

7. 0 percent Male 100 percent Female for tables to be designated as the "1980 CSO-G" and "1980 CET-G" tables.

(c) The table described in (b)7 above is not to be used with respect to policies issued on or after January 1, 1986, except where the proportion of persons insured is anticipated to be 90 percent or more female.

(d) Gender blended tables with Ten-Year Select Mortality Factors may be derived by applying select factors to gender blended tables without select factors where the select factors are derived by using the following formula:

$${}^Z F_t^T = \frac{(Z)F_t^M + .6(1-Z) F_t^F}{Z + .6(1-Z)}$$

where

${}^Z F_t^T$ is the gender blended select factor for year t

F_t^M is the male select factor for year t

F_t^F is the female select factor for year t

Z is the ratio of male lives to the total lives at the pivotal age

Amended by R.1996 d.4, effective January 2, 1996.
 See: 27 N.J.R. 3557(a), 28 N.J.R. 165(a).
 Amended by R.1996 d.148, effective March 18, 1996.
 See: 27 N.J.R. 3717(a), 28 N.J.R. 1545(a).

11:4-22.4 Construction of Gender Blended Smoker and Nonsmoker Mortality Tables for use in the determination of minimum nonforfeiture benefits and minimum reserves

(a) In determining minimum cash surrender values, and amounts of paid up nonforfeiture benefits for any policy of insurance on the life of either a male or female insured on a form of insurance with separate rates for smokers and nonsmokers delivered or issued for delivery in this State after the operative date of N.J.S.A. 17B:25-19h(xi) for that policy form in addition to the mortality tables that may be used according to N.J.A.C. 11:4-22.3:

1. A mortality table which is a blend of the male and female rates of mortality according to the 1980 CSO Smoker Mortality Table, in the case of lives classified as smokers, or the 1980 CSO Nonsmoker Mortality Table, in the case of lives classified as nonsmokers, with or without Ten-year Select Mortality Factors, may at the option of the company be substituted for the 1980 CSO Table, with or without Ten-Year Select Mortality Factors; and

2. A mortality table which is of the same blend as used in (a)1 above but applied to form a blend of the male and female rates of mortality according to the corresponding 1980 CET Smoker Mortality Table or 1980 CET Nonsmoker Mortality Table may at the option of the company be substituted for the 1980 CET Table.

(b) The following describes the blended Smoker and Nonsmoker Mortality Tables. The tables are contained in Appendix B to this subchapter.

1. 100 percent Male 0 percent Female smoker tables designated as "1980 CSO-SA" and "1980 CET-SA" Tables.

2. 80 percent Male 20 percent Female smoker tables designated as "1980 CSO-SB" and "1980 CET-SB" Tables.

3. 60 percent Male 40 percent Female smoker tables designated as "1980 CSO-SC" and "1980 CET-SC" Tables.

4. 50 percent Male 50 percent Female smoker tables designated as "1980 CSO-SD" and "1980 CET-SD" Tables.

5. 40 percent Male 60 percent Female smoker tables designated as "1980 CSO-SE" and "1980 CET-SE" Tables.

6. 20 percent Male 80 percent Female smoker tables designated as "1980 CSO-SF" and "1980 CET-SF" Tables.

7. 0 percent Male 100 percent Female smoker tables designated as "1980 CSO-SG" and "1980 CET-SG" Tables.

8. 100 percent Male 0 percent Female nonsmoker tables designated as "1980 CSO-NA" and "1980 CET-NA" Tables.

9. 80 percent Male 20 percent Female nonsmoker tables designated as "1980 CSO-NB" and "1980 CET-NB" Tables.

10. 60 percent Male 40 percent Female nonsmoker tables designated as "1980 CSO-NC" and "1980 CET-NC" Tables.

11. 50 percent Male 50 percent Female nonsmoker tables designated as "1980 CSO-ND" and "1980 CET-ND" Tables.

12. 40 percent Male 60 percent Female nonsmoker tables designated as "1980 CSO-NE" and "1980 CET-NE" Tables.

13. 20 percent Male 80 percent Female nonsmoker tables designated as "1980 CSO-NF" and "1980 CET-NF" Tables.

14. 0 percent Male 100 percent Female nonsmoker tables designated as "1980 CSO-NG" and "1980 CET-NG" Tables.

(c) The tables described in (b)7 and 14 above are not acceptable as blended tables, except where the proportion of persons insured is anticipated to be 90 percent or more female.

Amended by R.1996 d.148, effective March 18, 1996.
 See: 27 N.J.R. 3717(a), 28 N.J.R. 1545(a).

11:4-22.5 Use of gender blended mortality tables in the non-Norris market

(a) The preceding rules in this subchapter are intended to address use of gender blended mortality tables as a minimum standard for cash surrender values and paid-up non-forfeiture benefits in the *Norris* market.

(b) The use of gender blended mortality tables as the basis for cash surrender values and paid-up nonforfeiture benefits in the non-*Norris* market will be permitted only upon receipt of an actuarial demonstration that the resultant cash values are at least equal to the statutory minimum using the maximum interest rate, maximum initial expense allowance and gender district table specified at N.J.S.A. 17B:25-19.

New Rule, R.1996 d.148, effective March 18, 1996.
See: 27 N.J.R. 3717(a), 28 N.J.R. 1545(a).

11:4-22.6 Effect on previously filed forms

Forms which have been filed by the Commissioner pursuant to N.J.S.A. 17B:25-18 containing provisions not in compliance with these rules shall be deemed withdrawn as of September 18, 1996.

New Rule, R.1996 d.148, effective March 18, 1996.
See: 27 N.J.R. 3717(a), 28 N.J.R. 1545(a).

11:4-22.7 Unfair discrimination

It shall not be a violation of N.J.S.A. 17B:30-12c. for an insurer to issue the same kind of policy of life insurance on both a sex-distinct and sex-neutral basis.

Recodified: This section was 11:4-22.4.
See: 19 N.J.R. 1399(a), 19 N.J.R. 1814(a).
Recodified from 11:4-22.5 and amended by R.1996 d.148, effective March 18, 1996.
See: 27 N.J.R. 3717(a), 28 N.J.R. 1545(a).

11:4-22.8 Separability

If any provision of this subchapter or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the subchapter and the application of such provision to other persons or circumstances shall not be affected thereby.

Recodified: This section was 11:4-22.5.
See: 19 N.J.R. 1399(a), 19 N.J.R. 1814(a).
Recodified from 11:4-22.6 and amended by R.1996 d.148, effective March 18, 1996.
See: 27 N.J.R. 3717(a), 28 N.J.R. 1545(a).

APPENDIX A

TABLE 1

1980 CSO-A AND 1980 CET-A MORTALITY TABLES
BASED ON BLENDING 1980 CSO AND 1980 CET
MORTALITY TABLES 100 PERCENT MALE—
PERCENT FEMALE
RATES OF MORTALITY
1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-A	1980 CET-A
0	4.18	5.43

Age (x)	1980 CSO-A	1980 CET-A
1	1.07	1.82
2	0.99	1.74
3	0.98	1.73
4	0.95	1.70
5	0.90	1.65
6	0.86	1.61
7	0.80	1.55
8	0.76	1.51
9	0.74	1.49
10	0.73	1.48
11	0.77	1.52
12	0.85	1.60
13	0.99	1.74
14	1.15	1.90
15	1.33	2.08
16	1.51	2.26
17	1.67	2.42
18	1.78	2.53
19	1.86	2.61
20	1.90	2.65
21	1.91	2.66
22	1.89	2.64
23	1.86	2.61
24	1.82	2.57
25	1.77	2.52
26	1.73	2.48
27	1.71	2.46
28	1.70	2.45
29	1.71	2.46
30	1.73	2.48
31	1.78	2.53
32	1.83	2.58
33	1.91	2.66
34	2.00	2.75
35	2.11	2.86
36	2.24	2.99
37	2.40	3.15
38	2.58	3.35
39	2.79	3.63
40	3.02	3.93
41	3.29	4.28
42	3.56	4.63
43	3.87	5.03
44	4.19	5.45
45	4.55	5.92
46	4.92	6.40
47	5.32	6.92
48	5.74	7.46
49	6.21	8.07
50	6.71	8.72
51	7.30	9.49
52	7.96	10.35
53	8.71	11.32
54	9.56	12.43
55	10.47	13.61

Age (x)	1980 CSO-A	1980 CET-A	Age (x)	1980 CSO-B	1980 CET-B
56	11.46	14.90	1	1.04	1.79
57	12.49	16.24	2	.95	1.70
58	13.59	17.67	3	.94	1.69
59	14.77	19.20	4	.91	1.66
60	16.08	20.90	5	.87	1.62
61	17.54	22.80	6	.83	1.58
62	19.19	24.95	7	.79	1.54
63	21.06	27.38	8	.75	1.50
64	23.14	30.08	9	.73	1.48
65	25.42	33.05	10	.72	1.47
66	27.85	36.21	11	.75	1.50
67	30.44	39.57	12	.83	1.58
68	33.19	43.15	13	.94	1.69
69	36.17	47.02	14	1.08	1.83
70	39.51	51.36	15	1.24	1.99
71	43.30	56.29	16	1.39	2.14
72	47.65	61.95	17	1.53	2.28
73	52.64	68.43	18	1.62	2.37
74	58.19	75.65	19	1.69	2.44
75	64.19	83.45	20	1.74	2.49
76	70.53	91.69	21	1.75	2.50
77	77.12	100.26	22	1.73	2.48
78	83.90	109.07	23	1.71	2.46
79	91.05	118.37	24	1.69	2.44
80	98.84	128.49	25	1.65	2.40
81	107.48	139.72	26	1.63	2.38
82	117.25	152.43	27	1.61	2.36
83	128.26	166.74	28	1.61	2.36
84	140.25	182.33	29	1.63	2.38
85	152.95	198.84	30	1.65	2.40
86	166.09	215.92	31	1.70	2.45
87	179.55	233.42	32	1.75	2.50
88	193.27	251.25	33	1.83	2.58
89	207.29	269.48	34	1.91	2.66
90	221.77	288.30	35	2.02	2.77
91	236.98	308.07	36	2.14	2.89
92	253.45	329.49	37	2.30	3.05
93	272.11	353.74	38	2.47	3.22
94	295.90	384.67	39	2.68	3.48
95	329.96	428.95	40	2.90	3.77
96	384.55	499.92	41	3.16	4.11
97	480.20	624.26	42	3.42	4.45
98	657.98	855.37	43	3.72	4.84
99	1000.00	1000.00	44	4.01	5.21
			45	4.35	5.66
			46	4.70	6.11
			47	5.07	6.59
			48	5.45	7.09
			49	5.89	7.66
			50	6.36	8.27
			51	6.90	8.97
			52	7.50	9.75
			53	8.19	10.65
			54	8.96	11.65
			55	9.78	12.71

TABLE 2
 1980 CSO-B AND 1980 CET-B MORTALITY TABLES
 BASED ON BLENDING 1980 CSO AND 1980 CET
 MORTALITY TABLES 80 PERCENT MALE—
 20 PERCENT FEMALE
 (PIVOTAL AGE 45)
 RATES OF MORTALITY
 1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-B	1980 CET-B
0	3.92	5.10

Age (x)	1980 CSO-B	1980 CET-B	Age (x)	1980 CSO-C	1980 CET-C
56	10.67	13.87	1	.99	1.74
57	11.58	15.05	2	.93	1.68
58	12.54	16.30	3	.90	1.65
59	13.57	17.64	4	.88	1.63
60	14.72	19.14	5	.84	1.59
61	16.00	20.80	6	.81	1.56
62	17.47	22.71	7	.77	1.52
63	19.16	24.91	8	.73	1.48
64	21.05	27.37	9	.73	1.48
65	23.11	30.04	10	.71	1.46
66	25.29	32.88	11	.74	1.49
67	27.61	35.89	12	.80	1.55
68	30.03	39.04	13	.89	1.64
69	32.66	42.46	14	1.01	1.76
70	35.59	46.27	15	1.14	1.89
71	38.95	50.64	16	1.27	2.02
72	42.84	55.69	17	1.38	2.13
73	47.33	61.53	18	1.47	2.22
74	52.37	68.08	19	1.52	2.27
75	57.84	75.19	20	1.56	2.31
76	63.65	82.75	21	1.58	2.33
77	69.70	90.61	22	1.58	2.33
78	75.95	98.74	23	1.56	2.31
79	82.57	107.34	24	1.55	2.30
80	89.83	116.78	25	1.53	2.28
81	97.94	127.32	26	1.52	2.27
82	107.18	139.33	27	1.51	2.26
83	117.65	152.95	28	1.53	2.28
84	129.10	167.83	29	1.54	2.29
85	141.38	183.79	30	1.58	2.33
86	154.17	200.42	31	1.63	2.38
87	167.49	217.74	32	1.67	2.42
88	181.24	235.61	33	1.75	2.50
89	195.54	254.20	34	1.83	2.58
90	210.53	273.69	35	1.93	2.68
91	226.51	294.46	36	2.04	2.79
92	244.13	317.37	37	2.20	2.95
93	264.04	343.25	38	2.36	3.11
94	289.36	376.17	39	2.56	3.33
95	324.89	422.36	40	2.78	3.61
96	380.97	495.26	41	3.03	3.94
97	477.69	621.00	42	3.29	4.28
98	657.38	854.59	43	3.56	4.63
99	1000.00	1000.00	44	3.84	4.99

TABLE 3
 1980 CSO-C AND 1980 CET-C MORTALITY TABLES
 BASED ON BLENDING 1980 CSO AND 1980 CET
 MORTALITY TABLES 60 PERCENT MALE—
 40 PERCENT FEMALE
 (PIVOTAL AGE 45)
 RATES OF MORTALITY
 1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-C	1980 CET-C	Age (x)	1980 CSO-C	1980 CET-C
0	3.67	4.77	45	4.15	5.40
			46	4.47	5.81
			47	4.81	6.25
			48	5.17	6.72
			49	5.58	7.25
			50	6.01	7.81
			51	6.50	8.45
			52	7.05	9.17
			53	7.68	9.98
			54	8.37	10.88
			55	9.11	11.84

Age (x)	1980 CSO-C	1980 CET-C	Age (x)	1980 CSO-D	1980 CET-D
56	9.88	12.84	1	.97	1.72
57	10.68	13.88	2	.91	1.66
58	11.50	14.95	3	.89	1.64
59	12.39	16.11	4	.85	1.60
60	13.37	17.38	5	.83	1.58
61	14.48	18.81	6	.79	1.54
62	15.79	20.53	7	.77	1.52
63	17.30	22.49	8	.73	1.48
64	19.01	24.71	9	.72	1.47
65	20.88	27.14	10	.71	1.46
66	22.84	29.69	11	.72	1.47
67	24.90	32.37	12	.78	1.53
68	27.04	35.15	13	.87	1.62
69	29.32	38.12	14	.97	1.72
70	31.92	41.50	15	1.10	1.85
71	34.90	45.37	16	1.21	1.96
72	38.38	49.89	17	1.31	2.06
73	42.48	55.22	18	1.39	2.14
74	47.11	61.24	19	1.44	2.19
75	52.16	67.81	20	1.48	2.23
76	57.58	74.85	21	1.49	2.24
77	63.24	82.21	22	1.50	2.25
78	69.13	89.87	23	1.49	2.24
79	75.41	98.03	24	1.49	2.24
80	82.34	107.04	25	1.47	2.22
81	90.17	117.22	26	1.47	2.22
82	99.12	128.86	27	1.46	2.21
83	109.33	142.13	28	1.48	2.23
84	120.58	156.75	29	1.51	2.26
85	132.68	172.48	30	1.54	2.29
86	145.47	189.11	31	1.58	2.33
87	158.84	206.49	32	1.64	2.39
88	172.87	224.73	33	1.70	2.45
89	187.54	243.80	34	1.79	2.54
90	203.08	264.00	35	1.88	2.63
91	219.76	285.69	36	2.00	2.75
92	238.20	309.66	37	2.14	2.89
93	259.26	337.04	38	2.31	3.06
94	285.17	370.72	39	2.51	3.26
95	322.03	418.64	40	2.72	3.54
96	378.56	492.14	41	2.97	3.86
97	476.70	619.71	42	3.22	4.19
98	657.10	854.23	43	3.49	4.54
99	1000.00	1000.00	44	3.75	4.88

TABLE 4
 1980 CSO-D AND 1980 CET-D MORTALITY TABLES
 BASED ON BLENDING 1980 CSO AND 1980 CET
 MORTALITY TABLES 50 PERCENT MALE—
 50 PERCENT FEMALE
 (PIVOTAL AGE 45)
 RATES OF MORTALITY
 1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-D	1980 CET-D	Age (x)	1980 CSO-D	1980 CET-D
0	3.54	4.60	45	4.06	5.28
			46	4.36	5.67
			47	4.68	6.08
			48	5.03	6.54
			49	5.41	7.03
			50	5.83	7.58
			51	6.30	8.19
			52	6.82	8.87
			53	7.42	9.65
			54	8.07	10.49
			55	8.77	11.40

Age (x)	1980 CSO-D	1980 CET-D	Age (x)	1980 CSO-E	1980 CET-E
56	9.50	12.35	1	.95	1.70
57	10.23	13.30	2	.89	1.64
58	10.99	14.29	3	.86	1.61
59	11.81	15.35	4	.84	1.59
60	12.71	16.52	5	.81	1.56
61	13.75	17.88	6	.78	1.53
62	14.96	19.45	7	.76	1.51
63	16.39	21.31	8	.72	1.47
64	18.02	23.43	9	.71	1.46
65	19.78	25.71	10	.70	1.45
66	21.64	28.13	11	.71	1.46
67	23.59	30.67	12	.77	1.52
68	25.58	33.25	13	.84	1.59
69	27.73	36.05	14	.94	1.69
70	30.16	39.21	15	1.05	1.80
71	32.96	42.85	16	1.15	1.90
72	36.29	47.18	17	1.24	1.99
73	40.20	52.26	18	1.31	2.06
74	44.66	58.06	19	1.36	2.11
75	49.55	64.42	20	1.39	2.14
76	54.80	71.24	21	1.41	2.16
77	60.31	78.40	22	1.42	2.17
78	66.06	85.88	23	1.42	2.17
79	72.23	93.90	24	1.42	2.17
80	79.07	102.79	25	1.40	2.15
81	86.80	112.84	26	1.41	2.16
82	95.68	124.38	27	1.42	2.17
83	105.81	137.55	28	1.44	2.19
84	117.02	152.13	29	1.46	2.21
85	129.11	167.84	30	1.50	2.25
86	141.91	184.48	31	1.55	2.30
87	155.41	202.03	32	1.60	2.35
88	169.55	220.42	33	1.66	2.41
89	184.45	239.79	34	1.75	2.50
90	200.23	260.30	35	1.83	2.58
91	217.23	282.40	36	1.95	2.70
92	235.91	306.68	37	2.09	2.84
93	257.43	334.66	38	2.25	3.00
94	283.81	368.95	39	2.45	3.20
95	320.74	416.96	40	2.66	3.46
96	377.93	491.31	41	2.90	3.77
97	476.61	619.59	42	3.15	4.10
98	656.44	853.37	43	3.41	4.43
99	1000.00	1000.00	44	3.66	4.76

TABLE 5
 1980 CSO-E AND 1980 CET-E MORTALITY TABLES
 BASED ON BLENDING 1980 CSO AND 1980 CET
 MORTALITY TABLES 40 PERCENT MALE—
 60 PERCENT FEMALE
 (PIVOTAL AGE 45)
 RATES OF MORTALITY
 1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-E	1980 CET-E	Age (x)	1980 CSO-E	1980 CET-E
0	3.41	4.43	45	3.96	5.15
			46	4.24	5.51
			47	4.55	5.92
			48	4.89	6.36
			49	5.26	6.84
			50	5.66	7.36
			51	6.10	7.93
			52	6.60	8.58
			53	7.16	9.31
			54	7.77	10.10
			55	8.43	10.96

Age (x)	1980 CSO-E	1980 CET-E	Age (x)	1980 CSO-F	1980 CET-F
56	9.11	11.84	1	.92	1.67
57	9.79	12.73	2	.85	1.60
58	10.48	13.62	3	.82	1.57
59	11.23	14.60	4	.81	1.56
60	12.05	15.67	5	.79	1.54
61	13.01	16.91	6	.76	1.51
62	14.14	18.38	7	.74	1.49
63	15.50	20.15	8	.71	1.46
64	17.03	22.14	9	.70	1.45
65	18.71	24.32	10	.70	1.45
66	20.46	26.60	11	.70	1.45
67	22.31	29.00	12	.74	1.49
68	24.17	31.42	13	.80	1.55
69	26.18	34.03	14	.86	1.61
70	28.45	36.99	15	.95	1.70
71	31.10	40.43	16	1.03	1.78
72	34.27	44.55	17	1.09	1.84
73	38.02	49.43	18	1.15	1.90
74	42.32	55.02	19	1.19	1.94
75	47.05	61.17	20	1.22	1.97
76	52.18	67.83	21	1.24	1.99
77	57.57	74.84	22	1.25	2.00
78	63.21	82.17	23	1.27	2.02
79	69.29	90.08	24	1.28	2.03
80	76.04	98.85	25	1.29	2.04
81	83.72	108.84	26	1.30	2.05
82	92.52	120.28	27	1.31	2.06
83	102.65	133.45	28	1.35	2.10
84	113.82	147.97	29	1.38	2.13
85	125.93	163.71	30	1.42	2.17
86	138.78	180.41	31	1.47	2.22
87	152.39	198.11	32	1.52	2.27
88	166.68	216.68	33	1.58	2.33
89	181.76	236.29	34	1.66	2.41
90	197.78	257.11	35	1.74	2.49
91	215.12	279.66	36	1.85	2.60
92	234.03	304.24	37	1.99	2.74
93	255.85	332.61	38	2.15	2.90
94	282.58	367.35	39	2.32	3.07
95	319.76	415.69	40	2.54	3.30
96	377.41	490.63	41	2.77	3.60
97	476.21	619.07	42	3.02	3.93
98	656.10	852.93	43	3.25	4.23
99	1000.00	1000.00	44	3.49	5.54
			45	3.75	4.88
			46	4.02	5.23
			47	4.30	5.59
			48	4.61	5.99
			49	4.94	6.42
			50	5.31	6.90
			51	5.70	7.41
			52	6.15	8.00
			53	6.65	8.65
			54	7.19	9.35

TABLE 6
 1980 CSO-F AND 1980 CET-F MORTALITY TABLES
 BASED ON BLENDING 1980 CSO AND 1980 CET
 MORTALITY TABLES 20 PERCENT MALE—
 80 PERCENT FEMALE
 (PIVOTAL AGE 45)
 RATES OF MORTALITY
 1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-F	1980 CET-F
0	3.15	4.10

Age (x)	1980 CSO-F	1980 CET-F	Age (x)	1980 CSO-G	1980 CET-G
55	7.76	10.09	1	.87	1.62
56	8.34	10.84	2	.81	1.56
57	8.91	11.58	3	.79	1.54
58	9.47	12.31	4	.77	1.52
59	10.08	13.10			
60	10.75	13.98	5	.76	1.51
61	11.55	15.02	6	.73	1.48
62	12.54	16.30	7	.72	1.47
63	13.74	17.86	8	.70	1.45
64	15.10	19.63	9	.69	1.44
65	16.62	22.61	10	.68	1.43
66	18.19	23.65	11	.69	1.44
67	19.81	25.75	12	.72	1.47
68	21.45	27.89	13	.75	1.50
69	23.19	30.15	14	.80	1.55
70	25.19	32.75	15	.85	1.60
71	27.57	35.84	16	.90	1.65
72	30.43	39.56	17	.95	1.70
73	33.92	44.10	18	.98	1.73
74	37.94	49.32	19	1.02	1.77
75	42.43	55.16	20	1.05	1.80
76	47.33	61.53	21	1.07	1.82
77	52.53	68.29	22	1.09	1.84
78	58.03	75.44	23	1.11	1.86
79	63.98	83.17	24	1.14	1.89
80	70.65	91.85	25	1.16	1.91
81	78.26	101.74	26	1.19	1.94
82	87.04	113.15	27	1.22	1.97
83	97.15	126.30	28	1.26	2.01
84	108.33	140.83	29	1.30	2.05
85	120.52	156.68	30	1.35	2.10
86	133.53	173.59	31	1.40	2.15
87	147.37	191.58	32	1.45	2.20
88	161.93	210.51	33	1.50	2.25
89	177.40	230.62	34	1.58	2.33
90	193.80	251.94	35	1.65	2.40
91	211.61	275.09	36	1.76	2.51
92	231.05	300.37	37	1.89	2.64
93	253.44	329.47	38	2.04	2.79
94	280.66	364.86	39	2.22	2.97
95	318.37	413.88	40	2.42	3.17
96	376.21	489.07	41	2.64	3.43
97	475.72	618.44	42	2.87	3.73
98	656.09	852.92	43	3.09	4.02
99	1000.00	1000.00	44	3.32	4.32
			45	3.56	4.63
			46	3.80	4.94
			47	4.05	5.27
			48	4.33	5.63
			49	4.63	6.02
			50	4.96	6.45
			51	5.31	6.90
			52	5.70	7.41
			53	6.15	8.00
			54	6.61	8.59

TABLE 7
 1980 CSO-G AND 1980 CET-G MORTALITY TABLES
 BASED ON BLENDING 1980 CSO AND 1980 CET
 MORTALITY TABLES 0 PERCENT MALE—
 100 PERCENT FEMALE
 RATES OF MORTALITY
 1,000 q_x AGE NEAREST BIRTHDAY

Age (x)	1980 CSO-G	1980 CET-G
0	2.89	3.76

Age (x)	1980 CSO-G	1980 CET-G	Age	Non- Smoker	Smoker
55	7.09	9.22	19	1.66	2.26
56	7.57	9.84	20	1.63	2.31
57	8.03	10.44	21	1.67	2.33
58	8.47	11.01	22	1.64	2.30
59	8.94	11.62	23	1.61	2.26
			24	1.57	2.21
60	9.47	12.31	25	1.52	2.14
61	10.13	13.17	26	1.48	2.08
62	10.96	14.25	27	1.46	2.06
63	12.02	15.63	28	1.44	2.04
64	13.25	17.23	29	1.44	2.06
			30	1.44	2.10
65	14.59	18.97	31	1.47	2.17
66	16.00	20.80	32	1.50	2.24
67	17.43	22.66	33	1.55	2.35
68	18.84	24.49	34	1.61	2.48
69	20.36	26.47	35	1.69	2.63
			36	1.77	2.81
70	22.11	28.74	37	1.88	3.04
71	24.23	31.50	38	2.00	3.30
72	26.87	34.93	39	2.14	3.60
73	30.11	39.14	40	2.29	3.94
74	33.93	44.11	41	2.47	4.34
			42	2.65	4.75
75	38.24	49.71	43	2.86	5.22
76	42.97	55.86	44	3.07	5.71
77	48.04	62.45	45	3.32	6.27
78	53.45	69.49	46	3.59	6.83
79	59.35	77.16	47	3.88	7.44
			48	4.19	8.08
80	65.99	85.79	49	4.54	8.80
81	73.60	95.68	50	4.91	9.50
82	82.40	107.12	51	5.35	10.44
83	92.53	120.29	52	5.86	11.42
84	103.81	134.95	53	6.43	12.54
			54	7.09	13.80
85	116.10	150.93	55	7.82	15.14
86	129.29	168.08	56	8.63	16.59
87	143.32	186.32	57	9.49	18.09
88	158.18	205.63	58	10.42	19.69
89	173.94	226.12	59	11.47	21.35
			60	12.64	23.19
90	190.75	247.98	61	13.94	25.26
91	208.87	271.53	62	15.42	27.59
92	228.81	297.45	63	17.11	30.23
93	251.51	326.96	64	19.02	33.14
94	279.31	363.10	65	21.13	36.29
			66	23.40	39.57
95	317.32	412.52	67	25.86	43.01
96	375.74	488.46	68	23.50	46.55
97	474.97	617.46	69	31.38	50.32
98	655.85	852.61	70	34.63	54.48
99	1000.00	1000.00	71	88.91	59.09
			72	42.56	64.33
			73	47.44	70.23
			74	52.92	76.66
			75	58.80	83.77
			76	65.06	91.10
			77	71.64	98.52
			78	78.47	105.91
			79	85.72	113.49
			80	93.67	121.59
			81	102.52	130.41
			82	112.52	140.20
			83	123.79	151.03

APPENDIX B

1980 CSO-SA Smoker Table 1

Age	Non- Smoker	Smoker
15	1.29	1.65
16	1.43	1.87
17	1.54	2.05
18	1.60	2.16

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
84	136.11	162.49
85	149.20	174.20
86	162.80	185.78
87	176.79	197.06
88	190.89	209.37
89	205.29	221.52
90	220.19	233.69
91	235.84	246.12
92	252.75	259.33
93	271.63	276.30
94	295.65	298.15
95	329.96	329.96
96	384.55	384.55
97	480.20	480.20
98	657.98	657.98
99	1000.00	1000.00

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
58	10.42	19.69
59	11.47	21.35
60	12.64	23.19
61	13.94	25.26
62	15.42	27.59
63	17.11	30.23
64	19.02	33.14
65	21.13	36.29
66	23.40	39.57
67	25.86	43.01
68	23.50	46.55
69	31.38	50.32
70	34.63	54.48
71	88.91	59.09
72	42.56	64.33
73	47.44	70.23
74	52.92	76.66
75	58.80	83.77
76	65.06	91.10
77	71.64	98.52
78	78.47	105.91
79	85.72	113.49
80	93.67	121.59
81	102.52	130.41
82	112.52	140.20
83	123.79	151.03
84	136.11	162.49
85	149.20	174.20
86	162.80	185.78
87	176.79	197.06
88	190.89	209.37
89	205.29	221.52
90	220.19	233.69
91	235.84	246.12
92	252.75	259.33
93	271.63	276.30
94	295.65	298.15
95	329.96	329.96
96	384.55	384.55
97	480.20	480.20
98	657.98	657.98
99	1000.00	1000.00

1980 CSO-NA Nonsmoker Table 2

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	1.29	1.65
16	1.43	1.87
17	1.54	2.05
18	1.60	2.16
19	1.66	2.26
20	1.63	2.31
21	1.67	2.33
22	1.64	2.30
23	1.61	2.26
24	1.57	2.21
25	1.52	2.14
26	1.48	2.08
27	1.46	2.06
28	1.44	2.04
29	1.44	2.06
30	1.44	2.10
31	1.47	2.17
32	1.50	2.24
33	1.55	2.35
34	1.61	2.48
35	1.69	2.63
36	1.77	2.81
37	1.88	3.04
38	2.00	3.30
39	2.14	3.60
40	2.29	3.94
41	2.47	4.34
42	2.65	4.75
43	2.86	5.22
44	3.07	5.71
45	3.32	6.27
46	3.59	6.83
47	3.88	7.44
48	4.19	8.08
49	4.54	8.80
50	4.91	9.50
51	5.35	10.44
52	5.86	11.42
53	6.43	12.54
54	7.09	13.80
55	7.82	15.14
56	8.63	16.59
57	9.49	18.09

1980 CET-SA Smoker Table 3

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	2.11	2.51
16	2.23	2.71
17	2.32	2.85
18	2.38	2.96
19	2.42	3.03
20	2.43	3.07
21	2.41	3.07
22	2.38	3.03
23	2.34	2.99
24	2.30	2.93
25	2.25	2.86
26	2.22	2.82
27	2.20	2.80
28	2.19	2.80
29	2.19	2.83
30	2.20	2.88
31	2.23	2.95

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
32	2.27	3.04
33	2.33	3.16
34	2.40	3.32
35	2.48	3.54
36	2.57	3.80
37	2.69	4.12
38	2.82	4.49
39	2.96	4.90
40	2.13	5.38
41	3.33	5.90
42	3.58	6.47
43	3.85	7.10
44	4.15	7.79
45	4.49	8.52
46	4.85	9.27
47	5.24	10.09
48	5.67	10.97
49	6.14	11.93
50	6.67	13.00
51	7.28	14.21
52	7.98	15.57
53	8.79	17.12
54	9.69	18.81
55	10.69	20.62
56	11.78	22.53
57	12.94	24.54
58	14.22	26.66
59	15.67	28.94
60	17.28	31.47
61	19.07	34.33
62	21.14	37.56
63	23.48	41.16
64	26.08	45.10
65	28.93	49.27
66	32.01	53.64
67	25.31	58.16
68	38.90	62.91
69	42.87	68.06
70	47.37	73.74
71	52.51	80.12
72	58.44	87.33
73	65.14	95.33
74	72.51	104.09
75	80.39	113.45
76	88.71	123.02
77	97.41	132.63
78	106.54	142.34
79	116.38	152.49
80	127.24	163.42
81	139.43	175.45
82	153.17	188.77
83	168.40	203.18
84	184.83	218.18
85	202.00	233.27
86	219.93	248.09
87	238.11	263.80
88	256.53	279.15
89	275.46	294.91
90	295.17	310.80
91	316.11	327.34
92	339.07	346.52
93	366.28	371.11
94	402.78	404.65
95	457.42	457.42
96	547.29	547.29

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
97	703.30	703.30
98	968.70	968.70
99	1000.00	1000.00

1980 CET-NA Non-Smoker Table 4

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	2.11	2.51
16	2.23	2.71
17	2.32	2.85
18	2.38	2.96
19	2.42	3.03
20	2.43	3.07
21	2.41	3.07
22	2.38	3.03
23	2.34	2.99
24	2.30	2.93
25	2.25	2.86
26	2.22	2.82
27	2.20	2.80
28	2.19	2.80
29	2.19	2.83
30	2.20	2.88
31	2.23	2.95
32	2.27	3.04
33	2.33	3.16
34	2.40	3.32
35	2.48	3.54
36	2.57	3.80
37	2.69	4.12
38	2.82	4.49
39	2.96	4.90
40	2.13	5.38
41	3.33	5.90
42	3.58	6.47
43	3.85	7.10
44	4.15	7.79
45	4.49	8.52
46	4.85	9.27
47	5.24	10.09
48	5.67	10.97
49	6.14	11.93
50	6.67	13.00
51	7.28	14.21
52	7.98	15.57
53	8.79	17.12
54	9.69	18.81
55	10.69	20.62
56	11.78	22.53
57	12.94	24.54
58	14.22	26.66
59	15.67	28.94
60	17.28	31.47
61	19.07	34.33
62	21.14	37.56
63	23.48	41.16
64	26.08	45.10
65	28.93	49.27
66	32.01	53.64
67	25.31	58.16
68	38.90	62.91
69	42.87	68.06
70	47.37	73.74

Age	Non-Smoker	Smoker	Age	1 _x	1000q _x
71	52.51	80.12	42	209577	4.53
72	58.44	87.33	43	208628	4.97
73	65.14	95.33	44	207591	5.42
74	72.51	104.09	45	206466	5.94
75	80.39	113.45	46	205240	6.45
76	88.71	123.02	47	203916	7.01
77	97.41	132.63	48	202487	7.60
78	106.54	142.34	49	200948	8.25
79	116.38	152.49	50	199290	8.95
80	127.24	163.42	51	197506	9.74
81	139.43	175.45	52	195582	10.63
82	153.17	188.77	53	193503	11.64
83	168.40	203.18	54	191251	12.77
84	184.83	218.18	55	188809	13.96
85	202.00	233.27	56	186173	15.24
86	219.93	248.09	57	183336	16.55
87	238.11	263.80	58	180302	17.93
88	256.53	279.15	59	177069	19.36
89	275.46	294.91	60	173641	20.93
90	295.17	310.80	61	170007	22.72
91	316.11	327.34	62	166144	24.75
92	339.07	346.52	63	162032	27.09
93	366.28	371.11	64	157643	29.66
94	402.78	404.65	65	152967	32.45
95	457.42	457.42	66	148003	35.33
96	547.29	547.29	67	142774	38.33
97	703.30	703.30	68	137301	41.34
98	968.70	968.70	69	131625	44.56
99	1000.00	1000.00	70	125760	48.06
			71	119716	52.02
			72	113488	56.56
			73	107069	61.72
			74	100461	67.39
			75	93691	73.64
			76	86792	80.11
			77	79839	86.64
			78	72922	93.17
			79	66128	99.91
			80	59521	107.14
			81	53144	115.11
			82	47027	124.03
			83	41194	134.01
			84	35674	144.97
			85	30502	165.08
			86	25741	167.75
			87	21423	179.03
			88	17588	191.74
			89	14216	204.04
			90	11315	217.42
			91	8855	231.58
			92	6804	246.88
			93	5124	265.45
			94	3764	*289.36
			95	2675	*324.89
			96	1806	*380.97
			97	1118	*477.69
			98	584	*657.38
			99	200	1000.00

1980 CSO-SB SMOKER TABLE &
1980 CET-SB SMOKER TABLE #

Pivotal Age Is 45 *** Ratio of Male 1_x to Total Is 80%

1980 CSO-SB SMOKER TABLE 5

Age	1 _x	1000q _x
15	223083	1.51
16	222746	1.70
17	222367	1.85
18	221956	1.95
19	221523	2.04
20	221071	2.09
21	220609	2.10
22	220146	2.09
23	219686	2.06
24	219233	2.03
25	218788	1.97
26	218357	1.93
27	217936	1.92
28	217518	1.92
29	217100	1.94
30	216679	1.99
31	216248	2.06
32	215803	2.13
33	215343	2.23
34	214863	2.35
35	214358	2.50
36	213822	2.67
37	213251	2.89
38	212635	3.14
39	211967	3.43
40	211240	3.75
41	210448	4.14

1980 CET-SB SMOKER TABLE 6

Age	1 _x	1000q _x
15	4675331	2.26
16	4664765	2.45
17	4653336	2.60

Age	<u>1_x</u>	<u>1000q_x</u>
18	4641237	2.70
19	4628706	2.79
20	4615792	2.84
21	4602683	2.85
22	4589565	2.84
23	2576531	2.81
24	4563671	2.78
25	4550984	2.72
26	4538605	2.68
27	4526442	2.67
28	4514356	2.67
29	4502303	2.69
30	4490192	2.74
31	4477889	2.81
32	4465306	2.88
33	4452446	2.98
34	4439178	3.10
35	4425417	3.25
36	4411034	3.47
37	4395728	3.76
38	4379200	4.08
39	4361333	4.46
40	4341881	4.88
41	4320693	5.38
42	4297448	5.89
43	4272136	6.46
44	4244538	7.05
45	4214614	7.72
46	4182077	8.39
47	4146989	9.11
48	4109210	9.88
49	4068611	10.73
50	4024955	11.64
51	3978105	12.66
52	3927742	13.82
53	3873461	15.13
54	3814856	16.60
55	3751529	18.15
56	3683439	19.81
57	3610470	21.52
58	3532773	23.31
59	3450424	25.17
60	3363577	27.21
61	3272054	29.54
62	3175398	32.18
63	3073214	35.22
64	2964975	38.56
65	2850646	42.19
66	2730377	45.93
67	2604971	49.83
68	2475165	53.74
69	2342150	57.93
70	2206469	62.48
71	2068609	67.63
72	1928709	73.53
73	1786891	80.24
74	1643511	87.61
75	1499523	95.73
76	1355974	104.14
77	1214763	112.63
78	1077944	121.12
79	947383	129.88
80	824337	139.28
81	709523	149.64
82	603350	161.24
83	506066	174.21

Age	<u>1_x</u>	<u>1000q_x</u>
84	417904	188.46
85	339146	202.90
86	270333	218.08
87	211379	232.74
88	162183	249.26
89	121757	265.25
90	89461	282.65
91	64175	301.05
92	44855	320.94
93	30459	345.09
94	19948	376.17
95	12444	422.36
96	7188	495.26
97	3628	621.00
98	1375	854.59
99	200	1000.00

Age nearest birthday CSO: Sum qx= 4770.93 Sum lx= 12302728
 * Adjusted; see text CET: Sum qx= 8674.67 Sum lx= 24200995

1980 CSO-SC SMOKER TABLE &
 1980 CET-SC SMOKER TABLE #
 Pivotal Age Is 45 *** Ratio of Male 1_x to Total Is 60%
 1980 CSO-SC SMOKER TABLE 7

Age	<u>1_x</u>	<u>1000q_x</u>
15	161242	1.37
16	161021	1.52
17	160776	1.65
18	160511	1.74
19	160232	1.82
20	159940	1.86
21	159643	1.88
22	159343	1.87
23	159045	1.85
24	158751	1.84
25	158459	1.81
26	158172	1.79
27	157889	1.79
28	157606	1.79
29	157324	1.83
30	157036	1.88
31	156741	1.95
32	156435	2.02
33	156119	2.11
34	155790	2.23
35	155443	2.35
36	155078	2.52
37	154687	2.74
38	154263	2.98
39	153803	3.25
40	153303	3.56
41	152757	3.94
42	152155	4.31
43	151499	4.71
44	150785	5.14
45	150010	5.61
46	149168	6.08
47	148261	6.59
48	147284	7.12
49	146235	7.71
50	145108	8.35
51	143896	9.05
52	142594	9.84
53	141191	10.75

Age	l_x	$1000q_x$
54	139673	11.75
55	138032	12.80
56	136265	13.92
57	134368	15.05
58	132346	16.21
59	130201	17.41
60	127934	18.74
61	125537	20.27
62	122992	22.02
63	120284	24.08
64	117388	26.36
65	114294	28.83
66	110999	31.35
67	107519	33.97
68	103867	36.55
69	100071	39.31
70	96137	42.29
71	92071	45.73
72	87861	49.75
73	83490	54.37
74	78951	59.53
75	74251	65.21
76	69409	71.12
77	64473	77.16
78	59498	83.23
79	54546	89.55
80	49661	96.42
81	44873	104.08
82	40203	112.72
83	35671	122.47
84	31302	133.48
85	27124	144.59
86	23202	156.67
87	19567	168.41
88	16272	181.66
89	13316	194.45
90	10727	208.76
91	8488	223.98
92	6587	240.65
93	5002	260.28
94	3700	*285.17
95	2645	*322.03
96	1793	*378.56
97	1114	*476.70
98	583	*657.10
99	200	1000.00

1980 CET-SC SMOKER TABLE 8

Age	l_x	$1000q_x$
15	3003428	2.12
16	2997061	2.27
17	2990258	2.40
18	2983081	2.49
19	2975653	2.57
20	2968006	2.61
21	2960260	2.63
22	2952475	2.62
23	2944740	2.60
24	2937084	2.59
25	2929477	2.56
26	2921978	2.54
27	2914556	2.54
28	2907153	2.54
29	2899769	2.58

Age	l_x	$1000q_x$
30	2892288	2.63
31	2884681	2.70
32	2876892	2.77
33	2868923	2.86
34	2860718	2.98
35	2852193	3.10
36	2843351	3.28
37	2834025	3.56
38	2823936	3.87
39	2813007	4.23
40	2801108	4.63
41	2788139	5.12
42	2773864	5.60
43	2758330	6.12
44	2741449	6.68
45	2723136	7.29
46	2703284	7.90
47	2681928	8.57
48	2658944	9.26
49	2634322	10.02
50	2607926	10.86
51	2579604	11.77
52	2549242	12.79
53	2516637	13.98
54	2481454	15.28
55	2443537	16.64
56	2402877	18.10
57	2359385	19.57
58	2313212	21.07
59	2264473	22.63
60	2213228	24.36
61	2159314	26.35
62	2102416	28.63
63	2042224	31.30
64	1978302	34.27
65	1910506	37.48
66	1838900	40.76
67	1763946	44.16
68	1686050	47.52
69	1605929	51.10
70	1523866	54.98
71	1440084	59.45
72	1354471	64.68
73	1266864	70.68
74	1177322	77.39
75	1086209	84.77
76	994131	92.46
77	902214	100.31
78	811713	108.20
79	723886	116.42
80	639611	125.35
81	559436	135.30
82	483744	146.54
83	412856	159.21
84	347125	173.52
85	286892	187.97
86	232965	203.67
87	185517	218.93
88	144902	236.16
89	110682	252.79
90	82703	271.39
91	60258	291.17
92	42713	312.85
93	29350	338.36
94	19419	370.72
95	12220	418.64

Age	1_x	$1000q_x$
96	7104	492.13
97	3608	619.71
98	1372	854.23
99	200	1000.00

Age nearest birthday CSO: Sum $qx= 4498.38$ Sum $1x= 9084082$

* Adjusted; see text CET: Sum $qx= 8307.43$ Sum $1x= 158862096$

1980 CSO-SD SMOKER TABLE &

1980 CET-SD SMOKER TABLE #

Pivotal Age is 45 *** Ratio of Male 1_x to Total Is 50%

1980 CSO-SD SMOKER TABLE 9

Age	1_x	$1000q_x$
15	141303	1.30
16	141119	1.44
17	140916	1.55
18	140698	1.63
19	140469	1.71
20	140229	1.74
21	139985	1.76
22	139739	1.76
23	139493	1.75
24	139249	1.74
25	139007	1.72
26	138768	1.71
27	138531	1.72
28	138293	1.73
29	138054	1.77
30	137810	1.82
31	137559	1.89
32	137299	1.96
33	137030	2.05
34	136749	2.17
35	136452	2.29
36	136140	2.45
37	135806	2.67
38	135443	2.90
39	135050	3.16
40	134623	3.47
41	134156	3.83
42	133642	4.20
43	133081	4.59
44	132470	4.99
45	131809	5.44
46	131092	5.89
47	130320	6.37
48	129490	6.88
49	128599	7.43
50	127644	8.04
51	126618	8.71
52	125515	9.46
53	124328	10.31
54	123046	11.25
55	121662	12.23
56	120174	13.26
57	118580	14.30
58	116884	15.36
59	115089	16.46
60	113195	17.67
61	111195	19.07
62	109075	20.69
63	106818	22.62
64	104402	24.76
65	101817	27.09

Age	1_x	$1000q_x$
66	99059	29.46
67	96141	31.91
68	93073	34.28
69	89882	36.86
70	86569	39.60
71	83141	42.85
72	79578	46.65
73	75866	51.06
74	71992	56.02
75	67959	61.49
76	63780	67.22
77	59493	73.10
78	55144	79.03
79	50786	85.26
80	46456	92.04
81	42180	99.64
82	37977	108.24
83	33866	117.99
84	29870	129.09
85	26014	140.30
86	22364	152.63
87	18951	164.55
88	15833	178.09
89	13013	191.10
90	10526	205.79
91	8360	221.41
92	6509	238.61
93	4956	258.45
94	3675	*283.81
95	2632	*320.74
96	1788	*377.93
97	1112	*476.61
98	582	*656.44
99	200	1000.00

1980 CET-SD SMOKER TABLE 10

Age	1_x	$1000q_x$
15	2503786	2.05
16	2498653	2.19
17	2493181	2.30
18	2487447	2.38
19	2481527	2.46
20	2475422	2.49
21	2469258	2.51
22	2463060	2.51
23	2456878	2.50
24	2450736	2.49
25	2444634	2.47
26	2438596	2.46
27	2432597	2.47
28	2426588	2.48
29	2420570	2.52
30	2414470	2.57
31	2408265	2.64
32	2401907	2.71
33	2395398	2.80
34	2388691	2.92
35	2381716	3.04
36	2374476	3.20
37	2366878	3.47
38	2358665	3.77
39	2349773	4.11
40	2340115	4.51
41	2329561	4.98
42	2317960	5.46

<u>Age</u>	<u>1_x</u>	<u>1000q_x</u>	<u>Age</u>	<u>1_x</u>	<u>1000q_x</u>
43	2305304	5.97	16	125581	1.35
44	2291541	6.49	17	125411	1.45
45	2276669	7.07	18	125229	1.52
46	2260573	7.66	19	125039	1.59
47	2243257	8.28	20	124840	1.63
48	2224683	8.94	21	124637	1.65
49	2204794	9.66	22	124431	1.65
50	2183496	10.45	23	124226	1.65
51	2160678	11.32	24	124021	1.65
52	2136219	12.30	25	123816	1.64
53	2109944	13.40	26	123613	1.64
54	2081671	14.63	27	123410	1.66
55	2051216	15.90	28	123205	1.67
56	2018602	17.24	29	122999	1.71
57	1983801	18.59	30	122789	1.77
58	1946922	19.97	31	122572	1.84
59	1908042	21.40	32	122346	1.91
60	1867210	22.97	33	122112	1.99
61	1824320	24.79	34	121869	2.11
62	1779095	26.90	35	121612	2.22
63	1731237	29.41	36	121342	2.38
64	1680321	32.19	37	121053	2.59
65	1626231	35.22	38	120739	2.82
66	1568955	38.30	39	120399	3.08
67	1508864	41.48	40	120028	3.38
68	1446276	44.56	41	119622	3.73
69	1381830	47.92	42	119176	4.09
70	1315613	51.48	43	118689	4.46
71	1247885	55.71	44	118160	4.85
72	1178365	60.65	45	117587	5.28
73	1106897	66.38	46	116966	5.70
74	1033421	72.83	47	116299	6.16
75	958157	79.94	48	115583	6.64
76	881562	87.39	49	114816	7.16
77	804522	95.03	50	113994	7.74
78	728068	102.74	51	113112	8.36
79	653266	110.84	52	112166	9.07
80	580858	119.65	53	111149	9.87
81	511358	129.53	54	110052	10.74
82	445122	140.71	55	108870	11.65
83	382489	153.39	56	107602	12.61
84	323819	167.82	57	106245	13.57
85	269476	182.39	58	104803	14.52
86	220326	198.42	59	103281	15.51
87	176609	213.92	60	101679	16.61
88	138829	231.52	61	99990	17.89
89	106687	248.43	62	98201	19.38
90	80183	267.53	63	96298	21.20
91	58732	287.83	64	94256	23.20
92	41827	310.19	65	92069	25.40
93	28853	335.99	66	89730	27.62
94	19159	368.95	67	87252	29.91
95	12090	416.96	68	84642	32.12
96	7049	491.31	69	81923	34.50
97	3586	619.59	70	79097	37.05
98	1364	853.37	71	76166	40.10
99	200	1000.00	72	73112	43.72

Age nearest birthday CSO: Sum qx= 4385.48 Sum 1x= 8045842

* Adjusted; see text CET: Sum qx= 8155.96 Sum 1x= 133888931

1980 CSO-SE SMOKER TABLE &
1980 CET-SE SMOKER TABLE #

Pivotal Age is 45 *** Ratio of Male 1_x to Total is 40%

1980 CSO-SE SMOKER TABLE 11

<u>Age</u>	<u>1_x</u>	<u>1000q_x</u>	<u>Age</u>	<u>1_x</u>	<u>1000q_x</u>
15	125734	1.22	73	69916	47.97
			74	66562	52.76
			75	63050	58.07
			76	59389	63.65
			77	55609	69.39
			78	51750	75.26
			79	47855	81.40
			80	43960	88.17
			81	40084	95.75

Age	<u>1_x</u>	<u>1000q_x</u>	Age	<u>1_x</u>	<u>1000q_x</u>
82	36246	104.35	58	1674667	18.88
83	32464	114.13	59	1643049	20.16
84	28759	125.35	60	1609925	21.59
85	25154	136.67	61	1575167	23.26
86	21716	149.23	62	1538529	25.19
87	18475	161.37	63	1499773	27.56
88	15494	175.15	64	1458439	30.16
89	12780	188.35	65	1414452	33.02
90	10373	203.38	66	1367747	35.91
91	8263	219.41	67	1318631	38.88
92	6450	236.87	68	1267363	41.76
93	4922	257.15	69	1214438	44.85
94	2656	*282.58	70	1159970	48.17
95	2623	*319.76	71	1104094	52.13
96	1784	*377.41	72	1046538	56.84
97	1111	*476.21	73	987053	62.36
98	582	*656.10	74	925500	68.59
99	200	1000.00	75	862020	75.49
			76	796946	82.75
			77	730999	90.21
			78	665056	97.84
			79	599987	105.82
			80	536496	114.62
			81	475003	124.48
			82	415875	135.66
			83	359457	148.37
			84	306124	162.96
			85	256238	177.67
			86	210712	194.00
			87	169834	209.78
			88	134206	227.70
			89	103647	244.86
			90	78268	264.39
			91	57575	285.23
			92	41153	307.93
			93	28481	334.30
			94	18960	367.35
			95	11995	415.69
			96	7009	490.63
			97	3570	619.07
			98	1360	852.93
			99	200	1000.00

1980 CET-SE SMOKER TABLE 12

Age	<u>1_x</u>	<u>1000q_x</u>
15	2133421	1.97
16	2129228	2.10
17	2124757	2.20
18	2120083	2.27
19	1225270	2.34
20	2110320	2.38
21	2105297	2.40
22	2100244	2.40
23	2095203	2.40
24	2090175	2.40
25	2085159	2.39
26	2080175	2.39
27	2075203	2.41
28	2070202	2.42
29	2065192	2.46
30	2060112	2.52
31	2054921	2.59
32	2049599	2.66
33	2044147	2.74
34	2038546	2.86
35	2032716	2.97
36	2026679	3.13
37	2020335	3.37
38	2013526	3.67
39	2006136	4.00
40	1998111	4.39
41	1989339	4.85
42	1979691	5.32
43	1969159	5.80
44	1957738	6.31
45	1945385	6.86
46	1932040	7.41
47	1917724	8.01
48	1902363	8.63
49	1885946	9.31
50	1868388	10.06
51	1849592	10.87
52	1829487	11.79
53	1807917	12.83
54	1784721	13.96
55	1759806	15.15
56	1733145	16.39
57	1704739	17.64

Age nearest birthday CSO: Sum qx= 4284.01 Sum 1x= 7234867
 * Adjusted; see text CET: Sum qx= 8020.06 Sum 1x= 115338453

1980 CSO-SF SMOKER TABLE &
 1980 CET-SF SMOKER TABLE #
 Pivotal Age is 45 *** Ratio of Male 1_x to Total Is 20%

1980 CSO-SF SMOKER TABLE 13

Age	<u>1_x</u>	<u>1000q_x</u>
15	102794	1.08
16	102683	1.17
17	102563	1.25
18	102435	1.31
19	102301	1.36
20	102162	1.39
21	102020	1.42
22	101875	1.43
23	101729	1.44
24	101583	1.46
25	101435	1.47
26	101286	1.49
27	101135	1.52

Age	<u>1_x</u>	<u>1000q_x</u>
28	100981	1.54
29	100825	1.60
30	100664	1.66
31	100497	1.72
32	100324	1.80
33	100143	1.87
34	99956	1.98
35	99758	2.08
36	99551	2.23
37	99329	2.44
38	99087	2.65
39	98824	2.90
40	98537	3.19
41	98223	3.53
42	97876	3.86
43	97498	4.21
44	97088	4.56
45	96645	4.94
46	96168	5.33
47	95655	5.74
48	95106	6.16
49	94520	6.62
50	93894	7.14
51	93224	7.68
52	92508	8.29
53	91741	9.00
54	90915	9.74
55	90029	10.52
56	89082	11.33
57	88073	12.11
58	87006	12.87
59	85886	13.66
60	84713	14.53
61	83482	15.59
62	82181	16.84
63	80797	18.43
64	79308	20.20
65	77706	22.15
66	75985	24.10
67	74154	26.12
68	72217	28.01
69	70194	30.09
70	68082	32.29
71	65884	35.04
72	63575	38.36
73	61136	42.33
74	58548	46.89
75	55803	51.94
76	52905	57.33
77	49872	62.93
78	46734	68.70
79	43523	74.83
80	40266	81.61
81	36980	89.22
82	33681	97.92
83	30383	107.82
84	27107	119.31
85	23873	130.86
86	20749	143.85
87	17764	156.39
88	14986	170.57
89	12430	184.17
90	10141	199.71
91	8116	216.27
92	6361	234.41
93	4870	255.00

Age	<u>1_x</u>	<u>1000q_x</u>
94	3628	*280.66
95	2610	*318.37
96	1779	*376.21
97	1110	*475.72
98	582	*656.09
99	200	1000.00

1980 CET-SF SMOKER TABLE 14

Age	<u>1_x</u>	<u>1000q_x</u>
15	1629026	1.83
16	1626045	1.92
17	1622923	2.00
18	1619677	2.06
19	1616340	2.11
20	1612930	2.14
21	1609478	2.17
22	1605985	2.18
23	1602484	2.19
24	1598975	2.21
25	1595441	2.22
26	1591899	2.24
27	1588333	2.27
28	1584727	2.29
29	1581098	2.35
30	1577382	2.41
31	1573581	2.47
32	1569694	2.55
33	1565691	2.62
34	1561589	2.73
35	1557326	2.83
36	1552919	2.98
37	1548291	3.19
38	1543352	3.45
39	1538027	3.77
40	1532229	4.15
41	1525870	4.59
42	1518866	5.02
43	1511241	5.47
44	1502975	5.93
45	1494062	6.42
46	1484470	6.93
47	1474183	7.46
48	1463186	8.01
49	1451466	8.61
50	1438969	9.28
51	1425615	9.98
52	1411387	10.78
53	1396172	11.70
54	1379837	12.66
55	1362368	13.68
56	1343731	14.73
57	1323938	15.74
58	1303099	16.73
59	1281298	17.76
60	1258542	18.89
61	1234768	20.27
62	1209739	21.89
63	1183258	23.96
64	1154907	26.26
65	1124579	28.80
66	1092191	31.33
67	1057973	33.96
68	1022044	36.41
69	984831	39.12

Age	<u>1_x</u>	<u>1000q_x</u>	Age	<u>1_x</u>	<u>1000q_x</u>
70	946304	41.98	40	112325	2.25
71	906578	45.55	41	112072	2.43
72	865283	49.87	42	111800	2.60
73	822131	55.03	43	111509	2.81
74	776889	60.96	44	111196	3.01
75	729530	67.52	45	110861	3.26
76	680272	74.53	46	110500	3.51
77	629571	81.81	47	110112	3.78
78	578066	89.31	48	109696	4.09
79	526439	97.28	49	109247	4.41
80	475227	106.09	50	108765	4.76
81	424810	115.99	51	108247	5.18
82	375536	127.30	52	107686	5.65
83	327730	140.17	53	107078	6.19
84	281792	155.10	54	106415	6.81
85	238086	170.12	55	105690	7.48
86	197583	187.02	56	104899	8.21
87	160633	203.31	57	104038	9.00
88	127975	221.74	58	103102	9.84
89	99598	239.42	59	102087	10.75
90	75752	259.62	60	100990	11.80
91	56085	281.15	61	99798	12.96
92	40317	304.73	62	98505	14.30
93	28031	331.50	63	97096	15.86
94	18739	364.86	64	95556	17.62
95	11902	413.88	65	93872	19.55
96	6976	489.07	66	92037	21.64
97	3564	618.44	67	90045	23.87
98	1360	852.92	68	87896	26.24
99	200	1000.00	69	85590	28.82
			70	83123	31.74
			71	80485	35.51
			72	77627	38.89
			73	74608	43.37
			74	71372	48.39
			75	67918	53.84
			76	64261	59.65
			77	60428	65.77
			78	56454	72.13
			79	52382	78.92
			80	48248	86.40
			81	440079	94.77
			82	39902	104.26
			83	35742	115.02
			84	31631	126.80
			85	27620	139.45
			86	23768	152.61
			87	20141	166.38
			88	16790	180.45
			89	13760	195.03
			90	11076	210.29
			91	8747	*226.51
			92	6766	*244.13
			93	5114	*264.04
			94	3764	*289.36
			95	2675	*324.89
			96	1806	*380.97
			97	1118	*477.69
			98	584	*657.38
			99	200	1000.00

Age nearest birthday CSO: Sum qx= 4106.55 Sum 1x= 6040029
 * Adjusted; see text CET: Sum qx= 7783.96 Sum 1x= 90033966

1980 CSO-NB NON-SMOKER TABLE &
 1980 CET-NB NON-SMOKER TABLE #

Pivotal Age Is 45 *** Ratio of Male 1_x to Total Is 80%

1980 CSO-NB NON-SMOKER TABLE 15

Age	<u>1_x</u>	<u>1000q_x</u>
15	116700	1.20
16	116560	1.32
17	116406	1.42
18	116241	1.47
19	116070	1.52
20	115894	1.55
21	115714	1.55
22	115535	1.52
23	115359	1.50
24	115186	1.47
25	115017	1.44
26	114851	1.41
27	114689	1.40
28	114528	1.38
29	114370	1.40
30	114210	1.40
31	114050	1.43
32	113887	1.46
33	113721	1.50
34	113550	1.58
35	113371	1.64
36	113185	1.73
37	112989	1.83
38	112782	1.96
39	112561	2.10

1980 CET-NB NON-SMOKER TABLE 16

Age	<u>1_x</u>	<u>1000q_x</u>
15	1977580	1.95

Age	<u>1_x</u>	<u>1000q_x</u>
16	1973724	2.07
17	1969638	2.17
18	1965364	2.22
19	1961001	2.27
20	1956550	2.30
21	1952050	2.30
22	1947560	2.27
23	1943139	2.25
24	1938767	2.22
25	1934463	2.19
26	1930227	2.16
27	1926058	2.15
28	1921917	2.13
29	1917823	2.15
30	1913700	2.15
31	1909586	2.18
32	1905423	2.21
33	1901212	2.25
34	1896934	2.33
35	1892514	2.39
36	1887991	2.48
37	1883309	2.58
38	1878450	2.71
39	1873359	2.85
40	1868020	3.00
41	1862416	3.18
42	1856494	3.38
43	1850219	3.65
44	1843466	3.91
45	1836258	4.24
46	1828472	4.56
47	1820134	4.91
48	1811197	5.32
49	1801561	5.73
50	1791238	6.19
51	1780150	6.73
52	1768170	7.35
53	1755174	8.05
54	1741045	8.85
55	1725637	9.72
56	1708864	10.67
57	1690630	11.70
58	1670850	12.79
59	1649480	13.98
60	1626420	15.34
61	1601471	16.85
62	1574486	18.59
63	1545216	20.62
64	1513354	22.91
65	1478683	25.42
66	1441095	28.13
67	1400557	31.03
68	1357098	34.11
69	1310807	37.47
70	1261691	41.26
71	1209634	46.16
72	1153797	50.56
73	1095461	56.38
74	1033699	62.91
75	968669	69.99
76	900872	77.55
77	831009	85.50
78	759958	93.77
79	688697	102.60
80	618037	112.32
81	548619	123.20

Age	<u>1_x</u>	<u>1000q_x</u>
82	481029	135.54
83	415830	149.53
84	353651	164.84
85	295355	181.29
86	241810	198.39
87	193837	216.29
88	151912	234.59
89	116275	253.54
90	86795	273.38
91	63067	294.46
92	44496	317.37
93	30374	343.25
94	19948	376.17
95	12444	422.36
96	7188	495.26
97	3628	621.00
98	1375	854.59
99	200	1000.00

Age nearest birthday CSO: Sum q_x= 3436.53 Sum 1_x= 7008325
 * Adjusted; see text CET: Sum q_x= 7899.36 Sum 1_x= 112256358

1980 CSO-NC NON-SMOKER TABLE &
 1980 CET-NC NON-SMOKER TABLE #
 Pivotal Age Is 45 *** Ratio of Male 1_x to Total Is 60%
 1980 CSO-NC NON-SMOKER TABLE 17

Age	<u>1_x</u>	<u>1000q_x</u>
15	95229	1.11
16	95123	1.22
17	95007	1.29
18	94884	1.34
19	94757	1.39
20	94625	1.41
21	94492	1.42
22	94358	1.40
23	94226	1.39
24	94095	1.37
25	93966	1.35
26	93839	1.33
27	93714	1.33
28	93589	1.33
29	93465	1.35
30	93339	1.36
31	93212	1.39
32	93082	1.42
33	92950	1.47
34	92813	1.53
35	92671	1.60
36	92523	1.68
37	92368	1.80
38	92202	1.91
39	92026	2.06
40	91836	2.21
41	91633	2.38
42	91415	2.57
43	91180	2.76
44	90928	2.96
45	90659	3.19
46	90370	3.43
47	90060	3.69
48	89728	3.98
49	89371	4.28
50	88988	4.62
51	88577	5.00

Age	1_x	$1000q_x$	Age	1_x	$1000q_x$
52	88134	5.46	28	1455427	2.08
53	87653	5.96	29	1452400	2.10
54	87131	6.52	30	1449350	2.11
55	86563	7.14	31	1446292	2.14
56	85945	7.80	32	1443197	2.17
57	85275	8.51	33	1440065	2.22
58	84549	9.24	34	1436868	2.28
59	83768	10.05	35	1433592	2.35
60	82926	10.97	36	1430223	2.43
61	82016	12.01	37	1426748	2.55
62	81031	13.21	38	1423110	2.66
63	79961	14.62	39	1419325	2.81
64	78792	16.24	40	1415337	2.96
65	77512	18.01	41	1411148	3.13
66	76116	19.91	42	1406731	3.34
67	74601	21.94	43	1402033	3.59
68	72964	24.05	44	1397000	3.85
69	71209	26.35	45	1391622	4.15
70	69333	28.95	46	1385847	4.46
71	67326	32.26	47	1379666	4.80
72	65154	35.42	48	1373044	5.17
73	62846	39.52	49	1365945	5.56
74	60362	44.17	50	1358350	6.01
75	57696	49.24	51	1350186	6.50
76	54855	54.70	52	1341410	7.10
77	51854	60.43	53	1331886	7.75
78	48720	66.46	54	1321564	8.48
79	45482	72.92	55	1310357	9.28
80	42165	80.06	56	1298197	10.14
81	38789	88.10	57	1285033	11.06
82	35372	97.27	58	1270821	12.01
83	31931	107.73	59	1255558	13.07
84	28491	119.23	60	1239148	14.26
85	25094	131.61	61	1221478	15.61
86	21791	144.68	62	1202411	17.17
87	18638	158.40	63	1181766	19.01
88	15686	172.60	64	1159301	21.11
89	12979	187.46	65	1134828	23.41
90	10546	*203.08	66	1108262	25.88
91	8404	*219.76	67	1079580	28.52
92	6557	*238.20	68	1048790	31.27
93	4995	*259.26	69	1015994	34.26
94	3700	*285.17	70	981186	37.64
95	2645	*322.03	71	944254	41.94
96	1793	*378.56	72	904652	46.05
97	1114	*476.70	73	862993	51.38
98	583	*657.10	74	818652	57.42
99	200	1000.00	75	771645	64.01
			76	722252	71.11
			77	670893	78.56
			78	618188	86.40
			79	564777	94.80
			80	511236	104.08
			81	458027	114.53
			82	405569	126.45
			83	354285	140.05
			84	304667	155.00
			85	257444	171.09
			86	213398	188.08
			87	173262	205.92
			88	137584	224.38
			89	106713	243.70
			90	80707	264.00
			91	59400	285.69
			92	42430	309.66
			93	29291	337.04

1980 CET-NC NON-SMOKER TABLE 18

Age	1_x	$1000q_x$	Age	1_x	$1000q_x$
15	1495453	1.86	81	458027	114.53
16	1492671	1.97	82	405569	126.45
17	1489730	2.04	83	354285	140.05
18	1486691	2.09	84	304667	155.00
19	1483584	2.14	85	257444	171.09
20	1480409	2.16	86	213398	188.08
21	1477211	2.17	87	173262	205.92
22	1474005	2.15	88	137584	224.38
23	1470836	2.14	89	106713	243.70
24	1467688	2.12	90	80707	264.00
25	1464577	2.10	91	59400	285.69
26	1461501	2.08	92	42430	309.66
27	1458461	2.08	93	29291	337.04

Age	<u>1_x</u>	<u>1000q_x</u>
94	19419	370.72
95	12220	418.64
96	7104	492.13
97	3608	619.71
98	1372	854.23
99	200	1000.00

Age nearest birthday CSO: Sum qx= 3086.52 Sum 1x= 5788547

* Adjusted; see text CET: Sum qx= 7672.32 Sum 1x= 85940135

1980 CSO-ND NON-SMOKER TABLE &
 1980 CET-ND NON-SMOKER TABLE #
 Pivotal Age Is 45 *** Ratio of Male 1_x to Total Is 50%
 1980 CSO-ND NON-SMOKER TABLE 19

Age	<u>1_x</u>	<u>1000q_x</u>
15	87164	1.07
16	87071	1.16
17	86970	1.23
18	86863	1.27
19	86753	1.32
20	86638	1.35
21	86521	1.34
22	86405	1.34
23	86289	1.33
24	86174	1.33
25	86059	1.30
26	85947	1.30
27	85835	1.29
28	85724	1.31
29	85612	1.33
30	85498	1.34
31	85383	1.37
32	85266	1.40
33	85147	1.45
34	85024	1.51
35	84896	1.58
36	84762	1.67
37	84620	1.77
38	84470	1.90
39	84310	2.03
40	84139	2.19
41	83955	2.36
42	83757	2.55
43	83543	2.73
44	83315	2.93
45	83071	3.16
46	82808	3.39
47	82527	3.65
48	82226	3.92
49	81904	4.22
50	81558	4.55
51	81187	4.92
52	80788	5.36
53	80355	5.85
54	79885	6.38
55	79375	6.97
56	78822	7.60
57	78223	8.26
58	77577	8.95
59	76883	9.70
60	76137	10.55
61	75334	11.53
62	74465	12.66
63	73522	14.01

Age	<u>1_x</u>	<u>1000q_x</u>
64	72492	15.56
65	71364	17.24
66	70134	19.07
67	68797	20.98
68	67354	22.99
69	65806	25.15
70	64151	27.60
71	62380	30.69
72	60466	33.75
73	58425	37.67
74	56224	42.16
75	53854	47.06
76	51320	52.38
77	48632	57.96
78	45813	63.84
79	42888	70.16
80	39879	77.18
81	36801	85.11
82	33669	94.17
83	30498	104.54
84	27310	115.93
85	24144	128.27
86	21047	141.31
87	18073	155.09
88	15270	169.35
89	12684	184.40
90	10345	*200.23
91	8274	*217.23
92	6477	*235.91
93	4949	*257.43
94	3675	*283.81
95	2632	*320.74
96	1788	*377.93
97	1112	*476.61
98	582	*656.44
99	200	1000.00

1980 CET-ND NON-SMOKER TABLE 20

Age	<u>1_x</u>	<u>1000q_x</u>
15	1321831	1.82
16	1319425	1.91
17	1316905	1.98
18	1314298	2.02
19	1311643	2.07
20	1308928	2.10
21	1306179	2.09
22	1303449	2.09
23	1300725	2.08
24	1298019	2.08
25	1295319	2.05
26	1292664	2.05
27	1290014	2.04
28	1287382	2.06
29	1284730	2.08
30	1282058	2.09
31	1279378	2.12
32	1276666	2.15
33	1273921	2.20
34	1271118	2.26
35	1268245	2.33
36	1265290	2.42
37	1262228	2.52
38	1259047	2.65
39	1255711	2.78
40	1252220	2.94
41	1248538	3.11
42	1244655	3.32

Age	1_x	1000q _x	Age	1_x	1000q _x
43	1240523	3.55	16	80362	1.10
44	1236119	3.81	17	80274	1.17
45	1231409	4.11	18	80180	1.21
46	1226348	4.41	19	80083	1.25
47	1220940	4.75	20	79983	1.29
48	1215141	5.10	21	79880	1.28
49	1208944	5.49	22	79778	1.28
50	1202307	5.92	23	79676	1.28
51	1195189	6.40	24	79574	1.28
52	1187540	6.97	25	79472	1.26
53	1179263	7.61	26	79372	1.26
54	1170289	8.29	27	79272	1.27
55	1160587	9.06	28	79171	1.28
56	1150072	9.88	29	79070	1.30
57	1138709	10.74	30	78967	1.31
58	1126479	11.64	31	78864	1.36
59	1113367	12.61	32	78757	1.39
60	1099327	13.72	33	78648	1.42
61	1084244	14.99	34	78536	1.49
62	1067991	16.46	35	78419	1.56
63	1050412	18.21	36	78297	1.65
64	1031284	20.23	37	78168	1.76
65	1010421	22.41	38	78030	1.87
66	987777	24.79	39	77884	2.02
67	963290	27.27	40	77727	2.16
68	937021	29.89	41	77559	2.34
69	909013	32.70	42	77378	2.53
70	879288	35.88	43	77182	2.72
71	847739	39.90	44	76972	2.91
72	813914	43.88	45	76748	3.13
73	778199	48.97	46	76508	3.35
74	740091	54.81	47	76252	3.59
75	699527	61.18	48	75978	3.87
76	656730	68.09	49	75684	4.15
77	612013	75.35	50	75370	4.48
78	565898	82.99	51	75032	4.84
79	518934	91.21	52	74669	5.25
80	471602	100.33	53	74277	5.73
81	424286	110.64	54	73851	6.23
82	377343	122.42	55	73391	6.81
83	331149	135.90	56	72891	7.39
84	286146	150.71	57	72352	8.02
85	243021	166.75	58	71772	8.65
86	202497	183.70	59	71151	9.35
87	165298	201.62	60	70486	10.14
88	131971	220.16	61	69771	11.04
89	102916	239.72	62	69001	12.12
90	78245	260.30	63	68165	13.40
91	57878	282.40	64	67252	14.89
92	41533	306.68	65	66251	16.49
93	28796	334.66	66	65159	18.23
94	19159	368.95	67	63971	20.04
95	12090	416.96	68	62689	21.93
96	7049	491.31	69	61314	23.96
97	3586	619.59	70	59845	26.28
98	1364	853.37	71	58272	29.16
99	200	1000.00	72	56573	32.11
			73	54756	35.90
			74	52790	40.21
			75	50667	44.98
			76	48388	50.15
			77	45961	55.59
			78	43406	61.36
			79	40743	67.55
			80	37991	74.48
			81	35161	82.32

Age nearest birthday CSO: Sum q_x= 3023.29 Sum 1_x= 5330266
 * Adjusted; see text CET: Sum q_x= 7572.85 Sum 1_x= 76433054

1980 CSO-NE NON-SMOKER TABLE &
 1980 CET-NE NON-SMOKER TABLE #
 Pivotal Age Is 45 *** Ratio of Male 1_x to Total is 40%
 1980 CSO-NE NON-SMOKER TABLE 21

Age	1_x	1000q _x
15	80445	1.03

Age	<u>1_x</u>	<u>1000q_x</u>	Age	<u>1_x</u>	<u>1000q_x</u>
82	32267	91.29	58	1010426	11.25
83	29321	101.59	59	999059	12.16
84	26342	112.91	60	968910	13.18
85	23368	125.24	61	973903	14.35
86	20441	138.25	62	959927	15.76
87	17615	152.08	63	944799	17.42
88	14936	166.50	64	928341	19.36
89	12449	181.73	65	910368	21.44
90	10187	*197.78	66	890850	23.70
91	8172	*215.12	67	869737	26.05
92	6414	*234.03	68	847080	28.51
93	4913	*255.85	69	822930	31.15
94	3656	*282.58	70	797296	34.16
95	2623	*319.76	71	770060	37.91
96	1784	*377.41	72	740867	41.74
97	1111	*476.21	73	709943	46.67
98	582	*656.10	74	676810	52.27
99	200	1000.00	75	641433	58.47
			76	603928	65.20
			77	564552	72.27
			78	523752	79.77
			79	481972	87.72
			80	439645	96.82
			81	397079	107.02
			82	354584	118.68
			83	312502	132.07
			84	271230	146.78
			85	231419	162.81
			86	193742	179.73
			87	158921	197.70
			88	127502	216.45
			89	99904	236.25
			90	76302	257.11
			91	56684	379.66
			92	40832	304.24
			93	28409	332.61
			94	18960	367.35
			95	11995	415.69
			96	7009	490.63
			97	3570	619.70
			98	1360	852.93
			99	200	1000.00

1980 CET-NE NON-SMOKER TABLE 22

Age	<u>1_x</u>	<u>1000q_x</u>
15	1182241	1.78
16	1180137	1.85
17	1177954	1.92
18	1175692	1.96
19	1173388	2.00
20	1171041	2.04
21	1168652	2.03
22	1166280	2.03
23	1163912	2.03
24	1161549	2.03
25	1159191	2.01
26	1156861	2.01
27	1154536	2.02
28	1152204	2.03
29	1149865	2.05
30	1147508	2.06
31	1145144	2.11
32	1142728	2.14
33	1140283	2.17
34	1137809	2.24
35	1135260	2.31
36	1132638	2.40
37	1129920	2.51
38	1127084	2.62
39	1124131	2.77
40	1121017	2.91
41	1117755	3.09
42	1114301	3.29
43	1110635	3.54
44	1106703	3.78
45	1102520	4.07
46	1098033	4.36
47	1093246	4.67
48	1088141	5.03
49	1082668	5.40
50	1076822	5.82
51	1070555	6.29
52	1063821	6.83
53	1056555	7.45
54	1048684	8.10
55	1040190	8.85
56	1030984	9.61
57	1021076	10.43

Age nearest birthday CSO: Sum qx= 2963.79 Sum lx= 4948899
 * Adjusted; see text CET: Sum qx= 7480.85 Sum lx= 68786506

1980 CSO-NF NON-SMOKER TABLE &
 1980 CET-NF NON-SMOKER TABLE #
 Pivotal Age Is 45 *** Ratio of Male 1_x to Total is 20%
 1980 CSO-NF NON-SMOKER TABLE 23

Age	<u>1_x</u>	<u>1000q_x</u>
15	69713	0.94
16	69647	0.99
17	69578	1.04
18	69506	1.07
19	69432	1.12
20	69354	1.15
21	69274	1.14
22	69195	1.16
23	69115	1.16
24	69035	1.18
25	68954	1.17
26	68873	1.19
27	68791	1.20

Age	1_x	$1000q_x$
28	68708	1.23
29	68623	1.25
30	68537	1.28
31	68449	1.32
32	68359	1.35
33	68267	1.38
34	68173	1.45
35	68074	1.51
36	67971	1.61
37	67862	1.71
38	67746	1.84
39	67621	1.97
40	67488	2.12
41	67345	2.30
42	67190	2.49
43	67023	2.67
44	66844	2.85
45	66653	3.06
46	66449	3.27
47	66232	3.50
48	66000	3.76
49	65752	4.02
50	65488	4.33
51	65204	4.67
52	64899	5.05
53	64571	5.49
54	64217	5.96
55	63834	6.46
56	63422	6.99
57	62979	7.54
58	62504	8.06
59	62000	8.65
60	61464	9.32
61	60891	10.11
62	60275	11.04
63	59610	12.20
64	58883	13.55
65	58085	15.01
66	57213	16.58
67	56264	18.21
68	55239	19.86
69	54142	21.65
70	52970	23.69
71	51715	26.19
72	50361	28.98
73	48902	32.47
74	47314	36.50
75	45587	41.02
76	43717	45.94
77	41709	51.16
78	39575	56.73
79	37330	62.78
80	34986	69.53
81	32553	77.24
82	30039	86.13
83	27452	96.33
84	24808	107.59
85	22139	119.91
86	19484	132.99
87	16893	146.95
88	14411	161.59
89	12082	177.21
90	9941	193.74
91	8015	211.49
92	6320	*231.05
93	4860	*253.44

Age	1_x	$1000q_x$
94	3628	*280.66
95	2610	*318.37
96	1779	*376.21
97	1110	*475.72
98	582	*656.09
99	200	1000.00

1980 CET-NF NON-SMOKER TABLE 24

Age	1_x	$1000q_x$
15	974349	1.69
16	972702	1.74
17	971009	1.79
18	969271	1.82
19	967507	1.87
20	965698	1.90
21	963863	1.89
22	962041	1.91
23	960204	1.91
24	958370	1.93
25	956520	1.92
26	254683	1.94
27	952831	1.95
28	950973	1.98
29	949090	2.00
30	947192	2.03
31	945269	2.07
32	943312	2.10
33	941331	2.13
34	939326	2.20
35	937259	2.26
36	935141	2.36
37	932934	2.46
38	930639	2.59
39	928229	2.72
40	925704	2.87
41	923047	3.05
42	920232	3.24
43	917250	3.47
44	914067	3.71
45	910676	3.98
46	907052	4.25
47	903197	4.55
48	899087	4.89
49	894690	5.23
50	890011	5.63
51	885000	6.07
52	879628	6.57
53	873849	7.14
54	867610	7.75
55	860886	8.40
56	853655	9.09
57	845895	9.80
58	837605	10.48
59	828827	11.25
60	819503	12.12
61	809571	13.14
62	798933	14.35
63	787468	15.86
64	774979	17.62
65	761324	19.51
66	746471	21.55
67	730385	23.67
68	713097	25.82
69	694685	28.15

<u>Age</u>	<u>1_x</u>	<u>1000q_x</u>
70	675130	30.80
71	654336	34.05
72	632056	37.67
73	608246	42.21
74	582572	47.45
75	554929	53.33
76	525335	59.72
77	493962	66.51
78	461109	73.75
79	427102	81.61
80	392246	90.39
81	356791	100.41
82	320966	111.97
83	285027	125.23
84	249333	139.87
85	214459	155.88
86	181029	172.89
87	149731	191.04
88	121126	210.07
89	95681	230.37
90	73639	251.86
91	55092	274.94
92	39945	300.37
93	27947	329.47
94	18739	364.86
95	11902	413.88
96	6976	489.07
97	3564	618.44
98	1360	852.92
99	200	1000.00

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
43	3.52	5.36
44	3.76	5.77
45	4.02	6.21
46	4.29	6.67
47	4.59	7.14
48	4.90	7.64
49	5.25	8.20
50	5.64	8.80
51	6.07	9.44
52	6.57	10.17
53	7.11	10.97
54	7.67	11.79
55	8.27	12.64
56	8.87	13.47
57	9.45	14.25
58	10.04	15.02
59	10.70	15.83
60	11.48	16.81
61	12.44	18.03
62	13.64	19.60
63	15.11	21.52
64	16.76	23.65
65	18.54	25.90
66	20.38	28.18
67	22.27	30.39
68	24.22	32.63
69	26.39	35.06
70	28.94	37.93
71	32.05	41.57
72	35.85	46.03
73	40.42	51.34
74	45.67	57.38
75	51.53	63.99
76	57.88	71.01
77	64.68	78.31
78	72.03	86.09
79	80.18	94.52
80	89.45	103.97
81	100.11	114.70
82	112.40	126.89
83	126.26	140.97
84	141.53	156.23
85	158.05	172.45
86	175.71	189.48
87	194.47	207.16
88	214.34	225.58
89	235.50	244.73
90	258.09	265.95
91	282.65	288.81
92	310.09	314.16
93	342.36	343.93
94	383.80	383.80
95	443.33	443.33
96	538.04	538.04
97	698.41	698.41
98	967.15	967.15
99	1000.00	1000.00

Age nearest birthday CSO: Sum qx= 3259.34 Sum 1x= 4340089
 * Adjusted; see text CET: Sum qx= 7315.40 Sum 1x= 57404657

1980 CET-NG Nonsmoker Table 25

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	1.61	1.71
16	1.65	1.76
17	1.68	1.81
18	1.71	1.86
19	1.74	1.89
20	1.76	1.92
21	1.78	1.94
22	1.79	1.97
23	1.81	2.00
24	1.83	2.03
25	1.85	2.06
26	1.88	2.11
27	1.90	2.15
28	1.93	2.20
29	1.97	2.26
30	2.00	2.33
31	2.04	2.39
32	2.08	2.46
33	2.13	2.55
34	2.19	2.65
35	2.26	2.76
36	2.36	2.93
37	2.48	3.13
38	2.61	3.39
39	2.75	3.72
40	2.92	4.11
41	3.10	4.52
42	3.29	4.94

1980 CET-SG Smoker Table 26

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	1.61	1.71
16	1.65	1.76

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>	<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
17	1.68	1.81	82	112.40	126.89
18	1.71	1.86	83	126.26	140.97
19	1.74	1.89	84	141.53	156.23
20	1.76	1.92	85	158.05	172.45
21	1.78	1.94	86	175.71	189.48
22	1.79	1.97	87	194.47	207.16
23	1.81	2.00	88	214.34	225.58
24	1.83	2.03	89	235.50	244.73
25	1.85	2.06	90	258.09	265.95
26	1.88	2.11	91	282.65	288.81
27	1.90	2.15	92	310.09	314.16
28	1.93	2.20	93	342.36	343.93
29	1.97	2.26	94	383.80	383.80
30	2.00	2.33	95	443.33	443.33
31	2.04	2.39	96	538.04	538.04
32	2.08	2.46	97	698.41	698.41
33	2.13	2.55	98	967.15	967.15
34	2.19	2.65	99	1000.00	1000.00
35	2.26	2.76			
36	2.36	2.93			
37	2.48	3.13			
38	2.61	3.39			
39	2.75	3.72			
40	2.92	4.11			
41	3.10	4.52			
42	3.29	4.94			
43	3.52	5.36			
44	3.76	5.77			
45	4.02	6.21			
46	4.29	6.67			
47	4.59	7.14			
48	4.90	7.64			
49	5.25	8.20			
50	5.64	8.80			
51	6.07	9.44			
52	6.57	10.17			
53	7.11	10.97			
54	7.67	11.79			
55	8.27	12.64			
56	8.87	13.47			
57	9.45	14.25			
58	10.04	15.02			
59	10.70	15.83			
60	11.48	16.81			
61	12.44	18.03			
62	13.64	19.60			
63	15.11	21.52			
64	16.76	23.65			
65	18.54	25.90			
66	20.38	28.18			
67	22.27	80.39			
68	24.22	32.63			
69	26.39	35.06			
70	28.94	37.93			
71	32.05	41.57			
72	35.85	46.03			
73	40.42	51.34			
74	45.67	57.38			
75	51.53	63.99			
76	57.88	71.01			
77	64.68	78.31			
78	72.03	86.09			
79	80.18	94.52			
80	89.45	103.97			
81	100.11	114.70			

1980 CSO-NG Nonsmoker Table 27

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	0.84	0.94
16	0.88	0.99
17	0.92	1.04
18	0.95	1.09
19	0.98	1.13
20	1.01	1.16
21	1.02	1.18
22	1.04	1.18
23	1.05	1.23
24	1.08	1.27
25	1.09	1.29
26	1.12	1.34
27	1.14	1.38
28	1.17	1.42
29	1.20	1.48
30	1.24	1.55
31	1.27	1.61
32	1.31	1.68
33	1.35	1.75
34	1.42	1.86
35	1.47	1.94
36	1.56	2.09
37	1.67	2.28
38	1.79	2.49
39	1.93	2.73
40	2.08	3.00
41	2.26	3.33
42	2.44	3.64
43	2.62	3.96
44	2.80	4.28
45	2.99	4.61
46	3.19	4.95
47	3.41	5.31
48	3.65	5.68
49	3.90	6.08
50	4.19	6.54
51	4.50	7.00
52	4.85	7.52
53	5.26	8.13
54	5.68	8.75
55	6.13	9.40

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
56	6.59	10.05
57	7.05	10.67
58	7.49	11.25
59	7.96	11.85
60	8.51	12.51
61	9.16	13.36
62	9.98	14.39
63	11.01	15.78
64	12.23	17.33
65	13.55	19.07
66	14.97	20.79
67	16.41	22.58
68	17.86	24.20
69	19.41	26.02
70	21.20	27.95
71	23.34	30.45
72	25.99	33.55
73	29.22	37.33
74	33.02	41.74
75	37.32	46.64
76	42.04	51.92
77	47.11	57.46
78	52.53	63.23
79	58.45	69.41
80	65.12	76.26
81	72.76	84.00
82	81.59	92.84
83	91.76	102.87
84	103.03	114.65
85	115.38	126.42
86	128.58	139.79
87	142.71	152.67
88	157.61	167.23
89	173.51	181.07
90	190.39	197.01
91	208.58	214.00
92	228.60	232.54
93	251.40	253.55
94	279.31	279.31
95	317.32	317.32
96	375.74	375.74
97	474.97	474.97
98	655.85	655.85
99	1000.00	1000.00

1980 CSO-SG Smoker Table 28

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
15	0.84	0.94
16	0.88	0.99
17	0.92	1.04
18	0.95	1.09
19	0.98	1.13
20	1.01	1.16
21	1.02	1.18
22	1.04	1.18
23	1.05	1.23
24	1.08	1.27
25	1.09	1.29
26	1.12	1.34
27	1.14	1.38
28	1.17	1.42
29	1.20	1.48

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
30	1.24	1.55
31	1.27	1.61
32	1.31	1.68
33	1.35	1.75
34	1.42	1.86
35	1.47	1.94
36	1.56	2.09
37	1.67	2.28
38	1.79	2.49
39	1.93	2.73
40	2.08	3.00
41	2.26	3.33
42	2.44	3.64
43	2.62	3.96
44	2.80	4.28
45	2.99	4.61
46	3.19	4.95
47	3.41	5.31
48	3.65	5.68
49	3.90	6.08
50	4.19	6.54
51	4.50	7.00
52	4.85	7.52
53	5.26	8.13
54	5.68	8.75
55	6.13	9.40
56	6.59	10.05
57	7.05	10.67
58	7.49	11.25
59	7.96	11.85
60	8.51	12.51
61	9.16	13.36
62	9.98	14.39
63	11.01	15.78
64	12.23	17.33
65	13.55	19.07
66	14.97	20.79
67	16.41	22.58
68	17.86	24.20
69	19.41	26.02
70	21.20	27.95
71	23.34	30.45
72	25.99	33.55
73	29.22	37.33
74	33.02	41.74
75	37.32	46.64
76	42.04	51.92
77	47.11	57.46
78	52.53	63.23
79	58.45	69.41
80	65.12	76.26
81	72.76	84.00
82	81.59	92.84
83	91.76	102.87
84	103.03	114.65
85	115.38	126.42
86	128.58	139.79
87	142.71	152.67
88	157.61	167.23
89	173.51	181.07
90	190.39	197.01
91	208.58	214.00
92	228.60	232.54
93	251.40	253.55
94	279.31	279.31

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
95	317.32	317.32
96	375.74	375.74
97	474.97	474.97
98	655.85	655.85
99	1000.00	1000.00

Deleted (b).
 Amended by R.1993 d.26, effective January 4, 1993.
 See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).
 Certificates delivered or issued for delivery in New Jersey added.

11:4-23.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

“Aggregate loss ratio” means the ratio of the accumulated value of past benefits (from the original effective date of the form to the date as of which the ratio is determined) and the present value of future benefits to the accumulated value of past premiums (from the original effective date of the form to the date as of which the ratio is determined) and the present value of future premiums. Benefits shall not be increased nor premiums reduced by actual or anticipated dividends, and interest shall be included in the accumulated and present values on the same basis as in the present values of the anticipated loss ratio.

“Anticipated loss ratio” means the ratio of the present value of the expected benefits, not including dividends, to the present value of the expected premiums, not reduced by dividends, over the entire period for which rates are computed to provide coverage. For purposes of this ratio, the present values must incorporate realistic rates of interest which are determined before Federal taxes but after investment expenses. Benefits and premiums shall be discounted from the year of payment, with reasonable assumptions as to time of payment within the year.

“Applicant” means:

1. In the case of a group policy, the proposed certificate holder;
2. In the case of an individual policy, the person who seeks to contract for coverage.

“Bankruptcy” means when a Medicare + Choice organization that is not a carrier has filed, or has had filed against it, a petition for declaration of bankruptcy pursuant to the United States Bankruptcy Code, 11 U.S.C. §§ 101 et seq. and has ceased doing business in the State.

“Carrier” means any person who contracts to provide health services, reimburse the cost of health services in whole or in part, or provide an indemnity in the event that health services are used, in return for a prepaid or postpaid premium or other consideration, including insurance companies, fraternal benefit societies, hospital, medical and health service corporations, health maintenance organizations and such other similar entities.

“Certificate” means any certificate or other document which sets forth or summarizes the essential features of the coverage issued under a group policy, which certificate or

SUBCHAPTER 23. MINIMUM STANDARDS FOR MEDICARE SUPPLEMENT COVERAGE

11:4-23.1 Purpose

This subchapter provides for the reasonable standardization of coverage and the simplification of terms and benefits of Medicare supplement policies; facilitates comparison of such policies in order to increase public understanding; eliminates provisions which may be misleading or confusing in connection with the purchase of such policies or with the settlement of claims; and provides for full disclosure in the sale of health care service benefits and insurance to persons eligible for Medicare.

Amended by R.1991 d.345, effective July 1, 1991.
 See: 23 N.J.R. 1264(a), 23 N.J.R. 2014(a).

Deleted “, contracts and certificates issued on a group basis”, “public understanding and”, “and contracts”, “contained in such policies”, “and service corporation coverages”; added “in order to increase public understanding”, “of such policies”, “care service benefits and”.

Amended by R.1993 d.26, effective January 4, 1993.
 See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

Deleted “by reason of age.”

11:4-23.2 Applicability and scope

(a) This subchapter shall apply to:

1. All Medicare supplement policies, as defined by this subchapter, delivered or issued for delivery in this State;
2. All certificates, as defined by this subchapter, issued under group Medicare supplement policies, which certificates have been delivered or issued for delivery in this State.

(b) This subchapter shall apply to all carriers, as defined in this subchapter, delivering or issuing for delivery Medicare supplement policies in this State, or delivering or issuing for delivery certificates in this State, which certificates were issued under a group Medicare supplement policy.

Amended by R.1991 d.345, effective July 1, 1991.
 See: 23 N.J.R. 1264(a), 23 N.J.R. 2014(a).

Added “in N.J.A.C. 11:4-23.8 and 23.9” in (a).

Deleted “group”, “and individual and group subscriber Medicare Supplement contracts”; added “as defined by this subchapter”; changed “the effective date” to “July 1, 1991” in (a)1.

Deleted “Supplement”, “or subscriber contracts”, “policies or contracts”; added “as defined by this subchapter”, “supplement”, “certificates”, “on or after July 1, 1991” in (a)2.

other document has been delivered or issued for delivery in this State.

“Certificate form” means the form on which a certificate is delivered or issued for delivery by a carrier.

“Coverage” means:

1. Any arrangement whereby a carrier agrees to indemnify or reimburse an individual or group member for some portion or part of the health related costs incurred by that individual or member, subject to the terms of the written agreement and law; and

2. Any arrangement whereby a carrier agrees to provide direct or indirect health care services to the individual or group member, subject to the terms of the written agreement and law.

“Employee welfare benefit plan” means a plan, fund or program of employee benefits as defined in 29 U.S.C. § 1002 (Employee Retirement Income Security Act).

“Insolvency” or “insolvent” means:

1. That a carrier:

i. Is unable to pay its obligations when they are due; or

ii. Its admitted assets do not exceed its liabilities plus the greater of:

(1) Any capital and surplus required by law for its organization; or

(2) The total par or stated value of its authorized and issued capital stock.

2. For purposes of the definition of “insolvency” or “insolvent,” “liabilities” shall include, but not be limited to, reserves required by law or by regulations of the New Jersey Department of Banking and Insurance (Department) or specific requirements imposed by the Commissioner of the Department upon a carrier at the time of admission or subsequent thereto.

“Medicare + Choice plan” means a plan of coverage for health benefits under Medicare Part C as defined in Section 1859 of Title IV, Subtitle A, Chapter 1 of P.L. 105-33 (42 U.S.C. § 1395w-28), and includes:

1. Coordinated care plans which provide health care services, including, but not limited to, health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations and preferred provider organization plans;

2. Medical savings account plans coupled with a contribution into a Medicare + Choice medical savings account; and

3. Medicare + Choice private fee-for-service plans.

“Insured” means any applicant provided coverage by a carrier.

“Medicare + Choice plan” means a plan of coverage for health benefits under Medicare Part C as defined in Section 1859 of Title IV, Subtitle A, Chapter 1 of P.L. 105-33 (42 U.S.C. § 1395w-28), and includes:

1. Coordinated care plans which provide health care services, including, but not limited to, health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations and preferred provider organization plans;

2. Medical savings account plans coupled with a contribution into a Medicare + Choice medical savings account; and

3. Medicare + Choice private fee-for-service plans.

“Medicare supplement policy” means a group or individual policy which is advertised, marketed or designed primarily as, or is otherwise held out to be a supplement to reimbursements under Medicare, other than a policy issued pursuant to a contract under Section 1876 of the Federal Social Security Act (42 U.S.C. § 1395 et seq.), or a contract or policy issued under a demonstration project specified in 42 U.S.C. § 1395ss(g)(1). This term does not include a policy or certificate of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or combination thereof, of the labor organization.

“Policy” shall mean any policy, contract, certificate or other document which sets forth or summarizes the essential features of the coverage issued to an individual or group by a carrier, for the purpose of providing Medicare supplement coverage, including any such policy issued pursuant to a conversion privilege to an individual 65 years of age or older, except as otherwise provided in this subchapter or Federal law.

“Policy form” means the form on which a policy is delivered or issued for delivery by a carrier.

“Secretary” means the Secretary of the United States Department of Health and Human Services.

Amended by R.1991 d.345, effective July 1, 1991.

See: 23 N.J.R. 1264(a), 23 N.J.R. 2014(a).

Deleted “Medicare supplement” in “applicant” 1.

Deleted “Medicare supplement subscriber contract”, “hospital or medical service benefits.”; added “policy”, “coverage” in “applicant” 2.

Deleted “applicant” 3.

Deleted “.1. Any”, “Medicare Supplement”, “policy”; added “or other document which sets forth or summarizes the essential features of the coverage”, “certificate or other document” in “Certificate” 1.

Deleted “Certificate” 2.

Added “Coverage”.

Deleted “.1.A”, “accident and sickness insurance”, “.i.A”; deleted Iii and iii in “Medicare supplement policy”.

Deleted "Medicare supplement policy" 2.

Added "Policy".

Amended by R.1993 d.26, effective January 4, 1993.

See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

Added definitions for aggregate loss ratio, anticipated loss ratio, carrier, certificate form and policy form; deleted definition of, and references to, insurer.

Amended by R.1996 d.295, effective July 1, 1996.

See: 28 N.J.R. 1647(a), 28 N.J.R. 3462(a).

Amended "Medicare supplement policy".

Emergency amendment R.1999 d.38, effective December 28, 1998 (to expire February 26, 1999).

See: 31 N.J.R. 181(a).

Inserted "Bankruptcy", "Employer welfare benefit plan", "Insolvency" or "insolvent", "Medicare + Choice plan" and "Secretary".

Adopted concurrent proposal, R.1999 d.100, effective February 26, 1999.

See: 31 N.J.R. 181(a), 31 N.J.R. 876(a).

11:4-23.4 Policy definitions and terms

(a) No policy or certificate may be advertised, solicited or issued for delivery in this State as a Medicare supplement policy or certificate unless such policy or certificate contains definitions or terms which conform to the requirements of this section.

1. "Accident," "accidental injury," or "accidental means" shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

i. "Injury" shall not be defined more restrictively than as a bodily injury sustained by the covered person as a result of an accident, which injury is the direct cause of the loss, independent of disease, bodily infirmity or any other cause, and which occurs while coverage is in force.

ii. The definition may provide that injuries shall not include injuries for which benefits are provided under any workers' compensation, employer's liability or similar law, mandatory motor vehicle no-fault plan, unless prohibited by law.

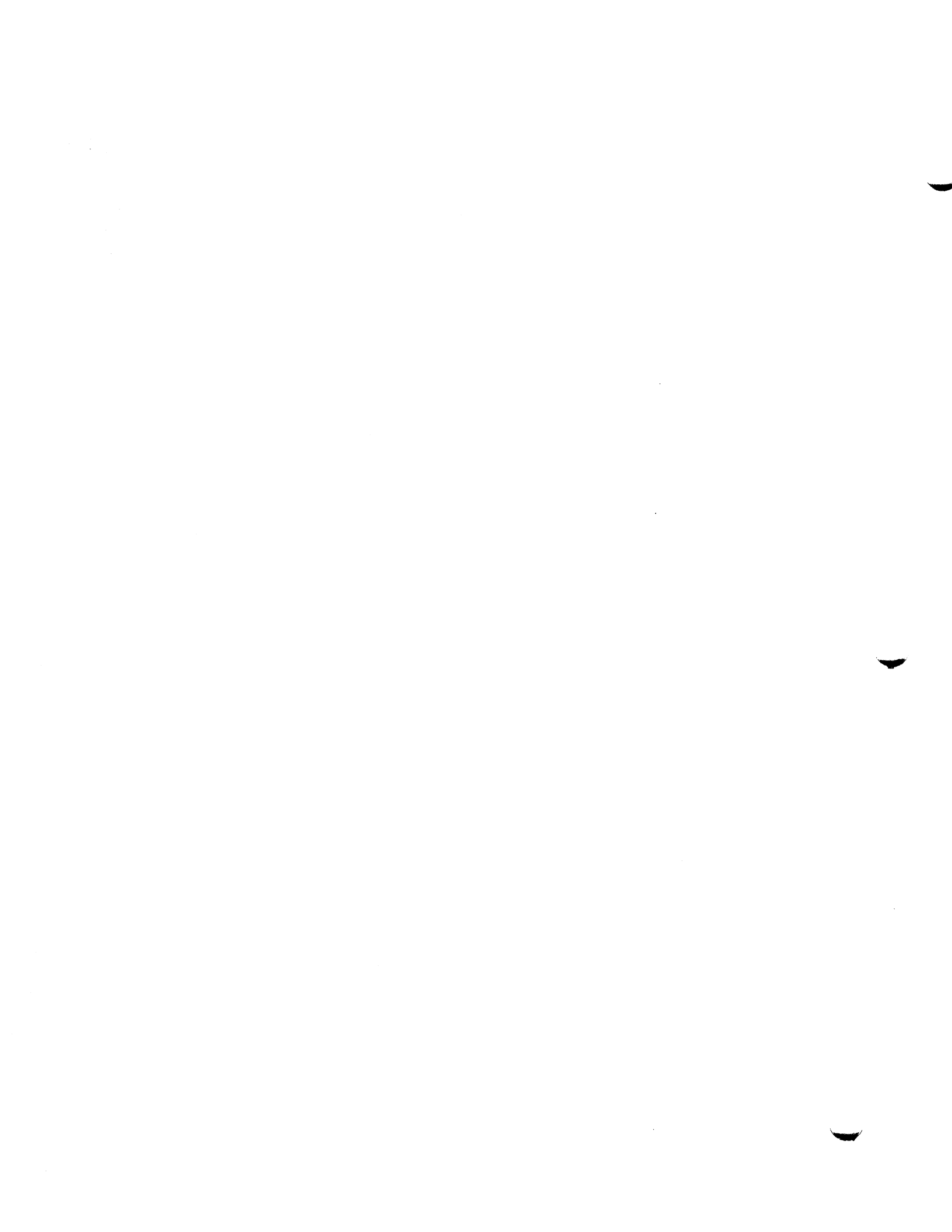
2. "Benefit period" or "Medicare benefit period" shall not be defined more restrictively than as defined in the Medicare program.

3. "Convalescent nursing home," "extended care facility," or "skilled nursing facility" shall not be defined more restrictively than as defined by the Medicare program.

4. "Health care expenses" means expenses of health maintenance organizations which expenses are associated with the delivery of health care services and are analogous to incurred losses of insurers. Expenses shall not include the following costs:

- i. Home office and overhead costs;
- ii. Advertising costs;
- iii. Commissions and other acquisition costs;
- iv. Taxes;
- v. Capital costs;
- vi. Administrative costs; and
- vii. Claims processing costs.

5. "Hospital" may be defined in relation to its status, facilities, and available services or to reflect accreditation by the Joint Commission on Accreditation of Hospitals, but not more restrictively than as defined by the Medicare program.



1. Effective January 1, 1990, no Medicare supplement policy in force in this State shall contain benefits provided by Medicare.

2. Benefits eliminated by operation of the Medicare Catastrophic Coverage Act of 1988 transition provisions shall be restored.

3. For Medicare supplement policies subject to the minimum standards adopted by this State pursuant to the Medicare Catastrophic Coverage Act of 1988, and all policies and certificates delivered or issued for delivery on or after April 16, 1990 but prior to January 4, 1993, the minimum benefit standards for Medicare supplement policies are:

i. Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;

ii. Coverage of the Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

iii. Coverage of Part A Medicare eligible expenses incurred as daily hospital charges to the extent not covered by Medicare during use of Medicare's lifetime hospital inpatient reserve days;

iv. Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 90 percent of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

v. Coverage under Medicare Part A for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under Federal regulations) unless replaced in accordance with Federal regulations or already paid for under Part B;

vi. Coverage of Part B Medicare eligible expenses to the extent not covered by Medicare regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible;

vii. Coverage under Medicare Part B for the reasonable cost of the first three pints (or equivalent quantities of packed red blood cells, as defined under Federal regulations), unless replaced in accordance with Federal regulations or already paid for under Part A, subject to the Medicare deductible amount.

(c) Medicare supplement policies shall be guaranteed renewable.

New Rule, R.1993 d.26, effective January 4, 1993.

See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

Rule on Standards for claims payment recodified to 23.10.

11:4-23.8 Minimum benefit standards for policies and certificates delivered or issued for delivery on or after January 4, 1993

(a) No policy or certificate shall be advertised, solicited, delivered or issued for delivery in this State as a Medicare supplement policy on or after January 4, 1993 unless it complies with the standards of N.J.A.C. 11:4-23.6 and the benefit standards set forth below.

(b) Medicare supplement policies shall be guaranteed renewable.

(c) A Medicare supplement policy or certificate shall provide that benefits and premium shall be suspended for a period of up to 24 months upon the request of a policyholder or certificateholder who has applied for and been determined entitled to medical assistance under Title XIX of the Social Security Act (that is Medicaid), during or at the end of which period of suspension, the policy or certificate shall be reinstated automatically upon notice to the carrier by the policyholder or certificateholder.

1. Benefits and premiums shall not be suspended unless the policyholder or certificateholder provides the carrier notice of entitlement to medical assistance under Title XIX of the Social Security Act within 90 days following the date the policyholder or certificateholder was determined to be so entitled.

2. Upon loss of entitlement to medical assistance within the period of suspension, or upon the date following the final day of the period of suspension, the policy or certificate shall be automatically reinstated, effective as of the date of termination of entitlement, or effective as of the day following the final day of the period of suspension, if within 90 days following the date of entitlement termination or the final day of the suspension period, the policyholder or certificateholder provides notice to the carrier for reinstatement of the policy or certificate, and pays the premium required by the carrier, which premium shall be for a period of coverage not exceeding six months, inclusive of the 90 day notice period, but exclusive of any period during which the policyholder or certificateholder was entitled to medical assistance pursuant to Medicaid.

3. The coverage under the policy or certificate reinstated:

i. Shall not be subject to any waiting period with respect to treatment of preexisting conditions;

ii. Shall be substantially equivalent to coverage which was in effect prior to the date of suspension of the policy or certificate; and

iii. Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

(d) All carriers delivering or issuing for delivery in this State Medicare supplement policies or certificates of group Medicare supplement policies shall offer to all applicants a policy or certificate providing only the core benefits defined at (g) below. A policy or certificate providing only core benefits shall be designated as standardized Medicare supplement benefit plan A.

(e) Carriers may offer to all applicants policies or certificates providing the core benefits and additional benefits defined at (g) below. Only those additional benefits defined at (g) below may be included in Medicare supplement policies or certificates delivered or issued for delivery in this State. Policies or certificates providing additional benefits shall be structured and designated as follows:

1. Standardized Medicare supplement benefit plan B shall provide:

- i. The Core Benefit; and
- ii. The Medicare Part A Deductible benefit.

2. Standardized Medicare supplement benefit plan C shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The Medicare Part B Deductible benefit; and
- v. The Medically Necessary Emergency Care in a Foreign Country benefit.

3. Standardized Medicare supplement benefit plan D shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The Medically Necessary Emergency Care in a Foreign Country benefit; and
- v. The At-Home Recovery Benefit.

4. Standardized Medicare supplement benefit Plan E shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The Medically Necessary Emergency Care in a Foreign Country benefit; and
- v. The Preventive Medical Care benefit.

5. Standardized Medicare supplement benefit Plan F shall provide:

- i. The Core Benefit;

- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The Medicare Part B Deductible benefit;
- v. The One-Hundred Percent (100%) of the Medicare Part B Excess Charges Benefit; and

vi. The Medically Necessary Emergency Care in a Foreign Country benefit.

6. Standardized Medicare supplement benefit plan G shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The Eighty Percent (80%) of the Medicare Part B Excess Charges benefit;
- v. The Medically Necessary Emergency Care in a Foreign Country benefit; and

vi. The At-Home Recovery Benefit.

7. Standardized Medicare supplement benefit plan H shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The Basic Outpatient Prescription Drug Benefit; and

v. The Medically Necessary Emergency Care in a Foreign Country benefit.

8. Standardized Medicare supplement benefit plan I shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;
- iv. The One-Hundred Percent (100%) of the Medicare Part B Excess Charges Benefit;
- v. The Basic Outpatient Prescription Drug Benefit; and

vi. The Medically Necessary Emergency Care in a Foreign Country benefit; and

vii. The At-Home Recovery Benefit.

9. Standardized Medicare supplement benefit plan J shall provide:

- i. The Core Benefit;
- ii. The Medicare Part A Deductible benefit;
- iii. The Skilled Nursing Facility Care benefit;

- iv. The Medicare Part B Deductible benefit;
- v. The One-Hundred Percent (100%) of the Medicare Part B Excess Charges Benefit;
- vi. The Extended Outpatient Prescription Drug Benefit;
- vii. The Medically Necessary Emergency Care in a Foreign Country benefit;
- viii. The Preventive Medical Care benefit; and
- ix. The At-Home Recovery Benefit.

(f) No groupings, packages or combinations of Medicare supplement benefits shall be offered which differ from the standardized Medicare supplement benefit plans specified in (d) and (e) above, except as an Innovative Benefit which may be approved by the Commissioner. Benefit plans shall be uniform in structure, language, designation and format to the standardized Medicare supplement benefit plans A, B, C, D, E, F, G, H, I and J as set forth in (d) and (e) above. For purposes of this section, "structure," "language," and "format" means style, arrangement and overall content of a benefit.

(g) The following terms and phrases, as used in this section, shall have the following meanings:

1. "At-Home Recovery Benefit" means coverage for services to provide short term, at-home assistance with activities of daily living for persons recovering from an illness, injury or surgery. At-home recovery services shall be services which are designed primarily to assist with activities of daily living.

i. The insured's attending physician shall certify that the specific type and frequency of at-home recovery services prescribed are necessary due to a condition for which a home care plan of treatment was approved by Medicare.

ii. Coverage shall be limited to:

(1) The number and type of at-home recovery visits certified as necessary by the insured's attending physician, received during the period the insured is receiving Medicare-approved home care services or no more than eight weeks after the service date of the last Medicare approved home health care visit, the total number of which shall not exceed the number of Medicare-approved home health care visits under a Medicare-approved home care plan of treatment;

(2) Care furnished on a visiting basis in the insured's home by a care provider as defined at (g)1v below for up to seven visits in any one week; and

(3) Actual charges up to \$40.00 per visit to a maximum per calendar year benefit of \$1,600.

iii. Coverage shall be excluded for home care visits reimbursed by Medicare or other government programs and for care provided by family members, unpaid volunteers, or providers who do not otherwise meet the definition of a care provider, to the extent Medicare would exclude coverage for care provided by such individuals.

iv. Activities of daily living shall include, but not be limited to, bathing, dressing, personal hygiene, eating, ambulating, assistance with drugs that are normally self-administered, and changing of bandages or other dressings.

v. A care provider shall be a duly qualified or licensed home health aide/homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or a licensed nurses registry.

vi. Any place used by the insured as a place of residence shall be the insured's home, provided that such place would qualify as a residence for home health care services under Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

vii. An at-home recovery visit shall be that period of a visit required to provide at-home recovery care. The duration of any such visit shall not be limited, but each consecutive four hours in a 24 hour period of services provided by a care provider shall constitute one visit for purposes of this section.

2. "Basic Outpatient Prescription Drug Benefit" means coverage for 50 percent of outpatient prescription drug charges to the extent not covered by Medicare, subject to a \$250.00 calendar year deductible and a maximum per calendar year benefit per insured of \$1,250.

3. "Core Benefit" means coverage of:

i. Medicare Part A eligible expenses for hospitalization from the 61st day through the 90th day in any Medicare benefit period, to the extent not covered by Medicare;

ii. Medicare Part A eligible expenses for hospitalization for each Medicare lifetime inpatient reserve day used, to the extent not covered by Medicare;

iii. Medicare Part A eligible expenses for hospitalization upon exhaustion of Medicare hospital inpatient coverage, including lifetime reserve days, up to a maximum lifetime benefit of 365 days, to be paid at the Diagnostic Related Group (DRG) outlier per diem, or other appropriate standard of payment as set forth by the Health Care Financing Administration of the United States Department of Health and Human Services for Medicare payments when DRG day outlier payment is not appropriate;

iv. The reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined by Federal regulations) under Medicare Parts A and B, unless replaced in accordance with Federal regulation; and

v. The coinsurance amount of Medicare Part B eligible expenses (generally 20 percent of the approved amount; 50 percent of the approved charges for outpatient psychiatric services), regardless of hospital confinement, subject to the Medicare Part B deductible.

4. "Eighty Percent (80%) of the Medicare Part B Excess Charges" means coverage for 80 percent of the difference between the Medicare-approved Part B charge and the actual Medicare Part B charge billed, up to but not exceeding any charge limitation established by the Medicare program or this State's law, if any.

5. "Extended Outpatient Prescription Drug Benefit" means coverage for 50 percent of outpatient prescription drug charges to the extent not covered by Medicare, subject to a \$250.00 deductible per calendar year, and a maximum per calendar year per insured benefit of \$3,000.

6. "Innovative Benefits" means benefits that are in addition to the benefits specified for standardized Medicare supplement benefit plans A, B, C, D, E, F, G, H, I and J, that are appropriate to Medicare supplement insurance and do not duplicate any benefit provided by Medicare, and that are otherwise unavailable, cost effective, and offered in a manner consistent with simplification of Medicare supplement policies. No carrier shall include an Innovative Benefit in a policy or certificate offered for delivery in this State without the prior approval of the Commissioner.

7. "Medically Necessary Emergency Care in a Foreign Country" means coverage of 80 percent of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if received in the United States, and which care began during the first 60 consecutive days of each trip outside the United States, to the extent billed charges are not covered by Medicare, and subject to a calendar year deductible of \$250.00 and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

8. "Medicare Part A Deductible" means coverage of all of the Medicare Part A inpatient hospital deductible amount per benefit period.

9. "Medicare Part B Deductible" means coverage of all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

10. "One Hundred Percent (100%) of the Medicare Part B Excess Charges" means coverage for all of the difference between the Medicare Part B approved charge and the actual Medicare Part B billed charge, up to but not exceeding any charge limitation established by the Medicare program or this State's law, if any.

11. "Preventive Medical Care Benefit" means coverage of the following services not otherwise covered by Medicare in the calendar year for the actual charges up to 100 percent of the Medicare-approved amount for each service (as if Medicare were to cover the service as identified in the American Medical Association Current Procedural Terminology Codes), subject to a maximum benefit of \$120.00 per calendar year:

i. An annual clinical preventive medical history and physical examination that shall include patient education to address preventive health care measures and any one or a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:

(1) Fecal occult blood test and/or digital rectal examination;

(2) Mammogram;

(3) Dipstick urinalysis for hematuria, bacteriuria, and proteinuria;

(4) Pure tone (air only) hearing screening test administered or ordered by a physician;

(5) Serum cholesterol screening (every five years);

(6) Thyroid function test; and

(7) Diabetes screening;

ii. Influenza vaccine administered at any appropriate time during a calendar year;

iii. Tetanus and diphtheria booster (every 10 years); and

iv. Other tests or preventive measures determined appropriate by the attending physician.

12. "Skilled Nursing Facility Care" means coverage for the actual billed charges up to the Medicare coinsurance amount from the 21st day through the 100th day in a Medicare benefit period, for posthospital skilled nursing facility care eligible under Medicare Part A.

New Rule, R.1993 d.26, effective January 4, 1993.

See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

Rule on loss ratio standards recodified to 23.11; new rule added on minimum benefit standards for policies and certificates delivered or issued for delivery on or after the effective date of this subchapter. Amended by R.1996 d.295, effective July 1, 1996.

See: 28 N.J.R. 1647(a), 28 N.J.R. 3462(a).

11:4-23.9 Open Enrollment

(a) Carriers shall not deny or condition the effectiveness or issuance, nor discriminate in the pricing, of Medicare supplement policies or certificates based on the health status, claims experience, receipt of health care by, or medical condition of an applicant if the application is submitted for Medicare supplement coverage prior to or during the six month period beginning with the first day of the first month in which the applicant is 65 years of age or older and is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate shall be made available to all applicants who qualify under this section without regard to age.

(b) Except as provided in N.J.A.C. 11:4-23.15(d), nothing in (a) above shall be construed to prohibit or limit a carrier's use of permissible preexisting condition exclusion provisions in any Medicare supplement policy or certificate as set forth in this subchapter.

Amended by R.1993 d.26, effective January 4, 1993.
See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

Rule on filing requirements recodified to 23.12; new rule added on open enrollment.

Amended by R.1996 d.295, effective July 1, 1996.
See: 28 N.J.R. 1647(a), 28 N.J.R. 3462(a).

11:4-23.10 Standards for claims payment

(a) Every carrier providing Medicare supplement policies and certificates shall comply with Section 1882(c)(3) of the Social Security Act as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) by:

1. Acceptance of notice from a Medicare-Carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits under the Medicare supplement policy or certificate as sufficient claim notice without requiring other or additional claims forms to be submitted, and making a payment determination based on the information contained in the notice from the Medicare-Carrier;
2. Notification of the participating physician or supplier, and the beneficiary, of the payment determination, and making payment directly to the participating physician or supplier;
3. Providing each enrollee, at the time of enrollment, a card listing the policy name, policy number, and a mailing address to which notices from a Medicare-Carrier may be sent;
4. Payment of user fees for claim notices that are transmitted electronically or otherwise; and
5. Providing to the Secretary of Health and Human Services at least annually, a central mailing address to which all claims may be sent by the Medicare-Carrier.

(b) Compliance with the requirements set forth in (a) above shall be certified on the Medicare supplement experience reporting form.

(c) Payment of benefits for Medicare eligible expenses shall be conditioned upon the same or less restrictive payment conditions, including determinations of medical necessity, as are applicable to Medicare claims.

New Rule, R.1991 d.345, effective July 1, 1991.

See: 23 N.J.R. 1264(a), 23 N.J.R. 2014(a).

Prior section 23.7 Loss Ratio Standards recodified to 23.8.

Amended by R.1993 d.26, effective January 4, 1993.

See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

Standards for claims payment recodified from 23.7; requirements for compliance specified at (a)1 through 5.

11:4-23.11 Loss ratio standards, annual filing of premium rates and refund or credit calculation

(a) Medicare supplement policy forms or certificate forms shall be expected to return to policyholders and certificateholders in the form of aggregate benefits under the policy or certificate (exclusive of any anticipated refund or credit), for the entire period for which rates are computed to provide coverage, calculated on the basis of paid claims experience (or paid health care expenses for coverage provided by a health maintenance organization on a service rather than reimbursement basis) and written premiums for such period and with adjustment for interest to reflect the timing of payments:

1. At least 75 percent of the aggregate amount of premiums or subscription charges collected in the case of group policies and policies issued as conversions from group policies.
2. At least 65 percent of the aggregate amount of premiums or subscription charges collected in the case of individual policies.

(b) Each carrier shall include with the initial submission of rates for a new Medicare supplement policy an actuarial memorandum which includes the following:

1. The number of years for which the policy is expected to be delivered or issued for delivery in this State, and the number of policies expected to be delivered or issued for delivery for each form in each such year;
2. The anticipated loss ratio calculated over the life of the policy form, with separate disclosures of the present value of future paid benefits and the present value of future paid or written premiums utilized in the calculation of the anticipated loss ratio, where any statutorily required additional actuarial active life reserve is neither reflected in the future benefits nor the future premiums in the calculation;
3. The future benefits on both a paid and incurred basis and the future premiums on both a written and earned basis for each of the years recognized in the calculation of the anticipated loss ratio, where neither the

future benefits nor the future premiums include, or are adjusted for, any statutorily required additional actuarial active life reserve;

4. The expected incurred/earned loss ratio for each of the years recognized in the calculation of the anticipated loss ratio, wherein:

i. The expected incurred claims shall equal expected paid claims adjusted for changes in the expected claim liabilities and claim reserves and in any expected statutorily required additional actuarial active life reserve for each such year; and

ii. The expected earned premiums shall equal premiums expected to be received adjusted for any changes in expected advance premiums and in expected unearned premium reserves for each such year, but changes in any expected statutorily required additional actuarial active life reserves shall not be included in the adjustment of premiums expected to be received;

5. The realistic assumptions used in the calculation of the loss ratios for each benefit provision wherein the premiums are determined separately including the following:

i. The annual claim costs (ultimate) by attained age and sex;

ii. The select and/or antiselect morbidity factors by policy duration (year) by issue age and sex;

iii. The lapse and mortality rates, or total termination rates, by policy duration by issue age and sex, and any skewing of those rates occurring within a policy year resulting from modal premium payments;

iv. The secular trend factors by policy duration by issue age and sex, which secular trend factors, when used in the calculation of the anticipated loss ratio, shall not be applied for a period greater than the number of years for which trending is reflected in the calculation of premiums;

v. The interest rates by policy duration, which rates shall equal an insurer's recent, current and future expected new investment return rates (after investment expenses, but before Federal income taxes);

vi. Expenses by policy duration, including commission, override and bonus rates, other marketing expense rates, other maintenance expenses rates, any new-market expense rates, other acquisition expense rates, and the explicit profit margin or risk charge, provided on a per policy issue, per policy in force, per dollar of claim, per dollar of premium, and any other applicable bases;

vii. The distribution of expected policy issues by policy and rider benefits by issue age and sex;

viii. The percentage of policies expected to be issued with extra premiums for any physical, mental or medical conditions which result in substandard morbidity; and

ix. A summary statement of the underwriting standards (for example: short form medical and risk questionnaire, long form medical and risk questionnaire, medical examination), the marketing distribution system, and the market for the policy form (that is, the segment(s) of the general public to which the form will be marketed: middle income based on predetermined ZIP code selections for example);

6. The cell and cell weights, when a model office is used in the calculation of the anticipated loss ratio;

7. A demonstration evidencing that unfair pricing discrimination is not utilized by or incorporated within the policy form's premium table or structure.

i. The demonstration shall show that the recognition or nonrecognition or the homogenization of the elements of any insurance construct will not result in an anticipated loss ratio which would differ by more than 10 percent from the anticipated loss ratio of any element of the construct if the elements of the construct were not recognized or separately recognized, as the case may be.

ii. For the purpose of this paragraph, construct shall mean the risk variables which significantly affect the cost of the coverage. For example, age could be a construct wherein its elements would be age 65, age 66, age 67 and so forth. (Of particular concern are anticipated loss ratios by issue age or issue age groupings.); and

8. A certification signed by an actuary who must be a member of the Society of Actuaries or Casualty Actuarial Society, stating that the assumptions are appropriate to the policy form, reasonably represent the expected experience for the policy form and fully disclose the basis of the calculation of the anticipated loss ratio.

(c) Every carrier shall submit annually for filing by the Commissioner its rates. Supporting documentation, including ratios of incurred losses to earned premiums by policy duration shall be submitted annually with the rates. Any revision of rates is subject to the requirements of (d) below. The supporting documentation shall demonstrate, using reasonable assumptions, that the anticipated and aggregate loss ratio are at least as great as the originally anticipated loss ratio. Such demonstration shall exclude active life reserves.

(d) Carriers shall submit for filing by the Commissioner in accordance with N.J.A.C. 11:4-23.12 all rate revisions. No carrier shall implement any rate revision until such rate revision has been filed. Submission of rate revisions for filing shall demonstrate that both the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage and the aggregate loss ratio are at least as great as the originally anticipated loss ratio.

APPENDIX TO SUBCHAPTERS 16 AND 23

EXHIBITS A AND B (RESERVED)

EXHIBIT C
(COMPANY NAME)

NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT COVERAGE

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ THIS CAREFULLY!

(A BRIEF DESCRIPTION OF THE REVISIONS TO MEDICARE PARTS A & B WITH A PARALLEL DESCRIPTION OF SUPPLEMENTAL BENEFITS WITH SUBSEQUENT CHANGES, INCLUDING DOLLAR AMOUNTS, PROVIDED BY THE MEDICARE SUPPLEMENT COVERAGE IN SUBSTANTIALLY THE FOLLOWING FORMAT.)

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In (Current Calendar Year) Medicare Pays Per Calendar Year	Effective January 1 (Coming Calendar Year) Medicare Will Pay	In (Current Calendar Year) Your Coverage Pays	Effective January 1 (Coming Calendar Year) Your Coverage Will Pay
MEDICARE PART A SERVICES AND SUPPLIES				
Inpatient Hospital Services	All but \$_____ for first 60 days/benefit period	All but \$_____ for first 60 days/benefit period		
Semi-Private Room and Board	All but \$_____ a day for 61st-90th days/benefit period	All but \$_____ a day for 61st-90th days/benefit period		
Misc. Hospital Services and Supplies, such as Drugs, X-Rays, Lab Tests and Operating Room	All but \$_____ a day for 91st-150th days (if individual chooses to use 60 nonrenewable lifetime reserve days)	All but \$_____ a day for 91st-150th days (if individual chooses to use 60 nonrenewable lifetime reserve days)		

BLOOD	Pays all costs except nonreplacement fees (blood deductible) for first 3 pints in each benefit period	Pays all costs except nonreplacement fees (blood deductible) for first 3 pints in each benefit period
SKILLED NURSING FACILITY CARE	100% of costs for 1st 20 days (after a 3 day prior hospital confinement)/benefit period All but \$_____ a day for 21st-100th days/benefit period Beyond 100 days— Nothing/benefit period	100% of costs of 1st 20 days (after a 3 day prior hospital confinement) benefit period All but \$_____ a day for 21st-100th days/benefit period Beyond 100 days— Nothing/benefit period
MEDICARE PART B SERVICES AND SUPPLIES	80% of allowable charges (after \$_____ deductible); 50% for outpatient psychiatric services	80% of allowable charges (after \$_____ deductible/ calendar year); 50% for outpatient psychiatric services
PRESCRIPTION DRUGS	Inpatient prescription drugs. 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant (after \$_____ deductible/calendar year)	Inpatient prescription drugs. 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant (after \$_____ deductible/calendar year)
BLOOD	80% of all costs except nonreplacement fees (blood deductible) for first 3 pints in each benefit period (after \$_____ deductible/calendar year)	80% of all costs except nonreplacement fees (blood deductible) for first 3 pints in (after \$_____ deductible/calendar year)

(Any other policy benefits not mentioned in this chart should be added to the chart in the order prescribed by the outline of coverage. If there are corresponding Medicare benefits, they should be shown.)

(Describe any coverage provisions due to Medicare modifications.)

(Include information about when premium adjustments that may be necessary due to changes in Medicare benefits will be effective.)

THIS CHART SUMMARIZING THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SUPPLEMENT PROVIDED BY (COMPANY) ONLY BRIEFLY DESCRIBES SUCH BENEFITS. FOR INFORMATION ON YOUR MEDICARE BENEFITS CONTACT YOUR SOCIAL SECURITY OFFICE OR THE HEALTH CARE FINANCING ADMINISTRATION. FOR INFORMATION ON YOUR MEDICARE SUPPLEMENT (Policy) CONTACT:

(COMPANY OR FOR AN INDIVIDUAL POLICY—NAME OF AGENT)

(ADDRESS/PHONE NUMBER)

EXHIBIT D
PART ONE—COVER PAGE(S)

(COMPANY NAME)

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE BENEFIT PLAN(S): (insert letter(s) of plan(s) being offered)

Medicare supplement insurance may be sold in only ten (10) standard plans. This chart shows the benefits included in each plan. Every company must make available Plan "A". Some plans may not be available in your State.

BASIC BENEFITS: Included in All Plans.

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (20% of Medicare-approved expenses).

Blood: First three (3) pints of blood each year.

A	B	C	D	E	F	G	H	I	J
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
							Basic Drugs (\$1,250 Limit)	Basic Drugs (\$1,250 Limit)	Extended Drugs (\$3,000 Limit)
				Preventive Care					Preventive Care

PREMIUM INFORMATION (Boldface type)

We, (carriers name), may only raise your premium if we raise the premium for all policies like yours in this State. (If the premium is based on the increasing age of the insured, include information specifying when premiums will change.)

PART TWO—DISCLOSURE PAGE(S)

DISCLOSURES (Boldface type)

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY (Boldface type)

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

RIGHT TO RETURN POLICY (Boldface type)

If you find that you are not satisfied with your policy, you may return it to (Carrier's address). If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT (Boldface type)

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 (Boldface type)

This policy may not fully cover all of your medical costs. (for agents:)

Neither (Carrier's name) nor its agents are connected with Medicare.

(for direct response carriers:)

(Carrier's name) is not connected with Medicare.

This outline of coverage does not give all the details of Medicare. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT (Boldface type)

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

certificate is guaranteed issue, this paragraph need not appear.)

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

PART THREE—PLAN CHARTS

(Include for each plan prominently identified on the cover page, a chart illustrating the services, Medicare payments, plan payments and insured's payments for each plan using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. Include an explanation of any Innovative Benefits on the cover page and in the appropriate chart as specified below.)

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 \$628	\$0	\$628 (Part A Deductible)
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
—While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
—Once lifetime reserve days are used:			
—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
21st through 100th day	All but \$78.50 a day	\$0	Up to \$78.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN B

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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
— Once lifetime reserve days are used:			
— 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
21st through 100th day	All but \$78.50 a day	\$0	Up to \$78.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE

MEDICARE APPROVED SERVICES

—Medically necessary skilled care services and medical supplies	100%	\$0	\$0
—Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN C

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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
—While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
—Once lifetime reserve days are used:			
—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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE

MEDICARE APPROVED SERVICES

—Medically necessary skilled care services and medical supplies	100%	\$0	\$0
—Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

**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	All but \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
—While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
—Once lifetime reserve days are used:			
—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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

AT-HOME RECOVERY SERVICES—NOT COVERED BY MEDICARE

Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan

—Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
—Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
—Calendar year maximum	\$0	\$1,600	

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 benefit of \$50,000	80% to a lifetime maximum \$50,000 lifetime maximum	20% and amounts over the \$50,000 lifetime maximum

PLAN E

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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
—While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
—Once lifetime reserve days are used:			
—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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs

BLOOD

First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

HOSPICE CARE

Available as long as your doctor certifies you are terminally ill and you elect to receive these services

	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

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

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL—NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
PREVENTIVE MEDICAL CARE BENEFIT—NOT COVERED BY MEDICARE			
Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare			
First \$120 each calendar year	\$0	\$120	\$0
Additional charges	\$0	\$0	All Costs

**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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
— Once lifetime reserve days are used:			
— 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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

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

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

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	All but \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
—While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
—Once lifetime reserve days are used:			
—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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services			
	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	80%	20%
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
—Medically necessary skilled care services and medical supplies	100%	\$0	\$0
—Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
AT-HOME RECOVERY SERVICES—NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
—Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
—Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
—Calendar year maximum	\$0	\$1,600	
OTHER BENEFITS			
SERVICES			
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

PLAN H
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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
— Once lifetime reserve days are used:			
— 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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	\$0	\$0
— Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL—NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS—NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$0	\$0	\$250
Next \$2,500 each calendar year	\$0	50%—\$1,250 calendar year maximum benefit	50%
Over \$2,500 each calendar year	\$0	\$0	All Costs

PLAN I
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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
— Once lifetime reserve days are used:			
— 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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
—Medically necessary skilled care services and medical supplies	100%	\$0	\$0
—Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
AT-HOME RECOVERY SERVICES—NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
—Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
—Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
—Calendar year maximum	\$0	\$1,600	
OTHER BENEFITS			
SERVICES			
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
BASIC OUTPATIENT PRESCRIPTION DRUGS—NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$0	\$0	\$250
Next \$2,500 each calendar year	\$0	50%—\$1,250 calendar year maximum benefit	50%
Over \$2,500 each calendar year	\$0	\$0	All Costs

**PLAN J
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 \$628	\$628 (Part A Deductible)	\$0
61st through 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:			
— While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
— Once lifetime reserve days are used:			
— 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
21st through 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$100 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 \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80% (50% for outpatient psychiatric services)	20% (50% for outpatient psychiatric services)	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

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

AT-HOME RECOVERY SERVICES—NOT COVERED BY MEDICARE

Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan
—Benefit for each visit

	\$0	Actual Charges to \$40 a visit	Balance
—Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
—Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS

SERVICES

MEDICARE PAYS	PLAN PAYS	YOU PAY
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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

EXTENDED OUTPATIENT PRESCRIPTION DRUGS—NOT COVERED BY MEDICARE

First \$250 each calendar year	\$0	\$0	\$250
Next \$6,000 each calendar year	\$0	50%—\$3,000 calendar year maximum benefit	50%
Over \$6,000 each calendar year	\$0	\$0	All Costs

SERVICES

MEDICARE PAYS	PLAN PAYS	YOU PAY
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PREVENTIVE MEDICARE CARE BENEFIT—NOT COVERED BY MEDICARE

Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare

First \$120 each calendar year	\$0	\$120	\$0
Additional charges	\$0	\$0	All Costs

(INNOVATIVE BENEFIT)

SERVICES

MEDICARE PAYS	PLAN PAYS	YOU PAY
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(Description of benefit)	(Per day or per benefit period, as applicable)	(Per day or per benefit period, as applicable)
(Description of conditions, limitations, exclusions, including any applicable deductible and coinsurance requirements)		(Per day or per benefit period, as applicable)

EXHIBIT E

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT COVERAGE

(Carrier's Name and Address)

SAVE THIS NOTICE!

IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to (your application) (information you have furnished), you intend to terminate existing Medicare supplement coverage and replace it with coverage issued by (Carrier's Name). Your new (policy) (certificate) (coverage) provides thirty (30) days within which you may decide without cost whether you desire to keep the coverage.

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

STATEMENT TO APPLICANT BY CARRIER, AGENT (BROKER OR OTHER REPRESENTATIVE):

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

Additional benefits

- No change in benefits, but lower premiums
- Fewer benefits and lower premiums
- Other (please specify):

(1) Health conditions which you presently may have (preexisting conditions) may not be immediately or fully covered under the new (policy) (certificate) (coverage). This could result in denial or delay of a claim for benefits under the new (policy) (certificate) (coverage) whereas a similar claim may be payable under your present coverage.

(2) State law provides that your replacement (policy) (certificate) (coverage) may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods in the new (policy) (certificate) (coverage) for similar benefits to the extent such time had partially or fully expired under the original policy.

(3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to answer truthfully and completely all questions on the application concerning your medical and health history. Failure to include all material medical information on the application may provide a basis for (Carrier's Name) to deny any future claims and to refund

your payments as though your (policy) (certificate) (coverage) 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.

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

Signature of Agent, Broker or Other Representative

(Direct response carriers may omit this signature line.)

Typed Name and Address of Agent, Broker or Other Representative

(Direct response carriers may omit this signature line.)

The above "Notice to Applicant" was delivered to me on:

Date _____

Applicant's signature _____

Carrier's Name _____

EXHIBIT F

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR _____

TYPE _____ SMSBP (w) _____

For the State of _____

Company Name _____

NAIC Group Code _____ NAIC Company Code _____

Person Completing This Exhibit

Title _____ Telephone Number (____) _____

(a)	(b)
Earned	Incurred
Premium (x)	Claims (y)

Line

1. Current Year's Experience
 - a. Total (all policy years)
 - b. Current Year's issues (z)
 - c. Net (for reporting purpose = 1a - 1b)
2. Past Year's Experience (All Policy Years)
3. Total Experience (Net Current Year + Past Years' Experience)
4. Refunds last year (Excluding Interest)
5. Previous Since Inception (Excluding Interest)
6. Refunds Since Inception (Excluding Interest)
7. Benchmark Ratio Since Inception
(SEE WORKSHEET FOR RATIO 1)
8. Experienced Ratio Since Inception

$$\frac{\text{Total Actual Incurred Claim (line 3, col. b)}}{\text{Total Earned Premiums (line 3, col. a) - Refunds Since Inception (line 6)}} = \text{Ratio 2}$$
9. Life Years Exposed Since Inception _____
 If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.
10. Tolerance Permitted (obtained from credibility table) _____
11. Adjustment to Incurred Claims for Credibility

$$\text{Ratio 3} = \text{Ratio 2} + \text{Tolerance}$$
 If Ratio 3 is more than benchmark ratio (ratio 1), a refund or credit to premium is not required.
 If Ratio 3 is less than benchmark ratio, then proceed.

12. Adjusted Incurred Claims =

(Total Earned Premiums (line 3, col. a)—Refunds Since Inception (line 6)) × Ratio 3 (line 11)

13. Refund = Total Earned Premiums (line 3, col. a)—Refunds Since Inception (line 6) - (Adjusted Incurred Claims (line 12)/Benchmark Ratio (Ratio 1))

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table

Life Years Exposed Since Inception	Tolerance
10,000+	0.0%
5,000-9,000	5.0%
2,500-4,999	7.5%
1,000-2,499	10.0%
500-999	15.0%

If less than 500, no credibility.

- (v) Individual, Group, Individual Medicare Select or Group Medicare Select Only.
- (w) "SMSBP" = Standardized Medicare Supplement Benefit Plan. - use "p" for pre-standardized plans.
- (x) Includes model loadings and fees charged.
- (y) Excludes Active Life Reserves
- (z) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature _____
 Name—Please Type _____
 Title _____
 Date _____

Reporting Form for the Calculation of Benchmark Ratio Since Inception for Individual Policies for Calendar Year _____

TYPE _____ SMSBP (p) _____
 FOR THE STATE OF _____
 Company Name _____
 NAIC Group Code _____ NAIC Company Code _____
 Address _____
 Person Completing This Exhibit _____
 Title _____ Telephone Number (____) _____

(a) Year	(b) Earned Premium	(c) Factor	(d) (b)x(c)	(e) Cumulative Loss ratio	(f) (d)x(e)	(g) Factor	(h) (b)x(g)	(i) Cumulative Loss ratio	(j) (h)x(i)	(o) Policy Year Loss ratio
1		2.770		0.442		0.000		0.000		0.4
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15		4.175		0.493		8.684		0.725		0.77
Total:		(k):		(l):		(m):		(n):		

Benchmark Ratio Since Inception = (l + n) / (k + m)

- (a): Year 1 is the current calendar year minus 1; Year 2 is the current calendar year minus 2; ... etc. ... (Example: If current year is 1991, then Year 1 is 1990; Year 2 is 1989; etc.)
- (b): For calendar year(s) in column (a), the premium earned during each year for policies issued in each specific year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios, but are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown for informational purposes only.
- (p): "SMSBP" means Standardized Medicare Supplement Benefit Plan.

Reporting Form for the Calculation of Benchmark Ratio Since Inception for Group Policies for Calendar Year _____

TYPE¹ _____ SMSBP² _____
 FOR THE STATE OF _____
 Company Name _____
 NAIC Group Code _____ NAIC Company Code _____
 Address _____
 Person Completing This Exhibit _____
 Title _____ Telephone Number (____) _____

(a) ³ Year	(b) ⁴ Earned Premium	(c) Factor	(d) (b)x(c)	(e) Cumulative Loss ratio	(f) (d)x(e)	(g) Factor	(h) (b)x(g)	(i) Cumulative Loss ratio	(j) (h)x(i)	(o) ⁵ Policy Year Loss ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.8
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15		4.175		0.567		8.684		0.838		0.89
Total:		(k):		(l):		(m):		(n):		

Benchmark Ratio Since Inception = (l + n) / (k + m)

- Individual, Group, Individual Medicare Select or Group Medicare Select Only.
- "SMSBP" means Standardized Medicare Supplement Benefit Plan. Use "p" for pre-standardized plans.
- Year 1 is the current calendar year minus 1; Year 2 is the current calendar year minus 2; ... etc. ... (Example: If current year is 1991, then Year 1 is 1990; Year 2 is 1989; etc.)
- For calendar year(s) in column (a), the premium earned during each year for policies issued in each specific year.
- These loss ratios are not explicitly used in computing the benchmark loss ratios, but are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown for informational purposes only.

EXHIBIT G
 FORM FOR REPORTING MULTIPLE MEDICARE SUPPLEMENT POLICIES

Company Name _____

Address: _____

Phone Number: (____) _____

Due: March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is grouped by individual policyholder.

Policy and Certificate #	Date of Issuance

Signature _____

Name and Title (please type) _____

Date _____

EXHIBIT H
DISCLOSURE STATEMENTS

**Instructions for Use of the Disclosure Statements for
Health Insurance Policies Sold to Medicare
Beneficiaries that Duplicate Medicare**

1. Federal law, P.L. 103-432, prohibits the sale of a health insurance policy (the term policy or policies includes certificates) that duplicate Medicare benefits unless it will pay benefits without regard to other health coverage and it includes the prescribed disclosure statement on or together with the application.
2. All types of health insurance policies that duplicate Medicare shall include one of the attached disclosure statements, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from the attached statements in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).
3. State and Federal law prohibits insurers from selling a Medicare supplement policy to a person that already has a Medicare supplement policy except as a replacement.
4. Property/casualty and life insurance policies are not considered health insurance.
5. Disability income policies are not considered to provide benefits that duplicate Medicare.
6. The Federal law does not pre-empt state laws that are more stringent than the Federal requirements.
7. The Federal law does not pre-empt existing state from filing requirements.

(For policies that provide benefits for both specified limited services)

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any of the services covered by the policy are also covered by Medicare.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services

- other approved items and services

Before You Buy This Insurance

Check the coverage in all health insurance policies you already have.

For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

(For policies that provide benefits for both expenses incurred and fixed indemnity basis)

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice care
- other approved items and services

Before You Buy This Insurance

Check the coverage in all health insurance policies you already have.

For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

(For long-term care policies providing both nursing home and non-institutional coverage)

IMPORTANT NOTICE TO PERSONS ON MEDICARE

**THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal law requires us to inform you that this insurance duplicates Medicare benefits in some situations.

- This is long term care insurance that provides benefits for covered nursing home and home care services.
- In some situations Medicare pays for short periods of skilled nursing home care, limited home health services and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most long term care expenses.

Before You Buy This Insurance

Check the coverage in all health insurance policies you already have.

For more information about long term care insurance, review the Shopper's Guide to Long Term Care Insurance, available from the insurance company.

For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

(For policies providing nursing home benefits only)

IMPORTANT NOTICE TO PERSONS ON MEDICARE

**THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal law requires us to inform you that this insurance duplicates Medicare benefits in some situations.

- This insurance provides benefits primarily for covered nursing home services.
- In some situations Medicare pays for short periods of skilled nursing home care and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most nursing home expenses.

Before You Buy This Insurance

Check the coverage in all health insurance policies you already have.

For more information about long term care insurance, review the Shopper's Guide to Long Term Care Insurance, available from the insurance company.

For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

(For policies providing home care benefits only)

IMPORTANT NOTICE TO PERSONS ON MEDICARE

**THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal law requires us to inform you that this insurance duplicates Medicare benefits in some situations.

- This insurance provides benefits primarily for covered home care services.
- In some situations, Medicare will cover some health related services in your home and hospice care which may also be covered by this insurance.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most nursing home expenses.

Before You Buy This Insurance

Check the coverage in all health insurance policies you already have.

For more information about long term care insurance, review the Shopper's Guide to Long Term Care Insurance, available from the insurance company.

For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

(For other health insurance policies not specifically identified in the previous statements)

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME
MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the policy and coverage for the same event is provided by Medicare.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Insurance

Check the coverage in all health insurance policies you already have.

For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Amended by R.1991 d.121, effective March 4, 1992.
See: 22 N.J.R. 771(a), 23 N.J.R. 690(e).

Amended Appendix text throughout in order to update and clarify changes in Medicare and secondary insurance coverage. Reorganized appendix into Exhibits A through C, with Exhibit C adding new text. Deleted information insert, "Information Concerning Changes to the Medicare Program Effective January 1, 1989," because it is obsolete.
Amended by R.1993 d.26, effective January 4, 1993.
See: 24 N.J.R. 12(a), 25 N.J.R. 141(a).

APPENDIX substantially revised.

Amended by R.1996 d.4, effective January 2, 1996.
See: 27 N.J.R. 3557(a), 28 N.J.R. 165(a).

Exhibits A and B, repealed.
Amended by R.1996 d.295, effective July 1, 1996.
See: 28 N.J.R. 1647(a), 28 N.J.R. 3462(a).

SUBCHAPTER 23A. MEDICARE SUPPLEMENT—
UNDER 50 COVERAGE

Authority

N.J.S.A. 17:1C-6(e), 17:1-8.1 and P.L.1995, c.229.

Source and Effective Date

R.1996 d.195, effective April 15, 1996.
See: 27 N.J.R. 3719(a), 28 N.J.R. 1987(a).

11:4-23A.1 Purpose and scope

(a) The purpose of this subchapter is to establish a mechanism to provide Plan C coverage of the standardized Medicare supplement plans to persons under 50 years of age residing in this State who are enrolled in Medicare due to disability, or due to end stage renal disease.

(b) Except when inconsistent with a provision of this subchapter, the provisions of N.J.A.C. 11:4-23 shall apply.

Amended by R.1997 d.61, effective February 3, 1997.
See: 28 N.J.R. 4705(b), 29 N.J.R. 446(a).

At the end of (a), deleted ", until they reach the age of 65".

11:4-23A.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Applicant" means an individual who, at the time of application to the Under 50 Plan, has not attained the age of 50 years. In the event that an applicant for Under 50 Plan coverage is disqualified solely because of age, the date of application to the Under 50 Plan shall be deemed to apply to any application for coverage pursuant to N.J.A.C. 11:4-23B.

"Commissioner" means the Commissioner of the Department of Insurance.

"Contracting carrier" means an insurer selected and appointed to service the Under 50 Plan in accordance with its plan of operation.

"Financially impaired" means an insurer or HMO which, after August 16, 1995, is not insolvent, but is deemed by the Commissioner to be potentially unable to fulfill its contractual obligations, or an insurer or HMO which is under an order of liquidation, rehabilitation or conservation by a court of competent jurisdiction.

"Health benefits plan" means a hospital and medical expense insurance policy, hospital service corporation contract, medical service corporation contract or health service corporation contract delivered or issued for delivery in this State or a health maintenance organization subscriber contract delivered or issued for delivery in this State.

"HealthStart Plus" means the program providing coverage to pregnant women and infants up to one year of age who are in families with incomes between 185 percent and 300 percent of the poverty level, established pursuant to the Health Care Cost Reduction Act, P.L. 1991, c.187, section 25 (N.J.S.A. 26:2H-18.47).

“HMO” means a health maintenance organization authorized in accordance with N.J.S.A. 26:2J-1 et seq.

“Insurer” means an insurance company or hospital, medical or health service corporation authorized to issue health benefits plans in this State.

“Medicaid” means the program administered by the New Jersey Division of Medical Assistance and Health Services Program in the New Jersey Department of Human Services, providing medical assistance to qualified applicants, in accordance with P.L. 1968, c.413 (N.J.S.A. 30:4D-1 et seq.) and amendments thereto.

“Net earned premium” means the premium earned in New Jersey or health benefits plans, less return premiums thereon and dividends paid or credited to policy or contract holders on the health benefits plans. “Net earned premium” shall include the aggregate premiums earned in the insurer’s insured group and individual business and HMO business, including premiums from contracts covering Medicaid and HealthStart Plus recipients and premiums from Medicare cost and risk contracts. “Net earned premium” shall not include premiums from any stop loss or excess coverage to the extent that such coverage:

1. Is issued to self-funded arrangements to reimburse only the self-funded arrangements for expenses exceeding per person or aggregate limits, and for which employees or other individuals are not third party beneficiaries under the policy; and
2. The per person limit is no less than \$20,000 per year, and additionally, or in the alternative, the aggregate limit is no less than 125 percent of expected claims.

“Net loss of the contracting carrier” means net earned premiums and any investment income thereon less the amount in claims and reasonable administrative expenses of the contracting carrier paid in the preceding calendar year.

“Net loss of the Under 50 Plan” means the net loss of the contracting carrier plus any administrative expenses of the governing board and any other associated administrative expenses.

“Reasonable administrative expenses of the contracting carrier” means actual expenses or the expense allowance, but in no event shall the administrative expenses exceed 25 percent of premium.

“Resident” means a person whose primary residence for the majority of a year is in the State of New Jersey.

Amended by R.1997 d.61, effective February 3, 1997.

See: 28 N.J.R. 4705(b), 29 N.J.R. 446(a).

Added “Resident” and amended “Net earned premium”.

11:4-23A.3 Creation of Medicare Supplement—Under 50 Coverage Plan

(a) There is created in the State of New Jersey a plan to provide Medicare Supplement Plan C coverage of the standardized Medicare supplement plans to New Jersey residents under 50 years of age who are enrolled in Medicare due to disability or due to end stage renal disease to be known as the Medicare Supplement—Under 50 Plan (“Under 50 Plan”).

(b) The Under 50 Plan shall be administered by a governing board appointed pursuant to this subchapter and a plan of operation adopted by the governing board and approved by the Commissioner.

(c) Any administrative office of the governing board of the Under 50 Plan shall be located within the State of New Jersey and all meetings of the governing board shall take place in New Jersey. The contracting carrier shall at all times maintain an office and records relating to the Under 50 Plan in the State of New Jersey.

(d) Coverage by the Under 50 Plan shall be provided through a contracting carrier appointed pursuant to this subchapter and the approved plan of operation.

(e) Annually, no later than 120 days after December 31st, the governing board of the Under 50 Plan shall submit to the Commissioner a financial report in a form approved by the Commissioner and an operational report of its activities during the preceding calendar year.

Amended by R.1997 d.61, effective February 3, 1997.

See: 28 N.J.R. 4705(b), 29 N.J.R. 446(a).

In (a), deleted “, until they reach the age of 65,” following “residents under 50 years of age”.

11:4-23A.4 Governing board

(a) The Under 50 Plan shall be administered by a governing board composed of eight directors, one of whom shall be the Commissioner or the Commissioner’s designee, one of whom shall be the contracting carrier upon its selection and appointment by the governing board, and six of whom shall be appointed by the Commissioner as follows:

1. Two directors shall be insurers writing Medicare Supplement insurance coverage in this State;
2. One director shall be an HMO nominated by the New Jersey Association of Health Maintenance Organizations;
3. One director shall be an insurer nominated by the Health Insurance Association of America; and
4. Two directors shall be members of the public who are knowledgeable about Medicare Supplement coverages, but who are not employed by or otherwise affiliated with insurers, health maintenance organizations, insurance producers, or other entities of the insurance industry.

(b) No insurer or HMO, its affiliates or subsidiaries shall serve in more than one director position on the governing board at the same time.

(c) The Commissioner, or the Commissioner's designated representative, shall sit ex-officio, and shall be a non-voting member of the governing board.

(d) The initial directors appointed to the governing board pursuant to this subchapter shall serve for staggered terms of one or two years, as determined by the Commissioner, or until successors are appointed. Thereafter, all directors of the governing board shall serve for two years or until a successor is appointed.

(e) Each director, other than the two directors who are members of the public, shall designate a primary and an alternate representative to serve on the governing board.

(f) Directors shall serve without compensation but directors who are members of the public may be reimbursed for reasonable expenses as set forth in the plan of operation.

(g) All meetings of the governing board shall be conducted in accordance with this subchapter and the approved plan of operation.

(h) The governing board shall have the power and duty to:

1. Develop and submit to the Commissioner for approval a plan of operation;

2. Establish minimum requirements and performance standards for the contracting carrier, which shall include evidence of prior experience in providing and servicing standardized Medicare supplement insurance policies or contracts in this State;

3. Establish procedures to select an auditor to review the operations of the contracting carrier relating to the Under 50 Plan;

4. Review the auditor's report and implement any recommendations determined to be appropriate;

5. Retain appropriate actuarial, accountant, or other employees, professionals and contractors as necessary to provide technical assistance in the operation of the Under 50 Plan; and

6. Perform such other functions as may be necessary and proper in accordance with this subchapter and the approved plan of operation.

11:4-23A.5 Plan of operation

(a) The plan of operation shall provide for the fair, reasonable and equitable administration of the Under 50 Plan and shall include:

1. The internal organization and proceedings of the governing board;