### HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Medicare Supplement Administrative Office: PO Box 10812, Clearwater, FL 33757-8812



### APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE

### **KANSAS**



# HEARTLAND NATIONAL LIFE INSURANCE COMPANY Outline of Medicare Supplement Coverage

Benefit Plans A, D, F, G, M, and N

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010

Every company must make Plan "A" Plans E, H, I, and J are no longer available for sale. This chart shows the benefits included in each of the standard Medicare supplement plans. 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. Plans 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

	z	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	Part A Deductible			Foreign Travel Emergency	
	Σ	Basic, including 100% Part B coinsurance	Skilled Nursing Facility Coinsurance	50% Part A Deductible			Foreign Travel Emergency	
		Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	75% Skilled Nursing Facility Coinsurance	75% Part A Deductible				Out-of -Pocket limit \$2320
	¥	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	50% Skilled Nursing Facility Coinsurance	50% Part A Deductible				Out- of-pocket limit \$4640
	O	Basic, including 100% Part B coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible		Part B Excess (100%)	Foreign Travel Emergency	
	*L	Basic, including 100% Part B coinsurance*	Skilled Nursing Facility Coinsurance	Part A Deductible	Part B Deductible	Part B Excess (100 %)	Foreign Travel Emergency	
	۵	Basic, including 100% Part B coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible		_	Foreign Travel Emergency	
nsurance	၁	Basic, including 100% Part B coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible	Part B Deductible		Foreign Travel Emergency	
nospice – Part A coinsurance	В	Basic, including 100% Part B coinsurance		Part A Deductible				
	∢	Basic, including 100% Part B coinsurance						

\*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 \$2000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2000. 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.

paid at 100% after limit reached

paid at 100%

after limit reached Page 1 of 20 Effective: 01-01-2011 HNOC2010KS

### KANSAS Standard Plans MALE Rates - ANNUAL

For use in zip codes: All zips except 660-662, 670-672

Attained		_	Non-Tobacco User	co User			Attained			Tobacco User	User		
Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	961	1,209	1,400	1,229	1,131	974	0-64	1,068	1,342	1,555	1,365	1,257	1,082
65	961	1,209	1,400	1,229	1,131	974	65	1,068	1,342	1,555	1,365	1,257	1,082
99	1,007	1,270	1,461	1,291	1,188	1,021	99	1,118	1,410	1,624	1,434	1,320	1,135
29	1,052	1,331	1,523	1,352	1,245	1,068	29	1,169	1,479	1,692	1,503	1,383	1,187
89	1,092	1,388	1,580	1,410	1,298	1,113	89	1,214	1,542	1,756	1,568	1,443	1,237
69	1,132	1,445	1,637	1,469	1,351	1,159	69	1,259	1,606	1,820	1,633	1,502	1,286
20	1,172	1,502	1,695	1,527	1,404	1,204	70	1,305	1,670	1,884	1,698	1,562	1,336
71	1,212	1,560	1,752	1,585	1,457	1,250	71	1,350	1,733	1,947	1,763	1,621	1,386
72	1,254	1,617	1,811	1,643	1,511	1,294	72	1,393	1,796	2,012	1,825	1,678	1,437
73	1,282	1,665	1,860	1,692	1,555	1,335	73	1,425	1,850	2,067	1,880	1,727	1,483
74	1,310	1,714	1,908	1,742	1,599	1,376	74	1,456	1,904	2,122	1,935	1,776	1,528
75	1,338	1,763	1,957	1,792	1,644	1,417	75	1,487	1,958	2,177	1,990	1,824	1,574
9/	1,366	1,811	2,006	1,841	1,688	1,458	92	1,518	2,012	2,232	2,046	1,873	1,619
77	1,395	1,860	2,056	1,890	1,731	1,497	77	1,551	2,067	2,285	2,100	1,923	1,663
78	1,410	1,899	2,096	1,930	1,766	1,533	78	1,568	2,110	2,330	2,144	1,962	1,702
62	1,426	1,938	2,136	1,970	1,800	1,568	79	1,585	2,154	2,374	2,188	2,001	1,741
80	1,441	1,976	2,176	2,010	1,835	1,604	80	1,603	2,197	2,418	2,232	2,040	1,780
8	1,456	2,015	2,216	2,050	1,869	1,639	81	1,620	2,240	2,462	2,277	2,079	1,819
82	1,473	2,056	2,254	2,088	1,905	1,673	82	1,637	2,285	2,505	2,320	2,117	1,859
83	1,483	2,091	2,289	2,122	1,936	1,705	83	1,648	2,324	2,543	2,359	2,151	1,895
8	1,493	2,125	2,323	2,157	1,968	1,738	84	1,659	2,363	2,582	2,398	2,186	1,932
82	1,502	2,160	2,358	2,191	1,999	1,770	85	1,670	2,402	2,621	2,436	2,220	1,969
98	1,512	2,195	2,392	2,226	2,030	1,803	98	1,680	2,441	2,660	2,475	2,255	2,006
87	1,523	2,229	2,427	2,263	2,061	1,836	87	1,692	2,478	2,697	2,514	2,290	2,040
88	1,530	2,240	2,439	2,273	2,071	1,846	88	1,701	2,489	2,710	2,527	2,301	2,050
88	1,538	2,251	2,451	2,285	2,082	1,855	88	1,710	2,502	2,724	2,540	2,313	2,060
06	1,545	2,262	2,462	2,297	2,093	1,865	06	1,718	2,515	2,738	2,553	2,325	2,070
91	1,553	2,272	2,474	2,309	2,104	1,875	91	1,727	2,528	2,752	2,566	2,337	2,081
95	1,561	2,284	2,486	2,321	2,115	1,885	92	1,736	2,541	2,766	2,579	2,349	2,092
93	1,568	2,296	2,499	2,333	2,125	1,894	93	1,744	2,554	2,780	2,592	2,361	2,103
94	1,576	2,308	2,512	2,345	2,136	1,904	94	1,753	2,567	2,794	2,605	2,373	2,114
92	1,583	2,320	2,525	2,357	2,147	1,914	92	1,761	2,580	2,808	2,618	2,385	2,124
96	1,591	2,332	2,538	2,368	2,158	1,923	96	1,770	2,593	2,822	2,631	2,397	2,135
6	1,598	2,344	2,551	2,380	2,169	1,933	97	1,779	2,606	2,836	2,644	2,408	2,146
86	1,606	2,355	2,564	2,392	2,179	1,943	86	1,787	2,619	2,850	2,657	2,420	2,157
66	1,614	2,367	2,577	2,404	2,190	1,953	66	1,796	2,632	2,864	2,670	2,432	2,168
		Mod	Modal Factors:	Se	Semi Annual: 0.5000	0.5000	Quarte	Quarterly: 0.25000	Mo	Monthly: .08333	33		

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### KANSAS Standard Plans MALE Rates - ANNUAL For use in zip codes: 660-662, 670-672

Plan 4	2					שבוע				User		
	A Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
	8 1,343	1,555	1,366	1,256	1,082	0-64	1,187	1,492	1,728	1,517	1,397	1,202
	`	1,555	1,366	1,256	1,082	65	1,187	1,492	1,728	1,517	1,397	1,202
	•	1,624	1,434	1,320	1,135	99	1,243	1,567	1,804	1,594	1,467	1,261
	`	1,692	1,502	1,384	1,187	29	1,298	1,643	1,880	1,670	1,537	1,319
	3 1,542	1,756	1,567	1,442	1,237	89	1,349	1,714	1,951	1,742	1,603	1,374
	8 1,606	1,819	1,632	1,501	1,288	69	1,399	1,784	2,022	1,814	1,669	1,429
70   1,302	2 1,669	1,883	1,697	1,560	1,338	70	1,450	1,855	2,093	1,886	1,735	1,484
71 1,346	6 1,733	1,946	1,762	1,619	1,388	71	1,500	1,926	2,164	1,958	1,801	1,540
72 1,393	3 1,796	2,012	1,825	1,679	1,438	72	1,548	1,996	2,236	2,028	1,865	1,597
73 1,424		2,066	1,880	1,728	1,483	73	1,583	2,056	2,297	2,089	1,919	1,648
74 1,456	1,904	2,120	1,936	1,777	1,529	74	1,618	2,116	2,358	2,150	1,973	1,698
75 1,487		2,174	1,991	1,826	1,574	75	1,652	2,176	2,419	2,212	2,027	1,748
76 1,518	8 2,012	2,228	2,046	1,876	1,620	92	1,687	2,236	2,480	2,273	2,081	1,799
77 1,550	0 2,066	2,285	2,100	1,924	1,663	77	1,723	2,297	2,539	2,333	2,137	1,848
78 1,567	7 2,110	2,329	2,144	1,962	1,703	78	1,742	2,345	2,588	2,382	2,180	1,891
79 1,584		2,374	2,189	2,000	1,742	79	1,762	2,393	2,638	2,431	2,224	1,934
1,601		2,418	2,233	2,039	1,782	80	1,781	2,441	2,687	2,480	2,267	1,978
81 1,618		2,462	2,278	2,077	1,822	81	1,800	2,489	2,736	2,530	2,310	2,021
82 1,637		2,504	2,320	2,117	1,859	82	1,819	2,539	2,783	2,578	2,352	2,065
83 1,648		2,543	2,358	2,152	1,895	83	1,831	2,582	2,826	2,621	2,390	2,106
84 1,658		2,581	2,396	2,186	1,931	84	1,843	2,626	2,869	2,664	2,429	2,147
85 1,669		2,620	2,435	2,221	1,967	85	1,855	2,669	2,912	2,707	2,467	2,188
		2,658	2,473	2,256	2,003	86	1,867	2,712	2,956	2,750	2,506	2,228
1,692		2,696	2,514	2,290	2,040	87	1,880	2,753	2,996	2,794	2,544	2,267
		2,710	2,526	2,302	2,051	88	1,890	2,766	3,011	2,808	2,557	2,278
89 1,709		2,723	2,539	2,314	2,062	88	1,900	2,780	3,026	2,822	2,570	2,288
		2,736	2,552	2,326	2,072	06	1,909	2,795	3,042	2,837	2,584	2,300
91 1,726	6 2,525	2,749	2,566	2,338	2,083	91	1,919	2,809	3,058	2,851	2,597	2,312
		2,762	2,579	2,350	2,094	92	1,928	2,824	3,073	2,866	2,610	2,324
		2,777	2,592	2,362	2,105	93	1,938	2,838	3,089	2,880	2,623	2,336
1,751		2,791	2,605	2,374	2,116	94	1,948	2,852	3,104	2,894	2,636	2,348
95 1,759		2,806	2,618	2,386	2,126	92	1,957	2,867	3,120	2,909	2,650	2,360
96 1,768	8 2,591	2,820	2,632	2,398	2,137	96	1,967	2,881	3,136	2,923	2,663	2,372
97 1,776		2,834	2,645	2,410	2,148	6	1,976	2,896	3,151	2,938	2,676	2,384
98 1,784	4 2,617	2,849	2,658	2,422	2,159	86	1,986	2,910	3,167	2,952	2,689	2,396
99 1,793		2,863	2,671	2,434	2,170	66	1,996	2,924	3,182	2,966	2,702	2,408
	Mod	Modal Factors:	Ser	Semi Annual: 0.5000	0.5000	Quarte	Quarterly: 0.25000	Mo	Monthly: .08333	8		

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## KANSAS Standard Plans FEMALE Rates - ANNUAL

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Attained		2	Non-Tobacco	co User			Attained			Tobacco User	User		
Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	836	1,052	1,218	1,069	984	848	0-64	926	1,169	1,353	1,188	1,093	942
65	836	1,052	1,218	1,069	984	848	65	929	1,169	1,353	1,188	1,093	942
99	875	1,105	1,272	1,123	1,034	888	99	973	1,227	1,413	1,248	1,149	286
29	915	1,158	1,325	1,177	1,083	930	29	1,016	1,286	1,472	1,308	1,204	1,032
89	950	1,207	1,375	1,228	1,130	696	89	1,055	1,341	1,528	1,364	1,255	1,076
69	986	1,257	1,425	1,279	1,176	1,008	69	1,094	1,396	1,584	1,420	1,306	1,119
20	1,022	1,307	1,474	1,329	1,223	1,047	70	1,133	1,452	1,641	1,476	1,356	1,162
71	1,057	1,356	1,524	1,380	1,269	1,085	71	1,172	1,507	1,697	1,533	1,407	1,205
72	1,091	1,406	1,576	1,429	1,314	1,125	72	1,212	1,563	1,751	1,588	1,460	1,251
73	1,116	1,448	1,619	1,472	1,353	1,161	73	1,239	1,610	1,798	1,635	1,503	1,290
74	1,140	1,490	1,662	1,515	1,392	1,197	74	1,266	1,658	1,846	1,683	1,547	1,328
75	1,165	1,533	1,705	1,558	1,431	1,232	75	1,293	1,705	1,893	1,730	1,590	1,367
92	1,190	1,575	1,749	1,602	1,470	1,268	92	1,320	1,753	1,941	1,778	1,633	1,406
77	1,214	1,618	1,790	1,644	1,507	1,302	77	1,349	1,798	1,988	1,826	1,674	1,447
78	1,228	1,652	1,824	1,678	1,537	1,333	78	1,364	1,836	2,026	1,865	1,707	1,482
62	1,242	1,687	1,859	1,713	1,567	1,363	79	1,379	1,874	2,064	1,904	1,741	1,516
80	1,256	1,722	1,893	1,747	1,597	1,393	80	1,394	1,912	2,102	1,943	1,774	1,551
81	1,270	1,756	1,928	1,782	1,628	1,423	81	1,409	1,949	2,139	1,982	1,808	1,585
82	1,282	1,788	1,961	1,817	1,658	1,456	82	1,425	1,988	2,178	2,019	1,842	1,618
83	1,291	1,819	1,992	1,847	1,685	1,484	83	1,434	2,022	2,212	2,052	1,873	1,649
84	1,299	1,849	2,022	1,877	1,712	1,512	84	1,444	2,055	2,245	2,085	1,903	1,680
85	1,308	1,879	2,052	1,907	1,739	1,540	85	1,454	2,089	2,279	2,119	1,933	1,712
98	1,317	1,909	2,082	1,938	1,766	1,568	98	1,463	2,122	2,312	2,152	1,963	1,743
87	1,325	1,940	2,111	1,969	1,793	1,597	87	1,472	2,155	2,347	2,187	1,992	1,776
88	1,332	1,949	2,122	1,979	1,801	1,605	88	1,480	2,165	2,359	2,198	2,001	1,784
88	1,338	1,959	2,133	1,988	1,810	1,612	88	1,487	2,176	2,371	2,209	2,011	1,793
06	1,345	1,969	2,144	1,998	1,819	1,620	06	1,495	2,187	2,382	2,219	2,021	1,801
91	1,351	1,979	2,155	2,008	1,827	1,629	91	1,502	2,198	2,394	2,230	2,030	1,810
92	1,358	1,988	2,165	2,017	1,836	1,637	92	1,510	2,209	2,406	2,241	2,040	1,819
93	1,364	1,998	2,176	2,027	1,846	1,646	93	1,517	2,219	2,418	2,252	2,050	1,827
94	1,371	2,008	2,187	2,037	1,855	1,655	94	1,525	2,230	2,430	2,263	2,060	1,836
92	1,377	2,017	2,198		1,865	1,663	92	1,533	2,241	2,442	2,273	2,070	1,846
96	1,383	2,027	2,209	2,056	1,875	1,672	96	1,540	2,252	2,454	2,285	2,081	1,855
6	1,390	2,037	2,219	2,067	1,885	1,680	26	1,548	2,263	2,466	2,297	2,092	1,865
86	1,396	2,047	2,230	2,078	1,894	1,689	86	1,555	2,273	2,478	2,309	2,103	1,875
66	1,403	2,056	2,241	2,089	1,904	1,698	66	1,563	2,285	2,489	2,321	2,114	1,885
		Mod	Modal Factors:	Se	Semi Annual: 0.5000	0.5000	Quarterly:	rly: 0.25000	Mo	Monthly: .08333	ຊູ		

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## KANSAS Standard Plans FEMALE Rates - ANNUAL For use in zip codes: 660-662, 670-672

Attained		_	Non-Tobacco	co User			Attained			Tobacco User	User		
Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	929	1,169	1,354	1,188	1,093	942	0-64	1,032	1,298	1,504	1,320	1,214	1,046
65	929	1,169	1,354	1,188	1,093	945	65	1,032	1,298	1,504	1,320	1,214	1,046
99	973	1,228	1,413	1,248	1,148	988	99	1,081	1,364	1,570	1,387	1,276	1,097
29	1,016	1,286	1,472	1,308	1,204	1,033	29	1,129	1,429	1,636	1,453	1,338	1,147
89	1,056	1,342	1,528	1,364	1,255	1,076	89	1,172	1,490	1,698	1,516	1,394	1,195
69	1,096	1,397	1,583	1,421	1,307	1,120	69	1,216	1,552	1,760	1,578	1,451	1,243
70	1,135	1,452	1,638	1,477	1,358	1,163	70	1,259	1,613	1,823	1,640	1,507	1,291
71	1,175	1,507	1,693	1,534	1,410	1,206	71	1,302	1,674	1,885	1,703	1,564	1,339
72	1,212	1,562	1,751	1,588	1,460	1,250	72	1,346	1,736	1,945	1,764	1,622	1,390
73	1,240	1,609	1,799	1,636	1,504	1,290	73	1,376	1,789	1,998	1,817	1,670	1,433
74	1,267	1,656	1,847	1,684	1,547	1,330	74	1,406	1,842	2,051	1,870	1,718	1,476
75	1,295	1,703	1,895	1,732	1,590	1,369	75	1,436	1,895	2,104	1,922	1,766	1,519
92	1,322	1,750	1,943	1,780	1,633	1,409	92	1,466	1,948	2,156	1,975	1,814	1,562
77	1,349	1,798	1,988	1,826	1,674	1,447	77	1,499	1,998	2,209	2,029	1,860	1,608
78	1,364	1,836	2,027	1,865	1,708	1,481	78	1,516	2,040	2,251	2,072	1,897	1,646
79	1,380	1,874	2,065	1,903	1,741	1,514	79	1,532	2,082	2,293	2,116	1,934	1,685
80	1,396	1,913	2,104	1,942	1,775	1,548	80	1,549	2,124	2,335	2,159	1,972	1,723
81	1,411	1,951	2,142	1,980	1,808	1,582	81	1,566	2,166	2,377	2,202	2,009	1,762
82	1,424	1,987	2,179	2,018	1,842	1,618	82	1,583	2,209	2,420	2,243	2,047	1,798
83	1,434	2,021	2,213	2,052	1,872	1,649	83	1,594	2,246	2,458	2,280	2,081	1,832
84	1,444	2,054	2,246	2,086	1,902	1,680	84	1,604	2,284	2,495	2,317	2,114	1,867
85	1,453	2,088	2,280	2,119	1,932	1,711	85	1,615	2,321	2,532	2,354	2,148	1,902
98	1,463	2,122	2,314	2,153	1,962	1,742	98	1,626	2,358	2,569	2,392	2,182	1,937
87	1,472	2,155	2,346	2,188	1,992	1,775	87	1,636	2,394	2,608	2,430	2,213	1,973
88	1,480	2,166	2,358	2,198	2,002	1,783	88	1,644	2,406	2,621	2,442	2,224	1,982
88	1,487	2,177	2,370	2,209	2,011	1,792	88	1,652	2,418	2,634	2,454	2,234	1,992
06	1,494	2,188	2,382	2,220	2,021	1,800	06	1,661	2,430	2,647	2,466	2,245	2,002
91	1,501	2,198	2,394	2,231	2,030	1,810	91	1,669	2,442	2,660	2,478	2,256	2,011
92	1,508	2,209	2,406	2,242	2,040	1,819	92	1,678	2,454	2,674	2,490	2,267	2,021
93	1,516	2,220	2,418	2,252	2,051	1,829	93	1,686	2,466	2,687	2,502	2,278	2,030
94	1,523	2,231	2,430	2,263	2,062	1,838	94	1,694	2,478	2,700	2,514	2,288	2,040
92	1,530	2,242	2,442	2,274	2,072	1,848	92	1,703	2,490	2,713	2,526	2,300	2,051
96	1,537	2,252	2,454	2,285	2,083	1,858	96	1,711	2,502	2,726	2,539	2,312	2,062
26	1,544	2,263	2,466	2,297	2,094	1,867	26	1,720	2,514	2,740	2,552	2,324	2,072
86	1,552		2,478	2,309	2,105	1,877	86	1,728	2,526	2,753	2,566	2,336	2,083
66	1,559	2,285	2,490	2,321	2,116	1,886	66	1,736	2,539	2,766	2,579	2,348	2,094
		Mod	Modal Factors:	Se	Semi Annual: 0.5000	0.5000	Quarte	Quarterly: 0.25000	Mo	Monthly: .08333	83		

Rate Pg 4 of 8 HNOC2010KS 103.08

Plan N

90.16 94.58 98.91

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

### KANSAS Standard Plans MALE Rates - MONTHLY

For use in zip codes: All zips except 660-662, 670-672

Plan A         Plan D         Plan G         Plan M         Plan M<	Attained			Non-Tobacco User	co User			Attained			Tobacco User	User	
80.08         100.75         116.66         102.41         94.25         81.16         66.48         89.00         111.83         129.58         113.75           83.08         100.75         116.66         102.41         94.25         81.16         65         93.16         117.50         135.33         119.50           83.08         100.75         117.60         103.75         89.00         66         97.41         123.25         40.99         125.24           94.33         126.61         117.60         117.60         103.03         70         104.60         146.94         146.94         146.94         146.94         146.94         146.94         146.94         146.94         146.94         146.94         146.94         146.94         146.94         147.94         150.94         145.99         148.93         148.04         147.84         150.94         147.94         150.94         147.94         140.99         125.94         144.44         162.44         140.84         144.44         162.44         140.84         144.44         162.24         144.44         162.24         144.44         162.24         144.44         162.24         144.44         162.24         144.44         162.24         144.44	Age	Plan A	┕	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M
80.08         100.75         116.66         102.41         94.25         81.16         65         89.00         111.83         129.58         113.73           83.91         105.83         121.75         107.58         99.00         65.08         93.16         117.50         103.73         100.00         17.41         125.25         140.99         125.33         140.99         125.33         140.99         125.33         140.99         125.33         140.99         125.30         140.90         125.30         140.90         125.30         140.90         125.30         140.90         125.30         140.90         125.30         160.80         140.90         125.30         160.80         140.90         1	0-64	80.08	100.75	116.66	102.41	94.25	81.16	0-64	89.00	111.83	129.58	113.75	104.75
8.3 H         10.58         12.175         10.758         89.00         65.08         67         93.16         117.50         135.33         119.50           97.06         11.06         11.06         11.266         103.75         89.00         67         97.41         12.22         14.63         15.62         44.63         10.62         97.41         12.52         44.63         10.62         97.44         12.52         44.63         10.62         10.60         12.64         146.39         146.39         146.99         <	65	80.08	100.75	116.66	102.41	94.25	81.16	65	89.00	111.83	129.58	113.75	104.75
87.66         110.91         126.91         112.66         103.75         89.00         67         97.41         123.25         140.99         125.24           94.33         120.41         138.16         117.50         108.16         92.75         68         104.91         123.83         151.66         133.83         151.68         136.91         138.93         150.66         144.93         146.33         130.66         147.24         102.24         146.31         108.91         122.81         107.83         172.41         102.41         102.24         146.90         130.66         147.44         162.24         146.91         130.66         152.66         141.49         162.44         162.24         146.91         140.41         172.24         140.40         172.24         140.40         172.44         140.66         172.44         162.24         146.91         140.84         1	99	83.91	105.83	121.75	107.58	99.00	82.08	99	93.16	117.50	135.33	119.50	110.00
91.00         115.66         131.66         131.66         131.66         131.66         131.69         140.30         150.89         140.91         133.83         151.66         130.86         130.66         130.88         140.80         140.81         150.88         140.80 </th <td>29</td> <td>87.66</td> <td>110.91</td> <td>126.91</td> <td>112.66</td> <td>103.75</td> <td>89.00</td> <td>29</td> <td>97.41</td> <td>123.25</td> <td>140.99</td> <td>125.24</td> <td>115.25</td>	29	87.66	110.91	126.91	112.66	103.75	89.00	29	97.41	123.25	140.99	125.24	115.25
94.33         120.41         132.41         112.58         96.58         69         104.91         133.83         151.66         139.06         144.49           97.66         125.16         145.99         127.24         112.50         72         116.08         149.66         156.99         144.49           101.00         139.99         145.99         125.91         107.83         72         116.08         149.66         152.08           100.450         134.74         156.99         146.91         165.99         140.99         125.91         107.83         72         116.08         149.66         152.08           100.16         142.83         168.99         146.91         165.99         140.99         75         116.08         149.66         167.66         165.89         141.44           111.50         146.91         167.81         147.16         127.74         129.39         163.96         170.49         177.24         165.89         140.49         170.49           111.50         146.91         167.81         147.49         127.74         129.49         167.66         165.89         140.44         146.81         140.44         140.81         140.44         140.81         140.44	89	91.00	115.66	131.66	117.50	108.16	92.75	89	101.16	128.49	146.33	130.66	120.25
97.66         125.16         14124         172.24         117.00         100.33         70         108.75         139.16         156.99         141.40           101.00         129.99         145.99         122.61         171         112.50         144.41         162.24         146.91           106.83         138.74         159.99         129.58         111.25         72         116.88         167.66         152.08           106.83         138.74         140.99         129.58         111.25         72         116.88         168.69         175.24         166.66           1115.0         140.89         153.24         14.66         72         116.88         163.66         167.66         152.09           1113.83         150.91         167.16         153.24         14.66         121.50         75         162.49         167.66 <td>69</td> <td>94.33</td> <td>120.41</td> <td>136.41</td> <td>122.41</td> <td>112.58</td> <td>96.58</td> <td>69</td> <td>104.91</td> <td>133.83</td> <td>151.66</td> <td>136.08</td> <td>125.16</td>	69	94.33	120.41	136.41	122.41	112.58	96.58	69	104.91	133.83	151.66	136.08	125.16
101.00         129.99         145.99         145.99         145.99         145.99         145.99         145.99         145.99         145.99         145.99         145.91         104.60         144.41         162.24         146.91           106.83         138.74         150.91         140.99         125.91         107.28         72         116.06         172.41         162.06         150.06         172.24         145.06         150.01         145.06         172.24         162.06         167.06         172.24         162.08         167.06         172.24         162.08         167.06         172.24         167.06         172.24         167.04         167.06         172.24         167.04         172.24         167.04         167.06         172.24         167.04         167.06         172.24         167.04         172.24         167.04         167.06         172.24         167.04         167.06	20	99.76	125.16	141.24	127.24	117.00	100.33	70	108.75	139.16	156.99	141.49	130.16
104.50         134.74         156.91         136.91         125.91         107.83         72         116.08         149.66         167.08         149.26         175.24         156.06         167.08         167.09         167.08         172.24         156.06         167.08         167.08         167.08         167.08         167.08         167.08         167.09         167.06         167.08         167.08         167.09	71	101.00	129.99	145.99	132.08	121.41	104.16	71	112.50	144.41	162.24	146.91	135.08
106.83         138.74         154.99         140.99         129.58         111.25         73         118.75         154.16         172.24         156.66         176.83         168.69         145.16         133.24         144.66         74         121.33         156.66         176.83         161.41         165.83         161.24         163.16         163.16         163.16         163.46         163.16         163.46         163.66         168.83         170.49         173.31         167.49         167.66         168.83         177.74         76         126.49         167.66         168.83         170.49         177.99         177.99         177.99         177.99         177.99         177.99         177.99         164.66         167.91         188.66         205.16         178.99         186.99         170.49         185.93         170.49         185.93         170.49         187.89         168.69         170.49         187.89         168.69         170.49         187.89         168.69         170.49         187.89         168.69         170.49         187.89         168.69         170.49         187.89         168.69         170.49         187.89         168.69         170.49         187.99         168.69         170.49         187.99	72	104.50	134.74	150.91	136.91	125.91	107.83	72	116.08	149.66	167.66	152.08	139.83
109.16         142.83         158.99         145.16         133.24         114.66         74         121.33         158.66         176.81         167.66         167.69         167.66         167.69         167.66         167.66         167.69         167.66         167.66         167.69         167.66         167.66         167.69         167.66         167.69         167.66         167.69         167.66         167.69         167.66         167.69         167.66         167.69         167.66         167.69         167.69         167.66         167.69         167.69         167.66         167.69         167.69         167.66         167.69         167.69         167.66         167.69         167.69         167.66         167.69         167.66         167.69         167.66         167.69         167.69         167.69         167.69         167.69         167.69         167.69         167.69         167.69         167.69         167.69         167.69	73	106.83	138.74	154.99	140.99	129.58	111.25	73	118.75	154.16	172.24	156.66	143.91
111.50         146.91         163.08         149.33         136.99         118.08         75         123.91         163.16         181.41         165.83           113.83         160.91         167.16         153.41         140.66         121.50         76         126.39         167.49         177.04           116.25         146.49         167.64         147.14         127.74         78         130.66         175.83         147.6         147.6           117.50         168.24         177.99         164.16         149.99         130.66         79         175.83         147.6         176.93         167.49         177.99         177.99         167.49         173.99         167.49         173.99         186.41         190.66         175.83         187.84         187.83         187.84         187.83	74	109.16	142.83	158.99	145.16	133.24	114.66	74	121.33	158.66	176.83	161.24	147.99
113.83         150.91         167.16         153.41         140.66         121.50         76         126.49         167.66         185.99         170.49           116.25         154.99         171.33         157.49         144.24         124.75         77         129.24         172.24         190.41         174.99           116.25         158.24         177.49         144.24         124.75         78         130.66         190.43         190.41         174.99           118.80         164.66         181.33         167.49         167.49         130.66         79         132.68         180         173.58         183.08         201.49         185.93           120.08         164.66         181.33         167.49         155.74         136.68         80         133.68         182.39         174.99         186.69         201.49         185.93           121.33         167.49         167.49         133.66         80         133.68         183.08         201.49         185.99         174.99         185.74         196.99         186.98         187.49         186.66         205.16         189.74         193.34         185.99         187.44         189.74         193.34         188.74         193.33	75	111.50	146.91	163.08	149.33	136.99	118.08	75	123.91	163.16	181.41	165.83	151.99
116.25         154.99         171.33         157.49         144.24         124.75         77         129.24         172.24         190.41         174.99           117.50         158.24         174.66         160.83         147.16         149.99         130.66         175.83         194.16         178.66           118.83         161.49         177.99         164.16         149.99         130.66         79         152.38         187.33         187.33         187.33         187.83         187.83         187.83         188.99         188.66         205.16         189.73           122.75         171.33         187.83         167.84         155.74         136.86         80         133.58         186.66         205.16         189.74         189.73           122.75         171.33         187.83         167.84         182.84         139.41         82         186.66         205.16         189.74         199.83           122.75         170.24         163.99         166.24         187.88         144.83         84         138.41         206.74         193.33           125.16         179.99         186.49         169.16         169.16         169.16         169.16         169.16         169.16 <td>9/</td> <td>113.83</td> <td>150.91</td> <td>167.16</td> <td>153.41</td> <td>140.66</td> <td>121.50</td> <td>92</td> <td>126.49</td> <td>167.66</td> <td>185.99</td> <td>170.49</td> <td>156.08</td>	9/	113.83	150.91	167.16	153.41	140.66	121.50	92	126.49	167.66	185.99	170.49	156.08
117.50         158.24         174.66         160.83         147.16         127.74         78         130.66         175.83         194.16         178.66           118.83         161.49         177.99         164.16         149.99         130.66         79         132.08         179.49         197.83         182.33           120.08         164.66         181.33         167.49         136.58         81         132.08         194.16         185.33           121.33         167.91         184.66         170.83         165.74         136.68         81         134.99         186.74         190.74         190.74         169.74         139.41         132.08         134.90         186.74         190.74         190.74         169.83         147.89         187.33         193.66         201.49         186.78           122.76         177.08         193.58         170.74         163.99         144.83         84         138.24         196.91         196.33           125.99         186.41         177.08         169.16         169.16         150.24         86         139.40         201.49         196.33           125.99         186.41         190.41         177.49         166.58         147.49	77	116.25	154.99	171.33	157.49	144.24	124.75	77	129.24	172.24	190.41	174.99	160.24
118.83         161.49         177.99         130.66         79         132.08         179.49         197.83         182.33           120.08         164.66         181.33         167.49         152.91         133.66         80         133.58         183.08         201.49         185.99           120.08         164.66         181.33         167.49         152.91         133.66         80         133.58         183.08         201.49         185.99           122.75         177.31         187.83         173.99         156.74         139.41         190.41         200.74         190.83           122.76         174.24         190.74         176.83         165.84         147.83         84         138.24         190.41         190.83           125.99         182.91         196.49         182.58         165.84         147.49         85         139.16         200.16         218.41         200.29           125.99         182.44         190.41         172.58         165.84         147.49         86         139.99         203.41         200.99           126.91         185.74         190.41         177.44         152.49         186.49         165.84         147.49         186.89	78	117.50	158.24	174.66	160.83	147.16	127.74	78	130.66	175.83	194.16	178.66	163.49
120.08         164.66         181.33         167.49         152.91         133.66         80         133.58         183.08         201.49         185.94           121.33         167.91         184.66         170.83         155.74         136.58         81         134.99         186.66         205.16         189.74           122.75         177.31         184.66         170.83         155.74         136.58         181         134.99         186.66         205.16         189.74           123.58         170.74         190.74         176.83         166.78         144.83         84         138.24         190.41         196.81         196.89           125.99         182.91         196.39         169.16         150.24         186.86         203.41         202.99           126.91         185.74         202.24         188.58         171.74         152.99         87         140.99         206.49         220.74           126.91         185.74         176.24         189.41         177.24         169.49         177.74         152.99         87         140.99         206.49         220.74           127.49         186.66         203.24         189.41         175.34         155.41	79	118.83	161.49	177.99	164.16	149.99	130.66	79	132.08	179.49	197.83	182.33	166.74
121.33         167.91         184.66         170.83         155.74         136.58         81         134.99         186.66         205.16         189.74           122.75         171.33         187.83         173.99         158.74         139.41         82         136.41         190.41         208.74         193.33           123.58         174.24         190.74         176.83         161.33         142.08         83         137.33         196.91         208.74         199.33           124.41         177.08         193.58         179.74         166.58         144.83         84         138.24         196.91         202.99           125.99         186.94         182.91         186.99         206.16         203.41         202.94           125.99         186.66         202.24         189.41         172.8         86         139.99         204.41         202.94           128.16         189.43         177.84         155.89         88         147.74         207.41         225.66         205.49           128.16         187.58         204.24         190.41         177.44         155.49         89         142.49         208.49         224.74         208.49           128.	80	120.08	164.66	181.33	167.49	152.91	133.66	80	133.58	183.08	201.49	185.99	169.99
122.75         171.33         187.83         173.99         158.74         139.41         82         136.41         190.41         208.74         193.33           123.58         174.24         190.74         176.83         161.33         142.08         83         137.33         193.66         211.91         196.58           124.41         177.08         193.58         179.74         163.99         144.83         84         138.24         196.91         215.16         199.83           125.16         179.99         196.49         182.58         166.58         147.49         86         139.90         200.16         219.14         202.94           125.90         186.66         203.24         189.41         177.4         152.83         88         147.74         207.41         202.94           128.16         187.78         204.24         190.41         177.4         152.83         88         142.49         208.49         206.49         224.74         202.94           128.16         187.58         204.24         190.41         177.4         155.83         88         142.49         208.49         224.74         202.94           128.74         188.49         106.1         17	81	121.33	167.91	184.66	170.83	155.74	136.58	81	134.99	186.66	205.16	189.74	173.24
123.58         174.24         190.74         176.83         161.33         142.08         83         137.33         193.66         211.91         196.58           124.41         177.08         193.58         179.74         163.99         144.83         84         138.24         196.91         215.16         199.83           125.16         179.99         196.49         182.58         166.58         147.49         86         139.99         203.41         221.66         202.94           125.99         182.91         185.74         202.24         188.58         171.74         152.99         87         140.99         206.49         224.74         202.94           126.91         185.74         202.24         188.58         171.74         152.99         87         140.99         206.49         224.74         209.49           127.49         186.66         203.24         188.49         177.44         175.38         88         141.74         207.41         226.99         211.66           128.74         188.49         206.16         191.41         177.41         155.41         90         142.49         208.49         224.74         209.49           128.74         188.33 <t< th=""><td>82</td><td>122.75</td><td>171.33</td><td>187.83</td><td>173.99</td><td>158.74</td><td>139.41</td><td>82</td><td>136.41</td><td>190.41</td><td>208.74</td><td>193.33</td><td>176.41</td></t<>	82	122.75	171.33	187.83	173.99	158.74	139.41	82	136.41	190.41	208.74	193.33	176.41
124.41         177.08         193.58         179.74         163.99         144.83         84         138.24         196.91         215.16         199.83           125.16         179.99         196.49         182.58         166.58         147.49         85         139.16         200.16         218.41         202.99           125.99         182.91         196.33         185.49         169.16         150.24         86         139.99         203.41         221.66         206.24           126.91         185.74         202.24         188.58         171.74         152.99         87         140.99         206.49         224.74         202.94           126.91         185.74         188.66         203.24         188.49         177.44         152.89         88         141.74         207.41         226.89         206.49         224.74         209.49         211.66         210.57         228.76         209.49         211.66         212.74         209.49         211.66         212.74         212.84         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74         212.74 <td< th=""><td>83</td><td>123.58</td><td>174.24</td><td>190.74</td><td>176.83</td><td>161.33</td><td>142.08</td><td>83</td><td>137.33</td><td>193.66</td><td>211.91</td><td>196.58</td><td>179.24</td></td<>	83	123.58	174.24	190.74	176.83	161.33	142.08	83	137.33	193.66	211.91	196.58	179.24
125.16         179.99         196.49         182.58         166.58         147.49         85         139.16         200.16         218.41         202.99           125.99         182.91         199.33         185.49         169.16         150.24         86         139.99         203.41         221.66         206.24           126.91         182.91         199.33         185.49         169.16         150.24         86         139.99         203.41         221.66         206.24           126.91         185.74         202.24         188.58         171.74         152.89         87         140.99         206.49         224.74         209.49           127.49         186.66         203.24         189.41         172.58         154.58         89         142.49         207.41         220.32         210.57           128.14         186.6         190.41         177.41         155.41         90         142.49         208.49         226.99         211.66           128.74         188.49         206.16         191.41         174.41         155.41         90         143.16         209.57         228.16         213.64           130.08         190.33         206.16         194.41 <td< th=""><td>8</td><td>124.41</td><td>177.08</td><td>193.58</td><td>179.74</td><td>163.99</td><td>144.83</td><td>84</td><td>138.24</td><td>196.91</td><td>215.16</td><td>199.83</td><td>182.16</td></td<>	8	124.41	177.08	193.58	179.74	163.99	144.83	84	138.24	196.91	215.16	199.83	182.16
125.99         182.91         199.33         185.49         169.16         150.24         86         139.99         203.41         221.66         206.24           126.91         185.74         202.24         188.58         171.74         152.99         87         140.99         206.49         224.74         209.49           127.49         186.66         203.24         188.41         172.58         153.83         88         141.74         207.41         225.82         210.57           128.74         186.66         203.24         189.41         172.58         153.83         88         141.74         207.41         225.82         210.57           128.74         188.49         206.16         191.41         174.41         155.41         90         143.16         209.57         228.16         217.74           129.41         189.33         206.16         192.41         176.24         157.08         92         144.66         211.74         230.49         213.82           130.08         190.33         208.24         194.41         177.08         157.83         93         145.94         208.49         226.99         211.89           131.33         192.33         208.24 <t< th=""><td>85</td><td>125.16</td><td>179.99</td><td>196.49</td><td>182.58</td><td>166.58</td><td>147.49</td><td>85</td><td>139.16</td><td>200.16</td><td>218.41</td><td>202.99</td><td>184.99</td></t<>	85	125.16	179.99	196.49	182.58	166.58	147.49	85	139.16	200.16	218.41	202.99	184.99
126.91         185.74         202.24         188.58         171.74         152.99         87         140.99         206.49         224.74         209.49           127.49         186.66         203.24         189.41         172.58         153.83         88         141.74         207.41         225.82         210.57           128.16         187.58         204.24         190.41         173.49         154.58         89         142.49         208.49         226.99         211.66           128.74         188.49         205.16         191.41         174.41         155.41         90         143.16         209.57         228.16         212.74           128.74         188.49         205.16         191.41         174.41         155.41         90         143.16         209.57         228.16         212.74           129.41         189.33         206.16         192.41         176.24         157.08         92         144.66         211.74         230.49         214.91           130.08         190.33         208.24         194.41         177.08         157.83         93         146.74         214.99         233.49         214.91           131.31         192.33         210.41 <t< th=""><td>98</td><td>125.99</td><td>182.91</td><td>199.33</td><td>185.49</td><td>169.16</td><td>150.24</td><td>98</td><td>139.99</td><td>203.41</td><td>221.66</td><td>206.24</td><td>187.91</td></t<>	98	125.99	182.91	199.33	185.49	169.16	150.24	98	139.99	203.41	221.66	206.24	187.91
127.49         186.66         203.24         189.41         172.58         153.83         88         141.74         207.41         225.82         210.57           128.16         187.58         204.24         190.41         173.49         154.58         89         142.49         208.49         226.99         211.66           128.74         188.49         205.16         191.41         174.41         155.41         90         143.16         209.57         228.16         212.74           129.41         188.49         205.16         191.41         176.24         91         143.91         210.66         229.32         213.82           130.08         190.33         206.16         192.41         176.24         157.08         92         144.66         211.74         230.49         214.91           130.08         190.33         208.24         194.41         177.08         158.66         94         146.08         213.91         214.91           131.91         193.33         210.41         177.99         158.66         94         146.08         213.91         217.07           132.58         194.33         211.49         197.33         180.74         160.24         96         14	87	126.91	185.74	202.24	188.58	171.74	152.99	87	140.99	206.49	224.74	209.49	190.83
128.16         187.58         204.24         190.41         173.49         154.58         89         142.49         208.49         226.99         211.66           128.74         188.49         205.16         191.41         174.41         155.41         90         143.16         209.57         228.16         212.74           129.41         189.33         206.16         192.41         176.24         157.08         92         144.66         211.74         230.49         214.91           130.08         190.33         207.16         193.41         176.24         157.08         92         144.66         211.74         230.49         214.91           130.08         190.33         208.24         194.41         177.08         158.66         94         146.08         213.91         216.99         214.91           131.91         193.33         210.41         177.99         158.66         94         146.08         213.91         216.99         217.07           131.91         193.33         210.41         177.99         158.66         94         146.74         214.99         233.99         218.16           132.58         194.33         211.49         197.33         180.74 <t< th=""><td>88</td><td>127.49</td><td>186.66</td><td>203.24</td><td>189.41</td><td>172.58</td><td>153.83</td><td>88</td><td>141.74</td><td>207.41</td><td>225.82</td><td>210.57</td><td>191.74</td></t<>	88	127.49	186.66	203.24	189.41	172.58	153.83	88	141.74	207.41	225.82	210.57	191.74
128.74         188.49         205.16         191.41         174.41         155.41         90         143.16         209.57         228.16         212.74           129.41         189.33         206.16         192.41         175.33         156.24         91         143.91         210.66         229.32         213.82           130.08         190.33         207.16         193.41         176.24         157.08         93         144.66         211.74         230.49         214.91           130.08         191.33         208.24         194.41         177.08         158.66         94         146.08         213.92         231.66         215.99           131.31         192.33         209.32         195.41         177.99         158.66         94         146.08         213.91         232.82         217.07           131.91         193.33         210.41         196.41         178.91         159.49         95         146.74         214.99         233.99         218.16           132.58         194.33         211.49         197.33         179.83         160.24         96         147.49         217.16         236.32         220.32           133.49         195.34         213.66 <t< th=""><td>88</td><td>128.16</td><td>187.58</td><td>204.24</td><td>190.41</td><td>173.49</td><td>154.58</td><td>88</td><td>142.49</td><td>208.49</td><td>226.99</td><td>211.66</td><td>192.74</td></t<>	88	128.16	187.58	204.24	190.41	173.49	154.58	88	142.49	208.49	226.99	211.66	192.74
129.41189.33206.16192.41175.33156.2491143.91210.66229.32213.82130.08190.33207.16193.41176.24157.0892144.66211.74230.49214.91130.66191.33208.24194.41177.08157.8393145.33212.82231.66215.99131.33192.33209.32195.41177.99158.6694146.08213.91232.82217.07131.51193.33210.41196.41178.91159.4995146.74214.99233.99218.16132.58196.33212.57198.33180.74161.0897148.24217.16236.32220.32133.83196.24213.66199.33181.58161.9199149.66219.32238.66222.49	06	128.74	188.49	205.16	191.41	174.41	155.41	06	143.16	209.57	228.16	212.74	193.74
130.08         190.33         207.16         193.41         176.24         157.08         92         144.66         211.74         230.49         214.91           130.66         191.33         208.24         194.41         177.08         157.83         93         145.33         212.82         231.66         215.99           131.33         192.33         209.32         195.41         177.99         158.66         94         146.08         213.91         232.82         217.07           131.91         193.33         210.41         196.41         178.91         159.49         96         146.74         214.99         233.99         218.16           132.58         194.33         211.49         197.33         179.83         160.24         96         147.49         216.07         235.16         219.24           133.16         195.33         180.74         161.08         97         148.24         217.16         236.32         220.32           133.83         196.24         214.74         200.33         182.49         162.74         99         149.66         219.32         238.66         222.49	91	129.41	189.33	206.16	192.41	175.33	156.24	91	143.91	210.66	229.32	213.82	194.74
130.66       191.33       208.24       194.41       177.08       157.83       93       145.33       212.82       231.66       215.99         131.33       192.33       209.32       195.41       177.99       158.66       94       146.08       213.91       232.82       217.07         131.91       193.33       210.41       196.41       178.91       159.49       95       146.74       214.99       233.99       218.16         132.58       194.33       211.49       197.33       179.83       160.24       96       147.49       216.07       235.16       219.24         133.16       195.33       212.57       198.33       180.74       161.08       97       148.24       217.16       236.32       220.32         133.83       196.24       213.66       199.33       181.58       161.91       98       148.91       218.24       237.49       221.41         134.49       197.24       214.74       200.33       182.49       162.74       99       149.66       219.32       238.66       222.49	92	130.08	190.33	207.16	193.41	176.24	157.08	92	144.66	211.74	230.49	214.91	195.74
131.33     192.33     209.32     195.41     177.99     158.66     94     146.08     213.91     232.82     217.07       131.91     193.33     210.41     196.41     178.91     159.49     95     146.74     214.99     233.99     218.16       132.58     194.33     211.49     197.33     179.83     160.24     96     147.49     216.07     235.16     219.24       133.16     195.33     212.57     198.33     180.74     161.08     97     148.24     217.16     236.32     220.32       133.83     196.24     213.66     199.33     181.58     161.91     98     148.91     218.24     237.49     221.41       134.49     197.24     214.74     200.33     182.49     162.74     99     149.66     219.32     238.66     222.49	93	130.66	191.33	208.24	194.41	177.08	157.83	93	145.33	212.82	231.66	215.99	196.74
131.91     193.33     210.41     196.41     178.91     159.49     95     146.74     214.99     233.99     218.16       132.58     194.33     211.49     197.33     179.83     160.24     96     147.49     216.07     235.16     219.24       133.16     195.33     212.57     198.33     180.74     161.08     97     148.24     217.16     236.32     220.32       133.83     196.24     213.66     199.33     181.58     161.91     98     148.91     218.24     237.49     221.41       134.49     197.24     214.74     200.33     182.49     162.74     99     149.66     219.32     238.66     222.49	94	131.33	192.33	209.32	195.41	177.99	158.66	94	146.08	213.91	232.82	217.07	197.74
132.58     194.33     211.49     197.33     179.83     160.24     96     147.49     216.07     235.16     219.24       133.16     195.33     212.57     198.33     180.74     161.08     97     148.24     217.16     236.32     220.32       133.83     196.24     213.66     199.33     181.58     161.91     98     148.91     218.24     237.49     221.41       134.49     197.24     214.74     200.33     182.49     162.74     99     149.66     219.32     238.66     222.49	92	131.91	193.33	210.41	196.41	178.91	159.49	92	146.74	214.99	233.99	218.16	198.74
133.16     195.33     212.57     198.33     180.74     161.08     97     148.24     217.16     236.32     220.32       133.83     196.24     213.66     199.33     181.58     161.91     98     148.91     218.24     237.49     221.41       134.49     197.24     214.74     200.33     182.49     162.74     99     149.66     219.32     238.66     222.49	96	132.58	194.33	211.49	197.33	179.83	160.24	96	147.49	216.07	235.16	219.24	199.74
133.83         196.24         213.66         199.33         181.58         161.91         98         148.91         218.24         237.49         221.41           134.49         197.24         214.74         200.33         182.49         162.74         99         149.66         219.32         238.66         222.49	26	133.16	195.33	212.57	198.33	180.74	161.08	6	148.24	217.16	236.32	220.32	200.66
134.49 197.24 214.74 200.33 182.49 162.74 99 149.66 219.32 238.66 222.49	86	133.83	196.24	213.66	199.33	181.58	161.91	86	148.91	218.24	237.49	221.41	201.66
	66	134.49	197.24	214.74	200.33	182.49	162.74	66	149.66	219.32	238.66	222.49	202.66

111.33 115.50 119.75 123.58 127.33 131.16 134.91 138.58 144.08 145.08 157.91 160.99 160.99 177.91 173.41

175.24 176.16

176.99 177.91

178.83

180.66

Rate Pg 5 of 8 HNOC2010KS

### Effective 12-01-2010

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

### KANSAS Standard Plans MALE Rates - MONTHLY For use in zip codes: 660-662, 670-672

Attained		_	Non-Tohacco	Co Hear			Attained			Tobacco Hear	Hear		
Attailed		4	VOII-10Dat		2		Attailed			וטטמנינו			2
Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	89.00	111.91	129.58	113.83	104.66	90.16	0-64	98.91	124.33	143.99	126.41	116.41	100.16
65	89.00	111.91	129.58	113.83	104.66	90.16	65	98.91	124.33	143.99	126.41	116.41	100.16
99	93.16	117.58	135.33	119.50	110.00	94.58	99	103.58	130.58	150.33	132.83	122.25	105.08
29	97.41	123.16	140.99	125.16	115.33	98.91	29	108.16	136.91	156.66	139.16	128.08	109.91
89	101.08	128.49	146.33	130.58	120.16	103.08	89	112.41	142.83	162.58	145.16	133.58	114.50
69	104.83	133.83	151.58	135.99	125.08	107.33	69	116.58	148.66	168.49	151.16	139.08	119.08
70	108.50	139.08	156.91	141.41	129.99	111.50	70	120.83	154.58	174.41	157.16	144.58	123.66
71	112.16	144.41	162.16	146.83	134.91	115.66	71	125.00	160.49	180.33	163.16	150.08	128.33
72	116.08	149.66	167.66	152.08	139.91	119.83	72	128.99	166.33	186.33	168.99	155.41	133.08
73	118.66	154.16	172.16	156.66	143.99	123.58	73	131.91	171.33	191.41	174.08	159.91	137.33
74	121.33	158.66	176.66	161.33	148.08	127.41	74	134.83	176.33	196.49	179.16	164.41	141.49
75	123.91	163.16	181.16	165.91	152.16	131.16	75	137.66	181.33	201.58	184.33	168.91	145.66
9/	126.49	167.66	185.66	170.49	156.33	134.99	92	140.58	186.33	206.66	189.41	173.41	149.91
77	129.16	172.16	190.41	174.99	160.33	138.58	77	143.58	191.41	211.57	194.41	178.08	153.99
78	130.58	175.83	194.08	178.66	163.49	141.91	78	145.16	195.41	215.66	198.49	181.66	157.58
79	131.99	179.41	197.83	182.41	166.66	145.16	79	146.83	199.41	219.82	202.58	185.33	161.16
80	133.41	182.99	201.49	186.08	169.91	148.49	80	148.41	203.41	223.91	206.66	188.91	164.83
81	134.83	186.58	205.16	189.83	173.08	151.83	81	149.99	207.41	227.99	210.82	192.49	168.41
82	136.41	190.41	208.66	193.33	176.41	154.91	82	151.58	211.57	231.91	214.82	195.99	172.08
83	137.33	193.58	211.91	196.49	179.33	157.91	83	152.58	215.16	235.49	218.41	199.16	175.49
8	138.16	196.83	215.07	199.66	182.16	160.91	84	153.58	218.82	239.07	221.99	202.41	178.91
82	139.08	199.99	218.32	202.91	185.08	163.91	85	154.58	222.41	242.66	225.57	205.58	182.33
98	139.99	203.16	221.49	206.08	187.99	166.91	98	155.58	225.99	246.32	229.16	208.82	185.66
87	140.99	206.41	224.66	209.49	190.83	169.99	87	156.66	229.41	249.66	232.82	211.99	188.91
88	141.66	207.41	225.82	210.49	191.83	170.91	88	157.49	230.49	250.91	233.99	213.07	189.83
88	142.41	208.41	226.91	211.57	192.83	171.83	88	158.33	231.66	252.16	235.16	214.16	190.66
06	143.08	209.41	227.99	212.66	193.83	172.66	90	159.08	232.91	253.49	236.41	215.32	191.66
91	143.83	210.41	229.07	213.82	194.83	173.58	91	159.91	234.07	254.82	237.57	216.41	192.66
92	144.49	211.49	230.16	214.91	195.83	174.49	92	160.66	235.32	256.07	238.82	217.49	193.66
93	145.16	212.57	231.41	215.99	196.83	175.41	93	161.49	236.49	257.41	239.99	218.57	194.66
94	145.91	213.66	232.57	217.07	197.83	176.33	94	162.33	237.66	258.66	241.16	219.66	195.66
92	146.58	214.82	233.82	218.16	198.83	177.16	92	163.08	238.91	259.99	242.41	220.82	196.66
96	147.33	215.91	234.99	219.32	199.83	178.08	96	163.91	240.07	261.32	243.57	221.91	197.66
26	147.99	216.99	236.16	220.41	200.83	178.99	97	164.66	241.32	262.57	244.82	222.99	198.66
86	148.66	218.07	237.41	221.49	201.83	179.91	98	165.49	242.49	263.91	245.99	224.07	199.66
66	149.41	219.16	238.57	222.57	202.83	180.83	66	166.33	243.66	265.16	247.16	225.16	200.66

Rate Pg 6 of 8 HNOC2010KS

78.50 82.25 86.00 89.66 93.25 96.83

104.25 107.50 110.66

# HEARTLAND NATIONAL LIFE INSURANCE COMPANY

# KANSAS Standard Plans FEMALE Rates - MONTHLY

For use in zip codes: All zips except 660-662, 670-672

Plan A         Plan D         Plan D<	Attained			Non-Tobacco User	co User			Attained			Tobacco User	User	
6966         8766         116         8908         8200         7066         66         7741         9741         11275         9900           7225         8766         10150         8908         8200         7066         66         7741         9741         11275         9900           7625         8766         10160         9358         8820         7750         66         8108         107.16         1226         10400           7625         9650         11458         10233         98.00         84.00         89.00         91.16         11275         99.00           85.16         10483         11228         1050         84.00         89.00         89.16         11458         11233         11808         109.50         99.16         11411         11458         11458         11450         109.50         99.16         1141         11458         1145	Age		۵	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M
89.66         87.66         101.50         89.08         82.00         70.66         66         81.08         102.75         99.00           76.29         98.08         10.23         94.16         86.75         66         81.08         102.75         117.75         104.00           76.29         96.50         110.41         98.08         88.16         74.08         66         81.08         107.76         17.75         104.00           76.25         96.50         110.75         110.75         10.25         117.75         104.00         109.00           82.16         100.84         12.28         110.75         10.95         99.44         11.75         122.69         118.00           88.08         113.00         12.69         14.00         10.95         99.44         121.00         136.74         145.91         122.60         10.00         99.44         14.14         127.74         142.00         10.95         99.75         10.00         130.25         142.74         130.80         14.95         122.60         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00	0-64	99.69	99.78	101.50	80.68	82.00	70.66	0-64	77.41	97.41	112.75	99.00	91.08
72.91         92.08         106.00         93.58         86.16         74.08         66         81.08         107.25         117.75         104.00           76.25         96.50         114.04         108.08         90.25         77.50         67         84.66         107.16         122.66         109.00           79.16         106.56         114.58         106.28         91.05         69         91.16         116.22         113.09         113.09           88.16         108.75         108.75         90.41         17.1         91.44         121.00         136.74         136.24           9.90         117.16         133.49         126.24         116.00         99.75         77         101.00         136.24         145.11         127.74           95.00         127.14         138.49         126.24         116.00         99.75         74         105.50         144.16         136.24           95.00         127.14         138.89         126.24         116.00         99.75         74         105.50         148.16         136.24           90.01         137.24         145.74         145.80         125.50         106.66         76         149.81         141.41         1	65	99.69	99.78	101.50	80.68	82.00	99.02	65	77.41	97.41	112.75	99.00	91.08
76.25         96.50         110.41         98.08         90.25         77.50         67         84.66         107.16         122.66         109.00           82.16         100.58         114.87         102.33         94.16         80.75         68         87.11         111.75         127.33         113.06           82.16         100.51         122.83         110.75         101.00         84.01         111.75         127.33         113.06           86.16         100.51         122.83         110.75         101.00         190.75         141.41         127.74           90.91         117.06         124.90         122.66         112.75         90.75         77         101.00         130.14         145.19         132.33           95.00         122.416         138.94         122.65         102.55         102.55         144.16         132.33         136.26           97.08         142.08         122.83         110.66         77         101.00         146.98         136.24           97.08         142.00         122.83         110.80         102.25         144.16         132.33         144.16         132.33         144.16         144.16         144.16         144.16         144	99	72.91	92.08	106.00	93.58	86.16	74.08	99	81.08	102.25	117.75	104.00	95.75
79.16         100.58         114.58         102.33         94.16         80.75         68         87.91         111.75         127.33         13.136           82.16         104.75         116.28         110.75         110.75         110.75         110.75         110.75         113.99         113.33         113.99         113.33         113.99         113.33         113.99         118.33         113.99         118.33         113.99         118.33         113.99         118.33         113.99         118.33         113.99         118.33         113.99         118.33         113.64         122.03         113.64         123.00         120.75         120.00         130.24         145.91         120.24         145.91         120.24         145.91         145.91         120.24         145.91         145.91         120.24         145.91         145.92         <	29	76.25	96.50	110.41	98.08	90.25	77.50	29	84.66	107.16	122.66	109.00	100.33
82.16         10.4.75         118.75         106.58         98.00         64.00         69         91.16         166.33         131.99         118.37         118.33         118.33         118.75         106.50         94.41         121.00         136.74         122.00         136.74         122.00         136.74         122.00         136.74         122.00         136.74         122.00         136.74         122.00         136.74         122.00         136.74         122.00         136.74         140.83         136.24         122.30         136.24         100.25         134.16         149.83         136.24         136.24         140.24         122.50         106.50         7         107.75         142.08         153.83         140.24         142.14	89	79.16	100.58	114.58	102.33	94.16	80.75	89	87.91	111.75	127.33	113.66	104.58
85.16         108.91         122.83         110.75         101.91         87.25         70         94.41         171.00         136.74         123.00           98.01         113.00         126.99         115.00         105.75         90.41         71         97.66         125.68         141.41         122.33           93.02         1.76         13.49         122.60         115.70         96.75         73         103.25         134.16         149.83         136.24           95.00         1.20.66         134.91         122.60         102.66         75         100.50         138.16         132.33         102.26           99.16         1.31.24         145.74         132.80         102.66         76         110.00         146.08         161.74         143.16           101.16         1.34.83         149.16         133.49         122.50         105.66         76         110.00         146.08         161.44         122.74           101.16         1.34.83         149.16         133.49         122.50         105.66         76         110.00         146.98         157.74         144.16           101.20         1.34.83         1.25.91         149.83         122.68         105.6	69	82.16	104.75	118.75	106.58	98.00	84.00	69	91.16	116.33	131.99	118.33	108.83
88.08         113.00         126.99         115.00         105.75         90.41         71         97.66         125.58         141.41         127.74           90.91         117.16         134.39         122.66         142.75         97.75         73         101.00         130.24         145.91         122.33           93.00         120.66         134.91         122.66         145.75         142.08         157.74         149.83         149.83         140.24           95.00         120.46         132.49         122.66         102.66         75         100.00         140.08         167.74         144.16           99.16         131.24         122.86         108.50         77         112.41         149.83         140.24         151.84         162.44         147.14         147.16         144.91         147.16         144.91         147.14         149.83         147.14         147.16         147.16         147.14         147.16         147.16         147.16         147.14         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147.16         147	20	85.16	108.91	122.83	110.75	101.91	87.25	70	94.41	121.00	136.74	123.00	113.00
90.91 117.16 131.33 119.08 109.50 93.75 72 101.00 130.24 145.91 132.33 130.00 124.16 134.91 122.66 112.75 96.75 74 100.55 134.16 138.38 136.24 95.00 124.16 138.49 126.24 116.00 99.75 74 100.55 138.16 153.83 136.24 97.08 127.74 142.08 129.83 119.25 102.66 75 110.00 146.08 157.74 144.16 134.83 122.50 105.66 76 110.00 146.08 167.74 144.16 145.74 134.16 151.99 139.83 128.08 111.08 77 112.41 149.83 165.66 152.16 101.16 143.49 157.74 142.16 165.66 144.39 125.56 105.66 77 112.41 149.83 165.66 155.11 101.26 143.49 157.74 130.58 113.08 116.08 117.49 165.66 165.10 101.68 144.39 163.41 151.74 130.58 113.08 110.68 111.08 111.04 162.41 177.41 138.16 161.39 163.91 142.74 130.58 113.88 113.68 162.99 163.41 151.41 138.16 162.99 183.41 143.74 123.66 183.31 170.29 163.49 164.49 156.41 122.03 177.24 180.00 156.58 170.39 188.91 144.91 123.89 183.41 177.41 186.89 161.49 147.14 133.48 162.39 189.91 176.58 182.41 111.00 162.41 175.91 166.49 161.49 177.74 165.66 150.39 163.41 133.48 165.49 161.49 177.74 165.66 150.39 164.41 133.48 165.49 161.49 1	71	88.08	113.00	126.99	115.00	105.75	90.41	71	99.76	125.58	141.41	127.74	117.25
93.00         120.66         134.91         122.66         112.75         96.75         73         103.25         134.16         149.83         136.24           95.00         124.16         138.49         126.24         116.00         99.75         74         105.50         138.16         153.24         142.08         177.74         144.16           97.08         127.24         142.08         129.83         126.66         16.00         146.08         161.74         144.16           101.16         134.83         149.16         136.99         125.58         108.50         77         112.41         149.83         165.66         152.16           102.03         137.66         151.99         135.83         128.60         177         142.91         142.74         144.91         148.16         144.91         148.16         177.91         144.91         148.16         144.91         178.66         186.80         116.16         177.94         148.16         166.66         148.49         135.66         118.58         81         147.41         148.16         144.91         147.41         148.76         188.91         147.41         148.16         148.93         166.66         148.49         135.66         118.	72	90.91	117.16	131.33	119.08	109.50	93.75	72	101.00	130.24	145.91	132.33	121.66
95.00         124.16         138.49         126.24         116.00         99.75         74         105.50         138.16         153.83         140.24           97.08         127.74         142.08         126.24         116.00         99.76         100.00         140.08         167.74         144.16           99.70         131.24         145.08         125.80         108.60         77         110.00         140.08         167.74         144.16           107.60         134.83         149.16         136.99         125.80         100.06         77         112.41         144.16         167.14         144.16           102.33         137.66         154.91         142.74         130.58         110.08         79         114.98         165.66         152.16           102.30         146.33         15.30         146.98         110.00         166.89         167.41         174.14         188.66         167.61         149.83         155.41         147.14         178.6         188.90         165.16         175.14         178.24         165.16         175.14         188.66         167.14         188.16         167.14         188.74         167.68         189.74         167.68         189.74         167.88<	73	93.00	120.66	134.91	122.66	112.75	96.75	73	103.25	134.16	149.83	136.24	125.24
97.08         127.74         142.08         129.83         119.25         102.66         75         107.75         142.08         157.74         144.16           99.06         13.24         142.08         122.50         105.66         76         110.00         146.08         167.74         148.16           102.33         13.48         142.16         138.99         122.50         105.66         77         112.41         149.83         165.66         167.74         148.16           102.33         13.66         143.99         125.68         110.86         79         114.91         156.16         17.19         158.66           103.50         140.58         143.99         142.74         130.58         116.08         80         116.14         17.19         158.61           106.66         143.49         142.74         133.08         116.08         80         116.14         17.19         158.62           106.83         146.39         146.40         125.60         183.73         140.41         123.66         183.73         17.24         187.09         158.64           106.83         165.49         144.40         135.64         123.38         147.41         123.66         183	74	95.00	124.16	138.49	126.24	116.00	99.75	74	105.50	138.16	153.83	140.24	128.91
99.16         131.24         145.74         133.49         122.50         105.66         76         110.00         146.08         161.74         148.16           101.16         134.83         149.16         136.99         125.58         108.50         77         112.41         149.83         165.66         152.16           102.33         137.66         151.99         138.83         125.88         110.00         146.08         165.16         177.99         168.66         152.16           103.50         140.58         152.91         142.49         157.74         145.58         133.08         116.08         80         116.16         159.33         175.16         161.91           105.83         146.33         160.66         148.49         135.66         118.58         81         117.41         162.41         177.99         168.60         167.14         128.33         175.16         161.91         162.16         161.91         162.16         161.91         162.16         162.19         162.14         162.86         162.93         175.16         161.91         162.16         171.99         168.60         162.14         178.74         165.16         162.13         162.14         162.88         162.14	75	97.08	127.74	142.08	129.83	119.25	102.66	75	107.75	142.08	157.74	144.16	132.49
107.16         134.83         149.16         136.99         125.58         108.50         77         112.41         149.83         165.66         152.16           102.33         137.66         151.99         139.83         128.08         111.08         78         113.66         152.99         168.83         155.41           102.35         137.66         148.49         130.68         110.86         80         116.16         152.99         168.83         155.41           104.66         143.49         157.74         145.58         130.68         116.61         152.99         168.83         155.41           106.83         146.34         157.44         145.58         148.99         163.41         174.41         188.68         175.14         178.24         165.16         178.24         165.16         167.19         167.19         167.19         177.41         162.41         178.24         165.16         167.19         167.19         178.24         167.19         178.24         167.19         178.24         167.19         167.10         178.24         167.10         167.10         178.24         167.10         167.10         178.24         167.10         167.10         178.24         167.10         167.10	9/	99.16	131.24	145.74	133.49	122.50	105.66	92	110.00	146.08	161.74	148.16	136.08
103.50         140.58         151.99         139.83         128.08         111.08         78         113.66         152.99         168.83         155.41           103.50         140.58         154.91         142.74         130.58         113.58         79         114.91         156.16         171.99         158.66           104.66         143.49         157.74         130.58         118.58         80         116.16         171.99         158.61           105.83         148.49         155.66         148.49         135.66         118.58         81         116.16         171.99         158.61           106.83         148.99         163.41         151.41         138.66         125.39         83         119.50         188.24         167.19           108.25         154.08         163.41         147.16         123.66         188         120.33         171.24         182.33         170.99           108.00         156.88         170.39         158.91         140.41         123.33         82         121.66         188.24         167.89         170.99         158.61         170.99         170.99         170.99         170.99         170.99         170.99         170.99         170.99	77	101.16	134.83	149.16	136.99	125.58	108.50	77	112.41	149.83	165.66	152.16	139.49
103.50         140.58         154.91         142.74         130.58         113.58         79         114.91         156.16         171.99         158.66           104.66         143.49         157.74         145.58         133.08         116.08         80         116.16         159.33         175.16         161.91           105.83         160.66         148.49         135.66         118.58         81         117.41         162.41         178.24         165.16           106.83         148.99         163.41         151.41         138.16         123.33         171.24         178.24         165.16           108.25         154.08         168.49         155.81         144.91         128.33         85         121.16         174.08         189.91         176.58           109.00         156.58         170.99         158.91         144.91         128.33         85         121.16         174.08         189.91         176.58           109.75         159.08         173.49         164.08         149.41         133.08         89         121.91         176.83         182.24           110.41         161.66         175.91         164.08         149.41         133.08         122.91	78	102.33	137.66	151.99	139.83	128.08	111.08	78	113.66	152.99	168.83	155.41	142.24
104.66         143.49         157.74         145.58         133.08         116.08         80         116.16         159.33         175.16         161.91           105.83         146.33         160.66         148.49         135.66         118.58         81         117.41         162.41         178.24         165.16           106.83         146.33         160.66         148.49         135.66         118.56         118.75         165.66         181.49         165.41           107.58         15.18         165.99         153.91         140.41         123.66         83         119.50         168.49         184.33         170.29           109.00         156.58         170.99         158.91         144.91         128.33         85         121.16         170.89         173.74           109.00         156.58         170.99         158.91         144.91         128.33         85         121.91         176.83         170.29           109.75         159.08         175.91         164.08         149.41         133.08         85         121.91         176.83         182.24           111.00         162.41         176.83         144.91         133.08         85         123.93 <td< th=""><td>79</td><td>103.50</td><td>140.58</td><td>154.91</td><td>142.74</td><td>130.58</td><td>113.58</td><td>79</td><td>114.91</td><td>156.16</td><td>171.99</td><td>158.66</td><td>145.08</td></td<>	79	103.50	140.58	154.91	142.74	130.58	113.58	79	114.91	156.16	171.99	158.66	145.08
105.83         146.33         160.66         148.49         135.66         118.58         81         117.41         162.41         178.24         165.16           106.83         148.99         163.41         151.41         138.16         121.33         82         118.75         165.66         181.49         168.24           106.83         148.99         163.41         151.41         138.16         121.33         171.24         187.08         189.24           108.25         155.08         170.99         158.41         122.66         172.91         176.83         167.88         177.24         187.08         179.56           109.75         159.08         177.74         165.66         150.83         134.33         89         122.66         179.58         184.08           111.50         162.91         164.91         150.08         133.74         88         123.33         197.58         184.08           111.50         162.91         166.49         151.58         134.33         89         123.34         197.58         184.08           111.50         163.24         177.74         165.66         150.83         134.33         89         123.91         184.91         184.91 </th <td>80</td> <td>104.66</td> <td>143.49</td> <td>157.74</td> <td>145.58</td> <td>133.08</td> <td>116.08</td> <td>80</td> <td>116.16</td> <td>159.33</td> <td>175.16</td> <td>161.91</td> <td>147.83</td>	80	104.66	143.49	157.74	145.58	133.08	116.08	80	116.16	159.33	175.16	161.91	147.83
106.83         148.99         163.41         151.41         138.16         121.33         82         118.75         165.66         181.49         168.24           107.58         151.58         165.99         153.91         140.41         123.66         83         119.50         168.49         184.33         170.99           108.25         154.08         168.49         156.41         142.66         125.99         84         120.33         171.24         187.08         173.44           109.00         156.58         173.49         161.49         144.91         128.33         85         121.16         174.08         189.91         176.58           100.75         159.08         173.49         161.49         144.71         130.66         86         121.16         174.08         189.91         176.83         182.24         187.33         187.24         187.68         182.24         187.68         187.24         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.68         187.69         187.68 <td< th=""><td>81</td><td>105.83</td><td>146.33</td><td>160.66</td><td>148.49</td><td>135.66</td><td>118.58</td><td>81</td><td>117.41</td><td>162.41</td><td>178.24</td><td>165.16</td><td>150.66</td></td<>	81	105.83	146.33	160.66	148.49	135.66	118.58	81	117.41	162.41	178.24	165.16	150.66
107.58         151.58         165.99         153.91         140.41         123.66         83         119.50         168.49         184.33         170.99           108.25         154.08         168.49         156.41         142.66         125.99         84         120.33         171.24         187.08         173.74           109.00         156.58         170.99         158.91         144.91         128.33         85         121.16         174.08         189.91         176.58           109.75         159.08         173.49         161.49         147.16         130.66         86         121.91         176.83         192.66         179.38         182.24         182.24         182.24         182.24         182.24         182.24         182.24         182.24         184.08         182.24         184.08	82	106.83	148.99	163.41	151.41	138.16	121.33	82	118.75	165.66	181.49	168.24	153.49
108.25         154.08         168.49         156.41         142.66         125.99         84         120.33         171.24         187.08         173.74           109.00         156.58         170.99         158.91         144.91         128.33         85         121.16         174.08         189.91         176.58           109.00         156.58         170.99         158.91         144.91         128.33         85         121.16         174.08         189.91         176.58           109.75         159.08         173.49         161.49         147.16         130.66         86         121.91         176.83         192.66         179.33           110.41         161.66         175.91         164.08         149.41         133.08         87         122.66         179.58         182.24           111.00         162.41         177.74         166.66         150.83         134.33         89         123.91         184.08         184.08           112.08         164.91         166.49         151.58         134.39         90         124.58         182.24         184.91           113.66         166.49         167.33         162.24         135.41         92         125.83         18	83	107.58	151.58	165.99	153.91	140.41	123.66	83	119.50	168.49	184.33	170.99	156.08
109.00         156.58         170.99         158.91         144.91         128.33         85         121.16         174.08         189.91         176.58           109.75         159.08         173.49         161.49         147.16         130.66         86         121.91         176.83         192.66         179.33           110.41         161.66         175.91         164.08         149.41         133.08         87         122.66         179.58         192.66         179.33           111.00         162.41         176.83         164.91         150.08         133.74         88         123.33         180.41         196.58         182.24           111.00         162.41         176.83         164.91         150.83         134.33         89         123.91         181.33         197.58         182.24           112.08         164.91         150.83         134.33         89         123.91         181.33         197.58         184.08           112.08         164.91         150.83         134.49         135.74         91         125.16         183.49         184.91           113.16         165.66         180.41         165.83         136.41         92         125.16         18	8	108.25	154.08	168.49	156.41	142.66	125.99	84	120.33	171.24	187.08	173.74	158.58
109.75         159.08         173.49         161.49         147.16         130.66         86         121.91         176.83         192.66         179.33           110.41         161.66         175.91         164.08         149.41         133.08         87         122.66         179.58         195.58         182.24           111.00         162.41         176.83         164.91         150.08         133.74         88         123.33         180.41         196.58         182.24           111.00         162.41         176.83         164.91         150.08         133.74         89         123.31         180.41         196.58         183.16           112.08         164.08         177.74         165.66         150.83         134.33         89         123.91         181.33         197.58         184.08           112.58         164.91         170.58         152.24         135.74         91         125.6         184.98         185.83           113.66         166.49         181.33         168.91         153.83         137.16         93         126.41         184.91         187.66         186.74           113.66         166.49         181.38         153.83         137.91 <td< th=""><td>82</td><td>109.00</td><td>156.58</td><td>170.99</td><td>158.91</td><td>144.91</td><td>128.33</td><td>85</td><td>121.16</td><td>174.08</td><td>189.91</td><td>176.58</td><td>161.08</td></td<>	82	109.00	156.58	170.99	158.91	144.91	128.33	85	121.16	174.08	189.91	176.58	161.08
110.41         161.66         175.91         164.08         149.41         133.08         87         122.66         179.58         195.58         182.24           111.00         162.41         176.83         164.91         150.08         133.74         88         123.33         180.41         196.58         183.16           111.50         162.41         176.83         164.91         150.83         134.33         89         123.91         181.33         197.58         183.16           112.08         164.08         177.74         165.66         150.83         134.39         90         124.58         182.24         198.49         184.91           112.58         164.91         179.58         167.24         135.74         91         125.16         183.16         184.91         184.91         184.91         184.91         184.91         184.91         184.91         185.83         185.83         185.83         185.84         185.83         185.44         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74         186.74 <td< th=""><td>98</td><td>109.75</td><td>159.08</td><td>173.49</td><td>161.49</td><td>147.16</td><td>130.66</td><td>98</td><td>121.91</td><td>176.83</td><td>192.66</td><td>179.33</td><td>163.58</td></td<>	98	109.75	159.08	173.49	161.49	147.16	130.66	98	121.91	176.83	192.66	179.33	163.58
111.00         162.41         176.83         164.91         150.08         133.74         88         123.33         180.41         196.58         183.16           111.50         163.24         177.74         165.66         150.83         134.33         89         123.91         181.33         197.58         184.08           112.08         164.08         178.66         166.49         151.58         134.99         90         124.58         182.24         198.49         184.91           112.58         164.91         170.58         152.24         135.74         91         125.83         182.24         198.49         185.83           113.66         166.49         151.28         136.41         92         125.83         184.08         200.49         185.83           113.66         166.49         152.24         136.41         92         126.41         184.08         180.49         185.83           113.66         166.49         152.38         137.91         94         127.08         185.83         202.49         186.58           114.75         168.91         184.08         170.58         156.24         139.33         96         127.74         186.74         203.49         18	87	110.41	161.66	175.91	164.08	149.41	133.08	87	122.66	179.58	195.58	182.24	165.99
111.50       163.24       177.74       165.66       150.83       134.33       89       123.91       181.33       197.58       184.08         112.08       164.08       178.66       166.49       151.58       134.99       90       124.58       182.24       198.49       184.91         112.58       164.91       179.58       167.33       152.24       135.74       91       125.83       184.08       200.49       185.83         113.16       165.66       180.41       168.08       152.99       136.41       92       125.83       184.08       200.49       186.74         113.66       166.49       168.91       152.99       136.41       92       125.83       184.08       200.49       186.74         113.66       166.49       152.99       137.16       93       126.41       184.91       187.66         114.75       168.08       183.16       170.58       155.41       138.58       96       127.74       186.74       203.49       189.41         115.83       169.74       184.91       177.24       157.08       139.99       97       128.99       188.58       205.49       191.41         116.31       176.38       186	88	111.00	162.41	176.83	164.91	150.08	133.74	88	123.33	180.41	196.58	183.16	166.74
112.08         164.08         178.66         166.49         151.58         134.99         90         124.58         182.24         198.49         184.91           112.58         164.91         179.58         167.33         152.24         135.74         91         125.16         183.16         199.49         184.91           113.16         165.66         180.41         168.08         152.99         136.41         92         125.83         184.08         200.49         185.83           113.6         166.49         181.33         168.91         153.83         137.16         93         126.41         184.91         201.49         187.66           114.25         167.33         182.24         169.74         154.58         137.91         94         127.08         185.83         202.49         188.58           114.75         168.08         183.16         170.58         155.41         138.58         95         127.74         186.74         203.49         189.41           115.83         169.74         184.91         177.24         157.08         139.99         97         128.99         188.58         205.49         190.41           116.31         170.58         185.33 <td< th=""><td>88</td><td>111.50</td><td>163.24</td><td>177.74</td><td>165.66</td><td>150.83</td><td>134.33</td><td>88</td><td>123.91</td><td>181.33</td><td>197.58</td><td>184.08</td><td>167.58</td></td<>	88	111.50	163.24	177.74	165.66	150.83	134.33	88	123.91	181.33	197.58	184.08	167.58
112.58       164.91       179.58       167.33       152.24       135.74       91       125.16       183.16       199.49       185.83         113.16       165.66       180.41       168.08       152.99       136.41       92       125.83       184.08       200.49       186.74         113.66       166.49       181.33       168.91       153.83       137.16       93       126.41       184.91       201.49       187.66         114.25       167.33       182.24       169.74       154.58       137.91       94       127.08       185.83       202.49       188.58         114.75       168.91       184.08       171.33       156.24       139.33       96       127.74       186.74       203.49       189.41         115.83       169.74       184.91       172.24       157.08       139.39       97       128.99       188.58       205.49       190.41         116.33       170.58       185.83       173.16       157.83       140.74       98       129.58       189.41       206.49       192.41         116.91       171.33       186.74       174.08       158.66       141.49       99       130.24       190.41       193.41	06	112.08	164.08	178.66	166.49	151.58	134.99	06	124.58	182.24	198.49	184.91	168.41
113.16       165.66       180.41       168.08       152.99       136.41       92       125.83       184.08       200.49       186.74         113.66       166.49       181.33       168.91       153.83       137.16       93       126.41       184.91       201.49       187.66         114.25       167.33       182.24       169.74       154.58       137.91       94       127.08       185.83       202.49       188.58         114.75       168.08       183.16       170.58       156.24       139.33       96       127.74       186.74       203.49       189.41         115.83       169.74       184.08       177.24       157.08       139.39       97       128.33       187.66       204.49       190.41         115.83       169.74       184.91       172.24       157.08       139.39       97       128.99       188.58       205.49       191.41         116.33       170.58       185.83       173.16       157.83       140.74       98       129.58       189.41       206.49       192.41         116.91       171.33       186.74       174.08       158.66       141.49       99       130.24       190.41       193.41	91	112.58	164.91	179.58	167.33	152.24	135.74	91	125.16	183.16	199.49	185.83	169.16
113.66       166.49       181.33       168.91       153.83       137.16       93       126.41       184.91       201.49       187.66         114.25       167.33       182.24       169.74       154.58       137.91       94       127.08       185.83       202.49       188.58         114.75       168.08       183.16       170.58       155.41       138.58       95       127.74       186.74       203.49       189.41         115.25       168.91       184.08       171.33       156.24       139.39       97       128.99       188.58       205.49       190.41         115.83       169.74       184.91       172.24       157.08       139.39       97       128.99       188.58       205.49       191.41         116.33       170.58       185.83       173.16       157.83       140.74       98       129.58       189.41       206.49       192.41         116.91       171.33       186.74       174.08       158.66       141.49       99       130.24       190.41       207.41       193.41	95	113.16	165.66	180.41	168.08	152.99	136.41	92	125.83	184.08	200.49	186.74	169.99
114.25     167.33     182.24     169.74     154.58     137.91     94     127.08     185.83     202.49     188.58       114.75     168.08     183.16     170.58     155.41     138.58     95     127.74     186.74     203.49     189.41       115.25     168.91     184.08     171.33     156.24     139.33     96     128.99     187.66     204.49     190.41       115.83     169.74     184.91     172.24     157.08     139.99     97     128.99     188.58     205.49     191.41       116.33     170.58     185.83     173.16     157.83     140.74     98     129.58     189.41     206.49     192.41       116.91     171.33     186.74     174.08     158.66     141.49     99     130.24     190.41     207.41     193.41	93	113.66	166.49	181.33	168.91	153.83	137.16	93	126.41	184.91	201.49	187.66	170.83
114.75     168.08     183.16     170.58     155.41     138.58     95     127.74     186.74     203.49     189.41       115.25     168.91     184.08     171.33     156.24     139.33     96     128.33     187.66     204.49     190.41       115.83     169.74     184.91     172.24     157.08     139.99     97     128.99     188.58     205.49     191.41       116.33     170.58     185.83     173.16     157.83     140.74     98     129.58     189.41     206.49     192.41       116.91     171.33     186.74     174.08     158.66     141.49     99     130.24     190.41     207.41     193.41	94	114.25	167.33	182.24	169.74	154.58	137.91	94	127.08	185.83	202.49	188.58	171.66
115.25     168.91     184.08     171.33     156.24     139.33     96     128.33     187.66     204.49     190.41       115.83     169.74     184.91     172.24     157.08     139.99     97     128.99     188.58     205.49     191.41       116.33     170.58     185.83     173.16     157.83     140.74     98     129.58     189.41     206.49     192.41       116.91     171.33     186.74     174.08     158.66     141.49     99     130.24     190.41     207.41     193.41	92	114.75	168.08	183.16	170.58	155.41	138.58	92	127.74	186.74	203.49	189.41	172.49
115.83     169.74     184.91     172.24     157.08     139.99     97     128.99     188.58     205.49     191.41       116.33     170.58     185.83     173.16     157.83     140.74     98     129.58     189.41     206.49     192.41       116.91     171.33     186.74     174.08     158.66     141.49     99     130.24     190.41     207.41     193.41	96	115.25	168.91	184.08	171.33	156.24	139.33	96	128.33	187.66	204.49	190.41	173.41
116.33         170.58         185.83         173.16         157.83         140.74         98         129.58         189.41         206.49         192.41           116.91         171.33         186.74         174.08         158.66         141.49         99         130.24         190.41         207.41         193.41	26	115.83	169.74	184.91	172.24	157.08	139.99	26	128.99	188.58	205.49	191.41	174.33
116.91 171.33 186.74 174.08 158.66 141.49	86	116.33	170.58	185.83	173.16	157.83	140.74	86	129.58	189.41	206.49	192.41	175.24
	66	6	171.33	186.74	174.08	158.66	141.49	66	130.24	190.41	207.41	193.41	176.16

113.91 120.58 120.58 129.24 132.08 134.83 137.41 139.99 142.66 145.24

148.66 149.41 150.08 150.83

152.24 152.99

153.83 154.58 155.41 156.24 157.08

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### HEARTLAND NATIONAL LIFE INSURANCE COMPANY KANSAS Standard Plans FEMALE Rates - MONTHLY For use in zip codes: 660-662, 670-672

950			Non-Tobacco	co User			Attained			Tobacco User	. User		
שמע	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	77.41	97.41	112.83	00'66	91.08	78.50	0-64	86.00	108.16	125.33	110.00	101.16	87.16
9	77.41	97.41	112.83	99.00	91.08	78.50	65	86.00	108.16	125.33	110.00	101.16	87.16
99	81.08	102.33	117.75	104.00	92.66	82.33	99	80.08	113.66	130.83	115.58	106.33	91.41
29	84.66	107.16	122.66	109.00	100.33	86.08	29	94.08	119.08	136.33	121.08	111.50	95.58
89	88.00	111.83	127.33	113.66	104.58	89.66	89	99.76	124.16	141.49	126.33	116.16	99.58
69	91.33	116.41	131.91	118.41	108.91	93.33	69	101.33	129.33	146.66	131.49	120.91	103.58
70	94.58	121.00	136.49	123.08	113.16	96.91	70	104.91	134.41	151.91	136.66	125.58	107.58
71	97.91	125.58	141.08	127.83	117.50	100.50	71	108.50	139.49	157.08	141.91	130.33	111.58
72	101.00	130.16	145.91	132.33	121.66	104.16	72	112.16	144.66	162.08	146.99	135.16	115.83
73	103.33	134.08	149.91	136.33	125.33	107.50	73	114.66	149.08	166.49	151.41	139.16	119.41
74	105.58	137.99	153.91	140.33	128.91	110.83	74	117.16	153.49	170.91	155.83	143.16	123.00
75	107.91	141.91	157.91	144.33	132.49	114.08	75	119.66	157.91	175.33	160.16	147.16	126.58
9/	110.16	145.83	161.91	148.33	136.08	117.41	92	122.16	162.33	179.66	164.58	151.16	130.16
77	112.41	149.83	165.66	152.16	139.49	120.58	77	124.91	166.49	184.08	169.08	154.99	133.99
78	113.66	152.99	168.91	155.41	142.33	123.41	78	126.33	169.99	187.58	172.66	158.08	137.16
79	115.00	156.16	172.08	158.58	145.08	126.16	62	127.66	173.49	191.08	176.33	161.16	140.41
80	116.33	159.41	175.33	161.83	147.91	128.99	80	129.08	176.99	194.58	179.91	164.33	143.58
8	117.58	162.58	178.49	164.99	150.66	131.83	81	130.49	180.49	198.08	183.49	167.41	146.83
82	118.66	165.58	181.58	168.16	153.49	134.83	82	131.91	184.08	201.66	186.91	170.58	149.83
83	119.50	168.41	184.41	170.99	155.99	137.41	83	132.83	187.16	204.83	189.99	173.41	152.66
8	120.33	171.16	187.16	173.83	158.49	139.99	84	133.66	190.33	207.91	193.08	176.16	155.58
82	121.08	173.99	189.99	176.58	160.99	142.58	82	134.58	193.41	210.99	196.16	178.99	158.49
98	121.91	176.83	192.83	179.41	163.49	145.16	86	135.49	196.49	214.07	199.33	181.83	161.41
87	122.66	179.58	195.49	182.33	165.99	147.91	87	136.33	199.49	217.32	202.49	184.41	164.41
88	123.33	180.49	196.49	183.16	166.83	148.58	88	136.99	200.49	218.41	203.49	185.33	165.16
88	123.91	181.41	197.49	184.08	167.58	149.33	88	137.66	201.49	219.49	204.49	186.16	165.99
06	124.50	182.33	198.49	184.99	168.41	149.99	06	138.41	202.49	220.57	205.49	187.08	166.83
91	125.08	183.16	199.49	185.91	169.16	150.83	91	139.08	203.49	221.66	206.49	187.99	167.58
95	125.66	184.08	200.49	186.83	169.99	151.58	92	139.83	204.49	222.82	207.49	188.91	168.41
93	126.33	184.99	201.49	187.66	170.91	152.41	93	140.49	205.49	223.91	208.49	189.83	169.16
94	126.91	185.91	202.49	188.58	171.83	153.16	94	141.16	206.49	224.99	209.49	190.66	169.99
92	127.49	186.83	203.49	189.49	172.66	153.99	92	141.91	207.49	226.07	210.49	191.66	170.91
96	128.08	187.66	204.49	190.41	173.58	154.83	96	142.58	208.49	227.16	211.57	192.66	171.83
26	128.66	188.58	205.49	191.41	174.49	155.58	97	143.33	209.49	228.32	212.66	193.66	172.66
86	129.33	189.49	206.49	192.41	175.41	156.41	86	143.99	210.49	229.41	213.82	194.66	173.58
66	129.91	190.41	207.49	193.41	176.33	157.16	66	144.66	211.57	230.49	214.91	195.66	174.49

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### PREMIUM INFORMATION

We, Heartland National Life Insurance Company, may change your premium on any premium due date if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as attained age, sex, underwriting class, state and zip code of residence.

Premiums are based on your attained age and will change on your Policy Anniversary Date.

### **DISCLOSURES**

Use this outline to compare benefits and premiums among policies.

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

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

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

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to: Heartland National Life Insurance Company, Medicare Supplement Administration, P.O. Box 10814, Clearwater, Florida 33757-8814. 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.

### RENEWAL CONDITIONS

You may renew this policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for the policy.

### **CANCELLATION BY INSURED**

You may cancel this policy at any time by written notice delivered or mailed to us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits Provision.

### PREMIUM INFORMATION

Any premium rate increase must be implemented on a class basis in Kansas. No rate adjustment may be made on an individual basis.

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### 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 Heartland National Life 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. Heartland National Life Insurance 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.

Please refer to your policy for details.

The following information is to be filled in by an agent or employee of the company who assumes responsibility for completing this outline of coverage:
The premium amount for the policy is: \$
The premium mode is (Circle one): Annual Semi-Annual Quarterly Monthly
Name and Address of Insurance Agent or the Employee of the Company Assuming Responsibility for Completing This Outline of Coverage:

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### PLAN A

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service 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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and			
supplies First 60 days	All but \$1132	\$0	\$1132 (Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$283 a day	\$283 a day	\$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
—Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
<ul> <li>Beyond the additional 365 days</li> </ul>	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicareapproved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$141.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>\*\*</sup>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 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.

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### PLAN A MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$162 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
MEDICAL EXPENSES –			
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 \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare			
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(Above Medicare Approved			
Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved			
Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved	000/	000/	
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR	4000/		
DIAGNOSTIC SERVICES	100%	\$0	\$0

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED			
SERVICES			
<ul> <li>Medically necessary skilled</li> </ul>			
care services and medical			
supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> </ul>			
First \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare			
Approved Amounts	80%	20%	\$0

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### PLAN D

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service 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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$1132 All but \$283 a day	\$1132 (Part A deductible) \$283 a day	\$0 \$0
reserve days — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
— Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
<ul> <li>Beyond the additional</li> <li>365 days</li> </ul>	\$0	\$0	All costs
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 First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>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 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.

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### **PLAN D**

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\*Once you have been billed \$162 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
MEDICAL EXPENSES –			
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 \$162 of Medicare	\$0	\$0	¢162 (Port P doductible)
Approved Amounts* Remainder of Medicare	<b>⊅</b> 0	\$0	\$162 (Part B deductible)
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES	Generally 00 /0	Generally 20 /0	Ψ0
(Above Medicare Approved			
Amounts)	\$0	\$0	All costs
BLOOD	ΨΟ	ΨΟ	7 til Goote
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved	ΨΟ	7111 00010	
Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved	<b>*</b> **		<b>4.02</b> (1.00.2 2.2.2.2.2.2.)
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES - TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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### PLAN D PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$162 (Part B deductible)
	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – 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 benefit of	\$250 20% and amounts over the \$50,000 lifetime
		\$50,000.	maximum.

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### PLAN F

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service 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
HOSPITALIZATION*			
Semiprivate room and			
board, general nursing and			
miscellaneous services			
and supplies First 60 days	All but \$1132	\$1132 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$283 a day	\$283 a day	\$0
91 <sup>st</sup> day and after:	7 iii bat \$200 a day	φ200 a day	
<ul> <li>While using 60 lifetime</li> </ul>			
reserve days	All but \$566 a day	\$566 a day	\$0
<ul> <li>Once lifetime reserve</li> </ul>			
days are used:			
—Additional 365 days	\$0	100% of Medicare eligible	\$0**
Devend the additional		expenses	
<ul><li>Beyond the additional</li><li>365 days</li></ul>	\$0	\$0	All costs
SKILLED NURSING	φυ	ψ0	All COSIS
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 First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$141.50 a day	Up to \$141.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
BLOOD		V -	
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's	All but very limited co-	Medicare	
requirements, including a	payment/ coinsurance for	co-payment/coinsurance	\$0
doctor's certification of	out-patient drugs and		
terminal illness.	inpatient respite care		

<sup>\*\*</sup>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 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.

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### **PLAN F**

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$162 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
MEDICAL EXPENSES –			
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 \$162 of Medicare			
Approved Amounts*	\$0	\$162 (Part B deductible)	\$0
Remainder of Medicare	ΨΟ	TOZ (Tart B deddelible)	ΨΟ
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES	,	,	* -
(Above Medicare Approved			
Àmounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare			
Approved amounts*	\$0	\$162 (Part B deductible)	\$0
Remainder of Medicare			
Approved amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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### **PLAN F**

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED			
SERVICES			
<ul> <li>Medically necessary skilled</li> </ul>			
care services and medical			
supplies	100%	\$0	\$0
<ul> <li>Durable medical equipment</li> </ul>			
First \$162 of Medicare			
Approved Amounts*	\$0	\$162 (Part B deductible)	\$0
Remainder of Medicare			
Approved Amounts	80%	20%	\$0

### OTHER SERVICES - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT			
COVERED BY MEDICARE			
Medically necessary			
emergency care services			
beginning during the first 60			
days of each trip outside the			
USA	ф <u>о</u>	40	¢250
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime	20% and amounts
		maximum benefit of	over the \$50,000
		\$50,000	lifetime maximum

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### **PLAN G**

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service 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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and			
supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after:  — While using 60 lifetime	All but \$1132 All but \$283 a day	\$1132 (Part A deductible) \$283 a day	\$0 \$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
Additional 365 days      Beyond the additional	\$0	100% of Medicare eligible expenses	\$0**
365 days	\$0	\$0	All costs
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 First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>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 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.

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### **PLAN G**

### MEDICARE (PART B) - MEDICAL SERVICES-PER - CALENDAR YEAR

\*Once you have been billed \$162 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
MEDICAL EXPENSES –			
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 \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare			
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(Above Medicare Approved			
Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare			
Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES - TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

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### PLAN G PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES  — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$162 (Part B deductible)
	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – 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 benefit of \$50,000.	20% and amounts over the \$50,000 lifetime maximum

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### **PLAN M**

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service 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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and			
supplies First 60 days	All but \$1132	\$566 (50% of Part A deductible)	\$566 (50% of Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$283 a day	\$283 a day	\$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
— Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
<ul><li>Beyond the additional</li><li>365 days</li></ul>	\$0	\$0	All costs
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 First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>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 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.

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### **PLAN M**

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$162 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
MEDICAL EXPENSES –			
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 \$162 of Medicare		40	\$400 (B. (B. L. (III.)
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	O = = = == II + 000/	C II 200/	¢0
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES			
(Above Medicare Approved		40	
Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$162 of Medicare Approved			<b>*</b> * * * * * * * * * * * * * * * * * *
Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved	000/	000/	40
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

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### PLAN M PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE  MEDICARE APPROVED  SERVICES  — Medically necessary skilled care services and medical supplies  — Durable medical equipment First \$162 of Medicare Approved Amounts* Remainder of Medicare	100%	\$0 \$0	\$0 \$162 (Part B deductible)
Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

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

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### PLAN N

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service 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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and			
supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: — While using 60 lifetime	All but \$1132 All but \$283 a day	\$1132 (Part A deductible) \$283 a day	\$0 \$0
reserve days  — Once lifetime reserve days are used:	All but \$566 a day	\$566 a day	\$0
Additional 365 days      Beyond the additional	\$0	100% of Medicare eligible expenses	\$0**
365 days	\$0	\$0	All costs
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 First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co- payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

<sup>\*\*</sup>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 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.

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### **PLAN N**

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$162 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
MEDICAL EXPENSES – 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 \$162 of Medicare Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency visit. The co-payment 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.	Up to \$20 per office visit and up to \$50 per emergency 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.
PART B EXCESS CHARGES (Above Medicare Approved	40	00	
Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$162 of Medicare Approved	\$0	All costs	\$0
Amounts* Remainder of Medicare Approved	\$0	\$0	\$162 (Part B deductible)
Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

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### PLAN N PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE  MEDICARE APPROVED  SERVICES  — Medically necessary skilled care services and medical supplies  — Durable medical equipment First \$162 of Medicare	100%	\$0	<b>YOU PAY</b> \$0
Approved Amounts* Remainder of Medicare	\$0	\$0	\$162 (Part B deductible)
Approved Amounts	80%	20%	\$0

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – 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	20% and amounts over
		maximum benefit of	the \$50,000 lifetime
		\$50,000.	maximum.

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### **HEARTLAND NATIONAL LIFE INSURANCE COMPANY**

Home Office: Indianapolis, Indiana 46280 Medicare Supplement Administrative Office: PO Box 10812, Clearwater, FL 33757-8812

### APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE

Applicatio	n #·			
	(Exactly as shown on your Medicard	e ID Card)	Residence Address:	
Last			Street	
First		MI	City	
Indicate t	he Medicare Supplement Pla	n Applied for:	State	Zip Code
Plan:			Phone: ()	
	SOCIAL SECURITY NUMB	BER	MEDICARE CLA	AIM NUMBER
AGE	DATE OF BIRTH	GENDER	HEIGHT	WEIGHT
	Month Day Year	☐ Male ☐ Female	ft in	lbs
		PREMIUM PA	AYMENT	
Modal Pre	emium:\$		Policy Fee:	\$
Total Sub	mitted Premium: \$		_ Requested Effective Date:	
or $\square$ Draf	t Initial Premium			
	PLEASE SELEC	T THE METHO	O OF PAYMENT YOU WA	NT
□ A	nnual Semi	iannual	☐ Quarterly	☐ Monthly Bank Draft
☐ I author	rize Bank Draft payments. Acc	count type. —	Checking Amount to be dr Savings	rafted: \$
Bank Ro	raft Day: (Cannot be more eyond effective day)			
Bank Nam	e:			
Name(s) o	f Depositor(s):			
Signature	of Depositor:			Date:
Please inc	lude a voided check on a separa	te sheet of paper.		

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**HEARTLAND NATIONAL LIFE INSURANCE COMPANY** 

Page 1 of 7

	PLEASE ANSWER ALL ELIGIBILITY QUESTIONS		
1.	Have you used tobacco in any form in the past 12 months?	Yes 🗌	No 🗌
2.	Are you covered under Medicare Part A?  If YES, what is your Part A effective date?//	Yes 🗌	No 🗌
	If NO, what is your eligibility date?/		
3.	Are you covered under Medicare Part B?	Yes 🗌	No 🗌
	If YES, what is your Part B effective date?/		
	If NO, what is your eligibility date?/		
4.	Are you applying during a guaranteed issue period? (If YES please attach proof of eligibility).	Yes 🗌	No 🗌
	MEDICARE & INSURANCE INFORMATION (MUST BE COMPLETED	))	
we pol of t	rou lost or are losing other health insurance coverage and received a notice from your prior is re eligible for guaranteed issue of a Medicare Supplement policy, or that you had certain rigicy you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Place the notice from your prior insurer with our application. PLEASE ANSWER ALL QUESTIONS. Place with an "X".	ts to buy ase includ	y such a e a copy
То	the best of your knowledge:		
1.	Did you turn age 65 in the last six months?	☐ Yes	☐ No
2.	Did you enroll in Medicare Part B in the last six months?	☐ Yes	☐ No
	If "Yes", what is the effective date?//		
3.	Are you covered for medical assistance through the state Medicaid program?  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, answer a-b below.	∐ Yes	∐ No
	(a) Will Medicaid pay your premiums for this Medicare Supplement policy?	☐ Yes	☐ No
	(b) Do you receive any benefits from Medicaid OTHER THAN payment toward your Medicare Part B premium?	☐ Yes	□No
4.	(a) If you had coverage from any Medicare plan other than original Medicare within the last 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO) fill in your start and end dates. (If you are still covered under the other policy, leave "END" blank.) Start/ End//		
	If YES, with which company		
	Company telephone number: Policy number:		
	(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 plan to enroll in this Medicare plan?	☐ Yes	☐ No

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	MEDICARE & INSURANCE INFORMATION (Continued)		
5.	(a) Do you have another Medicare Supplement policy in force?	☐ Yes	□No
	(b) If yes with which company:		
	with which plan:		
	what paid-to-date do you have?//		
	Company telephone number:		
	(c) If yes, do you intend to replace your current Medicare Supplement policy with this policy	?	□No
6.	Have you had coverage under any other health insurance within the past 63 days (f example, an employer, union, or individual plan)?	or Yes	□No
	(a) If yes, with which company :		
	what kind of policy		
	what paid-to-date do you have?//		
	Company telephone number:		
	(b) What are your dates of coverage under the other policy? (If you are still covered und the other policy, leave "END" blank.) Start/ End/	er	

### IMPORTANT STATEMENTS TO BE READ AND SIGNED BY THE APPLICANT

- (1) You do not need more than one Medicare Supplement Insurance 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 Insurance Policy.
- (4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement Insurance 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 (or, if that is no longer available, a substantially equivalent policy) will be reinstituted, if requested, within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted 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 circumstances, 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 reinstituted, if requested, within 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 reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- (6) Counseling services may be available in your state to provide advice concerning your purchase of a Medicare Supplement Insurance policy 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).

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Do not answer health questions 1-15 if you are in an open enrollment or guaranteed issue period. Please see page 6 for an explanation of open enrollment /guaranteed issue period information.

**NOTICE TO APPLICANT**: Please answer all of the following questions. Please verify the accuracy and completeness of the medical information on this application. Incomplete or false information on this application could jeopardize future claims. If you answer YES to any of the following questions 1 - 14, you are not eligible for coverage.

1.	Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair?	Yes 🗌 No 🗌
2.	Have you been diagnosed with emphysema, chronic obstructive pulmonary disease (COPD) or other chronic pulmonary disorders?	Yes 🗌 No 🗌
3.	Have you been diagnosed with Parkinson's disease, systemic lupus, myasthenia gravis, multiple or lateral sclerosis, osteoporosis with fractures, cirrhosis or kidney disease requiring dialysis?	Yes 🗌 No 🗌
4.	Have you been diagnosed with Alzheimer's disease, senile dementia, or any other cognitive disorder?	Yes 🗌 No 🗌
5.	Have you been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC)?	Yes 🗌 No 🗌
6.	If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure), or kidney disease? If you do <b>not</b> have diabetes, this question should be answered "NO."	Yes 🗌 No 🗌
7.	Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes 🗌 No 🗌
8.	Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism, drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes 🗌 No 🗌
9.	Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes 🗌 No 🗌
10.	Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes 🗌 No 🗌
11.	Have you been advised by a physician that surgery may be required within twelve (12) months for cataracts?	Yes 🗌 No 🗌
12.	Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes 🗌 No 🗌
13.	Have you been hospital confined three or more times in the last two years?	Yes 🗌 No 🗌
14.	Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes 🗌 No 🗌

HEALTH QUES	FIONS Continued
15. Are you taking or have you taken any prescript within the past 12 months? If YES, please list the prescribed, dosage/frequency and diagnosis/med Attach a separate sheet if needed.	e drug(s) below along with the date
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/ Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
Medication Name (copy off pharmacy label)	
Date Originally Prescribed	
Dosage and Frequency	
Diagnosis/Medical Condition	
PRIMARY CARE PHYSICIAN INFORMATION	
Physician's Name:	

Telephone Number: \_\_

### OPEN ENROLLMENT/GUARANTEED ISSUE PERIOD INFORMATION

**Open Enrollment:** You are eligible for Open Enrollment and will not need to answer Health Questions 1-15 on pages 4 and 5 of this application if (a) you are within six months of purchasing Medicare Part B coverage for the first time; or (b) you were eligible for early Medicare and you are within six months of turning age 65.

**Guaranteed Issue For Eligible Persons Under the Balanced Budget Act of 1997:** The following are definitions of the categories of individuals who are eligible for Guaranteed Issue under the Balanced Budget Act of 1997:

- (a) Enrolled as an employee, retiree, or dependent under an employee welfare benefit plan including federal or state provides health benefits that either: (1) supplements Medicare, and the plan terminates, or the plan ceases to provide all such benefits; or (2) is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan; or
- (b) Enrolled in a Medicare Advantage plan or Program of All-Inclusive Care for the Elderly (PACE) and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
- (c) Enrolled in a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or specific circumstances permit discontinuance including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual; or
- (d) Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material misrepresentation; or
- (e) Enrolled under a Medicare Supplement policy, terminates and enrolls for the first time in a Medicare Advantage, a risk or cost contract, or a Medicare Select plan, a PACE provider, and then the insured person terminates coverage within 12 months of enrollment; or
- (f) Upon first becoming eligible for benefits under Part A of Medicare at age 65, enrolled in a Medicare Advantage plan under Part C of Medicare, or with a PACE provider under Section 1894 of the Social Security Act, and disenrolls from the plan or program by not later than twelve (12) months after the effective date of enrollment; or
- (g) Terminated coverage under a Medicare Supplement policy that covers outpatient prescription drugs and enrolled in Medicare Part D and submits evidence of such enrollment at the time of application; or
- (h) An individual who loses eligibility for health benefits under Title XIX of the Social Security Act (Medicaid).

Documentation of these events must be submitted with the application. You must apply within 63 days of the date of termination of previous coverage in order to qualify as an eligible person.

### **AGENT'S CERTIFICATION**

The undersigned Agent certifies that the Applicant has read, or has had read to them, the completed application and that the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

	e policy.	odiion may roodii iir ie	oo or coverage ander
	TO BE COMPLETED BY AGENT (Attach separate sl	neet, if necessary)	
1.	List any other health insurance policy you have sold to the Applicant that is	still in force.	
2.	List any other health insurance policy you have sold to the Applicant in the p	past five (5) years that	is no longer in force.
I c	ertify that:		
1. 2.		iide To Health Insura	ance for People With
		Date	
Ag	ent #1 Signature		
Ag	ent #1 Name (please print)	Agent #	Split %
		Date	
Ag	ent #2 Signature		
Ag	pent #2 Name (please print)	Agent #	Split %

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**HEARTLAND NATIONAL LIFE INSURANCE COMPANY** 

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### **AUTHORIZATION AND CERTIFICATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Heartland National Life Insurance Company, or its reinsurers, any such information. I understand that I am authorizing Heartland National Life Insurance Company to receive my health information and prescription drug usage history. The released information received by Heartland National Life Insurance Company will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information. Medical information will not be used to decline coverage if I am applying during an open enrollment or guaranteed issue period.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Medicare Supplement Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Heartland National Life Insurance Company. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Heartland National Life Insurance Company will result in the rejection of the Medicare Supplement Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Heartland National Life Insurance Company in writing at their Medicare Supplement Administrative Office: P.O. Box 10812, Clearwater, Florida 33757-8812. I understand that such revocation will not have any effect on actions Heartland National Life Insurance Company took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I or my authorized representative am entitled to a copy of this authorization.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until my Medicare coverage is effective, the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been delivered to the applicant; and (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing. The undersigned applicant certifies that the applicant has read, or had read to him, the completed application and that he realizes that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I understand that any change in my health history prior to delivery of this policy may be used in the underwriting evaluation process.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto may be committing a fraudulent insurance act, which may be a crime as determined by a court of law.

I wish to apply for a Medicare supplement insurance policy. I acknowledge that I have received or been given access to review: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

Medicare."		verage for the policy applied for, and (b) a "Guide to Flear	ar mourance for r copic with
Signed at:			
	State	Applicant's Signature	Date
This section	to be complete	ed by an agent.	
J	State	Writing Agent's Signature and Agent Number	Date
Policy Mailing	Preference:	☐ Mail to Agent ☐ Mail to Applicant	

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### NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

### HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Home Office: Indianapolis, Indiana 46280 Medicare Supplement Administrative Office: P. O. Box 10812 Clearwater, Florida 33757-8812

### 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 Heartland National Life 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 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.

Change in benefits (Gaining additional benefit(s), but losing some existing benefit(s)).

My plan has outpatient drug coverage and I am enrolling in Part D.

☐ Disenrollment f	rom a Medicare Advantage Plan.	Please explain reason for disenrollment.
Other (please s	specify)	
completely answer all q all material medical info and to refund your pre completed and before y	uestions on the application conceprmation on an application may premium as though your policy had ou sign it, review it carefully to be	eplace it with new coverage, be certain to truthfully and erning your medical and health history. Failure to include ovide a basis for the company to deny any future claims d never been in force. After the application has been certain that all information has been properly recorded.  your new policy and are sure that you want to keep it.
	<b>, , ,</b>	,
Signature of Agent, Bro	ker or Other Representative	Agent's Printed Name and Address
The above "Notice to Ap	oplicant" was delivered to me on:	
Applicant's Signature		Date

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### **AUTHORIZATION AND CERTIFICATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Heartland National Life Insurance Company, or its reinsurers, any such information. I understand that I am authorizing Heartland National Life Insurance Company to receive my health information and prescription drug usage history. The released information received by Heartland National Life Insurance Company will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information. Medical information will not be used to decline coverage if I am applying during an open enrollment or guaranteed issue period.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Medicare Supplement Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Heartland National Life Insurance Company. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Heartland National Life Insurance Company will result in the rejection of the Medicare Supplement Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Heartland National Life Insurance Company in writing at their Medicare Supplement Administrative Office: P.O. Box 10812, Clearwater, Florida 33757-8812. I understand that such revocation will not have any effect on actions Heartland National Life Insurance Company took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I or my authorized representative am entitled to a copy of this authorization.

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I wish to apply for a Medicare supplement insurance policy. I acknowledge that I have received or been given access to review: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

Medicare."			
Signed at:			
	State	Applicant's Signature	Date
This section to be Signed at:	oe complete	ed by an agent.	
	State	Writing Agent's Signature and Agent Number	Date
Policy Mailing Pre	eference:	☐ Mail to Agent ☐ Mail to Applicant	

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### NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

### HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Home Office: Indianapolis, Indiana 46280
Medicare Supplement Administrative Office: P. O. Box 10812 Clearwater, Florida 33757-8812

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	Additional benefits.		No change in benefits, but lower premiums
	Fewer benefits and lower premiums.		
	Change in benefits (Gaining additional benefit(s),	but lo	osing some existing benefit(s)).
	My plan has outpatient drug coverage and I am e	nrollir	ng in Part D.
	Disenrollment from a Medicare Advantage Plan. I	⊃leas	e explain reason for disenrollment.
	Other (please specify)		
complet all mate and to complet	tely answer all questions on the application concertion may properties that the contraction on an application may properties the contraction of th	rning ovide d nevo certai	
Signatu	re of Agent, Broker or Other Representative	Age	nt's Printed Name and Address
The abo	ove "Notice to Applicant" was delivered to me on:		
Applica	nt's Signature	Date	е

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	ayable to the agent or leave the P	•
EFFECTIVE DATE wil	I be the date of the application or t	the date of approval.
	dollars for	months premium
e refunded. No liability	is created or assumed by the Con	•
t	on. If for any reason the refunded. No liability the policy applied for ha	• •