HEARTLAND NATIONAL LIFE INSURANCE COMPANY

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



APPLICATION FOR MEDICARE SUPPLEMENT INSURANCE

INDIANA



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" available. Some plans may not be available in your state. 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.

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	
	V	Basic, including 100% Part B coinsurance		Skilled	Nursing	Facility	Coinsurance	50% Part A	Deductible						Foreign	Travel	Emergency	
	Г	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
-	X	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
	១	Basic, including 100% Part B coinsurance		Skilled	Nursing	Facility	Coinsurance	Part A	Deductible			Part B	Excess	(100%)	Foreign	Travel	Emergency	
ŀ	**	Basic, including 100% Part B coinsurance*		Skilled	Nursing	Facility	Coinsurance	Part A	Deductible	Part B	Deductible	Part B	Excess	(100 %)	Foreign	Travel	Emergency	
•	D	Basic, including 100% Part B coinsurance		Skilled	Nursing	Facility	Coinsurance	Part A	Deductible						Foreign	Travel	Emergency	
nsurance	C	Basic, including 100% Part B coinsurance		Skilled	Nursing	Facility	Coinsurance	Part A	Deductible	Part B	Deductible				Foreign	Travel	Emergency	
Hospice – Part A coinsurance	В	Basic, including 100% Part B coinsurance						Part A	Deductible									
• Hospice	A	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

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INDIANA Standard Plans MALE Rates - ANNUAL

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Attained		2	Non-Tobacco	co User			Attained			Tobacco User	User		
Age	Plan A	Plan D	Plan F		Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	A/N	A/N	A/N	A/N	A/N	A/N	0-64	A/N	A/N	N/A	N/A	A/N	A/N
65	947	1,191	1,369	1,211	1,114	953	92	1,053	1,323	1,521	1,345	1,239	1,058
99	992	1,251	1,429	1,272	1,171	866	99	1,102	1,390	1,588	1,414	1,301	1,109
29	1,037	1,312	1,489	1,333	1,227	1,044	29	1,152	1,457	1,655	1,482	1,363	1,161
89	1,076	1,368	1,545	1,390	1,280	1,089	89	1,196	1,520	1,717	1,546	1,422	1,209
69	1,115	1,425	1,601	1,448	1,332	1,133	69	1,241	1,583	1,779	1,609	1,481	1,258
20	1,155	1,481	1,657	1,505	1,383	1,177	20	1,286	1,645	1,842	1,674	1,540	1,306
71	1,194	1,538	1,713	1,563	1,436	1,222	71	1,331	1,709	1,904	1,737	1,598	1,355
72	1,236	1,594	1,771	1,619	1,489	1,265	72	1,373	1,770	1,967	1,799	1,654	1,406
73	1,263	1,641	1,818	1,668	1,533	1,305	73	1,404	1,824	2,021	1,853	1,702	1,450
74	1,291	1,690	1,866	1,717	1,577	1,345	74	1,435	1,877	2,075	1,907	1,750	1,494
75	1,319	1,737	1,913	1,766	1,620	1,385	22	1,466	1,930	2,129	1,962	1,798	1,539
9/	1,346	1,785	1,961	1,815	1,664	1,426	9/	1,496	1,983	2,183	2,016	1,846	1,583
77	1,375	1,833	2,011	1,863	1,706	1,464	77	1,528	2,037	2,234	2,070	1,896	1,626
78	1,390	1,871	2,050	1,902	1,740	1,498	78	1,546	2,080	2,278	2,113	1,935	1,664
79	1,406	1,909	2,089	1,942	1,774	1,533	79	1,563	2,123	2,321	2,156	1,973	1,702
80	1,420	1,948	2,128	1,981	1,809	1,568	80	1,580	2,165	2,364	2,201	2,011	1,740
81	1,435	1,986	2,167	2,020	1,843	1,603	81	1,597	2,208	2,408	2,244	2,049	1,778
82	1,452	2,026	2,204	2,057	1,878	1,636	82	1,614	2,252	2,449	2,286	2,087	1,817
83	1,462	2,060	2,238	2,092	1,908	1,667	83	1,624	2,290	2,487	2,324	2,120	1,853
84	1,471	2,095	2,271	2,126	1,940	1,699	84	1,635	2,330	2,525	2,363	2,154	1,889
82	1,481	2,129	2,305	2,160	1,970	1,731	82	1,645	2,368	2,563	2,401	2,188	1,925
98	1,490	2,163	2,339	2,193	2,001	1,762	98	1,656	2,406	2,601	2,439	2,223	1,961
87	1,501	2,198	2,373	2,230	2,031	1,795	87	1,668	2,441	2,637	2,478	2,257	1,995
88	1,508	2,208	2,384	2,241	2,041	1,805	88	1,677	2,453	2,650	2,491	2,268	2,004
88	1,515	2,219	2,396	2,252	2,052	1,814	88	1,685	2,467	2,663	2,504	2,280	2,014
06	1,523	2,229	2,408	2,264	2,063	1,824	06	1,694	2,479	2,677	2,516	2,292	2,024
91	1,531	2,240	2,419	2,276	2,074	1,833	91	1,702	2,492	2,691	2,529	2,303	2,035
95	1,539	2,251	2,431	2,287	2,085	1,843	92	1,711	2,505	2,704	2,542	2,315	2,045
93	1,546	2,263	2,444	2,299	2,095	1,852	93	1,719	2,518	2,718	2,554	2,326	2,056
94	1,553	2,275	2,456	2,311	2,106	1,862	94	1,728	2,530	2,732	2,567	2,339	2,067
92	1,561	2,286	2,469	2,322	2,116	1,871	92	1,736	2,543	2,746	2,580	2,351	2,077
96	1,568	2,298	2,482	2,335	2,127	1,881	96	1,745	2,556	2,759	2,592	2,362	2,088
26	1,576	2,309	2,494	2,346	2,137	1,890	26	1,753	2,568	2,773	2,606	2,374	2,098
86	1,583		2,507	2,358	2,148	1,900	86	1,761	2,581	2,787	2,619	2,386	2,109
66	1,590	2,334	2,520	2,370	2,158	1,909	66	1,770	2,594	2,801	2,632	2,397	2,119
		Mode	Modal Factors:	Se	Semi Annual: 0.5000	0.5000	Quarte	Quarterly: 0.25000	Mo	Monthly: .08333	33		

Rate Pg 1 of 6 HNOC2010IN

INDIANA Standard Plans MALE Rates - ANNUAL For use in zip codes: 463-464

Plan A Plan D Plan F Plan G Plan M N/A 1,991 1,992 1,993 1,993 1,410 1,464 1,248 1,472 1	Age Plan A 0-64 N/A 65 1,316 66 1,378 67 1,440 69 1,551 70 1,608 71 1,663 72 1,716 73 1,756 74 1,794 75 1,870 76 1,910 78 1,910 79 1,954 80 1,975 1,975 1,975	N/A 1,654 1,654 1,737 1,899 1,979 2,057 2,136 2,212 2,246 2,246 2,479 2,546 2,546 2,5600 2,600 2,600		N/A 1,682 1,682 1,932 2,012 2,249 2,347 2,384 2,520 2,520 2,520 2,587 2,587 2,587 2,587	N/A 1,548 1,626 1,704 1,778 1,925 1,997 2,067 2,128 2,128 2,248 2,248	N/A N/A N/A 1,323 1,387 1,451 1,511 1,572 1,694 1,757 1,868 1,923 1,923 1,973 2,080 2,128 2,175
N/A		N/A 1,654 1,737 1,822 1,899 1,979 2,057 2,136 2,212 2,346 2,413 2,413 2,546 2,546 2,546 2,600 2,600	1,901 1,985 1,985 2,068 2,146 2,224 2,302 2,526 2,526 2,738 2,793 2,847 2,901	N/A 1,682 1,767 1,852 2,012 2,012 2,171 2,317 2,317 2,384 2,520 2,520 2,587	N/A 1,548 1,626 1,704 1,778 1,925 1,997 2,067 2,128 2,128 2,248	N/A 1,323 1,451 1,451 1,572 1,694 1,694 1,757 1,868 1,923 1,923 2,080 2,080 2,128 2,175
1,184 1,489 1,711 1,514 1,393 1,191 1,239 1,564 1,786 1,591 1,464 1,248 1,296 1,639 1,861 1,666 1,534 1,305 1,345 1,709 1,931 1,737 1,600 1,361 1,444 1,851 2,071 1,881 1,729 1,472 1,444 1,851 2,071 1,881 1,729 1,472 1,493 1,922 2,141 1,954 1,795 1,527 1,504 1,579 2,051 2,273 2,086 1,917 1,682 1,712 2,332 2,146 1,971 1,682 1,779 2,051 2,292 2,214 2,024 1,861 1,581 1,779 2,292 2,214 2,227 2,025 1,732 1,830 1,775 2,339 2,562 2,377 2,175 1,873 1,873 1,775 2,435 2,660 2,476 2,261 1,960 1,784 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,755 2,571 2,347 2,045 1,873 2,703 2,617 2,385 2,387 2,618 2,882 2,699 2,463 2,163 1,876 2,777 2,926 2,788 2,538 2,244 1,876 2,777 2,995 2,816 2,565 2,268 1,884 2,773 2,995 2,816 2,565 2,268 1,884 2,773 2,995 2,816 2,565 2,268		1,654 1,737 1,822 1,899 2,057 2,212 2,246 2,479 2,546 2,706 2,706	1,901 1,985 2,068 2,146 2,224 2,330 2,526 2,594 2,728 2,947 2,947	1,682 1,767 1,852 2,092 2,092 2,171 2,317 2,384 2,520 2,520 2,520	1,548 1,626 1,704 1,778 1,925 1,997 2,067 2,128 2,187 2,248	1,323 1,387 1,451 1,511 1,572 1,694 1,757 1,868 1,923 1,923 2,080 2,033 2,080 2,128
1,239 1,564 1,786 1,591 1,464 1,248 1,296 1,536 1,639 1,861 1,666 1,534 1,305 1,344 1,781 2,001 1,810 1,665 1,416 1,444 1,851 2,071 1,881 1,729 1,472 1,404 1,922 2,144 1,954 1,729 1,472 1,544 1,992 2,214 2,024 1,861 1,581 1,579 1,579 2,051 2,273 2,086 1,917 1,682 1,614 2,112 2,332 2,146 1,971 1,682 1,775 2,339 2,562 2,207 2,025 1,732 1,737 2,387 2,414 1,954 1,737 2,387 2,146 1,971 1,682 1,775 2,483 2,772 2,476 2,261 1,960 1,775 2,483 2,772 2,476 2,261 1,960 1,775 2,483 2,775 2,571 2,475 2,045 1,815 2,575 2,777 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,571 2,476 2,773 2,995 2,816 2,588 2,588 2,588 2,588 1,885 2,773 2,995 2,816 2,585 2,286 1,884 2,773 2,995 2,816 2,575 2,226		1,737 1,822 1,899 2,057 2,212 2,246 2,413 2,479 2,546 2,706 2,706	1,985 2,068 2,146 2,224 2,330 2,536 2,594 2,728 2,728 2,947 2,947	1,767 1,852 1,932 2,012 2,012 2,171 2,317 2,384 2,520 2,587 2,587	1,626 1,704 1,778 1,925 1,997 2,067 2,128 2,187 2,248	1,387 1,451 1,511 1,572 1,633 1,694 1,757 1,868 1,923 1,923 2,033 2,080 2,128 2,175
1,296 1,639 1,861 1,666 1,534 1,305 1,345 1,709 1,931 1,737 1,600 1,361 1,444 1,861 2,007 1,810 1,665 1,416 1,444 1,861 2,077 1,881 1,729 1,472 1,444 1,861 2,071 1,881 1,729 1,472 1,579 2,051 2,214 2,024 1,861 1,579 1,682 1,614 2,112 2,332 2,146 1,977 1,682 1,775 2,086 1,917 1,682 1,777 2,332 2,146 1,971 1,682 1,777 2,332 2,244 2,262 2,307 2,025 1,732 1,873 1,775 2,483 2,562 2,377 2,175 1,873 1,873 1,775 2,483 2,765 2,571 2,247 2,045 1,815 2,575 2,571 2,347 2,045 1,815 2,575 2,571 2,347 2,045 1,839 2,661 2,882 2,699 2,463 2,163 1,863 2,777 2,995 2,816 2,788 2,588 2,226 1,885 2,777 2,995 2,816 2,785 2,256 1,884 2,777 2,995 2,816 2,785 2,256 1,884 2,777 2,995 2,816 2,585 2,256 1,884 2,777 2,995 2,816 2,585 2,256 1,884 2,777 2,995 2,816 2,585 2,256 1,884 2,777 2,995 2,816 2,585 2,256 1,884 2,777 2,995 2,816 2,585 2,256 1,884 2,777 2,995 2,816 2,585 2,256		1,822 1,899 1,979 2,212 2,246 2,413 2,446 2,546 2,546 2,706	2,068 2,146 2,224 2,302 2,302 2,586 2,594 2,728 2,947 2,947	1,852 1,932 2,012 2,092 2,171 2,249 2,584 2,587 2,587	1,704 1,778 1,851 1,925 1,997 2,067 2,128 2,187 2,248 2,307	1,451 1,512 1,633 1,694 1,757 1,868 1,923 1,923 2,033 2,080 2,128 2,175
1,345 1,709 1,931 1,737 1,600 1,361 1,394 1,781 2,001 1,810 1,665 1,416 1,444 1,851 2,001 1,810 1,665 1,416 1,444 1,851 2,001 1,810 1,665 1,416 1,493 1,922 2,141 1,954 1,795 1,472 1,544 1,922 2,141 2,024 1,861 1,581 1,579 2,051 2,273 2,086 1,917 1,682 1,649 2,171 2,332 2,146 1,917 1,682 1,649 2,171 2,332 2,207 2,025 1,732 1,649 2,171 2,332 2,269 2,080 1,782 1,649 2,171 2,392 2,207 2,025 1,732 1,749 2,292 2,513 2,269 2,080 1,782 1,775 2,435 2,600 2,476 2,218 1,917 1,775 2,435 2,600 2,777 2,615 2,201 2,12		1,899 1,979 2,136 2,212 2,246 2,413 2,479 2,546 2,5600 2,706	2,146 2,224 2,302 2,380 2,584 2,594 2,728 2,728 2,901	1,932 2,012 2,092 2,171 2,249 2,384 2,520 2,587 2,587	1,778 1,925 1,997 2,067 2,128 2,187 2,248 2,307	1,511 1,572 1,633 1,694 1,757 1,812 1,923 1,979 2,033 2,080 2,128 2,175
1,394 1,781 2,001 1,810 1,665 1,416 1,444 1,851 2,071 1,881 1,729 1,472 1,444 1,851 2,071 1,881 1,729 1,472 1,493 1,922 2,141 1,954 1,729 1,472 1,544 1,992 2,214 2,024 1,861 1,581 1,579 2,051 2,273 2,086 1,917 1,682 1,649 2,112 2,332 2,146 1,971 1,682 1,649 2,171 2,392 2,207 2,025 1,732 1,649 2,171 2,332 2,207 2,025 1,732 1,649 2,171 2,332 2,207 2,025 1,732 1,649 2,171 2,332 2,207 2,025 1,732 1,649 2,171 2,332 2,207 2,025 1,732 1,779 2,292 2,513 2,126 1,873 1,873 1,873 1,775 2,435 2,660 2,476 2,245 2,12		1,979 2,057 2,136 2,246 2,346 2,479 2,546 2,5600 2,706	2,224 2,302 2,380 2,459 2,526 2,526 2,728 2,947 2,901	2,012 2,092 2,171 2,249 2,347 2,520 2,587 2,587	1,851 1,925 1,997 2,067 2,128 2,187 2,248 2,307	1,572 1,633 1,694 1,757 1,812 1,923 1,979 2,033 2,080 2,128 2,175
1,444 1,851 2,071 1,881 1,729 1,472 1,493 1,922 2,141 1,954 1,795 1,527 1,549 2,021 2,024 1,861 1,527 1,549 2,051 2,273 2,086 1,917 1,632 1,649 2,112 2,332 2,146 1,971 1,682 1,649 2,171 2,392 2,207 2,025 1,732 1,649 2,171 2,392 2,207 2,025 1,782 1,737 2,339 2,562 2,377 2,175 1,873 1,775 2,435 2,611 2,427 2,175 1,873 1,775 2,435 2,660 2,476 2,261 1,960 1,775 2,435 2,600 2,476 2,261 1,960 1,775 2,435 2,660 2,476 2,261 1,960 1,815 2,533 2,775 2,475 2,425 2,124 1,827 2,575 2,797 2,615 2,385 2,044 1,863<		2,057 2,136 2,212 2,280 2,346 2,413 2,546 2,546 2,5600 2,706	2,302 2,380 2,459 2,526 2,526 2,728 2,728 2,901	2,092 2,171 2,249 2,317 2,453 2,520 2,587 2,587	1,925 1,997 2,067 2,128 2,187 2,248 2,307	1,633 1,694 1,757 1,868 1,923 1,979 2,033 2,080 2,128 2,175
1,493 1,922 2,141 1,954 1,795 1,527 1,544 1,992 2,214 2,024 1,861 1,581 1,579 2,051 2,273 2,086 1,917 1,632 1,614 2,112 2,332 2,146 1,971 1,682 1,649 2,171 2,392 2,207 2,025 1,732 1,749 2,292 2,513 2,269 2,080 1,782 1,775 2,337 2,175 1,873 1,775 2,435 2,660 2,476 2,218 1,917 1,775 2,435 2,660 2,476 2,261 1,960 1,775 2,483 2,709 2,525 2,303 2,004 1,775 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,709 2,525 2,303 2,004 1,827 2,575 2,797 2,615 2,385 2,084 1,863 2,703 2,924 2,742 2,528 2,444 1,863 2,707<		2,136 2,212 2,280 2,346 2,413 2,546 2,546 2,5600 2,706	2,380 2,459 2,526 2,594 2,728 2,738 2,901	2,171 2,249 2,317 2,384 2,453 2,520 2,587 2,587	1,997 2,067 2,128 2,187 2,248 2,307	1,694 1,757 1,812 1,923 1,923 1,979 2,033 2,080 2,128 2,175
1,544 1,992 2,214 2,024 1,861 1,581 1,579 2,051 2,273 2,086 1,917 1,632 1,614 2,112 2,332 2,146 1,971 1,682 1,649 2,171 2,392 2,207 2,025 1,732 1,683 2,231 2,451 2,269 2,080 1,782 1,719 2,292 2,513 2,269 2,080 1,782 1,775 2,339 2,562 2,377 2,175 1,873 1,775 2,387 2,611 2,427 2,175 1,873 1,775 2,483 2,709 2,525 2,201 1,960 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,575 2,571 2,347 2,045 1,827 2,575 2,577 2,425 2,124 1,839 2,619 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,204 1,865 2,777<		2,212 2,280 2,346 2,413 2,546 2,560 2,600 2,706	2,459 2,526 2,594 2,728 2,728 2,793 2,901	2,249 2,317 2,384 2,453 2,520 2,587 2,587	2,067 2,128 2,187 2,248 2,307	1,757 1,812 1,868 1,923 1,979 2,033 2,080 2,128 2,175
1,579 2,051 2,273 2,086 1,917 1,632 1,644 2,112 2,332 2,146 1,971 1,682 1,649 2,171 2,392 2,207 2,025 1,732 1,683 2,231 2,451 2,269 2,080 1,782 1,719 2,292 2,513 2,269 2,080 1,782 1,777 2,339 2,562 2,377 2,175 1,873 1,775 2,435 2,660 2,476 2,261 1,960 1,774 2,483 2,709 2,525 2,201 1,960 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,575 2,777 2,425 2,124 1,827 2,575 2,571 2,385 2,045 1,851 2,661 2,839 2,657 2,425 2,124 1,863 2,703 2,924 2,742 2,501 2,203 1,863 2,777 2,986 2,788 2,565 2,204 1,885 2,760<		2,280 2,346 2,413 2,479 2,546 2,600 2,600 2,706	2,526 2,594 2,661 2,728 2,793 2,901	2,317 2,384 2,453 2,520 2,587 2,541	2,128 2,187 2,248 2,307	1,812 1,868 1,923 1,979 2,033 2,080 2,128 2,128 2,175
1,614 2,112 2,332 2,146 1,971 1,682 1,649 2,171 2,392 2,207 2,025 1,732 1,683 2,231 2,451 2,269 2,080 1,782 1,719 2,292 2,513 2,283 2,175 1,873 1,777 2,387 2,562 2,377 2,175 1,873 1,775 2,435 2,660 2,476 2,261 1,960 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,575 2,777 2,425 2,045 1,827 2,575 2,571 2,385 2,044 1,827 2,575 2,797 2,615 2,385 2,044 1,827 2,575 2,777 2,425 2,124 1,861 2,661 2,882 2,699 2,463 2,163 1,876 2,747 2,966 2,788 2,565 2,268 1,885 2,760 2,981 2,896 2,565 2,266 1,884 2,773 2,981<		2,346 2,413 2,479 2,546 2,600 2,653 2,706	2,594 2,661 2,728 2,847 2,901	2,384 2,453 2,520 2,587 2,587	2,187 2,248 2,307	1,868 1,923 1,979 2,033 2,080 2,128 2,175
1,649 2,171 2,392 2,207 2,025 1,732 1,683 2,231 2,451 2,269 2,080 1,782 1,719 2,292 2,513 2,328 2,133 1,873 1,737 2,339 2,562 2,377 2,175 1,873 1,757 2,387 2,611 2,427 2,218 1,917 1,775 2,435 2,660 2,476 2,261 1,960 1,794 2,483 2,709 2,525 2,303 2,004 1,815 2,573 2,775 2,571 2,347 2,045 1,827 2,575 2,797 2,615 2,385 2,084 1,827 2,575 2,797 2,615 2,425 2,124 1,851 2,661 2,839 2,657 2,425 2,124 1,863 2,703 2,924 2,742 2,501 2,203 1,865 2,777 2,966 2,788 2,565 2,266 1,885 2,760 2,981 2,565 2,266 1,884<		2,413 2,479 2,546 2,600 2,653 2,706	2,661 2,728 2,793 2,847 2,901	2,453 2,520 2,587 2,641	2,248 2,307	1,923 1,979 2,033 2,080 2,128 2,175
1,683 2,231 2,451 2,269 2,080 1,782 1,719 2,292 2,513 2,328 2,133 1,873 1,737 2,339 2,562 2,377 2,175 1,873 1,757 2,337 2,175 1,873 1,775 2,435 2,660 2,476 2,261 1,917 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,755 2,571 2,347 2,045 1,815 2,575 2,797 2,615 2,385 2,084 1,827 2,575 2,797 2,615 2,385 2,084 1,839 2,661 2,839 2,657 2,425 2,124 1,863 2,703 2,924 2,742 2,501 2,203 1,865 2,777 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,565 2,266 1,884 2,773 2,981 2,565 2,266 1,884 2,773 2,981 2,565<		2,479 2,546 2,600 2,653 2,706	2,728 2,793 2,847 2,901	2,520 2,587 2,641	2,307	1,979 2,033 2,080 2,128 2,175
1,719 2,292 2,513 2,328 2,133 1,830 1,737 2,339 2,562 2,377 2,175 1,873 1,757 2,387 2,660 2,476 2,218 1,917 1,775 2,435 2,660 2,476 2,261 1,960 1,775 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,755 2,571 2,347 2,045 1,827 2,575 2,797 2,615 2,385 2,084 1,839 2,619 2,839 2,657 2,425 2,124 1,863 2,703 2,924 2,742 2,501 2,203 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,565 2,266 1,884 2,773 2,986 2,816 2,552 2,268 1,884 2,773 2,986 2,816 2,565 2,268 1,884<		2,546 2,600 2,653 2,706	2,793 2,847 2,901	2,587 2,641		2,033 2,080 2,128 2,175
1,737 2,339 2,562 2,377 2,175 1,873 1,757 2,387 2,611 2,427 2,218 1,917 1,775 2,435 2,660 2,476 2,261 1,960 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,755 2,571 2,347 2,045 1,827 2,575 2,797 2,615 2,385 2,084 1,839 2,619 2,839 2,657 2,425 2,124 1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,986 2,788 2,552 2,268 1,884 2,773 2,981 2,565 2,266 2,266 1,884 2,773 2,995 2,816 2,565 2,268		2,600 2,653 2,706	2,847	2 641	2,369	2,080 2,128 2,175
1,757 2,387 2,611 2,427 2,218 1,917 1,775 2,435 2,660 2,476 2,261 1,960 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,709 2,525 2,303 2,004 1,827 2,575 2,797 2,615 2,385 2,084 1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,876 2,777 2,966 2,788 2,555 2,268 1,885 2,760 2,981 2,801 2,555 2,268 1,884 2,773 2,995 2,816 2,555 2,268		2,653 2,706	2,901	, , ,	2,418	2,128 2,175
1,775 2,435 2,660 2,476 2,261 1,960 1,774 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,755 2,571 2,347 2,045 1,839 2,619 2,839 2,657 2,425 2,124 1,851 2,661 2,882 2,699 2,463 2,163 1,876 2,747 2,966 2,788 2,538 2,244 1,876 2,777 2,966 2,788 2,555 2,268 1,884 2,777 2,965 2,816 2,555 2,268 1,884 2,777 2,995 2,816 2,555 2,268		2,706		2,695	2,466	2,175
1,794 2,483 2,709 2,525 2,303 2,004 1,815 2,533 2,755 2,571 2,347 2,045 1,827 2,575 2,797 2,615 2,385 2,084 1,839 2,619 2,839 2,657 2,425 2,124 1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,801 2,555 2,268 1,894 2,773 2,995 2,816 2,555 2,268		0 760	2,955	2,751	2,513	
1,815 2,533 2,755 2,571 2,347 2,045 1,827 2,575 2,797 2,615 2,385 2,084 1,839 2,619 2,839 2,657 2,425 2,124 1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,777 2,981 2,565 2,256 1,894 2,773 2,995 2,816 2,565 2,268		2,700	3,010	2,805	2,561	2,223
1,827 2,575 2,797 2,615 2,385 2,084 1,839 2,619 2,839 2,657 2,425 2,124 1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,552 2,256 1,894 2,773 2,995 2,816 2,565 2,268		2,816	3,061	2,858	2,608	2,272
1,839 2,619 2,839 2,657 2,425 2,124 1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,552 2,256 1,894 2,773 2,995 2,816 2,565 2,268		2,863	3,109	2,905	2,651	2,317
1,851 2,661 2,882 2,699 2,463 2,163 1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,801 2,552 2,256 1,894 2,773 2,995 2,816 2,565 2,268		2,912	3,156	2,954	2,693	2,361
1,863 2,703 2,924 2,742 2,501 2,203 1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,801 2,552 2,256 1,894 2,773 2,995 2,816 2,565 2,268		2,959	3,204	3,002	2,735	2,406
1,876 2,747 2,966 2,788 2,538 2,244 1,885 2,760 2,981 2,801 2,552 2,256 1,894 2,773 2,995 2,816 2,565 2,268		3,007	3,251	3,049	2,779	2,451
1,885 2,760 2,981 2,801 2,552 2,256 1,894 2,773 2,995 2,816 2,565 2,268		3,052	3,296	3,098	2,821	2,493
1,894 2,773 2,995 2,816 2,565 2,268		3,066	3,312	3,114	2,835	2,505
0000 0110 0000		3,084	3,329	3,130	2,850	2,517
1,903 2,787 3,010 2,830 2,579 2,280	_	3,099	3,346	3,146	2,864	2,530
1,914 2,800 3,024 2,845 2,592		3,115	3,363	3,161	2,879	2,544
1,923 2,814 3,039 2,859 2,606 2,303	92 2,138	3,131	3,381	3,177	2,893	2,557
1,932 2,829 3,054 2,874	93 2,149	3,147	3,398	3,193	2,908	2,570
1,942 2,843 3,070 2,888 2,632		3,163	3,415	3,209	2,924	2,583
3,086 2,903		3,179	3,432	3,225	2,938	2,596
3,102		3,194	3,449	3,241	2,953	2,610
2,887 3,118 2,933		3,210	3,466	3,258	2,967	2,623
2,901 3,134 2,948	98 2,202	3,226	3,483	3,274	2,982	2,636
3,150	99 2,212	3,242	3,501	3,289	2,996	2,649
Modal Factors: Semi Annual: 0.5000 Quarte	Quarterly: 0.25000		Monthly: .08333	~		

Rate Pg 2 of 6 HNOC2010IN

INDIANA Standard Plans MALE Rates - ANNUAL

For use in zip codes: 460-462

Attained		2	Non-Tobacco	co User			Attained			Tobacco User	User		
Age	Plan A	Plan D	Plan F		Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	A/A	A/N	A/N	A/N	N/A	A/A	0-64	A/N	N/A	N/A	A/N	A/N	N/A
65	1,023	1,286	1,477	1,308	1,203	1,028	65	1,137	1,428	1,642	1,452	1,337	1,142
99	1,070	1,351	1,542	1,374	1,264	1,078	99	1,190	1,500	1,714	1,526	1,404	1,198
29	1,119	1,416	1,607	1,439	1,325	1,127	29	1,244	1,573	1,786	1,599	1,472	1,253
89	1,162	1,476	1,668	1,500	1,382	1,175	89	1,292	1,640	1,854	1,669	1,536	1,305
69	1,204	1,538	1,728	1,563	1,438	1,223	69	1,340	1,709	1,921	1,737	1,598	1,358
20	1,247	1,598	1,789	1,625	1,493	1,271	20	1,389	1,776	1,988	1,807	1,662	1,410
71	1,289	1,660	1,849	1,687	1,550	1,319	71	1,436	1,845	2,055	1,875	1,725	1,463
72	1,334	1,720	1,912	1,748	1,607	1,366	72	1,482	1,911	2,124	1,943	1,785	1,517
73	1,363	1,772	1,963	1,801	1,655	1,409	73	1,516	1,969	2,182	2,001	1,838	1,565
74	1,394	1,824	2,014	1,854	1,702	1,452	74	1,549	2,026	2,240	2,059	1,889	1,613
75	1,424	1,875	2,066	1,906	1,749	1,496	75	1,582	2,084	2,298	2,118	1,941	1,661
9/	1,454	1,927	2,117	1,960	1,797	1,539	9/	1,615	2,141	2,356	2,176	1,993	1,709
77	1,484	1,979	2,171	2,011	1,842	1,580	77	1,650	2,199	2,412	2,234	2,046	1,756
78	1,500	2,020	2,213	2,053	1,879	1,618	78	1,669	2,246	2,459	2,281	2,088	1,797
79	1,517	2,061	2,255	2,096	1,915	1,655	79	1,687	2,291	2,506	2,328	2,130	1,838
80	1,533	2,103	2,297	2,139	1,953	1,693	80	1,705	2,337	2,552	2,376	2,171	1,879
81	1,549	2,144	2,339	2,181	1,989	1,731	81	1,724	2,384	2,599	2,423	2,212	1,920
82	1,568	2,188	2,379	2,221	2,027	1,766	82	1,742	2,432	2,644	2,468	2,253	1,962
83	1,578	2,224	2,416	2,258	2,060	1,800	83	1,753	2,473	2,685	2,509	2,289	2,001
84	1,588	2,262	2,452	2,295	2,094	1,834	84	1,765	2,515	2,726	2,551	2,326	2,039
85	1,598	2,298	2,489	2,331	2,127	1,868	82	1,776	2,556	2,767	2,592	2,362	2,078
86	1,609	2,335	2,525	2,368	2,160	1,903	98	1,788	2,597	2,808	2,633	2,400	2,117
87	1,620	2,372	2,562	2,408	2,192	1,938	87	1,801	2,636	2,847	2,676	2,436	2,153
88	1,628	2,384	2,574	2,419	2,204	1,948	88	1,810	2,648	2,860	2,689	2,449	2,164
88	1,636	2,395	2,587	2,432	2,215	1,959	88	1,819	2,663	2,875	2,703	2,461	2,174
06	1,644	2,407	2,599	2,444	2,228	1,969	06	1,829	2,677	2,890	2,717	2,474	2,185
91	1,653	2,418	2,612	2,457	2,239	1,979	91	1,838	2,690	2,905	2,730	2,486	2,197
92	1,661	2,430	2,624	2,469	2,250	1,989	92	1,847	2,704	2,920	2,744	2,499	2,208
93	1,669	2,443	2,638	2,482	2,262	2,000	93	1,856	2,718	2,934	2,758	2,511	2,220
94	1,677	2,456	2,652	2,494	2,273	2,010	94	1,865	2,731	2,949	2,771	2,525	2,231
92	1,685	2,468	2,665	2,507	2,285	2,020	92	1,874	2,745	2,964	2,785	2,538	2,242
96	1,693	2,481	2,679	2,521	2,296	2,030	96	1,883	2,759	2,979	2,799	2,550	2,254
97	1,701	2,493	2,693	2,533	2,307	2,041	26	1,892	2,772	2,994	2,814	2,563	2,265
86	1,709	2,506	2,706	2,546	2,319	2,051	86	1,902	2,786	3,008	2,827	2,575	2,277
66	1,717	2,519	2,720	2,558	2,330	2,061	66	1,911	2,800	3,023	2,841	2,588	2,288
		Mod	Modal Factors:	Se	Semi Annual: 0.5000	0.5000	Quarterly:	rly: 0.25000	Mo	Monthly: .08333	33		

Rate Pg 3 of 6 HNOC2010IN

INDIANA Standard Plans FEMALE Rates - ANNUAL For use in zip codes: All zips except 460-464

Attained		_	Non-Tobacco	co User			Attained			Tobacco User	o User		
Age	Plan A	Plan D	Plan F		Plan M	Plan N	Age	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
0-64	A/N	A/N	A/N	A/N	A/N	N/A	0-64	A/N	A/N	A/N	N/A	N/A	N/A
65	824	1,037	1,191	1,054	696	829	65	916	1,152	1,323	1,171	1,077	921
99	863	1,089	1,243	1,107	1,019	869	99	626	1,210	1,381	1,230	1,132	965
29	902	1,142	1,296	1,161	1,068	606	29	1,002	1,268	1,439	1,289	1,187	1,010
89	937	1,190	1,344	1,210	1,113	947	89	1,040	1,322	1,494	1,344	1,237	1,052
69	972	1,239	1,393	1,260	1,159	985	69	1,078	1,376	1,549	1,400	1,287	1,094
70	1,007	1,288	1,441	1,310	1,205	1,023	20	1,116	1,431	1,604	1,455	1,337	1,136
71	1,042	1,337	1,490	1,360	1,250	1,061	71	1,155	1,485	1,659	1,510	1,387	1,178
72	1,075	1,385	1,541	1,409	1,296	1,100	72	1,194	1,541	1,712	1,565	1,439	1,223
73	1,099	1,428	1,583	1,451	1,334	1,135	73	1,221	1,587	1,758	1,611	1,482	1,261
74	1,124	1,469	1,625	1,493	1,372	1,170	74	1,247	1,634	1,805	1,658	1,524	1,299
75	1,149	1,510	1,667	1,536	1,411	1,205	75	1,275	1,681	1,851	1,705	1,567	1,337
9/	1,173	1,552	1,710	1,579	1,449	1,240	9/	1,301	1,728	1,898	1,752	1,609	1,375
77	1,196	1,595	1,750	1,620	1,485	1,274	77	1,330	1,772	1,944	1,800	1,649	1,415
78	1,210	1,628	1,784	1,654	1,514	1,303	78	1,344	1,810	1,981	1,838	1,683	1,449
79	1,224	1,662	1,817	1,689	1,545	1,333	79	1,359	1,847	2,018	1,877	1,716	1,483
80	1,238	1,697	1,851	1,722	1,574	1,362	80	1,374	1,884	2,055	1,915	1,749	1,516
8	1,251	1,731	1,885	1,756	1,604	1,392	81	1,389	1,921	2,092	1,954	1,781	1,550
82	1,263	1,762	1,918	1,790	1,634	1,423	82	1,404	1,960	2,130	1,990	1,816	1,582
83	1,272	1,792	1,947	1,821	1,660	1,451	83	1,414	1,993	2,163	2,022	1,846	1,613
84	1,281	1,823	1,977	1,850	1,687	1,478	84	1,423	2,025	2,195	2,055	1,875	1,643
85	1,289	1,852	2,006	1,880	1,714	1,506	85	1,433	2,058	2,228	2,089	1,905	1,674
86	1,298	1,882	2,036	1,909	1,740	1,533	98	1,442	2,092	2,261	2,122	1,936	1,704
87	1,306	1,911	2,064	1,941	1,767	1,562	87	1,451	2,124	2,295	2,155	1,963	1,736
88	1,313	1,921	2,075	1,950	1,775	1,569	88	1,458	2,134	2,306	2,166	1,973	1,745
88	1,319	1,931	2,086	1,960	1,784	1,577	88	1,466	2,145	2,318	2,176	1,982	1,753
06	1,325	1,941	2,096	1,969	1,792	1,584	06	1,473	2,155	2,330	2,187	1,992	1,761
91	1,332	1,950	2,107	1,979	1,802	1,592	91	1,481	2,166	2,341	2,199	2,001	1,770
92	1,338	1,960	2,117	1,988	1,810	1,601	92	1,488	2,176	2,353	2,209	2,011	1,778
93	1,344	1,969	2,128	1,998	1,819	1,609	93	1,495	2,187	2,364	2,220	2,020	1,787
94	1,351	1,979	2,138	2,007	1,829	1,618	94	1,503	2,199	2,376	2,230	2,030	1,795
92	1,357	1,988	2,149	2,017	1,838	1,626	92	1,510	2,209	2,388	2,241	2,040	1,805
96	1,363	1,998	2,160	2,026	1,848	1,635	96	1,517	2,220	2,399	2,252	2,051	1,814
26	1,370	2,007	2,170	2,037	1,858	1,643	97	1,525	2,230	2,411	2,264	2,061	1,824
86	1,376	2,017	2,181	2,048	1,867	1,652	86	1,533	2,241	2,422	2,276	2,073	1,833
66	1,382	2,026	2,191	2,058	1,877	1,660	66	1,541	2,252	2,434	2,287	2,083	1,843
		Mod	Modal Factors:	Se	Semi Annual: 0.5000	0.5000	Quarterly:	rly: 0.25000		Monthly: .08333	33		

Rate Pg 4 of 6 HNOC2010IN

INDIANA Standard Plans FEMALE Rates - ANNUAL

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Attained		2	Non-Tohacco	co Hear			Attained			Tohacco Hear	Hear		
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Age	Y Ial	rian D		ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב			Age		בומון בומון בומון	LIAII L	בושבו בושבו		ZIZ
0-64 49	A/Z	A/A	A/Z	A/Z	K/Z	Κ/Z	0-64	Ψ/Z	₹/Z	₹/Z	₹/Z	₹/Z	₹/Z
65	1,030	1,296	1,489	1,317	1,212	1,036	65	1,144	1,440	1,654	1,464	1,346	1,151
99	1,078	1,361	1,554	1,383	1,274	1,086	99	1,199	1,513	1,727	1,538	1,415	1,206
29	1,127	1,427	1,620	1,451	1,335	1,137	29	1,253	1,585	1,799	1,612	1,484	1,262
89	1,171	1,488	1,680	1,513	1,391	1,184	89	1,300	1,653	1,868	1,680	1,546	1,315
69	1,214	1,548	1,741	1,575	1,449	1,232	69	1,348	1,720	1,936	1,750	1,609	1,368
70	1,259	1,610	1,802	1,638	1,506	1,279	70	1,395	1,789	2,005	1,819	1,671	1,420
71	1,303	1,671	1,863	1,700	1,563	1,327	71	1,444	1,856	2,074	1,888	1,733	1,473
72	1,344	1,732	1,926	1,761	1,620	1,375	72	1,493	1,926	2,140	1,956	1,799	1,529
73	1,374	1,785	1,979	1,814	1,667	1,419	73	1,526	1,984	2,198	2,014	1,852	1,576
74	1,404	1,836	2,031	1,866	1,715	1,463	74	1,559	2,042	2,256	2,072	1,905	1,624
75	1,436	1,888	2,084	1,921	1,764	1,506	75	1,593	2,101	2,314	2,132	1,959	1,671
92	1,467	1,940	2,137	1,973	1,811	1,550	92	1,626	2,160	2,372	2,190	2,012	1,719
77	1,496	1,993	2,187	2,025	1,856	1,592	22	1,662	2,215	2,430	2,251	2,062	1,769
78	1,513	2,035	2,229	2,067	1,893	1,629	78	1,680	2,262	2,476	2,298	2,104	1,811
79	1,530	2,078	2,272	2,111	1,931	1,666	79	1,699	2,309	2,523	2,346	2,145	1,853
80	1,547	2,121	2,314	2,153	1,968	1,703	80	1,717	2,355	2,569	2,393	2,186	1,896
81	1,564	2,163	2,356	2,195	2,005	1,740	81	1,736	2,401	2,615	2,442	2,227	1,938
82	1,579	2,203	2,397	2,237	2,042	1,779	82	1,756	2,450	2,662	2,487	2,270	1,977
83	1,591	2,240	2,434	2,276	2,075	1,814	83	1,767	2,491	2,703	2,528	2,307	2,016
84	1,601	2,278	2,471	2,313	2,109	1,848	84	1,779	2,532	2,744	2,569	2,344	2,054
85	1,612	2,315	2,508	2,350	2,142	1,882	85	1,791	2,573	2,785	2,611	2,381	2,092
98	1,622	2,352	2,545	2,387	2,175	1,917	98	1,803	2,615	2,826	2,652	2,420	2,130
87	1,633	2,389	2,581	2,426	2,208	1,952	87	1,814	2,655	2,868	2,694	2,454	2,170
88	1,641	2,401	2,594	2,438	2,219	1,962	88	1,823	2,668	2,883	2,707	2,466	2,181
88	1,649	2,414	2,607	2,450	2,229	1,971	88	1,832	2,681	2,897	2,721	2,478	2,191
06	1,657	2,426	2,620	2,462	2,240	1,980	06	1,841	2,694	2,912	2,734	2,490	2,202
91	1,665	2,438	2,633	2,474	2,252	1,991	91	1,851	2,707	2,926	2,748	2,501	2,212
92	1,672	2,450	2,647	2,486	2,262	2,001	92	1,860	2,721	2,941	2,761	2,513	2,223
93	1,680	2,462	2,660	2,497	2,274	2,012	93	1,869	2,734	2,955	2,775	2,525	2,233
94	1,688	2,474	2,673	2,509	2,286	2,022	94	1,878	2,748	2,970	2,788	2,537	2,244
92	1,696	2,486	2,686	2,521	2,298	2,033	92	1,888	2,761	2,985	2,801	2,550	2,256
96	1,704	2,497	2,699	2,533	2,310	2,043	96	1,897	2,775	2,999	2,816	2,563	2,268
6	1,712	2,509	2,713	2,546	2,322	2,054	6	1,906	2,788	3,014	2,830	2,577	2,280
86	1,720	2,521	2,726	2,559	2,334	2,064	86	1,917	2,801	3,028	2,845	2,591	2,292
66	1,728	2,533	2,739	2,573	2,346	2,075	66	1,926	2,816	3,043	2,859	2,604	2,303

Rate Pg 5 of 6 HNOC2010IN

Monthly: .08333

Quarterly: 0.25000

Semi Annual: 0.5000

Modal Factors:

INDIANA Standard Plans FEMALE Rates - ANNUAL

For use in zip codes: 460-462

Plan A Plan D Plan F Plan G Plan M Age Pp 4 N/A N/A N/A N/A N/A N/A N/A 989 1,119 1,286 1,198 1,047 986 65 934 1,1232 1,399 1,253 1,195 982 67 1,011 1,286 1,264 1,196 1,046 66 67 1,049 1,337 1,564 1,263 1,169 66 67 1,049 1,337 1,566 1,441 1,069 70 70 1,105 1,436 1,669 1,468 1,309 1,146 71 1,106 1,436 1,663 1,521 1,399 1,146 71 1,146 1,449 1,663 1,521 1,399 1,488 72 1,147 1,446 1,663 1,524 1,481 1,263 73 1,256 1,721 1,868 1,523	Non-Tobacco User		Tobacco	User		
N/A	lan G Plan M Plan N	Plan A Plan D	Plan F	Plan G	Plan M	Plan N
889 1,119 1,286 1,138 1,047 895 65 931 1,175 1,322 1,399 1,253 1,163 982 66 1,041 1,286 1,399 1,253 1,153 982 66 1,041 1,286 1,391 1,255 1,049 1,360 1,262 1,049 1,337 1,609 1,468 1,391 1,165 1,443 1,399 1,146 1,213 1,443 1,569 1,446 1,226 1,440 1,226 1,213 1,586 1,470 1,263 1,399 1,287 1,240 1,663 1,264 1,612 1,481 1,263 1,301 1,240 1,663 1,925 1,704 1,603 1,375 1,301 1,306 1,724 1,935 1,704 1,905 1,704 1,905 1,905 1,704 1,905 1,905 1,905 1,401 1,203 1,307 1,905 1	A/N A/N	N/A N/A	A/N	N/A	N/A	N/A
931 1,175 1,342 1,195 1,100 938 66 1,011 1,025 1,339 1,253 1,153 982 1,024 1,036 1,202 1,004 1,337 1,506 1,202 1,004 1,337 1,506 1,415 1,301 1,105 1,048 1,337 1,506 1,448 1,350 1,146 1,106 1,106 1,108 1,337 1,609 1,468 1,350 1,146 1,106 1,1	1,047	_	1,428	1,264	1,163	994
974 1,232 1,399 1,253 1,153 982 67 1,011 1,285 1,451 1,306 1,202 1,023 68 1,004 1,337 1,504 1,504 1,337 1,504 1,306 1,252 1,023 68 1,004 1,337 1,509 1,468 1,301 1,105 70 1,145 1,440 1,564 1,440 1,262 1,441 1,709 1,468 1,301 1,105 70 1,147 1,504 1,504 1,504 1,203 1,301 1,240 1,506 1,400 1,263 1,504 1,203 1,204 1,506 1,754 1,603 1,504 1,304 1,204 1,504 1,704 1,504 1,304 1,306 1,704 1,504 1,306 1,709 1,306 1,709 1,306 1,306 1,709 1,306 1,306 1,709 1,306 1,306 1,309 1,306 1,309 1,306 1,309 1,306 1,309 1,306 1,309 1,306 1,309 1,300 1,401 1,300 1,300 1,300 1,300 1,300 1,401 1,300 1,400 1,300 1,400 1,300 1,400 1,300 1,400 1	1,100	1,035 1,306	_	1,328	1,222	1,042
1,011 1,285 1,451 1,306 1,202 1,023 68 1,049 1,337 1,504 1,360 1,252 1,004 1,008 1,391 1,556 1,415 1,301 1,105 1,1	1,153	1,082 1,369	1,554	1,392	1,281	1,090
1,049 1,337 1,504 1,360 1,252 1,064 69 1,088 1,391 1,566 1,445 1,301 1,105 70 1,161 1,496 1,566 1,440 1,226 73 1,161 1,496 1,566 1,440 1,226 73 1,181 1,586 1,744 1,226 73 1,240 1,630 1,663 1,564 1,338 74 1,240 1,676 1,846 1,704 1,564 1,338 76 1,240 1,676 1,846 1,704 1,564 1,338 76 1,257 1,676 1,846 1,704 1,669 1,375 77 1,267 1,676 1,846 1,704 1,669 1,439 76 1,321 1,792 1,785 1,668 1,440 77 77 1,324 1,996 1,785 1,668 1,440 77 78 1,337 1,833 1,968 2,102 1,965 1,702 1,471 1,34	1,202		1,613	1,451	1,335	1,135
1,088 1,391 1,556 1,415 1,301 1,105 70 1,125 1,443 1,669 1,468 1,350 1,146 71 1,161 1,496 1,609 1,566 1,440 1,226 73 1,187 1,541 1,709 1,566 1,440 1,226 73 1,240 1,609 1,600 1,523 1,301 75 1,240 1,600 1,609 1,566 1,440 1,226 74 1,240 1,600 1,609 1,603 1,336 75 77 1,267 1,676 1,846 1,704 1,668 1,375 77 1,306 1,721 1,889 1,772 1,439 76 1,321 1,794 1,962 1,785 1,407 78 1,374 1,935 2,102 1,965 1,772 1,439 79 1,383 1,968 2,102 1,965 1,772 1,440 2,229 1,702 1,489 1,772 1,471 80 1,383 <td< td=""><td>1,252</td><td></td><td>1,672</td><td>1,512</td><td>1,390</td><td>1,181</td></td<>	1,252		1,672	1,512	1,390	1,181
1,125 1,443 1,609 1,468 1,350 1,146 771 1,187 1,187 1,541 1,709 1,566 1,440 1,226 73 1,213 1,213 1,586 1,754 1,612 1,566 1,440 1,226 73 1,213 1,240 1,630 1,659 1,523 1,301 75 1,240 1,630 1,659 1,523 1,301 75 1,240 1,630 1,902 1,704 1,564 1,338 76 1,320 1,758 1,925 1,785 1,668 1,439 77 1,306 1,754 1,902 1,785 1,688 1,439 1,331 1,361 1,321 1,794 1,902 1,785 1,688 1,439 1,332 1,908 2,102 1,965 1,792 1,566 83 1,331 1,341 1,374 1,383 1,968 2,102 1,965 1,792 1,566 83 1,401 2,001 2,108 2,106 1,916 1,916 1,694 88 1,441 2,085 2,229 2,095 1,907 1,686 1,702 1,444 2,106 2,226 2,116 1,925 1,702 1,945 1,702 1,444 2,116 2,286 2,147 1,944 1,746 2,147 2,147 2,147 2,148 1,997 1,785 1,765 1,446 2,147 2,136 1,944 1,746 2,147 2,148 1,995 1,765 1,776 1,445 2,147 2,136 1,945 1,776 1,776 1,477 2,147 2,148 1,995 1,776 1,778 1,485 2,167 2,331 2,188 1,995 1,776 1,783 1,485 2,167 2,343 2,199 2,005 1,777 1,885 1,785 1,785 1,485 2,167 2,343 2,199 2,005 1,777 1,789 1,778 1,485 2,167 2,343 2,199 2,005 1,777 1,789 1,778 1,485 2,167 2,343 2,199 2,005 1,777 1,789 1,778 1,789	1,301			1,571	1,443	1,227
1,161 1,496 1,663 1,521 1,399 1,188 72 1,187 1,541 1,709 1,566 1,440 1,226 73 1,213 1,586 1,754 1,612 1,564 1,223 1,331 75 1,240 1,676 1,846 1,564 1,338 76 1,267 1,676 1,846 1,704 1,603 1,338 76 1,292 1,721 1,889 1,704 1,603 1,375 77 1,321 1,794 1,962 1,823 1,688 1,437 77 1,321 1,794 1,962 1,823 1,688 1,439 1,351 1,368 2,035 1,896 1,700 1,471 80 1,374 1,985 2,102 1,965 1,702 1,566 83 1,393 2,000 2,166 2,029 1,820 1,656 86 1,439 1,410 2,063 2,229 2,095 1,916 1,694 88 1,447 2,074 2,240 2,106 1,916 1,694 88 1,447 2,095 2,263 2,146 1,925 1,709 1,440 2,044 2,166 2,274 2,146 1,925 1,709 1,440 2,044 2,146 2,240 2,106 1,916 1,694 1,447 2,095 2,263 2,147 1,995 1,709 1,440 2,044 2,146 2,240 2,147 1,995 1,709 1,440 2,045 2,263 2,147 1,964 1,737 1,985 1,706 1,446 2,147 2,297 2,147 1,985 1,706 1,706 1,446 2,147 2,320 2,147 1,985 1,706 1,706 1,446 2,147 2,320 2,147 1,985 1,706 1,706 1,706 1,465 2,147 2,320 2,177 1,985 1,706 1,706 1,706 1,406 2,147 2,147 2,320 2,177 1,985 1,706 1,706 1,706 1,406 2,147 2,144 2,147 2,144	1,350 1		1,791	1,630	1,497	1,272
1,187 1,541 1,709 1,566 1,440 1,226 73 1,213 1,586 1,754 1,612 1,481 1,263 74 1,240 1,630 1,800 1,659 1,523 1,301 75 1,240 1,630 1,749 1,603 1,375 77 1,292 1,721 1,889 1,749 1,603 1,375 77 1,306 1,758 1,925 1,785 1,668 1,407 78 1,321 1,794 1,996 1,785 1,608 1,471 80 1,351 1,803 2,070 1,932 1,700 1,471 80 1,353 1,903 2,070 1,932 1,702 1,470 1,668 1,471 80 1,363 1,903 2,070 1,932 1,700 1,470 1,668 1,471 1,471 1,471 1,471 1,471 1,471 1,471 1,471 1,471 1,471 1,471 1,472 1,470 1,472 1,471 1,472 1,471 1,472 1,	1,399	1,289 1,663	•	1,689	1,554	1,320
1,213 1,586 1,754 1,612 1,481 1,263 74 1,240 1,630 1,800 1,659 1,523 1,301 75 1,240 1,676 1,800 1,704 1,564 1,338 76 1,220 1,721 1,889 1,749 1,603 1,375 77 1,306 1,724 1,962 1,785 1,668 1,439 79 1,321 1,794 1,962 1,823 1,668 1,439 79 1,336 1,903 2,000 1,925 1,702 1,503 82 1,363 1,903 2,002 1,965 1,722 1,503 82 1,363 1,903 2,102 1,965 1,722 1,503 82 1,363 1,903 2,102 1,965 1,722 1,503 82 1,363 1,903 2,102 1,965 1,702 1,666 83 1,383 1,968 2,134 1,997 1,822 1,503 84 1,401 2,031 2,198	1,440		`	1,740	1,599	1,361
1,240 1,630 1,800 1,523 1,301 75 1,267 1,676 1,846 1,704 1,564 1,338 76 1,292 1,721 1,889 1,749 1,663 1,407 78 1,306 1,758 1,925 1,785 1,668 1,407 78 1,336 1,784 1,925 1,785 1,668 1,407 78 1,336 1,784 1,962 1,823 1,668 1,439 79 1,336 1,888 2,035 1,896 1,732 1,593 81 1,363 1,903 2,070 1,932 1,764 1,537 82 1,347 1,935 2,102 1,965 1,702 1,626 83 1,340 2,031 2,134 1,997 1,626 84 84 1,440 2,066 2,029 1,876 1,626 85 1,710 90 1,444 2,031 2,126 2,106 1,945 1,706 1,945 1,710 90 1,444 2,	1,481	1,346 1,764	1,948	1,790	1,645	1,402
1,267 1,676 1,846 1,704 1,564 1,338 76 1,292 1,721 1,889 1,749 1,603 1,375 77 1,306 1,758 1,925 1,785 1,407 78 1,306 1,734 1,962 1,823 1,668 1,439 79 1,336 1,832 1,998 1,859 1,700 1,471 80 1,351 1,868 2,035 1,896 1,732 1,503 81 1,363 1,903 2,070 1,932 1,764 1,537 82 1,374 1,936 2,102 1,965 1,776 1,566 83 1,374 1,936 2,134 1,997 1,822 1,566 84 1,374 1,936 2,134 1,997 1,822 1,566 84 1,392 2,000 2,146 2,029 1,850 1,626 85 1,440 2,031 2,229 2,095 1,907 1,686 87 1,444 2,106 2,229 2,166	1,523	1,376 1,815	1,998	1,841	1,692	1,443
1,292 1,721 1,889 1,749 1,603 1,375 77 1,306 1,758 1,925 1,785 1,635 1,407 78 1,306 1,758 1,925 1,785 1,668 1,439 79 1,321 1,794 1,962 1,823 1,668 1,439 79 1,336 1,832 1,998 1,859 1,772 1,471 80 1,363 1,903 2,070 1,932 1,764 1,537 82 1,363 1,903 2,070 1,932 1,764 1,537 82 1,374 1,935 2,102 1,965 1,774 1,656 83 1,374 1,936 2,134 1,997 1,879 1,656 84 1,374 1,936 2,102 1,965 1,907 1,686 87 1,401 2,031 2,198 2,061 1,879 1,656 86 1,410 2,074 2,240 2,106 1,916 1,702 1,89 1,424 2,085 2,252	1,564			1,891	1,737	1,484
1,306 1,758 1,925 1,785 1,635 1,407 78 1,321 1,794 1,962 1,823 1,668 1,439 79 1,336 1,882 1,998 1,859 1,700 1,471 80 1,351 1,868 2,035 1,896 1,732 1,503 81 1,363 1,903 2,070 1,932 1,764 1,537 82 1,363 1,903 2,070 1,995 1,702 1,656 83 1,374 1,935 2,102 1,965 1,702 1,656 83 1,374 1,968 2,134 1,997 1,870 1,626 83 1,383 1,968 2,134 1,997 1,879 1,656 84 1,392 2,000 2,166 2,029 1,879 1,656 85 1,401 2,031 2,198 2,061 1,879 1,656 86 1,410 2,063 2,229 2,095 1,916 1,702 89 1,424 2,085 2,252	1,603			1,944	1,781	1,528
1,321 1,794 1,962 1,823 1,668 1,439 79 1,336 1,832 1,998 1,859 1,700 1,471 80 1,363 1,903 2,070 1,932 1,764 1,537 82 1,363 1,903 2,070 1,932 1,764 1,537 82 1,374 1,935 2,102 1,965 1,792 1,566 83 1,383 1,968 2,134 1,997 1,820 1,626 83 1,392 2,000 2,166 2,029 1,850 1,626 84 1,401 2,031 2,198 2,061 1,879 1,626 86 1,401 2,031 2,198 2,011 1,879 1,626 86 1,401 2,032 2,229 2,095 1,907 1,626 86 1,417 2,074 2,240 2,106 1,916 1,702 89 1,424 2,085 2,252 2,116 1,925 1,710 90 1,438 2,106 2,274	1,635			1,985	1,817	1,564
1,336 1,832 1,998 1,859 1,700 1,471 80 1,351 1,868 2,035 1,896 1,732 1,503 81 1,363 1,903 2,070 1,932 1,764 1,537 82 1,374 1,935 2,102 1,965 1,792 1,566 83 1,383 1,968 2,134 1,997 1,820 1,566 83 1,392 2,000 2,166 2,029 1,850 1,626 85 1,401 2,031 2,198 2,061 1,879 1,656 86 1,401 2,031 2,126 2,029 1,907 1,686 87 1,401 2,031 2,229 2,095 1,907 1,686 87 1,424 2,043 2,106 1,907 1,686 87 1,424 2,085 2,252 2,116 1,925 1,710 90 1,431 2,106 2,274 2,136 1,945 1,710 90 1,444 2,116 2,286 2,147	1,668 1			2,026	1,853	1,601
1,351 1,868 2,035 1,896 1,732 1,503 81 1,363 1,903 2,070 1,932 1,764 1,537 82 1,374 1,903 2,102 1,965 1,764 1,537 82 1,383 1,968 2,102 1,965 1,792 1,566 83 1,383 1,968 2,134 1,997 1,822 1,596 84 1,382 2,000 2,166 2,029 1,850 1,626 84 1,401 2,031 2,198 2,061 1,879 1,626 85 1,401 2,031 2,229 2,095 1,907 1,686 87 1,41 2,074 2,240 2,106 1,916 1,702 89 1,424 2,085 2,252 2,116 1,925 1,710 90 1,431 2,095 2,263 2,126 1,945 1,710 90 1,444 2,116 2,286 2,147 1,945 1,746 94 1,465 2,126 2,297 <	1,700 1,471			2,067	1,888	1,637
1,363 1,903 2,070 1,932 1,764 1,537 82 1,374 1,935 2,102 1,965 1,792 1,566 83 1,383 1,968 2,134 1,997 1,822 1,566 84 1,382 2,000 2,166 2,029 1,850 1,626 85 1,401 2,031 2,198 2,061 1,879 1,656 86 1,401 2,063 2,229 2,095 1,907 1,686 87 1,410 2,063 2,229 2,095 1,907 1,686 87 1,417 2,074 2,229 2,095 1,706 1,916 1,694 88 1,424 2,085 2,252 2,116 1,925 1,710 90 1,431 2,095 2,263 2,126 1,747 1,945 1,710 90 1,444 2,116 2,274 2,136 2,147 1,945 1,746 94 1,444 2,126 2,297 2,157 1,974 1,766 94	1,732 1,503			2,109	1,923	1,674
1,374 1,935 2,102 1,965 1,792 1,566 83 1,383 1,968 2,134 1,997 1,822 1,596 84 1,382 2,000 2,166 2,029 1,850 1,626 85 1,401 2,003 2,198 2,005 1,879 1,656 86 1,401 2,063 2,229 2,095 1,907 1,686 87 1,417 2,074 2,229 2,095 1,907 1,686 88 1,424 2,085 2,229 2,106 1,916 1,694 88 1,431 2,095 2,263 2,126 1,710 90 1,438 2,106 2,274 2,136 1,945 1,719 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,458 2,136 2,309 2,167 1,974 1,756 94 1,465 2,147 2,320 2,177 1,985 1,765 96 1,479 2,167 2,331 2,188	1,764 1,537		2,299	2,148	1,961	1,708
1,383 1,968 2,134 1,997 1,822 1,596 84 1,392 2,000 2,166 2,029 1,850 1,626 85 1,401 2,003 2,198 2,061 1,879 1,656 86 1,410 2,003 2,229 2,095 1,907 1,686 87 1,417 2,074 2,229 2,095 1,916 1,694 88 1,424 2,085 2,263 2,116 1,925 1,710 90 1,431 2,095 2,274 2,126 1,945 1,710 90 1,438 2,106 2,274 2,136 1,749 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,458 2,136 2,297 2,157 1,964 1,766 94 1,465 2,147 2,320 2,177 1,985 1,766 96 1,479 2,167 2,331 2,188 1,765 96 1,485 2,177 2,343 2,210 2,016 1,774	1,792 1,566		2,335	2,183	1,993	1,741
1,392 2,000 2,166 2,029 1,850 1,626 85 1,401 2,031 2,198 2,061 1,879 1,655 86 1,410 2,063 2,229 2,095 1,907 1,686 87 1,417 2,074 2,229 2,095 1,916 1,694 88 1,424 2,085 2,252 2,116 1,925 1,702 89 1,431 2,095 2,263 2,126 1,935 1,710 90 1,438 2,106 2,274 2,136 1,749 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,766 94 1,472 2,147 2,320 2,177 1,985 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,343 2,210	1,822 1,596		2,370	2,218	2,025	1,774
1,401 2,031 2,198 2,061 1,879 1,655 86 1,410 2,063 2,229 2,095 1,907 1,686 87 1,417 2,074 2,240 2,106 1,916 1,694 88 1,424 2,085 2,252 2,116 1,925 1,702 89 1,431 2,095 2,263 2,126 1,945 1,710 90 1,438 2,106 2,274 2,136 1,945 1,779 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,444 2,116 2,297 2,157 1,964 1,737 93 1,451 2,126 2,297 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,765 96 1,479 2,167 2,188 1,995 1,774 97 1,485 2,177 2,343 2,210 2,016 1,774 97 1,485 2,177 2,343 2,210	1,850 1,626		2,405	2,255	2,057	1,807
1,410 2,063 2,229 2,095 1,907 1,686 87 1,417 2,074 2,240 2,106 1,916 1,694 88 1,424 2,085 2,252 2,116 1,925 1,702 89 1,431 2,095 2,263 2,126 1,935 1,710 90 1,438 2,106 2,274 2,136 1,945 1,728 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,765 96 1,472 2,157 2,331 2,188 1,995 1,765 96 1,485 2,177 2,343 2,210 2,016 1,783 98	1,879 1,655	1,557 2,258	2,441	2,290	2,090	1,840
1,417 2,074 2,240 2,106 1,916 1,694 88 1,424 2,085 2,252 2,116 1,925 1,702 89 1,431 2,095 2,263 2,126 1,935 1,710 90 1,438 2,106 2,274 2,136 1,945 1,719 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,765 96 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,907 1,686		2,477	2,327	2,119	1,874
1,424 2,085 2,252 2,116 1,925 1,702 89 1,431 2,095 2,263 2,126 1,935 1,710 90 1,438 2,106 2,274 2,136 1,945 1,719 91 1,444 2,116 2,297 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,766 95 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,916 1,694		2,490	2,338	2,130	1,883
1,431 2,095 2,263 2,126 1,935 1,710 90 1,438 2,106 2,274 2,136 1,945 1,719 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,297 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,756 95 1,472 2,147 2,331 2,188 1,995 1,765 96 1,485 2,177 2,354 2,210 2,016 1,783 98	1,925 1,702		2,502	2,350	2,140	1,892
1,438 2,106 2,274 2,136 1,945 1,719 91 1,444 2,116 2,286 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,756 95 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,935 1,710			2,361	2,150	1,902
1,444 2,116 2,286 2,147 1,954 1,728 92 1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,756 95 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,945 1,719			2,373	2,160	1,911
1,451 2,126 2,297 2,157 1,964 1,737 93 1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,756 95 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,954 1,728			2,385	2,171	1,920
1,458 2,136 2,309 2,167 1,974 1,746 94 1,465 2,147 2,320 2,177 1,985 1,756 95 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,964 1,737			2,396	2,181	1,929
1,465 2,147 2,320 2,177 1,985 1,756 95 1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	1,974 1,746			2,408	2,191	1,938
1,472 2,157 2,331 2,188 1,995 1,765 96 1,479 2,167 2,343 2,199 2,005 1,774 97 1,485 2,177 2,354 2,210 2,016 1,783 98	, 1,985 1	1,630 2,385		2,419	2,202	1,948
1,479 2,167 2,343 2,199 2,005 1,774 97 1 1,485 2,177 2,354 2,210 2,016 1,783 98 1	1,995	1,638 2,396	2,590	2,432	2,214	1,959
1,485 2,177 2,354 2,210 2,016 1		1,646 2,408	2,603	2,444	2,225	1,969
	2,016	1,655 2,419	2	2,457	2,238	1,979
2,026	2,222 2,026 1,792 99	1,663 2,432	2,628	2,469	2,249	1,989

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Monthly: .08333

Quarterly: 0.25000

Semi Annual: 0.5000

Modal Factors:

PREMIUM INFORMATION

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. **NOTE: The policy fee is fully refundable if the policy is not issued, delivery of the policy is refused or the policy is returned with the policy's 30-day free look period.**

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.

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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 st thru 90 th day 91 st 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 — Beyond the additional 365	\$0	100% of Medicare eligible expenses	\$0**
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 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	All but very limited co- payment/ coinsurance for out-patient drugs	Medicare	\$0
certification of terminal illness.	and inpatient respite care	copayment/coinsurance	

^{**}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/	#O
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED			
SERVICES			
 Medically necessary skilled 			
care services and medical			
supplies	100%	\$0	\$0
Durable medical equipment			
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 st thru 90 th day 91 st 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	All approved amounts	\$0	\$0
21 st thru 100 th day 101 st day and after	All but \$141.50 a day \$0	Up to \$141.50 a day \$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

^{**}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			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	Ψ	Ψ	\$102 (Fait B doddollolo)
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			
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 \$50,000.	\$250 20% and amounts over the \$50,000 lifetime 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 st thru 90 th day	All but \$283 a day	\$283 a day	\$0
91 st day and after:			
— While using 60 lifetime	AUL 1,0500 I	#500	
reserve days	All but \$566 a day	\$566 a day	\$0
Once lifetime reserve			
days are used:	\$0	1000/ of Madiagra gligible	\$0**
—Additional 365 days	\$0	100% of Medicare eligible expenses	Φ0
 Beyond the additional 		expenses	
365 days	\$0	\$0	All costs
SKILLED NURSING	Ψ3	Ψ0	711 00010
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 st thru 100 th day	All but \$141.50 a day	Up to \$141.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
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	40
requirements, including a	payment/ coinsurance for	co-payment/coinsurance	\$0
doctor's certification of	out-patient drugs and		
terminal illness.	inpatient respite care		

^{**}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	ф О	¢162 (Dort D. dod. otible)	Φ Ω
Approved Amounts* Remainder of Medicare	\$0	\$162 (Part B deductible)	\$0
Approved Amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES	Generally 60 /6	Generally 20 %	Ψ
(Above Medicare Approved Amounts)	\$0	100%	\$0
,	Ψ	100%	ΨΟ
BLOOD	ф О	Allacata	# 0
First 3 pints Next \$162 of Medicare	\$0	All costs	\$0
Approved amounts*	\$0	\$162 (Part P doductible)	\$0
Remainder of Medicare	Ψ	\$162 (Part B deductible)	φυ
Approved amounts	80%	20%	\$0
Approved amounts	00 /0	2070	ΨΟ
CLINICAL LABORATORY			
SERVICES - TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

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PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED			
SERVICES			
 Medically necessary skilled 			
care services and medical			
supplies	100%	\$0	\$0
 Durable medical equipment 			
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	60	\$0	\$250
First \$250 each calendar year	\$0	Φ0	\$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 st thru 90 th day 91 st 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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$141.50 a day	\$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

^{**}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	ΨΟ	Ψ	Ψ102 (Γαιτ Β deddelible)
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	\$0	\$162 (Part B deductible)
Remainder of Medicare			
Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES - TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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PLAN G PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
SERVICES 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 80%	\$0 \$0 20%	\$0 \$162 (Part B deductible) \$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 st thru 90 th day 91 st 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**
 Beyond the additional 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	All approved amounts	\$0	\$0
21 st thru 100 th day 101 st day and after	All but \$141.50 a day \$0	Up to \$141.50 a day \$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

^{**}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			
Approved Amounts*	\$0	\$0	\$162 (Part B deductible)
Remainder of Medicare	ΨΟ	ΨΟ	Toz (i ait b deddelible)
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			
Amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES – TESTS FOR			
DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

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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 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 \$50,000.	\$250 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 st thru 90 th day 91 st 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

^{**}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	\$0	\$0	All costs
Amounts) BLOOD	ΦО	ΦО	All Costs
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

(continued)

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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 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 \$50,000.	\$250 20% and amounts over the \$50,000 lifetime 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

Application	า #:				
Applicant (Exactly as shown on your Medicar	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 NUME	BER	N	MEDICARE CLA	IM NUMBER
AGE	DATE OF BIRTH	GENDER	НЕ	EIGHT	WEIGHT
	Month Day Year ☐ Male ☐ Female			t in	lbs
		PREMIUM PA	AYMENT		
Modal Pre	mium: \$		*Policy Fee:		\$
Total Subr	mitted Premium: \$		Requested B	Effective Date:	
or \square Draf	t Initial Premium				
*NOTE: The	policy fee is refundable if the policy is	not issued, taken, or	if it is returned d	uring the 30-day free	e look period.
	PLEASE SELEC	T THE METHO	D OF PAYM	ENT YOU WAI	NT
☐ A	nnual Sem	iannual	Quarterly		☐ Monthly Bank Draft
☐ I author	ize Bank Draft payments. Acc	:ount Lybe:	Checking Savings	Amount to be drafted: \$	
Bank Ro		unt # (do not includ	•		aft Day: (Cannot be more eyond effective day)
Bank Name	e:				
Name(s) of	f Depositor(s):				
Signature of	of Depositor:			D	ate:
Please incl	ude a voided check on a separa	te sheet of paper.			

	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?	Yes 🗌	No 🗌					
	If YES, what is your Part A effective date?/							
	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	you 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 righting licy you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Plethe notice from your prior insurer with our application. PLEASE ANSWER ALL QUESTIONS. Pletwith an "X".	ghts 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? If "Yes", what is the effective date? / /	☐ Yes	☐ No					
3.	Are you covered for medical assistance through the state Medicaid program?	☐ Yes	□No					
	NOTE TO APPLICANT: If you are participating in a "Spend-Down" program and have not met your "Share of Cost," please answer NO to this question. If Yes, answer a-b below.							
	(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					

	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?	☐ Yes	□No
6.	Have you had coverage under any other health insurance within the past 63 days (for example, an employer, union, or individual plan)?	. Yes	□No
	(a) If 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 under the other policy, leave "END" blank.) Start/ End/		

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.	Within the past five years have you been diagnosed with or treated for 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.	Within the past five years, have you been diagnosed with or treated for 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.	Do you have, or in the last five years have you been diagnosed with diabetes in addition to any of the following: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure), or kidney disease?	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.	Within the past five years, 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	TIONS 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 under an employee welfare benefit plan that either (1) provides health benefits that supplement the benefits under Medicare and the plan terminates or implements a material reduction of supplemental health benefits to the individual; or (2) is primary to Medicare and the plan terminates; or ceases to provide 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 terminates coverage within 12 months of enrollment; or
- (f) Upon first becoming eligible for benefits under Part A at age 65, enrolls in a Medicare Advantage or PACE provider and then disenrolls within 12 months.

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

	e Applicant realizes that any false statement or misrepresentation in the applicate policy.	ation may result in lo	oss of coverage under
	TO BE COMPLETED BY AGENT (Attach separate she	et, if necessary)	
1.	List any other health insurance policy you have sold to the Applicant that is sti	ill in force.	
2.	List any other health insurance policy you have sold to the Applicant in the pa	st five (5) years tha	t is no longer in force.
Ιc	ertify that:		
	I have accurately recorded the information supplied by the Applicant; and	le To Health Insur	ance for People With
		Date	
Αg	gent #1 Signature		
Αg	gent #1 Name (please print)	Agent #	Split %
		Date	
Αç	gent #2 Signature		
Ac	pent #2 Name (please print)	Agent #	Split %

HNAPP2010IN

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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 Signed at:	be complete	ed by an agent.		
	State	Writing Agent's Signature and Agent Number	Date	
Policy Mailing F	reference:	☐ Mail to Agent ☐ Mail to Applicant		

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HEARTLAND NATIONAL LIFE INSURANCE COMPANY

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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 from a Medicare Advantage Plan. Please explain reason for disenrollment. Other (please specify) If, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. Do not cancel your present policy until you have received your new policy and are sure that you want to keep it. Signature of Agent, Broker or Other Representative Agent's Printed Name and Address The above "Notice to Applicant" was delivered to me on:

MSREPL2010

Applicant's Signature

Date

AUTHORIZATION AND CERTIFICATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, 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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Medicare."				
Signed at:				
	State	Applicant's Signature	Date	
This section Signed at:		ed by an agent.		
	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

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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. Fewer benefits and lower premiums. Change in benefits (Gaining additional benefit(s), My plan has outpatient drug coverage and I am e Disenrollment from a Medicare Advantage Plan. F	nrolling in Part D.
	Other (please specify)	
complet all mate and to complet Do not o	tely answer all questions on the application concertain medical information on an application may progrefund your premium as though your policy had ted and before you sign it, review it carefully to be cancel your present policy until you have received	place it with new coverage, be certain to truthfully and rning your medical and health history. Failure to include ovide a basis for the company to deny any future claims I 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.
Signatu	re of Agent, Broker or Other Representative	Agent's Printed Name and Address
The abo	ove "Notice to Applicant" was delivered to me on:	
Applica	nt's Signature	Date

MSREPL2010

RECEIPT	All premium checks must be payable to: Heartland National Life Insurance Company . Do not make checks payable to the agent or leave the Payee blank. EFFECTIVE DATE will be the date of the application or the date of approval.
Received from	
premium is to	dollars formonths premium, ion. If for any reason the application is not approved and the policy is not issued, this be refunded. No liability is created or assumed by the Company, except for refund of this the policy applied for has been issued.