

SERFF Tracking Number: RNIC-127850201 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number: 50462  
Company Tracking Number:  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.007 Plan G 2010  
Standard Plans 2010  
Product Name: Medicare Supplement Plan G  
Project Name/Number: Medicare Supplement Plan G/

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Medicare Supplement Plan G SERFF Tr Num: RNIC-127850201 State: Arkansas  
TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 50462  
Standard Plans 2010 Closed  
Sub-TOI: MS08I.007 Plan G 2010 Co Tr Num: State Status: Approved-Closed  
Filing Type: Form/Rate Reviewer(s): Stephanie Fowler  
Disposition Date: 01/04/2012  
Authors: Kyle Conrad, Brenda  
Ingram, Mariana Garcia  
Date Submitted: 12/13/2011 Disposition Status: Approved-  
Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Medicare Supplement Plan G Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 01/04/2012  
State Status Changed: 01/04/2012  
Created By: Brenda Ingram  
Deemer Date: Corresponding Filing Tracking Number:  
Submitted By: Brenda Ingram  
Filing Description:  
Mr. Dan Honey  
Insurance Deputy Commissioner  
Life and Health Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Reserve National Insurance Company – NAIC #68462

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Form MCS-10-G – Standardized Medicare Supplement Plan G  
Form AR-INP (11/09) – Important Notice  
Form MCS-PEB-91 – Pre-Existing Benefit Endorsement  
Form APP-M AR (6/10) – Medicare Supplement Insurance Application  
Form Q-MCS (6/10) – Questions for Applicant for Medicare Supplement Insurance  
Form OC MCS-10 G AR (1/12) – Outline of Coverage  
Form RP-MCS-10 – Notice to Applicant Regarding Replacement

Dear Mr. Honey:

We are submitting the above-referenced policy form and rates, which we request you consider for approval. This is a new filing not previously submitted.

Please note that our 2010 Standardized Medicare Supplement Benefits Plans A, C and N were previously approved by your office on 1/15/2010 under SERFF Tracking Number RNIC-126405423. Additionally, our 2010 Standardized Medicare Supplement Benefit Plans F and High Deductible F were previously approved by your office on 5/20/2010 under SERFF Tracking Number RNIC-126591517.

Form MCS-10-G provides the benefits of 2010 Standardized Medicare Supplement Plan G. This individual policy form has been drafted to comply with your state's version of the NAIC Model Medicare Supplement Regulation, as amended by the federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

Form AR-INP (11/09) – Important Notice, which will be included with each policy issued. Form AR-INP (11/09) was previously approved by your office.

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

Form APP-M AR (6/10) – Medicare Supplement insurance Application, which will be used as the application for this policy. This form was previously approved by your office.

Form Q-MCS (6/10) – Questions for Applicant for Medicare Supplement Insurance, which will be used in connection

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with each application for this policy to determine (a) whether an applicant has existing Medicare supplement insurance, (b) whether an applicant may be entitled to guaranteed issuance of coverage or (c) whether an applicant has any creditable coverage. This form was previously approved by your office.

Form OC MCS-10 G AR (1/12) – Outline of Coverage, will be used in connection with our 2010 standardized Medicare supplement plans.

Form RP-MCS-10 – Notice to Applicant Regarding Replacement, which will be used in all situations where this policy replaces existing Medicare supplement coverage. This form was previously approved by your office.

Any variable text within these forms is shown in brackets.

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

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

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

Sincerely,

Kyle D. Conrad  
Senior Vice President  
and Associate Corporate Counsel

## Company and Contact

### Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel  
6100 N. W. Grand Blvd  
Oklahoma City, OK 73118  
[kconrad@unitrin.com](mailto:kconrad@unitrin.com)  
800-874-1431 [Phone] 549 [Ext]

### Filing Company Information

Reserve National Insurance Company  
601 East Britton Road  
Oklahoma City, OK 73114  
CoCode: 68462  
Group Code: 215  
Group Name: Reserve National  
State of Domicile: Oklahoma  
Company Type: Life and Health  
State ID Number:

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(405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$100.00	12/13/2011	54482359

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/04/2012	01/04/2012

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## Disposition

Disposition Date: 01/04/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Reserve National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	AR-INP (11/09) – Important Notice	Approved-Closed	Yes
<b>Supporting Document</b>	MCS-PEB-91 – Pre-Existing Benefit Endorsement	Approved-Closed	Yes
<b>Supporting Document</b>	Q-MCS (6/10) – Questions for Applicant for Medicare Supplement Insurance	Approved-Closed	Yes
<b>Supporting Document</b>	RP-MCS-10 – Notice to Applicant Regarding Replacement	Approved-Closed	Yes
<b>Form</b>	Standardized Medicare Supplement Plan G	Approved-Closed	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes
<b>Rate</b>	Rate Sheets	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/04/2012	MCS-10-G	Policy/Contract	Standardized Fraternal Medicare Supplement Plan G Certificate	Initial		68.543	MCS-10-G_ARKANSAS.pdf
Approved-Closed 01/04/2012	Form OC MCS-10 G AR (1/12)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: Form OC MCS-10 F HDF AR (6/10) Previous Filing #: 45487		OC MCS-10 G AR (1.12).pdf

## MEDICARE SUPPLEMENT POLICY – BENEFIT PLAN G

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



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

### INSURING AGREEMENT

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

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

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

### IMPORTANT NOTICE

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

### THIRTY-DAY RIGHT TO EXAMINE POLICY

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

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

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## INSURED SCHEDULE

		<u>Renewal Premium</u>	
Policy Number	[00-00-000000]	Monthly	
		Bank Draft	[\$00.00]
Effective Date	[Jan. 1, 2012]	Regular	[\$00.00]
Initial Term Expires	[Jan. 1, 2012]	Quarterly	[\$00.00]
Initial Premium	[\$00.00]	Semi Annual	[\$00.00]
Insured	[JOHN DOE]	Annual	[\$00.00]
Dependent	[JANE DOE]	Agent	[RESERVE NATIONAL AGENT]

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## POLICY BENEFITS

Hospital Benefits

Blood Transfusion Expense Benefit

Medical and Physician Care Benefit

Hospice Care Benefit

Post-Hospital Skilled Nursing Facility Care Benefit

Part A Deductible Benefit

Part B Excess Charges Benefit

Medically Necessary Emergency Care in a Foreign Country Benefit

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## COVERAGE ENDORSEMENTS

[MCS-PEB-91]

## AMENDING ENDORSEMENTS

AR-INP (11/09)

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

## DEFINITIONS

The following terms in this Policy are defined as follows:

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

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

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

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

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

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

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

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

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

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

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

## DEFINITIONS (Continued)

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

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

## BENEFIT PROVISIONS

### BASIC BENEFITS

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

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

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

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

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

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

## **BENEFIT PROVISIONS (Continued)**

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

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

### **ADDITIONAL BENEFITS**

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

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

**PART B EXCESS CHARGES BENEFIT:** If, while this Policy is in force, you incur Part B Medicare eligible expenses in excess of the Part B Deductible and the Medicare-approved Part B charge, we will pay all of the difference between:

- (a) the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law; and
- (b) the Medicare-approved Part B charge.

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

### **EXCLUSIONS**

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

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

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

## SUSPENSION OF POLICY BENEFITS AND PREMIUMS

### Suspension Due to Medicaid Entitlement:

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

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

### Suspension Due to Group Health Plan Coverage:

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

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

## UNIFORM PROVISIONS

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

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

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

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

## UNIFORM PROVISIONS (Continued)

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

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

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

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

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

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

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

## POLICY PROVISIONS

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

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

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

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

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

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

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

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

  
Secretary

  
President

## **IMPORTANT NOTICE**

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

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

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

### **Arkansas Insurance Department**

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

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

**PRE-EXISTING BENEFIT ENDORSEMENT**

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

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

  
Secretary

  
President

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

[NO TEXT WILL BE PRINTED IN THIS BLANK SPACE]



601 East Britton Road ▪ Oklahoma City, OK 73114

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

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

**MCS-10-G**



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

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

**BASIC BENEFITS:**

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

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

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,070] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,070]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**OUTLINE OF COVERAGE  
PREMIUM INFORMATION**

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

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

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

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

**PLAN A Preferred Rates  
Tobacco Users**

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

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

## PLAN A Standard Rates

### Non-Tobacco Users

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

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

## PLAN A Standard Rates

### Tobacco Users

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

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

## PLAN C Preferred Rates

### Non-Tobacco Users

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

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

## PLAN C Preferred Rates

### Tobacco Users

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

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

## PLAN C Standard Rates

### Non-Tobacco Users

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

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

## PLAN C Standard Rates

### Tobacco Users

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

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

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

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
66	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
67	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
68	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
69	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
70	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
71	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
72	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
73	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
74	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
75	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
76	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
77	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
78	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
79	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
80	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
81	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
82	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
83	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
84	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
85	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
86	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
87	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
88	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
89	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
90	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
91	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
92	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
93	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
94	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
95	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
96	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
97	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
98	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
99+	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45

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

**PLAN F Preferred Rates  
Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
66	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
67	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
68	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
69	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
70	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
71	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
72	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
73	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
74	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
75	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
76	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
77	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
78	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
79	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
80	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
81	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
82	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
83	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
84	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
85	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
86	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
87	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
88	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
89	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
90	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
91	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
92	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
93	\$197.35	\$181.55	\$504.50	\$1,148.60	\$2,178.75
94	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
95	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
96	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
97	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
98	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
99+	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75

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

**PLAN F Standard Rates  
Non-Tobacco Users**

<u>Attained Age</u>	<u>Regular Monthly</u>	<u>Bank Draft Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
66	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
67	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
68	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
69	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
70	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
71	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
72	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
73	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
74	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
75	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
76	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
77	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
78	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
79	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
80	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
81	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
82	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
83	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
84	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
85	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
86	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
87	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
88	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
89	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
90	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
91	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
92	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
93	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
94	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
95	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
96	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
97	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
98	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
99+	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75

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

**PLAN F Standard Rates**  
**Tobacco Users**

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
66	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
67	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
68	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
69	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
70	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
71	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
72	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
73	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
74	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
75	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
76	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
77	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
78	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
79	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
80	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
81	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
82	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
83	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
84	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
85	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
86	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
87	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
88	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
89	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
90	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
91	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
92	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
93	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
94	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
95	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
96	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
97	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
98	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
99+	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55

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

**High Deductible PLAN F Preferred Rates  
Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
66	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
67	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
68	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
69	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
70	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
71	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
72	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
73	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
74	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
75	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
76	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
77	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
78	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
79	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
80	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
81	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
82	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
83	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
84	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
85	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
86	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
87	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
88	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
89	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
90	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
91	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
92	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
93	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
94	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
95	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
96	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
97	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
98	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
99+	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35

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

**High Deductible PLAN F Preferred Rates  
Tobacco Users**

<u>Attained Age</u>	<u>Regular Monthly</u>	<u>Bank Draft Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
66	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
67	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
68	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
69	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
70	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
71	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
72	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
73	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
74	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
75	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
76	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
77	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
78	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
79	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
80	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
81	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
82	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
83	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
84	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
85	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
86	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
87	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
88	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
89	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
90	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
91	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
92	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
93	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
94	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
95	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
96	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
97	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
98	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
99+	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85

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

## High Deductible PLAN F Standard Rates Non-Tobacco Users

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
66	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
67	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
68	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
69	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
70	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
71	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
72	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
73	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
74	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
75	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
76	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
77	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
78	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
79	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
80	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
81	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
82	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
83	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
84	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
85	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
86	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
87	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
88	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
89	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
90	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
91	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
92	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
93	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
94	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
95	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
96	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
97	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
98	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
99+	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85

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

## High Deductible PLAN F Standard Rates Tobacco Users

Attained <u>Age</u>	Regular <u>Monthly</u>	Bank Draft <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
66	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
67	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
68	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
69	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
70	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
71	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
72	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
73	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
74	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
75	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
76	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
77	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
78	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
79	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
80	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
81	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
82	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
83	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
84	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
85	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
86	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
87	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
88	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
89	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
90	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
91	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
92	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
93	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
94	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
95	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
96	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
97	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
98	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
99+	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20

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

**PLAN G Preferred Rates**  
**Zip Codes: 716-719, 724-729**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
66	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
67	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
68	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
69	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
70	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
71	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
72	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
73	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
74	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
75	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
76	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
77	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
78	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
79	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
80	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
81	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
82	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
83	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
84	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
85	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
86	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
87	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
88	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
89	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
90	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
91	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
92	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
93	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
94	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
95	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
96	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
97	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
98	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
99+	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25

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

**PLAN G Preferred Rates**  
**Zip Codes: 716-719, 724-729**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
66	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
67	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
68	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
69	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
70	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
71	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
72	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
73	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
74	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
75	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
76	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
77	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
78	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
79	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
80	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
81	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
82	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
83	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
84	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
85	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
86	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
87	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
88	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
89	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
90	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
91	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
92	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
93	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
94	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
95	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
96	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
97	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
98	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
99+	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95

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

**PLAN G Preferred Rates**  
**Zip Codes: 720-723**  
**Non-Tobacco Users**

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
66	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
67	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
68	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
69	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
70	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
71	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
72	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
73	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
74	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
75	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
76	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
77	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
78	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
79	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
80	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
81	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
82	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
83	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
84	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
85	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
86	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
87	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
88	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
89	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
90	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
91	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
92	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
93	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
94	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
95	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
96	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
97	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
98	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
99+	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20

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

**PLAN G Preferred Rates**  
**Zip Codes: 720-723**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
66	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
67	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
68	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
69	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
70	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
71	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
72	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
73	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
74	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
75	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
76	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
77	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
78	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
79	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
80	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
81	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
82	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
83	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
84	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
85	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
86	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
87	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
88	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
89	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
90	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
91	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
92	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
93	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
94	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
95	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
96	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
97	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
98	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
99+	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45

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

**PLAN G Standard Rates**  
**Zip Codes: 716-719, 724-729**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
66	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
67	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
68	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
69	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
70	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
71	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
72	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
73	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
74	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
75	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
76	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
77	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
78	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
79	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
80	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
81	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
82	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
83	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
84	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
85	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
86	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
87	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
88	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
89	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
90	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
91	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
92	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
93	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
94	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
95	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
96	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
97	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
98	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
99+	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95

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

**PLAN G Standard Rates**  
**Zip Codes: 716-719, 724-729**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
66	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
67	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
68	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
69	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
70	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
71	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
72	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
73	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
74	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
75	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
76	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
77	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
78	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
79	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
80	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
81	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
82	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
83	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
84	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
85	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
86	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
87	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
88	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
89	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
90	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
91	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
92	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
93	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
94	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
95	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
96	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
97	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
98	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
99+	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70

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

**PLAN G Standard Rates**  
**Zip Codes: 720-723**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
66	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
67	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
68	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
69	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
70	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
71	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
72	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
73	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
74	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
75	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
76	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
77	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
78	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
79	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
80	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
81	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
82	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
83	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
84	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
85	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
86	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
87	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
88	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
89	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
90	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
91	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
92	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
93	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
94	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
95	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
96	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
97	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
98	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
99+	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45

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

**PLAN G Standard Rates**  
**Zip Codes: 720-723**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
66	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
67	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
68	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
69	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
70	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
71	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
72	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
73	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
74	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
75	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
76	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
77	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
78	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
79	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
80	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
81	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
82	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
83	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
84	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
85	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
86	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
87	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
88	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
89	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
90	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
91	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
92	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
93	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
94	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
95	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
96	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
97	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
98	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
99+	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05

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

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

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

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

**PLAN N Preferred Rates  
Tobacco Users**

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

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

## PLAN N Standard Rates

### Non-Tobacco Users

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

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

## PLAN N Standard Rates

### Tobacco Users

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

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

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

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

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

### **RIGHT TO RETURN POLICY**

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

### **POLICY REPLACEMENT**

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

### **NOTICE**

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

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

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

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

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

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

**OUTLINE OF COVERAGE  
PLAN A**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but [\$1,156]  All but \$[289] a day  All but \$[578] a day \$0 \$0	\$0  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	[\$1,156] (Part A Deductible)  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[144.50] a day  \$0	\$0  \$0  \$0	\$0  Up to \$[144.50] a day  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\*Once you have been billed \$[140] of Medicare-amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OUTLINE OF COVERAGE  
PLAN C**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,156]  All but \$[289] a day  All but \$[578] a day  \$0  \$0	\$[1,156] (Part A Deductible)  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[144.50] a day \$0	\$0 Up to \$[144.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$[140] (Part B Deductible)  Generally 20%	\$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints  Next \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$[140] (Part B Deductible)  20%	\$0  \$0  \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

**OUTLINE OF COVERAGE  
PLAN F**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th days</p> <p>91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days</p> <p>--Beyond the Additional 365 days</p>	<p>All but \$[1,156]</p> <p>All but \$[289] a day</p> <p>All but \$[578] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,156] (Part A Deductible)</p> <p>\$[289] a day</p> <p>\$[578] a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th days</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$[140] (Part B Deductible)  Generally 20%	\$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$[140] (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN F  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

**OUTLINE OF COVERAGE  
HIGH DEDUCTIBLE PLAN F**

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

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

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,070] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2,070]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for, Part A and B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,156]  All but \$[289] a day  All but \$[578] a day  \$0  \$0	\$[1,156] (Part A Deductible)  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[144.50] a day \$0	\$0 Up to \$[144.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**HIGH DEDUCTIBLE PLAN F  
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,070] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2,070]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for, Part A and B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*	\$0	\$[140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[140] of Medicare Approved Amounts*	\$0	\$[140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**HIGH DEDUCTIBLE PLAN F  
PARTS A & B**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	100%  \$0  80%	\$0  \$[140] (Part B Deductible)  20%	\$0  \$0  \$0

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year  Remainder of Charges	\$0  \$0	\$0  80% to a lifetime maximum of \$50,000	\$250  20% and amounts over the \$50,000 life-time maximum

**OUTLINE OF COVERAGE  
PLAN G  
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th days</p> <p>91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days</p> <p>--Beyond the Additional 365 days</p>	<p>All but \$[1,156]</p> <p>All but \$[289] a day</p> <p>All but \$[578] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,156] (Part A Deductible)</p> <p>\$[289] a day</p> <p>\$[578] a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th days</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN G  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment	100%	\$0	\$0
First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

**OUTLINE OF COVERAGE  
PLAN N**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th days</p> <p>91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days</p> <p>--Beyond the Additional 365 days</p>	<p>All but \$[1,156]</p> <p>All but \$[289] a day</p> <p>All but \$[578] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,156] (Part A Deductible)</p> <p>\$[289] a day</p> <p>\$[578] a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th days</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

**PLAN N**

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[140] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[140] (Part B Deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$[140] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[140] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[140] of Medicare Approved Approved Amounts* Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[140] (Part B Deductible) \$0
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# PLAN N

## OTHER BENEFITS—NOT COVERED BY MEDICARE

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

SERFF Tracking Number: RNIC-127850201 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 50462  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 Sub-TOI: MS08I.007 Plan G 2010  
 Product Name: Medicare Supplement Plan G  
 Project Name/Number: Medicare Supplement Plan G/

**Rate Information**

Rate data applies to filing.

**Filing Method:** Review & Approve  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** %  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Reserve National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: RNIC-127850201 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 50462  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.007 Plan G 2010  
 Standard Plans 2010  
 Product Name: Medicare Supplement Plan G  
 Project Name/Number: Medicare Supplement Plan G/

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 01/04/2012	Rate Sheets	MCS-10-G	New		AR MCS-10-G Rate Sheets (area and gender rated).pdf

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Attained Age Rated Premiums

**Form MCS-10-G**

Preferred / Zip Codes: 716-719, 724-729

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
66	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
67	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
68	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
69	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
70	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
71	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
72	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
73	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
74	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
75	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
76	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
77	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
78	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
79	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
80	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
81	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
82	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
83	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
84	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
85	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
86	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
87	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
88	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
89	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
90	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
91	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
92	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
93	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
94	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
95	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
96	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
97	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
98	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
99+	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25

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

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

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy  
Attained Age Rated Premiums

**Form MCS-10-G**

Preferred / Zip Codes: 716-719, 724-729

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
66	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
67	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
68	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
69	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
70	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
71	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
72	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
73	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
74	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
75	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
76	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
77	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
78	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
79	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
80	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
81	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
82	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
83	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
84	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
85	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
86	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
87	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
88	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
89	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
90	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
91	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
92	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
93	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
94	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
95	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
96	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
97	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
98	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
99+	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95

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

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

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Attained Age Rated Premiums

**Form MCS-10-G**

Preferred / Zip Codes: 720-723

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
66	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
67	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
68	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
69	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
70	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
71	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
72	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
73	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
74	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
75	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
76	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
77	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
78	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
79	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
80	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
81	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
82	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
83	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
84	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
85	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
86	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
87	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
88	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
89	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
90	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
91	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
92	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
93	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
94	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
95	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
96	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
97	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
98	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
99+	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20

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

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

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy  
Attained Age Rated Premiums

**Form MCS-10-G**

Preferred / Zip Codes: 720-723

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
66	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
67	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
68	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
69	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
70	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
71	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
72	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
73	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
74	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
75	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
76	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
77	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
78	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
79	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
80	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
81	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
82	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
83	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
84	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
85	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
86	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
87	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
88	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
89	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
90	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
91	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
92	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
93	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
94	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
95	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
96	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
97	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
98	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
99+	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45

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

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

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Attained Age Rated Premiums

**Form MCS-10-G**

Standard / Zip Codes: 716-719, 724-729

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
66	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
67	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
68	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
69	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
70	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
71	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
72	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
73	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
74	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
75	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
76	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
77	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
78	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
79	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
80	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
81	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
82	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
83	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
84	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
85	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
86	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
87	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
88	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
89	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
90	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
91	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
92	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
93	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
94	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
95	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
96	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
97	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
98	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
99+	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95

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

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

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy  
Attained Age Rated Premiums

**Form MCS-10-G**

Standard / Zip Codes: 716-719, 724-729

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
66	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
67	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
68	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
69	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
70	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
71	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
72	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
73	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
74	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
75	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
76	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
77	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
78	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
79	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
80	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
81	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
82	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
83	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
84	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
85	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
86	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
87	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
88	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
89	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
90	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
91	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
92	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
93	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
94	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
95	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
96	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
97	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
98	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
99+	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70

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

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

# RESERVE NATIONAL INSURANCE COMPANY

Medicare Supplement Policy

Attained Age Rated Premiums

**Form MCS-10-G**

Standard / Zip Codes: 720-723

Arkansas

Non-Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
66	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
67	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
68	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
69	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
70	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
71	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
72	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
73	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
74	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
75	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
76	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
77	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
78	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
79	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
80	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
81	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
82	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
83	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
84	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
85	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
86	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
87	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
88	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
89	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
90	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
91	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
92	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
93	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
94	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
95	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
96	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
97	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
98	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
99+	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45

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

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

**RESERVE NATIONAL INSURANCE COMPANY**

Medicare Supplement Policy  
Attained Age Rated Premiums

**Form MCS-10-G**

Standard / Zip Codes: 720-723

Arkansas

Tobacco

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
66	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
67	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
68	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
69	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
70	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
71	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
72	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
73	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
74	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
75	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
76	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
77	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
78	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
79	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
80	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
81	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
82	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
83	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
84	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
85	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
86	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
87	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
88	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
89	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
90	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
91	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
92	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
93	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
94	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
95	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
96	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
97	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
98	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
99+	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05

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

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

SERFF Tracking Number: RNIC-127850201 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 50462  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.007 Plan G 2010  
 Standard Plans 2010  
 Product Name: Medicare Supplement Plan G  
 Project Name/Number: Medicare Supplement Plan G/

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	01/04/2012
<b>Comments:</b>		
<b>Attachment:</b> MCS-10-G Policy Readability Certificate.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	01/04/2012
<b>Comments:</b> APP-M AR (6/10) was approved on 5/27/2010 on your State Tracking # 45586.		
<b>Attachment:</b> App-M AR (6-10).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	01/04/2012
<b>Comments:</b>		
<b>Attachment:</b> Act Mem AR Plan G.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	01/04/2012
<b>Comments:</b>		
<b>Attachment:</b> OC MCS-10 G AR (1.12).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>

SERFF Tracking Number: RNIC-127850201 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number: 50462  
 Company Tracking Number:  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.007 Plan G 2010  
 Standard Plans 2010  
 Product Name: Medicare Supplement Plan G  
 Project Name/Number: Medicare Supplement Plan G/  
**Satisfied - Item:** AR-INP (11/09) Important Notice Approved-Closed 01/04/2012

**Comments:**  
 Form AR-INP (11/09) – Important Notice, which will be included with each policy issued. Form AR-INP (11/09) was previously approved by your office.

**Attachment:**  
 AR-INP (11-09).pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> MCS-PEB-91 Pre-Existing Benefit Endorsement	Approved-Closed	01/04/2012

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

**Attachment:**  
 MCS-PEB-91.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Q-MCS (6/10) Questions for Applicant for Medicare Supplement Insurance	Approved-Closed	01/04/2012

**Comments:**  
 Form Q-MCS (6/10) – Questions for Applicant for Medicare Supplement Insurance, which will be used in connection with each application for this policy to determine (a) whether an applicant has existing Medicare supplement insurance, (b) whether an applicant may be entitled to guaranteed issuance of coverage or (c) whether an applicant has any creditable coverage. This form was previously approved by your office.

**Attachment:**  
 Q-MCS 6 10.pdf

SERFF Tracking Number: RNIC-127850201 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number: 50462  
Company Tracking Number:  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.007 Plan G 2010  
Standard Plans 2010  
Product Name: Medicare Supplement Plan G  
Project Name/Number: Medicare Supplement Plan G/

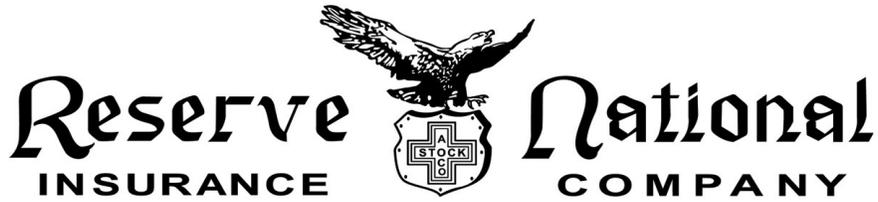
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	RP-MCS-10 Notice to Applicant Regarding Replacement	Approved-Closed	01/04/2012

**Comments:**

Form RP-MCS-10 – Notice to Applicant Regarding Replacement, which will be used in all situations where this policy replaces existing Medicare supplement coverage. This form was previously approved by your office.

**Attachment:**

RP-MCS-10.pdf



601 East Britton Road ▪ Oklahoma City, OK 73114  
www.ReserveNational.com

## READABILITY CERTIFICATION

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

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

WORDS: 2,973

SENTENCES: 152

Syllables: 4,163

This resulted in a Flesch Readability score of **68.543**.

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KYLE D. CONRAD  
Senior Vice President  
and Associate Corporate Counsel



<b>FOR HOME OFFICE USE ONLY</b>		
POLICY NUMBER(S):		
AGENT CODE _____	<b>EFFECTIVE DATE</b>	
MGR CODE _____	Month	Day
		Year

## MEDICARE SUPPLEMENT INSURANCE APPLICATION

Applicant's Name (Print)				Date of Birth				Height	Weight	
Last	First	Initial	Sex	Mo.	Day	Year	Age	___ ft. ___ in.	___ lbs.	
Address				City	State	Zip	Phone No.			
Social Security No.				PLAN APPLIED FOR			Reg. Monthly Premium \$			
Medicare Card No.				Date enrolled in Medicare Part A						
E-mail Address				Date enrolled in Medicare Part B						

1. If applicable:  Policy Change     Conversion    Details \_\_\_\_\_
2. Do you have any Medicare supplement coverage in force at the time of this application?..... Yes  No
3. If the answer to question 2 is "yes," do you intend to replace your current Medicare supplement coverage with the policy applied for?..... Yes  No   
(Complete replacement form if "yes")

**Applicants eligible for GUARANTEED ISSUE or OPEN ENROLLMENT are not required to answer questions 4-8.**

### TOBACCO USE:

4. Have you used tobacco in any form within the past 12 months?.....Yes  No

### ELIGIBILITY QUESTIONS:

IF THE ANSWER TO ANY QUESTION IN THIS SECTION IS "YES" THE APPLICANT IS NOT ELIGIBLE FOR COVERAGE.

5. Are you currently confined to a hospital, nursing facility, or any other facility regardless of type, bed confined or do you use a wheelchair or any motorized mobility device or need assistance with daily living?...Yes  No
6. Have you been diagnosed with, received medical advice, treatment, or surgery for or been told by a medical professional that you need treatment or surgery for the following conditions:

- A. at any time for:
  - i) Systemic Lupus or any connective tissue disorder, implantation of defibrillator, un-operated aneurysm, Leukemia, Hodgkin's Disease, Lymphoma or cirrhosis?.....Yes  No
  - ii) Parkinson's Disease, Lou Gehrig's Disease, Alzheimer's Disease, dementia, multiple sclerosis, muscular dystrophy or cerebral palsy?.....Yes  No
  - iii) Kidney failure, renal insufficiency, polycystic kidney disease, kidney disease requiring dialysis, Addison's Disease or any condition requiring an organ transplant? .....Yes  No
  - iv) Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? .....Yes  No
  - v) Diabetes that requires more than 50 units of insulin daily, uncontrolled diabetes, complications of diabetes (i.e., kidneys, eyes, nerve endings, non-healing sores) or amputation caused by any disease?Yes  No
- B. within the past three (3) years for:
  - i) Alcoholism, drug abuse, anemia requiring repeated blood transfusions or any other blood disorder?.. Yes  No
  - ii) Internal cancer, melanoma, hepatitis type B or C or disorder of the pancreas?.....Yes  No
  - iii) Cardiomyopathy? .....Yes  No
- C. within the past two (2) years for:
  - i) Congestive heart failure, enlarged heart, stroke, transient ischemic attack (TIA), peripheral vascular disease or peripheral neuropathy?.....Yes  No
  - ii) Any type of vascular surgery, including angioplasty, by-pass, stent placement or heart valve replacement? .....Yes  No
  - iii) Any lung or respiratory disorder requiring the use of a nebulizer, three (3) or more medications, or oxygen therapy?.....Yes  No
  - iv) Arthritis restricting mobility or activities of daily living, osteoporosis with fractures or Paget's Disease?.....Yes  No
  - v) Major depression, bipolar disorder, schizophrenia or a paranoid disorder? .....Yes  No

D. within the past one (1) year for:

- i) Heart attack, any artery blockage, heart valve disorder or uncontrolled hypertension? Yes  No
- ii) Pacemaker implantation? ..... Yes  No
- iii) Seizures? ..... Yes  No

7. Within the past two (2) years have you been hospitalized more than two (2) times? ..... Yes  No

8. Within the past one (1) year have you been advised to have surgery for cataracts, joint replacement, a heart condition or any other surgery but have not yet had such surgery? ..... Yes  No

The applicant must also meet the Company's height/weight guidelines to be eligible for coverage.

**FOR HOME OFFICE USE**

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

as to my insurability, including, if applicable, information as to character, general reputation, personal characteristics and mode of living; (b) this information will be obtained through personal interviews with my friends, neighbors and associates; and (c) additional information as to the nature and scope of any investigation requested will be furnished to me upon my written request made within a reasonable time after this application is completed.

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

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

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

I am eligible for Medicare and acknowledge receipt of a "Guide to Health Insurance for People with Medicare" ..... Yes  No.

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

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

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

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

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

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

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



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

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

**BASIC BENEFITS:**

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

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

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,070] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are \$[2,070]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare Deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## OUTLINE OF COVERAGE

### PREMIUM INFORMATION

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

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

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

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

**PLAN A Preferred Rates  
Tobacco Users**

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

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

## PLAN A Standard Rates

### Non-Tobacco Users

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

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

## PLAN A Standard Rates

### Tobacco Users

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

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

## PLAN C Preferred Rates

### Non-Tobacco Users

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

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

## PLAN C Preferred Rates

### Tobacco Users

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

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

## PLAN C Standard Rates

### Non-Tobacco Users

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

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

## PLAN C Standard Rates

### Tobacco Users

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

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

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

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
66	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
67	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
68	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
69	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
70	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
71	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
72	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
73	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
74	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
75	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
76	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
77	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
78	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
79	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
80	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
81	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
82	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
83	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
84	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
85	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
86	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
87	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
88	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
89	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
90	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
91	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
92	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
93	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
94	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
95	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
96	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
97	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
98	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45
99+	\$171.60	\$157.85	\$504.50	\$998.70	\$1,894.45

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

**PLAN F Preferred Rates  
Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
66	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
67	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
68	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
69	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
70	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
71	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
72	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
73	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
74	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
75	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
76	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
77	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
78	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
79	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
80	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
81	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
82	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
83	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
84	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
85	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
86	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
87	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
88	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
89	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
90	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
91	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
92	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
93	\$197.35	\$181.55	\$504.50	\$1,148.60	\$2,178.75
94	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
95	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
96	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
97	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
98	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
99+	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75

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

**PLAN F Standard Rates  
Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
66	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
67	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
68	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
69	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
70	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
71	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
72	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
73	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
74	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
75	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
76	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
77	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
78	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
79	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
80	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
81	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
82	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
83	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
84	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
85	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
86	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
87	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
88	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
89	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
90	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
91	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
92	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
93	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
94	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
95	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
96	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
97	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
98	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75
99+	\$197.35	\$181.55	\$580.20	\$1,148.60	\$2,178.75

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

**PLAN F Standard Rates**  
**Tobacco Users**

<u>Attained</u> <u>Age</u>	<u>Regular</u> <u>Monthly</u>	<u>Bank Draft</u> <u>Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
66	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
67	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
68	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
69	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
70	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
71	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
72	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
73	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
74	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
75	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
76	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
77	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
78	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
79	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
80	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
81	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
82	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
83	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
84	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
85	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
86	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
87	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
88	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
89	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
90	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
91	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
92	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
93	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
94	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
95	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
96	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
97	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
98	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55
99+	\$226.95	\$208.80	\$667.25	\$1,320.85	\$2,505.55

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

**High Deductible PLAN F Preferred Rates  
Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
66	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
67	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
68	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
69	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
70	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
71	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
72	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
73	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
74	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
75	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
76	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
77	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
78	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
79	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
80	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
81	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
82	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
83	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
84	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
85	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
86	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
87	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
88	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
89	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
90	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
91	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
92	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
93	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
94	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
95	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
96	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
97	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
98	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35
99+	\$54.65	\$50.30	\$160.65	\$318.05	\$603.35

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

**High Deductible PLAN F Preferred Rates  
Tobacco Users**

<u>Attained Age</u>	<u>Regular Monthly</u>	<u>Bank Draft Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
66	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
67	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
68	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
69	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
70	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
71	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
72	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
73	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
74	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
75	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
76	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
77	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
78	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
79	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
80	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
81	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
82	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
83	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
84	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
85	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
86	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
87	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
88	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
89	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
90	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
91	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
92	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
93	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
94	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
95	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
96	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
97	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
98	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
99+	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85

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

## High Deductible PLAN F Standard Rates Non-Tobacco Users

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
66	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
67	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
68	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
69	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
70	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
71	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
72	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
73	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
74	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
75	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
76	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
77	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
78	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
79	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
80	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
81	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
82	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
83	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
84	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
85	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
86	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
87	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
88	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
89	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
90	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
91	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
92	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
93	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
94	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
95	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
96	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
97	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
98	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85
99+	\$62.85	\$57.80	\$184.80	\$365.80	\$693.85

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

## High Deductible PLAN F Standard Rates Tobacco Users

Attained <u>Age</u>	<u>Regular Monthly</u>	<u>Bank Draft Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>	<u>Annual</u>
65	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
66	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
67	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
68	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
69	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
70	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
71	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
72	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
73	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
74	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
75	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
76	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
77	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
78	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
79	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
80	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
81	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
82	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
83	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
84	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
85	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
86	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
87	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
88	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
89	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
90	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
91	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
92	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
93	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
94	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
95	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
96	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
97	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
98	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20
99+	\$72.30	\$66.50	\$212.55	\$420.80	\$798.20

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

**PLAN G Preferred Rates**  
**Zip Codes: 716-719, 724-729**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
66	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
67	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
68	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
69	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
70	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
71	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
72	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
73	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
74	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
75	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
76	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
77	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
78	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
79	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
80	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
81	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
82	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
83	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
84	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
85	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
86	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
87	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
88	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
89	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
90	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
91	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
92	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
93	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
94	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
95	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
96	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
97	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
98	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25
99+	\$129.55	\$119.20	\$380.90	\$754.00	\$1,430.25

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

**PLAN G Preferred Rates**  
**Zip Codes: 716-719, 724-729**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
66	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
67	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
68	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
69	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
70	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
71	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
72	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
73	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
74	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
75	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
76	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
77	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
78	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
79	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
80	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
81	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
82	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
83	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
84	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
85	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
86	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
87	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
88	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
89	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
90	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
91	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
92	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
93	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
94	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
95	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
96	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
97	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
98	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
99+	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95

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

**PLAN G Preferred Rates**  
**Zip Codes: 720-723**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
66	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
67	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
68	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
69	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
70	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
71	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
72	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
73	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
74	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
75	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
76	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
77	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
78	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
79	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
80	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
81	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
82	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
83	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
84	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
85	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
86	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
87	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
88	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
89	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
90	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
91	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
92	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
93	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
94	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
95	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
96	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
97	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
98	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20
99+	\$142.50	\$131.10	\$418.95	\$829.35	\$1,573.20

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

**PLAN G Preferred Rates**  
**Zip Codes: 720-723**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
66	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
67	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
68	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
69	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
70	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
71	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
72	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
73	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
74	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
75	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
76	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
77	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
78	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
79	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
80	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
81	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
82	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
83	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
84	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
85	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
86	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
87	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
88	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
89	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
90	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
91	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
92	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
93	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
94	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
95	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
96	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
97	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
98	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
99+	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45

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

**PLAN G Standard Rates**  
**Zip Codes: 716-719, 724-729**  
**Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
66	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
67	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
68	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
69	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
70	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
71	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
72	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
73	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
74	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
75	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
76	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
77	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
78	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
79	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
80	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
81	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
82	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
83	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
84	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
85	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
86	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
87	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
88	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
89	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
90	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
91	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
92	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
93	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
94	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
95	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
96	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
97	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
98	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95
99+	\$149.00	\$137.10	\$438.05	\$867.20	\$1,644.95

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

**PLAN G Standard Rates**  
**Zip Codes: 716-719, 724-729**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
66	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
67	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
68	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
69	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
70	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
71	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
72	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
73	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
74	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
75	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
76	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
77	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
78	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
79	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
80	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
81	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
82	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
83	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
84	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
85	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
86	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
87	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
88	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
89	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
90	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
91	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
92	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
93	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
94	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
95	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
96	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
97	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
98	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70
99+	\$171.35	\$157.65	\$503.75	\$997.25	\$1,891.70

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

**PLAN G Standard Rates  
Zip Codes: 720-723  
Non-Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
66	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
67	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
68	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
69	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
70	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
71	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
72	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
73	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
74	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
75	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
76	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
77	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
78	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
79	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
80	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
81	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
82	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
83	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
84	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
85	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
86	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
87	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
88	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
89	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
90	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
91	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
92	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
93	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
94	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
95	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
96	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
97	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
98	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45
99+	\$163.90	\$150.80	\$481.85	\$953.90	\$1,809.45

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

**PLAN G Standard Rates**  
**Zip Codes: 720-723**  
**Tobacco Users**

Attained Age	Regular Monthly	Bank Draft Monthly	Quarterly	Semi-Annual	Annual
65	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
66	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
67	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
68	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
69	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
70	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
71	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
72	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
73	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
74	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
75	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
76	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
77	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
78	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
79	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
80	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
81	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
82	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
83	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
84	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
85	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
86	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
87	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
88	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
89	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
90	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
91	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
92	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
93	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
94	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
95	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
96	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
97	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
98	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05
99+	\$188.50	\$173.40	\$554.20	\$1,097.05	\$2,081.05

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

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

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

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

**PLAN N Preferred Rates  
Tobacco Users**

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

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

## PLAN N Standard Rates

### Non-Tobacco Users

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

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

## PLAN N Standard Rates

### Tobacco Users

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

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

## **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

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

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

### **RIGHT TO RETURN POLICY**

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

### **POLICY REPLACEMENT**

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

### **NOTICE**

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

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

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

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

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

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

**OUTLINE OF COVERAGE  
PLAN A**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but [\$1,156]  All but \$[289] a day  All but \$[578] a day \$0 \$0	\$0  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	[\$1,156] (Part A Deductible)  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[144.50] a day  \$0	\$0  \$0  \$0	\$0  Up to \$[144.50] a day  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\*Once you have been billed \$[140] of Medicare-amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OUTLINE OF COVERAGE  
PLAN C**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,156]  All but \$[289] a day  All but \$[578] a day  \$0  \$0	\$[1,156] (Part A Deductible)  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[144.50] a day \$0	\$0 Up to \$[144.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*	\$0	\$[140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[140] of Medicare Approved Amounts*	\$0	\$[140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES			
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

**OUTLINE OF COVERAGE  
PLAN F**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,156]  All but \$[289] a day  All but \$[578] a day  \$0  \$0	\$[1,156] (Part A Deductible)  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[144.50] a day \$0	\$0 Up to \$[144.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$[140] (Part B Deductible)  Generally 20%	\$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$[140] (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN F  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--Durable medical equipment First \$[140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

**OUTLINE OF COVERAGE  
HIGH DEDUCTIBLE PLAN F**

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

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

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,070] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2,070]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for, Part A and B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,156]  All but \$[289] a day  All but \$[578] a day  \$0  \$0	\$[1,156] (Part A Deductible)  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days 21st thru 100th days 101st day and after	All approved amounts All but \$[144.50] a day \$0	\$0 Up to \$[144.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

**HIGH DEDUCTIBLE PLAN F  
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR**

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,070] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$[2,070]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for, Part A and B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*	\$0	\$[140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
Next \$[140] of Medicare Approved Amounts*	\$0	\$[140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**HIGH DEDUCTIBLE PLAN F  
PARTS A & B**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	100%  \$0  80%	\$0  \$[140] (Part B Deductible)  20%	\$0  \$0  \$0

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

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[2,070] DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL--</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year  Remainder of Charges	\$0  \$0	\$0  80% to a lifetime maximum of \$50,000	\$250  20% and amounts over the \$50,000 life-time maximum

**OUTLINE OF COVERAGE  
PLAN G  
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD**

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th days  91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days  --Beyond the Additional 365 days	All but \$[1,156]  All but \$[289] a day  All but \$[578] a day  \$0  \$0	\$[1,156] (Part A Deductible)  \$[289] a day  \$[578] a day  100% of Medicare Eligible Expenses  \$0	\$0  \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital  First 20 days  21st thru 100th days  101st day and after	All approved amounts  All but \$[144.50] a day  \$0	\$0  Up to \$[144.50] a day  \$0	\$0  \$0  All costs
<b>BLOOD</b> First 3 pints  Additional amounts	\$0  100%	3 pints  \$0	\$0  \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medial and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Generally 20%	\$[140] (Part B Deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints  Next \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  \$0  80%	All costs  \$0  20%	\$0  \$[140] (Part B Deductible)  \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN G  
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment	100%	\$0	\$0
First \$[140] of Medicare Approved Amounts*	\$0	\$0	\$[140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

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

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

**OUTLINE OF COVERAGE  
PLAN N**

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

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th days</p> <p>91st day and after: -- While using 60 lifetime reserve days -- Once lifetime reserve days are used -- Additional 365 days</p> <p>--Beyond the Additional 365 days</p>	<p>All but \$[1,156]</p> <p>All but \$[289] a day</p> <p>All but \$[578] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,156] (Part A Deductible)</p> <p>\$[289] a day</p> <p>\$[578] a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21st thru 100th days</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[144.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>BLOOD</b> First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

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

**PLAN N**

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

\*Once you have been billed \$[140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES--</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[140] of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$[140] (Part B Deductible)  Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$[140] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[140] (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES--</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[140] of Medicare Approved Approved Amounts*  Remainder of Medicare Approved Amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[140] (Part B Deductible) \$0
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**PLAN N**

**OTHER BENEFITS—NOT COVERED BY MEDICARE**

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

## **IMPORTANT NOTICE**

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

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

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

### **Arkansas Insurance Department**

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

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

**PRE-EXISTING BENEFIT ENDORSEMENT**

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

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

  
Secretary

  
President

## QUESTIONS FOR APPLICANT FOR MEDICARE SUPPLEMENT INSURANCE

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

If “yes”:

(1) Provide details

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(2) Furnish evidence of termination or disenrollment.

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

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

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C. Statements to Applicant:

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

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

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

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

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

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

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

D. To the best of your knowledge:

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
 Date

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

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

\_\_\_\_\_  
 Date

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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