a day  \$[550] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN C**  
**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[155] of Medicare Approved Amounts*	\$0	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[155] of Medicare Approved Amounts*	\$0	[\$155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS--NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 life-time maximum

**OUTLINE OF COVERAGE  
PLAN N**

**MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th days</p> <p>91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days</p> <p>--Beyond the Additional 365 days</p>	<p>All but \$[1,100]</p> <p>All but \$[275] a day</p> <p>All but \$[550] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,100] (Part A Deductible)</p> <p>\$[275] a day</p> <p>\$[550] a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th days</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[137.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[137.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN N**

**MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[155] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OUR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[155] (Part B Deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[155] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[155] of Medicare Approved Approved Amounts* Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[155] (Part B deductible) \$0
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**PLAN N**

**OTHER BENEFITS—NO COVERED BY MEDICARE**

<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum



