Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: H-0180
TOI: H02I Individual Health - Accident Only
Sub-TOI: H02I.000 Health - Accident Only
Filing Type: Form

SERFF Tr Num: NELI-126766190
SERFF Status: Closed-Approved-Closed
Co Tr Num: H-0180

Author: Brian Hull
Date Submitted: 08/12/2010

State: Arkansas
State Tr Num: 46479

State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 08/13/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: H-0180
Project Number: H-0180
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/13/2010

Deemer Date:
Submitted By: Brian Hull

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/13/2010
Created By: Brian Hull
Corresponding Filing Tracking Number: NELI-126737529

Filing Description:
NEW FORMS REVISIONS FILING – INDIVIDUAL HOSPITAL INDEMNITY
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
NAIC # 67784 / FEIN # 74-1952955

Form Number / Description
H-0180.AR / INDIVIDUAL HOSPITAL INDEMNITY POLICY
H-0180.OC / OUTLINE OF COVERAGE

We are submitting the captioned forms for your review and approval. These forms were recently approved (8/9/10) under SERFF tracking number NELI-126737529. None of these forms have been issued or will be issued until this current revision is approved. The changes are as follows: “per Covered Person” was added to schedule page; Fee schedule was reduced; the exclusion for prescriptions was removed; pre-existing condition definition was revised and added to the outline. The forms are new and not intended to replace any previously approved forms. The forms will be marketed through independent agents.

Company and Contact

Filing Contact Information

Brian Hull, bhull@neweralife.com
200 Westlake Blvd. Ste. #1200 281-368-7278 [Phone]
Houston, TX 77079

Filing Company Information

Philadelphia American Life Insurance Company	CoCode: 67784	State of Domicile: Texas
200 Westlake Park #1200	Group Code: 520	Company Type:
Houston, TX 77079	Group Name:	State ID Number:
(281) 368-7200 ext. [Phone]	FEIN Number: 74-1952955	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	$100.00	08/12/2010	38736597

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2010	08/13/2010

Disposition

Disposition Date: 08/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NELI-126766190*	*State:*	*Arkansas*
Filing Company:	*Philadelphia American Life Insurance Company*	*State Tracking Number:*	*46479*
Company Tracking Number:	*H-0180*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*H-0180*		
Project Name/Number:	*H-0180/H-0180*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	H-0180.AR redlined revisions	Approved-Closed	Yes
Supporting Document	H-0180.OC redlined revisions	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	OUtline of Coverage	Approved-Closed	Yes

Form Schedule

Lead Form Number: H-0180

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/13/2010	H-0180.AR	Policy/Contract/Fraternal Certificate	Policy	Initial		50.100	H-0180.AR.pdf
Approved-Closed 08/13/2010	H-0180.OC	Outline of Coverage	OUtline of Coverage	Initial		51.100	H-0180.OC.pdf

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
(A stock company)
P.O. Box 4884, Houston, Texas 77210-4884

HOSPITAL INDEMNITY POLICY

THIS POLICY IS GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after Your 65th birthday.

We reserve the right, subject to 45 days prior written notice to You at Your last known address, to establish a new schedule of premium rates; such schedule of rates will be effective on the following Premium Due Date for all or any class of Insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained within.

THIRTY DAY FREE LOOK

You may cancel the insurance described in this policy at any time during the 30 day period after You receive this policy. Mail this policy with Your written request for cancellation to Us at Our Home Office. We will promptly refund the premium paid and the insurance will be void.

Philadelphia American Life Insurance Company, a stock company herein referred to as We, Us or Our, certifies that the Insured named in the Schedule of Benefits, herein referred to as You, are insured for the benefits described in this policy.

Your insurance is effective at 12:01 a.m. Standard Time at the legal address of the Insured on the policy Effective Date shown in the Schedule of Benefits. All time periods referenced herein begin and end at 12:01a.m. Standard Time at the Insured's legal address of record.

Signed for: **PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY**

Secretary

President

PLEASE READ YOUR POLICY CAREFULLY

NON-PARTICIPATING

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS

		Page
[Section 1	DEFINITIONS	5
Section 2	EFFECTIVE DATES	8
Section 3	BENEFIT PROVISIONS	9
Section 4	EXCLUSIONS AND LIMITATIONS	31
Section 5	TERMINATION OF INSURANCE	32
Section 6	PREMIUMS	32
Section 7	POLICY PROVISIONS	33]

AMENDMENT RIDERS, IF ANY

SCHEDULE OF BENEFITS

POLICY NUMBER: [0000000001]
INITIAL PREMIUM: [$XX.XX]
INSURED: [JOHN DOE]
COVERED PERSON(S): [JOHN DOE], Insured
[, Spouse]
[, Dependent Child]
[, Dependent Child]

EFFECTIVE DATE: [08/01/2010]
PREMIUM MODE: Monthly
FIRST POLICY RENEWAL DATE: [09/01/2010]

Limiting Age: 65 years of age

Limiting Age for Dependents: The age stated in the definition of Dependent shown in Section 1 hereof

Calendar Year Policy Deductible (per Covered Person with a maximum of three deductibles per policy)(Additional Outpatient Benefits Calendar Year Deductible does not apply to satisfaction of Calendar Year Policy Deductible)	**[$1,000][$2,500][$5,000]**
Lifetime Maximum	**$1,000,000**

Maximum Covered Benefits per Covered Person per Calendar Year	**[$100,000][$250,000] [$1,000,000]**
Daily Indemnity Benefits as described below are limited to the Maximum Number of Days Per Covered Person Per Calendar Year indicated (for all benefits combined)	[30][60][180]

HOSPITAL INDEMNITY BENEFITS

Facility Fees	
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) for:	
Alcohol and/or Substance Abuse Dependency	[$500][$1,000][$1,500]
Mental Illness	[$500][$1,000][$1,500]
Any Other Injury or Sickness	[$1,000][$2,000][3,000]
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per Calendar Year	[$1,500][$3,000][$4,500]
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility	[$500][$1,000][$1,500]
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed	[$1,000][$2,000][$3,000]
Professional Services	
Daily Indemnity Benefit for Outpatient Radiation or Chemotherapy	[$500][$1,000][$1,500]
Other Inpatient Benefits: Physician Hospital Visit per visit	[$50][$100][$150]
Surgical Indemnity Benefit for covered services when performed in a Hospital or in an ambulatory surgical center	Benefit per procedure as listed in the Fee Schedule (1 unit)
Inpatient Pathologist/Radiologist Benefits for covered services	Benefit per procedure as listed in the Fee Schedule (1 unit)
Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable equals one unit
Emergency Ambulance Indemnity Benefit	$250 per trip

Hospital, Rehabilitation Facility & Skilled Nursing Facility Benefits for covered persons confined in such medical facilities for 24 or more consecutive hours are as shown in the above schedule.

[ADDITIONAL OUTPATIENT BENEFITS *(these benefits are payable for services performed on an outpatient basis only)*

Calendar Year Deductible (Calendar Year Policy Deductible does not apply towards satisfaction of Calendar Year Deductible)	**$500 per insured**
Aggregate Calendar Year Maximum	**$2,000**
Outpatient Office Visit (fees per visit for office, outpatient clinic or emergency room)	[$25][$50][$75]
Other Outpatient Services (per test)	
MRI, CAT Scan or Nuclear testing	[$175][$350][$525]
Other diagnostic testing or X-rays	[$40][$80][$120]
Laboratory testing	[$10][$20][$30]
Injections	[$5][$10][$15]
Generic Prescription (per prescription filled)	[$5][$10][$15]
Brand Name Prescription (per prescription filled)	[$10][$20][$30]
Well Care Maximum:	$50 per visit up to $150 per calendar year]

Section 1 - DEFINITIONS

As used in this policy, the following definitions apply:

Calendar Year
The period from January 1 through December 31 of the same year.

Complications of Pregnancy
Any condition that requires medical treatment or Hospital confinement prior to or subsequent to the termination of the pregnancy whose diagnosis is distinct from, but is adversely affected by the pregnancy. Such conditions include, but are not limited to: (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation; (4) missed abortion; and, (5) similar conditions of comparable severity. Complications of Pregnancy will also include non-elective caesarean section or spontaneous termination of pregnancy that occurs during a period of gestation when a viable birth is not possible. Complications of Pregnancy will not include: (1) false labor; (2) occasional spotting; (3) prescribed bed rest; (4) morning Sickness; or, (5) similar conditions that are common to the care of a difficult pregnancy.

Confinement or Confined
Confinement for 24 or more consecutive hours in a Hospital, Rehabilitation Facility or Skilled Nursing Facility as a resident bed patient, upon the advice of a Physician, for other than custodial care. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a freestanding surgical facility, a custodial care facility or an outpatient facility.

Covered Benefits
Those services and/or supplies if included in this policy, that:
- (a) are for Medically Necessary treatment and recommended by a Physician;
- (b) are received while the Covered Person is insured under the policy, subject to any Extension of Benefits; and
- (c) are not excluded under Section 4 of the policy.

Covered Person(s)
You and Your Dependents, if any who are insured under the policy.

Deductible
The amount of benefit incurred during a Calendar Year that the Covered Person must pay before any benefits are payable.

Dependent
Your:
- (a) married spouse under age 65; or
- (b) unmarried natural child, step child, adopted child or a child during the pendency of adoption who:
  - (i) is not eligible for insurance under this policy and who;
  - (ii) is less than 25 years old; and/or
  - (iii) is required by a court order to be provided medical support coverage.
- (c) unmarried grandchild less than 25 years of age on the date the Insured makes written request for coverage of such grandchild;
- (d) unmarried child or grandchild who becomes incapable of self-support because of mental retardation or physical disability while insured under the policy and prior to reaching 25 years of age. We must receive proof of incapacity. Then, coverage will continue for as long as Your insurance stays in force and such child or grandchild remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

Effective Date
Effective date is the policy Effective Date shown on the Schedule of Benefits page. If a Dependent is added to a policy after the original policy Effective Date, that Dependents Effective Date will be shown on an endorsement.

Hospital
A licensed institution that has on its premises:
- (a) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
- (b) 24-hour-a-day nursing service by graduate registered nurses; and

(c) the patient's written history and medical records.

It shall also have (or have available on a pre-arranged basis) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians, or be accredited by the Joint Commission on Accreditation of Hospitals.

Hospital shall not include any institution or portion thereof used as a place for rehabilitation, rest, the aged, education or training; or a nursing or convalescent home or an extended care facility for the care of convalescent patients.

Immediate Family
The parents, spouse, children, or siblings of a Covered Person.

Injury
Accidental bodily Injury sustained on or after the Covered Person's Effective Date that causes a loss independent of any other cause. Such Injury must occur while this policy is in force. All Injuries to the same Covered Person sustained in any one accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

Insured
Any person who is eligible for insurance, has enrolled for coverage and been accepted by Us and for whom the required insurance premium has been received by Us. The Insured is named in the policy Schedule of Benefits.

Intensive Care Unit
A specifically designed facility of the Hospital that provides the highest level of medical care and which is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the Hospital's emergency room, surgical recovery room and from rooms, beds and wards customarily used for patient confinement. Such facility must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation 24 hours a day by nursing staff assigned exclusively to such facility.

Intensive Care Unit does not mean any of these step-down units: progressive care, intermediate intensive care or intermediate care units, private monitored rooms, recovery rooms, areas primarily for post-operative or post-anesthesia care, Observation Units; or other facilities which do not meet the standards for intensive care.

Medically Necessary
The services or supplies provided by a Hospital or Physician that are required to identify or treat an Injury or Sickness and which, as determined by Us, are:

(a) consistent with the symptom or diagnosis and treatment of a Covered Person's condition, Sickness or Injury;
(b) appropriate with regard to standards of good medical practice;
(c) not solely for the convenience of a Covered Person, a Physician or other provider; and
(d) the most appropriate supply or level of service that can be safely provided to the Covered Person.

Mental Illness
Any Sickness, disease or disorder, which is:

(a) listed in the current edition of the Diagnostic and Statistical Manual of Mental Health Disorders (or any successor diagnostic manual) published by the American Psychiatric Association; and
(b) usually treated by a mental health provider or other qualified provider, using psychotherapy, psychotropic drugs or other similar methods of Treatment.

Mental Illness includes any such conditions whether or not related to an underlying physical, genetic, chemical, organic or biological cause, although it may be associated with physical symptoms, manifestations or expressions. Specific conditions include, but are not limited to: bipolar disorder; depression and depressive disorders; psychoses; mood disorders; manic-depressive illness; anxiety disorders; stress disorders including post-traumatic stress disorders; somatoform disorders; factitious disorders; eating disorders; adjustment disorders; and personality disorders. However, for purposes of the policy, Mental Illness does not include mental retardation or Alzheimer's disease and other forms of dementia with an objective organic basis.

Observation Unit
An area in a hospital or outpatient facility providing outpatient observation for the purpose of monitoring a patient prior to or following an emergency treatment, outpatient surgery or major diagnostic test(s).

Outpatient
Services provided by a Physician to a Covered Person for treatment either outside a Hospital or Skilled Nursing Facility or from an outpatient department of a Hospital or Skilled Nursing Facility or licensed ambulatory surgical center.

Physician
A practitioner of the healing arts who:

(a) is practicing within the scope of his or her license in the state where so licensed; and
(b) is not a member of a Covered Person's Immediate Family; and
(c) provides treatment or service covered under the policy.

Pre-Existing Condition
A condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.

Premium Due Date
The Effective Date of the policy and the first day of each calendar month thereafter.

Rehabilitation Facility
A facility providing therapy and training to restore functions of motion, speech or vision lost as a result of an Injury or Sickness.

Schedule of Benefits
The benefit schedule set forth in this policy.

Sickness
Sickness or disease that is first diagnosed or treated while a Covered Person's insurance is in force, whose Sickness is the basis of a claim, and which results in loss covered by this policy. The term "Sickness" includes Complications of Pregnancy of a Covered Person.

Skilled Nursing Facility

(a) a special unit or ward of a Hospital used primarily as a nursing or convalescent home; or
(b) an institution that has a transfer agreement with one or more Hospitals and meets fully all of the requirements of Title XVIII of the Social Security Act of 1965, as now or hereafter amended, commonly known as "Medicare".

Substance Abuse
Alcoholism, or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician.

Total Disability or (Totally Disabled)
You are disabled and prevented from performing the material and substantial duties of Your occupation. For Dependents, Totally Disabled means the inability to perform a majority of the normal activities of a person of like age in good health.

You, Your and Yours
The Insured named in the policy Schedule of Benefits.

We, Our and Us
Philadelphia American Life Insurance Company.

Section 2 - EFFECTIVE DATES

DATE YOU ARE ELIGIBLE FOR INSURANCE

You are eligible to be insured under the policy if at that time You:
(a) have paid the first premium; and
(b) have completed an application acceptable to Us.

DATE INSURANCE TAKES EFFECT

When We have approved the application for You and have received the initial premium, coverage for You and Your eligible Dependents will be insured on the policy Effective Date shown on the Schedule of Benefits.

DEPENDENTS

DATE PERSON'S ARE ELIGIBLE FOR INSURANCE

If Dependent coverage is available under the policy, each Dependent will be eligible for such coverage on the latest of the following dates:
(a) the day You become eligible for insurance;
(b) the day You acquire Your first Dependent; or
(c) the day Your Dependent becomes eligible for insurance under the policy.

You may elect Dependent coverage by completing and signing an application within 31 days of the date the Dependent becomes eligible.

The Effective Date of coverage for each eligible Dependent for whom You have met the above requirements will be the first day of the month following Our:
(a) acceptance of the application; and
(b) receipt of the first premium.

A newborn child will become insured for the Hospital Indemnity Benefits automatically on the day he or she is born as long as Your coverage was in force on that date. Coverage includes prematurity, congenital defects and birth abnormalities. The newborn child's coverage will not continue past the 90-day period following birth unless:
(a) We are notified by the end of that 90-day period of the addition of such newborn child; and
(b) any applicable additional premium is paid and received by Us.

An adopted child, or a child that You are a party to a suit in which You seek to adopt the child, will become insured for Injury and Sickness on the date of the filing of the petition to adopt, as long as Your insurance is in force. For newborn adopted children, coverage will begin from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of the child. Coverage for an adopted child will not continue past the 90-day period following adoption or placement unless:
(a) We are notified by the end of the 90-day period of the addition of such adopted child; and
(b) any applicable additional premium is paid and received by Us.

In all other instances if a Dependent is Totally Disabled on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage of the Dependent will be deferred until the first of the month following the Dependent's cessation of Total Disability.

DEFERRED EFFECTIVE DATE

If an eligible person, except for a newborn child, is hospitalized on the date Your insurance under this policy is otherwise to take effect, such insurance will take effect on the day after such person is discharged from the hospital.

HOSPITAL INDEMNITY INSURANCE

Hospital and Skilled Nursing Facility Benefits

Subject to all of the terms and provisions of the policy, including any Calendar Year Policy Deductible, Lifetime Maximum and Calendar Year Maximum shown in the Schedule of Benefits, We will pay Covered Benefits for one or more of the following:

Maximum Number of Days Per Calendar Year
The Maximum Number of Days per Calendar Year for which Covered Benefits will be paid is shown in the Schedule of Benefits. No further Indemnity Benefits will be paid in a calendar year after one, or any combination, of the above-described Indemnity Benefits has been paid for the Maximum Number of Days Per Calendar Year shown in the Schedule of Benefits.

Daily Indemnity Benefit During Confinement in a Hospital
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Hospital as a result of Injury or Sickness. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit During Confinement in a Hospital's Intensive Care Unit
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Hospital's Intensive Care Unit (ICU) as a result of Injury or Sickness. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit During Confinement in a Rehabilitation Facility or a Skilled Nursing Facility
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Rehabilitation Facility or a Skilled Nursing Facility as a result of Injury or Sickness. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit for Outpatient Hospital or Ambulatory Surgical Center Services
We will pay the Indemnity Benefit shown in the Schedule of Benefits for Outpatient Hospital or ambulatory surgical center services when surgery is performed for each outpatient visit as a result of Injury or Sickness. Benefits are payable for the period such person is receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit for Outpatient Radiation or Chemotherapy
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is being treated with Outpatient Radiation or Chemotherapy as a result of Sickness. Benefits are payable for the actual day of treatment. Treatment in this benefit is defined as receiving actual treatment by X-ray, radium or radioactive isotopes, or by chemical or biological antineoplastic agents.

Other Inpatient Benefits: Indemnity for Physician Hospital Visits
We will pay the Indemnity Benefit shown in the Schedule of Benefits for each visit a Covered Person receives from a Physician while confined.

Surgical Indemnity Benefit and Inpatient Pathologist/Radiologist Benefit
We will pay Surgical Benefits for covered services per procedure as listed in the Fee Schedule as a result of Injury or Sickness when performed in a Hospital or in an ambulatory surgical center. We will pay 20% of the amount listed in the Fee Schedule for covered assistant surgical services. We will pay Inpatient Pathologist/Radiologist Benefits for covered services per procedure as listed in the Fee Schedule as a result of Injury or Sickness.

Anesthesia Indemnity Benefit
We will pay the Anesthesia Indemnity Benefit for covered anesthesia services as shown in the Schedule of Benefits for a Covered Person who receives treatment as a result of Injury or Sickness.

Emergency Ambulance Indemnity Benefit
We will pay the Emergency Ambulance Benefit shown in the Schedule of Benefits to a Covered Person for each trip due to an Injury or Sickness. The ambulance service must be to or from a Hospital if immediately confined.

[Additional Outpatient Benefits

Subject to all of the terms and provisions of the policy, including any Calendar Year Deductible and Aggregate Calendar Year Maximum shown in the Schedule of Benefits, We will pay Covered Benefits for one or more of the following:

Outpatient Office Visits
Benefit amount shown in the Schedule of Benefits for physician visits, surgery or treatment of any kind in the office, outpatient clinic or emergency room.

Other Outpatient Expense
Benefit amount shown in the Schedule of Benefits for MRI, CAT Scan or Nuclear testing per test; other diagnostic testing or X-rays (including professional and facility fee; excluding lab tests); laboratory testing (including facility and professional fee if any); injections at the amount shown in the Schedule of Benefits per injection.

Prescriptions
Benefit amount shown in the Schedule of Benefits for prescriptions.

Well Care
Benefit amount shown in the Schedule of Benefits for Well Care. This benefit is subject to a Calendar Year Maximum of $150 per Calendar Year. This benefit is not subject to the Calendar Year Rider Deductible.]

FEE SCHEDULE

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
G0104		47.34	11303		57.81	11750		130.36	12055		213.37	15201		61.74	15792		190.25	17260		52.22
G0105		166.54	11305		27.67	11752		197.41	12056		244.34	15220		469.79	15793		268.23	17261		69.72
G0105	53	46.95	11306		43.09	11755		63.06	12057		288.12	15221		56.95	15819		573.46	17262		89.51
G0106	26	39.40	11307		51.92	11760		98.40	13100		178.52	15240		605.57	15820		377.72	17263		98.85
G0120	26	39.40	11308		60.27	11762		146.11	13101		218.08	15241		88.85	15821		402.36	17264		105.90
G0121		166.92	11310		33.91	11765		50.02	13102		58.67	15260		657.41	15822		284.07	17266		124.11
G0121	53	48.10	11311		49.60	11770		137.04	13120		186.61	15261		111.86	15823		476.70	17270		75.93
G0289		70.02	11312		57.21	11771		320.95	13121		248.45	15300		225.26	15830		891.03	17271		84.86
G0341		619.46	11313		75.89	11772		416.31	13122		66.88	15301		45.39	15832		687.51	17272		98.56
G0342		526.84	11400		57.49	11900		24.47	13131		210.66	15320		246.04	15833		653.72	17273		111.42
G0343		880.47	11401		75.86	11901		38.17	13132		359.18	15321		68.46	15834		654.36	17274		137.12
G0364		6.96	11402		83.86	11920		88.15	13133		103.78	15330		203.65	15835		693.79	17276		164.67
G0412		518.90	11403		106.82	11921		104.05	13150		209.87	15331		45.67	15836		562.51	17280		68.88
G0413		763.80	11404		118.93	11922		23.80	13151		243.85	15335		205.51	15837		514.73	17281		96.00
G0414		723.08	11406		181.72	11950		39.60	13152		328.95	15336		56.62	15838		438.19	17282		111.41
G0415		989.77	11420		60.58	11951		57.05	13153		112.09	15340		202.97	15839		556.71	17283		139.40
G0416	26	142.75	11421		82.28	11952		76.79	13160		620.83	15341		20.81	15840		781.71	17284		166.25
G0417	26	273.74	11422		99.28	11954		90.16	14000		381.85	15360		229.40	15841		1269.57	17286		223.69
G0418	26	476.27	11423		116.73	11960		690.34	14001		504.99	15361		49.43	15842		1945.00	17311		298.90
G0419	26	548.79	11424		134.77	11970		459.01	14020		434.31	15365		222.44	15845		738.12	17312		159.11
Q0035	26	6.68	11426		206.58	11971		231.88	14021		558.62	15366		58.62	15851		36.36	17313		268.35
10021		55.24	11440		73.40	11976		76.26	14040		492.11	15400		266.05	15852		37.68	17314		147.41
10022		52.87	11441		96.25	11980		64.19	14041		607.66	15401		45.21	15860		90.45	17315		41.97
10040		67.20	11442		107.40	11981		66.81	14060		520.61	15420		290.91	15920		453.65	17340		36.46
10060		69.42	11443		132.95	11982		79.77	14061		649.34	15421		67.62	15922		560.89	17360		77.23
10061		123.02	11444		171.18	11983		143.36	14301		702.10	15430		384.07	15931		516.98	19000		35.68
10080		73.29	11446		244.29	12001		80.79	14302		182.99	15570		551.61	15933		635.75	19001		17.84
10081		129.22	11450		181.54	12002		89.63	14350		563.67	15572		555.02	15934		707.02	19020		220.77
10120		68.91	11451		237.87	12004		105.30	15002		175.67	15574		583.22	15935		839.21	19030		63.73
10121		139.65	11462		174.23	12005		130.71	15003		35.95	15576		512.87	15936		682.53	19100		55.08
10140		88.43	11463		241.79	12006		164.88	15004		214.08	15600		150.86	15937		795.58	19101		166.64
10160		71.99	11470		205.45	12007		186.59	15005		71.73	15610		177.66	15940		528.95	19102		83.29
10180		133.91	11471		256.00	12011		83.56	15040		99.63	15620		239.63	15941		684.95	19103		155.25
11000		23.87	11600		87.10	12013		95.26	15050		333.91	15630		260.93	15944		675.56	19105		154.46
11001		11.94	11601		111.77	12014		113.80	15100		547.45	15650		292.77	15945		748.84	19110		249.28
11004		467.39	11602		123.07	12015		143.16	15101		87.15	15731		782.31	15946		1255.34	19112		224.59
11005		625.23	11603		146.92	12016		173.81	15110		567.63	15732		1023.40	15950		436.10	19120		306.35
11006		570.33	11604		161.83	12017		204.43	15111		84.49	15734		1042.76	15951		617.67	19125		341.54
11008		219.32	11606		241.73	12018		246.73	15115		578.70	15736		891.99	15952		652.01	19126		127.45
11010		215.86	11620		88.89	12020		142.03	15116		117.94	15738		974.88	15953		736.81	19260		933.12
11011		235.00	11621		112.90	12021		102.94	15120		600.94	15740		661.85	15956		878.37	19271		1263.17
11012		335.48	11622		130.11	12031		121.43	15121		133.13	15750		701.52	15958		894.37	19272		1403.99
11040		20.33	11623		160.73	12032		147.76	15130		426.92	15756		1829.70	16000		37.05	19290		52.94
11041		24.99	11624		182.98	12034		155.68	15131		68.56	15757		1813.19	16020		43.31	19291		26.24
11042		34.53	11626		227.23	12035		181.47	15135		584.39	15758		1805.52	16025		89.47	19295		65.32
11043		181.29	11640		92.55	12036		208.60	15136		60.88	15760		541.58	16030		101.94	19296		165.07
11044		251.06	11641		119.24	12037		242.23	15150		492.10	15770		504.73	16035		163.69	19297		74.93
11055		16.81	11642		141.23	12041		129.66	15151		91.08	15775		168.32	16036		66.20	19298		261.35
11056		23.50	11643		176.80	12042		151.27	15152		116.93	15776		238.22	17000		41.47	19300		297.25
11057		30.47	11644		219.95	12044		162.68	15155		477.51	15780		484.86	17003		3.52	19301		488.15
11100		38.45	11646		308.29	12045		187.15	15156		130.35	15781		322.83	17004		102.88	19302		678.10
11101		19.51	11719		6.68	12046		226.53	15157		128.09	15782		309.18	17106		210.52	19303		757.00
11200		52.46	11720		12.51	12047		248.65	15170		285.13	15783		279.20	17107		274.29	19304		423.66
11201		13.15	11721		21.20	12051		137.96	15171		70.01	15786		107.79	17108		398.41	19305		855.15
11300		23.34	11730		42.70	12052		163.76	15175		359.59	15787		14.30	17110		50.75	19306		897.33
11301		39.99	11732		22.35	12053		165.08	15176		108.05	15788		177.98	17111		63.61	19307		899.93
11302		49.32	11740		23.19	12054		175.11	15200		504.54	15789		317.47	17250		27.25	19316		592.11

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
19318		858.07	20664		627.91	20827		1512.20	21081		1081.91	21244		796.74	21433		1320.89	21936		1144.25
19324		368.89	20665		73.18	20838		1883.23	21082		1002.51	21245		693.43	21435		1010.72	22010		714.28
19325		489.30	20670		111.43	20900		184.76	21083		896.85	21246		644.45	21436		1564.86	22015		704.89
19328		372.15	20680		320.91	20902		258.99	21084		1084.09	21247		1260.49	21440		329.63	22100		664.19
19330		477.25	20690		436.00	20910		320.24	21085		489.43	21248		666.49	21445		454.15	22101		673.70
19340		576.73	20692		814.94	20912		368.38	21086		1167.32	21249		944.30	21450		343.65	22102		627.09
19342		703.02	20693		344.89	20920		305.10	21087		1166.76	21255		1060.64	21451		454.80	22103		115.39
19350		513.36	20694		253.06	20922		383.55	21100		298.05	21256		901.54	21452		245.86	22110		820.81
19355		437.77	20696		780.45	20924		381.05	21110		470.51	21260		950.29	21453		554.18	22112		815.48
19357		1186.42	20697		982.06	20926		333.90	21116		33.67	21261		1768.12	21454		417.48	22114		758.94
19361		1282.76	20802		1815.17	20931		90.15	21120		377.72	21263		1476.52	21461		684.13	22116		112.45
19364		2154.32	20805		2445.59	20937		135.01	21121		471.10	21267		1216.05	21462		752.12	22206		1828.37
19366		1072.01	20808		3225.68	20938		148.37	21122		506.42	21268		1523.73	21465		713.87	22207		1860.91
19367		1392.27	20816		1650.05	20950		68.77	21123		629.23	21270		546.49	21470		917.12	22208		469.10
19368		1724.84	20822		1450.09	20955		1975.57	21125		599.19	21275		634.36	21480		25.59	22210		1364.84
19369		1588.99	20824		1708.22	20956		2055.26	21127		648.57	21280		420.27	21485		409.75	22212		1126.99
19370		518.63				20957		2014.85	21137		563.47	21282		274.61	21490		710.35	22214		1136.54
19371		596.01				20962		2019.50	21138		676.99	21295		134.15	21495		513.34	22216		292.70
19380		586.00				20969		2183.94	21139		729.75	21296		320.56	21497		419.06	22220		1240.51
19396		104.02				20970		2216.44	21141		1052.69	21310		23.04	21501		241.69	22222		1127.79
20000		115.47				20972		1859.79	21142		1061.13	21315		112.38	21502		406.30	22224		1213.58
20005		180.88				20973		1986.91	21143		1097.83	21320		104.03	21510		356.06	22226		293.49
20100		467.09				20974		36.82	21145		1146.78	21325		348.73	21550		120.49	22305		127.65
20101		157.60				20975		136.94	21146		1305.02	21330		422.10	21552		354.63	22310		208.68
20102		194.23				20979		26.89	21147		1270.34	21335		553.16	21554		582.93	22315		582.80
20103		269.77				20982		312.00	21150		1218.20	21336		479.58	21555		238.21	22318		1263.69
20150		737.58				20985		116.82	21151		1528.71	21337		217.34	21556		380.41	22319		1404.69
20200		72.45				21010		560.22	21154		1571.31	21338		550.28	21557		644.08	22325		1097.37
20205		118.15				21011		191.68	21155		1672.41	21339		620.08	21558		1095.98	22326		1144.23
20206		48.41				21012		263.54	21159		2070.44	21340		601.32	21600		427.02	22327		1128.41
20220		59.94				21013		310.14	21160		2105.81	21343		894.66	21610		888.10	22328		227.38
20225		90.66				21014		407.44	21172		1362.15	21344		1271.98	21615		530.34	22505		90.51
20240		172.94				21015		468.24	21175		1826.83	21345		491.66	21616		657.71	22520		418.12
20245		480.02				21016		824.31	21179		1144.92	21346		704.48	21620		405.05	22521		394.84
20250		288.83				21025		563.10	21180		1246.90	21347		810.18	21627		425.15	22522		185.77
20251		317.99				21026		365.71	21181		526.39	21348		861.40	21630		988.10	22523		462.95
20500		69.19				21029		486.82	21182		1551.34	21355		246.64	21632		998.59	22524		444.65
20501		31.67				21030		305.66	21183		1798.19	21356		283.35	21685		769.89	22525		209.76
20520		108.55				21031		212.73	21184		1896.67	21360		399.32	21700		333.43	22532		1385.19
20525		189.09				21032		210.52	21188		1260.68	21365		856.05	21705		497.16	22533		1304.40
20526		44.47				21034		895.73	21193		962.29	21366		961.17	21720		341.47	22534		292.54
20550		32.04				21040		304.06	21194		1079.25	21385		532.45	21725		403.83	22548		1501.83
20551		33.16				21044		673.44	21195		1022.48	21386		514.19	21740		838.22	22554		990.05
20552		28.50				21045		941.42	21196		1109.96	21387		574.07	21750		567.69	22556		1298.50
20553		32.04				21046		816.03	21198		875.38	21390		600.52	21800		75.42	22558		1199.58
20555		265.04				21047		994.12	21199		791.71	21395		724.68	21805		197.87	22585		271.71
20600		30.18				21048		832.08	21206		904.85	21400		109.48	21810		390.77	22590		1217.14
20605		31.70				21049		963.19	21208		648.19	21401		226.67	21820		99.46	22595		1155.41
20610		38.54				21050		668.69	21209		499.69	21406		403.18	21825		441.14	22600		983.83
20612		32.94				21060		623.26	21210		629.76	21407		493.21	21920		122.37	22610		963.01
20615		119.91				21070		478.38	21215		676.98	21408		686.13	21925		259.90	22612		1242.59
20650		116.89				21073		189.68	21230		601.97	21421		471.15	21930		280.02	22614		315.98
20660		192.85				21076		629.80	21235		432.44	21422		499.85	21931		371.93	22630		1196.88
20661		363.79				21077		1597.75	21240		833.44	21423		612.95	21932		535.07	22632		257.86
20662		342.74				21079		1056.87	21242		766.65	21431		568.26	21933		590.95	22800		1047.78
20663		339.99				21080		1183.91	21243		1267.81	21432		514.21	21935		820.69	22802		1648.46

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
22804		1900.00	23145		523.92	23585		743.12	24164		372.67	24605		342.40	25136		370.61	25443		593.17
22808		1433.33	23146		456.75	23600		214.07	24200		103.26	24615		540.14	25145		417.37	25444		570.06
22810		1601.63	23150		497.39	23605		312.54	24201		274.13	24620		411.92	25150		432.13	25445		544.25
22812		1712.04	23155		599.52	23615		671.36	24220		55.22	24635		538.88	25151		472.70	25446		897.10
22818		1696.63	23156		509.83	23616		969.60	24300		290.70	24640		65.58	25170		1012.35	25447		619.15
22819		2130.25	23170		406.36	23620		179.47	24301		571.91	24650		165.98	25210		367.34	25449		794.31
22830		622.23	23172		416.63	23625		257.95	24305		434.02	24655		289.79	25215		471.16	25450		453.94
22840		616.62	23174		570.28	23630		582.25	24310		356.96	24665		486.94	25230		323.49	25455		488.19
22842		617.19	23180		515.32	23650		200.81	24320		590.94	24666		552.58	25240		326.72	25490		545.29
22843		654.18	23182		499.63	23655		286.48	24330		542.67	24670		184.73	25246		61.14	25491		595.38
22844		789.98	23184		561.14	23660		437.49	24331		600.08	24675		305.10	25248		327.25	25492		719.69
22845		594.96	23190		423.51	23665		289.19	24332		456.86	24685		488.28	25250		395.58	25500		172.31
22846		617.26	23195		570.67	23670		656.79	24340		461.79	24800		614.24	25251		545.14	25505		336.69
22847		706.88	23200		1005.30	23675		369.12	24341		552.52	24802		764.32	25259		292.48	25515		501.65
22848		289.34	23210		1164.08	23680		702.14	24342		593.51	24900		550.82	25260		500.97	25520		386.72
22849		1015.95	23220		1295.76	23700		146.28	24343		528.83	24920		546.09	25263		501.41	25525		598.72
22850		552.48	23330		113.44	23800		785.71	24344		832.08	24925		421.38	25265		598.59	25526		741.43
22851		329.82	23331		442.78	23802		967.32	24345		525.57	24930		579.62	25270		398.12	25530		163.86
22852		527.43	23332		673.38	23900		1036.29	24346		833.76	24931		601.07	25272		448.48	25535		330.91
22855		867.97	23350		41.59	23920		839.52	24357		331.18	24935		816.78	25274		537.37	25545		466.28
22856		1294.27	23395		985.42	23921		313.61	24358		390.01	25000		254.50	25275		509.11	25560		172.12
22857		1333.09	23397		879.13	23930		164.80	24359		494.06	25001		246.79	25280		455.15	25565		349.68
22861		1418.82	23400		744.57	23931		117.48	24360		686.95	25020		422.89	25290		375.27	25574		502.69
22862		1523.39	23405		477.63	23935		372.98	24361		773.00	25023		833.73	25295		422.03	25575		680.57
22864		1258.34	23406		596.59	24000		354.86	24362		813.16	25024		589.46	25300		518.50	25600		187.43
22865		1617.33	23410		628.29	24006		537.06	24363		1153.62	25025		925.44	25301		488.90	25605		430.90
22900		390.72	23412		655.70	24065		126.41	24365		483.50	25028		380.41	25310		493.57	25606		497.54
22901		527.30	23415		524.20	24066		303.14	24366		516.17	25031		278.37	25312		575.45	25607		543.80
22902		262.85	23420		742.28	24071		320.00	24400		624.12	25035		470.59	25315		620.72	25608		614.58
22903		346.75	23430		561.14	24073		549.94	24410		801.94	25040		427.76	25316		705.99	25609		784.52
22904		828.56	23440		578.49	24075		243.71	24420		753.76	25065		124.17	25320		736.20	25622		192.75
22905		1073.72	23450		727.70	24076		392.46	24430		806.51	25066		277.05	25332		639.76	25624		306.08
23000		270.74	23455		774.16	24077		746.80	24435		817.18	25071		334.84	25335		662.79	25628		540.30
23020		521.69	23460		839.50	24079		1029.94	24470		485.01	25073		415.86	25337		669.88	25630		197.74
23030		193.54	23462		825.31	24100		304.35	24495		498.49	25075		247.93	25350		541.79	25635		288.31
23031		160.21	23465		859.37	24101		372.43	24498		663.89	25076		381.05	25355		615.63	25645		425.88
23035		517.71	23466		855.41	24102		462.48	24500		228.63	25077		658.69	25360		527.81	25650		210.43
23040		544.22	23470		934.99	24105		251.11	24505		331.98	25078		898.68	25365		727.49	25651		354.97
23044		432.39	23472		1161.31	24110		438.26	24515		666.71	25085		345.12	25370		796.02	25652		463.94
23065		127.70	23480		625.19	24115		546.36	24516		659.23	25100		257.70	25375		695.22	25660		299.64
23066		257.51	23485		738.06	24116		657.69	24530		244.95	25101		302.03	25390		616.58	25670		456.89
23071		329.83	23490		652.49	24120		392.62	24535		422.39	25105		366.34	25391		795.07	25671		390.05
23073		547.72	23491		778.07	24125		461.11	24538		560.29	25107		461.70	25392		809.73	25675		290.02
23075		200.68	23500		154.32	24126		487.14	24545		703.72	25109		396.13	25393		903.85	25676		472.76
23076		414.86	23505		240.06	24130		377.75	24546		799.66	25110		264.51	25394		594.19	25680		344.38
23077		903.57	23515		541.82	24134		569.51	24560		201.34	25111		234.25	25400		647.06	25685		555.58
23078		1117.51	23520		161.87	24136		457.82	24565		349.82	25112		286.30	25405		828.12	25690		347.43
23100		367.86	23525		240.86	24138		500.45	24566		532.25	25115		598.45	25415		782.76	25695		478.17
23101		336.23	23530		414.00	24140		538.27	24575		552.55	25116		477.33	25420		934.08	25800		559.07
23105		480.28	23532		467.98	24145		452.20	24576		214.21	25118		284.81	25425		796.30	25805		650.01
23106		361.27	23540		157.62	24147		469.37	24577		362.08	25119		378.61	25426		860.83	25810		657.63
23107		499.03	23545		212.66	24149		882.46	24579		632.43	25120		403.45	25430		530.41	25820		457.83
23120		434.33	23550		430.79	24150		1056.17	24582		595.72	25125		477.07	25431		594.89	25825		566.15
23125		532.82	23552		496.93	24152		881.46	24586		835.11	25126		478.63	25440		585.50	25830		710.11
23130		454.86	23570		167.35	24155		648.97	24587		832.62	25130		335.25	25441		697.11	25900		560.18
23140		391.35	23575		268.26	24160		454.67	24600		243.62	25135		424.80	25442		595.92	25905		554.06

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
25907		483.63	26350		516.64	26531		464.61	26770		180.11	27086		110.53	27248		575.00	27381		606.61
25909		542.21	26352		594.55	26535		301.18	26775		247.09	27087		481.26	27250		171.06	27385		475.25
25915		899.52	26356		789.12	26536		495.38	26776		323.55	27090		634.20	27252		579.51	27386		629.55
25920		520.29	26357		637.79	26540		481.93	26785		389.94	27091		1238.00	27253		724.32	27390		330.27
25922		402.28	26358		675.22	26541		590.67	26820		580.18	27093		56.25	27254		978.94	27391		431.08
25924		508.04	26370		559.87	26542		497.57	26841		534.10	27095		64.36	27256		190.26	27392		533.10
25927		589.76	26372		653.42	26545		508.73	26842		583.12	27096		55.29	27257		258.22	27393		381.13
25929		432.43	26373		622.98	26546		721.15	26843		541.47	27097		507.93	27258		851.51	27394		492.99
25931		529.58	26390		616.60	26548		561.13	26844		604.68	27098		481.48	27259		1197.38	27395		669.18
26010		99.30	26392		717.95	26550		1168.42	26850		507.71	27100		625.00	27265		295.59	27396		463.35
26011		136.99	26410		410.21	26551		2471.24	26852		584.02	27105		659.18	27266		437.23	27397		692.44
26020		317.85	26412		499.16	26553		2094.27	26860		405.80	27110		734.58	27267		317.54	27400		522.08
26025		309.63	26415		524.88	26554		2566.20	26861		81.82	27111		663.27	27268		392.37	27403		484.80
26030		366.38	26416		603.19	26555		1035.17	26862		530.97	27120		995.11	27269		945.10	27405		511.38
26034		396.78	26418		413.08	26556		2098.04	26863		184.71	27122		848.05	27275		133.03	27407		589.71
26035		633.04	26420		523.57	26560		418.15	26910		527.17	27125		870.05	27280		788.69	27409		737.23
26037		428.33	26426		411.68	26561		677.42	26951		461.91	27130		1117.29	27282		627.64	27412		1273.84
26040		225.08	26428		551.45	26562		905.43	26952		473.53	27132		1306.48	27284		1219.58	27415		1050.23
26045		345.83	26432		359.13	26565		498.91	26990		465.50	27134		1510.08	27286		1285.83	27416		743.26
26055		219.36	26433		385.59	26567		499.18	26991		393.72	27137		1152.24	27290		1231.76	27418		635.04
26060		194.00	26434		468.79	26568		659.64	26992		732.63	27138		1199.02	27295		985.99	27420		567.30
26070		223.47	26437		452.02	26580		1087.68	27000		331.74	27140		687.53	27301		376.76	27422		565.58
26075		235.80	26440		450.39	26587		744.12	27001		406.66	27146		979.48	27303		483.23	27424		567.10
26080		283.00	26442		700.38	26590		988.76	27003		443.24	27147		1135.11	27305		354.23	27425		330.22
26100		240.68	26445		417.62	26591		313.77	27005		552.94	27151		1196.91	27306		285.09	27427		544.63
26105		244.36	26449		554.45	26593		433.25	27006		558.75	27156		1326.33	27307		351.97	27428		846.34
26110		233.31	26450		293.46	26596		551.84	27025		690.62	27158		1072.34	27310		553.06	27429		950.13
26111		322.92	26455		291.20	26600		187.25	27027		627.12	27161		938.17	27323		135.48	27430		562.07
26113		424.67	26460		282.14	26605		207.54	27030		722.70	27165		1056.94	27324		290.92	27435		608.77
26115		258.54	26471		446.34	26607		327.78	27033		749.00	27170		911.21	27325		404.68	27437		499.29
26116		385.27	26474		432.30	26608		350.87	27035		869.37	27175		506.54	27326		371.30	27438		642.62
26117		535.76	26476		421.34	26615		416.80	27036		769.10	27176		697.65	27327		245.05	27440		592.29
26118		838.13	26477		421.85	26641		244.13	27040		154.31	27177		852.91	27328		423.28	27441		611.75
26121		446.07	26478		455.77	26645		279.61	27041		522.60	27178		694.57	27329		803.81	27442		664.73
26123		618.52	26479		453.71	26650		349.83	27043		371.37	27179		745.60	27330		298.76	27443		621.24
26125		217.63	26480		547.89	26665		462.05	27045		590.97	27181		854.77	27331		354.63	27445		970.56
26130		337.85	26483		619.52	26670		217.71	27047		313.18	27185		468.94	27332		481.94	27446		857.20
26135		410.77	26485		592.71	26675		297.58	27048		437.66	27187		762.18	27333		437.11	27447		1195.13
26140		374.37	26489		663.02	26676		367.37	27049		973.95	27193		353.57	27334		514.75	27448		626.01
26145		380.40	26490		581.36	26685		423.29	27050		274.73	27194		532.79	27335		581.49	27450		781.31
26160		239.22	26492		650.69	26686		466.73	27052		425.22	27200		130.71	27337		330.67	27454		992.04
26170		299.28	26494		588.23	26700		215.47	27054		516.45	27202		461.52	27339		596.85	27455		720.47
26180		326.65	26496		633.10	26705		270.71	27057		709.68	27220		392.27	27340		271.80	27457		742.21
26185		400.46	26497		640.06	26706		320.66	27059		1452.26	27222		749.74	27345		360.39	27465		954.73
26200		334.72	26498		858.18	26715		416.03	27060		325.75	27226		803.05	27347		390.86	27466		911.36
26205		453.34	26499		611.31	26720		126.35	27062		338.60	27227		1292.96	27350		491.37	27468		1031.45
26210		325.15	26500		457.43	26725		220.01	27065		379.31	27228		1480.80	27355		454.62	27470		907.30
26215		419.39	26502		518.80	26727		344.58	27066		616.10	27230		346.77	27356		559.22	27472		979.67
26230		372.80	26508		456.61	26735		433.47	27067		791.02	27232		592.49	27357		617.36	27475		499.29
26235		367.44	26510		433.82	26740		149.31	27070		646.20	27235		697.16	27358		224.16	27477		556.46
26236		326.59	26516		513.87	26742		243.45	27071		692.18	27236		919.33	27360		645.00	27479		639.82
26250		689.89	26517		609.63	26746		540.72	27075		1660.78	27238		340.28	27364		1249.32	27485		507.88
26260		544.09	26518		617.66	26750		126.48	27076		1743.71	27240		732.35	27365		1403.68	27486		1091.72
26262		427.36	26520		472.44	26755		197.28	27077		2166.28	27244		946.10	27370		41.76	27487		1374.67
26320		253.80	26525		473.48	26756		304.11	27078		1350.64	27245		959.82	27372		304.11	27488		925.20
26340		231.57	26530		399.06	26765		356.86	27080		380.90	27246		286.66	27380		444.10	27495		871.36

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
27496		388.31	27616		1018.36	27734		423.77	28003		426.28	28192		244.63	28406		393.34	28805		598.86
27497		421.39	27618		250.96	27740		514.88	28005		463.25	28193		290.70	28415		866.30	28810		345.26
27498		464.50	27619		394.78	27742		550.03	28008		229.50	28200		243.09	28420		936.22	28820		268.76
27499		508.27	27620		347.84	27745		577.14	28010		160.10	28202		337.66	28430		148.88	28825		312.99
27500		357.14	27625		445.06	27750		226.35	28011		226.57	28208		236.66	28435		223.27	28890		172.88
27501		371.84	27626		484.37	27752		370.16	28020		274.08	28210		318.05	28436		321.54	29000		119.97
27502		600.91	27630		278.64	27756		430.85	28022		249.79	28220		235.73	28445		822.52	29010		110.52
27503		611.30	27632		326.14	27758		680.37	28024		235.70	28222		278.98	28446		925.21	29015		121.94
27506		1029.17	27634		531.69	27759		769.29	28035		276.57	28225		196.11	28450		137.67	29020		101.32
27507		755.52	27635		449.56	27760		216.19	28039		266.22	28226		238.30	28455		198.05	29025		134.27
27508		365.80	27637		575.28	27762		327.37	28041		349.90	28230		222.67	28456		212.71	29035		105.39
27509		483.78	27638		596.75	27766		458.68	28043		205.43	28232		190.46	28465		466.22	29040		119.36
27510		530.06	27640		655.23	27767		194.38	28045		268.92	28234		201.79	28470		137.32	29044		122.43
27511		784.03	27641		524.19	27768		309.73	28046		572.48	28238		383.71	28475		174.21	29046		138.48
27513		983.07	27645		1202.81	27769		540.50	28047		737.22	28240		229.51	28476		249.91	29049		48.27
27514		772.80	27646		1038.45	27780		194.57	28050		231.47	28250		310.56	28485		402.36	29055		102.32
27516		344.87	27647		820.87	27781		287.63	28052		217.42	28260		400.99	28490		87.32	29058		63.31
27517		515.15	27648		41.48	27784		535.17	28054		190.00	28261		600.72	28495		108.85	29065		50.95
27519		703.93	27650		508.23	27786		203.61	28055		297.37	28262		875.49	28496		167.85	29075		45.90
27520		208.03	27652		548.58	27788		284.95	28060		274.78	28264		504.00	28505		376.40	29085		49.73
27524		573.20	27654		544.72	27792		536.57	28062		319.67	28270		257.00	28510		84.03	29086		36.69
27530		267.56	27656		275.82	27808		212.30	28070		267.47	28272		197.61	28515		102.76	29105		45.25
27532		432.81	27658		287.75	27810		319.30	28072		263.16	28280		277.26	28525		299.04	29125		32.29
27535		702.59	27659		373.16	27814		589.75	28080		270.35	28285		246.75	28530		74.54	29126		39.82
27536		915.65	27664		274.34	27816		202.53	28086		275.97	28286		234.15	28531		157.57	29130		22.59
27538		321.24	27665		315.16	27818		327.02	28088		227.38	28288		327.91	28540		134.01	29131		25.71
27540		624.58	27675		381.13	27822		643.87	28090		237.44	28289		423.74	28545		174.12	29200		30.63
27550		340.73	27676		476.14	27823		734.32	28092		208.56	28290		305.94	28546		231.62	29240		33.20
27552		468.70	27680		326.67	27824		217.42	28100		310.82	28292		458.72	28555		508.30	29260		28.41
27556		692.50	27681		399.87	27825		375.51	28102		397.14	28293		549.19	28570		107.95	29280		26.87
27557		830.43	27685		357.46	27826		629.57	28103		326.22	28294		416.25	28575		231.24	29305		118.89
27558		941.93	27686		424.48	27827		828.29	28104		268.22	28296		407.96	28576		275.53	29325		134.38
27560		249.18	27687		349.06	27828		996.80	28106		348.20	28297		464.75	28585		567.07	29345		76.75
27562		350.02	27690		483.46	27829		509.31	28107		285.16	28298		394.21	28600		136.72	29355		81.44
27566		683.73	27691		572.69	27830		249.43	28108		221.49	28299		532.78	28605		193.98	29358		78.55
27570		110.72	27692		86.06	27831		287.32	28110		221.53	28300		510.33	28606		293.45	29365		66.46
27580		1111.76	27695		372.03	27832		555.36	28111		260.60	28302		524.44	28615		594.47	29405		48.22
27590		656.46	27696		436.67	27840		267.04	28112		243.41	28304		459.89	28630		84.02	29425		52.82
27591		712.82	27698		498.31	27842		366.69	28113		324.32	28305		515.68	28635		101.73	29435		65.06
27592		553.59	27700		467.00	27846		562.71	28114		636.09	28306		313.44	28636		151.99	29440		26.57
27594		397.55	27702		760.10	27848		635.46	28116		439.81	28307		369.47	28645		363.45	29445		84.43
27596		577.85	27703		883.69	27860		133.75	28118		317.14	28308		285.33	28660		65.78	29450		92.04
27598		584.10	27704		432.91	27870		805.73	28119		278.17	28309		691.32	28665		102.50	29505		37.05
27600		327.54	27705		584.99	27871		528.79	28120		388.40	28310		274.36	28666		152.26	29515		37.44
27601		341.55	27707		298.63	27880		742.01	28122		385.90	28312		245.32	28675		308.41	29520		27.36
27602		405.87	27709		888.45	27881		697.71	28124		255.33	28313		283.24	28705		1013.07	29530		28.71
27603		296.37	27712		844.86	27882		496.72	28126		192.25	28315		250.13	28715		752.31	29540		24.53
27604		256.51	27715		821.36	27884		459.93	28130		504.69	28320		479.00	28725		612.04	29550		23.10
27605		147.69	27720		672.54	27886		525.08	28140		353.93	28322		446.14	28730		645.30	29580		27.57
27606		223.00	27722		674.14	27888		543.93	28150		220.90	28340		333.09	28735		613.61	29581		26.04
27607		467.47	27724		989.56	27889		543.89	28153		201.55	28341		395.15	28737		534.28	29590		31.01
27610		497.80	27725		928.65	27892		425.97	28160		209.38	28344		231.53	28740		483.94	29700		26.95
27612		427.90	27726		729.98	27893		429.60	28171		650.42	28345		301.35	28750		461.75	29705		36.94
27613		125.44	27727		761.94	27894		666.52	28173		583.72	28360		769.23	28755		254.26	29710		64.66
27614		313.57	27730		439.13	28001		133.88	28175		366.94	28400		162.77	28760		449.20	29715		42.87
27615		767.52	27732		313.87	28002		293.96	28190		102.79	28405		265.51	28800		440.20	29720		33.97

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
29730		35.43	29886		478.61	30801		97.72	31370		1562.90	31620		55.68	32201		166.37	32810		738.22
29740		50.88	29887		564.77	30802		140.31	31375		1480.14	31622		117.34	32215		653.46	32815		2290.86
29750		60.57	29888		761.12	30901		49.66	31380		1456.81	31623		117.10	32220		1307.23	32820		1104.42
29800		395.46	29889		933.48	30903		64.52	31382		1601.06	31624		117.66	32225		816.53	32851		2121.55
29804		493.26	29891		527.66	30905		82.48	31390		2173.48	31625		137.05	32310		752.29	32852		2345.56
29805		353.80	29892		557.51	30906		107.26	31395		2288.17	31626		169.64	32320		1312.53	32853		2533.38
29806		814.18	29893		324.52	30915		436.15	31400		752.67	31627		82.32	32400		71.86	32854		2765.38
29807		792.91	29894		392.28	30920		629.65	31420		637.66	31628		151.88	32402		459.86	32900		1130.21
29819		443.40	29895		376.34	30930		90.79	31500		89.04	31629		163.91	32405		80.23	32905		1105.39
29820		409.06	29897		396.17	31000		78.18	31502		28.04	31630		164.23	32420		90.36	32906		1372.56
29821		447.89	29898		441.35	31002		148.22	31505		37.52	31631		186.97	32421		62.62	32940		1014.99
29822		434.92	29899		808.10	31020		257.96	31510		95.00	31632		39.56	32422		99.13	32960		85.62
29823		475.77	29900		318.40	31030		387.12	31511		102.33	31633		51.21	32440		1303.73	32997		290.63
29824		510.43	29901		384.48	31032		426.02	31512		102.23	31635		152.48	32442		2255.59	32998		243.23
29825		443.50	29902		451.17	31040		566.78	31513		104.32	31636		182.23	32445		2886.39	33010		103.91
29826		508.75	29904		476.81	31050		365.63	31515		87.06	31637		61.89	32480		1232.22	33011		102.89
29827		831.23	29905		513.52	31051		479.81	31520		122.47	31638		207.69	32482		1316.03	33015		434.15
29828		702.25	29906		540.29	31070		322.56	31525		125.89	31640		209.31	32484		1196.40	33020		723.48
29830		341.43	29907		659.40	31075		588.00	31526		125.00	31641		208.14	32486		1956.39	33025		664.70
29834		371.23	30000		88.90	31080		762.78	31527		153.92	31643		140.31	32488		1977.45	33030		1068.62
29835		381.81	30020		89.46	31081		1015.19	31528		114.65	31645		128.45	32491		1225.64	33031		1196.42
29836		441.10	30100		53.22	31084		884.83	31529		128.56	31646		111.36	32500		1192.79	33050		824.58
29837		399.53	30110		98.41	31085		1062.46	31530		157.96	31656		88.45	32501		207.70	33120		1300.82
29838		446.91	30115		317.83	31086		844.91	31531		169.61	31715		43.54	32503		1501.93	33130		1207.38
29840		337.32	30117		247.13	31087		827.94	31535		151.03	31717		86.72	32504		1719.58	33140		1333.26
29843		362.22	30118		580.39	31090		752.18	31536		168.46	31720		41.26	32540		1418.77	33141		118.06
29844		373.24	30120		336.64	31200		401.29	31540		193.91	31725		75.60	32550		185.94	33202		646.39
29845		430.54	30124		203.30	31201		547.05	31541		211.63	31730		120.28	32551		140.93	33203		683.23
29846		392.17	30125		459.24	31205		655.39	31545		290.08	31750		1021.30	32552		130.72	33206		390.41
29847		410.85	30130		276.90	31225		1415.58	31546		439.30	31755		1279.69	32553		170.15	33207		417.01
29848		376.86	30140		315.89	31230		1585.06	31560		251.31	31760		1133.57	32560		72.47	33208		451.31
29850		446.02	30150		590.58	31231		59.62	31561		275.05	31766		1491.66	32561		59.00	33210		156.09
29851		714.02	30160		591.90	31233		107.47	31570		182.49	31770		1102.48	32562		52.79	33211		158.15
29855		598.77	30200		45.61	31235		127.58	31571		200.01	31775		1144.67	32601		256.33	33212		289.57
29856		766.52	30210		74.20	31237		143.11	31575		59.34	31780		947.87	32602		277.62	33213		331.19
29860		498.89	30220		94.98	31238		155.59	31576		96.90	31781		1205.59	32603		364.86	33214		411.94
29861		551.84	30300		90.40	31239		512.76	31577		118.10	31785		857.40	32604		405.31	33215		261.45
29862		618.56	30310		151.06	31240		126.71	31578		134.95	31786		1213.43	32605		320.41	33216		322.85
29863		617.55	30320		334.06	31254		217.15	31579		110.99	31800		527.98	32606		387.37	33217		320.30
29866		799.56	30400		764.39	31255		319.51	31580		912.65	31805		676.98	32650		547.76	33218		335.36
29867		975.42	30410		905.78	31256		157.12	31582		1441.47	31820		252.55	32651		891.19	33220		338.89
29868		1291.73	30420		1037.50	31267		253.09	31584		1153.40	31825		373.13	32652		1358.52	33222		292.98
29870		307.63	30430		676.91	31276		403.30	31587		768.89	31830		261.24	32653		859.19	33223		355.34
29871		386.07	30435		873.24	31287		184.47	31588		866.39	32035		576.83	32654		962.02	33224		440.68
29873		386.93	30450		1170.27	31288		214.30	31590		657.74	32036		626.61	32655		781.60	33225		397.78
29874		406.80	30460		598.63	31290		910.63	31595		575.91	32095		513.13	32656		655.57	33226		424.08
29875		373.52	30462		1162.11	31291		964.27	31600		319.09	32100		786.56	32657		646.26	33233		203.67
29876		495.40	30465		740.32	31292		782.55	31601		206.70	32110		1192.08	32658		590.10	33234		417.80
29877		469.28	30520		456.45	31293		852.68	31603		179.93	32120		713.97	32659		603.58	33235		543.36
29879		501.58	30540		504.78	31294		978.49	31605		148.81	32124		758.52	32660		867.18	33236		652.07
29880		523.68	30545		673.90	31300		955.25	31610		541.40	32140		812.61	32661		660.29	33237		706.61
29881		488.34	30560		101.99	31320		479.05	31611		402.71	32141		1258.88	32662		740.87	33238		773.97
29882		528.77	30580		375.90	31360		1564.00	31612		38.36	32150		818.37	32663		1162.35	33240		399.71
29883		642.77	30600		331.74	31365		1953.74	31613		335.14	32151		830.15	32664		698.56	33241		192.47
29884		468.04	30620		458.52	31367		1669.38	31614		559.41	32160		633.04	32665		1012.86	33243		1152.81
29885		568.00	30630		466.71	31368		1857.19	31615		100.57	32200		918.87	32800		756.70	33244		735.56

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
33249		783.44	33496		1407.62	33697		1772.24	33884		354.66	34825		603.62	35286		806.47	35521		1097.23
33250		1235.80	33500		1329.87	33702		1297.05	33886		835.26	34826		178.82	35301		906.61	35522		1063.03
33251		1369.82	33501		940.12	33710		1510.18	33889		690.62	34830		1579.90	35302		966.07	35523		1117.33
33254		1145.43	33502		1066.94	33720		1293.73	33891		864.98	34831		1682.21	35303		1063.85	35525		986.25
33255		1398.07	33503		1124.90	33722		1365.38	33910		1411.90	34832		1698.72	35304		1105.42	35526		1463.67
33256		1663.17	33504		1223.98	33724		1305.40	33915		1142.53	34833		530.55	35305		1062.73	35531		1754.39
33257		487.01	33505		1745.93	33726		1735.86	33916		1388.58	34834		239.23	35306		396.66	35533		1383.70
33258		548.75	33506		1730.44	33730		1668.81	33917		1239.61	34900		776.94	35311		1306.46	35535		1564.73
33259		708.01	33507		1455.75	33732		1389.12	33920		1534.75	35001		975.33	35321		769.36	35536		1508.89
33261		1367.81	33508		13.65	33735		1077.64	33922		1165.25	35002		1033.23	35331		1269.90	35537		1869.37
33265		1134.89	33510		1653.71	33736		1179.72	33924		242.01	35005		904.94	35341		1191.68	35538		2098.44
33266		1556.99	33511		1812.08	33737		1079.47	33925		1461.90	35011		856.16	35351		1113.64	35539		1951.84
33282		276.15	33512		2054.54	33750		1222.30	33926		2028.87	35013		1065.39	35355		904.86	35540		2191.96
33284		197.63	33513		2104.38	33755		1065.66	33935		2925.93	35021		1044.66	35361		1365.17	35548		1037.46
33300		2024.49	33514		2232.45	33762		977.91	33945		4043.38	35022		1189.26	35363		1489.44	35549		1106.05
33305		3415.63	33516		2324.20	33764		1071.00	33960		829.59	35045		833.05	35371		710.46	35551		1285.36
33310		969.04	33517		159.71	33766		1132.40	33961		458.20	35081		1514.07	35372		851.99	35556		1212.35
33315		1246.01	33518		349.34	33767		1189.94	33967		229.75	35082		1889.52	35390		139.50	35558		1063.37
33320		886.97	33519		464.64	33768		324.12	33968		29.56	35091		1575.06	35400		131.10	35560		1546.05
33321		990.95	33521		558.84	33770		1805.18	33970		308.93	35092		2264.46	35450		445.61	35563		1206.90
33322		1168.30	33522		630.19	33771		1670.08	33971		599.98	35102		1640.02	35452		309.17	35565		1145.67
33330		1206.73	33523		716.10	33774		1519.35	33973		448.64	35103		1947.29	35454		269.29	35566		1453.46
33332		1177.45	33530		446.65	33775		1421.38	33974		764.02	35111		1200.87	35456		327.23	35570		1212.29
33335		1589.87	33533		1600.98	33776		1500.50	33975		936.68	35112		1476.83	35458		421.54	35571		1162.34
33400		1930.60	33534		1878.83	33777		1459.11	33976		1043.74	35121		1422.29	35459		385.43	35572		301.36
33401		1212.47	33535		2093.36	33778		1804.29	33977		1007.80	35122		1711.13	35460		268.53	35583		1252.52
33403		1260.32	33536		2251.05	33779		1792.02	33978		1117.25	35131		1207.83	35470		392.76	35585		1458.55
33404		1484.92	33542		2203.60	33780		1916.45	33979		2048.62	35132		1467.72	35471		467.67	35587		1197.36
33405		1942.69	33545		2592.36	33781		1774.93	33980		3048.79	35141		958.82	35472		315.15	35600		222.35
33406		2436.52	33548		2521.39	33782		2700.06	34001		827.75	35142		1150.50	35473		277.33	35601		1257.56
33410		2151.66	33572		198.34	33783		2919.00	34051		825.90	35151		1083.29	35474		335.99	35606		1024.22
33411		2835.16	33600		1426.76	33786		1747.32	34101		519.37	35152		1256.21	35475		414.71	35612		791.07
33412		2088.88	33602		1372.02	33788		1174.35	34111		518.89	35180		735.42	35476		262.34	35616		992.24
33413		2738.38	33606		1480.92	33800		822.74	34151		1202.43	35182		1474.95	35480		488.52	35621		958.95
33414		1840.59	33608		1511.36	33802		893.06	34201		879.19	35184		874.15	35481		345.63	35623		1175.81
33415		1700.71	33610		1480.74	33803		957.90	34203		831.40	35188		728.06	35482		301.67	35626		1351.43
33416		1707.64	33611		1659.46	33813		1061.48	34401		1229.48	35189		1384.64	35483		365.10	35631		1613.00
33417		1406.76	33612		1666.47	33814		1281.54	34421		629.61	35190		637.64	35484		461.10	35632		1485.59
33420		1126.59	33615		1686.58	33820		818.59	34451		1292.90	35201		796.42	35485		425.00	35633		1603.59
33422		1421.71	33617		1801.74	33822		780.40	34471		956.37	35206		651.15	35490		527.93	35634		1454.27
33425		2281.36	33619		2233.41	33824		984.40	34490		521.01	35207		575.59	35491		358.43	35636		1430.96
33426		2022.84	33641		1375.11	33840		1017.16	34501		801.17	35211		1168.00	35492		320.81	35637		1488.59
33427		2087.66	33645		1335.35	33845		1140.89	34502		1294.01	35216		1680.98	35493		388.74	35638		1518.94
33430		2365.20	33647		1490.55	33851		1058.40	34510		928.21	35221		1200.58	35494		495.52	35642		891.99
33460		2131.75	33660		1487.10	33852		1227.02	34520		885.61	35226		720.07	35495		451.72	35645		861.58
33463		2588.44	33665		1697.55	33853		1643.31	34530		849.47	35231		988.67	35500		279.52	35646		1495.22
33464		2054.98	33670		1683.40	33860		2704.11	34800		979.74	35236		833.80	35501		1348.30	35647		1352.23
33465		2312.14	33675		1670.58	33861		2052.02	34802		1080.32	35241		1219.12	35506		1162.64	35650		923.52
33468		1580.95	33676		1555.66	33863		2673.77	34803		1116.52	35246		1304.00	35508		1218.18	35651		1200.68
33470		1031.04	33677		1616.44	33864		2742.76	34804		1081.74	35251		1425.83	35509		1295.46	35654		1194.82
33471		1000.54	33681		1542.75	33870		2137.54	34805		1025.39	35256		878.02	35510		1108.42	35656		939.43
33472		1004.36	33684		1672.54	33875		1664.09	34806		89.93	35261		897.33	35511		1038.48	35661		942.39
33474		1778.72	33688		1592.12	33877		3058.24	34808		177.91	35266		738.03	35512		1081.22	35663		1092.88
33475		1973.41	33690		984.15	33880		1559.65	34812		292.60	35271		1172.15	35515		1179.72	35665		1022.37
33476		1265.31	33692		1337.60	33881		1338.77	34813		207.06	35276		1214.77	35516		1074.17	35666		1102.35
33478		1323.29	33694		1665.34	33883		967.19	34820		421.89	35281		1362.06	35518		1034.92	35671		971.17

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
35681		69.90	36262		225.08	36596		36.90	37600		588.89	38571		657.11	40816		237.92	41828		162.39
35682		310.87	36400		15.67	36597		51.49	37605		677.49	38572		746.90	40818		203.52	41830		208.76
35683		367.25	36405		13.65	36598		43.69	37606		439.92	38700		619.98	40819		173.55	41872		201.01
35685		174.96	36406		7.64	36600		12.23	37607		312.03	38720		1040.82	40820		126.19	41874		189.58
35686		145.61	36410		7.36	36620		40.88	37609		162.08	38724		1121.99	40830		120.80	42000		78.17
35691		848.92	36420		41.07	36625		88.93	37615		396.66	38740		525.84	40831		168.16	42100		82.82
35693		750.23	36425		31.97	36640		100.12	37616		900.79	38745		669.30	40840		475.98	42104		104.12
35694		880.86	36430		25.85	36660		58.04	37617		1077.75	38746		216.58	40842		477.38	42106		134.31
35695		917.66	36440		45.26	36680		49.30	37618		312.37	38747		212.40	40843		634.25	42107		261.67
35697		130.26	36450		90.99	36800		128.95	37620		539.96	38760		653.79	40844		877.10	42120		746.23
35700		133.79	36455		100.88	36810		175.43	37650		421.17	38765		1012.67	40845		959.03	42140		116.62
35701		452.79	36460		286.58	36815		124.54	37660		1021.34	38770		646.06	41000		84.21	42145		788.68
35721		385.73	36470		57.33	36818		563.61	37700		206.43	38780		824.04	41005		94.71	42160		114.44
35741		426.43	36471		81.57	36819		671.97	37718		358.71	38790		65.81	41006		194.29	42180		140.84
35761		313.66	36475		296.60	36820		674.95	37722		400.79	38792		31.39	41007		189.03	42182		202.63
35800		403.64	36476		146.28	36821		571.83	37735		524.72	38794		237.37	41008		200.93	42200		671.25
35820		1667.92	36478		295.99	36822		310.28	37760		523.14	39000		396.29	41009		218.52	42205		709.44
35840		531.00	36479		145.21	36823		1076.85	37761		467.50	39010		655.97	41010		82.02	42210		830.43
35860		343.67	36481		293.61	36825		643.44	37765		378.24	39200		727.55	41015		252.18	42215		533.59
35870		1112.53	36500		152.24	36830		555.35	37766		465.10	39220		937.73	41016		260.21	42220		403.79
35875		510.87	36510		49.13	36831		383.05	37780		213.17	39400		411.66	41017		261.05	42225		695.36
35876		818.56	36511		75.92	36832		490.05	37785		213.35	39501		667.53	41018		306.05	42226		695.34
35879		804.27	36512		73.80	36833		553.53	37788		1143.11	39502		806.00	41019		379.24	42227		669.64
35881		891.78	36513		79.23	36835		389.67	37790		392.21	39503		4785.08	41100		82.87	42235		556.75
35883		1041.20	36514		74.80	36838		990.25	38100		889.45	39520		799.67	41105		84.98	42260		517.56
35884		1097.29	36515		73.19	36860		85.39	38101		894.93	39530		769.40	41108		68.02	42280		84.14
35901		426.32	36516		56.77	36861		124.68	38102		207.82	39531		806.98	41110		99.05	42281		115.77
35903		480.74	36522		80.46	36870		250.15	38115		982.54	39540		685.04	41112		187.85	42300		116.43
35905		1506.63	36555		100.66	37140		1163.64	38120		810.82	39541		741.54	41113		208.62	42305		333.88
35907		1665.85	36556		99.09	37145		1226.39	38200		121.60	39545		727.01	41114		485.68	42310		94.99
36000		7.91	36557		254.84	37160		1073.13	38205		63.57	39560		627.66	41115		111.76	42320		135.57
36002		90.03	36558		230.38	37180		1200.18	38206		63.68	39561		983.50	41116		164.99	42330		126.39
36005		41.68	36560		277.80	37181		1299.23	38220		48.86	40490		58.25	41120		788.75	42335		197.81
36010		103.25	36561		286.40	37182		716.10	38221		59.72	40500		275.08	41130		984.52	42340		260.05
36011		133.02	36563		298.73	37183		339.54	38230		262.71	40510		271.31	41135		1651.05	42400		44.49
36012		150.92	36565		287.55	37184		386.48	38240		98.30	40520		274.39	41140		1676.06	42405		175.36
36013		110.02	36566		306.24	37185		143.88	38241		98.48	40525		426.95	41145		2112.51	42408		252.06
36014		127.90	36568		78.26	37186		220.60	38242		74.77	40527		493.03	41150		1676.52	42409		170.56
36015		147.56	36569		76.49	37187		351.00	38300		138.77	40530		311.85	41153		1823.47	42410		484.89
36100		137.63	36570		245.89	37188		250.79	38305		354.81	40650		220.93	41155		2288.70	42415		873.97
36120		85.05	36571		256.82	37200		190.10	38308		345.48	40652		268.02	41250		110.38	42420		1001.60
36140		88.92	36575		29.00	37201		233.05	38380		433.81	40654		324.73	41251		125.32	42425		659.08
36147		154.64	36576		157.54	37202		285.85	38381		657.91	40700		714.38	41252		163.35	42426		1071.40
36148		41.34	36578		175.96	37203		222.67	38382		538.12	40701		869.52	41500		332.63	42440		363.85
36160		109.59	36580		55.14	37204		764.66	38500		193.12	40702		653.41	41510		310.24	42450		275.77
36200		132.64	36581		164.10	37205		374.06	38505		57.87	40720		780.56	41512		461.38	42500		261.65
36215		208.56	36582		250.88	37206		184.19	38510		326.16	40761		839.23	41520		190.09	42505		350.28
36216		234.97	36583		261.33	37207		367.80	38520		358.34	40800		94.92	41530		301.40	42507		391.82
36217		278.47	36584		55.02	37208		178.67	38525		328.03	40801		165.39	41800		99.36	42508		550.98
36218		44.35	36585		229.59	37209		96.75	38530		420.08	40804		96.66	41805		123.85	42509		666.83
36245		214.00	36589		113.58	37210		449.50	38542		400.22	40805		170.92	41806		194.18	42510		483.72
36246		233.88	36590		163.08	37215		948.04	38550		374.98	40806		24.92	41822		133.62	42550		51.71
36247		279.10	36591		16.90	37250		94.45	38555		774.95	40808		79.32	41823		239.01	42600		271.92
36248		44.35	36592		18.58	37251		70.63	38562		545.94	40810		94.58	41825		94.06	42650		45.04
36260		489.44	36593		20.54	37500		579.81	38564		548.92	40812		146.84	41826		153.21	42660		60.21
36261		296.36	36595		156.15	37565		581.78	38570		428.97	40814		226.48	41827		228.98	42665		158.64

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
42700		103.82	43201		102.83	43312		1353.86	43771		980.39	44156		1768.14	44397		220.44	45308		65.73
42720		308.48	43202		91.64	43313		2217.32	43772		739.24	44157		1677.71	44500		20.32	45309		72.35
42725		629.90	43204		179.35	43314		2400.54	43773		980.67	44158		1718.26	44602		1090.45	45315		85.16
42800		85.69	43205		179.17	43320		1092.33	43774		741.98	44160		960.04	44603		1249.05	45317		90.08
42802		103.37	43215		123.68	43324		1065.00	43775		1055.89	44180		712.25	44604		821.52	45320		84.76
42804		87.42	43216		114.32	43325		1050.29	43800		720.12	44186		503.53	44605		1014.24	45321		83.43
42806		102.57	43217		136.86	43326		1062.95	43810		782.66	44187		843.29	44615		834.50	45327		98.36
42808		126.85	43219		137.41	43330		1028.64	43820		1027.99	44188		935.88	44620		667.10	45330		49.25
42809		100.65	43220		101.54	43331		1104.51	43825		1005.70	44202		1075.24	44625		787.89	45331		59.69
42810		217.94	43226		113.35	43340		1071.39	43830		532.31	44203		192.66	44626		1253.17	45332		87.26
42815		426.73	43227		168.65	43341		1178.36	43831		445.02	44204		1196.18	44640		1091.63	45333		87.36
42820		225.91	43228		178.51	43350		930.22	43832		817.10	44205		1042.29	44650		1133.21	45334		131.24
42821		234.81	43231		152.68	43351		1070.46	43840		1041.71	44206		1363.14	44660		1072.47	45335		72.57
42825		201.92	43232		210.83	43352		871.51	43843		979.79	44207		1424.94	44661		1224.53	45337		113.47
42826		194.59	43234		96.63	43360		1864.70	43845		1518.11	44208		1543.94	44680		830.38	45338		112.97
42830		158.66	43235		116.20	43361		2106.21	43846		1265.23	44210		1386.76	44700		786.45	45339		149.28
42831		171.32	43236		141.23	43400		1234.61	43847		1384.89	44211		1726.09	44701		132.33	45340		92.03
42835		143.95	43237		189.54	43401		1220.39	43848		1496.93	44212		1590.32	44720		202.75	45341		125.43
42836		186.66	43238		236.90	43405		1183.01	43850		1256.47	44213		150.17	44721		305.85	45342		191.74
42842		748.61	43239		137.83	43410		809.47	43855		1303.65	44227		1300.54	44800		583.94	45345		139.55
42844		1044.89	43240		319.05	43415		1377.18	43860		1272.13	44300		650.06	44820		647.75	45355		161.79
42845		1716.94	43241		124.69	43420		785.87	43865		1323.78	44310		807.34	44850		572.47	45378		173.42
42860		143.50	43242		340.83	43425		1198.72	43870		545.69	44312		456.23	44900		592.81	45378	53	49.25
42870		431.36	43243		214.90	43450		70.44	43880		1240.14	44314		779.46	44901		141.00	45379		217.37
42890		1074.75	43244		237.55	43453		76.54	43886		263.85	44316		1087.93	44950		496.26	45380		208.35
42892		1416.79	43245		150.92	43456		124.01	43887		240.96	44320		925.67	44955		66.53	45381		197.10
42894		1808.84	43246		202.86	43458		145.75	43888		342.04	44322		736.42	44960		673.09	45382		265.78
42900		266.47	43247		160.99	43460		176.66	44005		847.33	44340		466.81	44970		457.34	45383		269.35
42950		597.71	43248		151.71	43500		605.55	44010		667.34	44345		808.22	45000		316.93	45384		217.76
42953		729.47	43249		139.81	43501		1040.47	44015		114.08	44346		909.93	45005		115.88	45385		247.24
42955		562.07	43250		151.60	43502		1178.18	44020		749.96	44360		125.99	45020		423.22	45386		212.97
42960		130.79	43251		174.99	43510		722.84	44021		758.28	44361		138.46	45100		219.52	45387		277.01
42961		324.39	43255		226.79	43520		544.80	44025		763.11	44363		164.62	45108		271.13	45391		237.97
42962		401.76	43256		204.91	43600		85.78	44050		721.85	44364		177.45	45110		1425.88	45392		304.69
42970		305.09	43257		253.57	43605		642.27	44055		1161.21	44365		158.21	45111		838.92	45395		1532.66
42971		354.46	43258		214.32	43610		757.57	44100		91.85	44366		208.96	45112		1468.51	45397		1653.23
42972		397.65	43259		244.32	43611		944.70	44110		654.58	44369		213.63	45113		1533.82	45400		888.95
43020		409.90	43260		279.09	43620		1539.48	44111		762.66	44370		229.85	45114		1399.68	45402		1186.48
43030		407.53	43261		293.48	43621		1767.88	44120		947.34	44372		205.45	45116		1206.59	45500		386.80
43045		1064.97	43262		344.26	43622		1790.50	44121		192.18	44373		165.38	45119		1504.36	45505		431.19
43100		484.38	43263		340.16	43631		1125.49	44125		914.78	44376		244.50	45120		1222.91	45520		29.63
43101		825.25	43264		413.52	43632		1568.62	44126		1906.86	44377		258.44	45121		1337.80	45540		815.42
43107		2059.84	43265		464.39	43633		1485.00	44127		2212.31	44378		331.52	45123		852.75	45541		702.68
43108		3632.76	43267		343.14	43634		1642.91	44128		193.22	44379		350.31	45126		2264.18	45550		1126.31
43112		2198.88	43268		348.18	43635		89.55	44130		1006.05	44380		54.64	45130		834.22	45560		543.49
43113		3590.33	43269		382.37	43640		908.80	44139		96.52	44382		65.49	45135		1045.66	45562		854.83
43116		3982.29	43271		344.36	43641		919.81	44140		1038.98	44383		137.25	45136		1389.30	45563		1252.85
43117		2014.52	43272		343.70	43644		1348.36	44141		1394.95	44385		84.66	45150		295.67	45800		942.67
43118		2966.75	43273		98.76	43645		1442.02	44143		1286.88	44386		99.98	45160		775.30	45805		1111.65
43121		2335.17	43279		925.50	43651		498.53	44144		1364.72	44388		132.95	45171		468.12	45820		897.44
43122		2038.05	43280		841.80	43652		584.85	44145		1291.14	44389		147.59	45172		645.64	45825		1120.86
43123		3656.61	43281		1259.78	43653		429.51	44146		1627.07	44390		177.24	45190		516.97	45900		151.34
43124		3106.97	43282		1417.46	43752		33.49	44147		1493.81	44391		201.99	45300		39.67	45905		126.54
43130		621.20	43300		476.24	43760		40.52	44150		1431.17	44392		175.78	45303		68.61	45910		148.37
43135		1210.25	43305		862.22	43761		85.18	44151		1645.13	44393		222.74	45305		60.08	45915		167.54
43200		81.92	43310		1238.91	43770		858.66	44155		1594.08	44394		205.64	45307		77.97	45990		83.93

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
46020		168.88	46760		816.32	47553		264.71	48547		1384.44	49465		25.85	50100		836.59	50555		286.80
46030		66.53	46761		708.55	47554		400.63	48548		1289.70	49491		602.50	50120		785.37	50557		290.52
46040		301.27	46762		694.88	47555		315.44	48552		188.14	49492		720.30	50125		821.39	50561		332.47
46045		314.55	46900		103.24	47556		357.22	48554		1922.85	49495		305.42	50130		859.90	50562		488.70
46050		70.43	46910		100.37	47560		213.06	48556		961.73	49496		468.92	50135		932.72	50570		414.67
46060		343.63	46916		108.81	47561		231.63	49000		595.92	49500		303.38	50200		118.97	50572		448.89
46070		160.84	46917		99.98	47562		570.19	49002		802.92	49501		458.76	50205		585.24	50574		476.85
46080		121.04	46922		100.47	47563		580.43	49010		740.94	49505		394.28	50220		860.42	50575		602.99
46083		80.33	46924		139.56	47564		667.91	49020		1230.47	49507		486.48	50225		991.08	50576		475.98
46200		227.00	46930		108.28	47570		596.57	49021		140.70	49520		482.79	50230		1068.91	50580		510.64
46220		87.21	46940		111.12	47600		825.78	49040		772.51	49521		588.58	50234		1084.13	50590		467.60
46221		137.65	46942		98.72	47605		755.18	49041		166.26	49525		436.10	50236		1223.12	50592		301.70
46230		129.70	46945		158.03	47610		969.79	49060		860.16	49540		516.46	50240		1102.25	50593		388.63
46250		230.11	46946		163.94	47612		980.63	49061		153.77	49550		438.60	50250		1019.41	50600		777.78
46255		261.40	46947		283.83	47620		1063.26	49062		580.20	49553		480.95	50280		789.04	50605		780.70
46257		306.57	47000		80.02	47630		449.46	49080		56.75	49555		457.01	50290		723.29	50610		786.63
46258		341.91	47001		82.29	47700		803.84	49081		54.36	49557		555.69	50320		1114.98	50620		751.73
46260		348.01	47010		924.80	47701		1369.01	49180		72.40	49560		566.89	50327		173.53	50630		735.20
46261		390.39	47011		154.43	47711		1203.65	49203		930.36	49561		717.15	50328		151.47	50650		859.75
46262		406.12	47015		885.02	47712		1545.98	49204		1187.36	49565		589.26	50329		143.19	50660		949.34
46270		280.12	47100		640.15	47715		1015.85	49205		1364.91	49566		724.59	50340		712.40	50684		40.63
46275		297.35	47120		1804.00	47720		877.20	49215		1709.33	49568		212.12	50360		1962.82	50686		76.43
46280		339.04	47122		2682.23	47721		1035.70	49220		748.37	49570		311.42	50365		2213.55	50688		65.10
46285		294.80	47125		2399.66	47740		1001.64	49250		443.42	49572		388.61	50370		914.61	50690		57.51
46288		401.05	47130		2578.59	47741		1132.31	49255		605.32	49580		250.81	50380		1549.84	50700		767.27
46320		82.47	47135		3806.79	47760		1732.59	49320		251.99	49582		360.82	50382		231.93	50715		937.96
46500		93.51	47136		3250.54	47765		2325.73	49321		266.29	49585		334.15	50384		210.95	50722		829.50
46505		175.12	47140		2751.69	47780		1902.92	49322		287.80	49587		397.07	50385		197.29	50725		903.81
46600		29.35	47141		2996.06	47785		2498.57	49323		494.85	49590		434.68	50386		149.03	50727		413.73
46604		50.53	47142		3641.97	47800		1217.37	49324		304.88	49600		562.91	50387		84.03	50728		570.38
46606		57.80	47146		261.10	47801		821.01	49325		326.66	49605		3904.88	50389		45.88	50740		961.30
46608		61.90	47147		303.96	47802		1170.71	49326		150.96	49606		877.97	50390		81.65	50750		964.27
46610		62.27	47300		865.99	47900		1051.96	49400		79.47	49610		528.31	50391		83.71	50760		922.71
46611		62.36	47350		1056.00	48000		1442.98	49402		659.48	49611		431.68	50392		149.65	50770		940.48
46612		74.16	47360		1444.32	48001		1795.57	49411		159.86	49650		322.55	50393		182.18	50780		913.62
46614		50.68	47361		2356.23	48020		902.96	49419		342.79	49651		419.43	50394		40.63	50782		946.63
46615		73.40	47362		1102.57	48100		681.51	49420		107.17	49652		561.38	50395		150.49	50783		928.15
46700		482.43	47370		959.38	48102		203.21	49421		296.59	49653		703.11	50396		96.70	50785		1006.03
46705		366.44	47371		978.55	48105		2215.68	49422		299.90	49654		645.79	50398		62.17	50800		764.59
46706		126.16	47380		1121.18	48120		854.79	49423		61.89	49655		777.30	50400		961.54	50810		1085.75
46707		356.65	47381		1153.21	48140		1209.94	49424		32.51	49656		647.51	50405		1162.49	50815		1014.86
46710		841.42	47382		657.23	48145		1258.80	49425		590.76	49657		934.18	50500		1004.99	50820		1088.65
46712		1552.13	47400		1668.85	48146		1434.66	49426		497.50	49900		620.97	50520		856.32	50825		1377.41
46715		361.94	47420		1034.23	48148		955.37	49427		37.96	49904		1145.48	50525		1169.33	50830		1490.59
46716		879.70	47425		1047.68	48150		2414.99	49428		338.08	49905		280.85	50526		1124.09	50840		1021.97
46730		1426.64	47460		987.14	48152		2234.91	49429		353.40	50010		588.94	50540		943.92	50845		1036.13
46735		1585.99	47480		658.49	48153		2410.93	49435		96.08	50020		839.69	50541		767.01	50860		782.46
46740		1622.81	47490		407.50	48154		2241.57	49436		142.26	50021		140.42	50542		973.10	50900		692.42
46742		1903.27	47500		82.03	48155		1393.04	49440		186.17	50040		768.33	50543		1242.60	50920		730.92
46744		2573.02	47505		31.67	48400		85.54	49441		211.08	50045		770.00	50544		1044.66	50930		957.41
46746		2784.98	47510		387.46	48500		874.15	49442		173.55	50060		949.84	50545		1122.83	50940		731.96
46748		3008.39	47511		483.80	48510		828.45	49446		138.69	50065		998.68	50546		998.47	50945		810.70
46750		579.62	47525		81.83	48511		166.93	49450		56.20	50070		990.97	50547		1259.04	50947		1148.71
46751		470.85	47530		291.14	48520		844.64	49451		77.73	50075		1218.38	50548		1129.32	50948		1068.36
46753		436.40	47550		131.44	48540		1009.62	49452		120.08	50080		724.80	50551		247.89	50951		258.27
46754		164.06	47552		263.61	48545		1030.15	49460		40.26	50081		1066.68	50553		264.05	50953		284.11

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
50955		306.41	51728	TC	142.86	52276		222.80	53240		352.25	54120		523.98	54500		62.22	55725		486.42
50957		297.76	51728	26	85.88	52277		274.43	53250		346.99	54125		675.98	54505		174.78	55801		904.46
50961		266.95	51729		246.54	52281		128.99	53260		146.87	54130		995.44	54512		444.17	55810		1098.35
50970		312.36	51729	TC	144.54	52282		282.70	53265		153.05	54135		1264.90	54520		268.20	55812		1342.61
50972		301.03	51729	26	101.99	52283		168.28	53270		155.46	54150		81.63	54522		480.07	55815		1473.32
50974		398.66	51736		42.64	52285		163.13	53275		218.88	54160		119.88	54530		418.57	55821		727.62
50976		392.28	51736	TC	17.18	52290		205.45	53400		663.91	54161		162.87	54535		610.02	55831		787.97
50980		300.16	51736	26	25.46	52300		237.39	53405		728.17	54162		163.15	54550		404.40	55840		1116.79
51020		385.95	51741		67.08	52301		246.03	53410		815.11	54163		178.72	54560		554.91	55842		1196.39
51030		379.13	51741	TC	19.98	52305		233.90	53415		942.28	54164		157.56	54600		373.85	55845		1368.27
51040		238.58	51741	26	47.11	52310		126.76	53420		676.40	54200		68.94	54620		249.96	55860		728.32
51045		394.15	51784		157.12	52315		230.74	53425		783.29	54205		443.08	54640		388.56	55862		916.72
51050		390.39	51784	TC	93.60	52317		292.66	53430		796.12	54220		111.94	54650		584.20	55865		1115.69
51060		480.73	51784	26	63.52	52318		399.33	53431		960.50	54230		65.88	54660		292.52	55866		1454.33
51065		477.66	51785		170.83	52320		207.60	53440		730.48	54231		96.94	54670		333.10	55870		119.36
51080		334.27	51785	TC	107.03	52325		269.39	53442		643.89	54235		60.33	54680		647.19	55873		731.86
51100		32.63	51785	26	63.80	52327		221.30	53444		660.29	54240		80.21	54690		572.48	55875		632.85
51101		43.88	51792		174.46	52330		221.81	53445		729.97	54240	TC	25.85	54692		633.39	55876		84.43
51102		123.13	51792	TC	128.31	52332		130.13	53446		533.51	54240	26	54.35	54700		175.26	55920		361.21
51500		512.34	51792	26	46.16	52334		214.99	53447		674.11	54250		101.54	54800		115.28	56405		83.44
51520		485.36	51797		108.40	52341		243.28	53448		1067.91	54250	TC	9.34	54830		305.86	56420		72.66
51525		713.99	51797	TC	74.00	52342		264.45	53449		507.52	54250	26	92.20	54840		265.51	56440		144.31
51530		643.83	51797	26	34.40	52343		294.39	53450		337.50	54300		536.46	54860		345.42	56441		109.29
51535		639.97	51798		14.66	52344		319.57	53460		378.80	54304		628.11	54861		467.16	56442		37.78
51550		796.23	51800		867.32	52345		340.74	53500		616.99	54308		597.93	54865		293.67	56501		88.66
51555		1050.82	51820		879.54	52346		384.60	53502		399.69	54312		686.06	54900		630.01	56515		155.21
51565		1070.45	51840		535.91	52351		263.33	53505		402.21	54316		836.24	54901		872.15	56605		48.17
51570		1224.50	51841		637.85	52352		308.86	53510		523.46	54318		587.94	55000		69.80	56606		23.86
51575		1521.30	51845		484.32	52353		355.67	53515		659.30	54322		654.41	55040		278.41	56620		389.46
51580		1584.33	51860		603.44	52354		328.97	53520		459.77	54324		813.68	55041		419.96	56625		471.58
51585		1765.13	51865		736.94	52355		391.99	53600		53.73	54326		771.95	55060		312.44	56630		694.49
51590		1613.19	51880		383.33	52400		394.03	53601		44.94	54328		780.14	55100		134.11	56631		882.28
51595		1830.92	51900		674.41	52402		225.48	53605		54.35	54332		848.58	55110		317.92	56632		1021.15
51596		1966.62	51920		621.05	52450		386.94	53620		73.04	54336		960.34	55120		291.97	56633		905.46
51597		1908.45	51925		841.69	52500		402.85	53621		60.29	54340		468.29	55150		402.80	56634		955.16
51600		36.91	51940		1339.58	52601		692.35	53660		34.14	54344		794.66	55175		298.44	56637		1127.21
51605		31.46	51960		1157.24	52630		367.31	53661		33.59	54348		843.36	55180		568.61	56640		1120.06
51610		51.99	51980		588.65	52640		245.66	53665		32.43	54352		1192.04	55200		227.43	56700		146.68
51700		37.57	51990		615.97	52647		535.15	53850		471.15	54360		603.59	55250		184.92	56740		235.05
51701		22.67	51992		684.65	52648		571.57	53852		514.29	54380		668.68	55300		151.37	56800		191.38
51702		24.91	52000		104.30	52649		808.77	53855		66.62	54385		844.27	55400		415.13	56805		912.99
51703		67.87	52001		240.56	52700		360.18	54000		87.85	54390		996.84	55450		211.27	56810		205.81
51705		55.07	52005		110.68	53000		122.40	54001		113.83	54400		440.93	55500		317.21	56820		67.49
51710		78.55	52007		138.23	53010		241.24	54015		256.65	54401		540.34	55520		341.28	56821		91.35
51715		166.35	52010		135.16	53020		81.21	54050		80.14	54405		673.48	55530		290.70	57000		150.40
51720		68.18	52204		117.69	53025		53.64	54055		72.34	54406		606.86	55535		353.00	57010		340.57
51725		168.30	52214		177.39	53040		322.56	54056		83.60	54408		655.85	55540		411.44	57020		64.97
51725	TC	105.35	52224		141.80	53060		132.07	54057		75.46	54410		715.98	55550		348.53	57022		132.49
51725	26	62.95	52234		206.60	53080		354.53	54060		105.39	54411		852.10	55600		347.89	57023		246.42
51726		246.80	52235		242.24	53085		521.36	54065		132.83	54415		436.56	55605		418.06	57061		75.42
51726	TC	175.46	52240		424.27	53200		116.95	54100		98.24	54416		586.43	55650		591.34	57065		134.29
51726	26	71.34	52250		203.41	53210		638.59	54105		176.87	54417		746.48	55680		279.49	57100		52.27
51727		229.22	52260		175.92	53215		774.04	54110		516.98	54420		587.56	55700		114.88	57105		97.01
51727	TC	142.02	52265		134.38	53220		373.00	54111		666.85	54430		532.60	55705		222.27	57106		375.87
51727	26	87.20	52270		152.27	53230		501.05	54112		782.83	54435		344.54	55706		311.10	57107		1113.97
51728		228.74	52275		208.90	53235		526.56	54115		348.40	54450		48.80	55720		373.46	57109		1277.67

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
57110		713.75	57461		150.80	58520		644.03	58952		1237.02	59618		1696.86	61120		566.14	61538		2074.28
57111		1287.74	57500		58.99	58540		721.27	58953		1533.29	59620		811.71	61140		972.34	61539		1845.51
57112		1300.77	57505		70.74	58541		681.58	58954		1662.75	59622		950.78	61150		1049.30	61540		1711.15
57120		403.79	57510		91.30	58542		761.36	58956		1045.47	59812		233.81	61151		761.98	61541		1679.56
57130		126.08	57511		103.10	58543		774.35	58957		1190.89	59820		278.25	61154		974.34	61542		1797.65
57135		136.00	57513		103.38	58544		837.09	58958		1311.75	59821		281.32	61156		970.67	61543		1688.07
57150		23.86	57520		213.40	58545		711.44	58960		733.63	59830		347.72	61210		296.92	61544		1430.32
57155		325.32	57522		190.40	58546		898.87	58970		149.27	59840		163.83	61215		375.67	61545		2495.11
57160		38.17	57530		270.40	58548		1413.79	58976		165.58	59841		286.94	61250		659.24	61546		1806.16
57170		38.85	57531		1355.28	58550		700.90	59000		65.16	59850		273.45	61253		652.55	61548		1219.40
57180		83.66	57540		617.80	58552		778.03	59001		147.99	59851		317.65	61304		1278.87	61550		720.93
57200		232.90	57545		653.20	58553		904.21	59012		164.40	59852		393.84	61305		1567.92	61552		942.55
57210		288.43	57550		320.78	58554		1045.14	59015		107.33	59855		331.32	61312		1628.52	61556		1312.23
57220		251.51	57555		474.73	58555		151.07	59020		52.27	59856		391.42	61313		1543.78	61557		1309.60
57230		316.55	57556		449.83	58558		213.45	59020	TC	22.50	59857		411.62	61314		1422.28	61558		1463.71
57240		529.88	57558		89.26	58559		274.62	59020	26	29.78	59866		170.03	61315		1619.40	61559		1559.37
57250		528.43	57700		241.80	58560		310.49	59025		35.90	59870		373.25	61316		70.35	61563		1550.83
57260		655.91	57720		241.03	58561		439.32	59025	TC	12.14	59871		107.63	61320		1491.50	61564		1888.55
57265		723.94	57800		38.24	58562		232.55	59025	26	23.76	60000		110.38	61321		1652.62	61566		1768.06
57267		209.88	58100		69.48	58563		274.62	59030		79.97	60100		64.97	61322		1843.10	61567		2017.60
57268		378.93	58110		33.20	58565		343.18	59050		40.94	60200		507.85	61323		1866.43	61570		1447.59
57270		634.18	58120		171.47	58570		732.26	59051		34.07	60210		546.24	61330		1356.34	61571		1556.86
57280		765.11	58140		728.62	58571		810.60	59070		254.06	60212		783.24	61332		1529.82	61575		1943.04
57282		396.73	58145		428.86	58572		910.39	59072		428.50	60220		596.25	61333		1579.71	61576		2756.50
57283		549.23	58146		921.55	58573		1040.46	59074		253.78	60225		717.77	61334		1050.99	61580		1867.38
57284		659.04	58150		788.78	58600		286.59	59076		422.62	60240		758.94	61340		1117.13	61581		2058.50
57285		538.82	58152		992.44	58605		259.87	59100		665.52	60252		1028.40	61343		1722.95	61582		2255.85
57287		548.59	58180		759.26	58611		62.41	59120		635.68	60254		1316.72	61345		1595.52	61583		2228.15
57288		573.11	58200		1041.01	58615		195.23	59121		637.63	60260		854.55	61440		1563.28	61584		2186.44
57289		588.49	58210		1389.82	58660		534.51	59130		652.55	60270		1087.39	61450		1500.56	61585		2427.71
57291		426.92	58240		2208.17	58661		512.40	59135		657.63	60271		827.16	61458		1571.52	61586		1748.98
57292		658.34	58260		656.60	58662		560.28	59136		704.21	60280		337.47	61460		1632.90	61590		2381.80
57295		383.14	58262		733.15	58670		288.65	59140		280.66	60281		450.76	61470		1500.96	61591		2419.00
57296		758.01	58263		789.90	58671		288.09	59150		615.23	60300		40.27	61480		1210.57	61592		2450.33
57300		427.95	58267		839.60	58672		586.66	59151		601.33	60500		792.53	61490		1483.82	61595		1823.27
57305		719.57	58270		701.84	58673		639.15	59160		142.42	60502		996.58	61500		1037.82	61596		1941.87
57307		815.41	58275		782.53	58700		611.94	59200		36.45	60505		1089.66	61501		889.05	61597		2280.83
57308		503.43	58280		836.75	58720		570.32	59300		118.28	60512		192.96	61510		1700.95	61598		2091.65
57310		374.97	58285		1047.44	58740		695.19	59320		122.92	60520		812.95	61512		2004.56	61600		1638.32
57311		427.63	58290		917.75	58750		718.31	59325		171.77	60521		933.47	61514		1488.92	61601		1822.76
57320		431.73	58291		996.53	58752		678.52	59350		225.94	60522		1129.17	61516		1444.67	61605		1690.36
57330		603.98	58292		1050.77	58760		646.13	59400		1430.84	60540		843.74	61517		69.96	61606		2340.98
57335		929.27	58293		1091.74	58770		670.92	59409		620.67	60545		967.83	61518		2162.14	61607		2263.60
57400		106.96	58294		971.42	58800		235.72	59410		724.69	60600		1155.91	61519		2322.20	61608		2520.63
57410		84.53	58301		54.40	58805		319.27	59412		83.40	60605		1428.54	61520		2961.64	61609		496.30
57415		125.42	58321		37.40	58820		245.40	59414		74.43	60650		947.92	61521		2504.11	61610		1505.66
57420		71.60	58322		47.05	58822		579.21	59425		290.99	61000		83.36	61522		1714.35	61611		314.64
57421		97.84	58323		10.02	58823		141.66	59426		516.51	61001		96.22	61524		1623.57	61612		1162.80
57423		737.49	58340		46.28	58825		551.14	59430		100.99	61020		102.09	61526		2838.78	61613		2531.22
57425		774.39	58345		222.55	58900		339.11	59510		1622.93	61026		98.35	61530		2409.37	61615		1805.41
57426		691.92	58346		349.63	58920		554.01	59514		738.52	61050		81.24	61531		940.62	61616		2569.56
57452		72.15	58350		61.29	58925		584.04	59515		876.47	61055		107.22	61533		1185.01	61618		1010.61
57454		108.13	58353		173.72	58940		401.88	59525		395.84	61070		62.37	61534		1278.40	61619		1161.95
57455		88.40	58356		278.39	58943		893.19	59610		1509.86	61105		341.07	61535		764.87	61623		449.75
57456		82.48	58400		349.55	58950		851.65	59612		699.16	61107		253.45	61536		2032.00	61624		899.84
57460		129.88	58410		638.64	58951		1096.66	59614		785.07	61108		686.98	61537		1922.08	61626		710.14

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
61630		1026.04	62145		1104.52	63003		961.93	63265		1300.72	64405		60.90	64614		115.60	64809		610.04
61635		1108.18	62146		958.26	63005		911.57	63266		1340.92	64408		69.04	64620		129.62	64818		520.86
61680		1773.95	62147		1135.93	63011		838.54	63267		1068.84	64410		66.09	64622		137.95	64820		573.89
61682		3326.84	62148		101.34	63012		922.59	63268		1115.35	64412		56.35	64623		38.68	64821		522.92
61684		2224.79	62160		152.88	63015		1151.40	63270		1618.71	64413		61.12	64626		185.21	64822		517.60
61686		3568.22	62161		1180.94	63016		1177.93	63271		1620.97	64415		56.48	64627		45.37	64823		588.49
61690		1706.01	62162		1478.98	63017		964.33	63272		1489.83	64416		66.20	64630		146.79	64831		512.67
61692		2888.23	62163		947.46	63020		902.31	63273		1432.06	64417		55.61	64632		56.24	64832		266.60
61697		3323.88	62164		1611.22	63030		743.56	63275		1401.25	64418		57.29	64640		131.21	64834		564.97
61698		3631.73	62165		1218.26	63035		155.04	63276		1392.27	64420		51.47	64650		31.74	64835		620.06
61700		2706.21	62180		1247.80	63040		1094.97	63277		1207.85	64421		71.16	64653		42.05	64836		620.62
61702		3155.91	62190		706.06	63042		1009.08	63278		1222.95	64425		73.18	64680		125.06	64837		287.87
61703		1055.44	62192		751.45	63045		986.05	63280		1657.55	64430		66.75	64681		158.58	64840		646.25
61705		2027.75	62194		284.75	63046		938.63	63281		1637.88	64435		66.61	64702		358.58	64856		779.05
61708		1608.43	62200		1069.96	63047		849.51	63282		1544.16	64445		62.67	64704		248.80	64857		812.95
61710		1495.53	62201		922.01	63048		170.69	63283		1473.43	64446		67.88	64708		363.57	64858		919.63
61711		2044.40	62220		784.13	63050		1214.16	63285		2042.62	64447		53.70	64712		416.84	64859		201.20
61720		958.07	62223		808.33	63051		1337.47	63286		2019.75	64448		60.35	64713		588.94	64861		1045.14
61735		1199.13	62225		387.23	63055		1271.96	63287		2151.92	64449		68.44	64714		510.08	64862		1128.07
61750		1094.88	62230		648.55	63056		1153.52	63290		2188.92	64450		53.96	64716		400.96	64864		665.25
61751		1063.04	62252		76.08	63057		258.83	63295		264.66	64455		30.16	64718		434.32	64865		873.69
61760		1214.28	62252	TC	39.29	63064		1381.80	63300		1433.04	64479		97.48	64719		296.02	64866		901.07
61770		1238.40	62252	26	36.79	63066		166.69	63301		1688.45	64480		64.91	64721		312.92	64868		795.31
61790		661.90	62256		451.31	63075		1072.15	63302		1671.01	64483		84.02	64722		259.73	64870		846.15
61791		852.37	62258		871.94	63076		201.56	63303		1765.69	64484		53.56	64726		213.73	64872		91.98
61795		193.97	62263		297.10	63077		1173.04	63304		1831.89	64490		86.39	64727		145.30	64874		133.77
61796		632.63	62264		179.69	63078		156.20	63305		1915.26	64491		49.77	64732		312.40	64876		157.24
61797		146.62	62267		127.53	63081		1385.49	63306		1924.59	64492		50.61	64734		311.86	64885		864.09
61798		822.14	62268		204.28	63082		216.90	63307		1836.91	64493		73.24	64736		333.48	64886		1024.50
61799		202.49	62269		210.83	63085		1494.76	63308		258.67	64494		42.43	64738		386.49	64890		838.79
61800		101.57	62270		62.42	63086		155.36	63600		628.74	64495		43.27	64740		345.89	64891		885.59
61850		759.76	62272		66.76	63087		1886.81	63610		321.55	64505		62.89	64742		358.69	64892		812.17
61860		1222.92	62273		86.67	63088		207.93	63615		921.17	64508		57.83	64744		343.72	64893		859.00
61863		1166.27	62280		123.48	63090		1542.10	63620		686.12	64510		52.70	64746		354.28	64895		1020.21
61864		229.23	62281		116.27	63091		143.34	63621		168.64	64517		92.77	64752		394.13	64896		1220.63
61867		1792.27	62282		107.98	63101		1814.35	63650		316.21	64520		59.35	64755		706.59	64897		981.71
61868		404.23	62284		69.82	63102		1752.16	63655		659.17	64530		70.21	64760		379.84	64898		1068.26
61870		921.70	62287		420.99	63103		235.56	63661		236.20	64550		6.97	64761		346.06	64901		486.56
61875		765.56	62290		132.34	63170		1224.35	63662		553.55	64553		124.57	64763		414.53	64902		561.19
61880		425.19	62291		127.02	63172		1092.68	63663		372.85	64555		116.62	64766		459.48	64905		791.69
61885		493.41	62292		378.67	63173		1343.89	63664		576.33	64560		117.76	64771		431.84	64907		922.72
61886		627.09	62294		563.13	63180		1101.25	63685		302.92	64561		328.77	64772		436.24	64910		622.92
61888		302.05	62310		79.55	63182		1205.23	63688		273.58	64565		93.97	64774		313.96	64911		771.20
62000		754.23	62311		65.87	63185		923.26	63700		985.42	64573		463.32	64776		295.56	65091		465.75
62005		977.95	62318		78.26	63190		983.36	63702		1097.24	64575		213.33	64778		145.41	65093		461.62
62010		1181.90	62319		73.92	63191		901.21	63704		1241.74	64577		292.79	64782		347.07	65101		538.60
62100		1253.75	62350		298.04	63194		1064.78	63706		1410.59	64580		233.75	64783		168.60	65103		563.39
62115		958.51	62351		656.96	63195		1187.73	63707		696.41	64581		635.64	64784		556.51	65105		623.33
62116		1382.54	62355		224.09	63196		1155.17	63709		850.84	64585		120.00	64786		826.48	65110		879.57
62117		1354.26	62360		227.89	63197		1329.37	63710		853.74	64590		133.83	64787		194.79	65112		1029.89
62120		1316.14	62361		300.06	63198		1254.49	63740		727.57	64595		104.38	64788		297.17	65114		1079.57
62121		1343.74	62362		313.12	63199		1404.72	63741		463.24	64600		168.18	64790		636.79	65125		211.99
62140		804.99	62365		247.30	63200		1184.00	63744		506.08	64605		256.08	64792		892.89	65130		534.71
62141		886.78	62367		19.29	63250		2330.00	63746		443.99	64610		379.95	64795		154.14	65135		544.02
62142		680.68	62368		30.08	63251		2386.73	64400		50.87	64612		117.91	64802		458.24	65140		576.10
62143		800.05	63001		957.85	63252		2384.10	64402		57.25	64613		110.12	64804		644.99	65150		402.31

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
65155		624.80	66155		603.11	67043		1191.73	67710		70.74	68330		339.46	69424		47.73	69820		653.04
65175		466.70	66160		684.56	67101		494.19	67715		79.89	68335		480.44	69433		98.22	69840		677.04
65205		33.61	66165		591.01	67105		465.00	67800		76.83	68340		293.15	69436		123.63	69905		697.50
65210		40.26	66170		854.00	67107		901.71	67801		101.51	68360		303.14	69440		515.70	69910		784.04
65220		32.49	66172		1075.63	67108		1176.00	67805		124.44	68362		486.65	69450		404.55	69915		1166.48
65222		44.46	66180		848.04	67110		556.50	67808		270.66	68371		288.20	69501		555.25	69930		954.25
65235		507.24	66185		547.66	67112		969.38	67810		69.97	68400		100.78	69502		740.47	69950		1405.28
65260		669.21	66220		526.09	67113		1278.06	67820		39.49	68420		125.35	69505		906.06	69955		1538.32
65265		810.65	66225		696.79	67115		353.71	67825		88.81	68440		70.19	69511		930.61	69960		1499.97
65270		102.97	66250		410.16	67120		411.28	67830		102.19	68500		737.98	69530		1259.87	69970		1671.64
65272		243.83	66500		243.41	67121		670.68	67835		327.08	68505		726.79	69535		2064.73	69990		174.04
65273		267.27	66505		266.62	67141		355.05	67840		116.75	68510		225.52	69540		95.12	70010	26	51.43
65275		331.24	66600		573.51	67145		356.46	67850		102.03	68520		494.47	69550		781.84	70015	26	48.55
65280		500.66	66605		738.08	67208		403.40	67875		73.24	68525		208.37	69552		1198.97	70030	26	6.96
65285		772.89	66625		307.83	67210		490.19	67880		268.37	68530		197.12	69554		1907.47	70100	26	7.25
65286		357.87	66630		414.69	67218		983.56	67882		348.93	68540		669.04	69601		796.85	70110	26	10.11
65290		365.75	66635		399.32	67220		755.24	67900		379.69	68550		809.53	69602		827.65	70120	26	7.25
65400		430.25	66680		381.64	67221		161.76	67901		427.63	68700		447.95	69603		955.80	70130	26	13.55
65410		79.45	66682		459.47	67225		20.48	67902		534.58	68705		123.54	69604		851.95	70134	26	13.55
65420		267.28	66700		278.35	67227		398.15	67903		366.30	68720		557.50	69605		1186.36	70140	26	7.54
65426		343.71	66710		291.92	67228		770.91	67904		441.49	68745		566.76	69610		228.28	70150	26	10.40
65430		76.40	66711		443.49	67229		810.29	67906		358.71	68750		584.49	69620		371.00	70160	26	6.96
65435		51.83	66720		299.15	67250		571.07	67908		317.63	68760		107.63	69631		663.43	70170	26	12.50
65436		272.51	66740		274.81	67255		620.87	67909		326.38	68761		85.59	69632		815.34	70190	26	8.40
65450		225.78	66761		297.82	67311		437.55	67911		413.96	68770		451.54	69633		786.01	70200	26	11.26
65600		243.73	66762		304.05	67312		532.28	67912		361.31	68801		76.53	69635		917.75	70210	26	6.96
65710		799.72	66770		335.23	67314		491.99	67914		213.93	68810		138.21	69636		1041.21	70220	26	9.83
65730		889.49	66820		282.63	67316		597.90	67915		184.63	68811		151.67	69637		1038.06	70240	26	7.82
65750		896.26	66821		219.98	67318		490.46	67916		318.11	68815		189.78	69641		790.47	70250	26	9.54
65755		895.13	66825		542.10	67320		232.97	67917		353.17	68816		184.18	69642		1019.87	70260	26	13.27
65756		832.89	66830		498.14	67331		234.62	67921		201.65	68840		82.62	69643		931.92	70300	26	4.39
65770		1149.16	66840		516.88	67332		255.20	67922		177.98	68850		43.56	69644		1121.83	70310	26	6.96
65772		289.50	66850		573.06	67334		217.91	67923		345.85	69000		88.92	69645		1098.87	70320	26	9.25
65775		383.88	66852		625.28	67335		115.19	67924		334.45	69005		120.05	69646		1170.11	70328	26	7.25
65780		634.39	66920		528.22	67340		259.26	67930		185.78	69020		106.86	69650		603.67	70330	26	9.82
65781		941.54	66930		600.45	67343		483.63	67935		338.08	69100		38.45	69660		707.92	70332	26	21.94
65782		864.66	66940		573.65	67345		164.85	67938		83.60	69105		49.13	69661		924.64	70336	26	59.82
65800		96.50	66982		783.56	67346		153.89	67950		345.42	69110		246.21	69662		888.64	70350	26	7.24
65805		98.69	66983		526.21	67400		684.01	67961		338.77	69120		299.48	69666		610.57	70355	26	8.39
65810		338.30	66984		561.97	67405		566.34	67966		488.00	69140		649.16	69667		612.26	70360	26	6.96
65815		347.72	66985		551.30	67412		628.53	67971		547.47	69145		186.24	69670		715.48	70370	26	12.69
65820		520.41	66986		660.74	67413		634.18	67973		708.67	69150		802.36	69676		628.11	70371	26	32.45
65850		625.09	66990		66.20	67414		956.77	67974		706.40	69155		1289.40	69700		523.59	70373	26	16.71
65855		218.66	67005		349.99	67415		79.37	67975		516.49	69200		43.18	69711		656.59	70380	26	7.24
65860		209.52	67010		391.22	67420		1220.75	68020		80.17	69205		76.33	69714		824.76	70390	26	15.64
65865		329.96	67015		415.92	67430		870.78	68040		41.14	69210		25.76	69715		1028.36	70450	26	34.34
65870		432.47	67025		461.61	67440		865.88	68100		72.28	69220		47.71	69717		875.49	70460	26	45.60
65875		451.25	67027		631.36	67445		1054.98	68110		109.35	69222		103.33	69718		1040.26	70470	26	51.42
65880		460.57	67028		125.26	67450		900.29	68115		132.78	69300		364.44	69720		892.64	70480	26	51.71
65900		674.12	67030		364.04	67500		58.59	68130		287.09	69310		811.35	69725		1457.63	70481	26	56.09
65920		563.63	67031		254.32	67505		61.14	68135		108.69	69320		1158.36	69740		900.92	70482	26	58.67
65930		472.16	67036		700.22	67515		66.57	68200		26.32	69400		47.43	69745		958.99	70486	26	45.89
66020		91.51	67039		916.01	67550		715.17	68320		394.78	69401		37.82	69801		565.05	70487	26	52.56
66030		79.13	67040		1036.43	67560		708.79	68325		489.57	69405		148.43	69802		794.48	70488	26	57.53
66130		432.52	67041		970.97	67570		919.03	68326		478.73	69420		90.96	69805		810.34	70490	26	51.99
66150		603.68	67042		1112.28	67700		83.06	68328		530.58	69421		114.00	69806		724.44	70491	26	55.71

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
70492	26	58.67	72090	26	12.30	73092	26	6.40	74170	26	56.95	74775	26	25.57	75880	26	28.05	76512	26	40.30
70496	26	71.06	72100	26	9.35	73100	26	7.06	74175	26	77.55	75557	26	97.05	75885	26	58.94	76513	26	26.70
70498	26	71.34	72110	26	12.78	73110	26	6.96	74181	26	58.96	75559	26	124.08	75887	26	58.18	76514	26	7.52
70540	26	54.67	72114	26	15.17	73115	26	22.32	74182	26	69.93	75561	26	107.44	75889	26	46.55	76516	26	22.68
70542	26	65.36	72120	26	9.35	73120	26	6.40	74183	26	91.30	75563	26	127.10	75891	26	46.55	76519	26	22.96
70543	26	86.72	72125	26	47.12	73130	26	6.96	74185	26	72.79	75565	26	10.11	75893	26	21.28	76529	26	24.20
70544	26	48.56	72126	26	49.42	73140	26	5.53	74190	26	19.75	75571	26	22.15	75894	26	55.52	76536	26	22.23
70545	26	48.56	72127	26	51.14	73200	26	44.27	74210	26	14.40	75572	26	67.96	75896	26	55.98	76604	26	21.95
70546	26	72.89	72128	26	47.12	73201	26	47.12	74220	26	18.79	75573	26	97.40	75898	26	70.57	76645	26	22.04
70547	26	48.56	72129	26	49.42	73202	26	49.42	74230	26	21.37	75574	26	92.69	75900	26	20.80	76700	26	32.63
70548	26	48.56	72130	26	51.42	73206	26	73.25	74235	26	50.26	75600	26	21.06	75901	26	19.94	76705	26	23.66
70549	26	72.51	72131	26	47.12	73218	26	54.00	74240	26	28.05	75605	26	47.67	75902	26	16.31	76770	26	29.77
70551	26	59.82	72132	26	49.42	73219	26	65.64	74241	26	27.38	75625	26	47.31	75940	26	22.80	76775	26	23.65
70552	26	72.31	72133	26	51.42	73220	26	87.00	74245	26	37.01	75630	26	73.62	75945	26	17.65	76776	26	30.62
70553	26	95.68	72141	26	64.78	73221	26	55.05	74246	26	28.05	75635	26	98.13	75946	26	17.47	76800	26	43.54
70554	26	86.13	72142	26	77.75	73222	26	65.64	74247	26	28.05	75650	26	61.33	75952	26	193.31	76801	26	39.12
70555	26	106.07	72146	26	65.06	73223	26	86.72	74249	26	37.01	75658	26	52.67	75953	26	58.52	76802	26	32.82
70557	26	145.88	72147	26	77.75	73500	26	7.35	74250	26	19.08	75660	26	52.93	75954	26	96.61	76805	26	39.12
70558	26	132.51	72148	26	60.20	73510	26	9.06	74251	26	28.05	75662	26	68.54	75956	26	304.32	76810	26	38.55
70559	26	134.75	72149	26	72.31	73520	26	10.78	74260	26	20.22	75665	26	54.56	75957	26	260.13	76811	26	74.53
71010	26	7.25	72156	26	104.08	73525	26	22.60	74261	26	88.51	75671	26	68.19	75958	26	172.33	76812	26	69.56
71015	26	8.40	72157	26	104.08	73530	26	12.21	74262	26	97.20	75676	26	54.56	75959	26	154.09	76813	26	45.72
71020	26	8.97	72158	26	95.78	73540	26	8.77	74270	26	28.05	75680	26	68.47	75960	26	33.86	76814	26	38.56
71021	26	10.69	72170	26	7.35	73542	26	22.82	74280	26	40.16	75685	26	54.07	75961	26	171.62	76815	26	25.29
71022	26	12.40	72190	26	9.06	73550	26	7.35	74283	26	79.95	75705	26	87.74	75962	26	21.94	76816	26	33.40
71023	26	15.54	72191	26	74.12	73560	26	7.35	74290	26	12.97	75710	26	46.17	75964	26	15.17	76817	26	29.29
71030	26	12.40	72192	26	44.16	73562	26	7.91	74291	26	8.11	75716	26	53.89	75966	26	54.25	76818	26	41.13
71034	26	19.25	72193	26	47.12	73564	26	9.35	74300	26	15.17	75722	26	47.39	75968	26	14.68	76819	26	30.15
71035	26	7.53	72194	26	49.42	73565	26	7.63	74301	26	9.06	75724	26	63.26	75970	26	34.91	76820	26	19.56
71040	26	22.71	72195	26	59.34	73580	26	23.26	74305	26	17.46	75726	26	46.93	75978	26	21.66	76821	26	27.29
71060	26	30.05	72196	26	69.93	73590	26	6.96	74320	26	21.94	75731	26	47.74	75980	26	60.19	76825	26	65.27
71090	26	23.44	72197	26	91.30	73592	26	6.40	74327	26	30.91	75733	26	55.45	75982	26	60.19	76826	26	32.54
71100	26	8.97	72198	26	72.79	73600	26	6.40	74328	26	29.38	75736	26	46.45	75984	26	29.47	76827	26	22.71
71101	26	10.69	72200	26	6.96	73610	26	6.96	74329	26	29.00	75741	26	53.79	75989	26	47.89	76828	26	21.85
71110	26	10.69	72202	26	7.82	73615	26	22.32	74330	26	37.49	75743	26	68.19	75992	26	23.36	76830	26	27.38
71111	26	12.69	72220	26	6.96	73620	26	6.40	74340	26	22.70	75746	26	46.55	75993	26	15.83	76831	26	28.25
71120	26	8.11	72240	26	36.73	73630	26	6.96	74355	26	31.67	75756	26	52.89	75994	26	51.02	76856	26	27.66
71130	26	8.97	72255	26	36.07	73650	26	6.40	74360	26	23.54	75774	26	14.79	75995	26	53.51	76857	26	15.92
71250	26	47.12	72265	26	33.48	73660	26	5.25	74363	26	36.63	75791	26	66.83	75996	26	16.03	76870	26	26.04
71260	26	50.27	72270	26	53.71	73700	26	43.88	74400	26	19.66	75801	26	35.50	76000	26	6.96	76872	26	28.61
71270	26	55.71	72275	26	29.78	73701	26	47.12	74410	26	19.94	75803	26	48.84	76001	26	29.00	76873	26	63.23
71275	26	78.03	72285	26	45.62	73702	26	49.42	74415	26	19.94	75805	26	33.67	76010	26	7.53	76880	26	23.10
71550	26	58.96	72291	26	57.79	73706	26	77.73	74420	26	15.07	75807	26	48.84	76080	26	21.94	76885	26	29.77
71551	26	69.65	72292	26	60.27	73718	26	54.67	74425	26	14.79	75809	26	19.08	76098	26	6.68	76886	26	24.42
71552	26	91.58	72295	26	32.92	73719	26	65.36	74430	26	12.97	75810	26	47.97	76100	26	24.41	76930	26	28.10
71555	26	73.63	73000	26	6.68	73720	26	87.00	74440	26	15.64	75820	26	28.89	76101	26	26.12	76932	26	29.25
72010	26	17.94	73010	26	7.35	73721	26	55.05	74445	26	48.25	75822	26	43.12	76102	26	25.84	76936	26	83.00
72020	26	6.39	73020	26	6.11	73722	26	66.30	74450	26	13.92	75825	26	46.37	76120	26	15.36	76937	26	12.50
72040	26	9.35	73030	26	7.91	73723	26	87.00	74455	26	13.54	75827	26	45.43	76125	26	11.63	76940	26	84.64
72050	26	12.78	73040	26	22.32	73725	26	73.64	74470	26	22.70	75831	26	50.85	76150		14.66	76941	26	55.24
72052	26	14.79	73050	26	8.77	74000	26	7.25	74475	26	21.94	75833	26	59.54	76376	26	8.39	76942	26	27.19
72069	26	9.35	73060	26	7.35	74010	26	9.26	74480	26	21.94	75840	26	50.01	76377	26	31.77	76945	26	26.91
72070	26	8.97	73070	26	6.11	74020	26	10.97	74485	26	21.94	75842	26	60.38	76380	26	39.21	76946	26	14.98
72072	26	8.97	73080	26	6.96	74022	26	12.97	74710	26	13.83	75860	26	47.77	76506	26	25.76	76948	26	15.36
72074	26	8.97	73085	26	21.66	74150	26	48.27	74740	26	15.26	75870	26	46.55	76510	26	71.46	76950	26	23.37
72080	26	9.35	73090	26	6.40	74160	26	51.42	74742	26	25.28	75872	26	48.23	76511	26	38.97	76965	26	55.22

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
76970	26	16.32	77333	26	34.05	78018	26	34.35	78459	26	62.84	78813	26	82.81	88188		66.36	89230		3.46
76975	26	34.61	77334	26	49.89	78020	26	23.95	78466	26	28.50	78814	26	90.92	88189		83.82	91110	26	155.00
76977	26	2.38	77336		41.53	78070	26	32.92	78468	26	33.64	78815	26	100.46	88291		22.76	91111	26	43.15
76998	26	52.68	77338	26	179.75	78075	26	29.77	78469	26	37.94	78816	26	102.75	88300	26	3.53	91120	26	39.79
77001	26	15.26	77370		87.18	78102	26	22.23	78472	26	40.33	79005	26	71.46	88302	26	5.25	91122	26	71.64
77002	26	21.66	77372		626.13	78103	26	30.06	78473	26	60.62	79101	26	81.57	88304	26	8.69	91132	26	22.20
77003	26	22.83	77373		1161.72	78104	26	32.34	78481	26	41.35	79200	26	80.89	88305	26	29.29	91133	26	28.86
77011	26	48.36	77401		20.26	78110	26	7.82	78483	26	62.58	79300	26	66.03	88307	26	62.68	92511		45.81
77012	26	46.36	77402		105.63	78111	26	8.97	78491	26	63.68	79403	26	91.19	88309	26	109.26	92612		53.38
77013	26	166.26	77403		93.04	78120	26	9.26	78492	26	79.77	79440	26	79.36	88311	26	9.54	92613		30.30
77014	26	34.34	77404		103.11	78121	26	12.41	78494	26	49.19	79445	26	98.64	88312	26	20.72	92614		53.66
77021	26	61.82	77406		103.95	78122	26	17.84	78496	26	20.96	80500		14.79	88313	26	9.26	92615		26.49
77022	26	173.86	77407		171.69	78130	26	24.90	78580	26	29.67	80502		51.01	88314	26	17.84	92616		78.83
77031	26	64.97	77408		125.79	78135	26	26.04	78584	26	40.16	83020	26	15.35	88318	26	16.14	92617		33.17
77032	26	22.51	77409		139.22	78140	26	24.90	78585	26	43.50	83912	26	14.79	88319	26	20.71	92960		105.49
77051	26	2.67	77411		138.66	78185	26	15.84	78586	26	15.84	84165	26	15.07	88321		64.52	92961		208.54
77052	26	2.67	77412		163.30	78190	26	43.22	78587	26	19.55	84166	26	15.07	88323	26	67.65	92970		144.96
77053	26	14.40	77413		164.42	78191	26	24.62	78588	26	43.88	84181	26	15.07	88325		100.56	92971		81.64
77054	26	18.22	77414		183.45	78195	26	48.56	78591	26	15.84	84182	26	15.35	88329		27.19	92973		143.82
77055	26	28.33	77416		184.29	78201	26	18.04	78593	26	19.66	85060		18.22	88331	26	47.02	92974		132.49
77056	26	35.30	77417		11.58	78202	26	19.85	78594	26	21.37	85097		37.60	88332	26	23.28	92975		316.63
77057	26	28.33	77418		388.91	78205	26	28.62	78596	26	49.53	85390	26	15.35	88333	26	47.41	92977		79.14
77058	26	65.92	77421	26	15.55	78206	26	38.35	78600	26	17.55	85396		14.79	88334	26	28.44	92978	26	78.87
77059	26	65.92	77422		156.30	78215	26	19.66	78601	26	20.51	85576	26	15.35	88342	26	32.84	92979	26	63.24
77071		33.05	77423		177.95	78216	26	22.80	78605	26	21.65	86077		38.16	88346	26	33.03	92980		655.20
77072	26	7.82	77427		156.27	78220	26	19.27	78606	26	25.28	86078		38.16	88347	26	31.35	92981		182.21
77073	26	11.73	77431		79.36	78223	26	33.77	78607	26	48.66	86079		38.44	88348	26	58.42	92982		485.66
77074	26	18.22	77432		329.81	78230	26	18.22	78608	26	61.54	86255	26	15.35	88349	26	30.24	92984		130.30
77075	26	21.66	77435		547.13	78231	26	20.42	78610	26	12.39	86256	26	15.35	88355	26	68.04	92986		1081.65
77076	26	27.49	77470	26	84.51	78232	26	18.52	78630	26	27.38	86320	26	14.97	88356	26	108.74	92987		1115.21
77077	26	13.45	77600	26	62.86	78258	26	29.95	78635	26	24.41	86325	26	15.07	88358	26	34.32	92990		863.45
77078	26	10.11	77605	26	88.79	78261	26	28.05	78645	26	23.08	86327	26	17.36	88360	26	42.01	92995		534.99
77079	26	8.69	77610	26	61.74	78262	26	26.43	78647	26	35.32	86334	26	15.35	88361	26	44.32	92996		142.97
77080	26	8.11	77615	26	84.23	78264	26	31.48	78650	26	24.90	86335	26	15.07	88362	26	85.14	92997		509.05
77081	26	8.69	77620	26	60.14	78270	26	8.11	78660	26	21.65	86486		3.74	88365	26	45.73	92998		257.47
77082	26	6.68	77750	26	201.66	78271	26	7.83	78700	26	18.22	86490		4.86	88367	26	48.82	93000		15.74
77083	26	7.83	77761	26	154.08	78272	26	10.41	78701	26	19.66	86510		4.86	88368	26	50.76	93005		8.50
77084	26	65.06	77762	26	232.18	78278	26	39.88	78707	26	38.35	86580		5.42	88371	26	15.07	93010		7.24
77261		58.26	77763	26	348.76	78282	26	16.03	78708	26	48.46	87164	26	15.07	88372	26	15.07	93012		129.81
77262		87.94	77776	26	189.49	78290	26	27.76	78709	26	56.57	87207	26	15.35	88380	26	60.98	93014		21.92
77263		130.57	77777	26	307.32	78291	26	35.59	78710	26	25.86	88104	26	21.85	88381	26	44.32	93040		10.70
77280	26	28.23	77778	26	457.01	78300	26	24.81	78725	26	14.98	88106	26	21.85	88385	26	55.89	93041		4.30
77285	26	42.35	77785	26	56.94	78305	26	33.20	78730	26	6.67	88107	26	29.86	88386	26	74.79	93042		6.40
77290	26	62.86	77786	26	128.71	78306	26	34.63	78740	26	23.08	88108	26	21.57	88387	26	24.98	93278	26	10.39
77295	26	184.00	77787	26	196.85	78315	26	41.03	78761	26	28.90	88112	26	45.26	88388	26	15.60	93303	26	54.04
77300	26	25.08	77789	26	46.45	78320	26	41.88	78800	26	26.24	88125	26	10.40	89049		54.91	93304	26	30.79
77301	26	322.79	77790	26	42.35	78414	26	17.66	78801	26	31.77	88141		21.84	89060	26	15.35	93306	26	55.72
77305	26	28.23	78000	26	7.82	78428	26	31.94	78802	26	34.35	88160	26	19.28	89100		31.61	93307	26	38.78
77310	26	42.73	78001	26	10.68	78445	26	19.27	78803	26	43.22	88161	26	19.00	89105		26.66	93308	26	22.39
77315	26	62.86	78003	26	13.26	78451	26	53.37	78804	26	42.93	88162	26	29.02	89130		23.26	93312	26	90.00
77321	26	38.34	78006	26	19.66	78452	26	63.19	78805	26	29.10	88172	26	23.57	89132		14.26	93314	26	51.48
77326	26	37.49	78007	26	20.22	78453	26	38.67	78806	26	34.35	88173	26	54.39	89135		41.11	93315	26	119.33
77327	26	56.28	78010	26	15.27	78454	26	51.37	78807	26	43.50	88182	26	27.63	89136		14.00	93317	26	76.53
77328	26	84.51	78011	26	17.84	78456	26	41.92	78808		33.67	88184		60.28	89140		42.74	93318	26	93.41
77331	26	35.20	78015	26	26.91	78457	26	30.91	78811	26	64.78	88185		35.93	89141		40.04	93320	26	16.10
77332	26	21.94	78016	26	31.59	78458	26	36.16	78812	26	79.56	88187		53.56	89220		11.30	93321	26	6.67

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
93325	26	3.24	93652		772.05	95875	26	43.79	96922		92.81	80053		15.14	80418		830.08	82108		36.49
93350	26	62.01	93660	26	80.78	95900	26	16.97	97597		24.69	80053	QW	15.14	80420		103.16	82120		5.39
93351	26	75.80	93662	26	122.22	95903	26	23.95	97598		33.38	80061		19.19	80422		66.00	82120	QW	5.39
93501	26	128.41	93701		20.64	95904	26	13.83	97605		22.35	80061	QW	19.19	80424		72.34	82127		19.05
93503		112.36	93720		35.06	95905	26	2.38	97606		24.84	80069		12.43	80426		212.60	82128		19.05
93505	26	189.29	93721		28.37	95920	26	84.15	99195		57.51	80069	QW	12.43	80428		95.52	82131		24.16
93508	26	177.39	93722		6.68	95925	26	21.28	ATP02		7.46	80074		68.21	80430		112.38			
93510	26	187.21	93724	26	207.66	95926	26	21.28	ATP03		9.52	80076		11.70	80432		193.48			
93511	26	222.36	93750		36.84	95927	26	21.56	ATP04		10.05	80100		15.92	80434		144.85			
93514	26	307.02	93875	26	8.97	95928	26	59.73	ATP05		11.20	80101		19.72	80435		147.50			
93524	26	306.27	93880	26	24.61	95929	26	60.01	ATP06		11.24	80101	QW	19.72	80436		106.10			
93526	26	258.45	93882	26	16.70	95930	26	14.12	ATP07		11.70	80102		18.97	80438		72.18			
93527	26	320.57	93886	26	37.22	95933	26	23.66	ATP08		12.12	80150		21.59	80439		96.24			
93528	26	385.00	93888	26	25.19	95934	26	20.41	ATP09		12.43	80152		25.64	80440		83.28			
93529	26	212.17	93890	26	39.79	95936	26	21.84	ATP10		12.43	80154		26.49	81000		4.54			
93530	26	183.51	93892	26	45.23	95937	26	26.33	ATP11		12.65	80156		20.85	81001		4.54			
93531	26	356.88	93893	26	45.89	95950	26	59.64	ATP12		12.94	80157		18.99	81002		3.66			
93532	26	424.32	93922	26	9.83	95951	26	244.64	ATP16		15.14	80158		25.86	81003		3.22			
93533	26	284.96	93923	26	18.32	95953	26	131.02	ATP18		15.24	80160		24.65	81003	QW	3.22			
93539		17.62	93924	26	20.61	95954	26	90.24	ATP19		15.84	80162		19.02	81005		3.10			
93540		18.76	93925	26	23.47	95955	26	39.52	ATP20		16.35	80164		19.40	81007		3.68			
93541		12.39	93926	26	16.42	95956	26	121.95	ATP21		16.86	80166		22.21	81007	QW	3.68			
93542		12.39	93930	26	18.89	95957	26	78.72	ATP22		17.38	80168		19.46	81015		4.35			
93543		12.39	93931	26	12.50	95958	26	168.41	ATP23		17.38	80170		23.48	81020		5.28			
93544		10.95	93965	26	14.22	95961	26	119.33	G0027		8.26	80172		23.33	81025		9.06			
93545		17.62	93970	26	27.96	95962	26	127.76	G0103		26.34	80173		20.85	81050		4.29			
93555	26	34.48	93971	26	18.99	95965	26	331.44	G0123		29.02	80174		24.65	82000		17.75			
93556	26	35.34	93975	26	73.65	95966	26	165.86	G0143		29.02	80176		21.04	82003		28.99			
93561	26	19.77	93976	26	49.23	95967	26	142.73	G0144		30.60	80178		9.46	82009		6.24			
93562	26	6.12	93978	26	26.82	95970		18.04	G0145		37.94	80178	QW	9.46	82010		10.49			
93571	26	78.59	93979	26	18.04	95971		31.97	G0147		16.30	80182		19.40	82010	QW	10.49			
93572	26	62.89	93980	26	51.40	95972		61.46	G0148		21.77	80184		16.41	82013		10.12			
93580		789.96	93981	26	17.93	95973		36.94	G0306		11.14	80185		18.99	82016		19.05			
93581		1040.79	93982		32.57	95974		121.40	G0307		9.27	80186		19.71	82017		14.28			
93600	26	92.50	93990	26	10.32	95975		68.99	G0328		22.78	80188		23.77	82024		55.32			
93602	26	92.71	95812	26	42.65	95978		145.79	G0328	QW	22.78	80190		23.99	82030		29.06			
93603	26	93.09	95813	26	68.32	95979		67.74	G0430		15.92	80192		23.99	82040		7.09			
93609	26	217.86	95816	26	43.04	95980		35.49	G0431		19.72	80194		20.91	82040	QW	7.09			
93610	26	131.87	95819	26	42.65	95981		13.06	P2038		7.20	80195		19.66	82042		7.41			
93612	26	131.69	95822	26	42.65	95982		27.10	P3000		15.13	80196		10.16	82042	QW	7.41			
93613		305.96	95824	26	30.15	96000		70.37	P9612		3.00	80197		19.66	82043		7.98			
93615	26	42.78	95827	26	42.65	96001		83.47	P9615		3.00	80198		20.27	82043	QW	7.98			
93616	26	55.65	95829	26	243.39	96002		16.51	Q0111		6.11	80200		23.09	82044		6.56			
93618	26	186.59	95860	26	38.81	96003		14.51	Q0112		6.11	80201		17.07	82044	QW	6.56			
93619	26	322.01	95861	26	62.46	96004		88.88	Q0113		7.75	80202		19.40	82045		48.62			
93620	26	507.31	95863	26	74.88	96020	26	143.27	Q0114		10.24	80299		19.61	82055		15.47			
93621	26	91.92	95864	26	80.02	96567		91.36	Q0115		14.18	80400		46.70	82055	QW	15.47			
93622	26	134.71	95865	26	64.07	96570		47.89	36415		3.00	80402		124.52	82075		17.26			
93623	26	124.88	95866	26	51.02	96571		22.05	78267		11.26	80406		111.22	82085		13.90			
93624	26	211.72	95867	26	31.95	96900		14.94	78268		96.47	80408		179.76	82088		58.37			
93631	26	337.93	95868	26	47.50	96904		48.81	80047		12.12	80410		115.08	82101		42.99			
93640	26	154.33	95869	26	14.97	96910		48.53	80047	QW	12.12	80412		472.02	82103		19.24			
93641	26	259.29	95870	26	14.97	96912		61.96	80048		12.12	80414		73.96	82104		20.71			
93642	26	210.18	95872	26	112.44	96913		85.76	80048	QW	12.12	80415		80.04	82105		24.03			
93650		466.13	95873	26	15.81	96920		51.67	80051		10.05	80416		189.06	82106		24.03			
93651		709.00	95874	26	15.25	96921		51.79	80051	QW	10.05	80417		63.02	82107		92.26			

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
82135		23.58	82383		35.89	82634		29.70	82950		6.80	83491		25.09	83835		24.26	84035		2.91
82136		14.28	82384		36.17	82638		17.54	82950	QW	6.80	83497		6.66	83840		23.39	84060		10.57
82139		14.28	82387		19.05	82646		29.58	82951		18.44	83498		38.91	83857		15.38	84061		11.33
82140		20.87	82390		15.38	82649		36.82	82951	QW	18.44	83499		36.10	83858		9.73	84066		13.84
82143		9.84	82397		20.24	82651		36.97	82952		5.61	83500		32.44	83864		28.51	84075		7.41
82145		22.27	82415		18.15	82652		55.14	82952	QW	5.61	83505		34.82	83866		13.73	84075	QW	7.41
82150		9.29	82435		6.58	82654		19.83	82953		21.70	83516		16.52	83872		8.40	84078		10.46
82150	QW	9.29	82435	QW	6.58	82656		16.52	82955		12.53	83518		12.14	83873		24.64	84080		12.53
82154		41.30	82436		7.20	82657		25.86	82960		8.67	83518	QW	12.14	83874		18.50	84081		23.67
82157		41.93	82438		7.01	82658		25.86	82962		3.35	83519		19.35	83876		48.62	84085		9.66
82160		35.82	82441		8.60	82664		37.45	82963		30.77	83520		18.54	83880		48.62	84087		14.79
82163		12.53	82465		6.24	82666		28.25	82965		11.07	83520	QW	18.54	83880	QW	48.62	84100		6.79
82164		20.91	82465	QW	6.24	82668		26.93	82975		22.69	83525		16.38	83883		19.47	84105		7.41
82172		22.19	82480		11.29	82670		40.02	82977		10.31	83527		18.55	83885		35.09	84106		6.13
82175		27.17	82482		11.00	82671		46.26	82977	QW	10.31	83528		22.78	83887		33.92	84110		12.10
82180		14.16	82485		29.58	82672		12.53	82978		20.42	83540		9.28	83890		5.74	84119		12.34
82190		21.36	82486		25.86	82677		34.64	82979		9.73	83550		12.52	83891		5.74	84120		21.07
82205		16.41	82487		22.87	82679		35.75	82980		26.24	83570		12.67	83892		5.74	84126		36.48
82232		23.17	82488		30.61	82679	QW	35.75	82985		21.59	83582		20.30	83893		5.74	84127		16.69
82239		24.54	82489		26.49	82690		24.76	82985	QW	21.59	83586		18.34	83894		5.74	84132		6.58
82240		38.07	82491		25.86	82693		21.33	83001		26.62	83593		31.41	83896		5.74	84132	QW	6.58
82247		7.19	82492		25.86	82696		33.78	83001	QW	26.62	83605		15.30	83897		5.74	84133		6.16
82247	QW	7.19	82495		29.05	82705		7.29	83002		26.53	83605	QW	15.30	83898		14.58	84134		12.09
82248		7.19	82507		39.83	82710		24.06	83002	QW	26.53	83615		8.64	83900		29.16	84135		27.40
82252		6.51	82520		21.70	82715		24.39	83003		23.88	83625		18.33	83901		14.58	84138		25.00
82261		14.28	82523		26.77	82725		19.07	83008		24.04	83630		28.11	83902		14.58	84140		29.61
82270		4.66	82523	QW	26.77	82726		25.86	83009		96.47	83631		28.11	83903		14.58	84143		32.26
82271		4.66	82525		17.77	82728		19.51	83010		18.02	83632		28.95	83904		14.58	84144		29.88
82271	QW	4.66	82528		32.24	82731		92.26	83012		24.63	83633		6.66	83905		14.58	84145		27.76
82272		4.66	82530		23.94	82735		26.56	83013		96.47	83634		4.12	83906		14.58	84146		27.76
82272	QW	4.66	82533		23.35	82742		28.36	83014		11.26	83655		17.34	83907		19.13	84150		35.75
82274		22.78	82540		6.64	82746		21.06	83015		26.97	83655	QW	17.34	83908		14.58	84152		26.34
82274	QW	22.78	82541		25.86	82747		24.76	83018		31.46	83661		31.49	83909		14.58	84153		26.34
82286		9.86	82542		25.86	82757		24.84	83020		18.44	83662		27.10	83912		5.74	84154		26.34
82300		33.14	82543		25.86	82759		12.93	83021		25.86	83663		27.10	83913		19.13	84155		5.25
82306		38.92	82544		25.86	82760		16.04	83026		3.38	83664		27.10	83914		14.58	84156		5.25
82308		38.36	82550		9.33	82775		30.17	83030		11.85	83670		13.13	83915		15.98	84157		5.25
82310		7.39	82550	QW	9.33	82776		11.72	83033		8.54	83690		9.86	83916		28.80	84157	QW	5.25
82310	QW	7.39	82552		19.19	82784		13.32	83036		13.90	83695		18.54	83918		23.58	84160		7.41
82330		19.57	82553		8.81	82785		23.59	83036	QW	13.90	83698		48.62	83919		23.58	84163		12.51
82330	QW	19.57	82554		8.81	82787		5.99	83037		13.90	83700		16.12	83921		23.58	84165		15.38
82331		7.41	82565		7.34	82800		12.13	83037	QW	13.90	83701		35.55	83925		27.87	84166		25.54
82340		8.64	82565	QW	7.34	82803		27.71	83045		4.12	83704		45.19	83930		7.05	84181		24.40
82355		16.58	82570		7.41	82805		40.65	83050		4.21	83718		11.73	83935		7.05	84182		25.78
82360		18.44	82570	QW	7.41	82810		12.50	83051		10.47	83718	QW	11.73	83937		40.78	84202		12.65
82365		18.47	82575		13.53	82820		14.32	83055		7.05	83719		16.66	83945		18.44	84203		12.33
82370		17.95	82585		12.28	82926		7.81	83060		8.26	83721		13.66	83950		92.26	84206		25.52
82373		25.86	82595		9.27	82928		9.38	83065		9.86	83721	QW	13.66	83951		92.26	84207		40.24
82374		7.00	82600		27.79	82938		25.35	83068		9.73	83727		24.63	83970		59.12	84210		15.55
82374	QW	7.00	82607		21.59	82941		25.26	83069		5.65	83735		9.60	83986		5.13	84220		13.51
82375		17.66	82608		20.51	82943		12.53	83070		6.80	83775		10.56	83986	QW	5.13	84228		16.66
82376		8.58	82610		19.47	82945		5.62	83071		9.84	83785		35.22	83987		22.74	84233		92.26
82378		27.17	82615		11.69	82946		19.46	83080		14.28	83788		25.86	83992		21.05	84234		92.92
82379		14.28	82626		36.20	82947		5.62	83088		42.30	83789		25.86	83993		28.11	84235		74.96
82380		13.21	82627		31.85	82947	QW	5.62	83090		24.16	83805		25.25	84022		16.26	84238		52.38
82382		24.63	82633		29.70	82948		4.54	83150		14.93	83825		18.58	84030		7.88	84244		31.51

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
84252		28.99	84545		9.46	85270		25.65	85635		14.10	86318		18.54	86644		20.62	86765		18.46
84255		36.56	84550		6.47	85280		27.71	85651		5.08	86318	QW	18.54	86645		11.71	86768		11.71
84260		24.92	84550	QW	6.47	85290		23.41	85652		3.87	86320		32.10	86648		11.71	86771		18.89
84270		31.13	84560		6.80	85291		12.74	85660		7.90	86325		32.03	86651		11.71	86774		21.19
84275		14.13	84577		8.26	85292		27.13	85670		8.27	86327		32.50	86652		11.71	86777		20.62
84285		33.73	84578		4.65	85293		27.13	85675		9.19	86329		13.19	86653		11.71	86778		18.29
84295		6.89	84580		8.26	85300		16.98	85705		12.17	86331		17.17	86654		11.71	86780		12.53
84295	QW	6.89	84583		7.20	85301		15.49	85730		8.60	86332		34.91	86658		11.71	86784		11.71
84300		6.96	84585		22.21	85302		17.22	85732		9.27	86334		32.00	86663		18.80	86787		11.71
84302		6.96	84586		19.98	85303		19.81	85810		16.72	86335		42.04	86664		21.91	86788		11.71
84305		30.45	84588		48.62	85305		16.61	86000		10.00	86336		22.32	86665		25.98	86789		20.62
84307		26.19	84590		16.61	85306		19.77	86001		6.85	86337		24.78	86666		11.71	86790		11.71
84311		10.01	84591		16.61	85307		19.77	86003		6.85	86340		21.59	86668		14.90	86793		11.71
84315		3.59	84597		9.73	85335		18.44	86005		11.42	86341		24.78	86671		11.71	86800		22.78
84375		28.08	84600		23.02	85337		14.93	86021		21.56	86343		17.85	86674		21.08	86803		20.44
84376		6.66	84620		16.97	85345		6.16	86022		14.02	86344		11.44	86677		11.71	86804		22.19
84377		6.66	84630		16.31	85347		6.10	86023		8.26	86352		97.30	86682		11.71	86805		74.89
84378		4.12	84681		29.80	85348		5.34	86038		17.32	86353		70.22	86684		22.70	86806		68.16
84379		4.12	84702		12.51	85360		12.03	86039		15.99	86355		54.03	86687		12.02	86807		56.68
84392		6.80	84703		10.76	85362		9.86	86060		10.46	86356		38.35	86688		14.29	86808		42.51
84402		36.47	84703	QW	10.76	85366		11.72	86063		8.27	86357		54.03	86689		27.72	86812		36.96
84403		36.98	84704		12.51	85370		13.33	86140		7.41	86359		54.03	86692		24.58	86813		74.35
84425		9.73	84830		14.37	85378		10.21	86141		18.54	86360		67.30	86694		20.62	86816		39.90
84430		12.53	85002		6.45	85379		13.33	86146		11.25	86361		38.35	86695		18.89	86817		74.35
84431		18.54	85004		9.27	85380		13.33	86147		11.25	86367		54.03	86696		27.72	86821		74.35
84432		23.01	85007		4.93	85384		12.17	86148		11.25	86376		20.84	86698		11.71	86822		52.36
84436		9.84	85008		4.93	85385		12.17	86155		22.89	86378		28.20	86701		12.72	86825		115.04
84437		9.27	85009		5.33	85390		7.40	86156		9.60	86382		24.22	86701	QW	12.72	86826		38.35
84439		12.92	85013		3.39	85397		11.72	86157		11.55	86384		16.31	86702		15.12	86880		7.70
84442		21.19	85014		3.39	85400		12.67	86160		17.20	86403		14.60	86703		19.65	86885		8.20
84443		24.06	85014	QW	3.39	85410		11.05	86161		17.20	86406		12.86	86703	QW	19.65	86886		7.41
84443	QW	24.06	85018		3.39	85415		24.63	86162		26.91	86430		8.13	86704		17.26	86900		4.27
84445		72.83	85018	QW	3.39	85420		9.36	86171		9.19	86431		8.13	86705		16.86	86901		4.27
84446		20.31	85025		11.14	85421		11.72	86185		12.81	86480		88.77	86706		15.38	86903		13.52
84449		25.78	85027		9.27	85441		6.02	86200		18.54	86590		15.81	86707		16.57	86904		13.62
84450		7.41	85032		6.16	85445		9.76	86215		18.98	86592		6.11	86708		17.75	86905		5.48
84450	QW	7.41	85041		4.31	85460		11.09	86225		19.68	86593		6.30	86709		16.12	86906		11.10
84460		7.58	85044		6.16	85461		9.50	86226		17.35	86602		11.71	86710		19.42	86940		11.74
84460	QW	7.58	85045		5.74	85475		12.71	86235		25.69	86603		11.71	86713		21.92	86941		17.35
84466		13.18	85046		7.99	85520		18.75	86243		29.39	86606		11.71	86717		11.71	87001		18.93
84478		8.24	85048		3.64	85525		16.97	86255		17.26	86609		11.71	86720		11.71	87003		20.79
84478	QW	8.24	85049		6.40	85530		19.46	86256		17.26	86611		11.71	86723		11.71	87015		9.57
84479		9.27	85055		38.35	85536		9.27	86277		22.54	86612		11.71	86727		11.71	87040		14.79
84480		20.31	85130		17.03	85540		12.32	86280		11.73	86615		18.89	86729		11.71	87045		13.51
84481		24.26	85170		5.18	85547		12.32	86294		28.10	86617		22.19	86732		18.89	87046		13.51
84482		11.02	85175		6.51	85549		26.87	86294	QW	28.10	86618		24.40	86735		18.69	87070		12.34
84484		14.10	85210		18.60	85555		9.58	86300		29.81	86618	QW	24.40	86738		18.97	87071		13.51
84485		10.75	85220		25.28	85557		12.53	86301		29.81	86619		19.17	86741		11.71	87073		13.51
84488		10.46	85230		25.65	85576		30.77	86304		29.81	86622		11.71	86744		11.71	87075		13.55
84490		10.90	85240		9.19	85576	QW	30.77	86305		29.81	86625		11.71	86747		21.53	87076		11.57
84510		14.90	85244		29.24	85597		20.79	86308		7.41	86628		11.71	86750		18.89	87077		11.57
84512		10.57	85245		11.72	85610		5.62	86308	QW	7.41	86631		11.71	86753		11.71	87077	QW	11.57
84520		5.65	85246		11.72	85610	QW	5.62	86309		9.27	86632		11.71	86756		11.71	87081		9.50
84520	QW	5.65	85247		11.72	85611		5.64	86310		10.56	86635		11.71	86757		27.72	87084		12.34
84525		5.39	85250		27.27	85612		10.02	86316		29.81	86638		11.71	86759		18.89	87086		11.57
84540		6.80	85260		25.65	85613		10.02	86317		21.47	86641		11.71	86762		20.62	87088		11.60

CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE	CODE	MD	F-FEE
87101		11.05	87277		17.18	87496		50.27	87797		28.72	88263		215.25
87102		12.03	87278		17.18	87497		40.64	87798		50.27	88264		178.53
87103		12.92	87279		17.18	87498		50.27	87799		61.35	88267		219.89
87106		14.79	87280		17.18	87500		50.27	87800		57.45	88269		238.22
87107		14.79	87281		17.18	87510		28.72	87801		100.54	88271		30.68
87109		14.93	87283		17.18	87511		50.27	87802		17.18	88272		38.35
87110		28.06	87285		17.18	87512		40.64	87803		17.18	88273		46.02
87116		15.48	87290		17.18	87515		28.72	87804		17.18	88274		49.86
87118		15.67	87299		17.18	87516		50.27	87804	QW	17.18	88275		57.52
87140		7.98	87300		17.18	87517		40.64	87807		17.18	88280		35.95
87143		17.95	87301		17.18	87520		28.72	87807	QW	17.18	88283		98.25
87147		7.41	87305		17.18	87521		50.27	87808		17.18	88285		27.21
87149		28.72	87320		17.18	87522		40.64	87808	QW	17.18	88289		49.32
87150		50.27	87324		17.18	87525		28.72	87809		17.18	88371		31.83
87152		7.49	87327		17.18	87526		50.27	87810		17.18	88372		32.58
87153		165.22	87328		17.18	87527		40.64	87850		17.18	88720		7.19
87158		7.49	87329		17.18	87528		28.72	87880		17.18	88738		7.19
87164		15.38	87332		17.18	87529		50.27	87880	QW	17.18	88740		7.19
87166		16.18	87335		17.18	87530		40.64	87899		17.18	88741		7.19
87168		6.11	87336		17.18	87531		28.72	87899	QW	17.18	89050		6.77
87169		6.11	87337		17.18	87532		50.27	87900		186.69	89051		7.89
87172		6.11	87338		20.60	87533		40.64	87901		262.49	89055		6.11
87176		8.43	87339		17.18	87534		28.72	87902		262.49	89060		10.24
87177		12.53	87340		14.79	87535		50.27	87903		699.88	89125		6.19
87181		6.80	87341		14.79	87536		121.88	87904		37.33	89160		5.28
87184		9.88	87350		16.51	87537		28.72	87905		17.50	89190		6.80
87185		6.80	87380		23.52	87538		50.27	87905	QW	17.50	89225		4.78
87186		12.38	87385		17.18	87539		40.64	88130		21.56	89235		7.88
87187		14.84	87390		25.27	87540		28.72	88140		11.45	89300		8.26
87188		9.50	87391		25.27	87541		50.27	88142		29.02	89300	QW	8.26
87190		8.10	87400		17.18	87542		40.64	88143		29.02	89310		4.95
87197		21.52	87420		17.18	87550		28.72	88147		16.30	89320		12.53
87205		6.11	87425		17.18	87551		50.27	88148		21.77	89321		12.53
87206		7.70	87427		17.18	87552		40.64	88150		15.13	89321	QW	12.53
87207		8.58	87430		17.18	87555		28.72	88152		15.13	89322		22.20
87209		25.74	87449		17.18	87556		50.27	88153		15.13	89325		15.29
87210		6.11	87449	QW	17.18	87557		40.64	88154		15.13	89329		30.03
87210	QW	6.11	87450		13.73	87560		28.72	88155		8.58	89330		14.18
87220		6.11	87451		13.73	87561		50.27	88164		15.13	89331		27.46
87230		28.28	87470		28.72	87562		40.64	88165		15.13			
87250		28.01	87471		50.27	87580		28.72	88166		15.13			
87252		37.33	87472		40.64	87581		50.27	88167		15.13			
87253		24.33	87475		28.72	87582		40.64	88174		30.60			
87254		28.01	87476		50.27	87590		28.72	88175		37.94			
87255		48.50	87477		40.64	87591		50.27	88230		166.86			
87260		17.18	87480		28.72	87592		40.64	88233		201.57			
87265		17.18	87481		50.27	87620		28.72	88235		210.91			
87267		17.18	87482		40.64	87621		50.27	88237		180.91			
87269		17.18	87485		28.72	87622		40.64	88239		211.30			
87270		17.18	87486		50.27	87640		50.27	88240		12.16			
87271		17.18	87487		40.64	87641		50.27	88241		12.16			
87272		17.18	87490		28.72	87650		28.72	88245		213.22			
87273		17.18	87491		50.27	87651		50.27	88248		248.04			
87274		17.18	87492		40.64	87652		40.64	88249		248.04			
87275		17.18	87493		50.27	87653		50.27	88261		253.14			
87276		17.18	87495		28.72	87660		28.72	88262		178.53			

SECTION 4 - EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of:

(a) any service, supplies or treatment that is not a Covered Service described in Section 3 hereof;
(b) suicide or any attempt thereat, while sane or insane;
(c) any intentionally self-inflicted Injury or Sickness;
(d) rest care;
(e) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Injury if initial treatment of the Covered Person is begun within 12 months of the date of the Injury;
(f) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy;
(g) routine newborn care, including routine nursery charges;
(h) voluntary abortion, except with respect to You or Your covered Dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion;
(i) pregnancy of a Dependent child, unless required by law;
(j) a Covered Person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
(k) a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation;
(l) a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;
(m) air travel, except:
    (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
    (2) as a passenger for transportation only and not as a pilot or crew member;
(n) any Injury occurring directly or indirectly as a result of the voluntary use of alcohol, drugs, narcotics or hallucinogens unless taken on the written advice of a Physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the Schedule of Benefits;
(o) sex changes;
(p) any dental care, treatment or service to the teeth, gums or mouth;
(q) experimental treatments or surgery;
(r) the reversal of tubal ligation and vasectomies;
(s) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;
(t) treatment of exogenous obesity or weight control;
(u) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Injury sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered;
(v) Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;
(w) any service, supplies or treatment that is not Medically Necessary;
(x) any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits;
(y) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined;
(z) Pre-Existing Conditions; and
(aa) any service or treatment rendered outside the territorial limits of the United States of America.

SECTION 5 – TERMINATION OF INSURANCE

TERMINATION OF A COVERED PERSON'S INSURANCE: Your insurance will cease on the earliest of:

(a) the date of lapse at the end of the Grace Period for non-payment of premium;
(b) the first day of the month following the date the Covered Person attains the Limiting Age shown in the Schedule of Benefits; or
(c) the date the policy terminates.

The insurance on a Dependent will cease on the earliest of:

(a) the date Your coverage terminates;
(b) the first day of the month following the date the Covered Person attains the limiting age for Dependents;
(c) the end of the last period for which premium payment has been made to Us, subject to the Grace Period;
(d) the first day of the month following the date the Dependent no longer meets the definition of Dependent, as defined in the policy;
(e) the date the policy is modified so as to exclude Dependent coverage; or
(f) the date the policy terminates.

We shall have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the policy.

If We accept a premium for coverage for a Covered Person after the date on which the policy provides that a Covered Person will cease to be covered, the coverage for that Covered Person will continue in force until the end of the period for which such premium has been accepted.

EXTENSION OF BENEFITS: Whenever termination of coverage under this section occurs because of termination of Your eligibility, such termination shall be without prejudice to:

(a) any Hospital Confinement which commenced while the policy was in force, with respect to In-Hospital Indemnity Benefits; or
(b) any covered treatment or service for which benefits would be provided under the Hospital Indemnity Benefits of the policy and which commenced while the policy was in force; provided; however, that the Covered Person is and continues to be Hospital Confined or Totally Disabled. Such Extension of Benefits shall continue for up to 90 days.

SECTION 6 – PREMIUMS

All premiums are payable on or before the date they are due. The premiums are shown in the policy Schedule of Benefits.

PREMIUM RATE CHANGE: After the first 12 months of coverage, We have the right to change premium rates as of any Premium Due Date. We will notify You in writing at least 45 days prior to the change in rates. The rates may change prior to this time however, for reasons that affect the insured risk, which include:

(a) a change in benefits; or
(b) a new law or a change in any existing law is enacted which applies to the policy.

The premiums for this coverage are based upon the attained age of each Covered Person. They are scheduled to change based upon the Covered Person's attained age at a predetermined interval. Attained age means the age of the Covered Person on the policy Effective Date of coverage and any subsequent policy anniversary.

GRACE PERIOD: If Your premium is not paid on or before its Premium Due Date, it can still be paid during the 31-day grace period that starts on the Premium Due Date. During the grace period the insurance will stay in force and claims will be continued payable. No Grace Period is provided when, prior to the end of the grace period, the policyholder has given Us notice of its intent to terminate the policy.

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this policy will lapse. Later acceptance of premium by Us (or by agent authorized to accept payment) without requiring an application for reinstatement will reinstate this policy. If We or Our agent require an application you will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking

such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless we have previously notified you, in writing, of our disapproval.

The reinstated policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects your rights and our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

UNPAID PREMIUM: Upon the payment of a claim under this policy, any premium then due and unpaid may be deducted therefrom.

UNEARNED PREMIUM: If coverage of this policy terminates because of your death, the unearned premiums paid for any period beyond the end of the policy month, if any, in which the death occurred will be returned to the beneficiary of your estate. The unearned premiums, if any, will be paid in a lump sum on a date no later than thirty (30) days after proof of your death has been furnished to Us.

SECTION 7 – POLICY PROVISIONS

ENTIRE CONTRACT: CHANGES: This policy, including the application and any attachments, constitute the entire contract. No change under the contract shall be valid unless approved in writing by one of our executive officers and unless such approval has been forwarded to you for attachment to the policy. All statements by the Insured in the application shall, in the absence of fraud, be deemed representations and not warranties. No agent has authority to change the terms under the contract or to waive any of the provisions.

TIME LIMIT ON CERTAIN DEFENSES: If You made a written misstatement on the written application or written evidence of insurability form signed by the Insured, We may not use it to void insurance under this policy or to deny a claim for loss incurred after 2 years from the Covered Person's effective date. However, if the misstatement was fraudulent, there is no time limit. If You request an increase in benefits, a new 2 year time limit period will apply to the increase in benefits only.

NOTICE OF CLAIM: Written notice of claim must be given to Us at Our home office or to Our authorized Agent. Such notice should be made within 30 days after any loss covered by the policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay. Notice given by or on behalf of the claimant to Us or to any authorized Agent with information sufficient to identify the Covered Person shall be deemed notice to Us.

CLAIM FORMS: We, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

CLAIMS: Claims must be submitted to Us within 91 days from date of loss. Within 15 days of Our receipt of notice of claim, We will:

1. acknowledge receipt of the claim;
2. commence any investigation of the claim; and
3. request from the claimant all items, statements, and forms that the insurer reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, We shall make a record of the date, means and content of the acknowledgement.

We shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date We receive all items, statements, and forms required by Us, in order to secure final proof of loss. If We reject the claim, We will provide you with the reasons for rejection. If We cannot accept or reject the claim within the 15 day period, We shall notify the claimant within the 15 day period and give the reasons that We require the additional time. We must accept the claim within 45 days of such notice of delay.

PROOFS OF LOSS: Written proof of loss must be furnished to Us at Our said office within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not

reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 1 year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under this policy for any loss will be paid within 30 days after the date on which We receive due written proof of such loss. If We pay the claim after the end of that time period, We will also pay interest on the amount payable at the rate of interest and period of time required by applicable State law, unless We were unable to pay the claim on time because of cause beyond Our control.

PAYMENT OF BENEFITS: All benefits payable by Us will be paid to You, unless assigned by You or other Covered Person to the provider(s) of the services for which such benefits are payable. Any accrued benefits unpaid on Your date of death will be paid to Your estate, unless assigned by You or other Covered Person to the provider(s) of the services for which such benefits are payable. If benefits are payable to Your estate or to a beneficiary who cannot execute a valid release, We may pay benefits up to $1,000 to You or whom We at our exclusive discretion deem to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT, CHANGE OF BENEFICIARY: Benefits payable under the policy may be assigned to the provider(s) of the services for which such benefits are payable. The assignment will not be effective until We receive the written notice. We assume no responsibility for the validity of any assignment.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Covered Person examined by a Physician of Our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, We may request an autopsy where it is not forbidden by law. These will be done at Our expense.

DISPUTE AND APPEAL PROCEDURE: We will provide You with a written explanation of any denial by Us of benefits regarding You or Your Dependents. You, or Your duly authorized representative, may dispute and appeal the denial by sending Us a letter within 60 days after the date of such denial by Us. The letter must state the reason for the appeal and any additional information that might support the appeal. To assist Us in identifying and processing the appeal, You should include a photocopy of Our original denial letter or Explanation of Benefits form.

We will notify You, or Your duly authorized representative, by mail of Our final decision and the specific reason for Our decision within 30 days after We receive the written appeal. This time period may be extended for an additional 30 days if We are unable to complete Our review of the appeal within the 30-day time period. In that event, We will notify You, or Your duly authorized representative, in writing of Our reasons for extending the time period.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE: If the age of any Covered Person is incorrectly stated, the amount of benefits payable will be the amount shown on the Schedule of Benefits. The premium will be adjusted so that We will be paid any amount due based on such Covered Person's true age.

CONFORMITY WITH STATE STATUTES: Any provision of the policy which is in conflict with the statutes of the state in which you reside is hereby amended to conform to the minimum requirements of such statutes.

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY®

P.O. Box 4884, Houston, Texas 77210-4884

HOSPITAL INDEMNITY INSURANCE
OUTLINE OF COVERAGE
FORM H-0180

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is therefore, important that you READ YOUR POLICY CAREFULLY!

Hospital confinement indemnity coverage is designed to provide you with a fixed daily benefit during periods of hospital confinement resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in the table below, subject to the limitations and exclusions described below.

Calendar Year Policy Deductible (per Covered Person with a maximum of 3 deductibles per policy)(Additional Outpatient Benefits Calendar Year Deductible does not apply to satisfaction of Calendar Year Policy Deductible)	**$1,000 / $2,500 / $5,000**
Lifetime Maximum	**$1,000,000**

Plan	**1**	**2**	**3**
Maximum Covered Benefits per Covered Person per Calendar Year	**$100,000**	**$250,000**	**$1,000,000**
Daily Indemnity Benefits as described below are limited to the Maximum Number of Days Per Covered Person Per Calendar Year indicated (for all benefits combined)	30	60	180

HOSPITAL INDEMNITY BENEFITS **UNITS**

	1	**2**	**3**
Facility Fees			
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) for:			
Alcohol and/or Substance Abuse Dependency	$500	$1,000	$1,500
Mental Illness	$500	$1,000	$1,500
Any Other Injury or Sickness	$1,000	$2,000	$3,000
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per Calendar Year	$1,500	$3,000	$4,500
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility	$500	$1,000	$1,500
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed	$1,000	$2,000	$3,000

	Units		
	1	**2**	**3**
Professional Services			
Daily Indemnity Benefit for Outpatient Radiation or Chemotherapy	$500	$1,000	$1,500
Other Inpatient Benefits: Physician Hospital Visit per visit	$50	$100	$150
Surgical Indemnity Benefit for covered services when performed in a Hospital or in an ambulatory surgical center	Benefit per procedure as listed in the Fee Schedule (1 unit)		
Inpatient Pathologist/Radiologist Benefits for covered services	Benefit per procedure as listed in the Fee Schedule (1 unit)		
Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable equals one unit		
Emergency Ambulance Indemnity Benefit	$250 per trip		

Hospital, Rehabilitation Facility & Skilled Nursing Facility Benefits for covered persons confined in such medical facilities for 24 or more consecutive hours are as shown in the above schedule.

ADDITIONAL OUTPATIENT BENEFITS *(these benefits are payable for services performed on an outpatient basis only)*

Calendar Year Deductible (Calendar Year Policy Deductible does not apply towards satisfaction of Calendar Year Deductible)	**$500 per insured**		
Aggregate Calendar Year Maximum	**$2,000**		
	Units		
	1	**2**	**3**
Outpatient Office Visit (fees per visit for office, outpatient clinic or emergency room)	$25	$50	$75
Other Outpatient Services (per test)			
MRI, CAT Scan or Nuclear testing	$175	$350	$525
Other diagnostic testing or X-rays	$40	$80	$120
Laboratory testing	$10	$20	$30
Injections	$5	$10	$15
Generic Prescription (per prescription filled)	$5	$10	$15
Brand Name Prescription (per prescription filled)	$10	$20	$30
Well Care Maximum:	$50 per visit up to $150 per calendar year		

GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after your 65th birthday.

We reserve the right, subject to 45 days prior written notice to You at Your last known address, to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of Insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in the policy.

EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: any service, supplies or treatment that is not a Covered Service described in Section 3 hereof; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted Injury or Sickness; rest care; cosmetic surgery or care or treatment solely for cosmetic purposes, or complications there from. This exclusion does not apply to cosmetic surgery resulting from an Injury if initial treatment of the Covered Person is begun within 12 months of the date of the Injury; immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the Policy; routine newborn care, including routine nursery charges; voluntary abortion, except with respect to You or Your covered Dependent

spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; pregnancy of a Dependent child, unless required by law; a Covered Person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; air travel, except: (i) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (ii) as a passenger for transportation only and not as a pilot or crew member; any Injury occurring directly or indirectly as a result of the voluntary use of alcohol, drugs, narcotics or hallucinogens unless taken on the written advice of a Physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the policy; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation and vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law; treatment of exogenous obesity or weight control; an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Injury sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered; Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made; any service, supplies or treatment that is not Medically Necessary; any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; Pre-Existing Conditions; and any service or treatment rendered outside the territorial limits of the United States of America.

Pre-Existing Condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.

TERMINATION OF A COVERED PERSON'S INSURANCE

An insured persons insurance will cease on the earliest of: (a) the date of lapse at the end of the grace period for non-payment of premium; (b) the first day of the month following the date the covered person attains the Limiting Age; or (c) the date the policy terminates.

The insurance on a Dependent will cease on the earliest of: (a) the date the Insured's coverage terminates; (b) the first day of the month following the date the dependent attains the limiting age for Dependents; (c) the end of the last period for which premium payment has been made to Us, subject to the Grace Period; (d) the first day of the month following the date the dependent no longer meets the definition of dependent, as defined in the policy; (e) the date the policy is modified so as to exclude dependent coverage; or (f) the date the policy terminates.

We shall have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

If we accept a premium for coverage for a covered person after the date on which the policy provides that a covered person will cease to be covered, the coverage for that covered person will continue in force until the end of the period for which such premium has been accepted.

THIRTY DAY FREE LOOK

You have thirty (30) days after receiving the policy, and if you are not satisfied for any reason, you may return it to the company for a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office. We will promptly refund the premium paid and the insurance will be void.

Received $ _____ for ____ month's premium with application for:

If for any reason policy is not issued, payment is to be refunded. Insurance is not effective until policy applied for has been issued. If you do not receive the policy in 30 days, please write the company.

Authorized Representative _____ Date _____

Important Notice: This Outline of Coverage provides general information about the policy. It is not a contract. Only the actual policy provisions issued by the company will control.

FEE SCHEDULE SAMPLE

CPT	DESCRIPTION	BENEFIT 1 Unit
	SKIN	
11042	debride skin/tissue	$34.53
11100	biopsy, skin lesion	$38.45
12001	repair superficial wound(s)	$80.79
17000	destruction of premalignant lesion	$41.47
17108	destruction of skin lesions	$398.41
	BREAST	
19102	Breast biopsy percut w/image	$83.29
19301	partial mastectomy	$488.15
19303	simple mastectomy	$757.00
19307	Mastectomy, modified radical	$899.93
19342	delayed breast prosthesis	$703.02
	MUSCULOSKELETAL SYSTEM	
22554	neck spine fusion	$990.05
22612	lumbar spine fusion	$1,242.59
23420	repair of shoulder	$742.28
23655	treat shoulder dislocation	$286.48
25605	treat fracture radius/ulna	$430.90
26735	treat finger fracture, each	$433.47
27130	total hip arthroplasty	$1,117.29
27447	total knee arthroplasty	$1,195.13
28485	treat metatarsal fracture	$402.36
29826	shoulder arthroscopy/surgery	$508.75
29827	arthroscop rotator cuff repr	$831.23
29848	wrist endoscopy/surgery	$376.86
29881	knee arthroscopy/surgery	$488.34
	RESPIRATORY SYSTEM	
30520	repair of nasal septum	$456.45
31240	nasal/sinus endoscopy, surg	$126.71
31255	removal of ethmoid sinus	$319.51
31624	diagnostic bronchoscope/lavage	$117.66
32655	thoracoscopy, surgical	$781.60
	CARDIOVASCULAR SYSTEM	
33208	insertion of heart pacemaker	$451.31
33249	Insertion of pacing defibrillator	$783.44
33533	Coronary Artery Bypass, arterial, single	$1,600.98
35301	rechanneling of artery	$906.61
36556	insert non-tunnel centrl venous cath	$99.09
36558	insert tunneled centrl venous cath	$230.38
36620	insertion catheter, artery	$40.88
92980	insert intracoronary stent (PTCA)	$655.20
93510	left heart catheterization	$914.75

CPT	DESCRIPTION	BENEFIT 1 Unit
	HEMIC/LYMPHATIC SYSTEM	
38221	bone marrow biopsy	$59.72
38230	bone marrow collection	$262.71
38300	drainage of lymph node abscess	$138.77
38510	biopsy/removal, lymph nodes	$326.16
38745	remove armpit lymph nodes	$669.30
	DIGESTIVE SYSTEM	
43239	upper gi endoscopy, biopsy	$137.83
43830	place gastrostomy tube	$532.31
44005	freeing of bowel adhesion	$847.33
44145	partial removal of colon	$1,291.14
44970	laparoscopy, appendectomy	$457.34
45114	partial removal of rectum	$1,399.68
45378	diagnostic colonoscopy	$173.42
45380	colonoscopy and biopsy	$208.35
45385	lesion removal colonoscopy	$247.24
47562	laparoscopic cholecystectomy	$570.19
49568	hernia repair w/mesh	$212.12
	URINARY SYSTEM	
50590	Lithotripsy, fragmenting of kidney stone	$467.60
52000	cystoscopy	$104.30
52353	cystouretero w/lithotripsy	$355.67
	GENITAL SYSTEM	
55700	biopsy of prostate	$114.88
57260	repair of vagina	$655.91
57288	repair bladder defect	$573.11
57454	biopsy/curett of cervix w/scope	$108.13
58100	biopsy of uterus lining	$69.48
58150	total hysterectomy	$788.78
58262	vag hyst including tubes and ovaries	$733.15
58353	endometrial ablation, thermal	$173.72
59510	cesarean delivery	$1,622.93
	NERVOUS SYSTEM	
61518	removal of brain lesion	$2,162.14
61548	removal of pituitary gland	$1,219.40
62270	spinal fluid tap, diagnostic	$62.42
63020	neck spine disk surgery	$902.31
64721	carpal tunnel surgery	$312.92
	EYE/AUDITORY SYSTEM	
65220	remove foreign body from eye	$32.49
66821	after cataract laser surgery	$219.98
66984	cataract surg w/intraocular lens, 1 stage	$561.97
67113	repair retinal detach, complex	$1,278.06

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/13/2010

Comments:

Attachment:

Readability Cert..pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/13/2010

Bypass Reason: Previously approved

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/13/2010

Bypass Reason: acknowledged

Comments:

		Item Status:	Status Date:
Satisfied - Item:	H-0180.AR redlined revisions	Approved-Closed	08/13/2010

Comments:

Attachment:

H-0180.AR redlined corrections.pdf

		Item Status:	Status Date:
Satisfied - Item:	H-0180.OC redlined revisions	Approved-Closed	08/13/2010

Comments:

Attachment:

H-0180.OC redlined corrections.8.12.10.pdf

READABILITY CERTIFICATION

I hereby certify that the forms listed below meet the minimum reading ease score on a Flesch test basis:

New Form Number	Readability Score
H-0180.AR	50.1
H-0180.OC	51.1

James B. Hobelman, FSA, MAAA
Second Vice-President & Actuary

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
(A stock company)
P.O. Box 4884, Houston, Texas 77210-4884

HOSPITAL INDEMNITY POLICY

THIS POLICY IS GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after Your 65th birthday.

We reserve the right, subject to 45 days prior written notice to You at Your last known address, to establish a new schedule of premium rates; such schedule of rates will be effective on the following Premium Due Date for all or any class of Insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained within.

THIRTY DAY FREE LOOK

You may cancel the insurance described in this policy at any time during the 30 day period after You receive this policy. Mail this policy with Your written request for cancellation to Us at Our Home Office. We will promptly refund the premium paid and the insurance will be void.

Philadelphia American Life Insurance Company, a stock company herein referred to as We, Us or Our, certifies that the Insured named in the Schedule of Benefits, herein referred to as You, are insured for the benefits described in this policy.

Your insurance is effective at 12:01 a.m. Standard Time at the legal address of the Insured on the policy Effective Date shown in the Schedule of Benefits. All time periods referenced herein begin and end at 12:01a.m. Standard Time at the Insured's legal address of record.

Signed for: **PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY**

Secretary

President

PLEASE READ YOUR POLICY CAREFULLY

NON-PARTICIPATING

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS

		Page
[Section 1	DEFINITIONS	5
Section 2	EFFECTIVE DATES	8
Section 3	BENEFIT PROVISIONS	9
Section 4	EXCLUSIONS AND LIMITATIONS	31~~47~~
Section 5	TERMINATION OF INSURANCE	32~~48~~
Section 6	PREMIUMS	32~~48~~
Section 7	POLICY PROVISIONS	33~~49~~]

AMENDMENT RIDERS, IF ANY

SCHEDULE OF BENEFITS

POLICY NUMBER: [0000000001]
INITIAL PREMIUM: [$XX.XX]
INSURED: [JOHN DOE]
COVERED PERSON(S): [JOHN DOE], Insured
[, Spouse]
[, Dependent Child]
[, Dependent Child]

EFFECTIVE DATE: [08/01/2010]
PREMIUM MODE: Monthly
FIRST POLICY RENEWAL DATE: [09/01/2010]

Limiting Age: 65 years of age

Limiting Age for Dependents: The age stated in the definition of Dependent shown in Section 1 hereof

Calendar Year Policy Deductible (per Covered Person with a maximum of three deductibles per policy)(Additional Outpatient Benefits Calendar Year Deductible does not apply to satisfaction of Calendar Year Policy Deductible)	**[$1,000][$2,500][$5,000]**
Lifetime Maximum	**$1,000,000**

Maximum Covered Benefits per Covered Person per Calendar Year	**[$100,000][$250,000] [$1,000,000]**
Daily Indemnity Benefits as described below are limited to the Maximum Number of Days Per Covered Person Per Calendar Year indicated (for all benefits combined)	[30][60][180]

HOSPITAL INDEMNITY BENEFITS

Facility Fees	
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) for:	
Alcohol and/or Substance Abuse Dependency	[$500][$1,000][$1,500]
Mental Illness	[$500][$1,000][$1,500]
Any Other Injury or Sickness	[$1,000][$2,000][3,000]
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per Calendar Year	[$1,500][$3,000][$4,500]
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility	[$500][$1,000][$1,500]
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed	[$1,000][$2,000][$3,000]
Professional Services	
Daily Indemnity Benefit for Outpatient Radiation or Chemotherapy	[$500][$1,000][$1,500]
Other Inpatient Benefits: Physician Hospital Visit per visit	[$50][$100][$150]
Surgical Indemnity Benefit for covered services when performed in a Hospital or in an ambulatory surgical center	Benefit per procedure as listed in the Fee Schedule (1 unit)
Inpatient Pathologist/Radiologist Benefits for covered services	Benefit per procedure as listed in the Fee Schedule (1 unit)
Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable equals one unit
Emergency Ambulance Indemnity Benefit	$250 per trip

Hospital, Rehabilitation Facility & Skilled Nursing Facility Benefits for covered persons confined in such medical facilities for 24 or more consecutive hours are as shown in the above schedule.

[ADDITIONAL OUTPATIENT BENEFITS *(these benefits are payable for services performed on an outpatient basis only)*

Calendar Year Deductible (Calendar Year Policy Deductible does not apply towards satisfaction of Calendar Year Deductible)	**$500 per insured**
Aggregate Calendar Year Maximum	**$2,000**
Outpatient Office Visit (fees per visit for office, outpatient clinic or emergency room)	[$25][$50][$75]
Other Outpatient Services (per test)	
MRI, CAT Scan or Nuclear testing	[$175][$350][$525]
Other diagnostic testing or X-rays	[$40][$80][$120]
Laboratory testing	[$10][$20][$30]
Injections	[$5][$10][$15]
Generic Prescription (per prescription filled)	[$5][$10][$15]
Brand Name Prescription (per prescription filled)	[$10][$20][$30]
Well Care Maximum:	$50 per visit up to $150 per calendar year]

Section 1 - DEFINITIONS

As used in this policy, the following definitions apply:

Calendar Year
The period from January 1 through December 31 of the same year.

Complications of Pregnancy
Any condition that requires medical treatment or Hospital confinement prior to or subsequent to the termination of the pregnancy whose diagnosis is distinct from, but is adversely affected by the pregnancy. Such conditions include, but are not limited to: (1) acute nephritis; (2) nephrosis; (3) cardiac decompensation; (4) missed abortion; and, (5) similar conditions of comparable severity. Complications of Pregnancy will also include non-elective caesarean section or spontaneous termination of pregnancy that occurs during a period of gestation when a viable birth is not possible. Complications of Pregnancy will not include: (1) false labor; (2) occasional spotting; (3) prescribed bed rest; (4) morning Sickness; or, (5) similar conditions that are common to the care of a difficult pregnancy.

Confinement or Confined
Confinement for 24 or more consecutive hours in a Hospital, Rehabilitation Facility or Skilled Nursing Facility as a resident bed patient, upon the advice of a Physician, for other than custodial care. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a freestanding surgical facility, a custodial care facility or an outpatient facility.

Covered Benefits
Those services and/or supplies if included in this policy, that:
- (a) are for Medically Necessary treatment and recommended by a Physician;
- (b) are received while the Covered Person is insured under the policy, subject to any Extension of Benefits; and
- (c) are not excluded under Section 4 of the policy.

Covered Person(s)
You and Your Dependents, if any who are insured under the policy.

Deductible
The amount of benefit incurred during a Calendar Year that the Covered Person must pay before any benefits are payable.

Dependent
Your:
- (a) married spouse under age 65; or
- (b) unmarried natural child, step child, adopted child or a child during the pendency of adoption who:
  - (i) is not eligible for insurance under this policy and who;
  - (ii) is less than 25 years old; and/or
  - (iii) is required by a court order to be provided medical support coverage.
- (c) unmarried grandchild less than 25 years of age on the date the Insured makes written request for coverage of such grandchild;
- (d) unmarried child or grandchild who becomes incapable of self-support because of mental retardation or physical disability while insured under the policy and prior to reaching 25 years of age. We must receive proof of incapacity. Then, coverage will continue for as long as Your insurance stays in force and such child or grandchild remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

Effective Date
Effective date is the policy Effective Date shown on the Schedule of Benefits page. If a Dependent is added to a policy after the original policy Effective Date, that Dependents Effective Date will be shown on an endorsement.

Hospital
A licensed institution that has on its premises:
- (a) permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
- (b) 24-hour-a-day nursing service by graduate registered nurses; and

(c) the patient's written history and medical records.

It shall also have (or have available on a pre-arranged basis) laboratory, x-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians, or be accredited by the Joint Commission on Accreditation of Hospitals.

Hospital shall not include any institution or portion thereof used as a place for rehabilitation, rest, the aged, education or training; or a nursing or convalescent home or an extended care facility for the care of convalescent patients.

Immediate Family
The parents, spouse, children, or siblings of a Covered Person.

Injury
Accidental bodily Injury sustained on or after the Covered Person's Effective Date that causes a loss independent of any other cause. Such Injury must occur while this policy is in force. All Injuries to the same Covered Person sustained in any one accident, including all related conditions and recurring symptoms of the Injuries, will be considered one Injury.

Insured
Any person who is eligible for insurance, has enrolled for coverage and been accepted by Us and for whom the required insurance premium has been received by Us. The Insured is named in the policy Schedule of Benefits.

Intensive Care Unit
A specifically designed facility of the Hospital that provides the highest level of medical care and which is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the Hospital's emergency room, surgical recovery room and from rooms, beds and wards customarily used for patient confinement. Such facility must be permanently equipped with special life-saving equipment for the care of the critically ill or injured; and under constant and continuous observation 24 hours a day by nursing staff assigned exclusively to such facility.

Intensive Care Unit does not mean any of these step-down units: progressive care, intermediate intensive care or intermediate care units, private monitored rooms, recovery rooms, areas primarily for post-operative or post-anesthesia care, Observation Units; or other facilities which do not meet the standards for intensive care.

Medically Necessary
The services or supplies provided by a Hospital or Physician that are required to identify or treat an Injury or Sickness and which, as determined by Us, are:

(a) consistent with the symptom or diagnosis and treatment of a Covered Person's condition, Sickness or Injury;
(b) appropriate with regard to standards of good medical practice;
(c) not solely for the convenience of a Covered Person, a Physician or other provider; and
(d) the most appropriate supply or level of service that can be safely provided to the Covered Person.

Mental Illness
Any Sickness, disease or disorder, which is:

(a) listed in the current edition of the Diagnostic and Statistical Manual of Mental Health Disorders (or any successor diagnostic manual) published by the American Psychiatric Association; and
(b) usually treated by a mental health provider or other qualified provider, using psychotherapy, psychotropic drugs or other similar methods of Treatment.

Mental Illness includes any such conditions whether or not related to an underlying physical, genetic, chemical, organic or biological cause, although it may be associated with physical symptoms, manifestations or expressions. Specific conditions include, but are not limited to: bipolar disorder; depression and depressive disorders; psychoses; mood disorders; manic-depressive illness; anxiety disorders; stress disorders including post-traumatic stress disorders; somatoform disorders; factitious disorders; eating disorders; adjustment disorders; and personality disorders. However, for purposes of the policy, Mental Illness does not include mental retardation or Alzheimer's disease and other forms of dementia with an objective organic basis.

Observation Unit
An area in a hospital or outpatient facility providing outpatient observation for the purpose of monitoring a patient prior to or following an emergency treatment, outpatient surgery or major diagnostic test(s).

Outpatient
Services provided by a Physician to a Covered Person for treatment either outside a Hospital or Skilled Nursing Facility or from an outpatient department of a Hospital or Skilled Nursing Facility or licensed ambulatory surgical center.

Physician
A practitioner of the healing arts who:

(a) is practicing within the scope of his or her license in the state where so licensed; and
(b) is not a member of a Covered Person's Immediate Family; and
(c) provides treatment or service covered under the policy.

Pre-Existing Condition
A condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date.~~–~~ A condition shall no longer be considered a Pre-Existing Condition after ~~the first to occur of:~~
~~(b)the date a Covered Person has been treatment free with respect to such Pre-existing Condition for 12 consecutive months while such person is covered under this policy; or~~the date a person has been covered under this policy for 12 consecutive months.

Premium Due Date
The Effective Date of the policy and the first day of each calendar month thereafter.

Rehabilitation Facility
A facility providing therapy and training to restore functions of motion, speech or vision lost as a result of an Injury or Sickness.

Schedule of Benefits
The benefit schedule set forth in this policy.

Sickness
Sickness or disease that is first diagnosed or treated while a Covered Person's insurance is in force, whose Sickness is the basis of a claim, and which results in loss covered by this policy. The term "Sickness" includes Complications of Pregnancy of a Covered Person.

Skilled Nursing Facility

(a) a special unit or ward of a Hospital used primarily as a nursing or convalescent home; or
(b) an institution that has a transfer agreement with one or more Hospitals and meets fully all of the requirements of Title XVIII of the Social Security Act of 1965, as now or hereafter amended, commonly known as "Medicare".

Substance Abuse
Alcoholism, or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician.

Total Disability or (Totally Disabled)
You are disabled and prevented from performing the material and substantial duties of Your occupation. For Dependents, Totally Disabled means the inability to perform a majority of the normal activities of a person of like age in good health.

You, Your and Yours
The Insured named in the policy Schedule of Benefits.

We, Our and Us
Philadelphia American Life Insurance Company.

Section 2 - EFFECTIVE DATES

DATE YOU ARE ELIGIBLE FOR INSURANCE

You are eligible to be insured under the policy if at that time You:
(a) have paid the first premium; and
(b) have completed an application acceptable to Us.

DATE INSURANCE TAKES EFFECT

When We have approved the application for You and have received the initial premium, coverage for You and Your eligible Dependents will be insured on the policy Effective Date shown on the Schedule of Benefits.

DEPENDENTS

DATE PERSON'S ARE ELIGIBLE FOR INSURANCE

If Dependent coverage is available under the policy, each Dependent will be eligible for such coverage on the latest of the following dates:
(a) the day You become eligible for insurance;
(b) the day You acquire Your first Dependent; or
(c) the day Your Dependent becomes eligible for insurance under the policy.

You may elect Dependent coverage by completing and signing an application within 31 days of the date the Dependent becomes eligible.

The Effective Date of coverage for each eligible Dependent for whom You have met the above requirements will be the first day of the month following Our:
(a) acceptance of the application; and
(b) receipt of the first premium.

A newborn child will become insured for the Hospital Indemnity Benefits automatically on the day he or she is born as long as Your coverage was in force on that date. Coverage includes prematurity, congenital defects and birth abnormalities. The newborn child's coverage will not continue past the 90-day period following birth unless:
(a) We are notified by the end of that 90-day period of the addition of such newborn child; and
(b) any applicable additional premium is paid and received by Us.

An adopted child, or a child that You are a party to a suit in which You seek to adopt the child, will become insured for Injury and Sickness on the date of the filing of the petition to adopt, as long as Your insurance is in force. For newborn adopted children, coverage will begin from the moment of birth, if the petition for adoption and application for coverage is filed within sixty (60) days after the birth of the child. Coverage for an adopted child will not continue past the 90-day period following adoption or placement unless:
(a) We are notified by the end of the 90-day period of the addition of such adopted child; and
(b) any applicable additional premium is paid and received by Us.

In all other instances if a Dependent is Totally Disabled on the date coverage (with respect to that particular Dependent) would otherwise take effect, the coverage of the Dependent will be deferred until the first of the month following the Dependent's cessation of Total Disability.

DEFERRED EFFECTIVE DATE

If an eligible person, except for a newborn child, is hospitalized on the date Your insurance under this policy is otherwise to take effect, such insurance will take effect on the day after such person is discharged from the hospital.

HOSPITAL INDEMNITY INSURANCE

Hospital and Skilled Nursing Facility Benefits

Subject to all of the terms and provisions of the policy, including any Calendar Year Policy Deductible, Lifetime Maximum and Calendar Year Maximum shown in the Schedule of Benefits, We will pay Covered Benefits for one or more of the following:

Maximum Number of Days Per Calendar Year
The Maximum Number of Days per Calendar Year for which Covered Benefits will be paid is shown in the Schedule of Benefits. No further Indemnity Benefits will be paid in a calendar year after one, or any combination, of the above-described Indemnity Benefits has been paid for the Maximum Number of Days Per Calendar Year shown in the Schedule of Benefits.

Daily Indemnity Benefit During Confinement in a Hospital
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Hospital as a result of Injury or Sickness. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit During Confinement in a Hospital's Intensive Care Unit
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Hospital's Intensive Care Unit (ICU) as a result of Injury or Sickness. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit During Confinement in a Rehabilitation Facility or a Skilled Nursing Facility
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Rehabilitation Facility or a Skilled Nursing Facility as a result of Injury or Sickness. Benefits are payable for the period such person is so confined and receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit for Outpatient Hospital or Ambulatory Surgical Center Services
We will pay the Indemnity Benefit shown in the Schedule of Benefits for Outpatient Hospital or ambulatory surgical center services when surgery is performed for each outpatient visit as a result of Injury or Sickness. Benefits are payable for the period such person is receiving medical care and regular attendance of a Physician.

Daily Indemnity Benefit for Outpatient Radiation or Chemotherapy
We will pay the Daily Indemnity Benefit shown in the Schedule of Benefits for each day a Covered Person is being treated with Outpatient Radiation or Chemotherapy as a result of Sickness. Benefits are payable for the actual day of treatment. Treatment in this benefit is defined as receiving actual treatment by X-ray, radium or radioactive isotopes, or by chemical or biological antineoplastic agents.

Other Inpatient Benefits: Indemnity for Physician Hospital Visits
We will pay the Indemnity Benefit shown in the Schedule of Benefits for each visit a Covered Person receives from a Physician while confined.

Surgical Indemnity Benefit and Inpatient Pathologist/Radiologist Benefit
We will pay Surgical Benefits for covered services per procedure as listed in the Fee Schedule as a result of Injury or Sickness when performed in a Hospital or in an ambulatory surgical center. We will pay 20% of the amount listed in the Fee Schedule for covered assistant surgical services. We will pay Inpatient Pathologist/Radiologist Benefits for covered services per procedure as listed in the Fee Schedule as a result of Injury or Sickness.

Anesthesia Indemnity Benefit
We will pay the Anesthesia Indemnity Benefit for covered anesthesia services as shown in the Schedule of Benefits for a Covered Person who receives treatment as a result of Injury or Sickness.

Emergency Ambulance Indemnity Benefit
We will pay the Emergency Ambulance Benefit shown in the Schedule of Benefits to a Covered Person for each trip due to an Injury or Sickness. The ambulance service must be to or from a Hospital if immediately confined.

[Additional Outpatient Benefits

Subject to all of the terms and provisions of the policy, including any Calendar Year Deductible and Aggregate Calendar Year Maximum shown in the Schedule of Benefits, We will pay Covered Benefits for one or more of the following:

Outpatient Office Visits
Benefit amount shown in the Schedule of Benefits for physician visits, surgery or treatment of any kind in the office, outpatient clinic or emergency room.

Other Outpatient Expense
Benefit amount shown in the Schedule of Benefits for MRI, CAT Scan or Nuclear testing per test; other diagnostic testing or X-rays (including professional and facility fee; excluding lab tests); laboratory testing (including facility and professional fee if any); injections at the amount shown in the Schedule of Benefits per injection.

Prescriptions
Benefit amount shown in the Schedule of Benefits for prescriptions.

Well Care
Benefit amount shown in the Schedule of Benefits for Well Care. This benefit is subject to a Calendar Year Maximum of $150 per Calendar Year. This benefit is not subject to the Calendar Year Rider Deductible.]

SECTION 4 - EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of:

(a) any service, supplies or treatment that is not a Covered Service described in Section 3 hereof;
(b) suicide or any attempt thereat, while sane or insane;
(c) any intentionally self-inflicted Injury or Sickness;
(d) rest care;
(e) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Injury if initial treatment of the Covered Person is begun within 12 months of the date of the Injury;
(f) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy;
~~(g)~~routine newborn care, including routine nursery charges;
~~(h)~~(g) ~~charges incurred for prescription drugs;~~
~~(i)~~(h) voluntary abortion, except with respect to You or Your covered Dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion;
~~(j)~~(i)pregnancy of a Dependent child, unless required by law;
~~(k)~~(j) a Covered Person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
~~(l)~~(k) a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation;
~~(m)~~(l) a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;
~~(n)~~(m) air travel, except:
(1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
(2) as a passenger for transportation only and not as a pilot or crew member;
~~(o)~~(n) any Injury occurring directly or indirectly as a result of the voluntary use of alcohol, drugs, narcotics or hallucinogens unless taken on the written advice of a Physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the Schedule of Benefits;
~~(p)~~(o) sex changes;
~~(q)~~(p) any dental care, treatment or service to the teeth, gums or mouth;
~~(r)~~(q) experimental treatments or surgery;
~~(s)~~(r) the reversal of tubal ligation and vasectomies;
~~(t)~~(s) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;
~~(u)~~(t) treatment of exogenous obesity or weight control;
~~(v)~~(u) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Injury sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered;
~~(w)~~(v) Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;
~~(x)~~(w) any service, supplies or treatment that is not Medically Necessary;
~~(y)~~(x) any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits;
~~(z)~~(y) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined;
~~(aa)~~(z) Pre-Existing Conditions; and
~~(bb)~~(aa) any service or treatment rendered outside the territorial limits of the United States of America.

SECTION 5 – TERMINATION OF INSURANCE

TERMINATION OF A COVERED PERSON'S INSURANCE: Your insurance will cease on the earliest of:

(a) the date of lapse at the end of the Grace Period for non-payment of premium;
(b) the first day of the month following the date the Covered Person attains the Limiting Age shown in the Schedule of Benefits; or
(c) the date the policy terminates.

The insurance on a Dependent will cease on the earliest of:

(a) the date Your coverage terminates;
(b) the first day of the month following the date the Covered Person attains the limiting age for Dependents;
(c) the end of the last period for which premium payment has been made to Us, subject to the Grace Period;
(d) the first day of the month following the date the Dependent no longer meets the definition of Dependent, as defined in the policy;
(e) the date the policy is modified so as to exclude Dependent coverage; or
(f) the date the policy terminates.

We shall have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the policy.

If We accept a premium for coverage for a Covered Person after the date on which the policy provides that a Covered Person will cease to be covered, the coverage for that Covered Person will continue in force until the end of the period for which such premium has been accepted.

EXTENSION OF BENEFITS: Whenever termination of coverage under this section occurs because of termination of Your eligibility, such termination shall be without prejudice to:

(a) any Hospital Confinement which commenced while the policy was in force, with respect to In-Hospital Indemnity Benefits; or
(b) any covered treatment or service for which benefits would be provided under the Hospital Indemnity Benefits of the policy and which commenced while the policy was in force; provided; however, that the Covered Person is and continues to be Hospital Confined or Totally Disabled. Such Extension of Benefits shall continue for up to 90 days.

SECTION 6 – PREMIUMS

All premiums are payable on or before the date they are due. The premiums are shown in the policy Schedule of Benefits.

PREMIUM RATE CHANGE: After the first 12 months of coverage, We have the right to change premium rates as of any Premium Due Date. We will notify You in writing at least 45 days prior to the change in rates. The rates may change prior to this time however, for reasons that affect the insured risk, which include:

(a) a change in benefits; or
(b) a new law or a change in any existing law is enacted which applies to the policy.

The premiums for this coverage are based upon the attained age of each Covered Person. They are scheduled to change based upon the Covered Person's attained age at a predetermined interval. Attained age means the age of the Covered Person on the policy Effective Date of coverage and any subsequent policy anniversary.

GRACE PERIOD: If Your premium is not paid on or before its Premium Due Date, it can still be paid during the 31-day grace period that starts on the Premium Due Date. During the grace period the insurance will stay in force and claims will be continued payable. No Grace Period is provided when, prior to the end of the grace period, the policyholder has given Us notice of its intent to terminate the policy.

REINSTATEMENT: If the premium is not paid before the Grace Period ends, this policy will lapse. Later acceptance of premium by Us (or by agent authorized to accept payment) without requiring an application for reinstatement will reinstate this policy. If We or Our agent require an application you will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking

such approval, this policy will be reinstated on the 45th day after the date of the conditional receipt unless we have previously notified you, in writing, of our disapproval.

The reinstated policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects your rights and our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy.

UNPAID PREMIUM: Upon the payment of a claim under this policy, any premium then due and unpaid may be deducted therefrom.

UNEARNED PREMIUM: If coverage of this policy terminates because of your death, the unearned premiums paid for any period beyond the end of the policy month, if any, in which the death occurred will be returned to the beneficiary of your estate. The unearned premiums, if any, will be paid in a lump sum on a date no later than thirty (30) days after proof of your death has been furnished to Us.

SECTION 7 – POLICY PROVISIONS

ENTIRE CONTRACT: CHANGES: This policy, including the application and any attachments, constitute the entire contract. No change under the contract shall be valid unless approved in writing by one of our executive officers and unless such approval has been forwarded to you for attachment to the policy. All statements by the Insured in the application shall, in the absence of fraud, be deemed representations and not warranties. No agent has authority to change the terms under the contract or to waive any of the provisions.

TIME LIMIT ON CERTAIN DEFENSES: If You made a written misstatement on the written application or written evidence of insurability form signed by the Insured, We may not use it to void insurance under this policy or to deny a claim for loss incurred after 2 years from the Covered Person's effective date. However, if the misstatement was fraudulent, there is no time limit. If You request an increase in benefits, a new 2 year time limit period will apply to the increase in benefits only.

NOTICE OF CLAIM: Written notice of claim must be given to Us at Our home office or to Our authorized Agent. Such notice should be made within 30 days after any loss covered by the policy. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay. Notice given by or on behalf of the claimant to Us or to any authorized Agent with information sufficient to identify the Covered Person shall be deemed notice to Us.

CLAIM FORMS: We, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

CLAIMS: Claims must be submitted to Us within 91 days from date of loss. Within 15 days of Our receipt of notice of claim, We will:

1. acknowledge receipt of the claim;
2. commence any investigation of the claim; and
3. request from the claimant all items, statements, and forms that the insurer reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, We shall make a record of the date, means and content of the acknowledgement.

We shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date We receive all items, statements, and forms required by Us, in order to secure final proof of loss. If We reject the claim, We will provide you with the reasons for rejection. If We cannot accept or reject the claim within the 15 day period, We shall notify the claimant within the 15 day period and give the reasons that We require the additional time. We must accept the claim within 45 days of such notice of delay.

PROOFS OF LOSS: Written proof of loss must be furnished to Us at Our said office within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not

reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than 1 year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under this policy for any loss will be paid within 30 days after the date on which We receive due written proof of such loss. If We pay the claim after the end of that time period, We will also pay interest on the amount payable at the rate of interest and period of time required by applicable State law, unless We were unable to pay the claim on time because of cause beyond Our control.

PAYMENT OF BENEFITS: All benefits payable by Us will be paid to You, unless assigned by You or other Covered Person to the provider(s) of the services for which such benefits are payable. Any accrued benefits unpaid on Your date of death will be paid to Your estate, unless assigned by You or other Covered Person to the provider(s) of the services for which such benefits are payable. If benefits are payable to Your estate or to a beneficiary who cannot execute a valid release, We may pay benefits up to $1,000 to You or whom We at our exclusive discretion deem to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

ASSIGNMENT, CHANGE OF BENEFICIARY: Benefits payable under the policy may be assigned to the provider(s) of the services for which such benefits are payable. The assignment will not be effective until We receive the written notice. We assume no responsibility for the validity of any assignment.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have a Covered Person examined by a Physician of Our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, We may request an autopsy where it is not forbidden by law. These will be done at Our expense.

DISPUTE AND APPEAL PROCEDURE: We will provide You with a written explanation of any denial by Us of benefits regarding You or Your Dependents. You, or Your duly authorized representative, may dispute and appeal the denial by sending Us a letter within 60 days after the date of such denial by Us. The letter must state the reason for the appeal and any additional information that might support the appeal. To assist Us in identifying and processing the appeal, You should include a photocopy of Our original denial letter or Explanation of Benefits form.

We will notify You, or Your duly authorized representative, by mail of Our final decision and the specific reason for Our decision within 30 days after We receive the written appeal. This time period may be extended for an additional 30 days if We are unable to complete Our review of the appeal within the 30-day time period. In that event, We will notify You, or Your duly authorized representative, in writing of Our reasons for extending the time period.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE: If the age of any Covered Person is incorrectly stated, the amount of benefits payable will be the amount shown on the Schedule of Benefits. The premium will be adjusted so that We will be paid any amount due based on such Covered Person's true age.

CONFORMITY WITH STATE STATUTES: Any provision of the policy which is in conflict with the statutes of the state in which you reside is hereby amended to conform to the minimum requirements of such statutes.

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY®

P.O. Box 4884, Houston, Texas 77210-4884

HOSPITAL INDEMNITY INSURANCE
OUTLINE OF COVERAGE
FORM H-0180

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is therefore, important that you READ YOUR POLICY CAREFULLY!

Hospital confinement indemnity coverage is designed to provide you with a fixed daily benefit during periods of hospital confinement resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in the table below, subject to the limitations and exclusions described below.

Calendar Year Policy Deductible (per Covered Person with a maximum of 3 deductibles per policy)(Additional Outpatient Benefits Calendar Year Deductible does not apply to satisfaction of Calendar Year Policy Deductible)	**$1,000 / $2,500 / $5,000**
Lifetime Maximum	**$1,000,000**

Plan	**1**	**2**	**3**
Maximum Covered Benefits per Covered Person per Calendar Year	**$100,000**	**$250,000**	**$1,000,000**
Daily Indemnity Benefits as described below are limited to the Maximum Number of Days Per Covered Person Per Calendar Year indicated (for all benefits combined)	30	60	180

HOSPITAL INDEMNITY BENEFITS	**UNITS**		
	1	**2**	**3**
Facility Fees			
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) for:			
Alcohol and/or Substance Abuse Dependency	$500	$1,000	$1,500
Mental Illness	$500	$1,000	$1,500
Any Other Injury or Sickness	$1,000	$2,000	$3,000
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per Calendar Year	$1,500	$3,000	$4,500
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility	$500	$1,000	$1,500
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed	$1,000	$2,000	$3,000

	Units		
	1	**2**	**3**
Professional Services			
Daily Indemnity Benefit for Outpatient Radiation or Chemotherapy	$500	$1,000	$1,500
Other Inpatient Benefits: Physician Hospital Visit per visit	$50	$100	$150
Surgical Indemnity Benefit for covered services when performed in a Hospital or in an ambulatory surgical center	Benefit per procedure as listed in the Fee Schedule (1 unit)		
Inpatient Pathologist/Radiologist Benefits for covered services	Benefit per procedure as listed in the Fee Schedule (1 unit)		
Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable equals one unit		
Emergency Ambulance Indemnity Benefit	$250 per trip		

Hospital, Rehabilitation Facility & Skilled Nursing Facility Benefits for covered persons confined in such medical facilities for 24 or more consecutive hours are as shown in the above schedule.

ADDITIONAL OUTPATIENT BENEFITS *(these benefits are payable for services performed on an outpatient basis only)*

Calendar Year Deductible (Calendar Year Policy Deductible does not apply towards satisfaction of Calendar Year Deductible)	**$500 per insured**		
Aggregate Calendar Year Maximum	**$2,000**		
	Units		
	1	**2**	**3**
Outpatient Office Visit (fees per visit for office, outpatient clinic or emergency room)	$25	$50	$75
Other Outpatient Services (per test)			
MRI, CAT Scan or Nuclear testing	$175	$350	$525
Other diagnostic testing or X-rays	$40	$80	$120
Laboratory testing	$10	$20	$30
Injections	$5	$10	$15
Generic Prescription (per prescription filled)	$5	$10	$15
Brand Name Prescription (per prescription filled)	$10	$20	$30
Well Care Maximum:	$50 per visit up to $150 per calendar year		

GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after your 65th birthday.

We reserve the right, subject to 45 days prior written notice to You at Your last known address, to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of Insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in the policy.

EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: any service, supplies or treatment that is not a Covered Service described in Section 3 hereof; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted Injury or Sickness; rest care; cosmetic surgery or care or treatment solely for cosmetic purposes, or complications there from. This exclusion does not apply to cosmetic surgery resulting from an Injury if initial treatment of the Covered Person is begun within 12 months of the date of the Injury; immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the Policy; routine newborn care, including routine nursery charges; ~~charges incurred for prescription drugs;~~ voluntary abortion, except with respect

to You or Your covered Dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; pregnancy of a Dependent child, unless required by law; a Covered Person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; a Covered Person committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation; a Covered Person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; air travel, except: (i) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (ii) as a passenger for transportation only and not as a pilot or crew member; any Injury occurring directly or indirectly as a result of the voluntary use of alcohol, drugs, narcotics or hallucinogens unless taken on the written advice of a Physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the policy; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation and vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law; treatment of exogenous obesity or weight control; an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Injury sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Person is not covered; Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made; any service, supplies or treatment that is not Medically Necessary; any facility charges for treatment at a Hospital in excess of the indemnity amount specified in the Schedule of Benefits; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; Pre-Existing Conditions; and any service or treatment rendered outside the territorial limits of the United States of America.

Pre-Existing Condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.

TERMINATION OF A COVERED PERSON'S INSURANCE

An insured persons insurance will cease on the earliest of: (a) the date of lapse at the end of the grace period for non-payment of premium; (b) the first day of the month following the date the covered person attains the Limiting Age; or (c) the date the policy terminates.

The insurance on a Dependent will cease on the earliest of: (a) the date the Insured's coverage terminates; (b) the first day of the month following the date the dependent attains the limiting age for Dependents; (c) the end of the last period for which premium payment has been made to Us, subject to the Grace Period; (d) the first day of the month following the date the dependent no longer meets the definition of dependent, as defined in the policy; (e) the date the policy is modified so as to exclude dependent coverage; or (f) the date the policy terminates.

We shall have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

If we accept a premium for coverage for a covered person after the date on which the policy provides that a covered person will cease to be covered, the coverage for that covered person will continue in force until the end of the period for which such premium has been accepted.

THIRTY DAY FREE LOOK

You have thirty (30) days after receiving the policy, and if you are not satisfied for any reason, you may return it to the company for a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office. We will promptly refund the premium paid and the insurance will be void.

Received $ _____ for ____ month's premium with application for:

If for any reason policy is not issued, payment is to be refunded. Insurance is not effective until policy applied for has been issued. If you do not receive the policy in 30 days, please write the company.

Authorized Representative _____ Date _____

Important Notice: This Outline of Coverage provides general information about the policy. It is not a contract. Only the actual policy provisions issued by the company will control.

FEE SCHEDULE SAMPLE

CPT	DESCRIPTION	BENEFIT 1 Unit
	SKIN	
11042	debride skin/tissue	$34.53
11100	biopsy, skin lesion	$38.45
12001	repair superficial wound(s)	$80.79
17000	destruction of premalignant lesion	$41.47
17108	destruction of skin lesions	$398.41
	BREAST	
19102	Breast biopsy percut w/image	$83.29
19301	partial mastectomy	$488.15
19303	simple mastectomy	$757.00
19307	Mastectomy, modified radical	$899.93
19342	delayed breast prosthesis	$703.02
	MUSCULOSKELETAL SYSTEM	
22554	neck spine fusion	$990.05
22612	lumbar spine fusion	$1,242.59
23420	repair of shoulder	$742.28
23655	treat shoulder dislocation	$286.48
25605	treat fracture radius/ulna	$430.90
26735	treat finger fracture, each	$433.47
27130	total hip arthroplasty	$1,117.29
27447	total knee arthroplasty	$1,195.13
28485	treat metatarsal fracture	$402.36
29826	shoulder arthroscopy/surgery	$508.75
29827	arthroscop rotator cuff repr	$831.23
29848	wrist endoscopy/surgery	$376.86
29881	knee arthroscopy/surgery	$488.34
	RESPIRATORY SYSTEM	
30520	repair of nasal septum	$456.45
31240	nasal/sinus endoscopy, surg	$126.71
31255	removal of ethmoid sinus	$319.51
31624	diagnostic bronchoscope/lavage	$117.66
32655	thoracoscopy, surgical	$781.60
	CARDIOVASCULAR SYSTEM	
33208	insertion of heart pacemaker	$451.31
33249	Insertion of pacing defibrillator	$783.44
33533	Coronary Artery Bypass, arterial, single	$1,600.98
35301	rechanneling of artery	$906.61
36556	insert non-tunnel centrl venous cath	$99.09
36558	insert tunneled centrl venous cath	$230.38
36620	insertion catheter, artery	$40.88
92980	insert intracoronary stent (PTCA)	$655.20
93510	left heart catheterization	$914.75

CPT	DESCRIPTION	BENEFIT 1 Unit
	HEMIC/LYMPHATIC SYSTEM	
38221	bone marrow biopsy	$59.72
38230	bone marrow collection	$262.71
38300	drainage of lymph node abscess	$138.77
38510	biopsy/removal, lymph nodes	$326.16
38745	remove armpit lymph nodes	$669.30
	DIGESTIVE SYSTEM	
43239	upper gi endoscopy, biopsy	$137.83
43830	place gastrostomy tube	$532.31
44005	freeing of bowel adhesion	$847.33
44145	partial removal of colon	$1,291.14
44970	laparoscopy, appendectomy	$457.34
45114	partial removal of rectum	$1,399.68
45378	diagnostic colonoscopy	$173.42
45380	colonoscopy and biopsy	$208.35
45385	lesion removal colonoscopy	$247.24
47562	laparoscopic cholecystectomy	$570.19
49568	hernia repair w/mesh	$212.12
	URINARY SYSTEM	
50590	Lithotripsy, fragmenting of kidney stone	$467.60
52000	cystoscopy	$104.30
52353	cystouretero w/lithotripsy	$355.67
	GENITAL SYSTEM	
55700	biopsy of prostate	$114.88
57260	repair of vagina	$655.91
57288	repair bladder defect	$573.11
57454	biopsy/curett of cervix w/scope	$108.13
58100	biopsy of uterus lining	$69.48
58150	total hysterectomy	$788.78
58262	vag hyst including tubes and ovaries	$733.15
58353	endometrial ablation, thermal	$173.72
59510	cesarean delivery	$1,622.93
	NERVOUS SYSTEM	
61518	removal of brain lesion	$2,162.14
61548	removal of pituitary gland	$1,219.40
62270	spinal fluid tap, diagnostic	$62.42
63020	neck spine disk surgery	$902.31
64721	carpal tunnel surgery	$312.92
	EYE/AUDITORY SYSTEM	
65220	remove foreign body from eye	$32.49
66821	after cataract laser surgery	$219.98
66984	cataract surg w/intraocular lens, 1 stage	$561.97
67113	repair retinal detach, complex	$1,278.06