

OUTLINE OF MEDICARE SUPPLEMENT INSURANCE

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the "Wisconsin Guide to Health Insurance for People with Medicare," given to you when you applied for this policy. Do not buy this if you did not get this guide.

PREMIUM INFORMATION

We can only raise your premium if we raise the premium for all policies like yours in this state.

If your policy was issued as an under 65 policy due to disability, when you turn age 65 premiums will remain at the disabled rates.

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 us at P.O. Box 559004, Austin, Texas 78755-9004. 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 your payments directly to you.

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.

This policy provides basic Medicare hospital and physician benefits. It also includes benefits beyond those provided by Medicare. This policy is a replacement for Medicare and is subject to certain limitations in choice of providers and area of service. The policy does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing, and taking medicine.

Neither Loyal American Life Insurance Company nor its agents are connected with Medicare.

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A BRIEF SUMMARY OF BENEFITS:

MEDICARE SUPPLEMENT PART A	Per Benefit Period	Medicare Pays	After Deductible This Policy Pays	You Pay
HOSPITAL SERVICES				
<p>HOSPITALIZATION: Semiprivate room and board, general nursing and miscellaneous hospital services and supplies.</p> <p>Includes meals, special care units, recovery room, anesthesia and rehabilitation services.</p>	First 60 days	All but \$1,024	\$0 OR <input type="checkbox"/> Optional Part A Deductible Rider*	\$1,024 OR <input type="checkbox"/> \$0*
	61st to 90th days	All but \$256 per day	Up to \$256 per day	\$0
	91st to 150th days	All but \$512 per day	\$512 per day	\$0
	Beyond 150 days	\$0	100% of Medicare eligible expenses**	\$0
<p>SKILLED NURSING FACILITY CARE: 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>	First 20 days	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$128.00 per day	Up to \$128.00 per day	
	101 st day & after	\$0	\$0	\$0
Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	Charges are not covered by policy or Medicare
Blood	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	

*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

** Notice: When your Medicare Plan A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "core benefits."

A BRIEF SUMMARY OF BENEFITS:

MEDICARE PART B BENEFITS	Per Calendar Year	Medicare Pays	After deductible This Policy Pays	You Pay
MEDICAL EXPENSES. Eligible expenses for physician's services, in patient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$135 Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally 80%	\$0 OR <input type="checkbox"/> Optional Part B Deductible Rider* Generally 20% of Medicare eligible charge or, in case of hospital outpatient department services under a prospective payment system, applicable co-payments and <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider**	\$135 OR <input type="checkbox"/> \$0 Balance, if any OR <input type="checkbox"/> \$0
Blood	First 3 pints Next \$135 of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80% of cost except nonreplacement fees (blood deductible) for first 3 pints (after \$135 deductible/calendar year)	All costs \$135 (Part B deductible) 20% of all eligible costs and the first 3 pints in each calendar year.	Charges not covered by policy and Medicare
Home health care		100% of charges for visits considered medically necessary by Medicare	40 visits OR <input type="checkbox"/> Optional Additional Home Health Care Rider**	Charges are not covered by policy or Medicare

Preventive Medical Care Benefit – Not covered by Medicare. Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.	First \$120 each calendar year	\$0	\$120	\$0
	Additional charges	\$0	\$0	
Clinical Laboratory Services - Blood Tests for Diagnostic Services		100%	\$0	\$0

* Once you have billed \$135 of Medicare approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

** These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

LIMITATIONS AND EXCLUSIONS

The following benefits are not provided under this policy:

- 1.) Nursing home care costs beyond what is covered by Medicare and the Wisconsin mandated 30-day skilled nursing benefit.
- 2.) Home health care visits above the number of visits covered by Medicare and the 40 visits shown above, unless the Optional Additional Home Health Care Rider is purchased.
- 3.) Physician charges above Medicare's approved charge, unless the Optional Medicare Part B Excess Charges Rider is purchased.
- 4.) Most care received outside of the USA, unless the Optional Foreign Travel Rider is purchased.
- 5.) Dental care (except anesthesia charges for dental care provided in a hospital or ambulatory surgery center), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
- 6.) Any expense which you are not legally obligated to pay.
- 7.) Any services that are not medically necessary as determined by Medicare.
- 8.) Any portion of any expense for which payment is made by Medicare or for which payment would have been made by Medicare if you were enrolled in Parts A and B of Medicare.
- 9.) Any type of expense not eligible for coverage under Medicare except as provided otherwise in the policy.
- 10.) Any expense incurred in excess of the usual and customary charge or not medically necessary as determined by us for all required Wisconsin mandated benefits.

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.

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies on the same form issued in your state. This policy provides a 31-day grace period.

CLAIM PAYMENT AND APPEAL PROCESS

All benefits will be paid to you. However, you may send us a written request for payment to be made otherwise. This is known as an Assignment of Benefits. Upon receipt of your Assignment of Benefits, we will direct all further payments to the individual designated. Any benefits unpaid at the time of your death will be paid to your estate. Any payment made by us in good faith will fully discharge us to the extent of such payment.

If you believe our claim decision is in error, you may request that we reconsider the decision. All you have to do is send us a letter requesting an appeal of the decision. Your letter must state why you think we should change our decision, and include your name, address, policy number, Social Security Number and any other information to support your appeal. Our review will be completed within 30 days of the receipt of your request. We will send you a written notice and immediately pay any benefits due as a result of our reconsideration.

Grievance means any dissatisfaction with our provision of services or claims practices or our administration of a health benefit plan that is expressed in writing to us by, or on behalf of, you.

MEDICARE SUPPLEMENT PREMIUM INFORMATION

Annual Premium

\$ _____

BASIC MEDICARE SUPPLEMENT COVERAGE

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately.

\$ _____

- 1.) Part A Deductible
100% of Part A deductible

\$ _____

- 2.) Additional home health care
An aggregate of 365 visits per year including those covered by Medicare

\$ _____

- 3.) Part B Deductible
100% of Part B deductible

\$ _____

- 4.) Part B excess charges
Difference between Medicare eligible charge and the amount charged by the provider which shall be no greater than the actual charge or the limiting charge allowed by Medicare, whichever is less.

\$ _____

- 5.) Foreign travel rider
After a deductible of \$250, covers 80% of expenses associated with emergency medical care received outside the USA during the first 60 days of a trip with a maximum of \$50,000.

\$ _____

TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS

\$ _____ Monthly

\$ _____ Semi Annual

IN ADDITION TO THIS OUTLINE OF COVERAGE, LOYAL AMERICAN LIFE INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

Locate the appropriate Area according to the applicant's ZIP code in the ZIP code chart below.

WISCONSIN ZIP CODES:

<u>Area</u>	<u>3 Digit ZIP Codes</u>
Area 1	535-539, 541-547, 549
Area 2	540, 548
Area 3	530-534

Base Policy - Area 1

ZIP CODES: 535-539, 541-547, 549

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
135.99	846.88	1628.61	under 65	163.18	1,016.25	1954.33
81.84	509.63	980.06	65	98.20	611.55	1176.07
84.56	526.61	1012.71	66	101.47	631.93	1215.25
88.18	549.10	1055.97	67	105.81	658.93	1267.17
91.26	568.31	1092.91	68	109.51	681.98	1311.50
94.48	588.43	1131.59	69	113.39	706.12	1357.91
97.64	608.05	1169.32	70	117.16	729.66	1403.18
100.71	627.14	1206.05	71	120.85	752.57	1447.26
103.69	645.71	1241.76	72	124.42	774.86	1490.11
106.85	665.38	1279.58	73	128.22	798.46	1535.49
109.88	684.33	1316.03	74	131.87	821.21	1579.24
112.78	702.37	1350.71	75	135.34	842.84	1620.85
115.70	720.50	1385.56	76	138.84	864.60	1662.68
118.57	738.43	1420.06	77	142.28	886.12	1704.07
121.96	759.53	1460.62	78	146.35	911.42	1752.74
125.40	780.90	1501.72	79	150.47	937.07	1802.07
128.92	802.87	1543.98	80	154.71	963.45	1852.77
132.52	825.27	1587.05	81	159.02	990.33	1904.46
136.15	847.90	1630.57	82	163.39	1017.48	1956.68
138.66	863.52	1660.61	83	166.39	1036.21	1992.73
141.09	878.60	1689.60	84	169.30	1054.31	2027.53
143.38	892.90	1717.11	85	172.05	1071.47	2060.53
145.60	906.70	1743.65	86	174.71	1088.04	2092.38
147.78	920.36	1769.93	87	177.35	1104.43	2123.92
149.89	933.42	1795.03	88	179.86	1120.10	2154.03
151.94	946.23	1819.67	89	182.34	1135.48	2183.61
153.97	958.82	1843.89	90	184.76	1150.59	2212.66
155.00	965.25	1856.26	91	186.00	1158.30	2227.51
156.08	972.00	1869.23	92	187.30	1166.40	2243.08
157.88	983.21	1890.79	93	189.46	1179.85	2268.95
159.77	994.95	1913.38	94	191.72	1193.94	2296.05
161.67	1006.82	1936.20	95	194.01	1208.19	2323.45
163.63	1019.04	1959.71	96	196.36	1222.85	2351.64
165.63	1031.42	1983.51	97	198.74	1237.71	2380.21
167.68	1044.23	2008.14	98	201.22	1253.08	2409.77
169.79	1,057.41	2,033.48	99	203.75	1,268.89	2,440.18

Base Policy - Area 2

ZIP CODES: 540, 548

NON-SMOKER				SMOKER		
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
154.12	959.80	1845.76	under 65	184.95	1,151.75	2,214.91
92.75	577.58	1110.73	65	111.29	693.10	1332.88
95.84	596.83	1147.74	66	115.00	716.18	1377.28
99.93	622.32	1196.77	67	119.92	746.78	1436.12
103.42	644.09	1238.63	68	124.11	772.91	1486.36
107.08	666.88	1282.47	69	128.51	800.26	1538.96
110.66	689.12	1325.23	70	132.79	826.94	1590.27
114.13	710.76	1366.86	71	136.96	852.92	1640.23
117.51	731.81	1407.33	72	141.02	878.17	1688.79
121.09	754.10	1450.19	73	145.31	904.92	1740.22
124.54	775.58	1491.50	74	149.45	930.70	1789.80
127.83	796.02	1530.80	75	153.38	955.23	1836.97
131.12	816.56	1570.30	76	157.35	979.87	1884.37
134.39	836.89	1609.40	77	161.26	1004.27	1931.28
138.22	860.80	1655.37	78	165.87	1032.95	1986.44
142.12	885.01	1701.95	79	170.53	1062.02	2042.34
146.12	909.92	1749.84	80	175.34	1091.90	2099.81
150.19	935.30	1798.66	81	180.23	1122.36	2158.39
154.30	960.95	1847.98	82	185.17	1153.14	2217.57
157.15	978.66	1882.02	83	188.57	1174.38	2258.42
159.89	995.74	1914.88	84	191.87	1194.88	2297.86
162.50	1011.95	1946.06	85	194.99	1214.34	2335.27
165.01	1027.59	1976.14	86	198.00	1233.11	2371.36
167.50	1043.08	2005.92	87	201.00	1251.69	2407.11
169.87	1057.87	2034.36	88	203.84	1269.44	2441.23
172.20	1072.39	2062.29	89	206.64	1286.87	2474.75
174.50	1086.67	2089.74	90	209.40	1303.99	2507.69
175.66	1093.96	2103.76	91	210.80	1312.74	2524.51
176.89	1101.60	2118.46	92	212.27	1321.92	2542.15
178.93	1114.30	2142.89	93	214.72	1337.17	2571.47
181.07	1127.62	2168.49	94	217.28	1353.14	2602.19
183.23	1141.07	2194.37	95	219.88	1369.29	2633.24
185.45	1154.92	2221.00	96	222.54	1385.90	2665.20
187.70	1168.94	2247.97	97	225.24	1402.73	2697.57
190.04	1183.46	2275.89	98	228.04	1420.16	2731.07
192.44	1,198.40	2,304.61	9	230.92	1,438.08	2,765.54

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
181.32	1,129.17	2,171.48	under 65	217.58	1,355.00	2,605.77
109.11	679.50	1306.74	65	130.94	815.40	1568.09
112.75	702.15	1350.28	66	135.30	842.58	1620.33
117.57	732.14	1407.96	67	141.08	878.57	1689.56
121.68	757.75	1457.22	68	146.01	909.31	1748.66
125.99	784.57	1508.79	69	151.18	941.48	1810.55
130.19	810.72	1559.09	70	156.22	972.88	1870.91
134.28	836.20	1608.07	71	161.12	1003.43	1929.68
138.25	860.96	1655.68	72	165.89	1033.14	1986.81
142.46	887.17	1706.10	73	170.96	1064.60	2047.32
146.52	912.44	1754.70	74	175.82	1094.93	2105.65
150.38	936.49	1800.95	75	180.45	1123.80	2161.14
154.26	960.66	1847.41	76	185.11	1152.79	2216.90
158.10	984.58	1893.42	77	189.72	1181.49	2272.10
162.61	1012.70	1947.50	78	195.14	1215.23	2336.99
167.19	1041.20	2002.29	79	200.63	1249.43	2402.75
171.90	1070.50	2058.64	80	206.27	1284.60	2470.37
176.69	1100.36	2116.07	81	212.03	1320.42	2539.28
181.54	1130.53	2174.09	82	217.84	1356.63	2608.91
184.88	1151.35	2214.14	83	221.86	1381.62	2656.97
188.10	1171.45	2252.80	84	225.74	1405.75	2703.37
191.17	1190.53	2289.48	85	229.41	1428.63	2747.37
194.13	1208.93	2324.87	86	232.95	1450.71	2789.84
197.05	1227.15	2359.91	87	236.47	1472.59	2831.89
199.84	1244.56	2393.37	88	239.81	1493.46	2872.04
202.59	1261.64	2426.23	89	243.11	1513.97	2911.48
205.28	1278.42	2458.52	90	246.34	1534.11	2950.22
206.66	1287.00	2475.01	91	247.99	1544.40	2970.01
208.11	1296.00	2492.30	92	249.73	1555.20	2990.77
210.50	1310.95	2521.05	93	252.60	1573.14	3025.26
213.02	1326.61	2551.17	94	255.63	1591.93	3061.40
215.57	1342.43	2581.61	95	258.68	1610.92	3097.93
218.18	1358.73	2612.94	96	261.81	1630.47	3135.53
220.83	1375.23	2644.67	97	264.99	1650.28	3173.61
223.57	1392.31	2677.52	98	268.28	1670.77	3213.02
226.40	1,409.88	2,711.31	99	271.68	1,691.86	3,253.57

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
34.17	212.84	409.31	under 65	41.02	255.40	491.17
20.60	128.29	246.73	65	24.72	153.95	296.07
21.08	131.30	252.50	66	25.30	157.56	303.01
21.78	135.58	260.75	67	26.12	162.71	312.89
22.43	139.68	268.62	68	26.92	167.62	322.34
23.30	145.05	278.94	69	27.94	174.05	334.72
24.17	150.49	289.40	70	29.00	180.59	347.29
25.04	155.93	299.86	71	30.05	187.12	359.84
25.91	161.37	310.31	72	31.10	193.64	372.37
26.76	166.66	320.51	73	32.12	200.00	384.61
27.63	172.11	330.98	74	33.17	206.52	397.17
28.50	177.48	341.29	75	34.20	212.97	409.56
29.37	182.92	351.76	76	35.25	219.50	422.11
30.22	188.22	361.96	77	36.26	225.87	434.35
31.01	193.15	371.45	78	37.22	231.78	445.74
31.81	198.09	380.95	79	38.17	237.71	457.14
32.58	202.89	390.18	80	39.09	243.47	468.22
33.38	207.90	399.81	81	40.06	249.48	479.77
34.17	212.84	409.31	82	41.02	255.40	491.17
34.93	217.58	418.41	83	41.92	261.09	502.09
35.72	222.50	427.89	84	42.87	267.00	513.46
36.48	227.23	436.98	85	43.78	272.68	524.37
37.26	232.03	446.22	86	44.71	278.44	535.46
38.05	236.97	455.72	87	45.67	284.38	546.87
38.81	241.70	464.79	88	46.57	290.04	557.75
39.58	246.49	474.03	89	47.50	295.80	568.84
40.38	251.50	483.65	90	48.46	301.80	580.38
41.19	256.52	493.29	91	49.43	307.82	591.96
42.02	261.67	503.22	92	50.42	314.01	603.86
42.85	266.82	513.13	93	51.42	320.20	615.75
43.72	272.26	523.58	94	52.46	326.72	628.29
44.60	277.70	534.05	95	53.51	333.25	640.85
45.49	283.29	544.79	96	54.59	339.94	653.74
46.38	288.87	555.53	97	55.66	346.65	666.63
47.32	294.66	566.66	98	56.78	353.60	679.99
48.27	300.61	578.10	99	57.93	360.73	693.72

Part A Deductible Rider - Area 2

ZIP CODES: 540, 548

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
38.73	241.22	463.88	under 65	46.48	289.46	556.66
23.35	145.40	279.62	65	28.02	174.48	335.54
23.90	148.81	286.17	66	28.67	178.57	343.41
24.68	153.67	295.51	67	29.61	184.40	354.61
25.42	158.31	304.43	68	30.50	189.97	365.32
26.40	164.38	316.13	69	31.68	197.27	379.35
27.38	170.56	327.99	70	32.86	204.67	393.59
28.38	176.72	339.85	71	34.05	212.07	407.82
29.37	182.87	351.69	72	35.24	219.45	422.02
30.33	188.88	363.24	73	36.40	226.67	435.89
31.32	195.05	375.11	74	37.59	234.06	450.13
32.30	201.14	386.80	75	38.76	241.36	464.16
33.29	207.30	398.66	76	39.95	248.77	478.40
34.26	213.31	410.22	77	41.10	255.98	492.26
35.15	218.91	420.97	78	42.18	262.68	505.17
36.05	224.50	431.74	79	43.26	269.40	518.09
36.92	229.94	442.21	80	44.30	275.93	530.65
37.84	235.62	453.12	81	45.41	282.74	543.74
38.73	241.22	463.88	82	46.48	289.46	556.66
39.59	246.58	474.20	83	47.52	295.90	569.04
40.49	252.17	484.94	84	48.59	302.60	581.92
41.35	257.52	495.24	85	49.62	309.03	594.29
42.22	262.97	505.71	86	50.67	315.57	606.86
43.13	268.57	516.49	87	51.75	322.29	619.79
43.98	273.92	526.77	88	52.78	328.70	632.12
44.86	279.36	537.23	89	53.83	335.23	644.68
45.77	285.03	548.14	90	54.92	342.04	657.76
46.69	290.71	559.07	91	56.01	348.86	670.88
47.62	296.57	570.31	92	57.15	355.88	684.38
48.56	302.40	581.55	93	58.27	362.89	697.85
49.55	308.56	593.39	94	59.46	370.27	712.07
50.53	314.74	605.25	95	60.64	377.68	726.30
51.55	321.06	617.43	96	61.87	385.27	740.91
52.57	327.39	629.60	97	63.09	392.87	755.52
53.62	333.95	642.22	98	64.36	400.74	770.66
54.70	340.69	655.18	99	65.64	408.83	786.21

Part A Deductible Rider - Area 3

ZIP CODES: 530-534

NON-SMOKER				SMOKER		
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
45.57	283.78	545.74	under 65	54.68	340.55	654.89
27.47	171.06	328.97	65	32.96	205.28	394.76
28.11	175.07	336.67	66	33.74	210.08	404.01
29.03	180.78	347.66	67	34.84	216.94	417.19
29.91	186.24	358.16	68	35.89	223.50	429.79
31.05	193.40	371.92	69	37.26	232.08	446.30
32.22	200.66	385.87	70	38.67	240.79	463.05
33.38	207.91	399.82	71	40.06	249.49	479.79
34.55	215.16	413.75	72	41.45	258.18	496.50
35.68	222.22	427.35	73	42.82	266.67	512.81
36.85	229.48	441.30	74	44.22	275.37	529.56
38.00	236.63	455.06	75	45.59	283.96	546.07
39.17	243.89	469.02	76	47.00	292.67	562.82
40.30	250.95	482.61	77	48.36	301.15	579.13
41.35	257.54	495.26	78	49.63	309.05	594.31
42.41	264.13	507.93	79	50.90	316.95	609.52
43.44	270.52	520.24	80	52.12	324.63	624.29
44.51	277.20	533.08	81	53.41	332.63	639.69
45.57	283.78	545.74	82	54.68	340.55	654.89
46.58	290.10	557.88	83	55.90	348.12	669.45
47.64	296.67	570.51	84	57.17	356.00	684.61
48.65	302.97	582.64	85	58.38	363.56	699.16
49.68	309.38	594.95	86	59.61	371.25	713.95
50.74	315.97	607.63	87	60.88	379.16	729.16
51.75	322.25	619.73	88	62.10	386.70	743.67
52.78	328.66	632.04	89	63.33	394.40	758.45
53.85	335.34	644.87	90	64.62	402.40	773.84
54.92	342.01	657.72	91	65.90	410.43	789.27
56.02	348.90	670.95	92	67.23	418.67	805.15
57.13	355.77	684.17	93	68.56	426.92	821.00
58.29	363.01	698.11	94	69.95	435.61	837.72
59.46	370.27	712.06	95	71.34	444.33	854.47
60.65	377.72	726.38	96	72.78	453.26	871.66
61.85	385.16	740.70	97	74.21	462.20	888.84
63.09	392.89	755.55	98	75.70	471.46	906.66
64.37	400.82	770.80	99	77.23	480.98	924.96

At-Home Recovery Rider - Area 1

ZIP CODES: 535-539, 541-547, 549

NON-SMOKER				SMOKER		
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
3.21	20.03	38.52	under 65	3.86	24.04	46.22
1.77	11.01	21.18	65	2.13	13.22	25.42
1.81	11.27	21.67	66	2.17	13.53	26.01
1.87	11.64	22.38	67	2.24	13.97	26.86
1.93	12.00	23.06	68	2.31	14.39	27.67
2.00	12.45	23.94	69	2.40	14.94	28.73
2.07	12.91	24.84	70	2.49	15.50	29.81
2.15	13.38	25.74	71	2.58	16.06	30.89
2.23	13.84	26.63	72	2.67	16.62	31.96
2.30	14.30	27.50	73	2.76	17.16	33.01
2.37	14.77	28.40	74	2.84	17.72	34.08
2.44	15.23	29.29	75	2.93	18.28	35.14
2.52	15.70	30.19	76	3.02	18.84	36.23
2.60	16.15	31.07	77	3.11	19.39	37.28
2.67	16.58	31.89	78	3.19	19.89	38.26
2.73	17.00	32.70	79	3.27	20.40	39.23
2.80	17.42	33.49	80	3.36	20.90	40.18
2.87	17.84	34.32	81	3.44	21.41	41.18
2.93	18.27	35.14	82	3.52	21.92	42.16
3.00	18.67	35.91	83	3.60	22.41	43.10
3.07	19.10	36.72	84	3.68	22.92	44.07
3.14	19.50	37.50	85	3.75	23.40	45.00
3.20	19.91	38.30	86	3.84	23.90	45.95
3.27	20.34	39.12	87	3.92	24.40	46.94
3.33	20.74	39.90	88	4.00	24.90	47.88
3.39	21.16	40.68	89	4.08	25.39	48.82
3.46	21.58	41.51	90	4.16	25.91	49.81
3.54	22.01	42.33	91	4.24	26.41	50.80
3.61	22.46	43.19	92	4.32	26.95	51.83
3.67	22.90	44.04	93	4.41	27.48	52.85
3.75	23.36	44.94	94	4.50	28.04	53.92
3.83	23.83	45.83	95	4.59	28.59	54.99
3.91	24.32	46.75	96	4.68	29.18	56.10
3.98	24.80	47.68	97	4.78	29.76	57.22
4.07	25.29	48.63	98	4.87	30.34	58.36
4.14	25.79	49.61	99	4.97	30.96	59.53

NON-SMOKER				SMOKER		
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
3.64	22.70	43.65	under 65	4.38	27.24	52.38
2.00	12.49	24.01	65	2.41	14.99	28.81
2.05	12.77	24.56	66	2.46	15.33	29.48
2.12	13.19	25.37	67	2.54	15.84	30.45
2.18	13.59	26.14	68	2.62	16.31	31.36
2.26	14.11	27.14	69	2.72	16.93	32.56
2.35	14.64	28.15	70	2.82	17.57	33.79
2.44	15.16	29.17	71	2.92	18.20	35.01
2.52	15.69	30.18	72	3.02	18.84	36.22
2.60	16.21	31.17	73	3.12	19.45	37.41
2.69	16.74	32.19	74	3.23	20.08	38.63
2.77	17.26	33.19	75	3.33	20.71	39.83
2.86	17.80	34.22	76	3.43	21.35	41.06
2.93	18.31	35.21	77	3.53	21.97	42.25
3.01	18.79	36.14	78	3.62	22.55	43.36
3.09	19.26	37.05	79	3.71	23.12	44.46
3.17	19.73	37.95	80	3.81	23.68	45.54
3.25	20.23	38.89	81	3.90	24.27	46.67
3.33	20.71	39.82	82	3.99	24.84	47.78
3.39	21.17	40.70	83	4.08	25.40	48.84
3.47	21.64	41.62	84	4.17	25.97	49.94
3.55	22.10	42.50	85	4.26	26.52	51.00
3.63	22.57	43.40	86	4.35	27.08	52.08
3.71	23.05	44.33	87	4.45	27.66	53.20
3.77	23.51	45.22	88	4.54	28.21	54.26
3.85	23.98	46.11	89	4.63	28.77	55.33
3.93	24.46	47.05	90	4.72	29.36	56.45
4.01	24.94	47.97	91	4.80	29.94	57.57
4.09	25.46	48.95	92	4.91	30.54	58.74
4.17	25.95	49.91	93	5.01	31.15	59.89
4.26	26.49	50.93	94	5.11	31.77	61.11
4.33	27.00	51.94	95	5.21	32.41	62.32
4.42	27.55	52.99	96	5.31	33.06	63.58
4.51	28.10	54.04	97	5.41	33.72	64.85
4.60	28.66	55.12	98	5.52	34.40	66.14
4.69	29.24	56.23	99	5.63	35.09	67.47

NON-SMOKER				SMOKER		
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
4.29	26.70	51.36	under 65	5.14	32.04	61.63
2.36	14.68	28.24	65	2.83	17.63	33.89
2.41	15.03	28.90	66	2.90	18.03	34.68
2.50	15.52	29.85	67	2.99	18.63	35.82
2.56	15.99	30.75	68	3.08	19.19	36.90
2.67	16.60	31.92	69	3.20	19.92	38.31
2.77	17.23	33.12	70	3.32	20.66	39.75
2.87	17.85	34.32	71	3.44	21.41	41.18
2.97	18.47	35.51	72	3.56	22.15	42.61
3.06	19.07	36.67	73	3.67	22.88	44.01
3.16	19.69	37.87	74	3.80	23.63	45.45
3.26	20.31	39.05	75	3.91	24.37	46.86
3.36	20.93	40.26	76	4.03	25.12	48.31
3.46	21.54	41.42	77	4.16	25.85	49.71
3.55	22.11	42.51	78	4.26	26.53	51.01
3.64	22.67	43.59	79	4.37	27.20	52.31
3.73	23.22	44.65	80	4.47	27.87	53.58
3.82	23.79	45.75	81	4.58	28.55	54.91
3.91	24.36	46.85	82	4.69	29.23	56.21
4.00	24.90	47.88	83	4.79	29.88	57.46
4.09	25.46	48.96	84	4.91	30.55	58.75
4.18	26.01	50.00	85	5.01	31.20	60.00
4.27	26.56	51.06	86	5.12	31.86	61.27
4.36	27.12	52.15	87	5.23	32.55	62.59
4.45	27.66	53.20	88	5.33	33.20	63.84
4.52	28.20	54.24	89	5.43	33.85	65.09
4.63	28.78	55.35	90	5.54	34.53	66.41
4.72	29.34	56.44	91	5.66	35.22	67.73
4.80	29.95	57.59	92	5.77	35.94	69.11
4.91	30.53	58.72	93	5.88	36.64	70.46
5.01	31.16	59.92	94	6.00	37.39	71.90
5.11	31.77	61.11	95	6.13	38.12	73.32
5.21	32.41	62.34	96	6.25	38.90	74.81
5.31	33.06	63.57	97	6.37	39.67	76.29
5.41	33.72	64.84	98	6.50	40.47	77.81
5.52	34.40	66.15	99	6.63	41.27	79.38

Part B Deductible Rider - All Areas

NON-SMOKER						
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
10.38	64.63	124.28	under 65	10.38	64.63	124.28
10.38	64.63	124.28	65	10.38	64.63	124.28
10.38	64.63	124.28	66	10.38	64.63	124.28
10.38	64.63	124.28	67	10.38	64.63	124.28
10.38	64.63	124.28	68	10.38	64.63	124.28
10.38	64.63	124.28	69	10.38	64.63	124.28
10.38	64.63	124.28	70	10.38	64.63	124.28
10.38	64.63	124.28	71	10.38	64.63	124.28
10.38	64.63	124.28	72	10.38	64.63	124.28
10.38	64.63	124.28	73	10.38	64.63	124.28
10.38	64.63	124.28	74	10.38	64.63	124.28
10.38	64.63	124.28	75	10.38	64.63	124.28
10.38	64.63	124.28	76	10.38	64.63	124.28
10.38	64.63	124.28	77	10.38	64.63	124.28
10.38	64.63	124.28	78	10.38	64.63	124.28
10.38	64.63	124.28	79	10.38	64.63	124.28
10.38	64.63	124.28	80	10.38	64.63	124.28
10.38	64.63	124.28	81	10.38	64.63	124.28
10.38	64.63	124.28	82	10.38	64.63	124.28
10.38	64.63	124.28	83	10.38	64.63	124.28
10.38	64.63	124.28	84	10.38	64.63	124.28
10.38	64.63	124.28	85	10.38	64.63	124.28
10.38	64.63	124.28	86	10.38	64.63	124.28
10.38	64.63	124.28	87	10.38	64.63	124.28
10.38	64.63	124.28	88	10.38	64.63	124.28
10.38	64.63	124.28	89	10.38	64.63	124.28
10.38	64.63	124.28	90	10.38	64.63	124.28
10.38	64.63	124.28	91	10.38	64.63	124.28
10.38	64.63	124.28	92	10.38	64.63	124.28
10.38	64.63	124.28	93	10.38	64.63	124.28
10.38	64.63	124.28	94	10.38	64.63	124.28
10.38	64.63	124.28	95	10.38	64.63	124.28
10.38	64.63	124.28	96	10.38	64.63	124.28
10.38	64.63	124.28	97	10.38	64.63	124.28
10.38	64.63	124.28	98	10.38	64.63	124.28
10.38	64.63	124.28	99	10.38	64.63	124.28

Part B Excess Charges Rider - Area 1

ZIP CODES: 535-539, 541-547, 549

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
3.25	20.24	38.92	under 65	3.90	24.28	46.70
2.16	13.45	25.88	65	2.59	16.15	31.05
2.24	13.92	26.77	66	2.68	16.70	32.12
2.34	14.55	27.99	67	2.80	17.46	33.59
2.41	15.02	28.89	68	2.89	18.03	34.67
2.49	15.48	29.76	69	2.98	18.57	35.71
2.55	15.90	30.58	70	3.07	19.08	36.69
2.62	16.31	31.37	71	3.15	19.58	37.65
2.68	16.68	32.08	72	3.21	20.03	38.50
2.73	17.02	32.73	73	3.28	20.43	39.28
2.78	17.30	33.28	74	3.34	20.78	39.94
2.81	17.54	33.73	75	3.38	21.04	40.48
2.86	17.75	34.14	76	3.42	21.30	40.97
2.88	17.95	34.52	77	3.46	21.54	41.42
2.91	18.13	34.88	78	3.49	21.76	41.85
2.93	18.30	35.20	79	3.53	21.96	42.24
2.97	18.47	35.53	80	3.56	22.16	42.63
2.99	18.63	35.82	81	3.58	22.36	42.99
3.01	18.76	36.08	82	3.62	22.51	43.29
3.04	18.87	36.30	83	3.64	22.65	43.56
3.05	18.97	36.49	84	3.65	22.77	43.79
3.06	19.07	36.68	85	3.67	22.88	44.01
3.08	19.15	36.83	86	3.68	22.98	44.19
3.09	19.23	36.99	87	3.71	23.08	44.39
3.10	19.32	37.16	88	3.72	23.18	44.59
3.11	19.41	37.33	89	3.74	23.28	44.79
3.12	19.49	37.47	90	3.75	23.39	44.97
3.15	19.57	37.64	91	3.77	23.49	45.16
3.16	19.66	37.80	92	3.79	23.59	45.36
3.17	19.73	37.95	93	3.80	23.68	45.54
3.18	19.82	38.12	94	3.82	23.79	45.74
3.19	19.90	38.28	95	3.83	23.89	45.94
3.21	19.99	38.45	96	3.85	23.99	46.14
3.23	20.07	38.59	97	3.86	24.08	46.31
3.24	20.16	38.76	98	3.89	24.19	46.51
3.25	20.24	38.93	99	3.90	24.29	46.71

Part B Excess Charges Rider - Area 2

ZIP CODES: 540, 548

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
3.68	22.94	44.11	under 65	4.42	27.52	52.93
2.45	15.25	29.33	65	2.93	18.30	35.19
2.53	15.77	30.33	66	3.04	18.93	36.40
2.64	16.50	31.72	67	3.18	19.79	38.06
2.73	17.02	32.75	68	3.28	20.43	39.30
2.81	17.54	33.72	69	3.38	21.04	40.47
2.89	18.02	34.65	70	3.47	21.63	41.59
2.97	18.49	35.55	71	3.56	22.19	42.67
3.04	18.91	36.36	72	3.64	22.69	43.63
3.10	19.29	37.10	73	3.72	23.15	44.51
3.15	19.61	37.72	74	3.77	23.54	45.27
3.19	19.88	38.23	75	3.83	23.86	45.87
3.23	20.12	38.69	76	3.88	24.15	46.43
3.27	20.34	39.12	77	3.92	24.42	46.94
3.30	20.55	39.53	78	3.96	24.66	47.43
3.33	20.74	39.89	79	4.00	24.90	47.87
3.36	20.93	40.26	80	4.03	25.12	48.32
3.39	21.11	40.60	81	4.07	25.33	48.72
3.42	21.26	40.89	82	4.10	25.51	49.06
3.44	21.39	41.14	83	4.12	25.67	49.37
3.45	21.50	41.35	84	4.14	25.80	49.63
3.47	21.62	41.57	85	4.17	25.94	49.88
3.48	21.71	41.74	86	4.18	26.04	50.08
3.51	21.80	41.92	87	4.20	26.16	50.30
3.52	21.90	42.11	88	4.22	26.28	50.54
3.53	22.00	42.30	89	4.23	26.40	50.76
3.55	22.09	42.46	90	4.26	26.50	50.96
3.56	22.18	42.66	91	4.28	26.61	51.18
3.57	22.28	42.84	92	4.29	26.73	51.40
3.60	22.37	43.01	93	4.31	26.84	51.61
3.61	22.47	43.20	94	4.32	26.96	51.84
3.62	22.56	43.38	95	4.35	27.07	52.06
3.64	22.66	43.57	96	4.37	27.19	52.29
3.65	22.75	43.74	97	4.38	27.29	52.48
3.66	22.84	43.93	98	4.40	27.42	52.72
3.68	22.94	44.12	99	4.42	27.53	52.94

Part B Excess Charges Rider - Area 3

ZIP CODES: 530, 534

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
4.33	26.98	51.89	under 65	5.20	32.38	62.27
2.88	17.94	34.50	65	3.46	21.53	41.40
2.98	18.56	35.69	66	3.57	22.27	42.82
3.11	19.40	37.31	67	3.74	23.28	44.78
3.21	20.04	38.52	68	3.86	24.04	46.23
3.32	20.63	39.68	69	3.98	24.75	47.61
3.40	21.20	40.77	70	4.09	25.44	48.92
3.49	21.75	41.83	71	4.19	26.10	50.19
3.57	22.24	42.77	72	4.29	26.69	51.33
3.64	22.69	43.64	73	4.37	27.23	52.37
3.71	23.07	44.38	74	4.45	27.70	53.26
3.75	23.39	44.97	75	4.50	28.07	53.97
3.80	23.67	45.52	76	4.56	28.40	54.62
3.84	23.93	46.03	77	4.61	28.72	55.23
3.89	24.18	46.50	78	4.66	29.02	55.80
3.92	24.40	46.93	79	4.70	29.29	56.32
3.95	24.63	47.37	80	4.75	29.56	56.84
3.99	24.83	47.76	81	4.78	29.80	57.32
4.02	25.01	48.11	82	4.82	30.02	57.72
4.04	25.17	48.40	83	4.85	30.20	58.08
4.07	25.30	48.65	84	4.87	30.36	58.39
4.09	25.42	48.90	85	4.91	30.52	58.68
4.10	25.54	49.10	86	4.92	30.64	58.92
4.12	25.65	49.32	87	4.94	30.78	59.18
4.13	25.76	49.54	88	4.96	30.91	59.45
4.16	25.88	49.77	89	4.98	31.06	59.72
4.17	25.97	49.96	90	5.01	31.18	59.95
4.19	26.10	50.18	91	5.03	31.32	60.21
4.21	26.21	50.40	92	5.05	31.45	60.48
4.22	26.31	50.60	93	5.07	31.57	60.71
4.24	26.43	50.82	94	5.10	31.72	60.99
4.27	26.54	51.04	95	5.12	31.85	61.25
4.28	26.66	51.26	96	5.14	31.99	61.52
4.30	26.76	51.45	97	5.15	32.11	61.75
4.31	26.87	51.68	98	5.17	32.24	62.02
4.33	26.99	51.90	99	5.20	32.39	62.28

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
2.99	18.63	35.82	under 65	3.58	22.36	42.99
2.06	12.84	24.69	65	2.48	15.41	29.63
2.11	13.12	25.22	66	2.53	15.74	30.26
2.15	13.40	25.75	67	2.58	16.06	30.90
2.18	13.63	26.22	68	2.63	16.36	31.47
2.23	13.91	26.75	69	2.68	16.69	32.10
2.27	14.18	27.27	70	2.73	17.02	32.73
2.33	14.48	27.85	71	2.79	17.38	33.43
2.37	14.76	28.38	72	2.84	17.71	34.05
2.42	15.06	28.96	73	2.90	18.08	34.76
2.46	15.37	29.55	74	2.96	18.45	35.46
2.52	15.67	30.14	75	3.02	18.80	36.17
2.56	15.97	30.72	76	3.08	19.16	36.86
2.62	16.31	31.37	77	3.15	19.58	37.65
2.68	16.64	32.01	78	3.20	19.97	38.41
2.72	16.95	32.60	79	3.27	20.34	39.12
2.78	17.32	33.30	80	3.34	20.78	39.96
2.83	17.65	33.94	81	3.40	21.18	40.73
2.89	18.01	34.64	82	3.47	21.62	41.56
2.95	18.35	35.28	83	3.54	22.01	42.33
3.00	18.72	35.98	84	3.61	22.46	43.18
3.07	19.11	36.75	85	3.68	22.93	44.09
3.12	19.47	37.44	86	3.75	23.36	44.93
3.19	19.87	38.21	87	3.83	23.84	45.85
3.26	20.26	38.97	88	3.91	24.32	46.76
3.33	20.69	39.79	89	3.99	24.83	47.75
3.38	21.09	40.55	90	4.07	25.30	48.66
3.45	21.52	41.38	91	4.14	25.82	49.65
3.53	21.94	42.19	92	4.22	26.33	50.63
3.60	22.40	43.07	93	4.31	26.87	51.68
3.66	22.83	43.89	94	4.40	27.38	52.67
3.74	23.28	44.77	95	4.49	27.93	53.73
3.82	23.77	45.70	96	4.58	28.52	54.83
3.89	24.21	46.57	97	4.67	29.05	55.88
3.96	24.71	47.52	98	4.76	29.65	57.02
4.04	25.20	48.46	99	4.85	30.24	58.14

Foreign Travel Rider - Area 2

ZIP CODES: 540, 548

NON-SMOKER				SMOKER		
Monthly Bank Draft	Semi-annual	Annual	Attained Age	Monthly Bank Draft	Semi-annual	Annual
3.39	21.11	40.60	under 65	4.07	25.33	48.72
2.34	14.55	27.98	65	2.80	17.46	33.58
2.39	14.86	28.58	66	2.87	17.83	34.29
2.44	15.18	29.18	67	2.92	18.21	35.02
2.49	15.46	29.72	68	2.98	18.55	35.66
2.53	15.76	30.31	69	3.04	18.92	36.38
2.58	16.07	30.91	70	3.10	19.29	37.10
2.63	16.42	31.57	71	3.16	19.70	37.88
2.69	16.72	32.16	72	3.23	20.07	38.59
2.74	17.07	32.83	73	3.29	20.48	39.40
2.80	17.42	33.49	74	3.36	20.90	40.19
2.86	17.76	34.16	75	3.43	21.31	40.99
2.91	18.10	34.81	76	3.48	21.73	41.78
2.97	18.49	35.55	77	3.56	22.19	42.67
3.02	18.86	36.28	78	3.64	22.64	43.53
3.08	19.21	36.94	79	3.71	23.05	44.33
3.15	19.62	37.74	80	3.79	23.55	45.29
3.21	20.00	38.47	81	3.85	24.00	46.16
3.28	20.42	39.25	82	3.93	24.49	47.11
3.34	20.79	39.98	83	4.01	24.94	47.97
3.40	21.20	40.78	84	4.09	25.45	48.93
3.47	21.66	41.65	85	4.18	25.98	49.97
3.54	22.06	42.43	86	4.26	26.48	50.92
3.62	22.51	43.30	87	4.33	27.01	51.96
3.68	22.97	44.17	88	4.42	27.56	53.00
3.76	23.45	45.10	89	4.51	28.15	54.12
3.84	23.90	45.96	90	4.60	28.67	55.15
3.92	24.38	46.89	91	4.70	29.25	56.27
3.99	24.86	47.81	92	4.79	29.84	57.38
4.08	25.38	48.81	93	4.89	30.45	58.57
4.16	25.86	49.74	94	4.98	31.04	59.69
4.23	26.39	50.74	95	5.08	31.66	60.89
4.32	26.92	51.79	96	5.19	32.31	62.14
4.40	27.44	52.78	97	5.29	32.93	63.33
4.50	28.00	53.86	98	5.40	33.60	64.62
4.58	28.56	54.92	99	5.50	34.26	65.90

Foreign Travel Rider - Area 3

ZIP CODES: 530-534

NON-SMOKER			Attained Age	SMOKER		
Monthly Bank Draft	Semi-annual	Annual		Monthly Bank Draft	Semi-annual	Annual
3.99	24.83	47.76	under 65	4.78	29.80	57.32
2.74	17.11	32.92	65	3.30	20.54	39.51
2.81	17.48	33.62	66	3.37	20.98	40.34
2.87	17.85	34.33	67	3.44	21.43	41.20
2.92	18.18	34.96	68	3.51	21.82	41.96
2.98	18.55	35.66	69	3.57	22.25	42.80
3.04	18.91	36.36	70	3.64	22.69	43.64
3.10	19.31	37.14	71	3.72	23.17	44.57
3.16	19.68	37.84	72	3.79	23.61	45.40
3.23	20.08	38.62	73	3.88	24.10	46.35
3.29	20.48	39.40	74	3.95	24.58	47.29
3.36	20.90	40.19	75	4.03	25.08	48.22
3.42	21.30	40.96	76	4.10	25.56	49.15
3.49	21.75	41.83	77	4.19	26.10	50.19
3.56	22.20	42.68	78	4.28	26.63	51.22
3.63	22.60	43.46	79	4.36	27.12	52.15
3.71	23.08	44.40	80	4.45	27.71	53.28
3.77	23.53	45.26	81	4.54	28.24	54.30
3.85	24.01	46.18	82	4.63	28.82	55.42
3.93	24.46	47.04	83	4.72	29.34	56.44
4.01	24.94	47.97	84	4.80	29.94	57.57
4.09	25.48	49.00	85	4.91	30.58	58.79
4.17	25.96	49.92	86	5.01	31.15	59.91
4.26	26.49	50.94	87	5.11	31.79	61.13
4.33	27.03	51.96	88	5.21	32.42	62.35
4.44	27.59	53.06	89	5.32	33.11	63.67
4.51	28.11	54.07	90	5.42	33.73	64.88
4.60	28.68	55.17	91	5.53	34.42	66.20
4.69	29.25	56.25	92	5.63	35.10	67.50
4.79	29.86	57.42	93	5.76	35.83	68.91
4.88	30.43	58.52	94	5.87	36.51	70.22
4.98	31.04	59.69	95	5.98	37.25	71.64
5.08	31.68	60.93	96	6.10	38.01	73.11
5.19	32.29	62.09	97	6.22	38.74	74.51
5.29	32.95	63.36	98	6.35	39.54	76.03
5.40	33.60	64.61	99	6.47	40.31	77.52